

COUNCIL ON HUMAN SERVICES

MINUTES

May 9, 2018

COUNCIL

Mark Anderson (Absent)
Phyllis Hansell
Alexa Heffernan
Kimberly Kudej
Kim Spading (Absent)
Sam Wallace (Absent)

EX-OFFICIO LEGISLATIVE MEMBERS

Representative Joel Fry (absent)
Representative Lisa Heddens (absent)
Senator Mark Segebart (absent)
Senator Amanda Ragan (absent)

STAFF

Jerry Foxhoven
Sandy Knudsen
Nancy Freudenberg
Liz Matney
Rick Shults
Wendy Rickman

Mikki Stier
Michael Randol
Matt Highland
Merea Bentrott
Karen Hyatt

GUESTS

Natalie Koerber, Amerigroup Iowa
Sandi Hurtado-Peters, Iowa Department of Management
Paige Petitt, UnitedHealthCare
Flora A. Schmidt, IBHA
Erin Cubit, Iowa Hospital Association
Kris Bell, Senate Democrat Caucus
Tony Leys, Des Moines Register

CALL TO ORDER

Alexa Heffernan, Vice-Chair, called the Council meeting to order at 10:00 a.m.

ROLL CALL

All Council members were present with the exception of Anderson, Spading and Wallace. All Ex-officio legislative members were absent. The Council did not have a quorum.

RULES

Nancy Freudenberg, Bureau of Policy Coordination, presented the following rules to Council:

As the Council did not have a quorum, the following rule will be acted upon at the June 13, 2018 meeting:

R-1. Amendments to Chapter 75, Medicaid. Adjusts the federal poverty level increments used to assess premiums for applicants and recipients under the Medicaid for Employed People with Disabilities (MEPD) program with income over 150% of the federal poverty level (FPL).

The following amendments to rules were presented as Notices of Intended Action for review by the Council - no formal action was taken:

N-1. Amendments to Chapter 7, Appeals and Hearings. Implements the use of form 470-5526, "Authorized Representative for Managed Care Appeals," to obtain member's consent. Also allows child abuse and dependent adult abuse appeals to be withdrawn on the record before an administrative law judge or in writing and signed by the appellant or the appellant's legal counsel.

N-2. Amendments to Chapter 36, Medicaid. Amends the assessment level for nursing facilities effective July 1, 2015. The assessment level was changed at the rebase of nursing facility costs at July 1, 2015. Providers were notified of the assessment level with information letter 1601 dated February 3, 2016. Providers have been remitting the correct amounts since that time. This rule package ensures that rules reflect current practice.

N-3. Amendments to Chapter 75, Medicaid. Increases the statewide average cost of nursing facility services to a private-pay person. Adjust the average charges for nursing facilities and psychiatric medical institutions for children and updates the maximum Medicaid rate for intermediate care facilities for persons with intellectual disabilities which are used to determine the disposition of the income of a medical assistance income trust (MAIT).

N-4. Amendments to Chapter 75, Medicaid. Adjusts the average charge for care in Mental Health Institutes, which are used to determine the disposition of the income of a medical assistance income trust (MAIT).

N-5. Amendments to Chapters 77, 78, and 83. Medicaid. Implements Centers for Medicare and Medicaid Services regulations that define the residential and non-residential settings in which it is permissible for states to provide and pay for Medicaid Home and Community-Based Services (HCBS).

APPROVAL OF MINUTES

Approval of the minutes of April 11, 2018 will be held over to the June 13, 2018 meeting.

OVERSIGHT OF MANAGED CARE UPDATE

Mike Randol, Director, Iowa Medicaid Enterprise, provided the following updates:

- Amerigroup's capacity has been restored for all managed care members as of May 1st. The 10,000 members on the temporary fee-for-service program have been successfully transitioned to Amerigroup. The Department is working with CMS to finalize the corrective action plan (no new requirements were necessary in the plan as the choice has been restored).
- The selection of a new MCO (or two) should be announced soon. The contract period for the new MCO(s) will begin July 1, 2019.
- The 'Process Improvement Working Group' has met twice. The issues identified by the work group drove the development/selection of four subgroups. The second meeting of the subgroups will be held this Friday. Information, agendas, minutes regarding the work group and subgroups can be found on the Department's website. The Department will continue to hold the subgroup meetings every few weeks until issues are resolved and everyone is on a solid footing where we can move forward.
- In response to a question by Hansell regarding page 49 of the MCO Quarterly report on 'underwriting,' Randol prefers to review the Medical Loss Ratio approximately six months after the end of the State Fiscal Year to allow the claims information to be reported.

REVIEW OF MANAGED CARE ORGANIZATION (MCO) QUARTERLY REPORT

Liz Matney, Chief, Bureau of MCO Oversight and Supports, Iowa Medicaid Enterprise, reviewed the MCO Report: SFY2018, Quarter 2 (October-December 2017).

- The AmeriHealth Caritas transition did have impact on some of the metrics, especially in Level of Care Assessments where UnitedHealthCare received a large volume of members from AmeriHealth Caritas.
- Nearly 6,000 Health Risk Assessments were completed across-the-board with the three MCOs (page 9). The volume of the Health Risk Assessment are not as high as in SFY17 because the assessments only need to be completed within 90 days of new member enrollment. The bulk of these were already completed when the member initially enrolled in managed care.
- Due to the reporting timeline, community-based case manager assignments (page 14) may lag due to when members become waiver eligible. The variance from 100% is due to timing. The Department makes sure to look back at the run-off period to assure case managers are assigned to all members.

- In response to a question from Heffernan regarding case managers losing their positions when AmeriHealth Caritas exited, Matney noted that Amerigroup and UnitedHealthCare had their case management function in-house. UnitedHealthCare conducted a number of job fairs and leveraged those resources where possible. Matney also stressed that the Department encouraged a 'warm transfer' if there was a change in a member's case manager. She noted that a number of case management agencies have downsized considerably, or closed because their employees have gone to work for the MCOs.

- In response to an inquiry from Kudej, regarding the case management transition to the new MCO(s), Randol explained the process used, and where possible, there would be an equitable disbursement of membership. Once that occurs, members would still have the option to make a change. The Department would work to maintain member/case manager relationships where possible.

- The 'Iowa Participant Experience Survey Reporting' (page 20) has recently been added to the quarterly report. Aggregated responses indicate that overall members are satisfied with being a part of planning their waiver services and feeling safe where they live. A number of the answers to the survey questions are 'flagged' if they indicate issues that need follow-up.

- 'MCO Member Grievances and Appeals' (page 22) and 'Percentage of Appeals Resolved within 30 Calendar Days of Receipt' (page 24) were reviewed.

REVIEW OF BED TRACKING PROCESS

Rick Shults and Karen Hyatt, Division of Mental Health and Disability Services, reviewed "CareMatch" - the inpatient psychiatric hospital bed tracking system.

- Inpatient psychiatric hospitals are part of an array of mental health services. These hospitals offer the most intense and restrictive service for individuals with the most serious symptoms and the goal is to stabilize the symptoms so the individual can successfully return to the community with needed mental health services and supports.
- Across Iowa there are 26 hospitals and 2 state mental health institutions with inpatient psychiatric beds.
- The purpose of the bed tracking system is to improve the efficiency of locating a psychiatric hospital bed for individuals who need inpatient treatment; to improve communication and efficiency between psychiatric hospitals and those seeking inpatient treatment for an individual; and to track the availability of beds.
- Hospitals with psychiatric units update the tracking system at least two times per day indicating the number of staffed beds by gender, child, adult, and geriatric. Administrative rules will be filed requiring subacute facilities to report available beds (2018, House File 2456, section 21). HF 2456 also requires a workgroup be formed to define and develop tertiary care psychiatric hospitals.

- Hospital Emergency Departments, Community Mental Health Centers, Judicial System, Law Enforcement, Managed Care Organizations, Mental Health Advocates, MHDS Regions and Social Workers utilize the tracking system.
- The tracking system does not reserve a bed. Those seeking a bed must call the hospital to discuss admittance.

Shults/Hyatt projected the “CareMatch” program onto a screen and explained how it functions.

LEGISLATIVE UPDATE

Director Foxhoven thanked Merea Bentrott, the Department’s Legislative Liaison, for her work during the legislative session. Session adjourned on May 5 and staff is busy assessing the impact of the legislation on the Department.

DIRECTOR’S UPDATE

Foxhoven reported that a staff member was recently seriously injured by a client at the State Training School in Eldora. Foxhoven hopes to re-submit legislation for consideration at the next legislative session to add ‘Correctional’ language for the operation of the State Training School similar to that used by the Civil Commitment Unit for Sexual Offenders (CCUSO) at Cherokee. Foxhoven stated that this language would not lessen the mental health services provided.

COUNCIL UPDATE

Council noted their appreciation to staff for their work during the legislative session.

ADJOURN

The Council adjourned at 12:02 p.m.

*Submitted by:
Sandy Knudsen, Recording Secretary*