



Executive Council Committee Full Meeting Minutes February 16, 2016

EXECUTIVE COMMITTEE MEMBERS	DEPARTMENT OF HUMAN SERVICES
Gerd Clabaugh – present	Mikki Stier – present
Dennis Tibben – present	Deb Johnson – present
Nancy Hale – present	Matt Highland – present
Kristie Oliver – absent	Lindsay Buechel – present
Paula Connolly – present	Sean Bagniewski – present
Shelly Chandler – present	Amy McCoy – present
Anthony Carroll – present	Matt Highland – present
Jim Cushing – present	
Kate Gainer – present	
Cindy Baddeloo – present	
Sara Allen – present	

Introduction

Gerd Clabaugh called the meeting to order and conducted a roll call of the Committee members.

Approval of Minutes

Gerd stated that the first order of business is the approval of the meeting minutes from January 12, 2016, Special Meeting and January 19, 2016, Executive Committee meeting. Gerd invited comments and several were presented, afterwards, the January 12 minutes were approved. Gerd proceeded with comments for the January 19 meeting minutes. Several updates were requested and Gerd stated that with these changes applied, the meeting minutes for January 19 were approved.

Executive Committee Work Plan Documents Follow-Up

Gerd distributed preliminary documents about the development of a work plan regarding discussion topics and the appropriate timing of these topics at specific meetings. He stated that he views this as a working document and that based on the discussions with the Assistant Attorney General at the last meeting, that there are some roles and responsibilities for the Executive Council as laid out in the law. He stated that it will be necessary to elect a Vice Chair. Gerd stated that the intent of the work plan is to get on the schedule – even a working document – important pieces that the Executive Committee wants to get done and to be able to effectively sequence and prioritize the work as reflected on the work plan. Gerd invited reaction to the document. Dennis Tibben asked about the process flow of recommendations, and whether recommendations first come from the Executive Committee or the Full

Council. Gerd confirmed that it would be a Full Council discussion would occur first and then move to the Executive Committee for recommendations and actions. He ended this discussion by offering to work with staff to keep the document up-to-date.

Lindsay stated that there is a request for the Long Term Care Ombudsman to present the Health Care Alliance report, scheduled for the March Executive Committee meeting. Jim Cushing stated that with respect to the Long Term Care Ombudsman's Health Care Alliance Report, the Executive Committee was most interested in how the program will work moving forward with implementation.

Status Update on Recently Filed Rules

Mikki stated that the second hearing on the rules was completed and that rules passed.

Medicaid Modernization Communication and Outreach Update

A packet of communication materials was distributed out to the Executive Committee members in attendance. Mikki stated that the department has put together this packet because it is important for everyone to get a better sense of the scope of the member as well as the provider communications effort surrounding the managed care transition. She stated that the IME has been working directly with providers to ensure that enrollment, claims, and billings issues are addressed. She acknowledged recent billing issues with providers and said that the IME has been asking associations to notify the department that if they have members encountering billing issues, to contact the IME directly and that these will be dealt with individually and quickly. Jim and Shelly expressed concern about confusion with some members involving the process in the WellCare reassignment. Mikki clarified the choice process and she encouraged that any other similar situations should be forward to the IME (to Lindsay) for resolution. Cindy asked if all MCO communications had to be approved by DHS and Mikki confirmed. Cindy cited an example where an MCO claims that they could not provide information on how to fill out a claim form without approval from DHS. Lindsay stated that the provider training covers this particular topic. Sean offered to make a follow up on this point.

Listening Sessions Meeting Format, Session Notes, and Reporting Template

Lindsay went over the listening session materials that were handed out and explained the purpose of the public comment meetings is to allow anyone (members, providers, general public to offer comments to the department on the IA Health Link program. She explained the rationale, logistics, and schedule of the upcoming meetings and explained that for those unable to attend, there will be other options for writing in comments. She confirmed that the meetings will be heavily promoted through various communication channels with the main objective being the collection of comments. Council member comments will be collected at the end of the session. A summary of these comments will be produced and shared with the Full Council and for the Executive Council to discuss. Lindsay confirmed Jim's clarification that the meetings are both for members as well as providers. Sara made the suggestion that the section on the comments sheet that referenced provider payment comments should perhaps simply say "provider comments." Dennis also suggested a section perhaps for recommended solutions. Paula raised the point that at these meetings, there will be attendees who are not necessarily in favor of the managed care transition and that we should make sure the form is able to reflect the diversity of the comments at these meetings. Paula, with Anthony's agreement, stated that she is concerned how we are to handle the logistic of having a large group and wanted to make sure that people do not feel that they were not given ample opportunity to have their voices heard. Lindsay pointed out that in addition to making the expectations clear, setting a time limit for speaking can facilitate more comment opportunities for more people and that it will be made clear that there will be other comment methods that will be available post meeting. Lindsay stated that if the meeting time was unable to accommodate everyone, then the Department will provide other comment options.

Notice of Election

Gerd stated that the administrative rule requires the election of a Vice Chair which was discussed at the last council meeting and the election will occur in May. He stated that there will be an appointment at the February 18 Full Council meeting of three members of the Full Council to serve as the nominating committee for the Vice Chair. Cindy asked who is eligible and Gerd replied that according to the law, a member of the Full Council. Shelly asked if the elected Vice Chair is for both the Full

Council and the Executive Committee. Gerd confirmed that this is his understanding but that this will be discussed at greater length at the Full Council meeting on Thursday during the appointment of the nominating committee.

Term Length

Gerd stated that this is a follow up to the discussion at the last Executive Committee meeting regarding having multiple year appointment. Gerd stated that the administrative rules are silent regarding this matter but wanted to bring this back to gather a consensus understanding or preferences about how to operationalize this. Sara asked if this would mean a back to back two-year term. Gerd confirmed this but added that the rules do not set term limits on the Executive Committee. Jim concurred that in previous elections that two years was implied as the term length. Gerd confirmed that there is agreement on two years as the term length.

Medicaid Modernization Update

Mikki stated that one of the key questions that was asked is about credentialing. She stated that Iowa Medicaid did do deemed credentialing and has a universal credentialing form. However, the NCQA standard for the MCOs allowed deemed credentialing for 60 days. Shelly requested clarification regarding the universal credentialing and both Mikki and Sean explained the process. Mikki also provided an update on the process of Ownership and Disclosure. Mikki also discussed prior authorization and the development of a benefit plan grid which takes Medicaid, the Iowa Health and Wellness Plan, the *hawk-i* plan, aligning them with the MCOs and creating a benefits master plan grid that will assist members in simplifying prior authorization. Mikki also provided an update about incident reports and stated that it is being discussed and will continue to keep everyone apprised of developments. She stated that discussions have also started with the MCOs regarding the electronic verifications and an informational letter is currently under development. Mikki provided a brief update on claims processing, stating that the IME is working with MCO on ensuring systems compatibility for providers. Dennis asked about the reporting dashboard and Mikki responded stating that the Department is working on it right now, with over 200 reports with a first year. Jim brought up the Case Management transition and whether there will be some degree of oversight by DHS. Deb Johnson confirmed that there will be oversight of case management. Deb clarified that MCOs do have a right to ask for information from case management in order to gain a better understanding of the process and to be prepared for implementation. Deb stated that MCOs are reporting to the department weekly and that everything is being done to ensure a high degree of training for case managers.

Public Comment

Gerd invited the non-council members to make comments. Sara asked about a provider network status (i.e. data on signed contracts) particularly concerning UnitedHealthcare. Mikki replied that the department will provide more granular information concerning MCO provider data. Sara also asked how rates are negotiated. Shelly stated that she felt UnitedHealthcare is not being responsive to providers that are reaching out. Mikki stated that she will follow up. Dennis asked if Executive Committee members are able to get counts of individual providers, and Amy McCoy stated that provider counts are done by NPI number which does not necessarily equate to one individual provider. Sara asked about "Out-of-State" networks and Cindy shared about a large hospital in the area that chose to sign with only one MCO and members are now under the impression that they need to sign up with that particular MCO in order to be able to utilize services of this hospital. Jim stated that he is getting asked regularly if the provider contracts are executed. Mikki stated that all contracts, including fully executed contracts, are being tracked. Jim made a comment that there is a general concern among members about their provider not signing up with an MCO.

Adjourned at 4:30 P.M.