



Executive Council Committee Summary of Meeting Minutes March 15, 2016

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

Introduction:

Roll call of Executive Committee members that were present or on the telephone and the list above reflects the attendance for the meeting. Gerd declared that the group had a quorum.

Approval of Executive Committee Meeting Minutes from February 16, 2016

Gerd invited the group to voice comments or changes to the February 16, 2016, meeting and no comments or changes were voiced. Gerd declared that the meeting minutes of the Executive Committee meeting held on February 16, 2016 stands approved as submitted.

IA Health Link Public Comment Meeting Schedule Assignments

Lindsay went over the Public Comment Meeting schedule and informed the group of the first meeting to take place in Mason City on March 22, 2016, and of the change in location for the Dubuque meeting. An Attendee Schedule for the Public Comments Meetings was handed out with designation of two Executive Committee members assigned to each meeting; necessary changes could be made with Lindsay. Anthony requested clarification on the role of Executive Committee members at the meetings. Lindsay stated that Committee members will be given a formal comment document to fill out at the meetings regarding information presented about member access, provider issues, and a general

category to summarize comments. Executive Committee members will not have formal speaking roles at the meetings and comments will be collected at the end of meetings to be combined for the purpose of reporting each meeting for the corresponding location. Up-to-date versions of the comment documents were to be sent to Committee members and posted to the website. Gerd suggested a review of the first two comment meetings at the Executive Committee meeting in April for recommendations on improvements to future meetings and to serve as insight for Committee members. The Committee agreed to place said discussions as a standing agenda item for the remainder of the year, and per recommendation by the Senate File, a quarterly report regarding Public Comment Meetings will be generated.

Update from the Office of the State Long Term Care Ombudsman (OSLTCO) (Deanna Clingan-Fischer)

Deanna spoke of the Health Consumer Ombudsman Alliance Report that was generated and submitted to the Legislature and the Governor in December 2015. Deanna reviewed the purpose of the multiagency alliance workgroup and the role of the OSLTCO to gather information and provide recommendations on various aspects of the bill. Deanna's PowerPoint presentation highlighted the five recommendations made in the Alliance Report

- 1) Establish a Health Consumer Ombudsman Alliance
- 2) Develop a Medicaid Managed Care Information Program
- 3) Implement a Statewide Single Point of Entry
- 4) Expand the Managed Care Ombudsman Program
- 5) Expand the Current Legal Assistance Network

Deanna stated that the Office was currently developing this database, using a case management software system, and that records of all call logs were being kept. Paula encouraged the Office to track data regarding the age of persons calling in and advocacy involving age span be collected clearly, as she had received feedback from families that LifeLong Links had not been a helpful resource. Kristie added that the report did not have information on children's help resources for families, and currently focused on the elderly; Shelly agreed. Jim stated the intent of LifeLong Link was to build an all-encompassing database for health and consumer information to connect all age categories and disability populations to helpful statewide resources. Jim and Deanna affirmed they continue to reach out to organizations to expand the database and network. Cindy asked how members knew to call the Managed Care Ombudsman's office if they needed an advocate, and Deanna replied it is listed in the MCO enrollment packets, IA Health Link Managed Care Handbook, MCO handbooks, and is listed on the OSLTCO website. Anthony suggested the Ombudsman's Office should come to another meeting to discuss LifeLong Links and a follow-up to the discussion; Jim and Sara agreed. Kristie asked how 211 worked in LifeLong Links. Jim explained the referral process and that LifeLong Links is under one governance system focused on information resources for the aging, those living with disabilities, and caregivers with the primary purpose to link people with the resources they need in their communities. Jim stated that it will be a challenge for consumers to determine when to call the IME versus when to call the MCO, and that further clarification is needed when directing calls for LifeLong Links. Gerd invited Mikki to provide her thoughts on this point. Mikki stated that member eligibility, member enrollment, provider credentialing and provider enrollment go to the IME. Once a member is enrolled and assigned to an MCO, the member should contact their MCO. Once a provider is credentialed, they should contact their MCO(s). Paula stated the report did not address a connection for people between the IME and the MCO in terms of information or an advocate. Deanna stated this is the role of the managed care ombudsman. Mikki stated that Iowa Medicaid members have a case manager and care coordinator with the MCOs who will provide the care bridging and coordination, or members may still reach out to their providers. She stated that are many layers in place with this transition to help families. Kristie suggests an Informational Letter regarding this point. Gerd reminded the group of the motion made at the last Full Council meeting by Dr. Carlyle when he suggested that Medicaid consider their options relative to the ombudsman. The Full Council was to reach out to this group and see if further deliberation will be required on this topic. A phone comment was made by Dan Britt from the Occupational Therapy Association, he expressed concern for the occupational, physical, and speech therapy providers and prior authorizations (PAs) with secondary MCOs. Dan stated he received a letter stating a PA was not required but, one of the MCOs stated a PA will be required. Gerd affirmed follow up on the process for secondary PAs.

Provider Transition Update and Discussion

Mikki stated that the IME was in the process of drafting Informational Letters (ILs) and concerns regarding the transition should be addressed to the IME for clarification in future ILs. Current issues being addressed in ILs were crossover claims, cross reports, split billing, critical incident reporting, and so forth. Mikki suggested subscribing to the Medicaid e-News newsletter for regular updates on all developments and ILs, and to watch MCO webinars featured on their websites. She stated recent issues involving Integrated Health Homes (IHH) and Health Homes (HH), and future meetings to be held between MCOs and the IHHs and providers for clarification. Provider and provider association concerns were to be addressed to Mikki, Deb Johnson, or Liz Matney for assistance. Dennis stated concern about children's immunizations, and Mikki assured it was being addressed. Jim stated that "deemed credentialing" for 60 days was effective January 1, 2016, only and Sean confirmed deemed credentialing would no longer apply. Sara brought up the issue of "outlier payments" and Mikki stated that there was an RFI in progress. Paula questioned emergency medication practices, and what families should do for medication in an extreme emergency. Mikki stated that the IME would look into this. Dennis questioned accessing MCO patient lists prior to April 1, 2016, and NEMT. Mikki stated she would review to see what could be done. Cindy asked when MCO cards would be mailed. Matt confirmed Confirmation of Coverage letters were mailed, MCO cards would be mailed that week and handed out screen shots of MCO cards. Anthony questioned PA issues after May 1, 2016, due to initial 30-day grace period with MCOs. Shelly questioned IL 1628-MC on prior authorizations that did not previously require PAs (i.e. B3 Services), and requested further information on MCOs deeming services medically necessary. Liz Matney stated categorically that MCOs will not be able to arbitrarily recoup payments that have been made to providers. She stated that there is a process in place whereby if Iowa Medicaid Program Integrity determines that the provider, after having received payment, did not, in fact, provide a service, only then can there start a process for recouping payment; this process will be closely monitored by the IME. Liz stated this will be one of the data points being tracked and will be on the dashboard of oversight measures..

IA Health Link Communications Update

Matt said he did not have any additional updates aside from the Confirmation of Coverage letter and MCO card distribution. Jim requested a "checklist" to assist members in the MCO enrollment process and consideration for adding the value-added sheet to the enrollment packet.

MAAC Processes

- **Council Polling Methods**

Gerd said he would reschedule this agenda item regarding the Council Polling Methods to the April meeting.

- **Nominating Committee Appointment**

Gerd stated that he did not receive any interest in serving in the nominating committee for the election of the Vice Chairperson. Gerd stated that Paula volunteered. Gerd asked Cindy and Dennis to remain after the meeting to discuss the possibility of their participation as part of the nominating committee. Lindsay also reminded the group that the May meeting would involve the election to fill up the vacant Executive Committee seat.

- **Meeting Schedule Adjustments**

Lindsay stated that the schedule adjustment would happen in May and would flip the order of the meetings to have the Executive Committee meetings follow the Full Council meeting. The location was to be finalized and on the MAAC web page shortly.

Public Comment (Non-Member of the Executive Committee)

Dan Britt stated that UnitedHealthcare serving *hawk-i* stated they would honor BlueCross PAs but these claims came back as denied and UnitedHealthcare stating they were behind on claims. Barbara Nebel from the Iowa Speech, Language, Hearing Association stated that she had heard for small providers that TCA was going to be an alternative to two of the three MCOs and requested the progress. Mikki confirmed IL

being written to address this issue. Barbara then questioned if IL 1632-MC (Money Follows the Person (MFP) Program) had missing codes or was comprehensive. Deb Johnson confirmed the IL was for MFP individuals although they are eligible for the state plan benefits, and she would confirm completeness of codes chart. Kevin Cruiser stated a representative from Amerigroup Iowa had told a member that there would not be automatic crossover for at least 90 days, and he was concerned about manual submission of claims. Matt replied that for crossover claims, CMS required three months of testing before it is automatically sent to the MCOs. During that period, claims would continue to be sent to the IME and they would all be denied and the providers will have to send their claims manually to the MCOs; an IL was to be released soon. A phone question from The Unified Therapy Services of Iowa stated that they were reaching out to the three MCOs but were still awaiting contract reviews and wondered if contracts were not signed by April 1st:

1. Could all members still continue to come to the facility for services?
2. Would they continue to be reimbursed at the current fee schedule?

Mikki stated that she would follow up and reach out with a response. Occupational Speech Therapy Association asked if there had been notice from the MCOs regarding PCAs. Mikki replied that the department had been working with them and but had not been able to get KID numbers to use for the PCAs program at that time.

Adjourn

4:37 P.M.