Executive Committee
Summary of Meeting Minutes
June 15, 2017

EXECUTIVE COMMITTEE MEMBERS | DEPARTMENT OF HUMAN SERVICES
--- | ---
Gerd Clabaugh – | Chuck Palmer – present
David Hudson – present | Jerry Foxhoven - present
Dennis Tibben – present | Mikki Stier - present
Natalie Ginty – present | Deb Johnson -
Shelly Chandler – present | Liz Matney - present
Cindy Baddeloo – present | Matt Highland - present
Kate Gainer – | Lindsay Paulson - present
Lori Allen – present | Sean Bagniewski - present
Richard Crouch – present | Amy McCoy -
Julie Fugenschuh – present | Luisito Cabrera - present
Jodi Tomlonovic – present | Alisha Timmerman - present

Introduction
David called the meeting to order and performed the roll call. Executive Committee attendance is as reflected above and quorum met.

Approval of the Executive Committee Meeting Minutes of May 18, 2017
Minutes of the Executive Committee meeting on May 18, 2017 was approved.

Director Palmer on Recommendations
Director Palmer introduced Director Foxhoven to the Executive Committee and explained to him the role of the Committee as an oversight group for the Medicaid program. Director Palmer stated that he had read each recommendation and would continue to convey his thoughts to the Council through the Medicaid Director. Lindsay reviewed the IA Health Link Public Comment recommendations letter. In response to the two recommendations concerning timeliness of reimbursements, Director Palmer suggested identifying the largest issues and the areas where they are most prevalent. Regarding the HCBS Waiver recommendation, Mikki stated that the 120 day rule change had already been presented to the Rules Committee and was in process.

In review of the General Recommendations letter, Director Palmer gave general comments about prioritizing recommendations and working closely with the MCOs to identify ways of achieving better outcomes for the members while not overwhelming MCO processes or the provider community.

June 19, 2017
**Action Item**
1. Identify trends involving payment issues:
   - The largest issues
   - Where issues are most prevalent and if this trend changes over time
   - Where issues continue to reside
   - If the same issues affect different provider types
   - The proportion of issues that occur with the MCOs versus with provider organizations
   - The top reasons why payment issues persist
   - Identify if the top reasons for payment issues change over time

Director Foxhoven assured the Executive Committee that he would review and consider all recommendations made by the MAAC and respond to the recommendations in a timely manner for greater efficiency in Medicaid improvement.

**Medicaid Director’s Update**
Mikki reviewed the Action Items document. Provider manuals continued to be updated. The Quarterly Report was to be released in the coming weeks. Data was being gathered for appeals and grievances, average aggregate cost for special needs members in Intermediate Care Facilities for the Intellectually Disabled, and out-of-state placement was being gathered and would be discussed at future Executive Committee meetings.

Cost containment initiatives impacting Medicaid were ready for implementation on July 1, 2017. Informational Letters (ILs) regarding cost containment measures had been released, and additional ILs with scenarios and fee schedules would be released prior to July 1, 2017. Mikki stated that the IME was developing communications for the Medicaid Institutions for Mental Disease (IMD) exclusion to be implemented on July 1, 2017 as the IMD exclusion would impact two of Iowa’s institutions.

Public comment meetings regarding retroactive eligibility were to take place within the next 30 days. Following public comment, a draft waiver was to be sent to CMS. Communications were being developed that would include scenarios considering enrollment, re-enrollment and reinstatement. Data was being gathered from other states that had eliminated retroactive eligibility for general guidance on the initiative.

**Public Comment Listening Sessions Update**
Lindsay stated that there were approximately 30 to 40 individuals at the Sioux City meeting held on June 13, 2017, and that comments made were primarily concerning billing and claims, changes to-and prior authorization of- Durable Medical Equipment (DME), Home Health, and Non-Emergent Medical Transportation (NEMT). Members and providers also expressed concerns with the timeliness of responses from the MCOs.

**Open Discussion**
Members of the Executive Committee expressed their appreciation for Director Palmer’s service.

**Adjourn**
4:32 P.M.