



Executive Council Committee Minutes September 17, 2015

COMMITTEE MEMBERS

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DEPARTMENT OF HUMAN SERVICES

Mikki Stier	Liz Matney
Jennifer Steenblock	Julie Lovelady
Deb Johnson	Bob Schlueter
Lindsay Buechel	Maddisen Kies

Roll Call:

Room goes through intros including on telephone.

Announcement:

Mikki Stier (MS) announced that Magellan sent a letter to HAB providers, notifying Medicaid home based providers, new rate structure, beginning on October 15, 2015. Department is immediately addressing Magellan. We are working on additional communication to be sent out. Asked Magellan for mailing list on whom they sent this to and we are addressing to work on it in a timely manner.

Provider Rate Discussion:

(Jeff) Marston: Goes over Provider Rates Presentation and how the rate floors are going to be defined and reimbursement rates set in the future. We will look at cost based reports and submission for SFY 2016 and provider considerations overall.

(Anthony) Carroll: What were the ranges for current rates for July 1, 2015? Can we see that and when?

(Deb) Johnson: There are some anomalies in there so we do have a range and average in there which varies. Fee schedule in there – SCL is a hard one. Hourly is easier than daily; where you have different scenarios. We will be giving MCOs current service plans we have and what we're paying.

(Shelly) Chandler: They don't have to be paid what providers are currently being paid. Spread is so vast. You are giving MCOs permission to do that. Letter that Magellan sent out yesterday will be nothing.

Deb: I certainly appreciate your concern. Providers do have power. MCOs have to serve people and they want to. To cut people 500 percent from where they are doesn't make sense. Mikki: There are network adequacy requirements that these MCOs have to maintain.

Question: Example how this works with CDAC?

Deb: Provides example: Say capitation is \$15.00 and lowest we pay is \$8.00 so that is the floor.

That is the least amount that MCOs can pay.

Jeff: Other part, indirect services; home and vehicle modifications, etc. Things where cost can vary based on service. No floor for HCBS indirect service. We will make sure there is a distinction.

Question: Say \$5.00/ meal so come January 1, 2016; then what?

Jeff: No floor for that.

Question: HCBS providers aren't paid for that for two years?

Anthony: Apply to home delivery meals? Contract with MCO to have to do that?

Deb: I don't know if that will apply to them. (Will follow up)

Jeff: We will have provider specific per diem rates; also have provider tax which will continue going forward. Needs to be changed on how tax is collected in the process. We don't see a way to offset claims monthly. They submit a quarterly check to the department. How it's calculated is not changing. It's collection.

Shelly: Hospital and nursing; recognize rebasing – will MCOs be able to honor the rebasing? Such is ICFBD?

Jeff: We will check on that.

(Mikki) Stier: Unless there is a change; if federal or state code we will recognize it.

Shelly: Please add to the slides so these services are recognized.

Jeff: It's going to be a customary 95 percent rate that customers have to pay. Providers should enroll with MCOs to receive higher.

Mikki: Customary rate is fee schedule.

Jeff: For cost reports and cost settlements, we have some provider types that submit for rate setting plan so no changes for cost requirements in 2016. Fee for service claims still cost settle any of those claims.

Jeff: Goes over the table. This is not the floor anymore this is the Fee For Service reimbursement.

(Kirstie) Oliver: No mention of PMIC?

Jeff: We will talk about that. All of them will have same structure going forward.

Kirstie: Not mentioned in these slides?

Jeff: Do they have same rate on state side?

Kirstie: They are paid on just one rate; they all have negotiated rate on Magellan side.

Jeff: We will get clarification on that.

Jeff: All of the providers on the table submit cost reports; CAH and RHC/FQHC have cost settlement in 2016. There's still cost report for all providers on table, CAH cost settlement and FQHA/RHC no cost settlement.

Jeff: Changed to FFS reimbursement for provider types; [Jeff refers to the table provided on slide 15.] SFY all providers in the table will have Fee schedule for SFY 2017. All providers currently submit cost report and for SFY 2016. Cost reports going forward will be Home Health and HCBS providers. All statewide rates for all providers in SFY 2017 based on cost data that we have.

Jeff: We want to still capture cost rate data going forward. Cost data can be used by the DHS to look at rates being negotiated and if they are really covering services to identify cost trends, assist in future FFS/ rate settings, establish upper payment limit demonstrations. Even though we are going to managed care, we have to do EPL and any adjustments to this have data for cost report. The encounter data is required to be collected by the state. Cost coverage statistics are rates covering costs from these providers.

Anthony: Are the cost reports coming from providers?

Jeff: Directly from providers to the IME. No changes to that process. Within RFP – [Jeff goes over the access standards.] MCOs must use non-network providers if there is a gap in coverage for a particular service. This ensures members continuity of care. Where MCOs are headed is a VBP to set up special programs to encourage healthy behaviors by members. [Goes over summary on slide 19.]

Medicaid Modernization Updates

- **Annual Provider Training**

Mikki expresses her thanks to all involved IME staff and (Lindsay) Buechel reported on attendance level for the training sessions including important questions that are being asked. Bob acknowledges that information is now finally going out and IME getting much needed feedback.

- **Stakeholder and Member Meetings**

Lindsay outlines planned Stakeholder and Member meetings to be held in various locations throughout the state to be held in afternoons and evenings. They start in early October. MCOs will be at these specific meetings just as they are at the provider trainings. LB details that there will be stakeholder/provider education meetings in eleven locations and member education and enrollment events in eighteen different locations throughout the state. Start in mid-October and run through most of November and will give members an overview of managed care. It will offer in person enrollment assistance to individuals. LB outlines more details about other member outreach efforts that are on schedule.

- **Stakeholder and Provider Toolkits and Education**

LB announces that Stakeholder and Provider Toolkits are on the website. Everything is functioning how it should be now. As new member and stakeholder/provider outreach and information materials are finished, they will be posted on the Medicaid Modernization web page.

Other Topics and Comments

Lindsay encourages people to sign up to the email notification list to receive all updates from IME.

Adjourned at 12:30 PM