



Executive Council Committee Minutes September 22, 2015

COMMITTEE MEMBERS

Gerd Clabaugh
Sara Allen - IHA
Dan Royer
Dennis Tibben
Nancy Hale
Kirstie Oliver
Paula Connolly
Shelly Chandler
Jeff Marston
Jess Smith
Anthony Carroll
Jim Cushing

PUBLIC REPRESENTATIVES

DEPARTMENT OF HUMAN SERVICES

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

Introduction:

Roll call.

IA Health Link Member and Provider Impact

Lindsay Buechel (LB) confirms for the group that IME is currently in the process of setting up two series of meetings – one targeting stakeholders and providers and the second targeting members. LB details that the stakeholder/provider meetings will be held in eleven communities throughout Iowa offering the meetings twice in each community – first in the morning and the second in the early evening and registration will be required. The member facing meeting will be an education outreach. LB encouraged the group to inform all regarding the upcoming meetings but that members should be encouraged to attend the meetings designed for members. LB estimates that members will get letter late November or early December regarding enrollment and that dental will continue to be available but not transitioning to MCOs. LB informs the group that MCOs have started doing more outreach and will be organizing their own provider training sessions. LB underscored that IME to review materials that the MCOs will develop to ensure that the narrative and tone adhere to guidelines. LB updates that the member mailings have not yet gone out but is hopefully expected to begin dropping by month's end. This is the initial intro letter prepping them on the actions that they will need to take with receipt of subsequent mailings. LB explains that membership packet mailings will happen in phases (not one single mail drop of 560,000).

LB outlines the components that will be in the enrollment packet and the algorithm of MCO assignment with aim to keep families together. Question was raised regarding the “rate floor” but LB indicates that she is unable to talk about the “rate floor” at this time and reviews the importance of the choice deadline of December 17th for members. LB explains that MCOs will send out their enrollment packets to providers (date when provider directories are made available) after the December 17th member choice deadline. Kirstie Oliver raises the question of provider directory and the timing of its availability and Gerd Clabaugh expresses concern that the directory could be out-of-date by the time it is made available. LB suggests to raise this timing issue with MCOs. Group also raised questions on providers not signing up or cooperating with MCOs and issues hinging on “payment process set-up”. Group also raised serious concern about the confusion around contract signings and disconnect on the timeline of coverage. LB suggests emphasizing the 6mo – 2yr window but Jim Cushing and Kirstie indicates that the 2 year period does not apply to everything (LTSS and PMIC). LB explains the “good cause” as a federal requirement and discusses that IME member services is the “enrollment broker”. LB to check with Mikki if choice counseling (not same function as CAC or Navigator) will be discussed with MAAC council. Anthony Carroll suggests revisiting discussion on “good cause” in the November meetings especially if situation arises where providers refuse to work with MCOs. Paula Connolly underscores need to discuss “choice counseling” because members may have to face making choices and will require assistance in making these choices. LB points out that conscious of meeting readiness review, need to discuss other areas – Nursing Homes, Case Management, IHH/PDAC. LB also points out that people are asking questions that we don’t have answers to today but will respond swiftly when answers become more evident. Gerd acknowledges that meeting covered a lot of various topics and that we shouldn’t lose sight of this running list of concerns.

Provider Enrollment and Credentialing Discussion

Dan Royer states that all MCOs attended a workgroup at IHA and asked specifically about credentialing and that they all use similar but not same approach. Dan mentioned that MCOs mentioned credentialing and that not all MCOs offer credentialing. Dan indicates that he thinks this is something that’s going to be a major challenge with tight timeline. Dan spoke to Kansas and has indicated they said it’s gone well. Dan states that Kansas went with this model because MCOs were denying claims of provider not being credentialed. Last thing we want is claims denied because of backlog with MCOs. Paula Connolly states that she knows this is a huge concern from families that providers are in place. Paula spoke to professional counterparts both in KS and early on in AZ where they said the same thing. Ended up being a big mess and this model was recommended to us. We want to see this as go as smooth as possible.

Other Topics and Comments

Adjourn: 4:40PM