



### **MAAC Full Council Meeting Full Meeting Minutes May 17, 2016**

#### **Introductions** *(See the roll call document to review the Full Council attendance.)*

Gerd Clabaugh called the roll call of those in attendance (in-person and on the phone) and declared that there was a quorum to proceed with the meeting.

#### **Approval of February 18, 2016 Full Council Meeting Minutes**

Gerd declared that the minutes of the Full Council meeting of February 18, 2016, stood approved.

#### **Council Governance from Attorney General's Office**

Heather Adams, on behalf of the Attorney General's office, spoke to the Full Council regarding the mission and authority of the MAAC. The MAAC was created as federal requirement to represent the citizens of Iowa and provide aid, direction, and suggestion to the Medicaid director and the DHS director. Heather handed out information on a new bill that had been generated and was to be signed by the Governor for the 2016 legislative session as well as a copy of the administrative rules that govern the work of the Council. It was advised that there had to be quorum in order to take any action or to vote on a recommendation or advice that the council might have for DHS, and 50 percent must be in attendance for a quorum to exist. Once quorum had been met, the rules would further require that two-thirds of members be present in order to take action on any motion and that the votes must be clear on who was voting for or against on any item. Heather then discussed the "Open Meetings Law" and the requirement of three key points – Agendas, Minutes, and Public Access Records.

Heather reviewed laws on accepting gifts, conflicts of interest, the state statute, and the new language in the bill that was pending signature from the governor.

#### **Questions and Comments on the Council Governance from Attorney General's Office:**

- When adding items to the approved agenda, items should not be added after approval unless it were under any reason recognized as an emergency; any other agenda item should go through the normal process of setting the agenda.
- The Full Council was advised to have discussions regarding how to make the administrative rules concerning duties of both the Full Council and Executive Committee clear to all.

#### **Executive Committee Report**

Previous months activities were reviewed and it was suggested that Council members review the minutes of previous meetings for better understanding of the transition. A workplan was mentioned to enable better communication between the Full Council and Executive Committee as well as to ensure that topics for discussion include subjects that

#### **Review and Discussion of Full Council Guidelines –Action Item**

To ensure that the MAAC as a body operate in compliance with the law, the Council was urged to

vote on the guidelines that day. The intent of the vote was to encourage conversation and develop a better understanding of how to go about doing business as a Council. Most of the items within the document were taken directly from the Iowa code or administrative rules such as:

It was requested that the federal document pertaining to the MAAC be included in the document and that potential amendments be added. The topic of amendments was to be discussed again at the August Full Council meeting and the Council was to use to current document as a guide on operational procedures.

### Legislative Update and MAAC Elections

On March 28, 2016, an email was sent to the members of the Full Council asking for recommendations for an individual to serve as Vice Chair with the idea that a vote was to take place on that day. There had been five nominees that had been reviewed although with the new pending bill, the potential roles of the Vice Chair, the Co-Chair, and the makeup of the MAAC could change as the Co-Chair may be attached to the consumer representation. Given the bill had not yet been signed, the voting would be delayed although discussion would continue within the Executive Committee should there be any developments prior to the following Full Council meeting. It was agreed that the Council proceed with the vote for the Executive Committee candidate as the Executive Committee would not change with the passing bill. The voting process was explained, and members were to submit their ballots within the following week.

### Transition Updates from DHS

In the month and a half following implementation, the IME and MCOs had developed a rapid response team for issues communicated by members, providers or stakeholders that needed to be resolved. The rapid response team had been meeting no less than once a day to discuss outstanding issues. Some of the issues that were being tracked at the time were member prescriptions and pharmacy claims, transportation and Non-Emergent Medical Transportation (NEMT), Prior Authorizations (PAs), and provider claims and billing. It was encouraged that all providers verify eligibility monthly with the IME prior to rendering services as eligibility may change.

### Updates from MCOs

#### **a. Amerigroup Iowa, Inc.**

Dr. Mark Levy, Managing Medical Director, spoke as a representative for Amerigroup. To date, 27,000 providers were contracted with Amerigroup, 97 percent were loaded into the claims system. Their call centers were receiving 1,500 to 2,000 calls per day and had a connected calls rate of approximately 98 percent. Had received 131,000 claims as of Friday, May 13, 2016, and had received approximately 7,000 per day in the month of May. Approximately 11,000 claims had not yet been processed although the remainder had been adjudicated in the amount of approximately \$33 million dollars. Out of the claims submitted, approximately 6 percent had been denied had all been processed through a manual review process prior to the denial and some of the examples had been services were not covered or coding issues. He stated that 106,911 pharmacy claims had been paid in the month of May, PA requirements were the same as had been with Iowa Medicaid. Prior Authorizations (PAs) were also being addressed and changed as necessary for the state of Iowa. To date had 147 case managers in Iowa and members receiving case management services were able to be referred by their providers, hospital discharges, self-referrals, as well as internal data analytics of high risk members. The number of grievances had been 96 and a majority had been due to transportation issues, and all had been resolved and closed. The organization had also been working with groups such as Health Homes to determine better processes moving forward. Paula requested how the MCOs' advisory boards were set up and how they worked. Dr. Mark Levy stated that their first advisory board meeting had taken place that week, and information was presented by stakeholders, legislatures, listening sessions, and Amerigroup members. The boards consisted of 15 individuals. AmeriHealth Caritas of Iowa, Inc. representative Jeremy Morgan stated that did not have the information and would follow-up. UnitedHealthcare Plan of the River Valley, Inc. representative Paige Pettit stated that had identified advisory board members however she was unsure of when meeting had been scheduled and would follow-up.

**b. AmeriHealth Caritas, Iowa, Inc.**

Jeremy Morgan, AmeriHealth Caritas representative stated that they had 220,000 members to date. Total number of medical claims had been over 250,000, 355,000 pharmacy claims had been processed for both April and May, and therefore \$55 million claims paid to date on medical side and \$22 million in claims paid to pharmacy. Member Services contact center had taken approximately 35,000 calls, and Provider Services approximately 22,000 calls. He acknowledged that there had been issues with PAs such as how long they had taken to process, and that they had contractual obligation of a maximum of seven days for normal PAs and three days for escalated PAs. Current issues were being addressed and processes determined moving forward with Iowa providers based on member needs. Jeremy stated that the organization was aware of members or providers not receiving a response when contacting AmeriHealth Caritas and the MCO was working toward resolution but if any person were to experience additional issues they could contact Jeremy directly. He advised that if members or providers were having issues to contact AmeriHealth Caritas for resolution.

**c. UnitedHealthcare Plan of the River Valley**

Paige Pettit, UnitedHealthcare Plan of the River Valley representative stated that they had been communicating dashboard information to the state. She stated that UnitedHealthcare had received feedback regarding issues with the PA process and had therefore relaxed the requirements of PAs for skilled nursing care, home health, occupational, physical and speech therapy, and mental health services. Paige confirmed they continued to attend all of the state meetings and association meetings as requested. She stated that UnitedHealthcare has eight advocates throughout the state who were conducting outreach discussions both in person and through web-based trainings. She cited known issues for CDAC billing so the organization had created a document explaining the billing process for CDAC providers for further assistance which has been made available on the UnitedHealthcare website. Paige confirmed that UnitedHealthcare met with the state Monday, Wednesday and Friday and held sessions to discuss escalated concerns for immediate resolution. She also stated that a newsletter had been available for all provider types and documents would continue to be developed as needs arose. Paige stated when calling the call center, if the call center did not meet expectations, the provider or member should ask to be directed to their local advocate, and if still unresolved, could reach out to Paige directly.

Medicaid secondary claims were to be handled by the primary insurer first and then the MCO as a payer of last resort and case managers should utilize available MCO technologies with member medical history to continue coordination with providers. UnitedHealthcare was to follow-up with the number of claims submitted and there were approximately 180,000 enrolled members. Amerigroup had approximately 185,000 members.

**Public Comment Listening Sessions**

Lindsay stated that all materials comment meeting summaries had been handed out prior to the start of the meeting and that were available on the DHS MAAC webpage.

**a. Mason City**

Mason City meeting that was held in March had had more questions than comments as it was prior to implementation.

**b. Burlington**

Meeting had been held the second week of April and was primarily an audience of providers and again had consisted of primarily questions regarding billing, and operational concerns as opposed to direct comments.

**c. Dubuque**

Dubuque meeting had been held the second week of May and consisted of providers, members, and family members with many comments and approximately 100 persons in attendance. The topics that had been discussed were PAs, response time, how to contact the MCOs, and transportation.

Meetings were to continue once every month for the remainder of the year in various cities throughout Iowa and members were encouraged to attend on behalf of their organizations.

### **Workplan Review**

The workplan was to be utilized as reflection of new issues to be discussed in future council meetings, and new agenda items to be added moving forward. It was further suggested to record in the minutes where questions have been asked to allow for future follow-up.

### **Public Comments**

No public comments.

### **Adjourn**

4:00 p.m.