



Council Bluffs IA Health Link Public Comment Meeting

Tuesday, June 7, 2016

Time: 3 p.m. – 5 p.m.

Hilton Garden Inn Hotel

River City Ballroom, 2702 Mid America Dr.

Council Bluffs, IA

Meeting Comments and Questions

IME/DHS Staff	MCO Representatives	MAAC Representatives
Jennifer Steenblock – present	Amerigroup Iowa, Inc. - present	Paula Connolly- present
Julie Lovelady - present	AmeriHealth Caritas Iowa, Inc. - present	Jim Cushing- present
Lindsay Buechel - present	UnitedHealthcare Plan of the River Valley, Inc. - present	
Sean Bagniewski - present		
Sarah Belmer – present		

Comments:

Terminology:

The terminology that is being used in conversations (Hospice in house vs. in patient) with AmeriHealth Caritas is confusing and they want to make sure they are saying things correctly so they get paid accordingly.

Prior Authorizations:

They are finding that the process for Prior Authorizations is different for each member and they want to make sure they file the Prior Authorizations the correct way with the MCOs. Skilled nursing and Long Term Care (LTC) are concerned with authorization in a timely manner. They have waited over a week for them to go through and all the while the members sit in the hospital.

In the past LTSS providers received per month authorizations. They understand that it is now supposed to be per cycle. The provider feels as the authorizations are being updated that there may need to be another no authorization period like when the transition occurred.

Two out of the three MCOs require verbal authorizations and one MCO lets them do it online or by fax and for the small hospital that is a long time to be on the phone.

A provider would like training on the Prior Authorization process so it can be expedited.

Floor Rates:

A provider stated they are not being reimbursed the Medicaid Floor Rate by the MCO. Many other providers also said that they were not getting reimbursed the full amount of the Medicaid Floor Rate.



Transportation:

Providers are having issues with setting up transportation and an HCBS provider says they have had instances where 2 entities will show up for the same member at the same time to take them to their appointment.

DME (Durable Medical Equipment):

Medicaid eligible member started the process for getting a wheel chair prior to the transition. When the transition happened the members MCO, UnitedHealthcare, denied the wheel chair. The DME provider stated that they have not had any issues with Amerigroup or AmeriHealth Caritas.

One provider who has been dealing with Amerigroup states that they have to send a Prior Authorization for every piece of the wheel chair.

Language Barrier:

Providers have run into issues with getting materials in Spanish for Spanish speaking families. Members will get packets and letters in English when they need it in Spanish and they end up throwing away the information.

MCO Phone numbers:

It is hard to navigate through the phone lines in order to get to who they need to speak with.

Claims:

Many providers are running into road blocks with not having claims paid correctly or at all.

Systems:

ISIS changed over this past weekend (6/4/2016-6/5/2016) and since the change providers are not able to get in and view information on members and the MCOs do not have the information yet.

Additional Comments:

A state senator has received several calls about issues with vision services. Vision provider will have a member in the chair and find out that they will need a Prior Authorization for that service and getting a PA approved while a patient is in the chair does not happen often. Members are frustrated and a certain provider has considered no longer accepting Medicaid Patients.

Questions:

1. How long does it take for a member to switch to another MCO and could that processed be looked at?
2. When denials occur, will there be reports that will come out?
3. Can providers bill the MCOs when they use their own in house interpreters?



4. Can the MCOs let their call center staff know that when they get a call from a member/provider asking about dental that the IME covers dental services?
5. Are the MCOs going authorization cycle or by monthly authorized units and are they looking at extending the no Prior Authorization period to the end of June?
6. Can the IME stop sending out informational letters that take effect immediately or with in the following couple of days?
7. Could interpreter costs be added to the MCO/provider contracts?
8. What is the process for a waiver member to get home modifications and Durable Medical Equipment (DME)
9. Is UnitedHealthcare working to sign CHI locally?
10. How soon will the MCOs get the daily rates updated and will they then do automated adjustments or will they need to be sent back through?