



May Executive Committee Meeting

Thursday, May 19, 2016

Time: 3:00 p.m. – 4:30 p.m.

Hoover State Office Building

First Floor Meeting Room, Sides 1-2

1305 E. Walnut St., Des Moines, IA

Dial: 1-866-685-1580

Code: 515-725-1031#

AGENDA

- 3:00 Introductions
- 3:05 Approval of Minutes from Previous Meeting
 - Executive Committee: April 19, 2016
- 3:20 Executive Committee Workplan Document Follow-Up
- 3:25 Talking Points from Full Council Meeting
 - Legislative Update and Potential Impact to MAAC
 - MAAC Elections
 - Vacant MAAC Positions
 - Voting for Executive Committee Position
 - Addition of Agenda Items
- 4:00 Question and Answer Tracking Process
- 4:05 Customer Service Workflow Review
- 4:10 DHS Transition Updates
- 4:15 Public Comment Listening Sessions
 - Listening Session Meeting Format
 - Dubuque Session Notes
 - Reporting Template and Suggestions for Future Formatting
- 4:25 Public Comment (Non-Executive Committee Members)
- 4:30 Adjourn



Executive Council Committee Summary of Meeting Minutes April 19, 2016

EXECUTIVE COMMITTEE MEMBERS	DEPARTMENT OF HUMAN SERVICES
Gerd Clabaugh – present	Chuck Palmer – present
Dennis Tibben – present	Mikki Stier – present
Nancy Hale – Present	Julie Lovelady –
Kristie Oliver – present	Jennifer Steenblock –
Paula Connolly – call-in	Deb Johnson – present
Shelly Chandler – present	Liz Matney – present
Anthony Carroll – represented by Kent Sovern	Matt Highland – present
Jim Cushing – present	Lindsay Buechel – present
Kate Gainer – present	Sean Bagniewski – present
Cindy Baddeloo – present	Amy McCoy – present
Sara Allen –	
COUNCIL MEMBERS	
Dave Beeman	Tracy Robredo-Clark
MCO REPRESENTATIVES	
Stave Johnson – UnitedHealthcare	Justin Leitzen – AmeriHealth Caritas
Nancy Herndon – UnitedHealthcare	Cheryl Hardig – AmeriHealth Caritas
Paige Petitt – UnitedHealthcare	Karrie Weisbeodt – AmeriHealth Caritas
Kim Foltz – UnitedHealthcare	John Hedgcoth – AmeriGroup
Jeremy Morgan – AmeriHealth Caritas	Cynthia McDonald - AmeriGroup

Introduction:

Roll call of the Executive Committee members that were present or on the telephone and everyone in attendance, including MAAC Council members and MCO representatives. This list above reflects the attendance for the meeting. Gerd declared the group had a quorum.

Approval of Executive Committee Meeting Minutes from March 15, 2016

Gerd invited the group to voice comments or changes to the March 15, 2016 meeting minutes. Jim Cushing submitted a hard copy of his changes to the minutes. Gerd declared that the meeting minutes of the Executive Committee held on March 15, 2016, stands approved with Jim Cushing's changes.

April 27, 2016

Committee Updates

a. Nominating Committee and Open Executive Committee Slot

LB stated there were several nominations for the VC position and would be holding election for the Consumer and Public Member open position in the EC that Nancy Hale would be vacating at the May 2016 Full Council meeting. Lindsay stated the candidate must be from an Org that represents consumers or a member of the public and individuals eligible for the position would be determined prior to the May meeting.

b. Vice Chair Nomination

Gerd mentioned the nominating committee would be comprised of Dennis Tibben and Cindy Baddeloo. He stated that the names of the nominees were submitted to the nominating committee for review and would be presented for a vote at the May 2016 Full Council meeting.

c. Meeting Schedule Adjustments and Work plan

LB reminded the group the FC meetings being held before the EC meetings moving forward beginning with the May 2016 Full Council meeting. LB stated that the FC meeting for May would be held on May 17, 2016 and the EC meeting would be May 19, 2016. She stated a final notice would be sent regarding the change by the end of the week ending April 29, 2016. Jim requested a workplan be handed out at every Executive Council meeting, and stated that it would be helpful for the council members

Transition Updates from DHS

Mikki reviewed the April 1 implementation of the IA Health Link program and stated there is a MC Bureau headed by Liz Matney, MCO Account Managers assigned to each of the MCOs, and the PMO within the department to deal with issues in real time. She stated since implementation, no systemic issues and specific issues, such as NEMT, had been addressed immediately. The first weekend following the launch, member and provider services representatives, and medical and pharmacy representatives, from the IME call center were available to meet expected demand but there had not been a spike in call volume. Regarding pharmacy, MCOs were to use the state PDL and Prior Authorization (PA) policies. Mikki stated case managers and Metro Transit Authority were contacted regarding change in multiple transportation brokers and enrollment brokers instead of one. She summarized that NEMT and Pharmacy services appeared to be the biggest issues since implementation and were being closely monitored with real-time responses based on priority. She stated the transition had been going well and daily briefings with the MCOs continued to ensure issue resolution.

Updates from MCOs

a. AmeriHealth Caritas, Iowa, Inc. (Cheryl Hardig)

She stated their top priority was ensuring members received the care and services they needed and to work in collaboration with the provider community. Cheryl stated a lot of outreach had been done and they had received member success stories with good reception of managed care and care management services. She highlighted areas of concern that were being managed such as PAs for pharmacy, Mayo Clinic, Claims processing, and CDAC providers. She stated that they continued to conduct education regarding PAs to improve knowledge and efficiency. Regarding claims, activity low and denial rate low but providers had been contacted if claims denied to explain denial.

b. UnitedHealthcare Plan of the River Valley (Kim Foltz)

She stated she concurred with Cheryl's statements and their approach had been to quickly tackle issues with practices such as their functional team meeting twice daily to address specific issues as had been presented by Cheryl. She highlighted that at UHC, their outreach, field advocates, network teams, and case managers on the clinical side, and behavioral health advocates across the state had all been engaging their members with an onboarding process that focuses on how to get the right information to their members. She stated that they were looking for feedback from their state partners and provider partners about where they could closely align to ensure the best

possible service to members.

c. Amerigroup Iowa, Inc. (Cynthia McDonald)

She stated she concurred with Cheryl and Kim and stated their goal regarding PAs had not been denial but rather how they could help members with their care moving forward to better assist in ensure their health. She stated high collaboration focused on working with stakeholders, members, providers and so forth to resolve issues. She stated that Home Health and Long Term Services and Supports (LTSS) were areas that needed higher collaboration and working through case management issues had also been of great focus. She stated that they were working through a base-level agreement with the May Clinic on standard single-case agreements and that they would work with members who required care from the May Clinic to not abruptly stop or deny services.

MCO Update Q&A Session

Cindy asked if criminal background checks were conducted for transportation providers and the MCOs affirmed. Kent Sovern asked how roles differed between the transportation brokers and how members accessed the services. Cheryl stated each MCO was contracted with a different NEMT broker, credentialing for brokers was similar to providers, and members could contact their MCO or NEMT broker for services. Cynthia McDonald stated that as a part of a case plan and case waivers, they could bill directly to either the MCO or the transportation broker, and a "Fact Blast" was to be sent to the HCBS population to clarify this and provide contact information. Shelly requested clarity on transportation rates for HCBS providers as some were based on miles and others based on trips. She requested a standard rate sheet and Cynthia McDonald stated she would follow up. Paula asked if all MCOs were requiring the same information from members each time members called to schedule NEMT and Cheryl stated she would follow up. UHC affirmed the initial scheduling of an appointment would require the most time to input information however, future appointments would not request that information and would focus on the trip in question. Paula requested clearer guidelines for members on contacting their case managers. Kate stated that pharmacists had generally agreed the transition was going smoothly however still issues pertaining to specialty pharmacy. Kate questioned specialty pharmacy and if there were going to be drugs that Medicaid did not specify as specialty that were on the PDL, and who would be the specialty providers within the state if it did change. Kate stated pharmacies also had issues with PAs being loaded by MCOs although issues were resolved. Kate stated inconsistency in payments from MCOs when members had a different primary insurance. Cheryl stated she would follow up. Kate expressed concern in mail-order pharmacy because of the transient nature of the Medicaid population. Shelly questioned whether providers for members on Medicare or waiver services were required to get a denial from Medicare before they submitted a claim to an MCO. Mikki stated that an Informational Letter (IL) would be issued. Jim requested providers (1) not call too many members in short cessation to ensure things were working; (2) take note that some members will transition to a new case manager/ case management model prior to 3-6 months; and, (3) providers should learn how to utilize the Eligibility Verification System (ELVS) line only when necessary. Cyndi questioned the use of the 15 minute incremental billing process for Home Health visits by an RN as the LUPA rate was preferred. Cynthia McDonald stated she would follow up if necessary. Jim requested (1) everyone involved supporting member – MCOs and providers – should be mindful of the number of calls members are receiving. The volume of calls is overwhelming for many members. (2) noted some members are transitioning to new case managers/case management model prior to 3-6 batch/web option; up to three weeks. Can timing be improved?

Full Council Operating Guidelines

Gerd gave an overview of creating a succinct operating guideline and underscored the many pieces of legislation that come into play in drafting such a document as it would serve as a map for how the MAAC would operate. He stated that once the document was created, a vote would take place regarding whether to adopt it. He solicited the committee's thoughts and Dennis, Shelly, Jim, and Paula all expressed support for the document but reinforced the objective of making sure the document would be succinct and durable. Chuck Palmer advised to wait and see the result of the current legislative session in order to gauge the purpose of the MAAC.

Chuck commended Gerd for shepherding the MAAC through the managed care transition.

Full Council Polling Method

Gerd summarized the proposal would be a web-based forum or technology-based tool to give the Full Council members an opportunity to express their opinions brought forward by the Executive Committee. Jim confirmed Gerd's summary of the polling method as an online bulletin board where Full Council and Executive Committee members could engage in discussion and exchange of ideas relevant to MAAC outside of formal meetings. Gerd stated that this was an agenda item as an attempt to gain the group's opinion on this to bring back to the Full Council. Gerd stated this would also depend on technological provisions the Department may or may not accommodate. Jim confirmed the idea was to have a tool for feedback between scheduled MAAC meetings. Gerd also underscored compliance with the open meetings law and that the committee should continue with altering the meeting schedule at first, and then would re-evaluate the necessity of a forum. Gerd also suggested that in the interim, email addresses should be exchanged amongst members to allow for future communication without being a violation of the open meeting law. Jim suggested this agenda item be placed on the July or August agenda for review, and Paula agreed but also voiced concern in the public having the opportunity to voice their concerns. However, Shelly stated that it should be noted that the public had been given opportunities for feedback in the numerous outreach efforts.

Public Comment Listening Sessions Summary (Mason City and Burlington)

LB gave an update first two listening sessions and stated that received mostly questions and approximately two or three formal comments at each meeting. She stated each meeting averaged 15-20 attendees, most questions were directed at the MCOs, and questions were similar to those covered in MAAC meetings. She stated that a summary document would be released soon with answers to questions asked at the listening session. The next meeting was to be held in May 2016 in Dubuque. Shelly expressed concern in the meeting format not being a listening session but rather a person advice session and LB stated that adjustments would be made moving forward based on prior experience.

Ombudsman Office Report Review

Gerd invited Paula to comment as she had requested for this agenda item. Paula stated she understood that a report was made to CMS in March 2016 and she had wanted this provided to the Committee for review. Mikki stated that according to CMS there was the Special Terms and Conditions (STC) and there was a report from the Ombudsman's office to be shared with the Committee per Mikki.

Development of a Visual Display – How Customer Service Works

LB stated that from a CSR perspective, customer issues could come from a variety of methods such as the MCO and Member Services call centers and they are coordinating closely on call center issues with an illustration of this workflow to be released soon.

Iowa Health and Wellness Plan

Covered in earlier meeting.

Public Comment (Non-Member of the Executive Committee)

Barbara (Iowa Speech, Language, and Hearing Association) commented on PA and the confusion with the process and billing codes. Kevin Kruse (Iowa Podiatric Medical Society) commented that his association would reach out to the MCOs for their Fall 2016 meeting to have them present and answer questions for members; he asked for MCO contact information. Lindsay stated the IME would assist with contact information. Dan Britt (Iowa Occupational Therapy Association) commented on confusion in billing issues regarding units versus visits discrepancy with the three MCOs. The MCOs stated they would follow up. Dave Beeman expressed appreciation on effort to implement a Full Council Operating Guideline and Polling Method. He requested that when developed, the guidelines be made available to the MAAC Full Council at least two weeks prior to the meeting for the opportunity to review and make comments. Cindy commented that the MCOs should try to make their provider search portals look more like the Medicaid provider search

portal. Sara Sievert (Unified Therapy Services) commented on claims denials from AmeriGroup and UnitedHealthcare for not having a contract on file even though the contracts were in process. AmeriGroup and UnitedHealthcare stated that they would follow up.

Adjourn

4:37 P.M.