Executive Committee Meeting

Thursday, February 23, 2017
Time: 3:00 p.m. – 4:30 p.m.
Hoover State Office
Building, First Floor
SE Meeting Room, Sides 1-2
1305 E. Walnut St.
Des Moines, IA
Dial: 1-866-685-1580
Code: 515-725-1031#

AGENDA

3:00 Introduction and roll call – Gerd Clabaugh

3:02 Approval of minutes from previous Executive Committee meeting – Gerd Clabaugh
   • Executive Committee: January 19, 2017

3:05 Review and discuss the general recommendations – Gerd Clabaugh
   • Medication Approval, HCBS Waiver, Dual Eligibility, Mental Health Referral, Health Homes
   • Review of Timeline for future recommendations

3:35 Grievance and Appeals discussion – Gerd Clabaugh

3:40 MCO rate reductions or potential reductions

3:50 Discuss the AmeriHealth case management changes -- AmeriHealth Caritas, Iowa, Inc.

4:15 Review Action Items Update – Mikki Stier

4:20 Public Comment Listening Sessions Summary – Mikki Stier
   • Spirit Lake Session (February 15, 2017)

4:25 Public comments (Non-Executive Committee Members) – Gerd Clabaugh

4:30 Adjourn
Executive Committee
Summary of Meeting Minutes
January 19, 2017

EXECUTIVE COMMITTEE MEMBERS | DEPARTMENT OF HUMAN SERVICES
--- | ---
Gerd Clabaugh – present | Chuck Palmer –
David Hudson – present | Mikki Stier – present
Dennis Tibben – present | Deb Johnson –
Natalie Ginty – present | Liz Matney – present
Shelly Chandler – present | Matt Highland – present
Cindy Baddeloo – present | Lindsay Paulson – present
Kate Gainer – present | Sean Bagniewski – present
Lori Allen – present | Amy McCoy –
Richard Crouch – present | Luisito Cabrera – present
Julie Fugenschuh – | Alisha Timmerman – present
Jodi Tomlonovic – present | |

**Introduction**
Gerd called the meeting to order and performed the roll call. Executive Committee attendance is as reflected above.

**Approval of the Executive Committee Meeting Minutes of December 20, 2016**
Minutes of the Executive Committee meeting on December 20, 2016 was approved.

**Review and Discuss the Primary Set of Recommendations Relating to Public Listening Sessions – Subcommittee Update**
The draft letter to Director Palmer that contained all recommendations of the subcommittee was distributed. Lindsay stated that after having been reviewed by the Executive Committee several times, the intent at this meeting was to vote formally on this first round of recommendations that was to be submitted and to review the reports timeline to ensure that everyone was clear on the schedule for the next round of recommendations. Gerd reviewed the sixteen categories of recommendations from the November Full Council meeting that was parsed to two sets of recommendations. Additional recommendations regarding Consumer Navigation of New Systems from Anthony Carroll and Jim Cushing were distributed and it was agreed they would be discussed at future meetings for future recommendations. There was discussion regarding the use of “plain language” and this topic would be added to the Action Items for future discussion and explanation by the Department. Gerd reiterated the point that the recommendations were meant to ensure that, moving forward, the MAAC remain engaged in ongoing dialogue regarding these recommendations and these recommendations would continue to evolve as a result of ongoing dialogue.

January 26, 2017
Summary of adjustments to the letter:

- Prior Authorization (PA) Recommendation I, following “…provider manuals be clearly posted in an easily accessible format and location on the MCOs’ websites” have an addition of “…and available in hardcopy.”
- PA Recommendation I was to be made a general recommendation in the document and removed from the PA category.
- PA Recommendation IV and through future PA section, “…a particular service” was to be changed to “…particular services or products.”

Gerd asked if the Committee approved the edits to the document and would like to submit the recommendations to the Department, the Committee voted and approved, and the motion carried.

**HCBS Waiver Recommendations Workgroup update**

Dave recapped the two earlier waiver subcommittee meetings and discussed the two HCBS Waiver Workgroup documents within the materials. He stated that as a result of the two meetings, a subcommittee was formed and a charge for the subcommittee was drafted to look at all seven waivers. Mikki stated that in dealing with the Elderly waiver, there should be an examination and consistent analysis of the potential impact on all the other waivers to ensure that there was no negative outcome. Dave mentioned the availability of other resources that were possibly not being utilized for the Elderly waiver population, especially in cases of dual eligibility and suggested that these additional resources be identified and added to future discussion. Lindsay stated It was clarified that there was no time limit for action by the subcommittee Lindsay stated that the subcommittee meeting would take place on January 26, 2017, and Gerd confirmed that this would be part of the MAAC agenda for upcoming meetings for more substantive discussions and reporting.

**Review the remaining three out of the six secondary set of recommendations from the Full Council meeting**

Lindsay stated that the general recommendations were more informal and open to further discussion by the Committee without a definite timeline for submission to the Department. Gerd recapped all six general recommendations indicating that item 6 was being addressed by the HCBS waiver subcommittee. It was agreed that items 3 and 4 would be discussed further at the February Full Council meeting. Mikki stated that there were Medicare ACOs contracted with providers, there were also ACOs contracted with MCOs and what the coordination was between the Medicaid ACO and the Medicare ACO was the issue because there was a member in the middle who was dually eligible. There had been a lack of communication and coordination between Medicare and the MCOs for members who were dual eligible to crossover information from Medicare. It was agreed that Dr. Carlyle would be asked to provide additional information for item 2 and 5 regarding Dual Eligibility Coordination and Health Home, and requested to potentially draft recommendations to be discussed at the February 14, 2017, Full Council meeting. It was clarified that Medication Approval had been discussed at the November 29, 2016, Committee meeting with agreement on Dennis Tibbens’ and additional recommendation, and these were to be added to the General Recommendations document.

**Summary of actions regarding the general recommendations:**

- **Item 1 regarding Medication Approval:** As outlined in the General Recommendations, Medication Approval should consider members being moved from non-preferred medications to preferred medications, should create a consistent, prompt step therapy exemption process across the MCOs, and should have MCOs provide data regarding medication denial rates for the Committee to monitor for future recommendations.
- **Items 2 and 5 regarding Dual Eligibility and Health Homes:** Consult Dr. Carlyle for clarification on topic for discussion in February 14, 2017, Full Council meeting.
- **Items 3 and 4 regarding Mental Health Housing and Plans:** Discuss in February 14, 2017, Full Council meeting.
Review Action Items Update
Mikki reviewed the items on the action items list. She stated that the one pager regarding the role of the MAAC based on the Administrative Rules was done and would be sent via email to Committee members. The invitation to the Attorney General’s Office was moved back because of the activities around the drafting of the recommendations and they would be requested to attend the February Full Council meeting. It was agreed by the Department and Committee that updates on the new CMS managed care rules would be broken into different sections to be discussed and scattered amongst future Committee meetings.

Public Comment Listening Sessions Summary – Mikki Stier
• Fort Madison Session (January 12, 2017)
Lindsay stated that the meeting was positive and received feedback from members and providers with discussions on program improvements. Familiar issues were raised consistent with previous meetings that continued to be addressed. Matt Highland clarified that advertisement and promotion for meetings included Medicaid e-news, social media, promotion to MAAC members and interested parties, and would soon include newspapers and radio stations. The MAAC Public Comment Meeting attendee calendar was presented and Gerd encouraged Committee members to sign up for one or more of the upcoming meetings. Lindsay reviewed the MAAC Legislative Reports and Recommendations Timeline document that outlined due dates for various legislative reports, minutes, and recommendations for the public comment meetings.

Public Comment (Non-Executive Committee Members)
Anthony Carroll expressed concern about getting caught up on the broader issues involving the effort to look into the issues involving the waiver programs and how each is impacted. Dan Britt raised ongoing issues regarding billing claims/payments and claims going to appeals of more than 90 days. Brenda Young are having same issue as Dan on claims not being processed.

Adjourned
4:30 P.M.
XXX XX, 2017

Mr. Charles M. Palmer  
Director  
Iowa Department of Human Services  
1305 E. Walnut Street  
Des Moines, IA 50319-0114

Dear Mr. Palmer:

Pursuant to Iowa Administrative Code 249A, 4B, subsection 6, based upon the deliberations of the Medical Assistance Advisory Council (MAAC) and the Executive Committee, the Executive Committee would like to make the following recommendation regarding the policy and administration of the medical assistance program. The MAAC and Executive Committee have identified unmet pharmaceutical needs and maintenance of prescription medications, in addition to recipient removal from Home- and Community- Based Service (HCBS) waivers following nursing facility stays that have ultimately affected the health of medical assistance recipients. Please consider the following recommendations regarding continuity of care as it relates to medication distribution and HCBS waivers.

RECOMMENDATION

Medication Approval:

Patients and providers have reported instances of patients being asked to repeat the step therapy process.

Recommendation I:

Enforce regulation that Managed Care Organizations (MCOs) follow established state Preferred Drug List (PDL), as required within their contracts.

Recommendation II:

Encourage the MCOs provide data regarding medication denial rates for MAAC Executive Committee to monitor for future recommendations.

HCBS Waiver:

Members receiving waiver services were removed from the waiver program following a 30 day or more stay in a nursing facility.

Recommendation I:

Extend the allotted 30 day nursing facility stay for HCBS waiver recipients to 120 days.
The MAAC and Executive Committee have identified general issues pertaining to mental health care that, although not within the purview of the MAAC, may be appropriate topics of discussion for the Mental Health and Disability Services (MHDS) Commission. Please consider the following referrals.

**ISSUE FOR REFERRAL**

**Provider Reimbursement Rates Resulting in Limited Access to Care:**

**Referral I:**

Mental health providers who participated in the public meetings expressed concerns that mental health providers are being reimbursed at a lower rate by Medicaid for services than what is being paid by other health insurance plans, such as Medicare. Issues around access to care for Medicaid recipients requiring mental health services were conveyed due to few providers’ unwillingness to accept the lesser amount of reimbursement. Lower reimbursement rates have also resulted in limited access to care for the Home- and Community- Based Services (HCBS) waiver population and members requiring facility placement as members must travel greater distances to receive treatment and psychological testing from par providers. Patients and providers reported instances of members who were in critical need of mental health housing and were unable to identify suitable accommodation and care within a reasonable amount of time due to the limited access.

**General Mental Health Concerns:**

**Referral I:**

Following implementation of the managed care program, some recipients in residential group homes and residential care facilities who are enrolled in the managed care program have experienced issues in their group home and residential care facility placement and the accompanying services and supports. Members in the managed care program have also recently encountered transition issues in the transferring of services from one facility to the next.

MAAC members hope this communication will improve efficiencies in the medical assistance program to ensure that patients receive timely and continuous care, while also improving the stability and wellness of patients and their families.

We look forward to continuing to work with the Department in an effort to improve health and medical care services under the medical assistance program. Please feel free to contact the MAAC should you have any additional questions regarding the recommendations or referrals outlined above.

Sincerely,

Gerd Clabaugh  
Iowa Department of Public Health  
Co-Chairperson

David Hudson  
Public Representative  
Co-Chairperson
Medical Assistance Advisory Council (MAAC) Legislative Reports and Recommendations Timeline

**Executive Summaries from Oversight Entities:**
HF2460, Division XXII, Section 93, Subsection 4: The council on human services, the medical assistance advisory council, the hawk-I board, the mental health and disability services commission, and the office of long-term care ombudsman shall regularly review Medicaid managed care as it relates to the entity’s respective statutory duties. These entities shall submit executive summaries of pertinent information regarding their deliberations during the prior year relating to Medicaid managed care to the department of human services no later than November 15, annually, for inclusion in the annual report submitted as required under this section.

**Submission Date:** Oversight entities to submit executive summaries to DHS by November 15, annually.

**DHS Submission to Legislature:** DHS will compile executive summaries for inclusion in the annual report to be submitted on December 15, annually.

**Process:**
1. MAAC will receive a copy of the summaries, prepared by DHS prior to the November quarterly meeting.
2. Council members will review, offer comments, and vote on the summaries.
3. Executive Committee reviews final summaries and votes (votes electronically if meeting does not occur prior to November 15).
4. The summaries are submitted to DHS by November 15.

**Meeting Minutes from Oversight Entities:**
Division XXII, Section 94, Subsection 1: The council on human services, the medical assistance advisory council, and the hawk-I Board shall submit to the chairpersons and ranking members of the human resources committees of the senate and house of representatives and to the chairpersons and ranking members of the joint appropriations subcommittee on health and human services, on a quarterly basis, minutes of their respective meetings during which the council or board addressed Medicaid managed care.

**Submission Dates:**
- July – September: October 15
- October – December: January 15
- January- March: April 15
- April – June: July 15

**DHS Submission to the Legislature:** Last day of the month listed on the submission date.
Process:
1. Meeting minutes will be taken at each Executive Committee and Full Council meeting.
2. At the next meeting, the prior month/quarter’s minutes will be reviewed by the applicable group and voted for approval.
3. Prior to the submission date, DHS will compile the approved minutes from each meeting held in the quarter and prepare for submission to the legislature.

Recommendations from Public Meetings:
HF2460, Division XXII, Section 94, Subsection 2: The director of human services shall submit the compilation of the input and recommendations from stakeholders and Medicaid members attending the public meetings convened pursuant to 2015 Iowa Acts, chapter 137, section 63, to the chairpersons and ranking members of the human resources committees of the senate and the house of representatives and to the chairpersons and ranking members of the joint appropriations subcommittee on health and human services, on a quarterly basis.

Submission Dates:
- July – September: October 15
- October – December: January 15
- January- March: April 15
- April – June: July 15

DHS Submission to the Legislature: Last day of the month listed on the submission date

Process:
1. Minutes will be taken at each of the IA Health Link public comment meetings.
2. Minutes will be reviewed and discussed at each Executive Committee meeting.
3. Minutes will be reviewed further at each Full Council meeting.
4. Based on the minutes and discussions from the public comment meetings, the Executive Committee will hold a subcommittee meeting to deliberate on the development of recommendations.
5. The subcommittee will report back to the Executive Committee with the recommendations.
6. Recommendations will be discussed and voted for approval by the Executive Committee.

Recommendations Timeline for 2017

Third Fiscal Quarter (SFY17) - April 15 Submission:
- Months in Review: January, February, March
- Initial Discussion on Input: Executive Committee Meeting on March 14
- Subcommittee Meeting: After March 14
- Final Draft of Recommendations Completed by Subcommittee: April 7
- Executive Committee Final Vote: Meeting on April 11
- Submission of Recommendations: April 15

Fourth Fiscal Quarter (SGY17) - July 15 Submission:
- Months in Review: April, May, June (no public comment meeting in May)
- Initial Discussion on Input: Executive Committee Meeting Week of June 12
- Subcommittee Meeting: After June 16
- Final Draft of Recommendations Completed by Subcommittee: July 7
- Executive Committee Final Vote: Meeting on July 11
- Submission of Recommendations: July 15
First Fiscal Quarter (SFY18) - October 15 Submission
- Months in Review: July, August, September (only public meeting is in August)
- Initial Discussion on Input: Executive Committee Meeting on September 12
- Subcommittee Meeting: After September 12
- Final Draft of Recommendations Completed by Subcommittee: October 6
- Executive Committee Final Vote: Meeting on October 10
- Submission of Recommendations: October 15

Second Fiscal Quarter (SFY18) - January 15 Submission
- Months in Review: Oct., Nov., Dec. (no public meeting in November)
- Initial Discussion on Input: Executive Committee Meeting in January 2018
- Subcommittee Meeting: Week of January 1
- Final Draft of Recommendations Completed by Subcommittee: January 5
- Executive Committee Final Vote: Week of January 8
- Submission of Recommendations: January 15
## OUTSTANDING ACTION ITEMS

<table>
<thead>
<tr>
<th>Date Added</th>
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<th>Who is Responsible for Follow-Up</th>
<th>Status (Outstanding/Complete)</th>
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<tbody>
<tr>
<td>11/4/2016</td>
<td>Update on the new CMS managed care rules and whether changes are necessary to be in compliance</td>
<td>Medicaid Director</td>
<td></td>
<td>1/19/17: Discussions regarding different section updates are to be scattered amongst future EC meetings.</td>
</tr>
<tr>
<td>1/19/2017</td>
<td>Explanation and definition of plain language standards</td>
<td>Medicaid Director</td>
<td></td>
<td>Outstanding</td>
</tr>
<tr>
<td>2/14/2017</td>
<td>Executive Committee to meet with Iowa Medicaid Communications Specialist to discuss reconfiguration of the Iowa Medicaid website for ease of navigation for members/consumers.</td>
<td>Medicaid Director</td>
<td></td>
<td>Outstanding</td>
</tr>
<tr>
<td>2/14/2017</td>
<td>Request that the MCOs assist in advertisement of the IA Health Link Public Comment meetings</td>
<td>Medicaid Director</td>
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<td>Outstanding</td>
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<tr>
<td>1/19/2017</td>
<td><strong>Public Comment Recommendation:</strong> The Department Develop a new methodology to track consistency or prior authorization determinations within each MCO.</td>
<td>Medicaid Director</td>
<td>Pending Director Review</td>
<td></td>
</tr>
<tr>
<td>1/19/2017</td>
<td><strong>Public Comment Recommendation:</strong> The Department to enforce and communicate to the MCOs the cap after which a PA request is deemed approved (seven days) if a determination has not been made. The MCOs are then to communicate the determination to providers.</td>
<td>Medicaid Director</td>
<td>Pending Director Review</td>
<td></td>
</tr>
<tr>
<td>1/19/2017</td>
<td><strong>Public Comment Recommendation:</strong> Encourage the MCOs to develop consistent service groups or crosswalk standards for PAs to allow for instances where approval is obtained for a specific service or products. Recommend that each of the MCOs develop an exemption process based on medical necessity.</td>
<td>Medicaid Director</td>
<td>Pending Director Review</td>
<td></td>
</tr>
<tr>
<td>1/19/2017</td>
<td><strong>Public Comment Recommendation:</strong> Require MCOs to provide a plain language explanation to Iowa Medicaid members and providers for PA denials.</td>
<td>Medicaid Director</td>
<td>Pending Director Review</td>
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<tr>
<td>1/19/2017</td>
<td><strong>Public Comment Recommendation:</strong> The Department to determine the differences in credentialing requirements between the MCOs and develop a comparison grid of what additional measures beyond the IME's universal credentialing is required by each MCO.</td>
<td>Medicaid Director</td>
<td>Pending Director Review</td>
</tr>
<tr>
<td>1/19/2017</td>
<td><strong>Public Comment Recommendation:</strong> Require the MCOs explain the rationale for additional credentialing requirements beyond what is contractually required by the IME.</td>
<td>Medicaid Director</td>
<td>Pending Director Review</td>
</tr>
<tr>
<td>1/19/2017</td>
<td><strong>Public Comment Recommendation:</strong> Determine the percentage of clean claims payments that are paid on time and accurately based upon the established rate floors to track the accuracy of provider payments.</td>
<td>Medicaid Director</td>
<td>Pending Director Review</td>
</tr>
<tr>
<td>1/19/2017</td>
<td><strong>Public Comment Recommendation:</strong> Regarding clearinghouse to clearinghouse issues: Request that the MCOs provide data related to the initial denial rates from their clearinghousees and include this data in the Managed Care Quarterly Report.</td>
<td>Medicaid Director</td>
<td>Pending Director Review</td>
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<tr>
<td>1/19/2017</td>
<td><strong>Public Comment Recommendation:</strong> Include the accuracy and consistency of information provided by the MCO Customer Service Representatives to both providers and members in the Managed Care Quarterly Report.</td>
<td></td>
<td></td>
<td>Pending Director Review</td>
</tr>
<tr>
<td>1/19/2017</td>
<td><strong>Public Comment Recommendation:</strong> Include secret shopper results to the Managed Care Quarterly Report.</td>
<td></td>
<td></td>
<td>Pending Director Review</td>
</tr>
<tr>
<td>1/19/2017</td>
<td><strong>Public Comment Recommendation:</strong> Request that the MCOs report information regarding outreach efforts to increase access to care in areas identified in the MCOs' GeoAccess Reports as limited access areas.</td>
<td></td>
<td></td>
<td>Pending Director Review</td>
</tr>
<tr>
<td>1/19/2017</td>
<td><strong>Public Comment Recommendation:</strong> Request that MCOs present on results of outreach efforts in order to determine outstanding issues that the MAAC may be able to address.</td>
<td></td>
<td></td>
<td>Pending Director Review</td>
</tr>
<tr>
<td>1/19/2017</td>
<td><strong>Public Comment Recommendation:</strong> Request summaries of the MCOs' Consumer Advisory Panels and Clinical Advisory Panels. Request that MCOs make a periodic formal presentation to the MAAC regarding the timely data and feedback obtained from their required advisory panels.</td>
<td></td>
<td></td>
<td>Pending Director Review</td>
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# Iowa Department of Human Services

**Medical Assistance Advisory Council (MAAC)**

**Action Items from the Executive Committee Meeting of January 19, 2017**

## OUTSTANDING RECOMMENDATIONS

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<tr>
<td>1/19/2017</td>
<td><strong>Public Comment Recommendation:</strong> Encourage the development of a standardized process across the MCOs to create consistent member material to inform members on what services are provided by each MCO, the process for denying services, and what resources will be given to review available services</td>
<td>Systemic</td>
<td>Medicaid Director</td>
<td>Pending Director Review</td>
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<tr>
<td>1/19/2017</td>
<td><strong>Public Comment Recommendation:</strong> Require MCOs to provide a plain language explanation to Iowa Medicaid members on all MCO denials.</td>
<td>Systemic</td>
<td>Medicaid Director</td>
<td>Pending Director Review</td>
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<tr>
<td>1/19/2017</td>
<td><strong>Public Comment Recommendation:</strong> Require that all MCO provider manuals be clearly posted in an easily accessible format and location on the MCOs' websites and available in hardcopy.</td>
<td>Systemic</td>
<td>Medicaid Director</td>
<td>Pending Director Review</td>
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<tr>
<th>Date Added</th>
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<tbody>
<tr>
<td>5/19/2016</td>
<td>Email Address from FC and EC for connecting with one another</td>
<td>Medicaid Director</td>
<td>Completed- Email addresses determined after 6/21/2016 EC meeting.</td>
<td></td>
</tr>
<tr>
<td>5/19/2016</td>
<td>Request opinion from the Attorney General's office as to which body can make recommendations</td>
<td>Chair of MAAC and Medicaid Director and AG</td>
<td>Completed- Addressed in the drafted Administrative Rules handed out in EC meeting on 7/21/2016.</td>
<td></td>
</tr>
<tr>
<td>5/19/2016</td>
<td>Utilize the administrative process to clarify role of Co-chair and Vice-chair</td>
<td>Medicaid Director and AG</td>
<td>Completed- Addressed in the drafted Administrative Rules handed out in EC meeting on 7/21/2016.</td>
<td></td>
</tr>
<tr>
<td>5/19/2016</td>
<td>Job descriptions</td>
<td>Medicaid Director and AG</td>
<td>Completed- Addressed in the drafted Administrative Rules handed out in EC meeting on 7/21/2016.</td>
<td></td>
</tr>
<tr>
<td>5/19/2016</td>
<td>Information on the 834 file and process for the waiver programs</td>
<td>Chair of MAAC</td>
<td>Completed- discussed and completed at 6/21/2016 EC meeting.</td>
<td></td>
</tr>
<tr>
<td>5/19/2016</td>
<td>Process of member changing MCOs - how member, provider, and MCOs are aware of change and potential updating of member-facing materials</td>
<td>Medicaid Director</td>
<td>Completed - Flow charts reviewed at 6/21/2016 EC meeting.</td>
<td></td>
</tr>
<tr>
<td>5/19/2016</td>
<td>Is it possible to make choice period cut-off dates for members changing MCOs</td>
<td>Medicaid Director</td>
<td>Completed - Flow charts reviewed at 6/21/2016 EC meeting.</td>
<td></td>
</tr>
<tr>
<td>5/19/2016</td>
<td>Data on how many members are switching MCOs and if possible information as to why</td>
<td>Medicaid Director</td>
<td>Completed - Flow charts reviewed at 6/21/2016 EC meeting.</td>
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Iowa Department of Human Services  
Medical Assistance Advisory Council (MAAC)  
Action Items from the Executive Committee Meeting of January 19, 2017

**COMPLETED ACTION ITEMS**

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<td>5/19/2016</td>
<td>What does ISIS capture, what does IMPA capture, and who has access to it</td>
<td></td>
<td></td>
<td>Completed: ISIS - individualized Services Information System. Its purpose is to support LTC facilities and Waivers programs. Within ISIS, IM Workers, Case Managers, and others involved in establishing individualized service plans have access. It is a web-based system. Both Level of Care and Service Plan workflows are built into the system to step users through these two core processes. ISIS then provides LOC information back to IM Workers to support eligibility determination and sends authorized service plans for FFS members to MMIS that supports claims processing. We have around 1,000 daily ISIS users. IMPA - Iowa Medicaid Portal Application. Our primary user base are Medicaid Providers. Several different role-based functions/business processes are supported within IMPA. Some of the main support items within IMPA include: (a) MCO Look-Up tool. This web based programming uses web services for real-time access to eligibility information, child welfare information, IM Electronic Case File, and IME Services data; (b) Provider Re-Enrollment and certification. The re-enrollment process is supported through structure work-flow/programming to capture all the information necessary from providers to support re-enrollment; and, (c) Remittance Advices - All Medicaid Providers use IMPA to electronically access their remittance advice. There are other sets of functionality and business processes supported as IMPA is a roles-based portal. We currently have about 17,000 registered IMPA users; some use it daily, some weekly or other periodic users.</td>
</tr>
<tr>
<td>5/19/2016</td>
<td>A designated email account that can be used for MAAC business</td>
<td>Medicaid Director</td>
<td>Completed- discussed and completed at 6/21/2016 EC meeting.</td>
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<td>6/21/2016</td>
<td>New legislation and MAAC administrative rules to be reviewed by EC workgroup and suggestions to be brought back to Council</td>
<td>EC Workgroup</td>
<td>Completed- Addressed in the drafted Administrative Rules handed out in EC meeting on 7/21/2016.</td>
<td></td>
</tr>
<tr>
<td>6/21/2016</td>
<td>How can providers process batch verifications of members’ MCO</td>
<td>Medicaid Director</td>
<td>Completed- Addressed and discussed utilizing online verifications through Electronic Data Interchange Support Services (EDISS) in 6/21/2016 EC meeting. Information will be posted to the DHS website.</td>
<td></td>
</tr>
<tr>
<td>6/21/2016</td>
<td>Setting up a workgroup consisting of mostly EC members and some FC members to determine roles of the committee and their oversight per legislation. Initial volunteers from the EC include Jim Cushing, Anthony Carroll, Cindy Baddeloo and Shelly Chandler.</td>
<td>EC and FC Workgroup Members</td>
<td>Completed- Information has been updated to the DHS website.</td>
<td></td>
</tr>
<tr>
<td>6/21/2016</td>
<td>Review flow charts to see if additional revisions are necessary</td>
<td>Chair of MAAC</td>
<td>Completed- Information has been updated to the DHS website.</td>
<td></td>
</tr>
<tr>
<td>7/21/2016</td>
<td>Reformat the Action Items Reporting Grid to clearly show when items have been completed. Suggested to move previously completed items to the end of the grid</td>
<td>Medicaid Director</td>
<td>completed- Reformatted prior to 8/18/2016 EC meeting</td>
<td></td>
</tr>
<tr>
<td>5/19/2016</td>
<td>Create a mechanism for consistent reporting from MCOs such topics as claims, call times and reasons for cases that are escalated</td>
<td>Medicaid Director</td>
<td>Completed- Reports created</td>
<td></td>
</tr>
<tr>
<td>5/19/2016</td>
<td>Tracking and dashboard moving forward</td>
<td>Medicaid Director</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>5/19/2016</td>
<td>Prior Authorizations</td>
<td>Medicaid Director</td>
<td>Completed- Copies of Prior Authorization grid handed out at 8/18/2016 meeting and posted to the DHS web page</td>
<td></td>
</tr>
<tr>
<td>7/21/2016</td>
<td>Post the copy of the tracked- drafted version of the Administrative Rules on the MAAC web page.</td>
<td>Medicaid Director</td>
<td>Completed- posted to the DHS web page</td>
<td></td>
</tr>
</tbody>
</table>

(Continued on following page)
<table>
<thead>
<tr>
<th>Date Added</th>
<th>Action Item</th>
<th>Item Category (Process, Systemic, Legislative)</th>
<th>Who is Responsible for Follow-Up</th>
<th>Status (Outstanding/Complete)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/21/2016</td>
<td>Executive Committee to call a special meeting by phone to discuss legislation regarding five professional positions and five public/consumer positions of the MAAC Executive Committee. Meeting is to take place prior to August Full Council meeting.</td>
<td></td>
<td>EC Members and Medicaid Director</td>
<td>Completed- Held on 8/5/2016</td>
</tr>
<tr>
<td>7/21/2016</td>
<td>Executive Committee members to review details of the new Administrative Rules and provide feedback to discuss at the special meeting to be held prior to August Full Council meeting. Recommendations to be presented at the Full Council meeting on 8/17/2016.</td>
<td></td>
<td>EC Members</td>
<td>Completed</td>
</tr>
<tr>
<td>8/18/2016</td>
<td>Follow up on Electronic Visit Verification (EVV) systems</td>
<td></td>
<td>Cindy Baddeloo</td>
<td>Completed - Informational Letter No. 1718-MC released on 9/14/2016 and discussed in EC meeting on 9/28/2016; IL in meeting materials.</td>
</tr>
<tr>
<td>8/18/2016</td>
<td>Outstanding Status of the Public Comment Summary</td>
<td></td>
<td>Anthony Carroll</td>
<td>Completed - To be discussed in EC meeting on 9/28/2016.</td>
</tr>
<tr>
<td>8/18/2016</td>
<td>Additional Items to add to the Oversight Committee presentation</td>
<td></td>
<td>Gerd Clabaugh</td>
<td>Completed</td>
</tr>
<tr>
<td>5/19/2016</td>
<td>Listening sessions - how to address concerns raised in sessions in both FC and EC meetings</td>
<td></td>
<td>Chair of MAAC and Medicaid Director</td>
<td>Completed - Summaries of listening sessions to be reviewed at the FC meeting on 11/21/2016 and suggestions will be made by members to EC. Upon final review of suggestions by the EC, final suggestions to be made to the Department.</td>
</tr>
<tr>
<td>7/21/2016</td>
<td>Develop a workgroup comprised of Executive Committee and Full Council members to review the role of the Committee and their oversight in analyzing data.</td>
<td></td>
<td>EC Members and FC Members</td>
<td>Completed - Report Review Workgroup to be discussed at 11/21/2016 FC meeting and first meeting to take place on 11/29/2016.</td>
</tr>
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<tr>
<td>6/21/2016</td>
<td>Clarification whether each MCO will have their own Electronic Visit Verification (EVV) process, the standards of each MCO's EVV, and variations among each.</td>
<td>Medicaid Director</td>
<td>Completed - Informational Letter 1739-MC released on 11/1/2016 regarding EVV.</td>
<td></td>
</tr>
<tr>
<td>7/21/2016</td>
<td>Report on deliberations of prior year need to be submitted by November 15, 2016.</td>
<td>Chair of MAAC and Medicaid Director</td>
<td>Completed - Executive Committee reviewed at 11/4/2016 Committee meeting</td>
<td></td>
</tr>
<tr>
<td>9/28/2016</td>
<td>Determine Executive Committee members to attend Public Comment meetings</td>
<td>EC members</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>11/4/2016</td>
<td>2017 IA Health Link Public Comment meetings calendar</td>
<td>Medicaid Director</td>
<td>Completed - Distributed at 11/21/2016 Full Council meeting</td>
<td></td>
</tr>
<tr>
<td>11/4/2016</td>
<td>Provide information on status of individuals who are institutionalized in a hospital or facility for beyond 30 days and had been on waiver services although when transitioning out of institution to lose their waiver services.</td>
<td>Medicaid Director</td>
<td>Completed - 1/19/2017:HCBS Recommendations Workgroup created for members who transition out of an institution beyond the allotted 30 days.</td>
<td></td>
</tr>
<tr>
<td>11/4/2016</td>
<td>One-pager as preamble to Administrative Rules outlining changes that have been made to the document and submitted to the DHS Council</td>
<td>Medicaid Director</td>
<td>Completed - In rules process.</td>
<td></td>
</tr>
<tr>
<td>11/4/2016</td>
<td>Calendar to be developed regarding when reports are to be due and process timeline for when data is to be reviewed and recommendations made. Information to be added to the workplan.</td>
<td>Medicaid Director</td>
<td>Completed - To be handed out at 1/19/17 EC meeting.</td>
<td></td>
</tr>
<tr>
<td>5/19/2016</td>
<td>One pager regarding the role of MAAC that members can use with the organizations in which they are representing and stakeholders</td>
<td>Medicaid Director</td>
<td>Completed - Sent via email to EC members on 1/23/17.</td>
<td></td>
</tr>
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### COMPLETED ACTION ITEMS

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<td>11/4/2016</td>
<td>Request that the Attorney General's office attend a future meeting for orientation and the expectations for the EC members in addition to governance training and new sunshine advisory.</td>
<td></td>
<td>Medicaid Director</td>
<td>Completed - Attended February 14, 2017, Full Council meeting.</td>
</tr>
</tbody>
</table>