

MAAC MEETING MATERIALS
EXECUTIVE COMMITTEE MEETING
November 29, 2016

1. Agenda
2. Meeting Minutes of the November 4, 2016 MAAC Executive Committee Meeting
3. IA Health Link Public Comment Listening Sessions Feedback and Recommendations
4. IA Health Link Public Comment Issues and Corresponding Action Items
5. Action Items
6. Health Link Public Comment Meeting – Ottumwa, IA



Executive Committee Meeting

Tuesday, November 29, 2016

Time: 3:00 p.m. – 4:30 p.m.
Hoover State Office Building,
A-Level Conference Room 5,
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 meeting – Gerd Clabaugh
 - Executive Committee: November 4, 2016
- 3:05 Review and discuss the sixteen recommendations from the Full Council meeting – Gerd Clabaugh
- 4:20 Review Action Items Update – Mikki Stier
- 4:22 Public Comment Listening Sessions Summary – Gerd Clabaugh
 - Ottumwa Session (November 17, 2016)
- 4:25 Public Comment (Non-Executive Committee Members) – Gerd Clabaugh
- 4:30 Adjourn

NB: The Data Workgroup meeting will commence immediately after the Executive Committee meeting adjourns.



Executive Committee Summary of Meeting Minutes November 4, 2016

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 –	Luisito Cabrera – present
Julie Fugenschuh – present	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 September 28, 2016

Minutes of the Executive Committee meeting of September 28, 2016 was approved.

Administrative Rules Draft Review and Approval

After initial discussions at the August Full Council meeting and subsequent discussions thereafter, the revised draft of the Administrative Rules was provided to the Committee which included minor updates on the distinction between the co-chair and the public co-chair, clarification on voting and non-voting members in the Council, the rules governing the drafting of recommendations to the Department, and clarification on the process for voting for business and professional entities in the Executive Committee. It was made clear that members were to be elected as an entity and not the individual, and that business and professional entities were to then choose their representative for the position. It was made clear that public members vote for public and professional entities vote for the business and professional entities. Gerd suggested that the Attorney General's office be requested to give an orientation for the Executive Committee to clarify expectations in addition to governance training and recommended that the document should also specify details of any special election process and that ballots only include the entity name and not the name of the representative.

Gerd clarified the process of recommendations to the Department. The Administrative Rules Draft was approved with correction to previously specified vacancy amendments and the addition of a preamble detailing suggested changes to the document.

Action Items:

- Request that the Attorney General's office attend a future meeting for orientation and the expectations for the Executive Committee members in addition to governance training and new sunshine advisory. To take place in January 2017.
- Bring back the AG's office as an update of the change in governance
- One-pager as preamble to Administrative Rules outlining changes that have been made to the document and submitted to the DHS Council

Action Items Update

Mikki reviewed the outstanding items on the Action Items document. The reports on deliberations were to be discussed in the day's Committee meeting as well as discussion regarding the development of a workgroup for analyzing data. The determination of Committee members to attend future public comment meetings was outstanding pending the development of a 2017 schedule.

Public Comment Listening Sessions Summary

Lindsay stated that had thus far held 8 sessions and that the next meeting would be November 17, 2016 in Ottumwa, IA and the last meeting had taken place in Sioux City on October 11, 2016. Per legislation, beginning in March 2017, meetings to take place every other month through December 31, 2017.

Action Items:

- 2017 IA Health Link Public Comment meetings calendar
- Determine volunteers from the Executive Committee to attend the 2017 IA Health Link Public Comment meetings

Update on Required Legislative Reports

Public Comment Meeting Summary – Quarterly Recommendations

Lindsay discussed that per House File 2460, the Executive Committee is to make recommendations on a quarterly basis to the Department based on the feedback in Public Comment meeting summaries. The Committee agreed that recommendations should remain at a high level based on overarching issues within the summaries and from personal experiences. One-off situations to be handled by the Department and are tracked to determine root cause for resolution. Topic is to be further discussed in November 21, 2016, Full Council meeting and recommendations to be made for Executive Committee review in November 29, 2016 meeting. Additional general recommendations from the Committee are also to be a standing agenda item with assistance of quarterly reports and data provided by the Department.

Action Items:

- Calendar to be developed by the Department 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 work plan.

Summary of Discussions Regarding Managed Care

Summaries are to be submitted by the Council on Human Services, the MAAC, the *hawk-i* Board, the Mental Health and Disability Services Commission, and the Office of Long-Term Care Ombudsman regarding discussions of managed care in meetings. Executive summaries are to be submitted to DHS no later than November 15, annually, for inclusion in the annual report submitted as required in House File 2460. Summaries of approved minutes for past year's MAAC Council and MAAC Committee meeting discussions of managed care in meeting materials. MAAC minutes had been approved so no approval was necessary for summaries and to be submitted to the Department.

Work Plan and Report Review Workgroup

The November 21, 2016, agenda was discussed in day's meeting. Report Analysis Workgroup will meet immediately after the November 29 Executive Committee meeting by extending that meeting for approximately two hours. The Report Analysis Workgroup is to be open to all Full Council members to discuss Medicaid Managed Care Reports (monthly, quarterly geographic access, and statistical) in order to make recommendations to the Department and determine what is necessary for the program to operate successfully. The January 2016, Committee meeting will include a training from the Attorney General's Office regarding the governance of the Committee.

Action Items:

- Update on the new CMS managed care rules and whether changes are necessary to be in compliance.

Public Comment (Non-Executive Committee Members)

Jim Cushing requested additional information than the current data provided by the Department. Jim recommended that DAS present to the Council on how to review data and interpret the data. Anthony Carroll inquired the length of time that the MCOs are processing Prior Authorizations

Action Items:

- The Department to 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 lose their waiver services.

Adjourned

2:03 P.M.



IA Health Link Public Comment Listening Sessions Feedback and Recommendations

1. Prior Authorization

- Review timeline and whether members are receiving the services they need.
- Evaluate and review the authorization process.
- Conduct a case study on a medication or process to see how the MCOs handle it for a side-by-side comparison. Then determine what is working and is not working.
- Providers did not have Prior Authorizations prior to implementation but after, required authorizations and different requirements were imposed for each of the MCOs.
- Survey providers to determine problems.
- Determine what information is available in the MCOs' data reports to assist.
- Data on denials.
- Is it possible to standardize the prior authorization process for the MCOs?
- What to do when authorizations are denied.

2. Medication Approval

- Members being required to go back to generic medications and discontinue their medications that were working when they transition to an MCO.
- Which medications are being denied, recourse upon denial, and whether there have been poor outcomes resulting from this issue.
- Do the MCOs have enough information to avoid denials?
- The amount of time that the provider has to spend to complete authorizations.

3. Case Management

- Confusion regarding the responsibilities of the MCO's Community Based Case Manager and the member's Case Manager.
- Members unaware of their assigned Case Managers.
- Volume of communication to the members to verify how frequently the Case Managers are reaching out to the members.

4. Credentialing

5. Dual Eligibility coordination

- Dual eligible members who are in ACO and MCO.

6. Timeliness of reimbursement

- Reimbursements are slow, inaccurate, or providers are not receiving.

7. Consistency of MCO customer service

8. Increase in provider administrative costs

9. Housing for mental health and cognitive impairment and impact on patient and care
10. Overall mental health plans
11. Health Home
 - Absent
 - Might relate to #6
12. Access to care
 - Low reimbursement rates resulting in reduced access to care
 - Providers will not treat patients because MCO rates are too low.
 - Compare rates to other states to see how low Medicaid rates are.
13. Mental health access
 - Broad system access.
 - Facilities being shut down or providers are having difficulty finding available beds for members.
14. Reduced geographical access
 - Rural access to care.
 - Some providers are not contracted with all MCOs which results in decreased member access and potentially less patients for the provider.
15. Consumer navigation of new system
 - Patient-oriented view of the new system.
 - Send information to providers within 30 mile radius of upcoming meetings regarding upcoming Public Comment meetings as a way to collect patient stories.
 - How does the IME work to smooth the consumer experience?
16. Medicaid reapplication process being triggered when member receiving Elderly Waiver Services is admitted to Nursing Facility for greater than 30 days and moves back home, losing their services
 - Monitor those falling off of the waiver program.

Iowa Department of Human Services
 Medical Assistance Advisory Council (MAAC)
 IA Health Link Public Comment Listening Session Issues and Actions

IA HEALTH LINK PUBLIC COMMENT ISSUES AND CORRESPONDING ACTION ITEMS			
Public Comment Listening Session Issue	Action Item		
	Date Added	Action Item	Status
EVV Status Updates	6/21/2016	Clarification whether each MCO will have their own Electronic Visit Verification (EVV) process, the standards of each MCO's EVV, and variations among each	Outstanding
1.) What information is sent to the MCO. 2.) Processes for waiver programs with MCOs	5/19/2016	Information on the 834 file and process for the waiver programs	Completed - discussed and completed at 6/21/2016 EC meeting
1.) Process for members changing MCOs 2.) How members, providers and MCOs made aware of the changes 3.) How members are made aware of the MCO change process	5/19/2016	Process of member changing MCOs - how member, provider, and MCO are aware of change and potential updating of member-facing materials	Completed - Flow charts reviewed at 6/21/2016 EC meeting
1.) Choice period end dates for members changing MCOs and how members are notified of choice period end dates	5/19/2016	Is it possible to make choice period cut-off dates for members changing MCOs	Completed - Flow charts reviewed at 6/21/2016 EC meeting
1.) How many members are changing their MCO 2.) Why members change their MCO	5/19/2016	Data on how many members are switching MCOs and if possible information as to why	Completed - Flow charts reviewed at 6/21/2016 EC meeting
1.) How to process member eligibility and verification for multiple members at the same time	6/21/2016	How can providers process batch verifications of members' MCO	Completed - Addressed and discussed utilizing online verifications through Electronic Data Interchange Support Services (EDISS) in 6/21/2016 EC meeting. Information is posted to the DHS website
1.) Reports from each of the MCOs to see MCO performance in accordance with RFP	5/19/2016	Create a mechanism for consistent reporting from MCOs such topics as claims, call times and reasons for cases that are escalated	Completed - Reports created

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IA HEALTH LINK PUBLIC COMMENT ISSUES AND CORRESPONDING ACTION ITEMS			
Public Comment Listening Session Issue	Action Item		
	Date Added	Action Item	Status
Prior Authorization information for each MCO	5/19/2016	Prior Authorizations	Completed- Copies of Prior Authorization grid handed out at 8/18/2016 meeting and posted to the DHS web page
EVV Status Updates	8/18/2016	Follow up on Electronic Visit Verification (EVV) systems	Completed - Informational Letter No. 1718-MC released on 9/14/2016 and discussed in EC meeting on 9/28/2016; IL in meeting materials

Iowa Department of Human Services
 Medical Assistance Advisory Council (MAAC)
 Action Items from the Executive Committee Meeting of November 29, 2016

OUTSTANDING ACTION ITEMS				
Date Added	Action Item	Item Category (Process, Systemic, Legislative)	Who is Responsible for Follow-Up	Status (Outstanding/Complete)
5/19/2016	One pager regarding the role of MAAC that members can use with the organizations in which they are representing and stakeholders		Medicaid Director	Outstanding- One pager in drafting process and is to be based on the Administrative Rules. At 9/28/2016 EC meeting, determined that previous members of the EC plus one new member will meet to draft the final rules and guidelines document (Gerd, Shelly, Dennis, and David) for October 18, 2016. At 11/4/2016 EC meeting determined that meeting to draft document will take place in November and December 2016 following submission of recommendations for the Administrative rules to DHS. As of 11/29/2016 EC meeting, the document is still in process as the Administrative Rules were recently reviewed.
11/4/2016	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. (To take place in January 2017)		Medicaid Director	Outstanding - 11/29/2016: Attorney General's office has been requested to attend the January 2017 Committee meeting.
11/4/2016	One-pager as preamble to Administrative Rules outlining changes that have been made to the document and submitted to the DHS Council		Medicaid Director	In-Progress
11/4/2016	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.		Medicaid Director	In-Progress
11/4/2016	Update on the new CMS managed care rules and whether changes are necessary to be in compliance		Medicaid Director	In-Progress

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Iowa Department of Human Services
Medical Assistance Advisory Council (MAAC)
Action Items from the Executive Committee Meeting of November 29, 2016

OUTSTANDING ACTION ITEMS				
Date Added	Action Item	Item Category (Process, Systemic, Legislative)	Who is Responsible for Follow-Up	Status (Outstanding/Complete)
11/4/2016	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.		Medicaid Director	In-Progress

Iowa Department of Human Services
 Medical Assistance Advisory Council (MAAC)
 Action Items from the Executive Committee Meeting of November 29, 2016

COMPLETED ACTION ITEMS				
Date Added	Action Item	Item Category (Process, Systemic, Legislative)	Who is Responsible for Follow-Up	Status (Outstanding/Complete)
5/19/2016	Email Address from FC and EC for connecting with one another		Medicaid Director	Completed- Email addresses determined after 6/21/2016 EC meeting.
5/19/2016	Request opinion from the Attorney General's office as to which body can make recommendations		Chair of MAAC and Medicaid Director and AG	Completed- Addressed in the drafted Administrative Rules handed out in EC meeting on 7/21/2016.
5/19/2016	Utilize the administrative process to clarify role of Co-chair and Vice-chair		Medicaid Director and AG	Completed- Addressed in the drafted Administrative Rules handed out in EC meeting on 7/21/2016.
5/19/2016	Job descriptions		Medicaid Director and AG	Completed- Addressed in the drafted Administrative Rules handed out in EC meeting on 7/21/2016.
5/19/2016	Information on the 834 file and process for the waiver programs		Chair of MAAC	Completed- discussed and completed at 6/21/2016 EC meeting.
5/19/2016	Information from the Ombudsman		Medicaid Director	Completed - Report revied at 6/21/2016 EC meeting. Document available in 6/21/2016 MAAC documents on DHS MAAC webpage.
5/19/2016	Process of member changing MCOs - how member, provider, and MCOs are aware of change and potential updating of member-facing materials		Medicaid Director	Completed - Flow charts reviwed at 6/21/2016 EC meeting.
5/19/2016	Is it possible to make choice period cut-off dates for members changing MCOs		Medicaid Director	Completed - Flow charts reviwed at 6/21/2016 EC meeting.
5/19/2016	Data on how many members are switching MCOs and if possible information as to why		Medicaid Director	Completed - Flow charts reviwed at 6/21/2016 EC meeting.

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Iowa Department of Human Services
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COMPLETED ACTION ITEMS				
Date Added	Action Item	Item Category (Process, Systemic, Legislative)	Who is Responsible for Follow-Up	Status (Outstanding/Complete)
5/19/2016	What does ISIS capture, what does IMPA capture, and who has access to it			<p>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.</p>
5/19/2016	A designated email account that can be used for MAAC business		Medicaid Director	Completed- discussed and completed at 6/21/2016 EC meeting.

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**Iowa Department of Human Services
Medical Assistance Advisory Council (MAAC)
Action Items from the Executive Committee Meeting of November 29, 2016**

COMPLETED ACTION ITEMS				
Date Added	Action Item	Item Category (Process, Systemic, Legislative)	Who is Responsible for Follow-Up	Status (Outstanding/Complete)
6/21/2016	New legislation and MAAC administrative rules to be reviewed by EC workgroup and suggestions to be brought back to Council		EC Workgroup	Completed- Addressed in the drafted Administrative Rules handed out in EC meeting on 7/21/2016.
6/21/2016	How can providers process batch verifications of members' MCO		Medicaid Director	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.
6/21/2016	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.		EC and FC Workgroup Members	Completed- Information has been updated to the DHS website.
6/21/2016	Review flow charts to see if additional revisions are necessary		Chair of MAAC	Completed- Information has been updated to the DHS website.
7/21/2016	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		Medicaid Director	completed- Reformatted prior to 8/18/2016 EC meeting
5/19/2016	Create a mechanism for consistent reporting from MCOs such topics as claims, call times and reasons for cases that are escalated		Medicaid Director	Completed- Reports created
5/19/2016	Tracking and dashboard moving forward		Medicaid Director	Completed
5/19/2016	Prior Authorizations		Medicaid Director	Completed- Copies of Prior Authorization grid handed out at 8/18/2016 meeting and posted to the DHS web page
7/21/2016	Post the copy of the tracked- drafted version of the Administrative Rules on the MAAC web page.		Medicaid Director	Completed- posted to the DHS web page

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Iowa Department of Human Services
 Medical Assistance Advisory Council (MAAC)
 Action Items from the Executive Committee Meeting of November 29, 2016

COMPLETED ACTION ITEMS				
Date Added	Action Item	Item Category (Process, Systemic, Legislative)	Who is Responsible for Follow-Up	Status (Outstanding/Complete)
7/21/2016	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.		EC Members and Medicaid Director	Completed- Held on 8/5/2016
7/21/2016	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.		EC Members	Completed
8/18/2016	Follow up on Electronic Visit Verification (EVV) systems		Cindy Baddeloo	Completed - Informational Letter No. 1718-MC released on 9/14/2016 and discussed in EC meeting on 9/28/2016; IL in meeting materials.
8/18/2016	Outstanding Status of the Public		Anthony Carroll	Completed - To be discussed in EC meeting on 9/28/2016.
8/18/2016	Additional Items to add to the Oversight Committee presentation		Gerd Clabaugh	Completed
5/19/2016	Listening sessions - how to address concerns raised in sessions in both FC and EC meetings		Chair of MAAC and Medicaid Director	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.
7/21/2016	Develop a workgroup comprised of Executive Committee and Full Council members to review the role of the Committee and their oversight in analyzing data.		EC Members and FC Members	Completed - Report Review Workgroup to be discussed at 11/21/2016 FC meeting and first meeting to take place on 11/29/2016.

Iowa Department of Human Services
 Medical Assistance Advisory Council (MAAC)
 Action Items from the Executive Committee Meeting of November 29, 2016

COMPLETED ACTION ITEMS				
Date Added	Action Item	Item Category (Process, Systemic, Legislative)	Who is Responsible for Follow-Up	Status (Outstanding/Complete)
6/21/2016	Clarification whether each MCO will have their own Electronic Visit Verification (EVV) process, the standards of each MCO's EVV, and variations among each.		Medicaid Director	Completed - Informational Letter 1739-MC released on 11/1/2016 regarding EVV.
7/21/2016	Report on deliberations of prior year need to be submitted by November 15, 2016.		Chair of MAAC and Medicaid Director	Completed - Executive Committee reviewed at 11/4/2016 Committee meeting
9/28/2016	Determine Executive Committee members to attend Public Comment meetings		EC members	Completed
11/4/2016	2017 IA Helath Link Public Comment meetings calendar		Medicaid Director	Completed - Distributed at 11/21/2016 Full Council meeting



Ottumwa IA Health Link Public Comment Meeting

Thursday, November 17, 2016

Time: 3 p.m. – 5 p.m.

Bridge View Center

Room C4 & C5

102 Church Street, Ottumwa, IA

Meeting Comments and Questions

IME/DHS Staff	MCO Representatives	MAAC Representatives
Matt Highland - present	Amerigroup Iowa, Inc. - present	
Allie Timmerman - present	AmeriHealth Caritas Iowa, Inc. - present	
	UnitedHealthcare Plan of the River Valley, Inc. - present	

Comments:

Communications, Comments, and Suggestions

State Representative suggested additional advertisement for future meetings to increase attendance of interested parties and expressed concern that many people who would have benefited had missed the meeting. A provider stated that when calling MCO call centers, had received many different answers to a question for that MCO depending on the customer service representative they spoke with. The provider suggested that the MCOs have call center representatives who are located in Iowa and are more familiar with Iowa Medicaid programs.

Services and Coverage

Pediatric nurse stated she worked with children with special healthcare needs and that many of her patients had still not received their MCO ID cards although they had begun coverage under their MCO months prior. Also, many of the services that had been covered under Iowa Medicaid were not being covered which resulted in additional time spent on correcting issues.

A Community Mental Health Clinic (CMHC) Finance Director indicated that her organization was experiencing issues when they provided Integrated Health Home (IHH) services to clients who also saw a physician in the center on the same day as the services were being denied. The Finance Director had been told that the problem would be fixed as it was a system issue although it had still not been fixed. The services were two separate services and operated out of two different offices but the claims were still being denied. The Finance Director stated that many of their patients did not have a lot of money and therefore did not have a lot of money for transportation. Separate services that were similar were not being paid if the services occurred on the same day so members were being asked to go to provider appointments on different days for services so that they would be covered; this was not feasible for all members as they were not able to find or afford transportation for multiple days in a week. The organization had also been providing a service one day and then billing for the service the following day so that members were able to receive multiple services in one day. Another provider expressed that members were changing their MCOs frequently due to lack of service coverage or their provider not being in their MCO's network. Another provider added that when an individual



changed their MCO, the services were not always transferred to the new MCO on the date their new coverage began and this created a gap in coverage due to the member not being found in their assigned MCO's system.

Billing, Claims and Credentialing

A child advocate spent over 40 minutes on the phone with an MCO trying to receive reimbursement for services as had been told that the services were not covered. A provider cited confusion in how to process claims for Licensed Mental Health Counselors (LMHCs) and Licensed Social Workers (LSWs) when Medicare is the member's primary insurance as claims were being denied by Medicare and the MCOs were not paying the crossover claims. A different provider identified the MCO customer service representatives frequently were not aware of the IHH program and when they provided a code for services, the representative did not know what the code was or would state that the service would not be covered.

Questions:

1. When will the issues with IHH be fixed?
2. Why will UnitedHealthcare Iowa, Inc. not pay for speech therapy for a child unless they have had a stroke or traumatic brain injury?
3. Is there a special number that Iowa providers can call at each of the MCOs to find resolution in escalated issues?
4. Who can we contact in the MCO call centers that specialize in and understand Iowa Medicaid programs?
5. Providers are experiencing back-payments from the MCOs due to incorrect claim denials although, the claims are still being denied after the initial denial issue is resolved. What is the issue with this?