

**MAAC MEETING MATERIALS
EXECUTIVE COMMITTEE MEETING
OCTOBER 10, 2017**

1. Agenda of Meeting for October 10, 2017
2. Meeting Minutes of the September 12, 2017- MAAC Executive Committee Meeting
3. Draft of MAAC Recommendations – SFY17 Q4
4. Action Items



Executive Committee Meeting

Tuesday, October 10, 2017

Time: 3:00 p.m. – 4:30 p.m.

Hoover State Office

Building, A-Level

Conference Room 7,

1305 E. Walnut Street

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: September 12, 2017
- 3:05 Discussions and Actions on Recommendations – **Gerd Clabaugh**
- 3:20 Medicaid Director's Update – **Mikki Stier**
(including review of Action Items document)
 - 3:25 National benchmark on Program Integrity fraud rate data with home health providers – **Liz Matney**
 - 3:30 MCOs as Secondary Payer: Presentation on the coordination between Medicaid and Medicare for dual eligible members in the waiver programs. – **Liz Matney**
 - 3:45 Managed Care Division to provide a review of managed care quality performance measures – Healthcare Effectiveness Data and Information Set (HEDIS) and Health Services Advisory Group (HSAG) – **Liz Matney**
 - 4:00 Update Retroactive Eligibility Waiver – **Mikki Stier**
 - 4:05 Review of the Quarterly Report (Q4 SFY17) – **Liz Matney**
- 4:20 Next Steps: November MAAC Full Council Agenda – **Gerd Clabaugh**
- 4:25 Open Discussion – **Gerd Clabaugh**
- 4:30 Adjourn



Executive Committee Summary of Meeting Minutes September 12, 2017

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

Introduction

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

Approval of the Executive Committee Meeting Minutes of August 24, 2017

Minutes of the Executive Committee meeting on August 24, 2017 was approved.

Discussion on Recommendations

Gerd reviewed the September 5, 2017, Recommendations Subcommittee meeting minutes document. Subcommittee members Cindy Baddeloo, Shelly Chandler, Dennis Tibben, and Gerd Clabaugh were to meet with Long Term Care Ombudsman's Office representative, Kelly Todd, on September 20, 2017, to discuss ongoing LTC issues. The Recommendations Subcommittee was to meet in the next two weeks.

Medicaid Director's Update

Mikki reviewed the outstanding items in the Action Items document. Liz Matney addressed the Items below.

Electronic Visit Verification (EVV):

Liz stated that the stakeholder workgroup had their first meeting on September 12, 2017. The meeting included discussion of results from the provider and stakeholder survey, updates on the status of EVV implementation, as well as an opportunity for the workgroup to questions. Liz confirmed that following the initial engagement period of the project, the rollout period would begin 2018.

Managed care quality performance measures:

Liz confirmed that the MCOs submit annual quality clinical information that is associated with the Healthcare Effectiveness Data and Information Set (HEDIS) measures as well as consumer satisfaction scores to the IME. The state's external review vendor, Health Services Advisory Group (HSAG), does a number of different functions for the IME such as validating MCO performance measures and MCO compliance reviews. The HSAG annual data is for the MCOs' accreditation with the National Committee for Quality Assurance (NCQA) and that data goes through an internal auditing and validation process prior to be provided to the IME.

Discussion on MCO to MCO transfer of information:

Liz discussed the IA Health Link annual enrollment period and the disenrollment process for reasons of good cause. Members are not disenrolled the day of their request and may be enrolled in their new MCO one to two months following their request based on system cut-off dates. The IME transfers encounter data such as claims paid, Prior Authorizations, service plan data for Home- and Community-Based Services (HCBS) members; Level of Care assessments are not included in data transfers. The IME and the MCOs utilize a portal for LOC information.

October 10, 2017 Agenda Items:

- Secondary Payer
- Review of managed care quality performance measures – HEDIS and HSAG
- SFY17 Q4 and SFY18 Q1 Recommendations

Future Agenda Items:

- MCO to MCO transfer of information workflows

Open Discussion

- Dave Hudson expressed his concern regarding Consumer Directed Attendant Care (CDAC) re-enrollment, stating that CDAC providers may have missed the June 30, 2017, deadline due to unclear information provided in an Informational Letter about re-enrollment.
- A letter from Kris Richey regarding delays in the re-authorization of services for individuals receiving Long Term Services and Supports (LTSS) services from Integrated Health Homes (IHHs) was to be shared with the Executive Committee.
- Natalie Ginty requested the status of the Department's waiver application for the Health and Wellness populations and the state plan amendment for retroactive enrollment.
- Cindy Baddeloo and Shelly Chandler requested the MAAC once again receive regular information and updates from the Department regarding changes to rules as they had prior to managed care.

Future Agenda Items:

- Update from Liz Matney regarding the Iowa Medicaid retroactive enrollment waiver application at the October 10, 2017 Executive Committee meeting.
- Compare Fee-for-Service (FFS) expenditures for Medicaid members prior to implementation to managed care expenditures following implementation:
 - HCBS Waiver population – combined total for all 7 waivers
 - Habilitation services – combined total for all habilitation services
 - Inpatient hospital stays – combined total for inpatient hospital stays; excluding behavioral health inpatient hospital stays
 - Behavioral health inpatient hospital stays – combined total for inpatient hospital stays for behavioral health reasons
 - Outpatient hospital stays – combined total for outpatient hospital stays; excluding behavioral health outpatient hospital stays
 - Behavioral health outpatient hospital stays – combined total for outpatient hospital stays for behavioral health reasons
 - Home health – combined total for home health services

Adjourn

4:30 P.M.

Jerry Foxhoven
Director
Iowa Department of Human Services
Hoover State Office Building
Des Moines, IA 50319

Dear Director Foxhoven:

The Medical Assistance Advisory Council submit its recommendations to you for consideration based on input received in the 4th quarter of fiscal year 2017, as follows:

Durable Medical Equipment:

Taking into consideration public feedback received at the June public listening session in Sioux City as well as a discussion with Matt Flake, Executive Director of the Iowa Durable Medical Equipment Association, the Medical Assistance Advisory Council's (MAAC) Executive Committee (EC) recommends to the department that an improved focus on communication between the Managed Care Organizations (MCOs) and durable medical equipment providers would be valuable. The MAAC EC makes the following recommendations to improve these communications:

Recommendation I:

Ensure clear and consistent guidelines and protocols are published to guide decisions around prior authorization both within the Managed Care Organizations and the durable medical equipment (DME) providers. Ensure that the published guidelines are shared with DME providers.

Recommendation II:

Ensure that training on these prior authorization guidelines is provided to internal Managed Care Organization staff in order to ensure a consistent application in the decision-making process.

Recommendation III:

Ensure that Managed Care Organizations are communicating clearly and in a timely manner with providers, including ensuring that denial communication in the pre-authorization process clearly delineates reasons for denial so that providers can address those denials as well as learn improved processes for the future.

Recommendation IV:

Ensure that durable medical equipment providers are notified in a timely way when changes to fee schedules occur.

Medicaid Waiver Programs:

MAAC has received public feedback and information provided by Iowa's Long Term Care Ombudsman involving concerns with the Medicaid waiver programs. Feedback included concerns that services to the waiver populations are being reduced, denied, or terminated. In addition, some clients are reporting that they are not involved in the planning of their own care plans. When clients are excluded from participating in their own care planning, it sometimes creates confusion for clients and their families over why services are being reduced, denied, or terminated. Additional issues were discussed about both the acquisition of durable medical equipment as well as home modifications for the waiver populations. Situations were shared about permanent home modifications being made with the client subsequently finding that the Managed Care Organization did not give prior approval for the modifications. These situations can leave clients in a position of financial liability for the home improvements. Clients often do not understand the processes for gaining prior approval from the Managed Care Organizations. The Long Term Care Ombudsman reported that effective case management can ensure clients are engaged in the planning process, the provision of services, and are more satisfied with the services they receive. Case managers can anticipate better the needs of the member and effectively assist in navigating the processes required to interact successfully with insurance and provider communities.

Recommendation:

Ensure the MCOs are using case managers effectively and efficiently to assist clients in navigating access to services.

Follow-up to Previous Recommendations

Finally, it is recommended the EC schedule a meeting with the Medicaid Director and key staff to discuss three specific recommendations from the earlier December 2016 recommendations. Specifically, the three recommendations that will be discussed at this meeting, are as follows:

Recommendation I

The department is to develop a new methodology to track consistency of prayer authorization determination within each MCO.

Recommendation II

Include the accuracy and consistency of information provided by the MCO customer service representatives to both providers in members in the Managed Care Quarterly Report.

Recommendation III

Include secret shopper results to the managed-care quarterly report.

We appreciate the opportunity to bring these recommendations for your review.

Sincerely,

Gerd W. Clabaugh, MPA
Director
Iowa Department of Public Health

Co-chair, Medical Assistance Advisory Council

David Hudson
Co-chair, Medical Assistance Advisory Council

**Iowa Department of Human Services
 Medical Assistance Advisory Council (MAAC)
 Outstanding Items from the Executive Committee Meeting of October 10, 2017**

Date Added	Action Item	Who is Responsible for Follow-Up	Status (Outstanding / Complete / In Process / To Be Scheduled)
11/4/2016	Update on the new CMS managed care rules and whether changes are necessary to be in compliance.	Medicaid Director	Ongoing
2/23/2017	To have presentations regarding Integrated Health Homes and the Health Homes project. UPDATE on March 14, 2017: Deb Johnson and Joyce Vance are to be invited to a future Executive Committee meeting to continue the discussion on Chronic and Integrated Health Homes	Medicaid Director	A follow-up presentation will take place at future Executive Committee meeting.
2/23/2017	Secondary Payer: * Clarify MCOs as a secondary payer. * To have presentation on the coordination between Medicaid and Medicare for dual eligible members in the waiver programs.	Medicaid Director	To be discussed at October 10, 2017 Executive Committee meeting
3/14/2017	Matt Highland and representatives from the three MCOs are to present information regarding mobile applications at a future Executive Committee meeting; after July 2017	Medicaid Director	In Process
7/11/2017	Research national benchmark on Program Integrity fraud rate data with home health providers.	Medicaid Director	To be discussed at October 10, 2017 Executive Committee meeting
8/8/2017	Managed Care Division to provide a review of managed care quality performance measures - HEDIS and HSAG	Medicaid Director - Managed Care Division	To be discussed at October 10, 2017 Executive Committee meeting
8/8/2017	Have future discussion on the role of care coordinators and case managers responsible for waivers. Which set of activities is making the greatest impact on improving outcomes?	EC Members and Medicaid Director	A follow-up presentation will take place at future Executive Committee meeting.
8/8/2017	Consider a discussion relating to the federal discussions on block granting Medicaid dollars, and how the state is positioned relative to this possible outcome.	EC Members and Medicaid Director	Ongoing

Iowa Department of Human Services
Medical Assistance Advisory Council (MAAC)
Outstanding Recommendations from the Executive Committee Meeting - October 10, 2017

Date Added	Action Item	Iowa Department of Human Services	Status (Outstanding / Complete / In Process / To Be Scheduled)
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**Iowa Department of Human Services
Medical Assistance Advisory Council (MAAC)
Completed Items from the Executive Committee Meeting - October 10, 2017**

Date Added	Item	Responsible Party	Status (Outstanding / Complete / In Process / To Be Scheduled)
1/19/2017	Public Comment Recommendation: The Department Develop a new methodology to track consistency or prior authorization determinations within each MCO.	Medical Assistance Advisory Council (MAAC)	Completed - Director Response Letter dated June 27, 2017, reviewed by MAAC Full Council on August 8, 2017.
1/19/2017	Public Comment Recommendation: 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.	Outstanding Items from the Executive Committee Meeting of July 11, 2017	Completed - Director Response Letter dated June 27, 2017, reviewed by MAAC Full Council on August 8, 2017.
1/19/2017	Public Comment Recommendation: 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.	Medicaid Director	Completed - Director Response Letter dated June 27, 2017, reviewed by MAAC Full Council on August 8, 2017.
1/19/2017	Public Comment Recommendation: Require MCOs to provide a plain language explanation to Iowa Medicaid members and providers for PA denials.	Medicaid Director	Completed - Director Response Letter dated June 27, 2017, reviewed by MAAC Full Council on August 8, 2017.
1/19/2017	Public Comment Recommendation: 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.	Medicaid Director	Completed - Director Response Letter dated June 27, 2017, reviewed by MAAC Full Council on August 8, 2017.
1/19/2017	Public Comment Recommendation: Require the MCOs explain the rationale for additional credentialing requirements beyond what is contractually required by the IME.	Medicaid Director	Completed - Director Response Letter dated June 27, 2017, reviewed by MAAC Full Council on August 8, 2017.
1/19/2017	Public Comment Recommendation: 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.	Medicaid Director	Completed - Director Response Letter dated June 27, 2017, reviewed by MAAC Full Council on August 8, 2017.
1/19/2017	Public Comment Recommendation: Regarding clearinghouse to clearinghouse issues: Request that the MCOs provide data related to the initial denail rates from their clearinghousees and include this data in the Managed Care Quarterly Report.	Medicaid Director	Completed - Director Response Letter dated June 27, 2017, reviewed by MAAC Full Council on August 8, 2017.
1/19/2017	Public Comment Recommendation: 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.	Medicaid Director	Completed - Director Response Letter dated June 27, 2017, reviewed by MAAC Full Council on August 8, 2017.
1/19/2017	Public Comment Recommendation: Include secret shopper results to the Managed Care Quarterly Report.	Medicaid Director	Completed - Director Response Letter dated June 27, 2017, reviewed by MAAC Full Council on August 8, 2017.
1/19/2017	Public Comment Recommendation: 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.	Medicaid Director	Completed - Director Response Letter dated June 27, 2017, reviewed by MAAC Full Council on August 8, 2017.
1/19/2017	Public Comment Recommendation: Request that MCOs present on results of outreach efforts in order to determine outstanding issues that the MAAC may be able to address.	Medicaid Director	Completed - Director Response Letter dated June 27, 2017, reviewed by MAAC Full Council on August 8, 2017.

**Iowa Department of Human Services
Medical Assistance Advisory Council (MAAC)
Completed Items from the Executive Committee Meeting - October 10, 2017**

Date Added	Item	Responsible Party	Status (Outstanding / Complete / In Process / To Be Scheduled)
1/19/2017	Public Comment Recommendation: 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.	Medicaid Director	Completed - Director Response Letter dated June 27, 2017, reviewed by MAAC Full Council on August 8, 2017.
1/19/2017	Public Comment Recommendation: 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	Medicaid Director	Completed - Director Response Letter dated June 27, 2017, reviewed by MAAC Full Council on August 8, 2017.
1/19/2017	Public Comment Recommendation: Require MCOs to provide a plain language explanation to Iowa Medicaid members on all MCO denials.	Medicaid Director	Completed - Director Response Letter dated June 27, 2017, reviewed by MAAC Full Council on August 8, 2017.
1/19/2017	Public Comment Recommendation: Require that all MCO provider manuals be clearly posted in an easily accessible format and location on the MCOs' websites and available in hardcopy.	Medicaid Director	Completed - Director Response Letter dated June 27, 2017, reviewed by MAAC Full Council on August 8, 2017.
1/19/2017	Explanation and definition of plain language standards	Medicaid Director	Completed - Discussed in March 14, 2017 Executive Committee meeting.
2/14/2017	Executive Committee to meet with Iowa Medicaid Communications Specialist to discuss reconfiguration of the Iowa Medicaid website for ease of navigation for members/consumers.	Medicaid Director	Completed - Discussed in March 14, 2017 Executive Committee meeting.
2/14/2017	Request that the MCOs assist in advertisement of the IA Health Link Public Comment meetings	Medicaid Director	Completed - Confirmed by the State at March 14, 2017 Executive Committee meeting that MCOs were assisting by way of newsletters, the clinical advisory and the community advisory committees.
2/23/2017	Update on the new CMS managed care rules and whether changes are necessary to be in compliance. UPDATE on February 23, 2017: Matt Highland to present information and progress on new standardization of member content and format in publications at the March 14, 2017, Executive Committee meeting. Within presentation, Matt will also discuss how standardization will impact the grievance and appeals process.	Medicaid Director	Completed - Matt Highland presented on the communications standardization of managed care regulations in March 14, 2017 Executive Committee meeting.
2/23/2017	General Recommendation: Enforce regulation that Managed Care Organizations (MCOs) follow established state Preferred Drug List (PDL), as required within their contracts.	Medicaid Director	Completed - Director Response Letter dated June 27, 2017, reviewed by MAAC Full Council on August 8, 2017.
2/23/2017	General Recommendation: Encourage the MCOs provide data regarding medication denial rates for MAAC Executive Committee to monitor for future recommendations.	Medicaid Director	Completed - Director Response Letter dated June 27, 2017, reviewed by MAAC Full Council on August 8, 2017.
2/23/2017	General Recommendation: Extend the allotted 30 day nursing facility stay for HCBS waiver recipients to 120 days.	Medicaid Director	In rules process for change.
3/14/2017	Matt Highland to give an update regarding Communications Standardization for Managed Care Regulations at a future Executive Committee meeting.	Medicaid Director	Completed

**Iowa Department of Human Services
Medical Assistance Advisory Council (MAAC)
Completed Items from the Executive Committee Meeting - October 10, 2017**

Date Added	Item	Responsible Party	Status (Outstanding / Complete / In Process / To Be Scheduled)
4/11/2017	Gather previous quarterly report data regarding the top five reasons for grievances and appeals for comparison to assist in determination if there are systemic trends in the information. The Department is to determine if a quarter by quarter comparison chart regarding this topic should be included in future quarterly reports.	Medicaid Director	Completed - Discussed at August 24, 2017, Executive Committee meeting.
4/11/2017	Determine average aggregate cost per member per day for special needs members in ICF/ID. UPDATE July 11, 2017: Additionally, break down by: Community-based ICF/ID providers * State resource centers * Out-of-state placement	Medicaid Director	Completed - Discussed at August 24, 2017, Executive Committee meeting.
4/11/2017	Examine out-of-state placement for members in facilities to determine the impact on members as well as program. * Border Issues * Medical Conditions * Ages * Other factors leading to out-of-state placement	EC Members and Medicaid Director	Completed - Discussed at August 24, 2017, Executive Committee meeting.
6/15/2017	Identify trends involving payment issues: * The largest issues * Where issues are most prevalent and if this trend changes over time * Where issues continue to reside * If the same issues affect different provider types * The proportion of issues that occur with the MCOs versus with provider organizations * The top reasons why payment issues persist * Identify if the top reasons for payment issues change over time	EC Members and Medicaid Director	Completed - Discussed at August 24, 2017, Executive Committee meeting.
7/11/2017	Provide data on grievance and appeals - at the State Fair Hearing: * How many cases are ruled in favor of an MCO * How many never go through the entire appeals process * How many issues are resolved at the MCO level and never go to the level of the State Fair Hearing.	Medicaid Director	Completed - Discussed at August 24, 2017, Executive Committee meeting.
7/11/2017	Updates on the EVV stakeholder workgroup meetings.	Medicaid Director	Completed - Discussed at September 12, 2017, Executive Committee meeting.
8/8/2017	Review the process involving transfer of member information from one MCO to another MCO when a member chooses to change their MCO	EC Members and Medicaid Director	Completed - Discussed at September 12, 2017, Executive Committee meeting.
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	Completed - 1/19/2017:HCBS Recommendations Workgroup created for members who transition out of an institution beyond the allotted 30 days.
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	Completed - In rules process.
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	Completed - To be handed out at 1/19/17 EC meeting.

**Iowa Department of Human Services
 Medical Assistance Advisory Council (MAAC)
 Completed Items from the Executive Committee Meeting - October 10, 2017**

Date Added	Item	Responsible Party	Status (Outstanding / Complete / In Process / To Be Scheduled)
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	Completed - Sent via email to EC members on 1/23/17.
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.	Medicaid Director	Completed - Attended February 14, 2017, Full Council meeting.