



Full Council Meeting

Tuesday, May 17, 2016

Time: 1:00 p.m. – 4:00 p.m.

Iowa State Capitol, Room 116 (Main Floor)
1007 East Grand Avenue, Des Moines, IA 50319

Phone Conference

Dial: 1-866-685-1580

Code: 515-725-1031#

AGENDA

- 1:00 Introductions
- 1:05 Approval of Minutes from Previous Meeting (February 18, 2015)
- 1:10 Council Governance from Attorney General's Office
- 1:40 Executive Committee Report
- 1:45 Review and Discussion of Full Council Guidelines –Action Item
- 1:50 Legislative Update and MAAC Elections and Vacant MAAC Positions
 - Vice-Chair Election*
 - *consider whether to defer pending legislation*
- 2:05 Transition Updates from DHS
- 2:20 Updates from MCOs (15 minutes each)
 - a. Amerigroup Iowa, Inc.
 - b. AmeriHealth Caritas, Iowa, Inc.
 - c. UnitedHealthcare Plan of the River Valley
- 3:05 Public Comment Listening Sessions
 - a. Mason City
 - b. Burlington
 - c. Dubuque
- 3:25 Workplan Review
- 3:30 Public Comments
 - *Individual speakers will be permitted three (3) minutes for making comments*
- 3:45 Adjourn



MAAC Full Council Meeting Summary of Meeting Minutes February 18, 2016

EXECUTIVE COMMITTEE MEMBERS	DEPARTMENT OF HUMAN SERVICES
Gerd Clabaugh – present	Mikki Stier – present
Dennis Tibben –	Deb Johnson – present
Nancy Hale – present	Matt Highland – present
Kristie Oliver – present	Lindsay Buechel – present
Paula Connolly – present	Sean Bagniewski – present
Shelly Chandler – present	Amy McCoy – present
Anthony Carroll – present	
Jim Cushing – present	
Kate Gainer –	
Cindy Baddeloo – present	
Sara Allen – present	
OTHERS - PRESENT	
Brian Maieski	Jim Donoghue
Sandi Hurtado-Peters	Angie Doyle-Scar
Patty Funaro	Kris Bell
Matthew Flatt	Nick Boyer
Larry Carl	Kevin Kruse
Leah McWilliams	Barbara Nebel
Denise Rathman	Cyndi Miller
Rik Shannon	Megan Bendixen
Matt Blake	David Carlyle
Jennifer Harbison	Jodi Tomlonovic
Maribel Slinde	David Beeman

OTHERS - ON PHONE	
Holly Lopez	Leanne O'Brien
Kyle Hildebrand	Chelsea Clark
Dan Britt	Doug Sample

Introduction:

Gerd Clabaugh went through introductions of those in attendance and requested those in the meeting room use the sign in sheet to indicate their attendance. He asked those on the phone to self-identify. Gerd requested unanimous consent to declare a quorum to conduct business. No objections were raised and a quorum was declared.

Approval of November 25, 2015 Minutes

Gerd called for approval of the minutes of the last Full Council meeting dated November 25, 2015. Leanne O'Brien asked for clarification regarding the Listening Sessions and Gerd stated that this will be covered fully as part of the day's agenda. No other changes were suggested and Gerd requested unanimous consent that the minutes of November 25, 2015 be approved. No objections were raised and the minutes were approved.

IA Health Link Communications Update

Matt Highland provided an update regarding the Iowa Medicaid Enterprise (IME) call centers, and that Customer Service Representative (CSR) scripts were being updated on an almost daily basis to ensure that messaging remains up-to-date. Changes to IME CSR scripts have been sent to the Managed Care Organizations (MCOs) for updating to MCO CSR scripting, and secret shopping has been done regularly to ensure that call drop-off rates and the length of calls remain low. IA Health Link website updates have been made with the Frequently Asked Questions (FAQs) webpage being updated frequently, and the recordings of webinars for Member Services Enrollment events and Provider Services training sessions made available to persons unable to attend the recently concluded member meetings and provider trainings. Communication efforts also included the weekly Medicaid e-News, the MCO reassignment of former WellCare members, rolling member enrollment mailings, Informational Letters (ILs) as needed, and the addition of Facebook and Twitter IA Health Link pages. A question was asked regarding the WellCare reassignment process and Matt stated that members would have 90 days to change their MCO for any reason and for reasons of "Good Cause" after that. A question was then asked regarding verification of eligibility and Deb Johnson summarized the IME eligibility system process.

Medicaid Modernization Update

Mikki Stier reminded the group that in December 2015, CMS issued a letter that had 16 points for the Department to work on toward readiness for a March 1 implementation date. Call center staff had been increased as necessary, updates were made to CSR scripting and distributed to IME and MCO CSRs, call statistics improved, and "Soft Skills" training had been given to improve rapport. Brief updates were provided regarding the outreach and training for Long Term Care (LTC) and Case Management agencies, and the daily communications with CMS on the Ombudsman and pharmacy tasks. Gerd invited questions and Dr. Carlyle questioned CMS' recommendation for the LTC ombudsman and if there was consideration for additional staffing. Mikki replied that the IME will continue to work with the ombudsman's office as they had prior to managed care implementation, and the LTC ombudsman was a new area but the IME call center is fully staffed and the IME will continue to work with the ombudsman's office as they had previously. Dan Britt stated that his organization had not signed a contract with UnitedHealthcare but they were listed as providers on the MCO's web portal per their review and the review of their members. Mikki affirmed she would reach out to UnitedHealthcare and get back with a response. Dan added that UnitedHealthcare had claimed his occupational-, physical-, and speech- therapists were considered institutional providers and did not need to be individually credentialed although they are in private practice and would need individual credentialing. Dan then

stated that UnitedHealthcare had confirmed that prior authorization was not required although AmeriHealth and Amerigroup had not confirmed this. Mikki restated that IME will reach out to the MCOs and get back with a response. Denise Rathman (National Association of Social Workers) inquired about not receiving reimbursement from the IME. Sean Bagniewski requested she contact IME Provider Services for resolution. Jim Cushing inquired why the MCOs had been reaching out to members, and Deb replied that the MCOs were trying to establish a connection with their members regarding their insurance plan and perhaps inform them of internal case managers that will be available to support the Community-Based case managers. Paula Connolly requested the primary contact for the member if the MCO has a community-based case manager and also have an internal case manager. Deb Johnson suggested that the community-based case manager for LTSS should be the main point of contact. Jim asked if there would be a specific transition process to be followed for members or case managers when they transitioned to managed care case management. Deb stated that there would not be a specific process but there will be oversight from the Department and that the transition would take place over one-year with the community-based case manager being present for the first six months and six additional months of transition activity. Kristie Oliver asked when members should expect to receive their ID cards from their MCOs and Lindsay Buechel replied that members will receive their IDs after the end of the choice period when member information will go to the MCOs. Kristie sighted confusion in the issuance of the WellCare reassignment letter and Dave Beeman voiced concern about MCO network adequacy and meeting the needs of members. Dave stated he had sent an email to the Department on January 23, 2016, requesting statistics regarding provider networks and geographical reasons without a response. Mikki stated the Department would follow up with him. A question from the audience requested further information on the "opt-out letter" sent by UnitedHealthcare. The commercial providers were asked to notify the IME if they wished to "opt-out" of providing services to Medicaid members but, UnitedHealthcare providers chose to opt-in to providing Medicaid services. Mikki stated that she would get further clarification. Kevin Kruse stated that one of their members had found discrepancies in coverage between the three MCO provider agreements and manuals and Mikki replied that the Department would meet with persons individually if there were questions regarding coverage or the manuals. Doug Sample cited a case regarding UnitedHealthcare and requested evidence of improvement be shown for coverage to continue. Mikki stated that IME will follow up. Dan Britt confirmed Doug's point and voiced concern regarding claims from UnitedHealthcare that they had reached out to his group regarding opting-out however, they had not. Dan also cited issues concerning the *hawk-i* transition of Wellmark to UnitedHealthcare on speech therapy and others affirmed that both speech therapy and occupational therapy will not be covered by any of the MCOs. Mikki stated the Department would follow up. Paula asked for clarification on role of EPSDT and Mikki stated that she would get back to her. Dr. Carlyle asked how the MCOs were related to the ACOs, and how the MCOs were working in coordination with the ACOs regarding care coordination. Mikki reviewed the use of the Value Index Score (VIS) and that this would continue, further clarifying that MCO contracts specify that they need to meet specific VIS scores. Anthony Carroll suggested that the website highlight the May 18, 2016, date relative to the implementation date change of March 1. He also suggested incorporating the top 10 member questions into the FAQ on the webpage as it is listed on the top 10 list of questions document.

Public Comment/Listening Session Meeting Details and Overview

Lindsay outlined the schedule of the IA Health Link Public Comment meetings in ten cities throughout Iowa. She stated that members of the Executive Committee will be tasked with reviewing comments that are received and making recommendations to the Department accordingly. Lindsay stated that moving forward, the Full Council meetings will receive a summary of comments and reviewed the points outlined in the document that was handed out titled, "Process for IA Health Link Public Comment Meetings". Meetings will not be Q&A format but rather comment-based, and if the number of speakers are limited due to time-constraints, there will be post-meeting opportunities to write in comments. Meetings will be held between 3 p.m. and 5 p.m. for the convenience of the largest number of people. The schedule is to be posted on the IA Health Link website along with other relevant documents for the meetings, and will be promoted via social media, Medicaid e-News, IME website, community partners, and so forth. Representatives from Member Services, Provider Services, and the MCOs will be present to answer questions, and two Executive Committee representatives will be

present at the meetings to take notes to be summarized to the Full Council and the Executive Committee. Gerd thanked the Executive Committee as well as Mikki and her staff on their active engagement in collecting feedback.

Upcoming Meetings and MAAC Workplan Review

Gerd reviewed the work plan discussion from the January 19, 2016, Executive Committee meeting and presented a draft of a work plan document. The document was created for the Executive Committee and Full Council to record ideas discussed in meetings, to be updated as necessary and serve as a pipeline for tasks to prioritize agenda items. Gerd then discussed the sequencing of meetings as had been brought up in the previous Executive Committee meeting, and it was decided that it would be more productive if the sequence were switched so that the Full Council met first and followed by the series of Executive Committee meetings. He stated that this allows Full Council issues to have follow-up discussions, tracking, and action at the subsequent Executive Committee meetings and will begin with the May 2016 meeting. Jodi Tomlonovic suggested the creation of a standing agenda for the Full Council agenda to allow a summary form of the topic discussion. Gerd acknowledged that meeting minutes are posted on the MAAC webpage. Dr. Carlyle suggested that Full Council be more active in agenda items to be discussed prior to formal recommendations and Gerd agreed.

Notice of Election of Vice Chairperson at May 2016 Meeting

Gerd reviewed the rules governing the election of the Vice Chairperson and indicated he would be appointing a nominating committee. A committee of three selected from the council would serve on the nominating committee and would develop a list of candidates for the position to be selected by the Full Council. Council members were given until Friday, February 26, 2016, to express interest in serving on the nominating committee. Once formed, Gerd would meet with the committee to review selection and election process. Gerd then informed the group of the position opening on the Executive Council to be vacated by Nancy Hale and of the vote to be taken at the May Full Council meeting for replacement. Lindsay stated that said position is held by someone in the public member and consumer organization category, and that a listing of corresponding organizations is available. Dr. Carlyle asked who would be eligible for the position of Vice Chairperson and Gerd stated that the person did not have to be a member of the Executive Committee. If the person elected were not a member of the Executive Committee, they would not automatically become a member as there are set limits on the number of Executive Committee members. Persons interested in being on the nominating committee should email Gerd directly.

Public Comments

Dr. Carlyle discussed the long-term care ombudsman's report and moved that the MAAC recommend to the Department of Human Services to consider the recommendations made to establish an ombudsman for non-Long Term Care (LTC) members and activities. Gerd received the motion and expressed concern that an action item was not listed on the group's agenda for today's meeting. Jodi cited confusion around the process of adding discussion and action items to the agenda, and timeliness of bringing those actions. Gerd stated that an item of re-evaluation is to understand better the role of the MAAC as a recommender of policy to the department and to have a clearer, rules-compliant process of formulating such recommendations. Dave Beeman expressed disagreement with Gerd on what the administrative code meant in the process of making a recommendation to the Department, as he interpreted the administrative code to mean that both the Executive Committee and the Full Council should collectively establish a recommendation. Gerd indicated that differences do exist between the administrative rules and the Iowa Code with regard to how recommendations are made to the Department from the MAAC and its Executive Committee. Gerd suggested he and Dave have a separate discussion on the topic following the meeting, and provide additional information back to the full Council at its next meeting. Dr. Carlyle suggested that the Attorney General's office be invited to address the Full Council as well. Gerd indicated that this had been done for the Executive Committee to provide them some background information on roles and responsibilities, and agreed this would be useful for the Full Council. Paula recommended the Department consider providing an opportunity for members to provide feedback on agenda items through the website. Gerd stated that the Executive Committee had addressed this earlier and he would address this again at an upcoming

Executive Committee Meeting. Anthony recommended that Paula's suggestion be presented again after the Executive Committee has discussed. Dave wondered whether Roberts Rules of Order should be used as the rules governing deliberation of the full Council. Gerd stated that while Robert's Rules were not specifically identified in the administrative rules, that use of the rules would be customary, although the size of the full Council might make use of them somewhat challenging.. The point was also made that consumer groups are not well represented in the council. Lindsay stated that professional organizations and consumer organizations are appointed as outlined in the administrative code and the public representatives are appointed through the Governor's office.

Adjourned: 2:30 P.M.

Full Council Operating Guidelines
DRAFT 5/2/2016

Responsibilities of the Full Medical Assistance Advisory Council (MAAC)

Iowa Code 249A.4B outlines the responsibilities of the full MAAC:

"...to advise the director about health and medical care services under the medical assistance program."

Further, Iowa Code 249A.4B, subsection 3c provides:

"...Based upon the deliberations of the council and the executive committee, the executive committee shall make recommendations to the director regarding the budget, policy, and administration of the medical assistance program", and shall be advisory and not binding upon the department of human services. (441 IAC 79.7(7), subsection a)

In turn, Iowa Code 249A.4B, subsection 6 provides:

"The director shall consider the recommendations offered by the council and the executive committee in the director's preparation of medical assistance budget recommendations to the council on human services pursuant to section 217.3 and in implementation of medical assistance program policies."

Operationally, the Full MAAC determines that it will provide a conduit through which diverse organizations and consumers can deliberate productively regarding budget, policy, and administration of the Iowa Medicaid program, and provide the benefit of this deliberation to the MAAC Executive Committee, which will then make recommendations to the Director regarding the Iowa Medicaid program.

Agenda Development

The Chair shall be responsible for development of the agenda for the Full Medical Assistance Advisory Council (MAAC). Agendas will be developed and distributed in compliance with the advance notice requirements of the Iowa Code. Specifically, Iowa Code Section 21.4 requires meeting notice to be

"given at least twenty-four hours prior to the commencement of any meeting of a governmental body unless for good cause such notice is impossible or impractical, in which case as much notice as is reasonably possible shall be given...If another section of the Code requires a manner of giving specific notice of a meeting, hearing, or an intent to take action by a governmental body, compliance with that section shall constitute compliance with the notice requirements of this section."

441 IAC 79.7(4b) provides more specifically for the notice of meetings for the full MAAC as follows:

"Written notice of council meetings shall be mailed at least two weeks in advance of the meeting. Each notice shall include an agenda for the meeting."

The Chair shall be responsible for agenda development, which will be developed in consultation with staff at the Department of Human Services/Iowa Medicaid Enterprise. Agendas will be developed taking into the consideration the following tasks of the full MAAC:

1. Workplans - agenda items will be added to the full Council agenda as various tasks for the Council are due to be discussed based on calendar requirements. For example, the full Council is to engage in deliberations over policy and budget, making recommendations to the MAAC Executive Committee. These full Council deliberations are to be conducted within a timeframe to allow the Executive Committee to receive the Full Council's feedback, make recommendations to the

Director, and for the Director to consider these recommendations as budgets and policy for the Medicaid program are developed for the review of the Human Services Council, the Governor's review and action, as well as for the upcoming legislative session.

2. Topics identified by the Chairperson - the chairperson shall have the authority to add items to the agenda for upcoming meetings of the full MAAC.
3. Requests from the Director of Human Services - According to 441 IAC 79.7(7) subsection b, the council shall consider all matters referred to it by the Department of Human Services. The Department shall also present the Medicaid annual budget for review and comment.
4. Discussion and Action Items from Members - 441 IAC 79.7(4b), as stated above, requires the agenda for a meeting of the full Council to be distributed "at least two weeks in advance of the meeting." It is the policy of the full MAAC that, once agendas are distributed to the full MAAC, staff will notify members that there is an opportunity to suggest additional discussion or action items, and that these should be forwarded to the chair of the full MAAC one week prior to the scheduled full MAAC meeting. The Chairperson will review any additional suggestions from members for items to be added, and will revise and issue a final agenda five days prior to the time and date of the upcoming full MAAC meeting.

Officers of the Full Council

Iowa Code Section 249A.4B identifies the Director of Public Health as the chairperson of the full MAAC. Iowa Administrative Code 441 IAC 79.7(1) further specifies the election of a Vice-chairperson from among the membership of the full MAAC. The role of the Vice-chairperson is further defined in the administrative rule as follows:

- "...Elections for vice-chairperson will be held the first meeting after the beginning of the calendar year.
- b. The vice-chairperson's term of office shall be two years. A vice-chairperson shall serve no more than two terms.
 - c. The vice-chairperson shall serve in the absence of the chairperson.
 - d. The chairperson and vice-chairperson shall have the right to vote on any issue before the council.
 - e. The chairperson shall appoint a committee of not less than three members to nominate vice-chairpersons and shall appoint other committees approved by the council."

Staff Support for the Full MAAC

441 IAC 79.7(3) outlines the responsibilities for the Department of Human Services in supporting the full MAAC, as follows:

"...Expenses of the council and executive committee, such as those for clerical services, mailing, telephone, and meeting place, shall be the responsibility of the department of human services. The department shall arrange for a meeting place, related services, and accommodations. The department shall provide staff support and independent technical assistance to the council and the executive committee."

Meeting Frequency and Location

In accordance with Iowa Code Section 249A.4B, subsection 1, "The council shall meet no more than quarterly."

According to 441 IAC 79.7(4), "Meetings may be called by the chairperson, upon written request of at least 50 percent of the members, or by the director of the department of human services", in cases where meetings are not currently scheduled on a quarterly basis. Meetings are to be held in the Des Moines area unless other notification is provided.

Attendance

441 IAC 79.7(5), in part, provides that "Notice shall be given to a professional group or business entity represented on the council when the representative of that group or entity has been absent from three consecutive meetings."

Rules of Meeting Procedure

441 IAC 79.7(5), in part, provides that "In cases not covered by these rules, Robert's Rules of Order shall govern."

Minutes

As required in Iowa Code Section 21.3, minutes of the meetings of the full Council will be kept, "showing the date, time and place, the members present, and the action taken at each meeting. The minutes shall show the results of each vote taken and information sufficient to indicate the vote of each member present. The vote of each member present shall be made public at the open session. The minutes shall be public records open to public inspection." Staff of the Iowa Medicaid Enterprise support the full Council and will be tasked with taking minutes. The chair will review minutes before distribution with each meeting's final agenda.