



MAAC Full Council Meeting Full Meeting Minutes May 17, 2016

Introductions *(See the roll call document to review the Full Council attendance.)*

Gerd Clabaugh called the roll call of those in attendance (in-person and on the phone) and declared that there was a quorum to proceed with the meeting.

Approval of February 18, 2016 Full Council Meeting Minutes

Gerd declared that the minutes of the Full Council meeting of February 18, 2016, stood approved.

Council Governance from Attorney General's Office

Heather Adams, on behalf of the Attorney General's office, spoke to the Full Council regarding the mission and authority of the MAAC. The MAAC was created as federal requirement to represent the citizens of Iowa and provide aid, direction, and suggestion to the Medicaid director and the DHS director. Heather handed out information on a new bill that had been generated and was to be signed by the Governor for the 2016 legislative session as well as a copy of the administrative rules that govern the work of the Council. It was advised that there had to be quorum in order to take any action or to vote on a recommendation or advice that the council might have for DHS, and 50 percent must be in attendance for a quorum to exist. Once quorum had been met, the rules would further require that two-thirds of members be present in order to take action on any motion and that the votes must be clear on who was voting for or against on any item. Heather then discussed the "Open Meetings Law" and the requirement of three key points – Agendas, Minutes, and Public Access Records.

Heather reviewed laws on accepting gifts, conflicts of interest, the state statute, and the new language in the bill that was pending signature from the governor.

Questions and Comments on the Council Governance from Attorney General's Office:

- When adding items to the approved agenda, items should not be added after approval unless it were under any reason recognized as an emergency; any other agenda item should go through the normal process of setting the agenda.
- The Full Council was advised to have discussions regarding how to make the administrative rules concerning duties of both the Full Council and Executive Committee clear to all.

Executive Committee Report

Previous months activities were reviewed and it was suggested that Council members review the minutes of previous meetings for better understanding of the transition. A workplan was mentioned to enable better communication between the Full Council and Executive Committee as well as to ensure that topics for discussion include subjects that

Review and Discussion of Full Council Guidelines –Action Item

To ensure that the MAAC as a body operate in compliance with the law, the Council was urged to

vote on the guidelines that day. The intent of the vote was to encourage conversation and develop a better understanding of how to go about doing business as a Council. Most of the items within the document were taken directly from the Iowa code or administrative rules such as:

It was requested that the federal document pertaining to the MAAC be included in the document and that potential amendments be added. The topic of amendments was to be discussed again at the August Full Council meeting and the Council was to use to current document as a guide on operational procedures.

Legislative Update and MAAC Elections

On March 28, 2016, an email was sent to the members of the Full Council asking for recommendations for an individual to serve as Vice Chair with the idea that a vote was to take place on that day. There had been five nominees that had been reviewed although with the new pending bill, the potential roles of the Vice Chair, the Co-Chair, and the makeup of the MAAC could change as the Co-Chair may be attached to the consumer representation. Given the bill had not yet been signed, the voting would be delayed although discussion would continue within the Executive Committee should there be any developments prior to the following Full Council meeting. It was agreed that the Council proceed with the vote for the Executive Committee candidate as the Executive Committee would not change with the passing bill. The voting process was explained, and members were to submit their ballots within the following week.

Transition Updates from DHS

In the month and a half following implementation, the IME and MCOs had developed a rapid response team for issues communicated by members, providers or stakeholders that needed to be resolved. The rapid response team had been meeting no less than once a day to discuss outstanding issues. Some of the issues that were being tracked at the time were member prescriptions and pharmacy claims, transportation and Non-Emergent Medical Transportation (NEMT), Prior Authorizations (PAs), and provider claims and billing. It was encouraged that all providers verify eligibility monthly with the IME prior to rendering services as eligibility may change.

Updates from MCOs

a. Amerigroup Iowa, Inc.

Dr. Mark Levy, Managing Medical Director, spoke as a representative for Amerigroup. To date, 27,000 providers were contracted with Amerigroup, 97 percent were loaded into the claims system. Their call centers were receiving 1,500 to 2,000 calls per day and had a connected calls rate of approximately 98 percent. Had received 131,000 claims as of Friday, May 13, 2016, and had received approximately 7,000 per day in the month of May. Approximately 11,000 claims had not yet been processed although the remainder had been adjudicated in the amount of approximately \$33 million dollars. Out of the claims submitted, approximately 6 percent had been denied had all been processed through a manual review process prior to the denial and some of the examples had been services were not covered or coding issues. He stated that 106,911 pharmacy claims had been paid in the month of May, PA requirements were the same as had been with Iowa Medicaid. Prior Authorizations (PAs) were also being addressed and changed as necessary for the state of Iowa. To date had 147 case managers in Iowa and members receiving case management services were able to be referred by their providers, hospital discharges, self-referrals, as well as internal data analytics of high risk members. The number of grievances had been 96 and a majority had been due to transportation issues, and all had been resolved and closed. The organization had also been working with groups such as Health Homes to determine better processes moving forward. Paula requested how the MCOs' advisory boards were set up and how they worked. Dr. Mark Levy stated that their first advisory board meeting had taken place that week, and information was presented by stakeholders, legislatures, listening sessions, and Amerigroup members. The boards consisted of 15 individuals. AmeriHealth Caritas of Iowa, Inc. representative Jeremy Morgan stated that did not have the information and would follow-up. UnitedHealthcare Plan of the River Valley, Inc. representative Paige Pettit stated that had identified advisory board members however she was unsure of when meeting had been scheduled and would follow-up.

b. AmeriHealth Caritas, Iowa, Inc.

Jeremy Morgan, AmeriHealth Caritas representative stated that they had 220,000 members to date. Total number of medical claims had been over 250,000, 355,000 pharmacy claims had been processed for both April and May, and therefore \$55 million claims paid to date on medical side and \$22 million in claims paid to pharmacy. Member Services contact center had taken approximately 35,000 calls, and Provider Services approximately 22,000 calls. He acknowledged that there had been issues with PAs such as how long they had taken to process, and that they had contractual obligation of a maximum of seven days for normal PAs and three days for escalated PAs. Current issues were being addressed and processes determined moving forward with Iowa providers based on member needs. Jeremy stated that the organization was aware of members or providers not receiving a response when contacting AmeriHealth Caritas and the MCO was working toward resolution but if any person were to experience additional issues they could contact Jeremy directly. He advised that if members or providers were having issues to contact AmeriHealth Caritas for resolution.

c. UnitedHealthcare Plan of the River Valley

Paige Pettit, UnitedHealthcare Plan of the River Valley representative stated that they had been communicating dashboard information to the state. She stated that UnitedHealthcare had received feedback regarding issues with the PA process and had therefore relaxed the requirements of PAs for skilled nursing care, home health, occupational, physical and speech therapy, and mental health services. Paige confirmed they continued to attend all of the state meetings and association meetings as requested. She stated that UnitedHealthcare has eight advocates throughout the state who were conducting outreach discussions both in person and through web-based trainings. She cited known issues for CDAC billing so the organization had created a document explaining the billing process for CDAC providers for further assistance which has been made available on the UnitedHealthcare website. Paige confirmed that UnitedHealthcare met with the state Monday, Wednesday and Friday and held sessions to discuss escalated concerns for immediate resolution. She also stated that a newsletter had been available for all provider types and documents would continue to be developed as needs arose. Paige stated when calling the call center, if the call center did not meet expectations, the provider or member should ask to be directed to their local advocate, and if still unresolved, could reach out to Paige directly.

Medicaid secondary claims were to be handled by the primary insurer first and then the MCO as a payer of last resort and case managers should utilize available MCO technologies with member medical history to continue coordination with providers. UnitedHealthcare was to follow-up with the number of claims submitted and there were approximately 180,000 enrolled members. Amerigroup had approximately 185,000 members.

Public Comment Listening Sessions

Lindsay stated that all materials comment meeting summaries had been handed out prior to the start of the meeting and that were available on the DHS MAAC webpage.

a. Mason City

Mason City meeting that was held in March had had more questions than comments as it was prior to implementation.

b. Burlington

Meeting had been held the second week of April and was primarily an audience of providers and again had consisted of primarily questions regarding billing, and operational concerns as opposed to direct comments.

c. Dubuque

Dubuque meeting had been held the second week of May and consisted of providers, members, and family members with many comments and approximately 100 persons in attendance. The topics that had been discussed were PAs, response time, how to contact the MCOs, and transportation.

Meetings were to continue once every month for the remainder of the year in various cities throughout Iowa and members were encouraged to attend on behalf of their organizations.

Workplan Review

The workplan was to be utilized as reflection of new issues to be discussed in future council meetings, and new agenda items to be added moving forward. It was further suggested to record in the minutes where questions have been asked to allow for future follow-up.

Public Comments

No public comments.

Adjourn

4:00 p.m.

Iowa Department of Human Services
 Medical Assistance Advisory Council (MAAC)
 Action Items from the Executive Committee Meeting of July 21, 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	Create a mechanism for consistent reporting from MCOs such topics as claims, call times and reasons for cases that are escalated		Medicaid Director	Outstanding - DHS has developed reports templates that we will be sharing with MAAC and other interested parties at the next EC meeting.
5/19/2016	Tracking and dashboard moving forward		Medicaid Director	Outstanding - DHS has completed in draft and will bring for review
5/19/2016	Listening sessions - how to address concerns raised in sessions in both FC and EC meetings		Chair of MAAC and Medicaid Director	Outstanding
5/19/2016	Prior Authorizations		Medicaid Director	Outstanding- Table of PA has been developed and is on the DHS website for providers as an initial guide regarding PAs. Updates to be presented in future meeting
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.
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	Outstanding
7/21/2016	Report on deliberations of prior year need to be submitted by November 15, 2016.		Chair of MAAC and Medicaid Director	Outstanding
7/21/2016	Post the copy of the tracked- drafted version of the Administrative Rules on the MAAC web page.		Medicaid Director	Outstanding

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OUTSTANDING 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	Outstanding
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	Outstanding
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	Outstanding

Iowa Department of Human Services
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 Action Items from the Executive Committee Meeting of July 21, 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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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			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.
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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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



Mikki Stier, Medicaid Director

Medical Assistance Advisory Council (MAAC) Member Biography

Last Name	First Name
Telephone	Email

Please select your membership category:

- Professional Organization
 - Professional Entity
 - Business Entity
- Public Representative
 - Consumer Group
 - Recipient of Medicaid, or family member of Medicaid recipient
 - Consumer Organization
 - Other (please specify) _____
- hawk-i** Board
- Non-Voting
 - State Agency
 - Medical Institution
- General Assembly
 - House of Representatives
 - Senate
- LTSS Ombudsman

Name of entity, group, organization, member or other interested party whom you represent:

Please provide a brief biography regarding your background and interest in Iowa medical assistance (Approximately 300 words):

441—79.7(249A) Medical assistance advisory council.

79.7(1) Officers. Officers shall be a chairperson and a co-chairperson.

- a.* The director of public health shall serve as chairperson of the council.
- b.* The co-chairperson's term of office shall be two years. A co-chairperson shall serve no more than two consecutive terms.
- c.* The co-chairperson shall serve in the absence of the chairperson.
- d.* The co-chairperson shall have the right to vote on any issue before the council. The chairperson serves as a non-voting member of the council.
- e.* The chairperson shall appoint members to other committees approved by the council.
- f.* The co-chairperson shall be filled by one of the ten publically appointed council member positions.

(1) The co-chairperson shall be elected at the beginning of the state fiscal year and a slate of candidates will be presented to all voting full council members. Ballots will be distributed at the quarterly meeting closest to the beginning of the next state fiscal year and will be collected in paper and electronic format and administered by the department of human services staff.

g. The chairperson and co-chairperson shall also serve on the executive committee and will serve as the chairperson and co-chairperson of that committee.

h. Responsibilities. The chairperson and co-chairperson shall be responsible for development of the agenda for the full council. Agendas will be developed and distributed in compliance with the advance notice requirements of the Iowa Code section 21.4.

(1) The chairperson and co-chairperson shall be responsible for agenda creation, which will be developed in consultation with the staff of the department of human services, taking into consideration the following tasks of the council:

- i.* Workplans. Agenda items will be added to the council agenda as various tasks for the council are due to be discussed based on calendar requirements. Council deliberations are to be conducted within a timeframe to allow the executive committee to receive the council's feedback, make recommendations to the director, and for the director to consider those recommendations as budgets and policy for the medical assistance program are developed for the review of the council on human services, the governor, as well as for upcoming legislative session.
- ii.* Requests from the director of human services.
- iii.* Discussion and action items from council members. The chairperson and co-chairperson will review any additional suggestions from council members after the agenda is distributed. The agenda will be distributed in draft form five (5) business days prior to the council meeting, with the final agenda being distributed no later than 24 hours prior to the council meeting.

(2) The chairperson shall preside over all council and executive committee meetings, calling role, determining quorum, counting votes and following the agenda for the meeting.

- i.* In the absence of the chairperson, the co-chairperson shall assume the chairperson's duties during council and executive committee meetings.

ii. The chairperson and co-chairperson shall consult with the department of human services on other administrative tasks to oversee the council and participate in workgroups and subcommittees as appropriate.

79.7(2) Membership. The membership of the council and its executive committee shall be as prescribed at Iowa Code section 249A.4B, subsections 2 and 3.

a. Council membership of professional and business entities shall consist of those outlined in Iowa Code section 249A.4B, subsection 2 and 3.

(1) Professional and business entities shall identify their representative and report information to the department of human services.

i. If an entity's representative does not attend more than three (3) consecutive meetings, the department of human services will notify the entity and representative and verify if an alternative contact is needed.

ii. Professional and business entities shall determine the length of their representative's appointment. The department of human services will confirm representative participation every two years, regardless of meeting attendance.

iii. All professional and business entities will be voting members of the council.

(2) Council membership of public representatives shall consist of ten (10) representatives which may include members of consumer groups, including recipients of medical assistance or their families, consumer organizations, and others, appointed by the governor for staggered terms of two years each, none of whom shall be members of, or practitioners of, or have a pecuniary interest in any of the professional or business entities specifically represented in subsection 2 and 3 and a majority of whom shall be current or former recipients of medical assistance or member of families of current or former recipients.

i. All public representatives will be voting members of the council.

(3) Council membership shall also consist of state agency and medical school partners, including representatives from the department on aging, the long-term care ombudsman, Des Moines University and the University of Iowa College of Medicine.

i. Partner agency and medical school representatives will be non-voting members of the council.

ii. If an agency or school's representative does not attend more than three (3) consecutive meetings, the department of human services will notify the agency and school.

iii. Partner agencies and medical schools shall determine the length of their representative's appointment. The department of human services will confirm representative participation every two years, regardless of meeting attendance.

(4) Members of the general assembly shall participate in the council, each for a term of two years as provided in Iowa Code section 69.16B

i. Two members of the house of representatives, one appointed by the speaker of the house of representatives and one appointed by the minority leader of the house of representatives from their respective parties.

- ii. Two members of the senate, one appointed by the president of the senate after consultation with the majority leader of the senate and one appointed by the minority leader of the senate.
- iii. Members appointed from the general assembly will serve as non-voting members of the council.

b. Executive committee membership shall consist as follows:

- (1) Five individuals from the professional and business entities identified in Iowa Code section 249A.4B, subsection 2.
- (2) Five individuals appointed as public members, pursuant to Iowa Code section 249A.4B, subsection 2.
 - i. One of the five public member positions on the executive committee will be held by the co-chairperson identified in section 79.7 (1).
- (3) The chairperson and co-chairperson identified in section 79.7(1) shall serve as the chairperson and co-chairperson of the executive committee.
- (4) The executive committee will be elected for two (2) year terms, beginning at the start of a state fiscal year.
 - i. All voting members of the council will be eligible for election to the executive committee, based on the criteria outlined in this section.
 - ii. A slate of candidates will be presented to all voting council members once every two years. Ballots will be distributed at the quarterly meeting closest to the beginning of the next state fiscal year and will be collected in paper and electronic format and administered by the department of human services staff.
 - iii. Should any vacancies occur on the executive committee, a special election will be held following the same standards outlined in this section.

79.7(3) Responsibilities, duties and meetings. The responsibility of the medical assistance advisory council is to provide recommendations on the medical assistance program to the department of human services.

a. Recommendations of the council shall be advisory and not binding upon the department of human services or the professional and business entities represented. The director of the department of human services shall consider the recommendations offered by the council and the executive committee in:

- (1) The director's preparation of medical assistance budget recommendations to the council on human services, pursuant to Iowa Code section 217.3 and
- (2) Implementation of medical assistance program policies.

b. Council

(1) Council meetings

- i. The council will meet no more than quarterly.
- ii. Meetings may be called by the chairperson or co-chairperson, upon written request of at least 50 percent of members, or by the director of the department of human services.
- iii. Meetings shall be held in the Des Moines, Iowa, area, unless other notification is given. Meetings will also be made available via teleconference, when available.
- iv. Written notice of council meetings shall be electronically mailed at least five (5) business days in advance of the meeting. Each notice shall

include an agenda for the meeting. The final agenda will be distributed no later than 24 hours prior to the meeting.

- (2) The council may choose subjects for consideration and recommendation. It shall consider all matters referred to it by the department of human services.
 - i. Any matter referred by a member organization or body shall be considered upon an affirmation vote of the council.
- (3) The council shall advise the professional and business entities represented and act as liaison between them and the department.
- (4) The council shall perform other functions as may be provided by state or federal law or regulation.
- (5) Pursuant to 2016 Iowa Act, ch. 1139, sec. 94, the council shall regularly review Medicaid managed care. The council shall submit an executive summary of pertinent information regarding deliberations during the prior year relating to Medicaid managed care to the department of human services no later than November 15, annually.
- (6) Pursuant to 2016 Iowa Acts, ch. 1139, sec. 94, the council 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 the council meetings during which the council addressed Medicaid managed care.
- (7) Review the recommendations submitted by the executive committee regarding feedback received at the IA Health Link statewide public comment meetings outlined in 2016 Iowa Acts, ch. 1139, sec. 94.

c. Executive Committee

- (1) Executive committee meetings
 - i. The executive committee shall meet no more often than monthly.
 - ii. Meetings may be called by the chairperson or co-chairperson, upon written request of at least 50 percent of executive committee members, or by the director of the department of human services.
 - iii. Meetings shall be held in the Des Moines, Iowa, area, unless other notification is given. Meetings will also be made available via teleconference, when available.
 - iv. In the month when a council meeting is held, the executive committee shall meet after the council meeting, allowing committee members to discuss and make recommendations based on the topics discussed by council members.
- (2) Based on the deliberations of the full council, the executive committee shall make recommendations to the director regarding budget, policy, and administration of the medical assistance program. Such recommendations may include:
 - i. Recommendations on the reimbursement for medical services rendered by providers of services.
 - ii. Identification of unmet medical needs and maintenance needs which affect health.
 - iii. Recommendations for objectives of the program and for methods of program analysis and evaluation, including utilization review.

iv. Recommendations for ways in which needed medical supplies and services can be made available most effectively and economically to the program recipients.

v. Advise on such administrative and fiscal matters as the director of the department of human services may request.

(3) Pursuant to 2016 Iowa Acts, ch. 1139, sec. 94, the executive committee shall review the compilation of the input and recommendations of the public meetings convened statewide and shall submit recommendations based upon the compilation to the director of human services on quarterly basis through December 31, 2017.

79.7(4) Procedures.

a. Procedures shall apply to both the council and the executive committee.

b. A quorum shall consist of 50 percent of the current voting members.

c. Where a quorum is present, a position is carried by two-thirds of the council members present.

d. Minutes of council meetings and other written materials developed by the council shall be distributed by the department to each member of the full council.

e. In cases not covered by these rules, Robert's Rules of Order shall govern.

79.7(5) Expenses, staff support, and technical assistance. 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.

a. The department shall provide the council with reports, data and proposed and final amendments to rules, laws, and guidelines, for its information, review and comment.

b. The department shall present the annual budget for the medical assistance program for review and comment.

c. The department shall permit staff members to appear before the council to review and discuss specific information and problems.

d. The department shall maintain a current list of members on the council and executive committee.

e. The department shall be responsible for the organization of all council and executive committee meetings and notice of meetings.

f. As required in Iowa Code Section 21.3, minutes of the meetings of the council and executive committee will be kept by the department. The chair and co-chairperson will review minutes before distribution.

g. The department shall compile input and recommendations received at the public meetings established in 2016 Iowa Acts, ch. 1139, sec. 94 and submit the information to the executive committee for review.

[**ARC 8263B**, IAB XX/X/XX, effective XX/XX/XX]



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TO: Iowa Department of Human Services
CC: Centers for Medicare and Medicaid Services
FROM: Deanna Clingan-Fischer, State Long-Term Care Ombudsman
SUBJECT: Managed Care Ombudsman Program Monthly Report for July 2016
DATE: Wednesday, August 10, 2016

The Office of the State Long-Term Care Ombudsman is required by the Centers for Medicare and Medicaid Services (CMS) to report data from the Managed Care Ombudsman Program on a monthly basis. Attached is the July 2016 Report.

The Managed Care Ombudsman Program serves Medicaid managed care members receiving care in a health care facility as well as members enrolled in one of the seven home and community-based services (HCBS) waivers which include AIDS/HIV, Brain Injury, Children's Mental Health, Elderly, Health and Disability, Intellectual Disability, and Physical Disability Waiver Programs.

Contacts and Main Issues

During the month of July, the Managed Care Ombudsman Program received 81 member contacts through phone and email. This number does not reflect the total contacts received from all stakeholders including providers as this report only discusses member-specific issues.

Oftentimes, multiple issues were addressed in one call with a member. The top three issues addressed were Access to preferred/necessary durable medical equipment, Change in care setting, and Service reduced, denied or terminated.

Medicaid Program

Most calls were related to the Elderly Waiver, the Iowa Health and Wellness Plan, and the Intellectual Disability Waiver. However, many contacts received were reported as "unknown" since the Managed Care Ombudsman was unable to verify the caller's Medicaid program.

Resolution Time

On average, it took six days to resolve an issue. Oftentimes, issues required the Managed Care Ombudsman to obtain additional information from another agency or organization necessary to resolve the issue. Therefore, the resolution time includes the time it took for those agencies and organizations to respond to the Managed Care Ombudsman with the necessary information.

Additional information can be found in the attached July 2016 Report. For further information, please contact the Office of the State Long-Term Care Ombudsman Legislative Liaison Lynzey Kenworthy at lynzey.kenworthy@iowa.gov.



Managed Care Ombudsman Program Monthly Report

Per CMS Special Terms and Conditions, the monthly Managed Care Ombudsman Program data is provided below.

DATE: 07/2016

Number of Contacts¹		81
Contact Categories²		
Access to Services/Benefits	Access to preferred/necessary durable medical equipment	18
	Access to preferred/necessary medication	1
	Prior authorization	6
	Provider/pharmacy/hospital not in network	3
	Service reduced, denied or terminated	16
	Transition services/coverage inadequate or inaccessible	4
	Transportation not available, timely or adequate	-
	Other service/coverage gap issue	-
	Other	-
Billing	Member charged improper cost sharing	6
	Other	6
Care Planning	Access to information or information sharing	-
	Care planning participation	-
	Change in care setting	17
	Discharge	4
	Level of care assessment	-
	Other	-
Customer Service	Care coordinator/case manager was rude or gave poor customer service	3
	MCO was rude or gave poor customer service	7
	Member has not received MCO card or other materials	-
	Provider/pharmacy was rude or gave poor customer service	-
	Scheduling	-
	Other	-
Eligibility	Member has lost eligibility status or was denied	5
	Member needs assistance with acquiring Medicaid eligibility information	4
	Member needs assistance with checking on application status	-
	Other	-
Enrollment	Disenrollment from MCO – good cause eligible	2
	Disenrollment from MCO – not good cause eligible	-
	Disenrollment from Medicaid program	-
	Selecting/changing MCO	3
	Other	-
Guardianship	Guardian not receiving information	-
	Guardianship documents not on file	-
	Unable to contact guardian	-
	Other	-
Other		3
N/A		5
Contacts Related to Grievances/ Appeals/Fair Hearings³	Grievances	1
	Appeals	13
	Fair Hearings	2
Contacts per MCO⁴	Amerigroup Iowa	16
	AmeriHealth Caritas	27
	UnitedHealthcare Plan of the River Valley	17

Program ⁵	AIDS/HIV Waiver	-
	Brain Injury Waiver	-
	Children's Mental Health Waiver	9
	Dental	-
	Duals	-
	Elderly Waiver	27
	Fee for Service	-
	Habilitation	-
	Health & Disability Waiver	3
	HIPP	-
	Institutional Care	4
	Iowa Health & Wellness	11
	Intellectual Disability Waiver	10
	Medicare	-
	PACE	1
	Physical Disability Waiver	-
	QMB or SLMB	-
	Other	-
N/A	2	
Unknown	10	
Average Resolution Time ⁶		6
Average Number of Entities Required for Resolution ⁷		1
Referrals per Entity ⁸	Department of Human Services	4
	Department of Inspections and Appeals	-
	Disability Rights Iowa	-
	Iowa Legal Aid	-
	Lifelong Links	1
	MCO	-
	Medicaid Fraud Control Unit	-
	Provider	-
	Senior Health Insurance Information Program	-
	State Ombudsman Office	2
Other	1	
Service(s) Provided to Contact ⁹	Grievance assistance	-
	Appeals assistance	-
	Fair hearing assistance	-
	Advocacy	20
	Education and information	16
	Investigation	26
	Outreach	-
	Referral	8
	Other	-
N/A	-	
Service(s) Provided to Stakeholders ¹⁰	Community education	3
	Information and consultation	31
	Technical assistance	8
	Training	-

¹Number of Contacts: Total Number of contacts received via phone and email.

²Contact Categories: Reason contact was made to the program. "Other" is used for issues not listed. "N/A" is used for issues unknown.

³Contacts Related to Grievances/Appeals/Fair Hearings: Contacts concerning filing or filed grievances/appeals/fair hearings.

⁴Contacts per MCO: Contacts received regarding the respective MCO.

⁵Program: Type of program discussed during the contact. "Other" is used for programs beyond those captured in this report. "N/A" is used when the contact inquires about unrelated programs/issues. "Unknown" is used when the contact does not know the program they are enrolled with/inquiring about.

⁶Average Resolution Time: Average number of days required for resolution.

⁷Average Number of Entities Required for Resolution: Average number of entities required to resolve the issue.

⁸Referrals Made to Entities: Referrals made to external organizations that provide services beyond the scope of the program.

⁹Services Provided to Contact: Services provided to the contact who may be the member, family member or their authorized representative

¹⁰Services Provided to Stakeholder(s): Service provided to stakeholders including but not limited to community organizations, advocacy organizations, and MCOs.

Note: Total Number of Contacts may not equal total number of issues identified under Contact Categories due to the identification of multiple issues during one contact.