



Iowa Department of Human Services

Medical Assistance Advisory Council MAAC

Mikki Stier, Medicaid Director

October 12, 2017

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 Flatt, a member of the Medical Assistance Advisory Council as designee for the Midwest Association for Medical Equipment Services, 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. The Executive Committee requests information from Medicaid staff to better understand how conflict-free case management operates in the Iowa program, including interactions in care planning between utilization management and interdisciplinary teams.

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 prior authorization determination within each MCO.

Recommendation II:

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.

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 C. Hudson
Co-chair, Medical Assistance Advisory Council