



### **Executive Committee Meeting**

**Tuesday, June 21, 2016**

Time: 3:00 p.m. – 4:30 p.m.

Hoover State Office Building

A-Level Conference Room #6

1305 E. Walnut St., Des Moines, IA

**Dial: 1-866-685-1580**

**Code: 515-725-1031#**

### **AGENDA**

- 3:00 Introductions
- 3:05 Approval of Minutes from Previous Meeting
  - Executive Committee: May 19, 2016
- 3:15 New legislation and the current admin rules for MAAC – Establishment of work group
- 3:35 Review Work Plan and Action Items from last month
- 3:55 Review various flow charts that have been requested by the MAAC Executive Committee
- 4:05 Medicaid Director Update
- 4:15 Public Comment Listening Sessions
  - Review of the first four sessions
- 4:25 Public Comment (Non-Executive Committee Members)
- 4:30 Adjourn



### Executive Council Committee Summary of Meeting Minutes May 19, 2016

EXECUTIVE COMMITTEE MEMBERS	DEPARTMENT OF HUMAN SERVICES
Gerd Clabaugh – <b>present</b>	Chuck Palmer – <b>present</b>
Dennis Tibben – <b>present</b>	Mikki Stier – <b>present</b>
Sara Allen – <b>call-in</b>	Deb Johnson – <b>present</b>
Kristie Oliver – <b>present</b>	Matt Highland – <b>present</b>
Paula Connolly – <b>present</b>	Lindsay Buechel – <b>present</b>
Shelly Chandler – <b>present</b>	Sean Bagniewski – <b>present</b>
Anthony Carroll – <b>present</b>	Amy McCoy – <b>present</b>
Jim Cushing – <b>present</b>	Luisito Cabrera- <b>present</b>
Kate Gainer –	Alisha Timmerman- <b>present</b>
Cindy Baddeloo – <b>present</b>	

#### Introduction

There was a roll call of Executive Committee members. Gerd Clabaugh declared that the group has a quorum.

#### Approval of Executive Committee Meeting Minutes from April 19, 2016

Gerd invited the group to voice comments or changes to the April 19, 2016 meeting minutes. Gerd declared that the meeting minutes of the Executive Committee held on April 19, 2016, stands approved with Jim’s changes.

#### Executive Committee Workplan Document Follow-Up

Gerd suggested moving this item to the end of the agenda, prior to the Public Comment Listening Sessions agenda item for better flow of conversation and the committee agreed.

#### Talking Points from Full Council Meeting

##### **a. Legislative Update and Potential Impact to MAAC**

Gerd referenced MAAC Full Council meeting held on Tuesday, May 17, 2016, that more information on processes moving forward would be available in June Executive Council Committee meeting, after governor’s action on the bill.

#### Action Items

- Email Addresses from FC and EC for connecting with one another
- Request opinion from the Attorney General’s office as to which body can make recommendations
- Utilize the administrative process to clarify role of Co-chair and Vice-chair

## **b. Voting for Executive Committee Position**

Gerd affirmed that the FC and EC agreed to move forward in voting for EC position.

## **c. Addition of Agenda Items**

The committee agreed that MCO representatives be present at all future FC meetings in 2016.

### Action Items

- Create a mechanism for consistent reporting from MCOs such topics as claims, call times and reasons for cases that are escalated

## **Question and Answer Tracking Process**

Gerd asked the committee what they would like to see tracked. Anthony requested a matrix be created in the EC meeting minutes regarding issues brought up that the committee would like to take future action on and there resolutions. The committee agreed matrix to be present on all future minutes.

It was suggested by a committee member that a clear process be put in place with follow-up in order to better stay with the agenda timing and discuss all pertinent issues for future FC meetings. Chuck stated that DHS should clarify the roles of the MAAC council and develop a job description for council roles.

### Action Items

- Job Descriptions
- Tracking and Dashboard Moving Forward
- Information on the 834 file and processes for the waiver programs

## **Customer Services Workflow Review**

Lindsay presented the Member tracking flow chart of how members could communicate concerns and get assistance; available on the MAAC website.

### Action Items

- Information from the Ombudsman

## **DHS Transition Updates**

It was agreed by the committee that a document be created outlining the process of member MCO change requests.

### Action Items

- Process of Member Changing MCOs – How Member, Provider, and MCOs are Aware of Change and Potential Updating of Member-Facing Materials
- Is it possible to make Choice Period Cut-Off Dates for Members Changing MCOs
- Data on how many members are switching MCOs and if possible information as to why
- What Does ISIS Capture, What Does IMPA Capture, and Who Has Access to it

## **Public Comment Listening Sessions**

### **a. Listening Session Meeting Format**

Committee members stated that current format was working.

### **b. Dubuque Session Notes**

Anthony stated issues that were to be addressed such as timeliness of payments; who the MAAC was; how to get feedback to the MAAC; publicizing of meetings; IME fee schedule; transportation issues; role of Telligen, guardian information, Medicare primary and wraparound coverage, and PAs.

### **c. Reporting Template and suggestions for Future Formatting**

Committee member suggested having an informational document to present at future meetings explaining the role of the MAAC, their purpose, and how the members' concerns were being handled.

### Action Items

- Listening Sessions – How to Address Concerns Raised in Sessions in Both FC and EC Meetings
- Prior Authorizations
- One pager regarding the role of MAAC that members can use with the organizations in which they are representing and stakeholders
- A designated email account that can be used for MAAC business

### Executive Committee Workplan Document Follow-Up

June agenda items to be added were PAs and work authorizations. Deb stated that if providers were having questions regarding member waiver services and the application, they were to contact the IME directly.

### Public Comment (Non-Executive Committee Members)

Lindsay stated that notice of meetings sent to local media outlets, on the DHS webpage, sent as email through the weekly e-news although would look into for additional means.

### Adjourn

4:42 P.M.

**Iowa Department of Human Services  
Medical Assistance Advisory Council (MAAC)  
Action Items from the Executive Committee Meeting of May 19, 2016**

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	Outstanding
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 follow-up with AG - it is the Executive Committee
5/19/2016	Utilize the administrative process to clarify role of Co-chair and Vice-chair		Medicaid Director and AG	Outstanding - Need to update the admin rules to reflect the change in Iowa Law to reflect a Co-Chair per AG. A task the Executive Committee can 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
5/19/2016	Job descriptions		Medicaid Director and AG	Outstanding - DHS has drafted for AG review
5/19/2016	Tracking and dashboard moving forward		Medicaid Director	Outstanding - DHS has completed in draft
5/19/2016	Information on the 834 file and process for the waiver programs		Chair of MAAC	Outstanding
5/19/2016	Information from the Ombudsman		Medicaid Director	Outstanding - Report is out and will be reviewed at the next MAAC Executive meeting
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	Outstanding - Flow charts have been developed and will be shared at the next MAAC Executive Committee
5/19/2016	Is it possible to make choice period cut-off dates for members changing MCOs		Medicaid Director	Outstanding - Flow charts have been developed and will be shared at the next MAAC Executive Committee
5/19/2016	Data on how many members are switching MCOs and if possible information as to why		Medicaid Director	Outstanding - Flow charts have been developed and will be shared at the next MAAC Executive Committee

**Iowa Department of Human Services  
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Date Added	Action Item	Item Category (Process, Systemic, Legislative)	Who is Responsible for Follow-Up	Status (Outstanding/Complete)
5/19/2016	What does ISIS capture, what does IMPA capture, and who has access to it			<p>Completed: ISIS - individualized Services Information System. Its purpose is to support LTC facilities and Waivers programs. Within ISIS, IM Workers, Case Managers, and others involved in establishing individualized service plans have access. It is a web-based system. Both Level of Care and Service Plan workflows are built into the system to step users through these two core processes. ISIS then provides LOC information back to IM Workers to support eligibility determination and sends authorized service plans for FFS members to MMIS that supports claims processing. We have around 1,000 daily ISIS users. IMPA - Iowa Medicaid Portal Application. Our primary user base are Medicaid Providers. Several different role-based functions/business processes are supported within IMPA. Some of the main support items within IMPA include: (a) MCO Look-Up tool. This web based programming uses web services for real-time access to eligibility information, child welfare information, IM Electronic Case File, and IME Services data; (b) Provider Re-Enrollment and certification. The re-enrollment process is supported through structure work-flow/programming to capture all the information necessary from providers to support re-enrollment; and, (c) Remittance Advices - All Medicaid Providers use IMPA to electronically access their remittance advice. There are other sets of functionality and business processes supported as IMPA is a roles-based portal. We currently have about 17,000 registered IMPA users; some use it daily, some weekly or other periodic users.</p>
5/19/2016	Listening sessions - how to address concerns raised in sessions in both FC and EC meetings		Chair of MAAC and Medicaid Director	Outstanding

**Iowa Department of Human Services  
 Medical Assistance Advisory Council (MAAC)  
 Action Items from the Executive Committee Meeting of May 19, 2016**

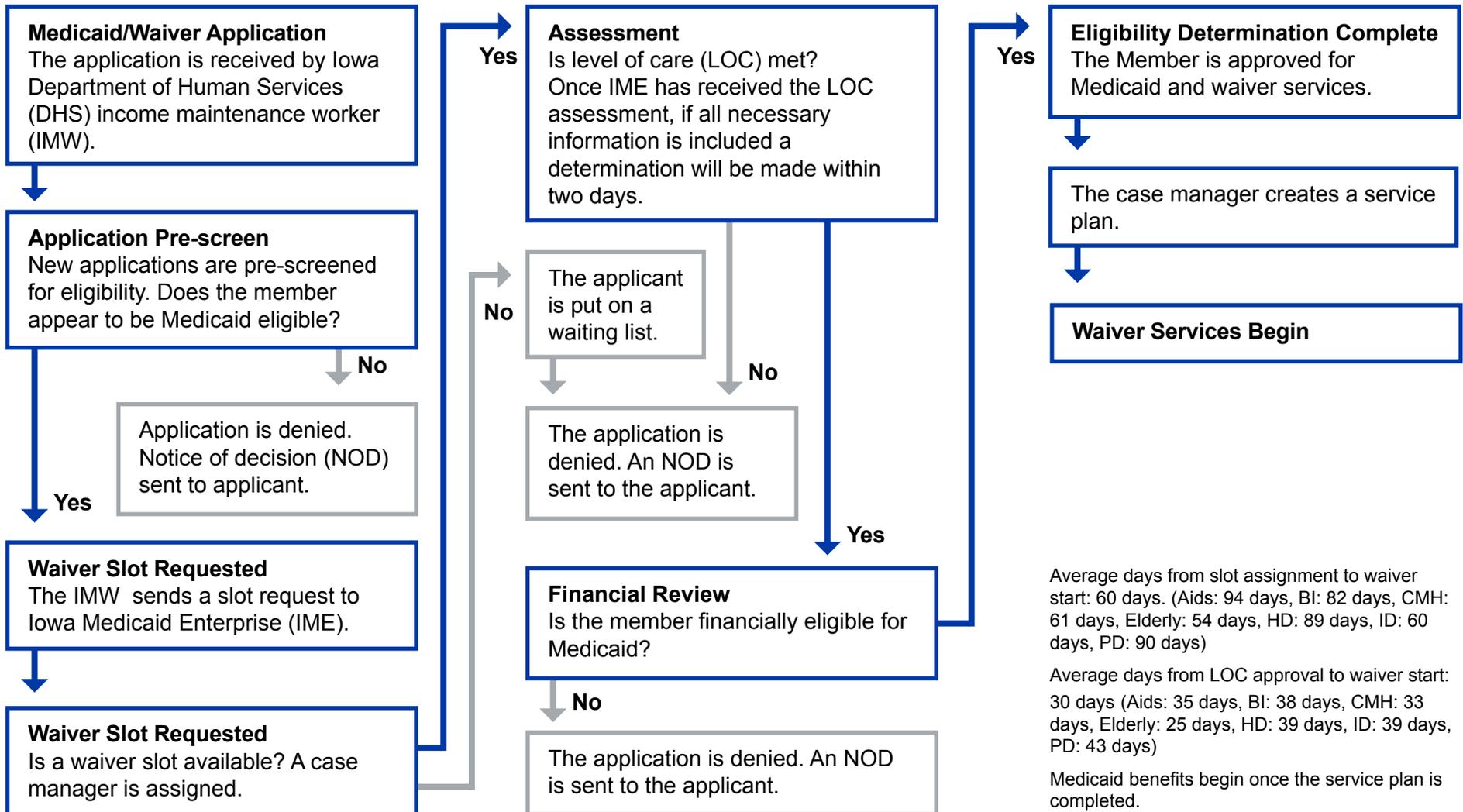
Date Added	Action Item	Item Category (Process, Systemic, Legislative)	Who is Responsible for Follow-Up	Status (Outstanding/Complete)
5/19/2016	Prior Authorizations		Medicaid Director	Table of PA has been developed and is on the DHS website for providers as an initial guide regarding PAs
5/19/2016	One pager regarding the role of MAAC that members can use with the organizations in which they are representing and stakeholders		Medicaid Director	Outstanding
5/19/2016	A designated email account that can be used for MAAC business		Medicaid Director	Outstanding (Use current email for stakeholders that IME has already established)



# Home- and Community-Based Services (HCBS) Waiver

## Fee-for-Service (FFS) Enrollment Process for Members Not Going to Managed Care

HCBS FFS Enrollment Process



Average days from slot assignment to waiver start: 60 days. (Aids: 94 days, BI: 82 days, CMH: 61 days, Elderly: 54 days, HD: 89 days, ID: 60 days, PD: 90 days)

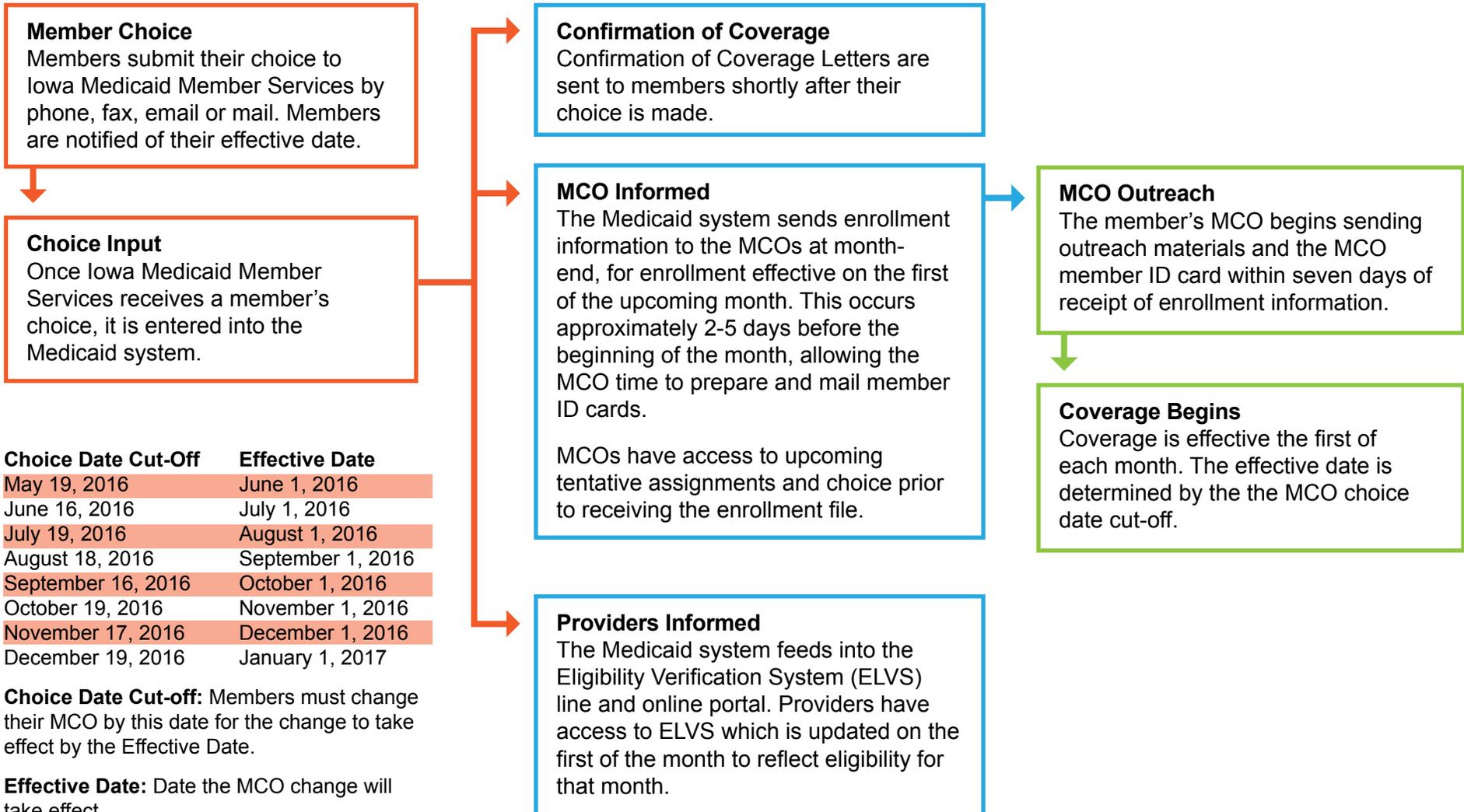
Average days from LOC approval to waiver start: 30 days (Aids: 35 days, BI: 38 days, CMH: 33 days, Elderly: 25 days, HD: 39 days, ID: 39 days, PD: 43 days)

Medicaid benefits begin once the service plan is completed.

## Changing Managed Care Organization (MCO)

### Process

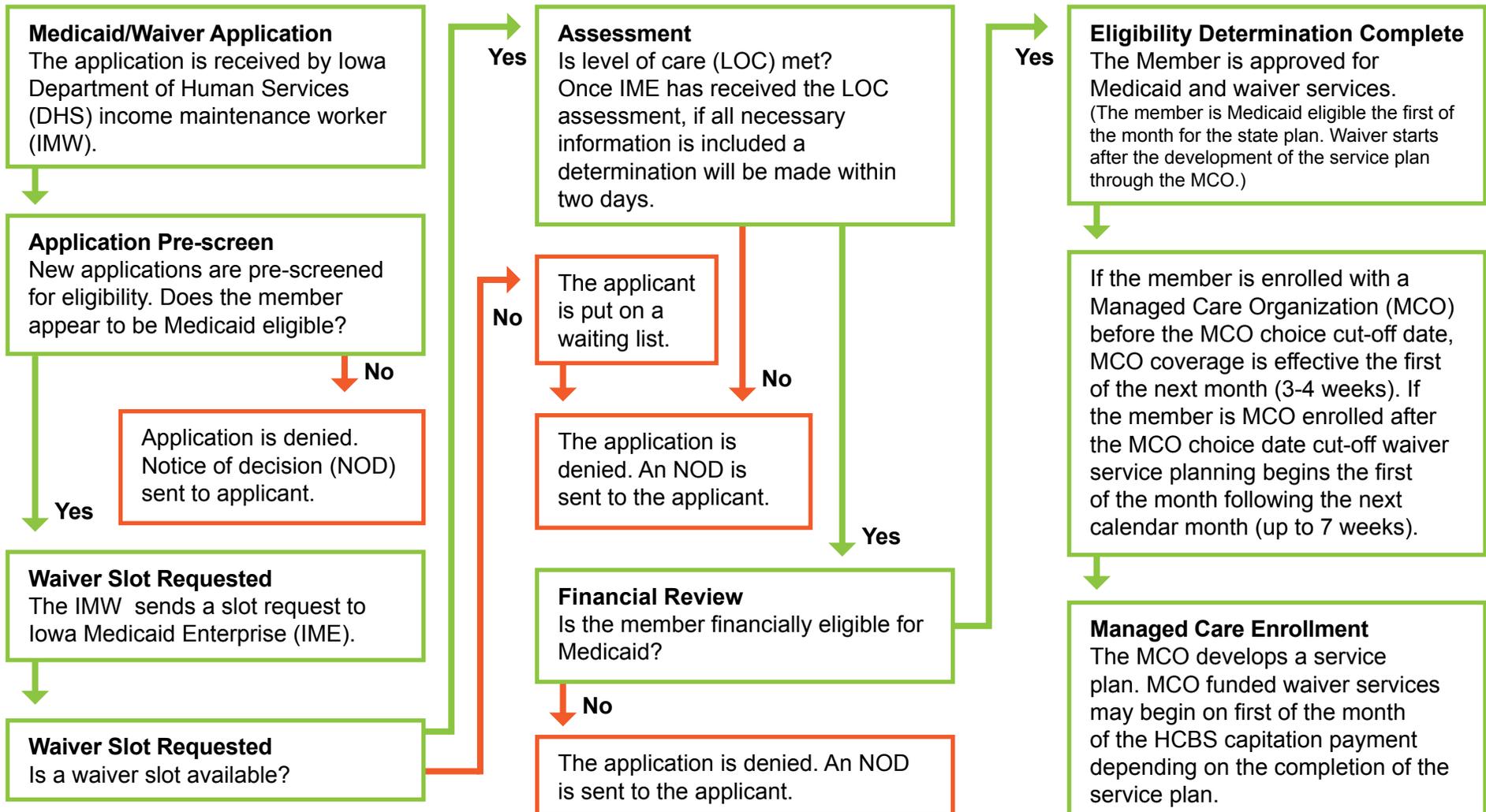
Flow of Information



## Home- and Community-Based Services (HCBS) Waiver

### Enrollment Process for New Medicaid Members Going to Managed Care

HCBS Managed Care Enrollment Process



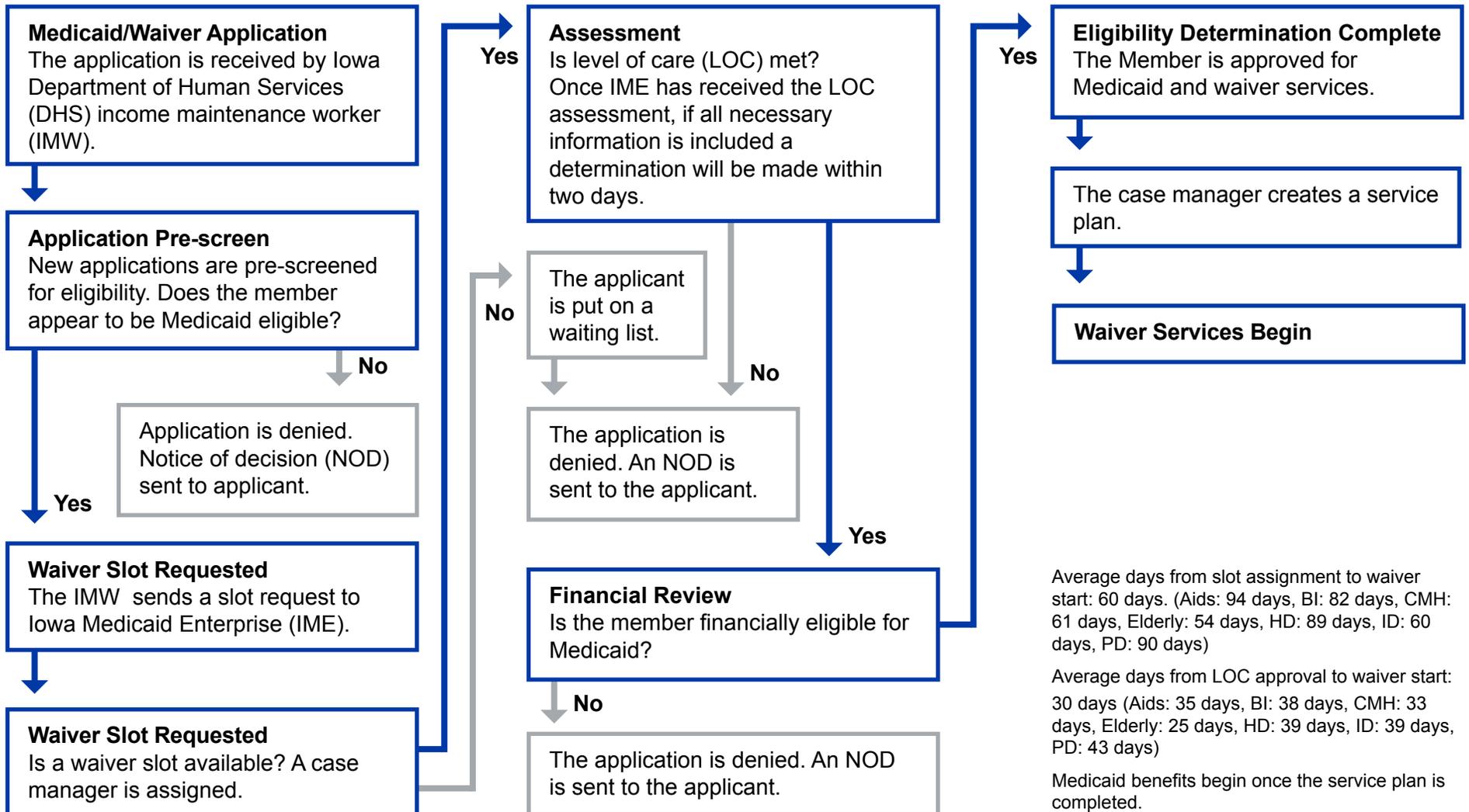
Estimated time from slot assignment to managed care with full Medicaid benefits for new members: 21-50 days. The MCO has 30 days to complete service plan.  
Estimated time from slot assignment to LOC assessment for members already enrolled with an MCO: 14 days.



## Home- and Community-Based Services (HCBS) Waiver

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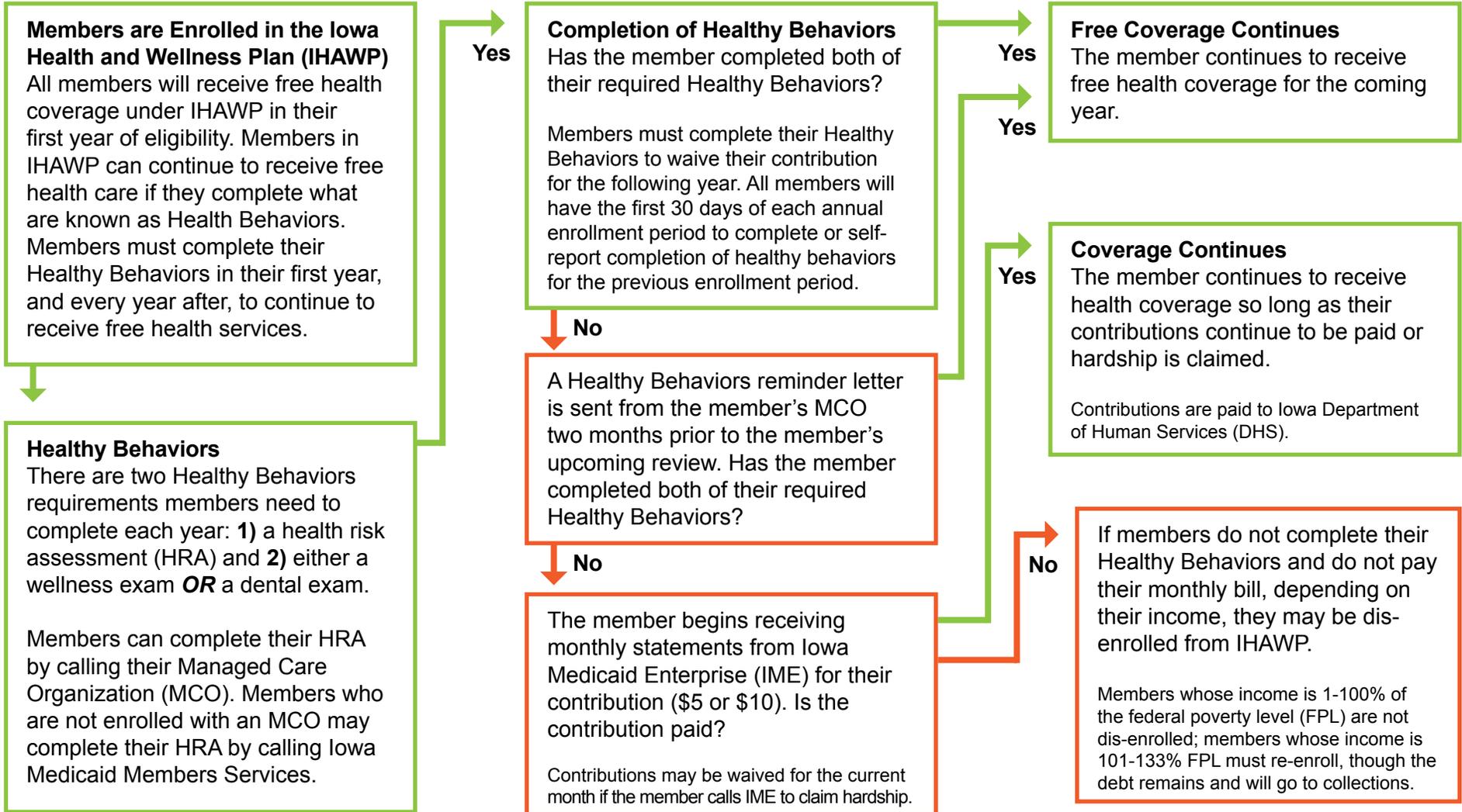


# Iowa Health and Wellness Plan (IHAWP)

## Healthy Behaviors and Member Contributions

**DRAFT**

Process



## Admission Authorization for Managed Care

### Inpatient Psychiatric Hospital

Admission Authorization Process

#### Pre-admission Authorization

The hospital completes a pre-admission authorization form and submits it to the Managed Care Organization (MCO).

#### Determination

The MCO receives and reviews the authorization and makes a determination to approve or deny the admission.

#### Confirmation

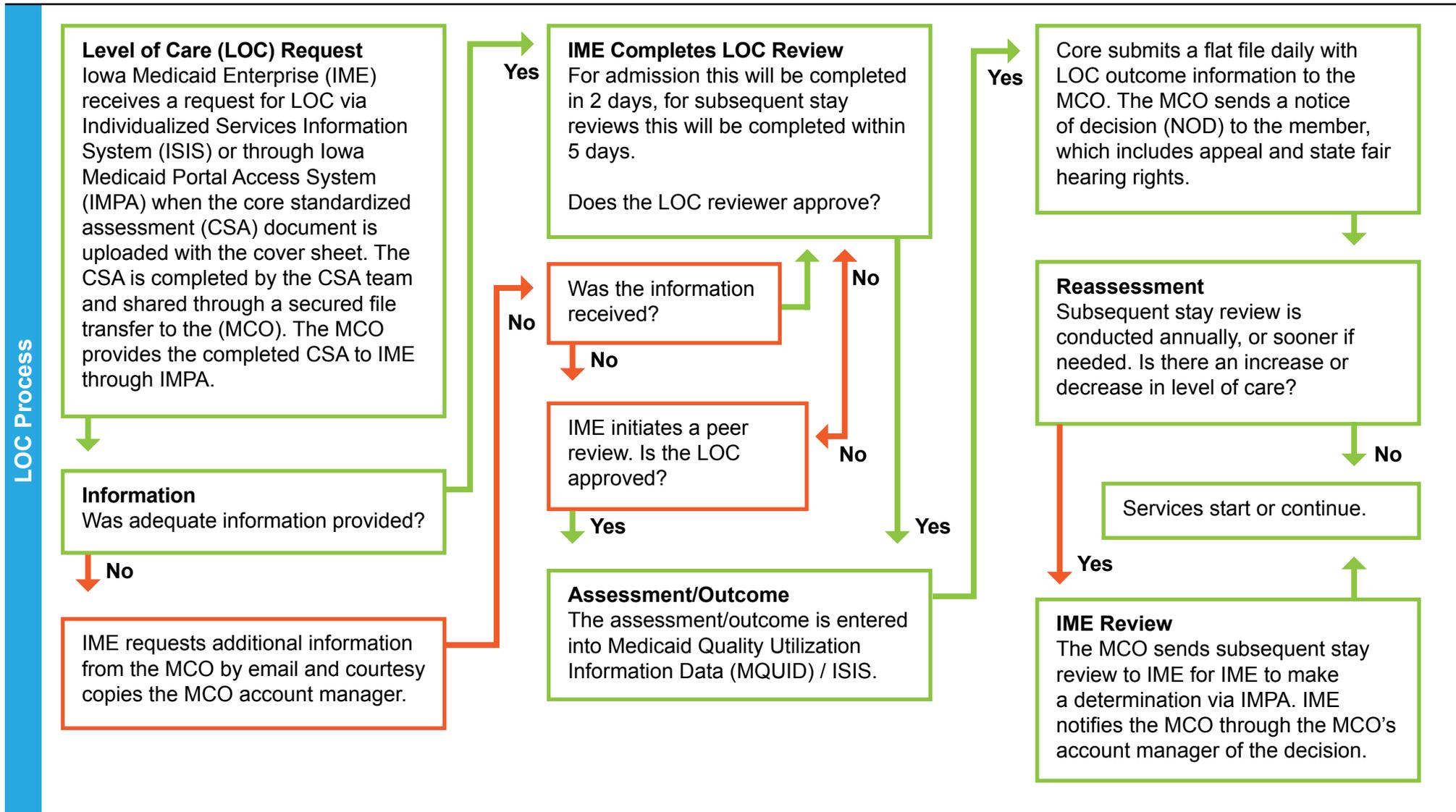
The MCO provides the hospital with an authorization number.

#### Subsequent Stay Review

If the member continues to demonstrate the need for services the hospital will request a subsequent stay review and will provide the MCO with supporting documentation demonstrating the member continues to meet risk and treatment criteria for Inpatient Psychiatric Hospital care.

## Level of Care (LOC) for Managed Care

### Waiver Services and Habilitation



## Managed Care Enrollment Process

New Member Process

**Initial and Ongoing Eligibility**  
Iowa Department of Human Services (DHS) determines eligibility.

**Medicaid Eligibility Card**  
Approximately seven days after eligibility is determined an Iowa Medicaid eligibility card is sent to the member.

**IA Health Link Enrollment Packet**  
Approximately 1-2 weeks after eligibility is determined, members receive their IA Health Link enrollment packet which includes the member handbook, a tentative Managed Care Organization (MCO) assignment, choice period end date, flyers for the three MCOs and an enrollment form to select their MCO.

**Choice (Optional)**  
Members may submit their choice to Iowa Medicaid Member Services by phone, fax, email or mail. Members are notified of their effective date.  
(See choice dates to left.)

**Confirmation of Coverage Letter**  
Confirmation of Coverage Letters are sent to members whether they actively made a choice or kept their tentative assignment. This letter includes the name of the MCO who will be providing their coverage and the effective date of that coverage with their MCO.

**MCO Card**  
The member's MCO begins sending outreach materials and the MCO member ID card within seven days of receipt of enrollment information.

**Coverage Begins**  
The member begins receiving coverage from their selected or assigned MCO.

**Choice Continues**  
Members have 90 days from their choice period end date provided in their enrollment packet to change their MCO for any reason. After that, members may change their MCO for reasons of "Good Cause," such as their provider not being in their MCO's network. Members will also have an annual choice period which coincides with their initial enrollment in managed care.

Choice Date Cut-Off	Effective Date
May 19, 2016	June 1, 2016
June 16, 2016	July 1, 2016
July 19, 2016	August 1, 2016
August 18, 2016	September 1, 2016
September 16, 2016	October 1, 2016
October 19, 2016	November 1, 2016
November 17, 2016	December 1, 2016
December 19, 2016	January 1, 2017

**Choice Date Cut-off:** Members must change their MCO by this date for the change to take effect by the Effective Date.

**Effective Date:** Date the MCO change will take effect.

## Admission Authorization for Managed Care Psychiatric Medical Institution for Children (PMIC)

### Admission Authorization Process

#### Pre-admission Authorization

The PMIC facility completes a pre-admission authorization form and submits it to the Managed Care Organization (MCO).

#### Determination

The MCO receives and reviews the authorization and makes a determination to approve or deny the admission.

#### Confirmation

The MCO provides the facility with an authorization number.

#### Subsequent Stay Review

If the member continues to demonstrate the need for services the hospital will request a subsequent stay review and will provide the MCO with an updated plan of care and supporting documentation demonstrating the member continues to meet risk and treatment criteria for PMIC care.