



### 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
- 4:30 Iowa Family Planning Network (IFPN) Public Comment



### 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  
 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	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)



### 2016 MAAC Executive Committee and Full Council Meeting Schedule

Meeting Type	Date	Time	Location	Conference Call Information
<b>Executive Committee</b> <b>Special Meeting</b> <i>Non- Executive Committee Members May Participate Via Conference Call</i>	Tuesday, January 12, 2016	1:00 p.m. – 2:00 p.m.	Hoover State Office Building, First Floor SE Meeting Room, Sides 1-2 1305 E. Walnut St. Des Moines, IA	1-866-685-1580 Code: 515-725-1031#
<b>Executive Committee</b> <i>Non- Executive Committee Members May Participate Via Conference Call</i>	Tuesday, January 19, 2016	2:30 p.m. – 4:30 p.m.	Hoover State Office Building, A-Level Conference Room 6, 1305 E. Walnut St., Des Moines, IA	1-866-685-1580 Code: 515-725-1031#
<b>Executive Committee</b> <i>Non- Executive Committee Members May Participate Via Conference Call</i>	Tuesday, February 16, 2016	2:30 p.m. – 4:30 p.m.	Hoover State Office Building, A-Level Conference Room 5, 1305 E. Walnut St., Des Moines, IA	1-866-685-1580 Code: 515-725-1031#
<b>Full Council</b>	Thursday, February 18, 2016	1:00 p.m. – 4:00 p.m.	State Historical Building Classrooms A & B 600 E. Locust St. Des Moines, IA	1-866-685-1580 Code: 515-725-1031#

<b>Meeting Type</b>	<b>Date</b>	<b>Time</b>	<b>Location</b>	<b>Conference Call Information</b>
<b>Executive Committee</b> <i>Non- Executive Committee Members May Participate Via Conference Call</i>	Tuesday, March 15, 2016	3:00 p.m. – 4:30 p.m.	Hoover State Office Building, A-Level Conference Room 5, 1305 E. Walnut St., Des Moines, IA	1-866-685-1580 Code: 515-725-1031#
<b>Executive Committee</b> <i>Non- Executive Committee Members May Participate Via Conference Call</i>	Tuesday, April 19, 2016	2:30 p.m. – 4:30 p.m.	Hoover State Office Building, A-Level Conference Room 5, 1305 E. Walnut St., Des Moines, IA	1-866-685-1580 Code: 515-725-1031#
<b>Full Council</b>	Tuesday, May 17, 2016	1:00 p.m. – 4:00 p.m.	Iowa State Capitol Room 116 (Main Floor) 1007 East Grand Avenue Des Moines, IA	1-866-685-1580 Code: 515-725-1031#
<b>Executive Committee</b> <i>Non- Executive Committee Members May Participate Via Conference Call</i>	Thursday, May 19, 2016	3:00 p.m. – 4:30 p.m.	Hoover State Office Building, First Floor SE Meeting Room, Sides 1-2 1305 E. Walnut St. Des Moines, IA	1-866-685-1580 Code: 515-725-1031#
<b>Executive Committee</b> <i>Non- Executive Committee Members May Participate Via Conference Call</i>	Tuesday, June 21, 2016	3:00 p.m. – 4:30 p.m.	Hoover State Office Building, A-Level Conference Room 6, 1305 E. Walnut St., Des Moines, IA	1-866-685-1580 Code: 515-725-1031#
<b>Executive Committee</b> <i>Non- Executive Committee Members May Participate Via Conference Call</i>	Thursday, July 21, 2016	3:00 p.m. – 4:30 p.m.	TBA	1-866-685-1580 Code: 515-725-1031#

<b>Full Council</b>	Wednesday, August 17, 2016	1:00 p.m. – 4:00 p.m.	TBA	1-866-685-1580 Code: 515-725-1031#
<b>Executive Committee</b> <i>Non- Executive Committee Members May Participate Via Conference Call</i>	Thursday, August 18, 2016	3:00 p.m. – 4:30 p.m.	TBA	1-866-685-1580 Code: 515-725-1031#
<b>Executive Committee</b> <i>Non- Executive Committee Members May Participate Via Conference Call</i>	Tuesday, September 20, 2016	3:00 p.m. – 4:30 p.m.	Hoover State Office Building, First Floor SE Meeting Room, Sides 1-2 1305 E. Walnut St. Des Moines, IA	1-866-685-1580 Code: 515-725-1031#
<b>Executive Committee</b> <i>Non- Executive Committee Members May Participate Via Conference Call</i>	Tuesday, October 18, 2016	3:00 p.m. – 4:30 p.m.	Hoover State Office Building, First Floor SE Meeting Room, Sides 1-2 1305 E. Walnut St. Des Moines, IA	1-866-685-1580 Code: 515-725-1031#
<b>Full Council</b>	Wednesday, November 16, 2016	1:00 p.m. – 4:00 p.m.	TBA	1-866-685-1580 Code: 515-725-1031#
<b>Executive Committee</b> <i>Non- Executive Committee Members May Participate Via Conference Call</i>	Thursday, November 17, 2016	3:00 p.m. – 4:30 p.m.	Hoover State Office Building, First Floor SE Meeting Room, Sides 1-2 1305 E. Walnut St. Des Moines, IA	1-866-685-1580 Code: 515-725-1031#
<b>Executive Committee</b> <i>Non- Executive Committee Members May Participate Via Conference Call</i>	Tuesday, December 20, 2016	3:00 p.m. – 4:30 p.m.	Hoover State Office Building, First Floor SE Meeting Room, Sides 1-2 1305 E. Walnut St. Des Moines, IA	1-866-685-1580 Code: 515-725-1031#

Agendas will be distributed prior to each meeting.

**Workplan DRAFT**  
**2016 MAAC Executive**  
**Committee and Full**  
**Council Meeting**  
**Schedule**  
As of June 17, 2016

Meeting Type	Date	Time	Location	Potential Meeting Topics
<b>Executive Committee</b>	Tuesday, February 16, 2016	3:00 p.m. – 4:30 p.m.		<ol style="list-style-type: none"> <li>1. Introductions</li> <li>2. Approval of Minutes from Previous Meetings</li> <li>3. Executive Committee Workplan Document Follow-Up</li> <li>4. Status Update on Recently Filed Rules</li> <li>5. Listening Session Meeting Format, Session Notes and Reporting Template</li> <li>6. Notice of Election of Vice-Chairperson at May Full Council Meeting</li> <li>7. Term Length of Executive Committee Members</li> <li>8. Public Comment (Non-Executive Committee Members)</li> </ol>
<b>Full Council</b>	Thursday, February 18, 2016	1:00 p.m. – 4:00 p.m.	State Historical Building Classrooms A & B 600 E. Locust St. Des Moines, IA	<ol style="list-style-type: none"> <li>1. Introductions</li> <li>2. Approval of Minutes from Previous Meeting (November 25, 2015)</li> <li>3. IA Health Link Communications Update</li> <li>4. Medicaid Modernization Update</li> <li>5. Public Comment/Listening Session Meeting Details and Overview</li> <li>6. Upcoming Meetings and MAAC Workplan Review</li> <li>7. Notice of Election of Vice-Chairperson at May Meeting</li> <li>8. Public Comments</li> </ol>
<b>Listening Session</b>	March 2016	TBD	Mason City	

<b>Executive Committee</b>	Tuesday, March 15, 2016	3:00 p.m. – 4:30 p.m.	Hoover State Office Building, First Floor Meeting Room, Sides 1-2, 1305 E. Walnut St. Des Moines, IA	<ol style="list-style-type: none"> <li>1. Listening Session debrief <ol style="list-style-type: none"> <li>a. Pre-meeting – logistical details, reimbursement, locations. Times, format of agenda, etc.</li> <li>b. Post-meeting-debrief on format and potential adjustments to agenda and format for future listening sessions. Discuss how to “process” public feedback to meet legislative request.</li> </ol> </li> </ol>
<b>Listening Session</b>	April 2016		Burlington	
<b>Executive Committee</b>	Tuesday, April 19, 2016	3:00 p.m. – 4:30 p.m.		
<b>Listening Session</b>	May 2016		Dubuque	
<b>Full Council</b>	Tuesday May 17, 2016	1:00 p.m. – 4:30 p.m.	Capital Building Meeting Room, 116	<ol style="list-style-type: none"> <li>1. Approval of Minutes from February 18, 2016</li> <li>2. Council Governance from the AG office</li> <li>3. Executive Committee update</li> <li>4. Review of Full Committee Guidelines</li> <li>5. Legislative Update and MACC Elections</li> <li>6. Transition updates</li> <li>7. Updates from the MCOs</li> <li>8. Public Listening Sessions <ul style="list-style-type: none"> <li>- Mason City</li> <li>- Burlington</li> <li>- Dubuque</li> </ul> </li> <li>9. Review work plan</li> </ol>
<b>Executive Committee</b>	Thursday, May 19, 2016	2:30 p.m. – 4:30 p.m.	Hoover State Office Building	<ol style="list-style-type: none"> <li>1. Introductions</li> <li>2. Approval of Minutes from Previous Meetings</li> <li>3. Executive Committee Workplan Document Follow-Up</li> <li>4. Listening Session Meeting Format, Session Notes and Reporting Template</li> <li>5. Legislative Updates and potential impact to MACC</li> </ol>

<b>Listening Session</b>	June 2016		Council Bluffs	
<b>Executive Committee</b>	Tuesday, June 21, 2016	3:00 p.m. – 4:30 p.m.	Hoover State Office Building, A-Level Conference Room #6 1305 E. Walnut St. Des Moines, IA	<ol style="list-style-type: none"> <li>1. Introductions</li> <li>2. Approval of Minutes from Previous Meeting - Executive Committee: May 19, 2016</li> <li>3. New legislation and the current admin rules for MAAC – Establishment of work group</li> <li>4. Review Work Plan and Action Items from last month</li> <li>5. Review various flow charts that have been requested by the MAAC Executive</li> <li>6. Committee</li> <li>7. Medicaid Director Update</li> <li>8. Public Comment Listening Sessions Review of the first four sessions</li> <li>9. Public Comment (Non-Executive Committee Members)</li> <li>10. IFPN Public Comment</li> </ol>
<b>Listening Session</b>	July 19 2016		Cedar Rapids	
<b>Executive Committee</b>	July 2016			<ol style="list-style-type: none"> <li>1. Introductions</li> <li>2. Approval of Minutes from Previous Meetings</li> <li>3. Executive Committee Workplan Document Follow-up and further development</li> <li>4. Further discussion regarding Legislation</li> <li>5. Potential discussion regarding budget</li> <li>6. Updates regarding CMS final regulations for Managed Care</li> </ol>
<b>Listening Session</b>	August 2016		Fort Dodge	
<b>Executive Committee</b>	August 2016			
<b>Full Council</b>	August 2016			

<b>Listening Session</b>	September 2016		Waterloo	
<b>Executive Committee</b>	September 2016			
<b>Listening Session</b>	October 2016		Sioux City	
<b>Executive Committee</b>	October 2016			
<b>Listening Session</b>	November 2016		Ottumwa	
<b>Executive Committee</b>	November 2016			
<b>Full Council</b>	November 2016			
<b>Listening Session</b>	December 2016		Des Moines	



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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 May 2016  
**DATE:** Tuesday, June 7, 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 May 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 May, the Managed Care Ombudsman Program received 89 contacts through phone and email. Oftentimes, multiple issues were addressed in one call. The top three issues addressed were Selecting/changing MCO, Transition services/coverage inadequate or inaccessible, and Care planning participation. In addition to these issues, the Managed Care Ombudsman Program also received contacts categorized as Other (i.e., issues with CDAC enrollment and reimbursement).

#### **Medicaid Program**

Most calls were related to the Elderly Waiver and the Intellectual Disability Waiver. However, many of the 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 four days to resolve an issue. Oftentimes, issues required the Managed Care Ombudsman to obtain additional information from other agencies and organizations necessary to resolve the issue. Therefore, the resolution time includes the time it took for those agencies and organizations to provide that information.

Additional information can be found in the attached May 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](mailto: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: 05/2016

Number of Contacts <sup>1</sup>		89
<b>Contact Categories<sup>2</sup></b>		
Access to Services/Benefits	Access to preferred/necessary durable medical equipment	
	Access to preferred/necessary medication	3
	Prior authorization	6
	Provider/pharmacy/hospital not in network	6
	Service reduced, denied or terminated	5
	Transition services/coverage inadequate or inaccessible	7
	Transportation not available, timely or adequate	2
	Other service/coverage gap issue	2
	Other	1
Billing	Member charged improper cost sharing	2
	Other	
Care Planning	Access to information or information sharing	
	Care planning participation	7
	Change in care setting	
	Discharge	2
	Level of care assessment	
	Other	1
Customer Service	Care coordinator/case manager was rude or gave poor customer service	4
	MCO was rude or gave poor customer service	3
	Member has not received MCO card or other materials	1
	Provider/pharmacy was rude or gave poor customer service	3
	Scheduling	
	Other	2
Eligibility	Member has lost eligibility status or was denied	6
	Member needs assistance with acquiring Medicaid eligibility information	1
	Member needs assistance with checking on application status	2
	Other	
Enrollment	Disenrollment from MCO – good cause eligible	
	Disenrollment from MCO – not good cause eligible	
	Disenrollment from Medicaid program	
	Selecting/changing MCO	8
	Other	
Guardianship	Guardian not receiving information	
	Guardianship documents not on file	6
	Unable to contact guardian	
	Other	
Other		9
N/A		5
<b>Contacts Related to Grievances/ Appeals/Fair Hearings<sup>3</sup></b>		
	Grievances	
	Appeals	5
	Fair Hearings	
<b>Contacts per MCO<sup>4</sup></b>		
	Amerigroup Iowa	16
	AmeriHealth Caritas	35
	UnitedHealthcare Plan of the River Valley	25

<b>Program<sup>5</sup></b>	AIDS/HIV Waiver	
	Brain Injury Waiver	6
	Children's Mental Health Waiver	4
	Dental	2
	Duals	
	Elderly Waiver	27
	Fee for Service	
	Habilitation	
	Health & Disability Waiver	6
	HIPP	
	Institutional Care	2
	Iowa Health & Wellness	2
	Intellectual Disability Waiver	16
	Medicare	6
	PACE	
	Physical Disability Waiver	
	QMB or SLMB	
Other		
N/A	13	
Unknown	13	
<b>Average Resolution Time<sup>6</sup></b>		4
<b>Average Number of Entities Required for Resolution<sup>7</sup></b>		1
<b>Referrals per Entity<sup>8</sup></b>	Department of Human Services	2
	Department of Inspections and Appeals	
	Disability Rights Iowa	
	Iowa Legal Aid	1
	LifeLong Links	3
	MCO	
	Medicaid Fraud Control Unit	
	Provider	
	Senior Health Insurance Information Program	
	State Ombudsman Office	
Other	3	
<b>Service(s) Provided to Contact<sup>9</sup></b>	Grievance assistance	
	Appeals assistance	
	Fair hearing assistance	
	Advocacy	13
	Education and information	15
	Investigation	20
	Outreach	
	Referral	11
	Other	
N/A		
<b>Service(s) Provided to Stakeholders<sup>10</sup></b>	Community education	7
	Information and consultation	9
	Technical assistance	1
	Training	

<sup>1</sup>Number of Contacts: Total Number of contacts received via phone and email.

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

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

<sup>4</sup>Contacts per MCO: Contacts received regarding the respective MCO.

<sup>5</sup>Program: 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.

<sup>6</sup>Average Resolution Time: Average number of days required for resolution.

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

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

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

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

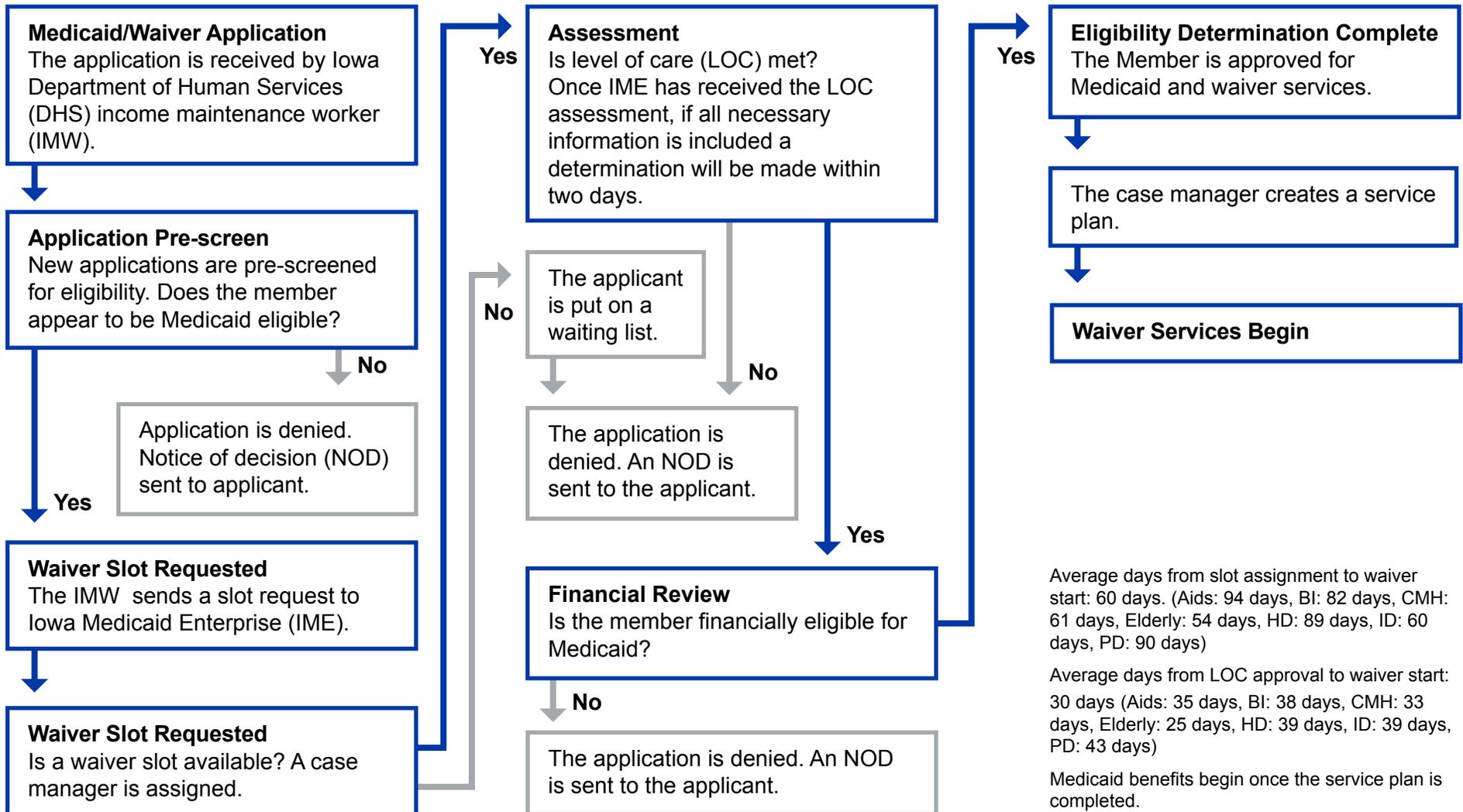
**Note:** Total Number of Contacts may not equal total number of issues identified under Contact Categories due to the identification of multiple issues during one contact.



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

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

HCBS FFS Enrollment Process



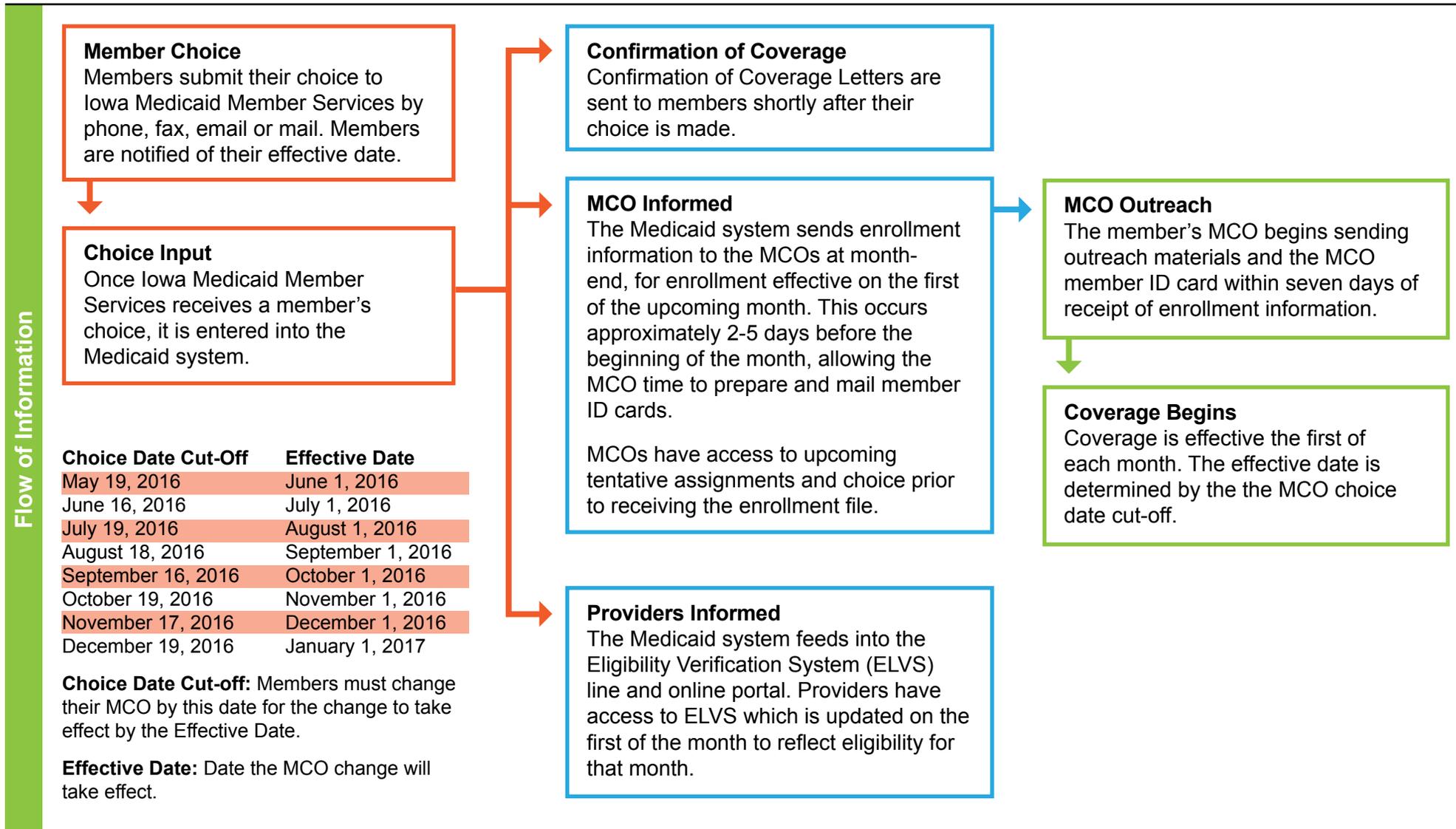
Average days from slot assignment to waiver start: 60 days. (Aids: 94 days, BI: 82 days, CMH: 61 days, Elderly: 54 days, HD: 89 days, ID: 60 days, PD: 90 days)

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)

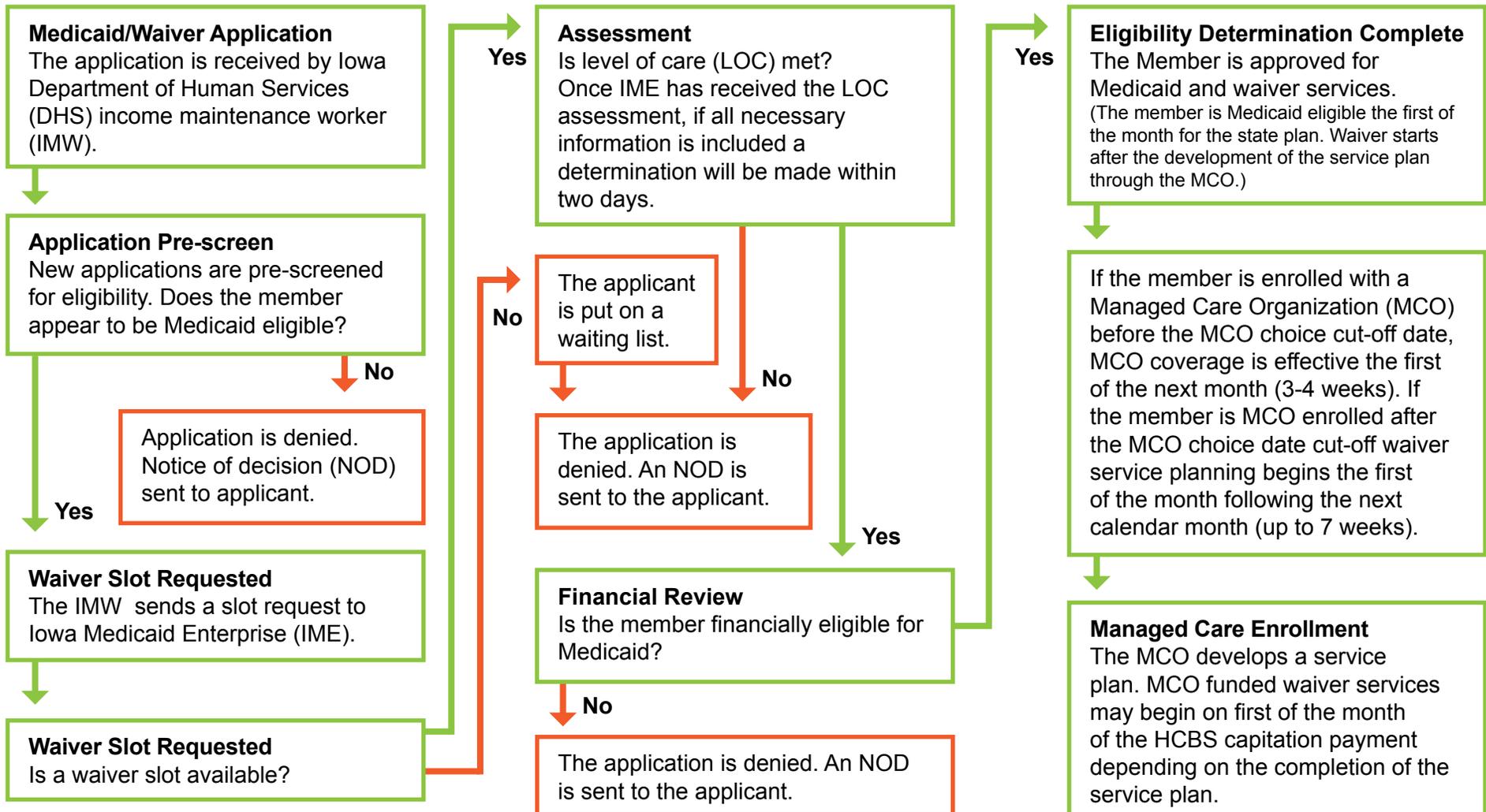
### Process



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

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

HCBS Managed Care Enrollment Process



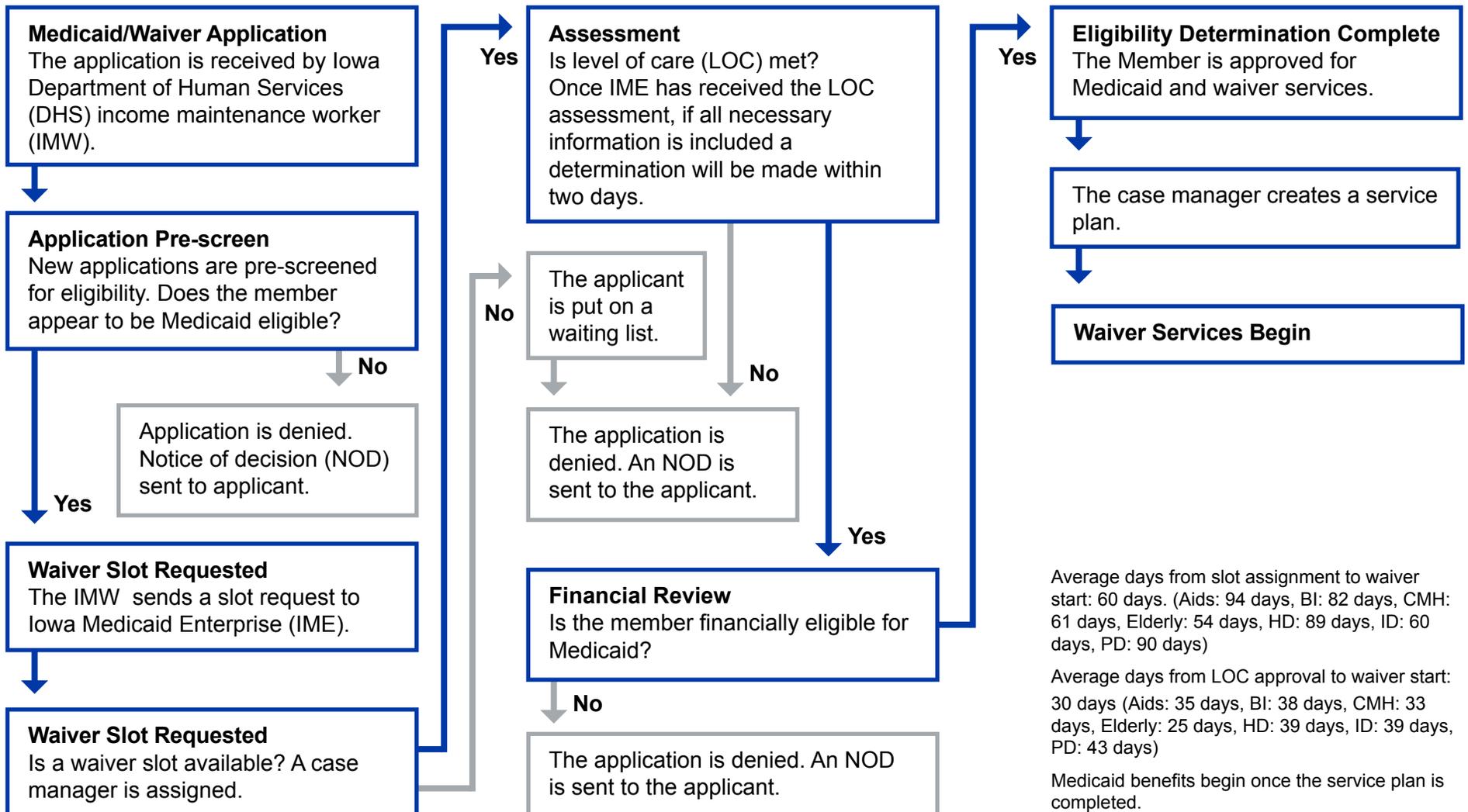
Estimated time from slot assignment to managed care with full Medicaid benefits for new members: 21-50 days. The MCO has 30 days to complete service plan.  
 Estimated time from slot assignment to LOC assessment for members already enrolled with an MCO: 14 days.



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

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

HCBS FFS Enrollment Process



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Medicaid benefits begin once the service plan is completed.

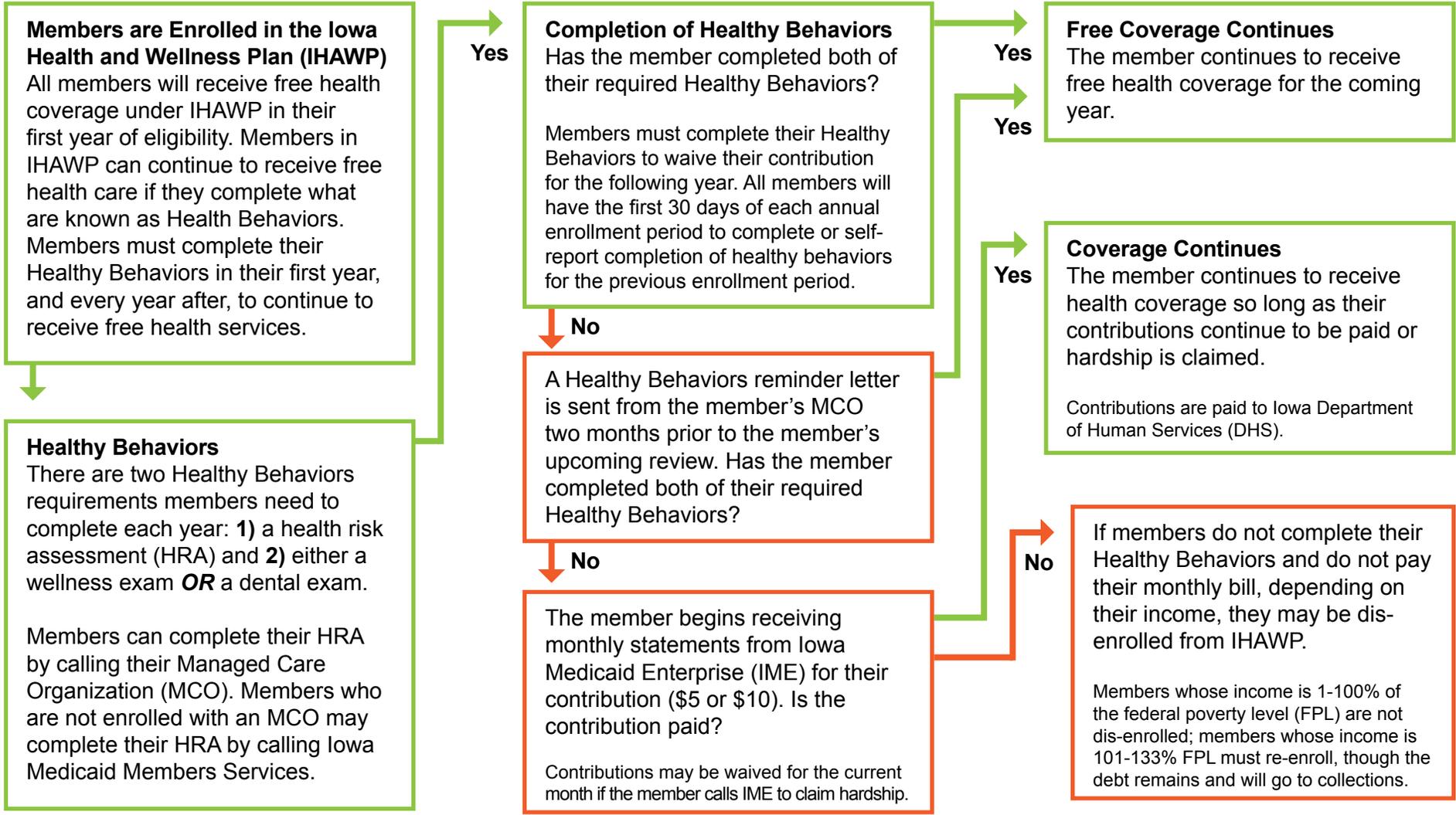


# Iowa Health and Wellness Plan (IHAWP)

## 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

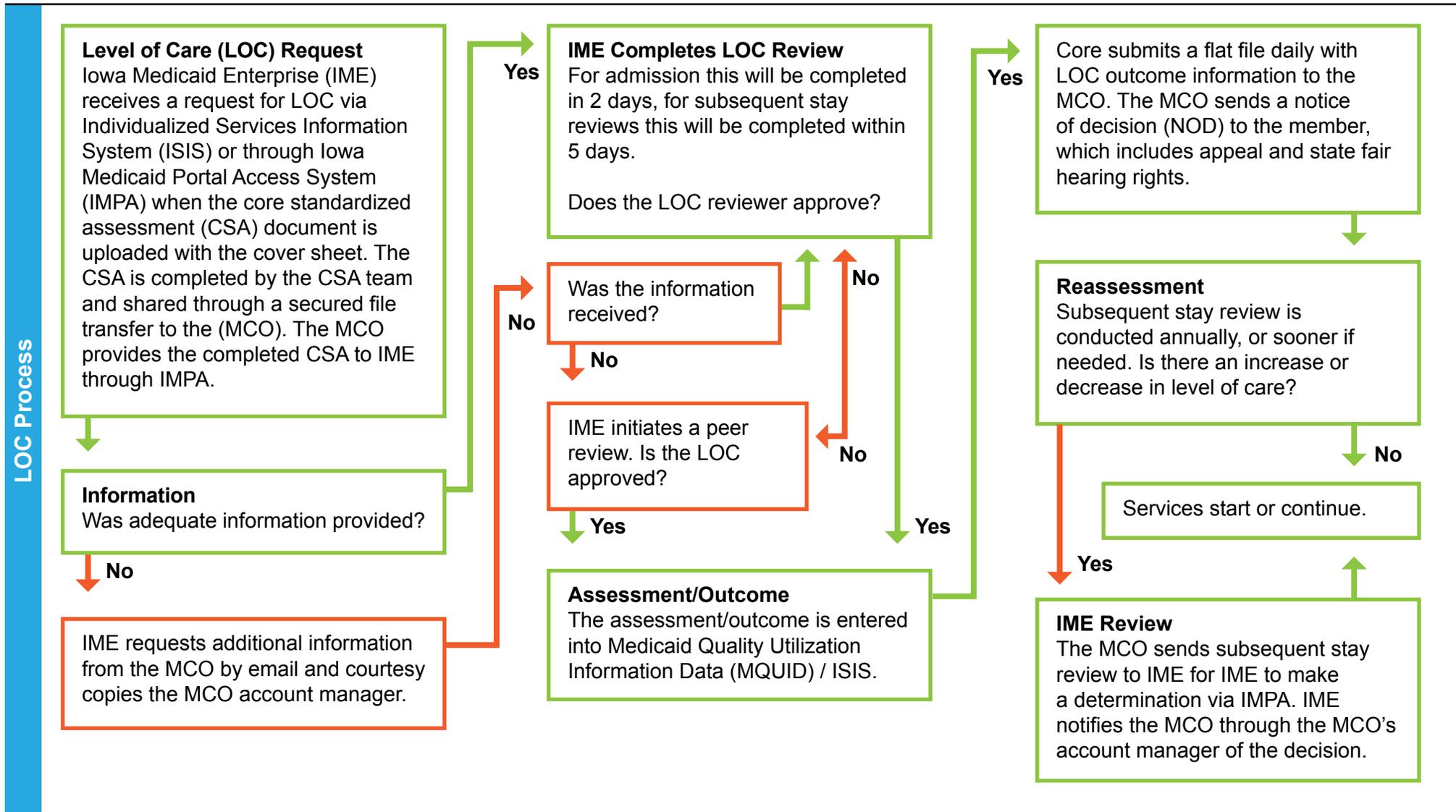
The MCO provides the hospital with an authorization number.

#### 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.