



Executive Committee Meeting

Thursday, August 18, 2016

Time: 3:00 p.m. – 4:30 p.m.

Hoover State Office Building

A-Level Conference Room #7

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: July 21, 2016
- 3:10 Update from Medicaid Director
- 3:20 MAAC Minutes Summaries
 - Executive Committee
 - Full Council
- 3:30 Public Comment Listening Sessions Summary
- 3:40 Transition of the Executive Committee
- 4:15 Action Items Update
- 4:25 Public Comment (Non-Executive Committee Members)
- 4:30 Adjourn



Executive Committee Summary of Meeting Minutes July 21, 2016

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

Introduction

There was a roll call of Executive Committee members.

Approval of Executive Committee Meeting Minutes from June 21, 2016

Gerd invited the group to voice comments or changes to the June 21, 2016 meeting minutes. Gerd declared that the meeting minutes of the Executive Committee (EC) held on June 21, 2016, stands approved.

Executive Committee Document Follow-Up and Further Development

Work Plan Agenda

Gerd reminded the group about the need to form the Agenda for the next Full Council meeting. He outlined the following for the Agenda:

1. Creating a report from the Executive Committee on the work we've been doing since the last meeting – a summary report to bring everyone up-to-date on the work of the MAAC.
2. Discuss the law change and the administrative rules change.
3. Further discussion of the elections in light of the law change.
4. Regular updates from the MCOs
5. Update and summary information on the Public Comment meetings

Action Items

- Report on deliberations of prior year need to be submitted by November 15. Gerd, Mikki, and Lindsay to discuss for August Full Council meeting.

Action Plan

Mikki reviewed the latest Action Items reporting grid and stated that specific items pertaining to which body can make recommendations and the differentiation between the duties of a Co-Chairperson and the Vice-Chairperson will be addressed in the draft Administrative Rules. She covered a variety of items from the reporting grid including the reporting template for what is required of the MCOs, job descriptions for the MAAC members, the dashboard, process flowcharts, table of PAs, She underscored those items that are completed and those that are still works in progress.

Action Items

- Reformat the Action Items Reporting Grid to clearly show when items have been completed but not delete any completed items. It was suggested to move the completed items at the end of the grid.

Further Discussion Regarding Legislation

Administrative Rules Workgroup Update on Progress, MAAC Meeting Guideline, Open Seat on Executive Committee

Gerd stated that the wholesale change in the makeup of the MAAC (Full Council and Executive Committee) as a result of the new law was not anticipated. Discussion ensued among the Executive Committee members pertaining to the five professional positions and the five public/consumer positions. Discussions also involved the process of filling the positions relative to the current Executive Committee members and their existing two-year terms, the necessary changes as prescribed by the new law, and the election and transition process for the new makeup of the MAAC. Gerd transitioned to discussion of the administrative rules as prescribed by the rubric of the new law.

Action Items

- Post the copy of the tracked draft version of the Administrative Rules on the MAAC web page.
- Call a special meeting by phone of Executive Committee to discuss this further and in consultation with Director Palmer.
- Executive Committee members to review and react to the details of the new administrative rules and provide substantive feedback to discuss at the special meeting prior to the August Full Council meeting with the aim to include recommendations as part of the Full Council agenda.

LTC Ombudsman Standing Item

Anthony brought up point about the monthly report from the Ombudsman's office. Mikki pointed out that there is a designated person at the Ombudsman's office who will provide the report.

Oversight and Data Workgroup

Discussion involved the availability of the data dashboard, the monthly reports, and the billing claims submission/denials data. Mikki mentioned the request by Director Palmer to form a special work group comprised of Executive Committee and Full Council members to review and to look at the role of the Committee and their oversight in looking and analyzing data. Jim suggested making the report on claims processing as a standard agenda item at the Executive Committee meetings to keep provider payments in check.

Action Items

- Formation of a special work group as previously requested by Director Palmer

Listening Session Criteria for Reporting

Anthony provided feedback on the most recent public comment meeting in Cedar Rapids indicating the claims processing/payment/denial issue that providers are encountering. He mentioned the better responses from MCOs regarding the systems that each MCO has in place regarding PAs. Lindsay stated that the issues that have been expressed at these meetings have been consistent in theme.

Action Items

- Post the summary of the Cedar Rapids Public Comment meeting on the MAAC web page.

Public Comment (Non-Executive Committee Members)

Gerd solicited comments. No comments were made.

Adjourn

4:40 P.M.



Executive Committee Summary of Special Meeting Minutes August 5, 2016

EXECUTIVE COMMITTEE MEMBERS	DEPARTMENT OF HUMAN SERVICES
Gerd Clabaugh – present	Chuck Palmer – present
Dennis Tibben – present	Mikki Stier – present
Sara Allen (Natalie Guintie) – present	Deb Johnson –
Kristie Oliver – present	Liz Matney –
Shelly Chandler – present	Matt Highland –
Anthony Carroll – present	Lindsay Buechel – present
Jim Cushing –	Sean Bagniewski –
Cindy Baddeloo –	Amy McCoy –
Kate Gainer – present	Luisito Cabrera –
	Alisha Timmerman – present

Introduction

There was a roll call of Executive Committee members.

Election of Executive Committee Members

Regarding the five professional positions and the five public/consumer positions, Director Palmer suggested the election nominees for Committee positions include all members of Full Council for impartiality and the Committee agreed. It was determined that ballots were to be handed out and election of positions be held during the next Full Council meeting on August 18, 2016. A Biography Request Form was to be sent to Council members prior to the meeting and responses to be distributed to the Council for informed voting. Executive Committee would discuss at next Committee meeting how to transition information from current Committee members to new Committee members for smooth transition.

Administrative Rules

Lindsay reviewed drafted Administrative Rules by section. It was agreed that the statement regarding co-chairperson term in section 79.7(1) *Officers* would be updated to state that a co-chairperson shall serve no more than two consecutive terms. Regarding Section 79.7(2) *Membership*, discussion ensued concerning the presence of members sending representatives in their absence and whether they should have the authority to vote and participate; the Committee was to come back to this in a future meeting. Standing agenda item to be added regarding addition of procedures as deemed by the director and other members of the Committee.

Adjourn

3:30 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	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	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- Draft handout presented at 8/18/2016 EC meeting
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
 Medical Assistance Advisory Council (MAAC)
 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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Iowa Department of Human Services
 Medical Assistance Advisory Council (MAAC)
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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			<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	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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**Iowa Department of Human Services
Medical Assistance Advisory Council (MAAC)
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)
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		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
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	Completed- Reports created
5/19/2016	Tracking and dashboard moving forward		Medicaid Director	Completed
5/19/2016	Prior Authorizations		Medicaid Director	Completed- Copies of Prior Authorization grid handed out at 8/18/2016 meeting and posted to the DHS web page
7/21/2016	Post the copy of the tracked- drafted version of the Administrative Rules on the MAAC web page.		Medicaid Director	Completed- posted to the DHS web page

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Iowa Department of Human Services
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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)
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	Completed- Held on 8/5/2016
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	Completed



State of Iowa Medicaid Enterprise Plan Authorization Requirements

Includes Notification Requirements; Provider Resources; and Operations & Billing Requirements;

Prior Authorization Requirements			
SECTION 1: Service or Category	Amerigroup	AmeriHealth Caritas	UnitedHealthcare
Air or Land Ambulance	Prior authorization is required for non-emergent ambulance or air ambulance transport	<p>Authorization Required for elective air ambulance services</p> <p>No prior authorization is required for emergent ambulance and land ambulance services however they may be subject to post service review for medical necessity</p>	Authorization Required if non-emergent air ambulance
Audiology Services and Testing	No Authorization Required	<p>No authorization required for hearing exam</p> <p>Authorization required for Hearing Devices that exceed \$650.00 for monaural hearing aids and \$1300.00 for binaural hearing aids.</p>	Authorization not required unless hearing device is listed on the PA overview (refer to Provider Resources link below)
Bariatric Surgery	Authorization Required	Authorization Required	Authorization Required



Prior Authorization Requirements			
SECTION 1: Service or Category	Amerigroup	AmeriHealth Caritas	UnitedHealthcare
Behavioral Health / Substance Abuse (<i>Specific categories listed below</i>)			
23-Hour Observations	Notification Required	No Authorization Required	No Authorization Required
Applied Behavioral Assessment / Analysis	Authorization Required	Authorization Required	Authorization Required
Assertive Community Treatment	Authorization Required	Authorization Required	Authorization Required
Behavioral Health Inpatient Services	Authorization Required	Authorization Required	Authorization Required
Behavioral Health Outpatient Services	Authorization Required	No Authorization Required	No Authorization Required
Community Support Services	Authorization Required	Authorization Required	No Authorization Required
Crisis Intervention MHSA Services	No Authorization Required	Prior authorization not required but notification required within 2 business days after providing the service, for an authorization and for follow up on the crisis	No Authorization Required. Crisis Respite requires Authorization
Day Treatment	Authorization Required	Authorization Required	Authorization Required
Electroconvulsive Therapy (ECT)	Authorization Required	Authorization Required	No Authorization Required
Integrated Health Home Participation	Authorization Required	Authorization Required	Providers should submit the Enrollment form. Form available on



Prior Authorization Requirements			
SECTION 1: Service or Category	Amerigroup	AmeriHealth Caritas	UnitedHealthcare
			UHCCommunityPlan.com > For Health Care Professionals > Provider Forms
Intensive Outpatient (IOP)	Authorization Required	SUD IOP is allowed 18 units without prior authorization; all other units require authorization. For MH IOP, Authorization Required	Authorization Required
Methadone Maintenance	No Authorization Required	No Authorization Required	No Authorization Required
MH/SUD Evaluations and Assessments	No Authorization Required	No Authorization Required	No Authorization Required
MH/SUD Inpatient Admissions	Authorization Required	Authorization Required	Authorization Required
MH/SUD Outpatient Therapy	No Authorization Required	No Authorization Required	No Authorization Required
MH/SUD Therapeutic Injections	No Authorization Required	No Authorization Required	Authorization Required if code is listed on PA overview (refer to Provider Resources link below) No Authorization Required for office visit for MH/SUD therapeutic injections
Mobile Counseling	Authorization Required	No Authorization Required	No Authorization Required
Partial Hospitalization (PHP)	Authorization Required	Authorization Required	Authorization Required
Psychoanalysis	No Authorization Required	Authorization Required	No Authorization Required



Prior Authorization Requirements			
SECTION 1: Service or Category	Amerigroup	AmeriHealth Caritas	UnitedHealthcare
Transcranial Magnetic Stimulation	Authorization Required	Authorization Required	Authorization Required
Biofeedback	No Authorization Required	Authorization Required	No Authorization Required
Bone Growth Stimulator	Authorization Required	Authorization Required	Authorization not required unless requested code is listed on the PA overview (refer to Provider Resources link below)
Breast Reconstruction (Non-Mastectomy)	Authorization Required	Authorization Required	Authorization Required
Cardiology	Authorization may be required depending on service requested: <ul style="list-style-type: none"> No authorization required for office visits with Cardiologist Authorization is required for echocardiograms 	Authorization may be required depending on service requested: <ul style="list-style-type: none"> No authorization required for office visits with Cardiologist No authorization needed for EKG's Authorization is required for Cardiac Rehabilitation 	Authorization Required for: electrophysiology implants, diagnostic catheterizations, and stress echoes. Reference Cardiology CPT Code Crosswalk available on UHCCCommunityPlan.com > For Health Care Professionals > Iowa > Cardiology
Chiropractic Care	No Authorization Required	No Authorization Required	No Authorization required
Circumcision	No Authorization Required at any age	Authorization Required if >12 months of age	Authorization Required if > 6 weeks of age



Prior Authorization Requirements			
SECTION 1: Service or Category	Amerigroup	AmeriHealth Caritas	UnitedHealthcare
Cochlear and Other Auditory Implants	Authorization Required	Authorization Required	Authorization Required
Cosmetic, Reconstructive, or Plastic Surgery	Authorization Required	Authorization Required (including but not limited to: Blepharoplasty, Mastectomy for Gynecomastia, Mastopexy, Maxillofacial, Panniculectomy, Penile Prosthesis, Reduction Mammoplasty, and septoplasty)	Authorization Required
Cytogenetic, Reproductive, and Molecular Diagnostic Laboratory Testing	Authorization Required	Authorization Required	No Authorization Required
Durable Medical Equipment - Rental	Authorization Required	Prior Authorization Required	Authorization required for DME >\$500, if code is listed on Prior Authorization overview
Durable Medical Equipment, Prosthetic Devices, Orthotics, and Medical Supplies	Authorization Required if code is listed on PA overview (refer to PLUTO on Provider Portal)	Authorization Required for purchased items when billed charges are > \$750, including prosthetics and orthotics, Custom Wheelchairs including components	Authorization required for DME >\$500 if code is listing on Prior Authorization overview
Elective Hospital Outpatient Surgery	Authorization Required	Authorization Required	Authorization Required if code is listed on PA overview (refer to Provider Resources link below)



Prior Authorization Requirements			
SECTION 1: Service or Category	Amerigroup	AmeriHealth Caritas	UnitedHealthcare
Elective Inpatient Admissions/Surgeries	Authorization Required	Authorization Required	Admission Notification Required / Prior Authorization Required
Enteral Services (In-home nutritional therapy, either enteral or through a gastrostomy tube)	No Authorization Required	Authorization Required	Authorization Required
Experimental or Investigational Services	Authorization Required	Authorization Required	Authorization Required
Femoroacetabular Impingement Syndrome (FAI)	Authorization Required	Authorization may be required depending on requested service, for example: physician office visits would not require authorization, however surgery would require authorization	Authorization Required
Genetic Testing (Including BRCA)	Authorization Required	Authorization Required	Authorization Required if code is listed on PA overview
Hearing Exams & Hearing Aids	No Authorization Required	No Authorization Required for hearing exams Authorization required for Hearing Devices that exceed \$650.00 for monaural hearing aids and \$1300.00 for binaural hearing aids	No Authorization Required, benefit limitations apply



Prior Authorization Requirements

SECTION 1: Service or Category	Amerigroup	AmeriHealth Caritas	UnitedHealthcare
Home & Community Based Services (HCBS) / Long Term Services and Support (LTSS)	Authorization Required	Authorization Required	Authorization Required through Service Plan



Prior Authorization Requirements			
SECTION 1: Service or Category	Amerigroup	AmeriHealth Caritas	UnitedHealthcare
Home Health Care	Authorization Required	Authorization Required Skilled Nursing visits authorization required after 6 visits per calendar year Home PT/ OT/ ST- authorization required after 12 visits per calendar year Home Health Aide Authorization required from start of service	No Authorization Required for: <ul style="list-style-type: none"> • Skilled Nursing Services • Home Health Aide Services • Occupational Therapy • Physical Therapy • Speech-Language Pathology • Medical Social Services Authorization is required for <ul style="list-style-type: none"> • Private Duty Nursing / Personal Care Services • Waiver services (authorized through the member's service plan) • Medical day services/ child care medical services
Hospice	Authorization Required	No Authorization Required	No Authorization Required
Hyperbaric Oxygen Therapy	Authorization Required	Authorization Required	No Authorization Required



Prior Authorization Requirements			
SECTION 1: Service or Category	Amerigroup	AmeriHealth Caritas	UnitedHealthcare
Hysterectomy	Authorization Required	Authorization Required for Inpatient Hysterectomies	No Authorization Required. Sterilization consent form is required
Infusion/Injection Therapy	Authorization Required if code is listed on PA overview (refer to PLUTO on Provider Portal)	Authorization may be Required depending on requested service	Authorization Required if code is listed on PA overview
Joint Replacement	Authorization Required	Authorization Required	Authorization Required if code is listed on PA overview
Non-emergent ER Services	No Authorization Required	No Authorization Required	No Authorization Required
Orthognathic Surgery	Authorization Required	Authorization Required	Authorization Required
Orthotics and Prosthetics	Authorization Required	Authorization Required if >\$750	Authorization required if >\$500, if code is listed on Prior Authorization overview
Pain Management	Authorization Required	Authorization Required	Authorization Required if code is listed on the Prior Authorization overview
Pregnancy Termination	Certificate of Medical Necessity for Abortion Form must be completed and submitted with supporting documentation with claim	Authorization Required	Certificate of Medical Necessity for Abortion Form must be completed and submitted with supporting documentation with claim
Private Duty Nursing	Authorization Required	Authorization Required	Authorization Required



Prior Authorization Requirements			
SECTION 1: Service or Category	Amerigroup	AmeriHealth Caritas	UnitedHealthcare
Proton Beam Therapy	Authorization Required	Authorization Required	Authorization Required
Radiation Therapy Management	No Authorization Required	Authorization Required	No Authorization Required except for Proton Beam Radiation Therapy
Radiology – Advanced Outpatient Imaging: CT Scan, MRI, MRA, PET Scan, DEXA, HIDA Scans, Nuclear Medicine, and Nuclear Cardiology	Authorization Required	Authorization Required	Authorization Required if on Prior Authorization overview. Reference Crosswalk Table available on UHCCommunityPlan.com > For Health Care Professionals > Iowa > Radiology
Psychological, Neuropsychological, Developmental	No Authorization Required	3 hours per member per year are allowed without authorization. All other units require Authorization	Neuropsychological testing – No Authorization Required Psychological testing – No Authorization Required up to 8 hour limit per year
Rehabilitation Facility Admission	Authorization Required	Authorization Required	Authorization Required
Rhinoplasty	Authorization Required	Authorization Required	Authorization Required
Sinusplasty	Authorization Required	Authorization Required	Authorization Required
Skilled Nursing Facility Admissions	Authorization Required	Authorization Required	Admission Notification Required / Prior Authorization Required
Sleep Apnea Procedures and Surgeries	Authorization Required	Authorization Required	Authorization Required



Prior Authorization Requirements			
SECTION 1: Service or Category	Amerigroup	AmeriHealth Caritas	UnitedHealthcare
Sleep Studies	Authorization Required	No Authorization Required	No Authorization Required
Speech, Occupational, and Physical Therapy	Authorization Required	Authorization is required after 12 visits (each therapy type) per calendar year	No Authorization Required
Spinal Surgery	Authorization Required	Authorization Required if performed in an Inpatient setting	Authorization Required
Spinal Stimulator for Pain Management	Authorization Required	Authorization Required	Authorization Required
Sterilization	Authorization (precertification) not required. Claim payment is dependent on submission of Sterilization Consent Form	Authorization (precertification) not required. Claim payment is dependent on submission of Sterilization Consent Form	No Authorization Required. Sterilization consent form is required
Transportation (Non-Medical)	Authorization through Service Plan for Waiver	Authorization through Service Plan for Waiver , or RROT for non-Waiver	Authorization through Service Plan for Waiver
Transplant	Authorization Required	Authorization Required	Authorization Required
Vagus Nerve Stimulation	Authorization Required	Authorization Required	Authorization Required
Vein Stimulation	Authorization Required	Authorization Required	Authorization Required if code is listed on the PA overview
Ventricular Assist Devices (VAD)	Authorization Required	Authorization Required	Authorization Required
Wound Vac	Authorization Required	Authorization Required	Authorization Required
Out-of-Network Services	Authorization Required	Authorization Required	Authorization Required



Notification Requirements			
SECTION 2: Service or Category	Amerigroup	AmeriHealth Caritas	United Health Care
Observation	Notification Required	Authorization or Notification Not Required for up to 48-hour OBS	Notification not required, but is preferred
Inpatient Hospital Services	Notification and Authorization Required	Notification and Stay Review Required	Admission Notification Required/Prior Authorization Required
Emergent Inpatient Admissions	Notification Required Within 24 Hours	Notification Required Within 24 Hours or Next Business Day – Stay Review Required	Notification Required Within 24 Hours or by 5 pm the Next Business Day
Maternity Care	Notification required within three days of initial prenatal visit. Completion of Maternity Notification Form is required	Notification Required for Maternity Obstetrical Services after initial visit and for outpatient care (including 48-hour OBS)	Provide notification of a member's pregnancy status. Please call 888-650-3462 or fax an American College of Gynecology or other initial prenatal visit form to 877-353-6913
Newborn Delivery	Notification Required within 24 hours of delivery. Completion of Newborn Notification of Delivery Form is required	Notification required within 24 hours of delivery	Provide notification by calling 888-650-3462 or faxing the following information 866-943-6474: Date of birth, Birth weight, Gender, Delivery type, Gestational age



Provider Resources			
SECTION 3: Service or Category	Amerigroup	AmeriHealth Caritas	United Health Care
Provider Manuals	https://providers.amerigroup.com/Public%20Documents/!IA_A_ProviderManual.pdf	http://becomeaprovider.amerihhealthcaritas.com/pdf/iowa/provider-manual.pdf	http://www.uhccommunityplan.com/content/dam/communityplan/healthcareprofessionals/provider-admin-manual/IA_UnitedHealthcare_Provider_Manual.pdf
Quick Reference Guide	Not available online	Not available online	http://www.uhccommunityplan.com/content/dam/communityplan/healthcareprofessionals/BillingAndReferenceGuides/IA_UHC_Provider_Quick_Reference_Guide.pdf
Training PowerPoints	Not available online	Not available online	http://www.uhccommunityplan.com/health-professionals/ia/provider-training.html



Provider Resources			
SECTION 3: Service or Category	Amerigroup	AmeriHealth Caritas	United Health Care
Prior Authorization Review	https://providers.amerigroup.com/ProviderDocuments/IAIA_PrecertRequestTutorial.pdf	Access JIVA through Navinet; https://navinet.navidmedix.com/sign-in?ReturnUrl=/Main.aspx	http://www.uhccommunityplan.com/health-professionals/ia.html

Operations and Billing Requirements			
SECTION 4: Service or Category	Amerigroup	AmeriHealth Caritas	United Health Care
Web Portal	www.availity.com	www.navinet.navidmedix.com	www.UHCCommunityPlan.com
Secure Web Portal	<p>Link to initiate first step in accessing it is: https://apps.availity.com/availity/web/public.elegant.login?source=MBU</p> <p>Please note Iowa Providers have a secure provider portal (Availity + PSS) and access the system through</p>	https://navinet.navidmedix.com/sign-in?ReturnUrl=Main.aspx	www.UnitedHealthcareOnline.com/Link



Operations and Billing Requirements			
SECTION 4: Service or Category	Amerigroup	AmeriHealth Caritas	United Health Care
	www.availity.com or https://providers.amerigroup.com/ia . Providers will need to register through Availity to obtain system access to the secure site		
Utilization Management – Concurrent Review	Required	Required: AmeriHealth uses Interqual Criteria, ASAM criteria for SUD services and AmeriHealth internal UM policies for level of care and continued stay review.	Required: Healthy First Steps manages concurrent review for newborn's extended stay. MCG used for concurrent review for other populations
Transportation (Non-Emergent)	Vendor: LogistiCare (should be scheduled 3 days in advance) 844-544-1389 Reservations 844-544-1390 Ride Assist	Vendor: Access2Care	Vendor: MTM, Inc. To schedule a Non-Emergency Medical Transportation trip, please call MTM at 888-513-1613
OB Billing Requirements	OB services must be billed separately (antepartum, delivery, and post-partum care CPT codes, instead of global OB CPT codes)	Requires OB services to be billed separately (antepartum, delivery, and post-partum care CPT codes, instead of global OB CPT codes)	Following OB Billing Requirements as outlined in the IME Maternity Billing Guidelines
Timely Filing	180 days from the date of services or date of Primary Payor's RA	180 days from the date of services or date of Primary Payor's RA	180 days from the date of services or date of Primary Payor's RA



Operations and Billing Requirements			
SECTION 4: Service or Category	Amerigroup	AmeriHealth Caritas	United Health Care
Secondary Payor Timely Filing	180 days from the date of the primary payor's EOP	Claims with EOBs from primary insurers, including Medicare, must be submitted within 60 days of primary insurer's EOB	180 days from the date of the primary payor's EOB (per contract)
Corrected Claim Timely Filing	Corrected claims and additional information must be submitted within 180 days of the request	Rejected claims must be resubmitted and are subject to Timely Claims Submission guidelines (180 days)	Corrected and/or voided claims are subject to Timely Claims Submission guidelines (180 days)
Timely Reconsideration	Claim payment appeals based on retrospective medical necessity reviews require all pertinent information must be submitted with 365 days of a claim disposition. Submit requests for claims payment appeals in writing to Amerigroup within 60 days of the date you receive your RA.	Denied claims are registered in the claims processing system but do not meet requirements for payment. Claim denials must be submitted as a corrected claim within 365 days Amerigroup's.	Claim Reconsideration must be submitted within 12 months from the date of the original EOB/EOMB.
Timely Formal Appeal	Provider disputes must be submitted within 120 days of receipt of Amerigroup's RA.	The Provider Appeal outcome will be communicated to the Provider within thirty (30) days of receipt of the appeal from the	Pre-service grievances and appeals must be submitted within 30 days from the notice



Operations and Billing Requirements			
SECTION 4: Service or Category	Amerigroup	AmeriHealth Caritas	United Health Care
		<p>provider.</p> <p>A Member Appeal will be resolved as expeditiously as the member's health condition requires, but no more than thirty (30) days after receipt of the appeal. The timeframe for a standard resolution of an appeal may be extended by fourteen (14) days if: the Enrollee requests the extension; if AmeriHealth Caritas Iowa needs additional information and the delay is in the enrollees best interest or if a written notice is sent to the enrollee explaining why an extension is needed.</p>	<p>of decision.</p> <p>Post-service claims disputes and appeals must be submitted within 180 days from the RA.</p>

Plan Benefits			
SECTION 5: Service or Category	Amerigroup	AmeriHealth Caritas	United Health Care
Pharmacy	<p>PBM – ExpressScripts</p> <p>Prescriptions are covered according to the State's Preferred Drug List (PDL)</p>	<p>PBM – PerformRX</p> <p>Prescriptions are covered according to the State's Preferred Drug List (PDL)</p>	<p>PBM – OptumRx</p> <p>Prescriptions are covered according to the State's Preferred Drug List (PDL)</p>



Plan Benefits			
SECTION 5: Service or Category	Amerigroup	AmeriHealth Caritas	United Health Care
Non-Covered Benefits (Carve Outs)	<p>Dental services outside of a hospital setting remain covered by the Iowa Dental Program.</p> <p>Amerigroup contracts with Superior Vision Care to provide covered routine and emergency vision services.</p> <p>Non-covered services: Cosmetic surgery; experimental or investigational procedures, services that are not medically necessary; sex change surgery or treatments; surgery or drugs to enhance fertility. Non-covered services also include any instance when the precertification for a service was not granted, or the service was provided before precertification was given.</p>		<p>Vision (routine) - Superior Vision</p> <p>Dental - Dental services outside of a hospital setting remain covered by the Iowa Dental Program</p>



MAAC Executive Committee Minutes Summary 1st Quarter 2016

January 1, 2016 – March 31, 2016

Role and Processes of the MAAC Full Council and Executive Committee

It was suggested there be “Action Items” in the Executive Committee minutes to assist in prioritizing content, questions, and follow-up content brought forth in Committee meetings. Action items were to be reviewed in successive meetings with a status report on the action items.

MAAC Purpose, Policy, and Procedure Overview from the Attorney General’s Office

A representative from Attorney General’s Office reviewed the statute that governed the MAAC Council, Iowa Code 249A. 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. It was affirmed that the Executive Committee, in consultation with the Full Council, was tasked with making recommendations to the Director regarding budget, policy, and administration in the Medicaid program. The “Open Meetings Law” was discussed and the requirement of three key points – Agendas, Minutes, and Public Access Records. It was also asserted that all boards and committees associated with DHS have a right to legal representation from the Attorney General’s Office.

Office of the State Long Term Care Ombudsman (OSLTCO) Update

A representative spoke of the Health Consumer Ombudsman Alliance Report that was generated and submitted to the Legislature and the Governor in December 2015. The representative reviewed the purpose of the multiagency alliance workgroup and the role of the OSLTCO to gather information and provide recommendations on various aspects of the bill. A PowerPoint presentation highlighted the five recommendations made in the Alliance Report

- 1) Establish a Health Consumer Ombudsman Alliance
- 2) Develop a Medicaid Managed Care Information Program
- 3) Implement a Statewide Single Point of Entry
- 4) Expand the Managed Care Ombudsman Program
- 5) Expand the Current Legal Assistance Network

The OSLTCO stated that the Office was currently developing this database, using a case management software system, and that records of all call logs were being kept. The OSLTCO were to be contacted only by members receiving Long Term Care benefits.

Medicaid Modernization, IA Health Link, and DHS Update

An Informational Letter was developed regarding Prior Authorization (PA) that provided clarification surrounding PA during the transition period and regarding the Safe Harbor period of March 1, 2016 until April 30, 2016. Prior to implementation, the approval process by Centers for Medicare and Medicaid Services (CMS) was discussed and the Department stated that they were having weekly phone meetings with CMS regarding implementation. Provider enrollment, claims and billing issues in the months leading to implementation were addressed and providers and members were to contact the Iowa Medicaid Enterprise

(IME) for a quick response. Provider concerns regarding Case Management, PAs, billing, claims and enrollment with Managed Care Organizations (MCOs) was addressed and providers were to contact the MCOs directly as the MCOs were in frequent communication with the IME for timely resolution. The Department was in the process of creating a reporting dashboard with pertinent reports.

Sequencing of Meetings

The sequencing of meetings was to be adjusted so that the Full Council meetings would take place prior to the Executive meeting beginning with the May 2016 meetings for greater productivity, follow-up discussions, tracking, and action at the subsequent Executive Committee meetings.

Executive Committee Workplan Documents Follow-Up

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. The intent of the work plan was to get on the schedule-even a working document- important pieces that the Executive Committee wanted to get done and to be able to effective sequence and prioritize the work as reflected on the workplan. Full Council discussions were to take place first and then move to the Executive Committee for recommendations and actions.

Public Comment Listening Sessions

The Public Comment Listening Sessions were scheduled to begin in March 2016 as outlined in Senate File 505. The schedule of the IA Health Link Public Comment meetings was presented and the meetings were to take place in ten cities throughout Iowa. Members of the Executive Committee would be tasked with attending the meetings and reviewing comments received to make recommendations to the Department accordingly. A document was handed out outlining the process for the IA Health Link Public Comment meetings and Full Council members would receive summaries at future meetings of the comments presented. Meetings would be comment-based and held in the afternoon for the convenience of the largest number of people. The schedule and pertinent documents were to be posted on a designated webpage. Representatives from Member Services, Provider Services, two Executive Committee members, and DHS would be present to take notes and assist with questions. The listening sessions were to be a standing agenda item in all future meetings for the 2016 year.

Legislative Update and MAAC Elections

The election of a Vice-Chair, per Iowa Code, was discussed and the Administrative Rules Section 441-79.7 (1) required a nominating committee of three be appointed to nominate Vice-Chairpersons. A vote was to take place at the May 2016 Full Council meeting.

Public Comment

Provider concerns were raised regarding the issuance of Informational Letters with unclear information and clarification was given by DHS. MCO Provider Networks, PAs, and contracted rates were a topic of concern and the Department confirmed that all contracts, including fully executed contracts, were being tracked as well as network adequacy guidelines. Prior Authorization concerns were to be communicated to the IME for resolution with the MCO(s) in question.



MAAC Executive Committee Minutes Summary 2nd Quarter 2016

April 1, 2016 – June 30, 2016

Medicaid Modernization, IA Health Link, and DHS Update

The April 1, 2016 implementation was reviewed and the Department stated there was a Managed Care Bureau headed by Liz Matney, MCO Account Managers assigned to each of the MCOs, and the PMO within the Department to deal with issues in real time. A new position of Member Managed Care Liaison was developed to assist in communication between the Iowa Medicaid Enterprise (IME) Member Services and MCOs in handling member concerns. The position of Provider Managed Care Liaison was also to be developed in the future to assist in communication between the IME Provider Services and MCOs in handling provider concerns. Updates were given regarding Non-Emergent Medical Transportation (NEMT), Prior Authorization (PA), Billing, and Level of Care (LOC) tracking.

Updates from MCOs

Amerigroup Iowa, Inc.

High collaboration focused on working with stakeholders, members, providers and so forth to resolve issues. Home Health and Long Term Services and Supports (LTSS) were areas that needed higher collaboration and working through case management issues had also been of great focus. They were working through a base-level agreement with the Mayo Clinic on standard single-case agreements and they would work with members who required care from the Mayo Clinic to not abruptly stop or deny services.

AmeriHealth Caritas, Iowa, Inc.

A lot of outreach had been done and they had received member success stories with good reception of managed care and care management services. Areas of concern were highlighted that were being managed such as PAs for pharmacy, Mayo Clinic, Claims processing, and CDAC providers. Education had continued regarding PAs to improve knowledge and efficiency. Regarding claims, activity low and denial rate low but providers had been contacted if claims denied to explain denial.

UnitedHealthcare Plan of the River Valley

Their approach had been to quickly tackle issues with practices such as their functional team meeting twice daily to address specific issues. It was highlighted that UHC, their outreach, field advocates, network teams, and case managers on the clinical side, and behavioral health advocates across the state had all been engaging their members with an onboarding process that focused on how to get the right information to their members.

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 at the May 17, 2016, Full Council meeting. 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 had potential to be attached to the consumer representation. Given the bill had not yet been signed; the voting was to 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. The Committee agreed that a workgroup, consisting of EC members Gerd Clabaugh, Shelly Chandler, Dennis Tibben, and Paula Connolly would be developed to review the new legislation and potential impacts on current administrative rules for MAAC.

Action Items

Action items were to be created as a matrix for Committee meetings to assist in prioritizing content, questions, and follow-up content brought forth in Committee meetings. Action items were to be reviewed in successive meetings with a status report on the action items. A clear process was to be put in place with follow-up in order to better stay with the agenda timing and discuss all pertinent issues for future Full Council meetings.

Public Comment Listening Sessions

a. Listening Session Meeting Format

Committee members stated that current format was working.

b. Session Notes

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.

Public Comment

Concern expressed regarding PAs and the difficulty of dealing with different MCO systems.



MAAC Executive Committee Minutes Summary 3rd Quarter 2016

July 1, 2016 – September 30, 2016

Role and Processes of the MAAC Full Council and Executive Committee

New administrative rules were developed outlining the positions within the Full Council and Executive Committee, duties and procedures, and were to be reviewed by Full Council and Executive Committee members for approval at the August 17, 2016 Full Council meeting.

MAAC Executive Committee Elections

Discussion ensued among the Executive Committee members pertaining to the five professional positions and the five public/consumer positions. Discussions also involved the process of filling the positions relative to the current Executive Committee members and their existing two-year terms, the necessary changes as prescribed by the new law, and the election and transition process for the new makeup of the MAAC. Regarding the five professional positions and the five public/consumer positions, Director Palmer suggested the election nominees for Committee positions include all members of Full Council for impartiality and the Committee agreed. It was determined that ballots were to be handed out and election of positions be held during the Full Council meeting on August 18, 2016. A Biography Request Form was to be sent to Council members prior to the meeting and responses to be distributed to the Council for informed voting. Executive Committee would discuss at next Committee meeting how to transition information from current Committee members to new Committee members for smooth transition.

Public Comment/Listening Session Meetings

Listening Sessions had brought forth comments regarding the processing-, payment-, and denial of claims through the MCOs. Prior Authorization concerns were being responded to efficiently and effectively by the MCOs.

Long Term Care Ombudsman

Managed Care Ombudsman Program Monthly Report was to be distributed and added as a standing agenda item for Executive Committee meetings held after July 2016.

Action Items

A variety of items from the Action Items reporting grid were discussed including the reporting template for what is required of the MCOs, job descriptions for the MAAC members, the dashboard, process flowcharts, table of PAs, and underscored items that were completed and those that were still being worked on.



MAAC Full Council Minutes Summary 1st Quarter 2016

January 1, 2016 – March 31, 2016

IA Health Link Communications Update

Regarding the Iowa Medicaid Enterprise (IME) call centers, Customer Service Representative (CSR) scripts were being updated on an almost daily basis to ensure that messaging remains up-to-date. Changes to IME CSR scripts had been sent to the Managed Care Organizations (MCOs) for updating to MCO CSR scripting, and secret shopping had been done regularly to ensure that call drop-off rates and the length of calls remain low. Updates were made regularly to the IA Health Link webpages. Communication efforts also included the weekly Medicaid e-News, the MCO reassignment of former WellCare members, rolling member enrollment mailings, Informational Letters (ILs) as needed, and the addition of Facebook and Twitter IA Health Link pages.

Medicaid Modernization Update

In December 2015, CMS issued a letter that had 16 points for the Department to work on toward readiness for a March 1, 2016 implementation date. Improvements included call center staffing and scripting, provider outreach, and communications between Iowa Medicaid and CMS, the MCOs, and the Ombudsman. One-off questions were posed regarding concerns with communication between providers and the MCOs and DHS; the MCOs and DHS were to follow-up.

Public Comment/Listening Session Meeting Details and Overview

The schedule of the IA Health Link Public Comment meetings was presented and the meetings were to take place in ten cities throughout Iowa. Members of the Executive Committee would be tasked with attending the meetings and reviewing comments received to make recommendations to the Department accordingly. A document was handed out outlining the process for the IA Health Link Public Comment meetings and Full Council members would receive summaries at future meetings of the comments presented. Meetings would be comment-based and held in the afternoon for the convenience of the largest number of people. The schedule and pertinent documents were to be posted on a designated webpage. Representatives from Member Services, Provider Services, two Executive Committee members, and DHS would be present to take notes and assist with questions.

Upcoming Meetings and MAAC Workplan Review

The workplan discussion from the January 19, 2016 Executive Committee meeting was reviewed and a draft of the workplan document was presented. The document was created for the Executive Committee and Full Council to record ideas discussed in meetings, to be updated as necessary and serve as a pipeline for tasks to prioritize agenda items. The sequencing of meetings was also to be adjusted so that the Full Council meetings would take place prior to the Executive meeting beginning with the May 2016 meetings for greater productivity, follow-up discussions, tracking, and action at the subsequent Executive Committee meetings.

Notice of Election of Vice Chairperson at May 2016 Meeting

The rules governing the election of the Vice Chairperson were reviewed and a nominating committee was to be created consisting of three persons selected from the Council. The committee was to develop a list of candidates for the position to be selected by the Full Council and election processes were to be reviewed by the chairperson. A vote was also to take place at the May 2016 Full Council meeting for the Executive Committee position for a person in the public and consumer organization category.

Public Comments

It was suggested that there be an ombudsman for non-Long Term Care (LTC) activities. Conversation ensued regarding the process of adding items to the agenda and the role of the MAAC in making recommendations of policy to the Department. Further review of the Administrative Code was to be discussed in future Executive Committee and Full Council meetings, and the Attorney General's office would be invited to address the current code to the MAAC. The point was made that consumer groups were not well represented in the Council and recommendations were requested on nominating persons to the Council in accordance with the Administrative Code.

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MAAC Full Council Minutes Summary 2nd Quarter 2016

April 1, 2016 – June 30, 2016

Council Governance from Attorney General's Office

Representative from 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. Information was handed out 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 governed 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. The "Open Meetings Law" was discussed and the requirement of three key points – Agendas, Minutes, and Public Access Records.

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

When adding items to the approved agenda, items were to 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 and to record ideas discussed in meetings, to be updated as necessary and serve as a pipeline for tasks to prioritize agenda items.

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 in the May 17, 2016, meeting. 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. 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 at the May 17, 2016, Full Council meeting. 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 had potential to be attached to the consumer representation. Given the bill had not yet been signed; the voting was to 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.

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IA Health Link 2016 Public Comment Meeting

March 2016 – July 2016

The Medical Assistance Advisory Council (MAAC) has held public comment meetings to gather feedback and concerns of persons, communities, and organizations impacted by Iowa Medicaid's transition to the IA Health Link managed care program. Meetings were held once per month in 10 different locations throughout Iowa and representatives from Iowa Medicaid, the Department of Human Services, and the three Managed Care Organizations (MCOs) were present to assist with specific comments. Each meeting was held in the afternoon to allow for public transportation availability, and held at the end of the work day. The length of each meeting was two hours and consisted of a 10 minute update from the Department with an overview of the IA Health Link program, initiative goals, and relevant information updates. The remainder of meetings were open for comment by members, providers, stakeholders, and the public. The following information has been collected at meetings between the dates of March 1, 2016, and July 31, 2016, and is categorized by general issue.*

Case Management

Prior to implementation, members and providers had expressed concern regarding whether the member would be able to select their case managers and who they would contact within each Managed Care Organization (MCO) for assistance. Following implementation, it was affirmed that members were not being contacted by their case managers and that Long Term Care facilities were spending extended periods of time explaining patient information to MCO Case Managers. Providers were unsure of the necessity of Case Managers as care facilities already employed the use of social workers.

Prior Authorization

The MCOs require more Prior Authorizations (PAs) than were required before implementation. Providers inquired who to contact at each of the MCOs for PA assistance to expedite PA requests and stated that additional PAs were requiring additional time from staff.

MCO Enrollment and Provider Networks

Members were not receiving their enrollment packets in the weeks leading to implementation and were concerned about not receiving their MCO member ID cards prior to April 1, 2016. Providers that were outside of the member's MCO provider network created uncertainty in patient responsibility for billing, and whether the member would be able to continue seeing their out-of-network providers. Some providers had chosen not to contract with any of the three MCOs and communities were worried that it may negatively impact patient care as well as limit the number of available providers.

**Comments reflect observations of MAAC Executive Committee members present at meetings: Cindy Baddeloo, Kate Gainer, Shelly Chandler, Anthony Carroll, Kristie Oliver, Gerd Clabaugh, Jim Cushing, Paula Connolly, Dennis Tibben, and Sara Allen.*



Floor Rates

Floor rates established by the Department of Human Services were said to be less than what the providers had actually been receiving; the decreased floor rates impacted MCO reimbursement.

Waiver Services/ HIPP Members

Members in the Health Insurance Premium Payment Program (HIPP) were unsure of whether they would be enrolling in an MCO or if they would remain Fee-for-Service (FFS). In the event of a member's approval for waiver services, a Notice of Decision was not received until they were enrolled with an MCO. Providers were unsure of how to obtain a Notice of Decision, how to bill appropriately, and who to bill during the transition period.

Claims/Billing

Providers stated that they were unsure of how Medicare cross-over claims were being processed and when the process would be automated. It was stated that providers were unsure of how to bill for members out of their MCOs network, and they were not sure who to contact for assistance. Claims denials had to be resubmitted on multiple occasions which had been time consuming and claims had gone unpaid for several weeks.

Non-Emergency Medical Transportation (NEMT)

In comparison to NEMT services prior to implementation, there were less NEMT providers and not enough for members in the area. The fewer number of available NEMT providers created extended wait times prior to- and following- appointments, tardiness due to delay in arrival, and the cancellation of appointments.

MCO Communication(Terminology/ Translations/ MCO Phone Numbers

Providers contacted MCOs and had not received return calls or they had been transferred to multiple departments without resolution. MCO call center Customer Service Representatives (CSRs) had also given inaccurate information to both members and providers. Authorized individual information had not transferred to the MCOs and authorized persons were having to call the IME as well as the MCOs on multiple occasions. In communications to members, the terminology used by each MCO differed and had been confusing for members. There was further concern in the difficulty in obtaining translated materials for Spanish speaking families and members were unaware of important information.

Additional Comments

The remainder of collective comments focused primarily on the positive outcomes of the transition and improvements seen from both the member and provider perspectives such as greater access to care and continual improvements from each of the three MCOs.



APPENDIX A
IA Health Link Public Comment Meeting Schedule and Attendance
March 2016 – July 2016

Meeting Date	Meeting Time	Meeting Location	Location Details	Number of Attendees
March 22, 2016	3 p.m. – 5 p.m.	Mason City	Historic Park Inn, Ballroom 15 W. State Street Mason City, IA 50401	37
April 12, 2016	3 p.m. – 5 p.m.	Burlington	Pzazz Convention and Event Center, Hall B 3001 Winegard Dr. Burlington, IA 52601	35
May 10, 2016	3 p.m. – 5 p.m.	Dubuque	Grand River Center Meeting Room #2 500 Bell St. Dubuque, IA 52001	80
June 7, 2016	3 p.m. – 5 p.m.	Council Bluffs	Hilton Garden Inn, River City Ballroom 2702 Mid-American Dr. Council Bluffs, IA 51501	30
July 19, 2016	3 p.m. – 5 p.m.	Cedar Rapids	Kirkwood Community College, 234 Cedar Hall 6301 Kirkwood Blvd SW Cedar Rapids, IA 52404	32
August 23, 2016	3 p.m. – 5 p.m.	Fort Dodge	Fort Dodge Public Library 424 Central Ave. Fort Dodge, IA 50501	
September 14, 2016	3 p.m. – 5 p.m.	Waterloo	Hawkeye Community College, Tama Hall Room 102 1501 E. Orange Rd. Waterloo, IA 50704	
October 11, 2016	3 p.m. – 5 p.m.	Sioux City	Western Iowa Tech Community College, Cargil Auditorium (D103) 4647 Stone Ave. Sioux City, IA 51106	
November 17, 2016	3 p.m. – 5 p.m.	Ottumwa	Bridge View Center, Room C4 & C5 102 Church St. Ottumwa, IA 52501	
December 7, 2016	3 p.m. – 5 p.m.	Des Moines	Des Moines Central Library, Meeting Room 1000 Grand Ave. Des Moines, IA 50309	



APPENDIX B

Frequently Asked Questions

March 2016 – July 2016

The following frequently asked questions were posed by consumers, providers, and stakeholders at the five public comment meetings held between the dates of March 1, 2016, and July 31, 2016. All questions have been addressed by Iowa Medicaid Member Services, Iowa Medicaid Provider Services, the Department of Human Services, representatives from each of the three Managed Care Organizations (MCOs), as well as the IA Health Link Managed Care Bureau as appropriate.

Out-of-Network Providers

- Have any of the MCOs contracted with Mayo and will out-of-network appointments be covered? Are members required to pay the difference?
- In the event of an emergency, what if the hospital is not in the member's MCO provider network?

Case Management

- What is the case manager's case load and when will case managers be contacting members? Does the case manager determine a patient's Level of Care?
- What is the difference between a case manager and a community-based case manager?

Prior Authorizations

- Are Prior Authorizations (PAs) required every time a member needs Durable Medical Equipment (DME)?
- If providers submit PAs, will the provider receive a fax if they get approved?
- What are the turnaround times for Prior Authorization approvals/denials?
- If the provider has waited the standard number of days to receive a PA and has not yet received approval/denial, should they continue to give care to the member?

Third Party Liability and Medicare Crossover Claims

- How are Medicare/Medicaid crossover claims processed? Is this an automated process and if not, when will the process be automated?

Member Services

- Are members required to have both cards when they see their providers, or do they just need their MCO ID card? When do members receive their MCO ID cards?
- If services for a patient are not covered through the hospital, will the patient's Long Term Care facility be responsible for the charges?
- There was a document stating providers could not allow clients to use their phone, fax, or other office supplies to find out their MCO information. Where can members go to get the information if they need assistance?
- Who should be called for demographic changes?

Prescriptions and Durable Medical Equipment (DME)

- How do providers know the member's quantity and timeframe eligibility for DME products and supplies?

Member Eligibility

- How can providers determine member eligibility? Is the Iowa Medicaid Enterprise (IME) going to maintain their database of member eligibility?
- When should I contact the IME and when should I contact the MCOs?

MAAC

- What authority does the Medical Assistance Advisory Council (MAAC) have?
- How does the MAAC oversee this program?
- Where can I find information regarding the MAAC?

MCO Contracting

- If a provider has not received information on the process of their credentialing with an MCO, will their credentialing be retroactive, and will the provider receive the out-of-network rate during this time?

Billing and Claims

- Will there be reports regarding denials?