



Executive Committee Meeting

Wednesday, September 28, 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: August 18, 2016
- 3:10 Transition of the Executive Committee Members
 - MAAC Meeting Guidelines and Administrative Rules
 - Work Plan
 - Action Items
- 3:40 MAAC Minutes Summaries
 - Medicaid Modernization 2015
 - Medicaid Modernization 2016
- 3:45 Data Workgroup
- 4:10 Public Comment Listening Sessions
 - Review of September Session
 - Member Participation
- 4:25 Public Comment (Non-Executive Committee Members)
- 4:30 Adjourn



Executive Committee Summary of Meeting Minutes August 18, 2016

EXECUTIVE COMMITTEE MEMBERS	DEPARTMENT OF HUMAN SERVICES
Gerd Clabaugh – present	Chuck Palmer – present
Dennis Tibben – present	Mikki Stier – present
Sara Allen –	Deb Johnson – present
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 –
Kate Gainer –	Luisito Cabrera – present
Natalie Guinty (for Sara Allen) – present	Alisha Timmerman – present

Introduction

Gerd called the meeting to order and performs the roll call. Executive Committee attendance is as reflected above.

Approval of Executive Committee Meeting Minutes from July 21, 2016

Gerd invited the group to voice comments or changes to the July 21, 2016 meeting minutes. Request was made to correct the spelling of Natalie Guinty's name. Gerd declared that the meeting minutes of the Executive Committee (EC) held on July 21, 2016, stands approved upon completion of this correction.

Update from Medicaid Director

Mikki mentioned the drafting of quarterly summaries of all the minutes from previous Full Council and Executive Committee MAAC meetings in preparation for the oversight. Gerd felt that no further action needs to be made on these summaries as they are summaries of previously approved documents. Gerd invited questions.

Action Items:

- Follow up on Electronic Visit Verification (EVV) systems (Cindy)
- Outstanding status of the Public Comment Summary (Anthony)
- Any other items to add to the presentation for the oversight committee (Gerd)

Committee members stated that the Committee has worked hard to make the itself a responsible body with discipline and structure and that the MAAC has improved communications and streamlined processes such as prior authorizations, credentialing, etc. and that the Committee has resolved issues through dialogue and discussions without necessarily having to make formal recommendations. Gerd

asked to identify key issues that new incoming Committee should try to practice diligence:

- Representation at public hearings
- Attendance at meetings
- State Innovation Model (SIM) follow up
- Issues surrounding the Waiver programs
- Data Task Force
- Program Integrity oversight of MCOs

MAAC Minutes Summary

No further discussion was added to the previous discussions at the August 17, 2016 MAAC Full Council Meeting.

Public Comment Listening Sessions Summary

Lindsay explained the content of the report and asked for recommendations.

Action Items:

- Dennis made recommendation to add consistent responses regarding Prior Authorizations from the MCOs and also not honoring the authorizations when submitting the claims –

Transition of the Executive Committee

No further discussion was added to the previous discussions at the August 17, 2016 MAAC Full Council Meeting.

Action Items Update

No further discussion was added to the previous discussions at the August 17, 2016 MAAC Full Council Meeting.

Public Comment (Non-Executive Committee Members)

Dan Brit asked for help from AmeriGroup about payment in accordance with fee schedule as this is causing hardship. AmeriGroup representative at the meeting will reach out to Dan Britt. Jim Cushing discussed conversation with Dave Beeman regarding the difference between state and federal code regarding the voting rights/process of the FC and the EC and whether the FC would have the ability to make the recommendations as well.

Adjourned

4:08 P.M.



2016 MAAC Executive Committee and Full Council Meeting Schedule

Meeting Type	Date	Time	Location	Conference Call Information
Executive Committee Special Meeting <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#
Executive Committee <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#
Executive Committee <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#
Full Council	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#

Meeting Type	Date	Time	Location	Conference Call Information
Executive Committee <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#
Executive Committee <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#
Full Council	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#
Executive Committee <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#
Executive Committee <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#
Executive Committee <i>Non- Executive Committee Members May Participate Via Conference Call</i>	Thursday, July 21, 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#

Full Council	Wednesday, August 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#
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Executive Committee <i>Non- Executive Committee Members May Participate Via Conference Call</i>	Wednesday, September 28, 2016	3:00 p.m. – 4:30 p.m.	Hoover State Office Building, A-Level Conference Room 7, 1305 E. Walnut St., Des Moines, IA	1-866-685- 1580 Code: 515-725-1031#
Executive Committee <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, A-Level Conference Room 5, 1305 E. Walnut St., Des Moines, IA	1-866-685- 1580 Code: 515-725-1031#
Full Council	Wednesday, November 16, 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#
Executive Committee <i>Non- Executive Committee Members May Participate Via Conference Call</i>	Tuesday, November 22, 2016	3:00 p.m. – 4:30 p.m.	Hoover State Office Building, A-Level Conference Room 7, 1305 E. Walnut St., Des Moines, IA	1-866-685- 1580 Code: 515-725-1031#
Executive Committee <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, A-Level Conference Room 7, 1305 E. Walnut St., Des Moines, IA	1-866-685- 1580 Code: 515-725-1031#

Agendas will be distributed prior to each meeting.

Iowa Department of Human Services
 Medical Assistance Advisory Council (MAAC)
 Action Items from the Executive Committee Meeting of August 18 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 - To be discussed in 9/28/2016 EC meeting.

Iowa Department of Human Services
 Medical Assistance Advisory Council (MAAC)
 Action Items from the Executive Committee Meeting of August 18 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)
 Action Items from the Executive Committee Meeting of August 18 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	What does ISIS capture, what does IMPA capture, and who has access to it			Completed: ISIS - individualized Services Information System. Its purpose is to support LTC facilities and Waivers programs. Within ISIS, IM Workers, Case Managers, and others involved in establishing individualized service plans have access. It is a web-based system. Both Level of Care and Service Plan workflows are built into the system to step users through these two core processes. ISIS then provides LOC information back to IM Workers to support eligibility determination and sends authorized service plans for FFS members to MMIS that supports claims processing. We have around 1,000 daily ISIS users. IMPA - Iowa Medicaid Portal Application. Our primary user base are Medicaid Providers. Several different role-based functions/business processes are supported within IMPA. Some of the main support items within IMPA include: (a) MCO Look-Up tool. This web based programming uses web services for real-time access to eligibility information, child welfare information, IM Electronic Case File, and IME Services data; (b) Provider Re-Enrollment and certification. The re-enrollment process is supported through structure work-flow/programming to capture all the information necessary from providers to support re-enrollment; and, (c) Remittance Advices - All Medicaid Providers use IMPA to electronically access their remittance advice. There are other sets of functionality and business processes supported as IMPA is a roles-based portal. We currently have about 17,000 registered IMPA users; some use it daily, some weekly or other periodic users.
5/19/2016	A designated email account that can be used for MAAC business		Medicaid Director	Completed- discussed and completed at 6/21/2016 EC meeting.

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Iowa Department of Human Services
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 Action Items from the Executive Committee Meeting of August 18 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 revisions are necessary		Chair of MAAC	Completed- Information has been updated to the DHS website.
7/21/2016	Reformat the Action Items Reporting Grid to clearly show when items have been completed. Suggested to move previously completed items to the end of the grid		Medicaid Director	completed- Reformatted prior to 8/18/2016 EC meeting
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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 Action Items from the Executive Committee Meeting of August 18 2016

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		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
8/18/2016	Follow up on Electronic Visit Verification (EVV) systems		Cindy Baddeloo	Completed - Informational Letter No. 1718-MC released on 9/14/2016 and discussed in EC meeting on 9/28/2016; IL in meeting materials.
8/18/2016	Outstanding Status of the Public Comment Summary		Anthony Carroll	Completed - To be discussed in EC meeting on 9/28/2016.
8/18/2016	Additional Items to add to the Oversight Committee presentation		Gerd Clabaugh	Completed



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

INFORMATIONAL LETTER NO.1718-MC

DATE: September 14, 2016

TO: Iowa Medicaid Hospice, Home Health Services and Waiver Providers including Individual Consumer Directed Attendant Care (CDAC) Providers

APPLIES TO: Managed Care

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Electronic Visit Verification (EVV)

On April 1, 2016, most Iowa Medicaid members were transitioned to the IA Health Link managed care program. These members receive health coverage through a Managed Care Organization (MCO). The MCOs are contractually required to utilize EVV for Home- and Community-Based Services (HCBS), Home Health Services, Hospice and Early and Periodic Screening Diagnosis and Treatment (EPSDT) services.

All MCOs will implement EVV in calendar year 2017. EVV will be used to monitor member receipt and utilization of services. EVV provides verification of a visit with a time stamp. This data is used to generate claims and serves a function similar to electronic time sheets. EVV is also used for quality and program integrity (PI). Many agencies already utilize EVV.

More information and training will be available leading up to the EVV launch date.

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909 or email imeproviderservices@dhs.state.ia.us.



IA Health Link Public Comment Meeting Schedule

Meeting Date	Meeting Time	Meeting Location	Location Details
March 22, 2016	3 p.m. – 5 p.m.	Mason City	Historic Park Inn, Ballroom 15 W. State Street Mason City, IA 50401
April 12, 2016	3 p.m. – 5 p.m.	Burlington	Pzazz Convention and Event Center, Hall B 3001 Winegard Dr. Burlington, IA 52601
May 10, 2016	3 p.m. – 5 p.m.	Dubuque	Grand River Center Meeting Room #2 500 Bell St. Dubuque, IA 52001
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
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
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



Fort Dodge IA Health Link Public Comment Meeting

Tuesday, August 23, 2016

Time: 3 p.m. – 5 p.m.

Fort Dodge Public Library

424 Central Ave.

Fort Dodge, IA

Meeting Comments and Questions

IME/DHS Staff	MCO Representatives	MAAC Representatives
Debbie Johnson - present	Amerigroup Iowa, Inc. - present	Anthony Carroll - present
Matt Highland - present	AmeriHealth Caritas Iowa, Inc. - present	
Allie Timmerman - present	UnitedHealthcare Plan of the River Valley, Inc. - present	

Comments:

Billing and Claims

A provider stated that they had been contacted by the Managed Care Organizations (MCOs) when claims issues arose without the provider having to contact first and they were appreciative. A different provider and their colleague had reviewed a claim for accuracy prior to submitting to an MCO however, when submitted to the MCO the claim had been denied; this had happened on more than one occasion. Another provider stated that a number of services had also been declined due to there not being a Prior Authorization (PA) on file before rendering services however, per the PA listing provided by the MCO, a PA was not required for that service. Also, a request was made to delay implementation of the Electronic Visit Verification (EVV) systems as they were having billing issues with the MCO's and the hardware for EVV would increase costs associated with serving Medicaid recipients. In regards to Rural Health Clinic (RHC) claims, there had been incorrect or untimely payments made in various degrees and this was of concern due to a majority of the clinics in the area were RHCs.

Contracting and Contracted Rates

Rates had changed from those previously provided by Iowa Medicaid following implementation and this had caused greater time spent in communication between a provider's Accounts Receivable department and the MCOs. Different providers had also stated that they were being paid below their contracted rates with the MCOs and had to review prior claims individually to ensure they were paid accordingly.



Inconsistency in Information

A provider had called in multiple times to the same MCO and spoke with a different person each call and received a different answer depending upon whom he had been speaking to.

Services and Coverage

Mental Health patients had informed their provider that they were not able to receive the benefits they had prior to implementation. An issue raised by more than one provider had been that some of the providers' patients who were considered medically exempt and were now enrolled in MCOs were not receiving the same benefits as they had with Iowa Medicaid.

Questions:

1. Has optical coverage changed with the transition?
2. Does Medical Exemption change in the IA Health Link managed care program transition?
3. How were the member's MCO assignments determined and what benefits they would receive?
4. Why did the members' benefits change following implementation?
5. Can a provider be dually certified in different provider areas or are they only able to certified under one provider type?
6. If medical exemption status for a member has crossed over to an MCO, will the member be required to attest again?
7. Will there be a delay in Electronic Visit Verification?
8. Are the notes taken at the IA Health Link Public Comment Meetings taken back to Senate?
9. Has there been any progress on identifying performance indicators for the Integrated Health Homes (IHHs)?



Waterloo, IA Health Link Public Comment Meeting

Wednesday, September 14, 2016

Time: 3 p.m. – 5 p.m. Fort Hawkeye Community College
 Tama Hall, Room 105
 1501 East Orange Road, Waterloo, IA
Meeting Comments and Questions

IME/DHS Staff	MCO Representatives	MAAC Representatives
Matt Highland - present	Amerigroup Iowa, Inc. - present	Anthony Carroll - present
Luisito Cabrera - present	AmeriHealth Caritas Iowa, Inc. - present	Natalie Ginty - present
	UnitedHealthcare Plan of the River Valley, Inc. - present	

Comments:

Billing and Claims

A provider from Manchester stated that the transition has been a nightmare for them. Denial rate has tripled and our billers are just overwhelmed by the rate of denial. They said that they have not been paid for so many of their claims like rural, rural health claims and critical in-patient and out-patient claims. The problems have been reported multiple times to the provider representative but with no clarity on how to solve the issues. The provider is repeatedly being told that they are not in-network when they are registered with all three MCOs. Another provider brought up the issues they are encountering regarding Prior Authorization (PA) and approval taking 60 days and wanted to know how to handle.

General Comments

A provider commented that they still think this whole transition happened much too fast and not enough consideration was given to the debilitating issues that we all now are facing. Expressed concern as to whether this transition will actually work and wanted reassurances that these are all just “growing pains”. A provider asked about Medicare Advantage Plan and clarity on application of co-pay versus co-insurance.

Case Management

A provider commented that now that the MCOs have taken over case management, MCOs have their own case managers and it is difficult to make a determination on who these managers are and how to get in touch with them. Provider brought up conflict encountered involving 60 day on PA and 45 days on appeals.

hawk-i

A provider sought clarity on the cap on **hawk-i** insurance regarding Occupational Speech Therapy.

Good Cause

A provider commented that good cause is really good for the members but pose some significant billing issues for provider that are not notified in time and result in denials.

ELVS

We have encountered issues regarding members that are not actually enrolled with the MCO reflected in ELVS because that member has changed MCO. This poses a lot of issues for us providers. We would like this situation addressed.

Questions:

1. Has there been any consideration given to reconsidering the whole Medicaid transition?
2. What do MCOs intend to do to resolve these claims denials issues?
3. Is the system actually designed to work or are these issues simply “growing pains” in trying of the implementation?
4. What will happen if these issues continue to remain unresolved? (We providers cannot afford to remain in business).
5. How does Medicaid save money considering all these issues?
6. What is being done and what do you (MCOs) recommend to resolve the continuing PA problems?
7. Are MCOs collaborating is resolving these issues?
8. What do you recommend we do to resolve claims denial issues?
9. If a member is in process of re-enrolling in Medicaid – will that member be assigned to the same MCO?



MAAC Meeting Minutes Summary: Medicaid Modernization 2015

February 27, 2015 – SPECIAL MEETING

The MAAC Full Council called a special meeting. This is the first formal briefing of the MAAC Full Council on Medicaid Modernization. The meeting revolved around the RFP with questions by Council members around what is in the RFP.

May 14, 2015 – EXECUTIVE COMMITTEE

Liz Matney recapped the status of the RFP and all relevant amendments. Jennifer Steenblock reminded the group of the requirement for a public comment/review period by early July and that there are now weekly operational meetings to ensure problems are identified early.

May 28, 2015 – FULL COUNCIL

Liz Matney provided an RFP status update and that bidders are being given more time. She informed the group of the eleven proposals that have been received. She informed the Council that the plan is to read bids thoroughly and have awards announced August 7. Jennifer Steenblock informs the Council of the draft of 1115 Demonstration waiver to be submitted to CMS and also submitting new 1915(b) waiver that will incorporate LTC, physical and behavioral health care. She informed the Council that the Department is planning to do public hearings and post information in early July. Lindsay Buechel discussed the branding and communications plan for the transition.

July 15, 2015 – EXECUTIVE COMMITTEE

Lindsay Buechel discussed the rationale behind the new branding, IA Health Link, and how it effectively conveys the narrative of linking all the different parts that make up Iowa Medicaid to generate a positive health outcome. Liz Matney provided an update on amendments to the RFP and informed the Council that there is an upcoming rate conference with the bidders. There were discussions of the rules changes that will occur and that will go through the public process to ensure transparency.

August 26, 2015 – EXECUTIVE COMMITTEE

Lindsay Buechel provided a detailed schedule of the member enrollment mailings for IA Health Link, timeline of the mail drops, mailing quantities, and population groups that will be targeted in various mailing phases.

August 31, 2015 – FULL COUNCIL

Liz Matney made a formal announcement of the four MCOs that have been awarded the contract for Medicaid Modernization. Liz outlined the various key areas of implementation – PMO, IME contracts, branding and communications, stakeholder and external relations, collaboration with federal partners, alignment with other initiatives, and MCO onboarding. She announced Navigant as the readiness assessment consultant to thoroughly

assess and ensure that MCOs are operationally ready for January 1, 2016. Liz discussed the importance of compliance with federal guidelines with respect to LTC services and explained operational areas for review such as member services, enrollment/disenrollment processes, reporting requirements, members grievances and appeals, adequacy and meeting privacy standards, coordination of care including Case Managers. She discussed the modernization oversight and LTC ombudsman for HCBS providers. She explained that IME will be leveraging state staff and account managers, and integrated MCO account managers, how MAAC will fit into oversight structure, development of a public facing dashboard to show managed care compliance, and member advantage in choosing a health plan. She stated that CMS waiver submissions will be sent by end of week and gave a summary of all waivers to be submitted to CMS. Lindsay Buechel provided an update on outreach and member/provider communication and the new branding IA Health Link.

September 17, 2015 – EXECUTIVE COMMITTEE

Discussion revolved around Annual Provider Training, and Stakeholder and Member Meetings Lindsay outlined planned Stakeholder and Member meetings to be held in various locations throughout the state in early October and confirmed that stakeholder/provider education meetings will be in eleven locations and member education and enrollment events in eighteen locations. She outlined more details about other member outreach efforts that are on schedule.

September 22, 2015 – EXECUTIVE COMMITTEE

Lindsay confirmed that IME is currently in the process of setting up stakeholders and provider meetings and member meetings on Medicaid Modernization. She provided details of the stakeholder/provider meetings as well as the member meetings. She stated that members will get letter late November or early December regarding enrollment and that dental will continue to be available but not transitioning to MCOs. She informed the Committee that MCOs have started doing more outreach and will be organizing their own provider training sessions and provided an update on the member mailings, drop dates, quantities, and components. There was discussion on the December 17 choice deadline and the MCO enrollment packets for providers. The Committee raised questions on providers not signing up or cooperating with MCOs and issues hinging on “payment process set-up” and concerns about the confusion around contract signings and disconnect on the timeline of coverage. Lindsay explained the “good cause” as a federal requirement and the need to discuss “choice counseling” because members may have to face making choices and will require assistance in making these choices. Questions were raised by the Committee on the issue regarding credentialing and how MCOs are to address it.

October 28, 2015 – EXECUTIVE COMMITTEE

Discussions involved member enrollment and communications timeline and the MCO choice process. Lindsay provided update on the member mailings and information being posted on the MEDMOD web pages and sent out through Medicaid Modernization (MM) email alerts. Jennifer Steenblock informed the Committee that MCOs were interested in getting all this information pushed out to providers to continue through credentialing and contracting process. More discussions on Provider Rate Floor. Provider MCO Agreements. Provider Universal Application. Provider MCO Manuals. And Provider Fact Sheet

November 16, 2015 – EXECUTIVE COMMITTEE

Jennifer Steenblock provided an update on the current status of the member enrollment campaign and expected timelines for completing the mailings. Initial discussion was on the logistics of introductory mailings and the mailing lists that were used. She confirmed that the initial mailings were Long Term Care (LTC) and summarized the member education meetings and that additional meetings will be added to the schedule if necessary. There were discussions on the CMS Listening Sessions, Provider Rate Follow-Up Discussion, Provider Credentialing/Enrollment, Process and Network Discussion. The Committee also focused on the re-enrollment process for providers and review of the credentialing issues from the September 22 Executive Committee meeting.

November 25, 2015 – FULL COUNCIL

Lindsay Buechel provided a comprehensive update on the IA Health Link activities including member enrollment mailings to all Medicaid populations indicating completion of all enrollment mailings by the end of November. She reviewed details involving the member choice timeline and the choice counseling process and provided a review of all the member and provider/stakeholder outreach activities that have either been completed or are still currently in progress. Liz Matney discussed more detailed information regarding provider rates that covered areas such as managed care plans, hospital rebased rates, EPSDT including palliative care. She also discussed Iowa Medicaid fee schedule plans, nursing facility rates, and HCBS providers and the “weighted average” reimbursement rates given to the four MCOs. Sean Bagniewski discussed the recently released application process that allows simultaneous provider enrollment with Iowa Medicaid and the MCOs through use of a jointly developed “universal” application (developed with input from MCOs). All four MCO representatives introduced their companies and gave an overview of the “current state of affairs” within each MCO with regard to the transition.

December 15, 2015 – EXECUTIVE COMMITTEE

Discussions centered on IA Health Link Member Enrollment Update (Enrollment packets, Requests for new packets, February assignments, Member Services update). IA Health Link Provider Update (Safe Harbor, Universal Application and Enrollment, MCO Trainings). Implementation Update. Mikki updated the group that CMS conducted their site visit and we are now awaiting their decision.



MAAC Meeting Minutes Summary: Medicaid Modernization 2016

January 12, 2016 – SPECIAL MEETING

Director Palmer addressed the Executive Committee with the main objective of establishing a dialogue with the members of the Committee about how to work together constructively and with more frequency. Mikki provided a quick update on IA Health Link member and provider activities.

January 19, 2016 – EXECUTIVE COMMITTEE

Discussions included an update regarding Prior Authorization and the informational letter that is being developed specifically addressing PA. Matt Highland provided an update on IA Health Link and the various members and provider outreach activities including the hawk-I program MCO choice options. Gerd discussed the public listening sessions that are scheduled in March.

February 16, 2016 – EXECUTIVE COMMITTEE

A packet of communication materials was distributed out to the Executive Committee members in attendance. Mikki stated that the purpose of this packet is to get a better sense of the scope of the member as well as the provider communications effort surrounding the managed care transition. She stated that the IME has been working directly with providers to ensure that enrollment, claims, and billings issues are addressed. She acknowledged recent billing issues with providers and said that the IME has been asking associations to notify the department that if they have members encountering billing issues, to contact the IME directly and that these will be dealt with individually and quickly. Discussion also included the WellCare reassignment process. Mikki clarified the choice process and Lindsay reviewed the plan, objectives, and logistics of the Public Comment meetings including a reporting template. Mikki provided a Medicaid Modernization update that covered everything from credentialing, PAs, electronic verifications, claims processing, and Case Management transition.

February 18, 2016 – FULL COUNCIL

Matt Highland provided a comprehensive update for the Council members regarding the communications outreach on IA Health Link to members and providers including call centers and scripting, He went over the provider training sessions on Medicaid Modernization and the member enrollment events. He provided updates on communication efforts involving the Medicaid e-News, member enrollment mailings, and various informational letters addressing key transition issues. He also provided some clarification regarding the WellCare reassignment process. Mikki Stier provided a details update on the Medicaid Modernization transition including development of CSR “soft skills”, Deb Johnson addressed concerns regarding Long Term Care and Case Management agencies.

March 15, 2016 – EXECUTIVE COMMITTEE

Lindsay went over the Public Comment Meeting schedule and informed the group of the first meeting to take place in Mason City on March 22, 2016. An Attendee Schedule for the Public Comments Meetings was handed out with designation of two Executive Committee members assigned to each meeting. She went over the process of what is expected of Committee members that are attending the Public Comment meetings. Deanna Clingan-Fischer of the LTC Ombudsman's Office addressed the Committee. Mikki provided an update regarding provider transition issues including crossover claims, cross reports, split billing, critical incident reporting. Matt provided an update regarding the Confirmation of Coverage letter and MCO card distribution.

April 19, 2016 – EXECUTIVE COMMITTEE

Mikki reviewed the April 1 implementation of the IA Health Link program and stated that there is an MC 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. She stated since implementation, no systemic issues and specific issues, such as NEMT and pharmacy, had been addressed immediately. The CEOs from the three MCOs were given an opportunity to individually address the Committee and provide an update. Lindsay gave an update on the first two public comment listening sessions.

May, 17, 2016 – FULL COUNCIL

Mikki informed the Council that 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. Representatives from each of the MCOs were given an opportunity to address the Council and provide initial managed care transition data. Lindsay provided a summary of the first three Public Comment meetings in Mason City, Burlington, and Dubuque.

May 19, 2016 – EXECUTIVE COMMITTEE

It was agreed by the Committee that a document be created outlining the process of when a member decides to switch to another. Lindsay reviewed the Public Comment meetings.

June 21, 2016 – EXECUTIVE COMMITTEE

Mikki cited billing issues due to transition from Magellan to MCOs, especially in instances of higher need individuals. She informed the Committee that 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. She further added that the position of Provider Managed Care Liaison may also be developed in the future to assist in communication between the IME Provider Services and MCOs in handling provider concerns. Mikki provided an update on Non-Emergent Medical Transportation (NEMT), Prior Authorizations (PAs), Billing, and Level of Care (LOC) tracking. Lindsay provided an update on the Public Comment meetings.

July 21, 2016 – EXECUTIVE COMMITTEE

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.

August 5, 2016 – SPECIAL MEETING

This meeting did not address anything concerning IA Health Link.

August 17, 2016 – FULL COUNCIL

Representatives from the three MCOs were given an opportunity to provide an operational update on the managed care transition.

August 18, 2016 – EXECUTIVE COMMITTEE

Lindsay provided a brief update on the progress of the Public Comment meeting on IA Health Link.

Full Council Operating Guidelines
DRAFT 5/2/2016

Responsibilities of the Full Medical Assistance Advisory Council (MAAC)

Iowa Code 249A.4B outlines the responsibilities of the full MAAC:

"...to advise the director about health and medical care services under the medical assistance program."

Further, Iowa Code 249A.4B, subsection 3c provides:

"...Based upon the deliberations of the council and the executive committee, the executive committee shall make recommendations to the director regarding the budget, policy, and administration of the medical assistance program", and shall be advisory and not binding upon the department of human services. (441 IAC 79.7(7), subsection a)

In turn, Iowa Code 249A.4B, subsection 6 provides:

"The director shall consider the recommendations offered by the council and the executive committee in the director's preparation of medical assistance budget recommendations to the council on human services pursuant to section 217.3 and in implementation of medical assistance program policies."

Operationally, the Full MAAC determines that it will provide a conduit through which diverse organizations and consumers can deliberate productively regarding budget, policy, and administration of the Iowa Medicaid program, and provide the benefit of this deliberation to the MAAC Executive Committee, which will then make recommendations to the Director regarding the Iowa Medicaid program.

Agenda Development

The Chair shall be responsible for development of the agenda for the Full Medical Assistance Advisory Council (MAAC). Agendas will be developed and distributed in compliance with the advance notice requirements of the Iowa Code. Specifically, Iowa Code Section 21.4 requires meeting notice to be

"given at least twenty-four hours prior to the commencement of any meeting of a governmental body unless for good cause such notice is impossible or impractical, in which case as much notice as is reasonably possible shall be given...If another section of the Code requires a manner of giving specific notice of a meeting, hearing, or an intent to take action by a governmental body, compliance with that section shall constitute compliance with the notice requirements of this section."

441 IAC 79.7(4b) provides more specifically for the notice of meetings for the full MAAC as follows:

"Written notice of council meetings shall be mailed at least two weeks in advance of the meeting. Each notice shall include an agenda for the meeting."

The Chair shall be responsible for agenda development, which will be developed in consultation with staff at the Department of Human Services/Iowa Medicaid Enterprise. Agendas will be developed taking into the consideration the following tasks of the full MAAC:

1. Workplans - agenda items will be added to the full Council agenda as various tasks for the Council are due to be discussed based on calendar requirements. For example, the full Council is to engage in deliberations over policy and budget, making recommendations to the MAAC Executive Committee. These full Council deliberations are to be conducted within a timeframe to allow the Executive Committee to receive the Full Council's feedback, make recommendations to the

Director, and for the Director to consider these recommendations as budgets and policy for the Medicaid program are developed for the review of the Human Services Council, the Governor's review and action, as well as for the upcoming legislative session.

2. Topics identified by the Chairperson - the chairperson shall have the authority to add items to the agenda for upcoming meetings of the full MAAC.
3. Requests from the Director of Human Services - According to 441 IAC 79.7(7) subsection b, the council shall consider all matters referred to it by the Department of Human Services. The Department shall also present the Medicaid annual budget for review and comment.
4. Discussion and Action Items from Members - 441 IAC 79.7(4b), as stated above, requires the agenda for a meeting of the full Council to be distributed "at least two weeks in advance of the meeting." It is the policy of the full MAAC that, once agendas are distributed to the full MAAC, staff will notify members that there is an opportunity to suggest additional discussion or action items, and that these should be forwarded to the chair of the full MAAC one week prior to the scheduled full MAAC meeting. The Chairperson will review any additional suggestions from members for items to be added, and will revise and issue a final agenda five days prior to the time and date of the upcoming full MAAC meeting.

Officers of the Full Council

Iowa Code Section 249A.4B identifies the Director of Public Health as the chairperson of the full MAAC. Iowa Administrative Code 441 IAC 79.7(1) further specifies the election of a Vice-chairperson from among the membership of the full MAAC. The role of the Vice-chairperson is further defined in the administrative rule as follows:

- "...Elections for vice-chairperson will be held the first meeting after the beginning of the calendar year.
- b. The vice-chairperson's term of office shall be two years. A vice-chairperson shall serve no more than two terms.
 - c. The vice-chairperson shall serve in the absence of the chairperson.
 - d. The chairperson and vice-chairperson shall have the right to vote on any issue before the council.
 - e. The chairperson shall appoint a committee of not less than three members to nominate vice-chairpersons and shall appoint other committees approved by the council."

Staff Support for the Full MAAC

441 IAC 79.7(3) outlines the responsibilities for the Department of Human Services in supporting the full MAAC, as follows:

"...Expenses of the council and executive committee, such as those for clerical services, mailing, telephone, and meeting place, shall be the responsibility of the department of human services. The department shall arrange for a meeting place, related services, and accommodations. The department shall provide staff support and independent technical assistance to the council and the executive committee."

Meeting Frequency and Location

In accordance with Iowa Code Section 249A.4B, subsection 1, "The council shall meet no more than quarterly."

According to 441 IAC 79.7(4), "Meetings may be called by the chairperson, upon written request of at least 50 percent of the members, or by the director of the department of human services", in cases where meetings are not currently scheduled on a quarterly basis. Meetings are to be held in the Des Moines area unless other notification is provided.

Attendance

441 IAC 79.7(5), in part, provides that "Notice shall be given to a professional group or business entity represented on the council when the representative of that group or entity has been absent from three consecutive meetings."

Rules of Meeting Procedure

441 IAC 79.7(5), in part, provides that "In cases not covered by these rules, Robert's Rules of Order shall govern."

Minutes

As required in Iowa Code Section 21.3, minutes of the meetings of the full Council will be kept, "showing the date, time and place, the members present, and the action taken at each meeting. The minutes shall show the results of each vote taken and information sufficient to indicate the vote of each member present. The vote of each member present shall be made public at the open session. The minutes shall be public records open to public inspection." Staff of the Iowa Medicaid Enterprise support the full Council and will be tasked with taking minutes. The chair will review minutes before distribution with each meeting's final agenda.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b. Executive committee membership shall consist as follows:

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

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

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

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

b. Council

(1) Council meetings

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

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

(2) The council may choose subjects for consideration and recommendation. It shall consider all matters referred to it by the department of human services.

i. Any matter referred by a member organization or body shall be considered upon an affirmation vote of the council.

(3) The council shall advise the professional and business entities represented and act as liaison between them and the department.

(4) The council shall perform other functions as may be provided by state or federal law or regulation.

(5) Pursuant to 2016 Iowa Act, ch. 1139, sec. 94, the council shall regularly review Medicaid managed care. The council shall submit an executive summary of pertinent information regarding deliberations during the prior year relating to Medicaid managed care to the department of human services no later than November 15, annually.

(6) Pursuant to 2016 Iowa Acts, ch. 1139, sec. 94, the council shall submit to the chairpersons and ranking members of the human resources committees of the senate and house of representatives and to the chairpersons and ranking members of the joint appropriations subcommittee on health and human services, on a quarterly basis, minutes of the council meetings during which the council addressed Medicaid managed care.

(7) Review the recommendations submitted by the executive committee regarding feedback received at the IA Health Link statewide public comment meetings outlined in 2016 Iowa Acts, ch. 1139, sec. 94.

c. Executive Committee

(1) Executive committee meetings

i. The executive committee shall meet no more often than monthly.

ii. Meetings may be called by the chairperson or co-chairperson, upon written request of at least 50 percent of executive committee members, or by the director of the department of human services.

iii. Meetings shall be held in the Des Moines, Iowa, area, unless other notification is given. Meetings will also be made available via teleconference, when available.

iv. In the month when a council meeting is held, the executive committee shall meet after the council meeting, allowing committee members to discuss and make recommendations based on the topics discussed by council members.

(2) Based on the deliberations of the full council, the executive committee shall make recommendations to the director regarding budget, policy, and administration of the medical assistance program. Such recommendations may include:

i. Recommendations on the reimbursement for medical services rendered by providers of services.

ii. Identification of unmet medical needs and maintenance needs which affect health.

iii. Recommendations for objectives of the program and for methods of program analysis and evaluation, including utilization review.

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

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

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

79.7(4) Procedures.

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

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

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

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

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

79.7(5) Expenses, staff support, and technical assistance. Expenses of the council and executive committee, such as those for clerical services, mailing, telephone, and meeting place, shall be the responsibility of the department of human services. The department shall arrange for a meeting place, related services, and accommodations. The department shall provide staff support and independent technical assistance to the council and the executive committee.

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

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

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

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

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

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

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

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