



Special MAAC Meeting: Medicaid Modernization February 27, 2015

IN ATTENDANCE

Nancy Hale	Deb Kazmerzak	Emily Berg	Teresa Bomhoff
Gloria Symons	Carol Steckel	Madison Kelley	Sandi Hurtado-Peters
Frank Velinsky	Tonya Sickels	Cynthia Steial Bishop	Anthony Carroll
Mitchell Evans	Kimberly Murphy	Kristie Oliver	
Mardi Deluhery	Steve Rubino	Mike Enfrdy	DHS
Megan Bendixen	Denise Rathman	Jeff Marston	Julie Lovelady
Dennis Tibben	Barbara Nebel	Tom Cope	Andria Seip
Terry Flatt	Jeremy Morgan	Gary Ellis	Debbie Johnson
Jodi Tomlonovic	Matt Eide	Erin Davison-Rippey	Bob Schlueter
Erin Halverson	Dan Royer	Mikki Stier	Maggie Eischeid
Mike Speight	Cindy Baddeloo	Andy McGuire	Lindsay Buechel
Tom Brown	Debra Waldron	Mary Nelle Trefz	Jennifer Steenblock
Shelly Chandler	Paula Connolly	Leah McWilliams	

Introduction:

Michael Boussetot started with a quick introduction on DHS and Medicaid.

Questions to Michael:

Teresa Bomhoff- There are two things that are going to make this go or fall flat, what is the Governor's plan to beef up the work force and what is going to be done about reimbursement levels?

Michael- This RFP isn't about negotiating better rates for Medicaid, our rates are already low, there are protections in this RFP saying if you are a willing provider who contracts with a plan then you get the rates that you are paid now. That is to help protect some providers who have been great Medicaid partners. In the long term we face some challenges in provider services in Iowa, what are we going to do to deliver mental health services in rural Iowa? We are in the bottom 5% of the nation when it comes to certain areas, but we're also with an aging population and are always looking for solutions when it comes to down level professionals. We've invested new state money into rural areas to help get people in those areas that provide medical services. We're investing millions in helping fund new medical residencies to help

professionals stay in Iowa. This program will add flexibility in HCBS services.

Teresa- There is a lot more steps that can be taken right now. I dropped off a binder on your desk. There are loan forgiveness program and incentives, and zero people in the mental health field have benefited from this.

Michael- The Governor's budget suggests a greater investment into these areas.

Paula Connolly- From what I understand we're going to include SSI 19 and under and dual eligibles. What waiver are you applying for to be able to do that and why did you choose that waiver?

Michael- The direction for the waivers is still being considered. This is the first phase of the RFP and we want stakeholder feedback. When it comes to what population to include, we took a look at the entire Medicaid program and what other states have done. Not every population that Medicaid currently serves will be included. We think that bringing along some of the services and other supports that comes along with these supports, will be in the long term interests in serving those patients.

Tom Cope- The details on which populations are included, is that in the RFP?

Michael- Yes, it is included. There are other phases of the RFP coming, and it will be publically available.

Tom Brown- In the defined population that you'll speak to, it addresses traumatic brain injuries as included, but Iowa doesn't have this. Is this an error?

Michael- Thank you for pointing that out.

Tom- It left out a significant number of providers who serve Iowans with brain injuries; both in state and out of state. It left all of the specialized providers in the RFP.

Michael- A lot of the detail Julie will handle in her presentation. In a broad sense, the RFP was designed not to be an exhaustive list. It's part of the procurement. We're asking for your feedback on this.

Shelly Chandler- There is a great deal of talk with other states about the flexibility that MCO's may bring in Medicaid, what are the plans for the department to lighten up on some of the rules while compiling with federal regulations and still having flexibility?

Michael- The waiver should have flexibility. The development of this plan has been with a working group that has included the Governor's office, DHS, DIA, IID, IDPH, IDA, EDU, DOC, this is an encompassing program. It touches everything in government and impacts almost everyone. We're working and formulating with these other departments and agencies on how we can simplify how we do business, and this is something that we are currently working on. There are many protections for providers also in this RFP. It will be at least the standards we have now and we can bring that flexibility more long term. This is why we are seeking a waiver and not business as usual. It is still being formulated.

Julie Lovelady started on the presentation:

This is an overview on Iowa Medicaid's modernization initiative. We are having meetings across the state and we have a dedicated webpage and email inbox that will take written comments and questions.

Theresa Bomhoff- There is supposed to be new Medicaid rates published, is that in April?

Julie- We'll do a check on that and put it on our Q and A.

Dan Royer- How does managed care work with federal FMAP rate setting? And also how does that impact the provider assessment that hospitals fall under?

Julie- Rates will remain the same, and the MCO will negotiate rates after that time period.

Andria- Some of the things we're working with CMS on. I don't think there will be many changes on the federal FMAP rates. For the hospital assessment we will have to check in to that and get back to you.

Dan- When you talk about contracting with MCOs and providers, does that envision that ACOs can contact with MCOs?

Julie- The RFP doesn't have any specific requirements about ACOs and MCOs contracting, but we think it's likely these will develop.

Tom Brown- What is the length of time for the LTC providers that the MCOs will honor existing relationships?

Julie- Through December 31, 2017.

Deb Waldron- The American Academy of Pediatrics thought there could be more attention towards children and care for children, this is a suggestion. Secondly, there are a number of statements that the American Academy of Pediatrics has come out with and I would

recommend that you read those and take them into account. We want to make sure that the children's needs are accounted for too. And medically necessity is a concern, different MCOs would operationalize that differently and there could be disparities in health care delivery. Everyone is concerned with budget. Nowhere did it address the requirement for Title 129 and Title 5 comply with federal regulations. Title 5 has developed a number of tools recently and we think the state should take a look at these for children and youth with special health care needs. The adult tools don't care for children and we think you need to make sure the children needs are addressed. Concerns about transition, we would like to make sure that the needs would be addressed, what is the care delivery model that will be used?

Jodi Tomlonovic- We have submitted more questions than comments, but what happens with the questions and comments, will there be a response back to the entity who asked the question?

Julie- Everything that people submit we are reviewing, the Q and A will be posted weekly and that would include any questions we receive. Every idea will be read.

Jason Velinsky- One of the reasons why there are no more agencies is because the agencies can't obtain a contract for HCBS services because they cannot fit the qualifications. That is why there are no services in this area. There are a very large number of audits and the department is so nit-picky with their audits and regulations. And I know they say it's because of CMS but the state suggests these regulations and if you set the regulations too high there won't be as many providers, if you lower the regulations there could be more providers available for these people. My questions are, is DHS actively looking to cultivate in-home HCBS providers and does DHS understand the barriers HCBS providers are up against?

Julie- All of our providers are important to us. If there are specific things you think we should be looking at we welcome those comments. We want members to be able to stay in their homes in their communities.

Andria- I don't know if you're familiar with the BIP program, but Iowa is focused on adding access to in home services. It is challenging for many reasons. But we appreciate the comments.

Dennis Tibben- Throughout the course of this week we have been in contact with other members of the MAAC and we have come up with a list of recommendations. Could we take a role call so we can adopt these comments from the MAAC?

Lindsay called roll.

Dennis went through the recommendations that they came up with.

Nancy Hale seconded this motion.

Julie- All of the MAAC members in favor?

MAAC Members- Yes.

Andria- I want to give you a quick update. Julie did give the dates of the stakeholder meetings; please get the information from our website as there were wrong dates sent out.