

ICC Fiscal Committee Meeting
Minutes
Friday November 15th, 2019

Committee Members

Dana Hutchings- Chair
Christopher Keck
Sarah Clancy

Staff

Jenee Sisnroy- AzEIP staff
Lisa Casteel- AzEIP staff

Public

Judy Walker- AHCCCS, member of the public

Call to Order

Dana Hutchings called in, will be late so Part C Administrator Jenee Sisnroy called meeting to order at 9:08

Primary focus of the meeting was to discuss the AHCCCS/ICC Fiscal Committee Meeting with Director Snyder, and create some action plans moving forward.

- **AHCCCS:**

- Provided feedback that the meeting was collaborative and are happy to assist in moving things forward for more efficiencies.
- Much of the meeting was centered around changes of plan providers and the differences in how each plan operates and poor communication with plans, and Early Intervention (EI) providers have a hard time understanding what to ask of the health plans.
- AHCCCS is proposing 30 minutes before the February ICC meeting to get together and discuss next steps (AHCCCS representatives, AHCCCS health plans on the phone, AzEIP team, ICC Fiscal Committee)
- AHCCCS will gather survey information from their health plans to solicit questions and concerns, barriers, pain points and compare that to AzEIP survey to their providers; AHCCCS would like to analyze the AzEIP survey results to best understand which questions to ask their health plans; AzEIP to send an electronic copy of the survey results to AHCCCS
- AHCCCS will identify a single point of contact for each health plan and a backup in order to provide most support to AzEIP providers
- AHCCCS will talk with AHCCCS Director to see if she has anything to add to the next meeting

- Judie will follow up with AHCCCS staff and determine if AHCCCS and AzEIP should meet before the next committee meeting to come onto the same page with next steps for the survey/plan.
- Judy will take all the suggestions back to AHCCCS and discuss the next steps

ICC Fiscal Committee:

- Scheduling ICC Fiscal Committee meeting prior to the ICC meeting in February; agenda will be to discuss each survey and results and develop a plan to move forward; AHCCCS wants health plans to participate via phone
- AHCCCS speech rate- EI providers would love to do continued care, but it is difficult with the speech rate over three- can AHCCCS look at this for continuum of care and increase the speech rate?
 - Response was that several things go into a rate and AHCCCS can maybe support providers to understand that
 - Jenee suggested that AzEIP/AHCCCS can figure out a way to help EI providers understand AHCCCS' constraints
- Suggestion: Providers would like more information on what AzEIP considers a denial
- Issue to address: Since AzEIP regions/tiers changed, there was not communication to AHCCCS to also see about changing their tiers that are based off of AzEIP's; AzEIP staff will send a document to Judy and highlight any tiers or zip codes that have changed and Judy will forward to appropriate people in AHCCCS
- ALTCS eligibility; EI providers still see inconsistently and differences by county on ALTCS eligibility decisions

AzEIP:

- Asked if AHCCCS was able to follow up with Idaho counterparts, Judy unsure and will check with AHCCCS Director and get back to AzEIP and ICC Fiscal Committee on that action item
- Discussed the ICC Fiscal Committee Survey to EI Providers, reviewed each response and discussed as a group, see provider survey for full details, some highlights below:
 - Lean process across providers and health plans is needed
 - Authorizations and claims are large concerns for most health plans
 - Suggestion: AzEIP and AHHHCS to have more collaborative resources for providers, such as standard work/ AzEIP binder and AHCCCS binder to support in the difference in AzEIP billing
 - This will reduce the several providers calling and getting numerous claims support staff and all must re-explain AzEIP each time
 - Like to have a once a quarter meeting to have a plan to have consistent communication
 - Dana suggested the EI providers should better understand the provider loading for each plan- all are completely different- would like a roadmap of

what happens so the EI providers know the expectation; it causes additional and unnecessary follow up and frustration because each plan load providers differently and with different processes and timelines, so they are unaware of what to expect

- If plans multiple services are paid in a day then they are getting a discount for the second service- a discounted pay rate, they pay first unit at the full and the next unit is 50%- MPPR rules
 - Committee wonders if this MPPR rule is even applicable to the Medicaid population they serve, since the regulation seems very clear that this is for Medicare population
 - Judy will investigate this
- Arizona Complete Care:
 - Contractors are agreeing to the rate and the speech rate seems to be 2-sided
 - The payment process is a problem
 - Claims do the authorizations- this is an easy process, but when they call claims they get anyone, one person will agree to pay the right rate and then the next will not and then go back to square one, having to explain AZEIP and all details on why the previous claims rep paid the right rate, lots of challenges here
 - Savings would occur if they have a dedicated claims person to call
- CMDP is small so things are more efficient and only a few people work with the contractors, so all has been very efficient

Action Items

1. Develop agenda for the February fiscal subcommittee meeting
 - a. Collaboration between fiscal committee and AHCCCS, invite health plans to attend on the phone
 - b. Prior to February, review the identified items from the agencies and the survey, and have AHCCCS develop their question to health plans based on that
2. Judy to send out a survey to health plans
3. AZEIP will continue to gather feedback to make recommendations/suggestions for improvement.

Meeting adjourned at 11:00am

Next Fiscal Meeting to be posted on the ICC webpage