

FINAL REPORT

**MEDIPASS IMPLEMENTATION OVERSIGHT
STUDY COMMITTEE**

**Presented to the Legislative Council
and the Iowa General Assembly
January 1991**

Prepared by the Legislative Service Bureau

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AUTHORIZATION AND APPOINTMENT

The MediPASS Implementation Oversight Study Committee was established by the Legislative Council for the 1990 Interim. The Study Committee was charged with monitoring the implementation of the MediPASS program within the Medical Services Division of the Department of Human Services based on the provisions of the Memorandum of Understanding dated May 2, 1990, between the Department of Human Services, the Iowa Department of Public Health, the maternal health centers (the maternal health centers did not agree to the memorandum), the Iowa Medical Society, and the Iowa Osteopathic Medical Association. The monitoring includes implementation of contracts and educational components of the program and is to ensure that the terms of the Memorandum of Understanding are followed by all parties.

The members of the Study Committee were:

Senator Elaine Szymoniak, Co-chairperson
Representative Patricia Harper, Co-chairperson
Senator Berl Priebe
Senator Maggie Tinsman
Representative Betty Jean Clark (until January 1991)
Representative Dorothy Carpenter (January 1991)
Representative Delores Mertz

BACKGROUND INFORMATION

"MediPASS" is an acronym for Medicaid Patient Access to Service System. As suggested by its name, it is a subprogram of the state-federal Medicaid program. This program is being implemented by the Iowa Department of Human Services under a temporary federal waiver. The federal waiver permits the program to be offered in 11 counties. Due to lack of provider interest in four counties, it has been implemented in the following seven counties: Black Hawk, Jackson, Linn, Muscatine, Polk, Pottawattamie, and Scott. If feasible, the program will be

implemented in the following four counties: Clinton, Dubuque, Wapello, and Woodbury.

The basis of the program is that each participant has a primary care physician who serves as a case manager for the patient's access to most health care services (certain services such as optometric and dentistry can be accessed without the patient manager's referral). The program only applies to Medicaid recipients living in the seven counties who are eligible under the Aid to Families with Dependent Children (AFDC) program and other family and children categories. For these recipients, enrollment in Medicaid under MediPASS or another managed care program is mandatory.

During the process of adopting administrative rules for the program, concern was raised regarding the program's potential adverse impact upon Maternal Health Centers (MHCs). The centers are government-funded programs intended to provide health care services to low-income women. The centers' programming places special emphasis on the psychosocial aspects of health care services. Under a special eligibility provision developed for low-income pregnant women, these centers are authorized to determine whether a pregnant woman is presumptively eligible for Medicaid.

The Memorandum of Understanding referred to in the charge was developed at the direction of the General Assembly's Administrative Rules Review Committee. It was intended to ensure that physician case managers authorize services to be provided to pregnant women by MHCs under the MediPASS program. The Memorandum was not agreed to by the MHCs. Part of the agreement called for establishment of a legislative oversight committee to oversee the program's implementation. The Legislative Council established the MediPASS Implementation Oversight Study Committee in accordance with the memorandum at the request of the Administrative Rules Review Committee.

COMMITTEE PROCEEDINGS

The Study Committee was authorized two meeting days which were held October 8, 1990, and January 10, 1991. During these meetings the Study Committee heard testimony from a variety of interested parties. The presentations and discussions are summarized as follows:

October 8, 1990, Meeting

Mr. David Fries, Iowa Department of Public Health, provided an overview of the services provided by maternal health centers throughout the state. He described the enrollment process, including that used for presumptive Medicaid eligibility determination, funding sources, and the services provided.

Ms. Nan Foster-Reilly, Department of Human Services, discussed background information that had been mailed to members prior to the meeting and additional materials distributed during the meeting. She reviewed the steps leading to the development of the program, including its history in other states. She described the workings of the program, including enrollment processes, caseloads, locations, publicity, and education efforts. Ms. Foster-Reilly participated in a lengthy discussion with various members concerning the program's cost effectiveness, enrollment problems, reactions from providers and recipients, and other criticisms.

Ms. Elizabeth Momany, Center for Health Services Research, University of Iowa, was introduced as a principal researcher of the contractor selected by the Department of Human Services to provide evaluation of the program as required by the federal government. She discussed the backgrounds of the principal researchers, the research design intended for the evaluation, and noted that the proposed cost of the evaluation is \$60,000. Several approaches to evaluate the program's effects on the MHCs were discussed with members.

Ms. Joann Higham, a Polk County resident enrolled in the MediPASS program, discussed her experiences with the program. She related difficulties with MediPASS following the registration of her son with an incorrect physician as case manager. Ms. Higham also expressed concern that the requirement for the physician case manager to provide a referral could eliminate or bias second opinions for surgical procedures.

Ms. Betty Hoffman-Bright and Ms. Carolyn Levine, Community Medical Services in Muscatine, discussed their organization's services as a Maternal Health Center. Their presentation covered the Center's presumptive eligibility determination responsibility under Medicaid and provision of prenatal services. It was stated that the MediPASS program appears to have significantly reduced the Center's caseload and that as a result, many clients are no longer receiving enhanced prenatal services such as nutrition counseling and other psychosocial services. Many factors were discussed relating to this presentation, including funding streams, communication problems between the center and physicians, and the availability of non-English language translation capability in the Center.

Ms. Elizabeth Tolkan, a Polk County resident enrolled in the program discussed her experiences as a MediPASS client. She noted that Broadlawns Medical Facility is providing her with health care services and expressed her satisfaction with the quality of the services.

Mr. Ken Mace, Administrative Director, Broadlawns Family Health Center, discussed Broadlawns' special needs as a large publicly funded hospital which employs a number of physicians who are completing residency training. He expressed concern with a program requirement that physician case managers be individually enrolled, noting that Broadlawns' resident physicians are rotated to

other assignments on a regular basis. He suggested that problems with this requirement could be alleviated by permitting Broadlawns to register its two clinics rather than an individual physician as the case manager.

Committee discussion elicited a number of suggestions including exemption of MHCs from the requirement that they be referred by the case manager; concerns about the cost effectiveness of the program; differences in quality between providers operating in various settings; and the difficulty of providing an objective evaluation of subjective experiences with health services. It was suggested that a meeting be held in Muscatine between the various parties including the Iowa Department of Public Health, Department of Human Services, Community Medical Services, local physicians, and the Iowa Medical Society.

January 10, 1991, Meeting

A panel consisting of Mr. David Fries, Iowa Department of Public Health, Ms. Cheryl Nuzum, Iowa Medical Society, and Mr. Don Holt, Member, Board Executive Committee, Community Medical Services of Muscatine (CMS), discussed activities in Muscatine which transpired following the Study Committee's October meeting. It was noted that these activities resulted in a commitment to increased communication between physicians and Community Medical Services, including plans to meet three times annually. It was suggested that a major reason for the reduction in the number of patients receiving the enhanced prenatal services is the unwillingness of pregnant women to visit two locations for their pregnancy services. Members discussed a number of other concerns relating to the shortage of health care services in rural areas.

Ms. Nan Foster-Reilly, Department of Human Services, provided an update concerning program implementation since the October meeting. She noted that the Department is in the process of an administrative change to permit Broadlawns to list its clinics as a physician case manager. She stressed that exceptions should only be permitted under extraordinary circumstances, otherwise the program would be negatively impacted. She also noted there are no plans to expand the program beyond the original 11 counties during the current waiver period established with the federal government.

Ms. Elizabeth Momany and Ms. Theora Evans Dodd, University of Iowa, distributed and discussed the results of an evaluation questionnaire sent to the seven maternal health centers affected by the MediPASS program. This evaluation raised a number of critical issues, including lack of client and service provider education concerning the program, relationship and transitions between MediPASS and the regular Medicaid program, and concerns regarding the need for physicians to examine patients before referral to an MCH.

RECOMMENDATIONS

The MediPASS Implementation Oversight Study Committee approved the following recommendations:

1. That a request be made to the Legislative Council to authorize continued legislative oversight of MediPASS. (This request was approved by the Legislative Council.)
2. That considering the importance of the statewide maternal and child health system, continued attention is needed to ensure that its integrity is maintained.
3. That increased cooperation in the provision of services and education between the maternal health center system and the medical community is very important.
4. That cooperation be increased between the Department of Human Services and the Iowa Department of Public Health concerning the implementation of the MediPASS program.
5. That the Department of Human Services should carefully review the preliminary evaluation provided to the Study Committee by the program evaluators from the University of Iowa, subsequent evaluations from this source, and the comments it has heard during the Study Committee proceedings. It is critical that the Department maintain sufficient flexibility to adapt its implementation of the program as the effects upon clients and service providers become known.
6. That the Department of Human Services should give special attention to the evaluation components which address the cost effectiveness of the program and the evaluator's report should address per capita costs.

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