



Medical Assistance Advisory Council (MAAC) MEETING MINUTES AUGUST 17, 2023

CALL TO ORDER AND ROLL CALL

MAAC Chair Angie Doyle-Scar, Division of Public Health and Co-chairperson of MAAC, called the meeting to order at 1:00 p.m. Angie called the roll, attendance is reflected in the separate roll call sheet¹ and a quorum was achieved. Jason Haglund, Co-chairperson of MAAC, and Brandon Hagen, Iowa Healthcare Association, were able to join the virtual meeting following the roll call and approval of the previous meeting minutes; quorum was achieved before their arrival.

APPROVAL OF PREVIOUS MEETING MINUTES

The minutes from the June 26, 2023 meeting were approved by the council.

MANAGED CARE ORGANIZATION (MCO) QUARTERLY REPORT: QUARTER 3 STATE FISCAL YEAR 2023 (Q3 SFY 23)

Joanne Bush, Iowa Medicaid, and Kurt Behrens, Iowa Medicaid, reviewed the MCO Quarterly Report for Q3 SFY 23. All information available in the quarterly report will be available in some form in the [Iowa Medicaid Dashboard](#)² on the Department's website.

Joanne explained that the Iowa Medicaid Dashboard, which has been in development for over a year, will replace the traditional quarterly PDF report. The last PDF report will be for Q4 SFY 23. The release date for the dashboard is August 24, 2023, and the PDF report will be phased out early this Fall.

Like the PDF reports, data in the Iowa Medicaid Dashboard will be updated quarterly. Unlike the PDF reports, the dashboard will provide more timely and accessible information to stakeholders. Additionally, it will include data not only on managed care organizations (MCOs) but also on dental plans, performance and fee-for-service (FFS), which were not available in the PDF reports. The

¹ Emmeline Paintsil attended the meeting on the behalf of Brett Barker and the Iowa Pharmacy Association.

²<https://app.powerbigov.us/view?r=eyJrIjoiMmlyMTQxNzltZmlwNS00ZDI2LThhMDAtZGIIImZlNmNiMmM3liwiZmM3YjRkLTA4NWVlNDYxNy04NTM2LTM4YTc2ZDE5YjBkYSJ9>

dashboard will have over 70 data sources, over 250 filters and over 250 visuals, spanning over 100 pages of data and analytical trends.

Kurt thanked Joanne for her presentation before demonstrating how to use the Iowa Medicaid Dashboard. Kurt noted that, while the dashboard could be accessed at this time, that the public notice for the dashboard would not be released until August 24, 2023.

The Iowa Medicaid Dashboard, along with all other dashboards such as the Medicaid & COVID Unwind dashboard, can be found on the [Iowa Department of Health and Human Services \(HHS\) website](https://hhs.iowa.gov)³.

The Iowa Medicaid Dashboard homepage displays charts related to data for the current quarter and SFY. The first two charts are related to enrollment and financial summary data for the current quarter and SFY for the Healthy and Well Kids in Iowa (Hawki) program, Iowa Health and Wellness Plan (IHAWP) and the Traditional Medicaid program. Below these charts are graphs that show the number of claims counts, prior authorizations (PAs), grievances, appeals and state fair hearings there were that quarter and SFY. While the data shown on the dashboard defaults to the medical data, by checking the “Dental” box at the top of the page, the same types of information on the medical page, such as quarterly enrollments and number of PAs, will be displayed on the dental page.

Kurt noted that the SFY 23 Q4 report would be released on October 1, 2023. The data from the SFY 23 Q4 report will be from April, May and June of this year. Additionally, Kurt mentioned that some data from as far back as 2016 could be accessed on the dashboard.

To access the Enrollment Summary Dashboard, click on the green button labeled as such on the dashboard homepage. Like the Iowa Medicaid Dashboard, by checking a box at the top of the page, a user can view medical or dental enrollment summary data. Additionally, a user can sort the data by date, (e.g., SFY 23) health plan (Amerigroup, Iowa Total Care, FFS, etc.), coverage group (Hawki, IHAWP and Traditional Medicaid), age group (e.g., <1, 18-21 and 65+), gender, race and county.

To access the Financial Summary Dashboard, click on the green button labeled as such on the dashboard homepage. Like the Iowa Medicaid and Enrollment Summary Dashboards, by checking a box at the top of the Financial Summary Dashboard page, a user can view medical or dental financial summary data. Also like the Enrollment Summary Dashboard, a user can sort the financial summary data by date and health plan. This page displays data about Net Rate Cells, Medical Loss Ratios (MLR), Third Party Liability, Historical Expenditures, Market Shares and Expenditures by Program/County.

Kurt explained that the layout and functionality of the “Claims Counts,” “Prior Authorization,” “Grievances” “Appeals” and “State Fair Hearings” sections – which are all found at the bottom of the Iowa Medicaid Dashboard homepage – are all very similar, allowing users to sort their data by things such as date and plan type. Kurt then provided an overview of the right-hand tabs on the dashboard

³ https://hhs.iowa.gov/dashboard_welcome

homepage; “Facility,” “Waiver,” “Outcomes,” “Call Centers,” “Network Access,” “Program Integrity” and “Quality Scores.” The “Waiver,” “Outcomes” and “Quality Scores” sections were discussed in the most detail.

The “Waiver” subsections include: “Enrolled Members by HCBS,” “Per Month Per Month,” “Total Waiver,” “Member Wait List,” “Critical Incidents,” “Total Case Managers,” “Timely Contracts,” “Timely Reassessments,” “Top 5 Active Services” and “Iowa Participant Experience Survey (IPES).” An important callout from this section was that by clicking the “Member Wait List” tab, a user would be able to see the estimated wait time for a certain waiver, such as the health disability waiver, in this subsection.

The “Outcomes” subsections include: “Wellness & Prevention,” “Value Added Services (VAS),” “Waiver Plan Services,” “Substance Use Disorder (SUD),” “Severe Emotional Disturbance (SED)” and “Mental Health Treatment & Services.”

Lastly, the “Quality Scores” section was discussed. The subsections in this section include: “NCQA Health Plan Ratings,” “CMS Core Set Measures,” “Iowa Medicaid Scorecard,” “Healthcare Effectiveness Data Information Set (HEDIS)” and “Consumer Assessments of Healthcare Providers & Systems (CAHPS).” An important callout from the HEDIS subsection was that the MCOs’ – Amerigroup (AGP) and Iowa Total Care (ITC) – plans are compared to the national average. In this subsection, green arrows signify that plans meet or exceed the national average whereas red arrows signify the reverse. There are links to the NCQA website in this subsection that provide more information about each plan rating.

Following Kurt’s presentation, Angie thanked Kurt for presenting and then opened the floor for questions and comments about the dashboard.

Liz Matney, Iowa Medicaid Director, took a moment to thank Kurt and the HHS Information Technology (IT) team for creating the Iowa Medicaid Dashboard. She expressed how she was pleased to see how stakeholder feedback from listening sessions and feedback forms had been incorporated into the final version of the dashboard. Overall, Liz was proud of the dashboard team and excited about how the dashboard would improve transparency.

Brandon Hagen, Iowa Health Care Association (IHCA), asked Kurt if there was a way to download any of the dashboard data as an Excel file. Kurt explained that the HHS IT team was currently working on a download feature, and that the screen capture feature could be used in the meantime.

Denise Rathman, Iowa Chapter of the National Association of Social Workers, noted that in the “Grievances” tab, “Other” was the most common grievance. Denise then asked if the “Other” reason could be divided into subcategories, such as suspected fraud, to better understand what grievances members have. Kurt explained that the dashboard team was working on dividing the “Other” reason into more specific subcategories.

Lastly, Kurt highlighted that on the second to last page of the dashboard PowerPoint presentation, which could be found on the meeting agenda and on the [MAAC webpage](#)⁴, that there was a QR code for a dashboard feedback survey. Both Kurt and Liz emphasized the importance of feedback and their desire to keep improving the dashboard.

PUBLIC HEALTH EMERGENCY (PHE) UNWIND UPDATES

Anna Casteel, HHS, assisted by Allison Scott, HHS, briefly reviewed the background surrounding the ending of the continuous coverage requirement. This requirement was put in place due to the COVID-19 pandemic and required maintaining Medicaid eligibility for individuals. The continuous coverage requirement ended on March 31, 2023. Anna's team started the [Unwind](#)⁵ process in February 2023, which involved sending renewal forms to members and discontinuing coverage for those who no longer meet eligibility criteria. About 69,000 people have been discontinued from Medicaid; note, this is a net decrease. Anna explained that enrollment and disenrollment was being carefully tracked, including on the Iowa Medicaid and COVID dashboards. Anna encouraged people to use the dashboards to better understand enrollment and disenrollment data.

Anna explained that, in addition to Centers for Medicare & Medicaid Services (CMS) releasing some of HHS' renewal data, that CMS would begin reporting out publicly starting in September. She stated that HHS was actively engaging in meetings with CMS and stakeholders to try and find ways to better reach Iowa Medicaid members during the Unwind process. Additionally, she stated that HHS holds frequent internal meetings with leadership regarding Unwind.

One new initiative to better spread awareness of Unwind and the redetermination process involved coordinating with pharmacies. HHS developed a flyer that was shared with pharmacies to inform people about these upcoming changes. This allowed people coming in to fill prescriptions to learn of the redetermination process and how they could contact Iowa Medicaid and HHS if they have any questions.

MEDICAID DIRECTOR'S UPDATE

Liz began her update by mentioning the submission of state plan amendments to establish Medicaid payment rate increases. Rebecca Curtiss, Iowa Medicaid, explained that the informational letters (ILs) regarding the psychiatric medical institutions for children (PMIC), community mental health centers (CMHC), mental health (MH) and behavioral health (BH) Medicaid payment rate increases were either

⁴ <https://live-hhs-iowa-gov.pantheonsite.io/about/advisory-groups/maac>

⁵ <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/current-projects/covid-19-unwind>

published to [IMPA](#)⁶ and the web or moving through the routing process and would soon be published. The following ILs are now available on the [Informational Letters](#)⁷ website:

- IL 2496-MC-FFS Medicaid Payment Rates Increase for PMIC Providers
- IL 2499-MC-FFS BH – Medicaid Rate Increase
- IL 2500-MC-FFS CMHC – Medicaid Rate Increase

Liz said that Iowa Medicaid is striving to align reimbursement rates with benchmarks. She noted that rates for certain services have not been updated for potentially over a decade. Therefore, the plan is for gradual improvements over several years. The goal is for providers and services to reach the 85 percent benchmark rates in three years, and then striving for 90-100 percent where feasible. Liz emphasized Iowa Medicaid's collaboration with government offices, legislative partners, associations and stakeholders, and that this process of rate adjustment will be continuous and ongoing.

She then discussed the community-based service overhaul now branded as "[HOME](#)" ([Hope and Opportunity in Many Environments](#))⁸. HOME aims to provide the support and resources to the individuals that need them. One of the goals of HOME is to screen and connect people on waitlists with available resources during the waitlist period. She said the HOME project was currently focusing on gathering feedback, reworking the waiver system to suit individual needs and creating an easier navigation process. Liz emphasized the need to streamline the application process as many applicants are in crisis and find the current system burdensome. Research, including individual interviews and focus groups, that has been conducted this year by Mathematica is helping to inform and shape the implementation and designing of HOME. Liz noted the excitement about the restructuring to better serve the community.

Liz also provided an update on the Department of Justice's (DOJ) investigation into Glenwood Resource Center and Iowa's broader [home and community-based services \(HCBS\)](#)⁹. The investigation had two parts: one focused on Glenwood Resource Center, and the other addressed issues around institutionalizing individuals with intellectual disabilities in Iowa. HHS has agreed to a consent decree regarding the Glenwood Resource Center but is still in negotiations for the second part. HHS will implement the consent decree's outcomes universally across its HCBS waivers, aiming to enhance the system based on the DOJ's findings and opportunities for improvement.

Lastly, Liz talked about how a new MCO, Molina Healthcare of Iowa, recently started in July 1, 2023. She said HHS and the existing MCOs, AGP and ITC, made Molina's onboarding smooth thanks to their communication and alignment of priorities which she said was fantastic to see.

⁶ <https://secureapp.dhs.state.ia.us/impa/Default.aspx>

⁷ <https://secureapp.dhs.state.ia.us/IMPA/Information/Bulletins.aspx>

⁸ <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/current-projects/home>

⁹ <https://hhs.iowa.gov/programs/programs-and-services/policies-rules-and-regulations/home-and-community-based-services-hcbs-waivers-program>

MANAGED CARE PLAN (MCP) UPDATES

Iowa Total Care (ITC)

Stacie Maass, Vice President of legislative government affairs ITC, provided a brief update on ITC's recent activities. Stacie began her update by saying that ITC would be celebrating four years of service on July 1, 2023.

According to Stacie, ITC currently serves over 260,000 members in Iowa, with around 600 local employees involved in various community initiatives and volunteer work, such as literacy programs, health fairs and community gardens. Another of these volunteer programs included the "Green2Go" events which provided fresh produce to families in need. Tracking volunteer hours has been a focus for ITC, with employees contributing 600 hours in community activities in 2022.

Stacie then discussed social determinants of health initiatives, focusing on data collection to identify impactful interventions across various communities. She highlighted the use of "Z codes," essentially identifiers for specific interventions that providers can use to track and report their actions and their impact. Collaborating with providers, including Broadlawns, ITC conducted training sessions in July to encourage the use of Z codes. This initiative not only benefits Medicaid recipients but also aids providers in tracking their initiatives and success rates. Additionally, it aligns with pay-for-performance programs, wherein providers are rewarded for successful interventions and positive outcomes.

ITC has introduced new incentive programs like the HCBS Incentive Program and BH Initiative Program. These initiatives aim to recognize and reward providers, and to create impactful interventions with positive outcomes for their members.

Another successful initiative was the pilot doula program. The program has about 55 members – five more members than it had in August 2023 - and is focusing on the counties with the highest lowest-weight births. The program continues to be successful, only one of 26 births in the pilot program being a low-weight birth.

Lastly, Stacie talked about the introduction of the 24/7 tablet program providing nearly 600 LTSS (Long-Term Services and Supports) members with free tablets through their vendor, CareBridge. These tablets offer easy access to CareBridge care teams around the clock, simplifying telehealth with user-friendly interfaces. ITC has received positive feedback, with users reporting reduced emergency room (ER) visits and improved access to healthcare, particularly beneficial for members with mobility or transportation issues. The program allows CareBridge to send prescriptions to chosen pharmacies and share interventions with the member's primary care provider (PCP) and ITC's case managers, ensuring continuity of care.

Amerigroup Iowa, Inc. (AGP)

John McCalley, Health Equity Director AGP, provided a brief update on AGP's recent activities. AGP is actively engaged in the state-led redetermination effort, branded as "Ready, Set, Renew." AGP is prioritizing outreach to community partners for promoting redetermination, ensuring continuity in this process. AGP's efforts involve representatives sharing campaign materials, providing information and addressing questions through events, virtual and in-person meetings, calls and mail distributions. AGP has completed 515 activities across multiple counties, including 75 physical events, 240 coalition network meetings and 200 informational sessions. For August, they've scheduled 50 activities across 27 counties and anticipate further expansion.

AGP remains highly focused on the redetermination work linked to Glenwood Resource Center. AGP's transition team actively engages in meetings related to Glenwood Resource Center staff, money-follows-the-person initiatives and state subcontractors for community options. AGP has facilitated the transition of 18 members from Glenwood Resource Center, with six transitions occurring in the last four weeks. Additionally, AGP has enhanced their health equity efforts by introducing a prevention domain concentrating on youth transitioning from foster care to adulthood.

AGP's new vaccination campaign is directed toward increasing HPV second doses, particularly among rural youth aged nine to 13. Action plans are in development for these priorities and will be implemented in the upcoming fall. August is recognized as Immediate Immunization Month, urging teams to raise awareness about vaccination importance to ensure community health and encourage people to get vaccinated.

AGP is actively engaged in various initiatives on the social determinants of health (SDOH) front. AGP is a part of the Medicaid Innovation Collaborative, focusing on launching pilot projects in partnership with SDOH vendors in 2024. They plan to apply for a grant, aiming to launch a pilot SDOH project with all three MCOs in January 2024. These efforts build upon partnerships with community action agencies for housing stability initiatives and collaborations with the Iowa Chronic Care Consortium to enhance community health worker capacity statewide.

AGP recently participated in panel discussions sponsored by the Iowa Health Care Association and the Iowa Community Action Association, addressing the future of long-term care in Iowa and social determinants of health, respectively. They're also engaging in a community clinic sponsored by the Iowa Harm Reduction Coalition and will participate in the Developmental Disabilities Council and Id Action Make Your Mark conference, aiming to provide skills and training opportunities for individuals with disabilities, caregivers, and family members. They're pleased to collaborate with these organizations for

the benefit of Amerigroup members and plan to be involved in future events, such as the upcoming Iowa Health Care Association conference next month.

Amerigroup has established a new multi-year partnership with Life Connections, a peer-run support provider aiding individuals in addiction and behavioral health trauma recovery. This collaboration has facilitated the expansion of peer support in Clinton County, adding a new location that opened in July. Their partnership involves Amerigroup supporting Life Connections by enhancing technology infrastructure, enlarging the virtual Wellness Center, and funding advanced level facilitators for Wellness Recovery Action Plan (WRAP) training statewide. Additionally, Life Connections plans to extend their services to at least one more community by the end of 2024.

Molina Healthcare of Iowa

Tom Newton¹⁰, Vice President of Network Management Molina Healthcare, provided a brief update on Molina's recent activities. Molina, the new MCO, has been operational for over a month, and while they've encountered issues, they are actively working on resolutions. Providers and members have highlighted concerns, and the MCO is striving to address these promptly. They acknowledge that resolving complex issues may take more time, but they have a dedicated team focusing on implementation. Daily meetings within the plan help move these issues toward resolution. Additionally, the MCO is meeting with the state three times a week, providing performance reports on various operational metrics like claims processing and timeliness of response for provider and member services calls. These reports and meetings aim to address any issues or queries raised by the state.

Tom clarified that while their network includes numerous providers, some might not appear in the online directory immediately due to the credentialing and system loading process required after contracting. They highlighted major health systems and clinics within their robust network, acknowledging ongoing discussions with a few providers. They provided contact information for members and providers seeking assistance or clarification regarding network status. Additionally, they outlined an escalation process, encouraging providers to contact their Provider Services Representatives or the health plan leadership for assistance, and displayed a map showing territories for these representatives to aid in addressing administrative interactions with Molina.

DENTAL UPDATES

Delta Dental

Nicole Miller, Delta Dental, provided a brief update on Delta's recent activities. She first provided preliminary figures for the rates in SFY23: for DWP adults, it's at 27.8 percent, for DWP kids, it's at 53.4 percent and for Hawkeye, it stands at 63.7 percent.

¹⁰ Tom presented on the behalf of Jennifer Vermeer, Plan President, and Molina Healthcare, Inc.

Delta Dental engaged in community outreach by participating in various events. They distributed oral health items like toothbrushes, toothpaste, and floss at their TotalCare screen-to-go event in Sioux City. They also sponsored the Delta Dental day at the Iowa State Fair, distributing 15,000 toothbrushes and providing assistance to fairgoers seeking dental care or coordination services. Their care coordination team followed up with members post-event to assist with finding dentists and addressing benefit inquiries.

Delta Dental is initiating two pilot programs in Iowa for State Fiscal Year 24. The first, in collaboration with I-Smile agencies in Lee, Scott and Webster counties, involves incentivizing providers. If these providers, referred by I-Smile coordinators, offer specific definitive services outside routine dental care to DWP kids and DWP adults, they'll receive a \$100 Value-Based Payment from Delta Dental. The second program aims to address the challenges faced by members with disabilities in accessing dental care. Delta Dental plans to incentivize providers offering preventive services to these members with ID waivers, aiming to enhance access to definitive care. These pilot projects target increased access to care in the specified pilot counties and among members with disabilities.

Delta Dental in Iowa, alongside their foundation, is committed to improving statewide health. Their "Rethink Your Drink" program targets schools, offering water bottle filling stations, installations, and educational activities for students and teachers. This year, they've installed 17 stations across different schools, benefiting 7,600 individuals. Additionally, the foundation recently announced a \$1.1 million grant in partnership with Vision To Learn, aiding in expanding their services. This funding will support a second mobile vision clinic and cover three years of operational expenses. Vision To Learn provides vision screenings, eye exams, and glasses at no cost to Iowa students and underserved communities, offering two sets of glasses for both school and home use, a crucial initiative Delta Dental is thrilled to support.

MCNA


Nicole Cusick, MCNA, took over for Sabrina as interim provider relations manager and MCNA representative at this meeting. MCNA did not have an update at this time. Nicole reported that MCNA would find the content from this meeting informative and helpful.

OPEN DISCUSSION

Angie opened the floor for questions and comments. No questions or comments were raised.

ADJOURNMENT

Meeting adjourned at 2:54 p.m.



Submitted by,
Emma Nutter
Recording Secretary
en