



Medical Assistance Advisory Council (MAAC)

MEETING MINUTES NOVEMBER 30, 2023

CALL TO ORDER AND ROLL CALL

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 sheet](#)¹ and a quorum was achieved. Kady Reese, Iowa Medical Society, and Senator Mark Costello 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 August 17, 2023 meeting](#)² were approved by the council.

LEGAL OVERVIEW OF MAAC

Jancy Nielson, Legal Counsel HHS Compliance Division, provided a legal overview of MAAC. Jancy emphasized that the [Legal Overview for the Medical Assistance Advisory Council \(MAAC\) document](#)³ is not legal advice. Jancy also encouraged people with legal questions to reach out to HHS staff, herself or HHS Compliance Legal Counsel Kayla Burkhiser Reynolds.

Purpose and Authority

MAAC is mandated by [42 CFR 431.12](#)⁴, based on section 1902(a)(4) of the federal Social Security Act, and is established in Iowa Code chapter [249A.4B](#)⁵ (Code 2023). MAAC's critical purpose is to provide medical recommendations to HHS.

¹ <https://hhs.iowa.gov/media/10596/download?inline=>

² <https://hhs.iowa.gov/media/10120/download?inline=>

³ <https://hhs.iowa.gov/media/9921/download?inline=>

⁴ <https://hhs.iowa.gov/media/7290/download?inline=>

⁵ <https://hhs.iowa.gov/media/7291/download?inline=>

Decision Making

Decisions are made by voting members. There are five public representative voting members and five professional and business entity voting members. Quorum must be achieved to make a decision. To achieve quorum, 50% of the voting members, which would be five voting members, must vote.

Open Meetings Law

Iowa Code chapter 21 mandates that all MAAC meetings:

1. Provide public notice;
2. Post a meeting agenda;
3. Allow the public to present; and
4. Take and then publish minutes.

Agendas must be published at least 24 hours in advance of a meeting and clearly outline all discussion topics.

The public does not have the right to participate in MAAC meetings. However, they have the right to observe, record and photograph open sessions.

MAAC meeting minutes are vital as they help the council with organization and allow Iowans to see what public actions were taken on their behalf. Minutes must include:

1. The date, time and place of the meeting;
2. Members present; and
3. Actions taken.

If a closed session is held:

1. The minutes must explain the legal reason(s) for the closed session;
2. Which members did and did not vote to go into a closed session; and
3. All final action(s) taken.

Voting members may not cast a final vote in a closed session.

If a meeting is:

1. Held telephonically;
2. Not reasonably accessible to the public; or

3. Is an emergency meeting⁶.

The meeting minutes must provide the legal reason(s) for why the meeting was conducted in one of the above ways.

Closed Sessions

Closed sessions should be used sparingly, and the council may never ask the public to leave a meeting so that they may discuss something in private unless the council has a strong legal basis to do so. The MAAC council may only hold a closed session if the council first meets in an open session with all the necessary notice requirement.

Examples of what the council has the statutory authority to discuss in a closed session include:

1. Pending litigation with counsel;
2. Confidential records;
3. Personnel matters; or
4. A decision for a contested case.

To ensure that there are sound legal grounds for a closed session, the council's legal counsel should be consulted, the legal counsel's guidance should be written down so that it can be recorded in the meeting minutes.

After a closed session is held, the council must:

1. Make sure the recorded session is available for at least a year;
2. Have detailed meeting minutes; and
3. Limit the discussion to the announced basis for the closed discussion.

When a closed discussion is finished, the open discussion must resume, and the public must be welcomed back into the open discussion. Final motions and votes may only be taken during an open session.

Public Records Law

According to Iowa Code Chapter 22, the MAAC council's records are open to public examination unless deemed confidential by law. Any record created by a MAAC council member may be open to the

⁶ Emergency meeting: a meeting held with less than 24 hours of notice.

public upon request. Public records can be in any form, including e-mail. Council members should not use their personal e-mails for MAAC matters.

Public record requests should be referred to HHS' public information officer.

While it is rare, members should be cautious about creating or receiving records that could be confidential. Examples of confidential records include:

1. Applications containing social security or credit card numbers;
2. Records with protected health information (PHI);
3. Complaints against licenses; or
4. Criminal history background reports.

Sunshine Law Enforcement

Entities allowed to enforce Iowa's Open Meetings and Public Records laws include:

1. Citizens of Iowa;
2. Taxpayers in Iowa;
3. Individuals personally affected by a violation;
4. County attorneys; and
5. The Attorney General.

Actions can be taken to address violations either through the court system or before the Iowa Public Information Board (IPIB).

Complaints regarding violations can be made to:

1. The council;
2. Its staff or counsel;
3. The Ombudsman's Office;
4. The Attorney General;
5. The Governor's Office;
6. The IPIB; or
7. Elected officials.

Violations are treated seriously and can result in consequences such as:

1. Removal from office for repeat violations;
2. Fines up to \$2,500 for knowing violations;
3. Reimbursement of expenses and attorney fees; and
4. Injunctive relief.

Even unintentional mistakes can be considered violations, but council members can avoid personal liability by following legal advice given in writing or orally during meetings and recorded in the meeting minutes.

Additional Laws Governing Council Members

Council members cannot accept gifts from individuals they regulate or contract with. This includes receiving something for free or below its market value. Seeking guidance from legal counsel or the Ethics and Campaign Disclosure Board is recommended to ensure compliance.

If council members sell or lease goods or services to those regulated by the council, seeking advice from legal counsel or relevant authorities about applicable laws is crucial.

Individual council members should refrain from lobbying legislators on behalf of the council or the Department. There's a designated team of registered lobbyists for such representation. Specific lobbying questions should be directed to legal counsel.

Council members need to avoid conflicts of interest. If there's a potential conflict or an appearance of impropriety, seeking advice from legal counsel is essential. Iowa law may require the appointment of individuals regulated by the Board.

Any council action or inaction is subject to court review based on criteria such as:

1. Compliance with the law;
2. Consistency, logical reasoning; and
3. Factual support.

If the council or its members are sued concerning council actions, members acting in good faith in their official capacity are generally defended by the Attorney General and indemnified by the State.

UPDATES FROM HAWKI

Mary Nelle Trefz, Hawki Chairwoman, explained how the [Hawki Board](#)⁷ has taken steps to better align with the board's charge and to better leverage the expertise of the Hawki Board for the benefit of Hawki members and HHS. These steps include:

⁷ <https://hhs.iowa.gov/about/advisory-groups/hawki-board>

Enlisting the facilitation skills of Shelley Horak, Director of Early Intervention and Support Division of Family Well-Being and Protection, to walk through how the board could better execute its charge; make recommendations to HHS regarding the [Hawki program](#)⁸. This led to Hawki:

1. Identifying priorities for the board in 2023 and having subject matter experts present to the board on these priorities.
 - a. Discussions at Hawki meetings and surveys taken by board members were used to determine what the board's priorities should be.
 - b. Presenters included state agency partners, national experts, etc.
 - c. One of these priorities included Children's Behavioral Health (BH).
2. Having the 2023 priorities and presentations inform the recommendations the board voted on and what the board included in its 2023 annual report.

OPEN DISCUSSION ABOUT WHAT THE AREAS OF FOCUS FOR MAAC SHOULD BE IN STATE FISCAL YEAR 2024 (SFY 24)

Dee Sandquist, Public Member, expressed a desire for Iowa medical providers to have more input in MAAC meetings and recommendations. She also highlighted [how Iowa's provider shortage, which is especially felt in rural Iowa](#)⁹, should be a priority for MAAC in SFY 24. Angie agreed with Dee, expressing that engaging the many members on the MAAC board should be a priority for SFY 24. Barbara Nebel, Iowa Speech-Language-Hearing Association (ISHA), also agreed with Dee and Angie's above points.

Kady suggested:

1. Examining Medicaid reports to determine their usefulness and identifying potential gaps in information.
2. Creating a more structured approach for MAAC members to review reports beforehand, allowing them to come prepared with specific inquiries or requests for additional data.
3. Better utilizing available data and exploring existing services, like postpartum coverage.

Jason agreed with Kady and earlier points brought up by Dee, noting how he would also like MAAC to have more focus in SFY 24 and to increase the level of engagement during MAAC meetings.

In the Zoom chat, Kady suggested sending out a survey to MAAC members to receive feedback on what the priorities for MAAC should be in SFY 24. Angie noted that Kady's above suggestion of sending out a survey would very likely happen in SFY 24.

⁸ <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki-chip>

⁹ <https://hhs.iowa.gov/public-health/rural-health/primary-care-shortage>

In response to David Beeman’s, Iowa Psychological Association, Zoom chat questions, Jason clarified that, to his knowledge, MAAC opens the floor for comments at the end of each meeting for the public, and that open questions and discussions among voting and non-voting Board Members during the meeting is allowed. However, he said that he and Angie would further look into what the role of voting and non-voting members is according to MAAC statutes and code.

MANAGED CARE ORGANIZATION (MCO) QUARTERLY REPORT: QUARTER 4 STATE FISCAL YEAR 2023 (Q3 SFY 23)

Kurt Behrens, Managed Care Reporting and Oversight (MCRO), reviewed the Managed Care Organization (MCO) Quarterly Report for Q4 SFY 23. All information available in the quarterly report will be available in some form in the [Iowa Medicaid Dashboard¹⁰](#) on the [Agency Dashboards webpage¹¹](#).

Other dashboards on the Agency Dashboards webpage include:

- Child Care
- Child Support
- Child Welfare
- Facilities
- Fiscal
- Iowa Medicaid
- Medicaid & COVID Unwind
- Social Determinants of Health (SDOH)¹²
- SNAP/FIP
- Substance Use
- Glenwood Resource Center (GRC) – Public Reporting

While the MCO quarterly report data for Amerigroup (AGP) and Iowa Total Care (ITC) is available, Molina’s (MOL) quarterly report data will not be available till January 2024.

Kurt took a moment to highlight the [Medicaid & COVID Unwind Dashboard¹³](#). He noted that the “Medical Assistance Enrollments” section is updated monthly. Kurt explained how the monthly medical assistance enrollment data could be filtered by date (latest month), age (adult or child), medical grouping (traditional Medicaid ((adult)), Hawki, Long Term Care, etc.), facility or waiver type, County name and health plan (AGP, FFS, etc.). The filters can be accessed by clicking the long gray bar labeled “Filters” on

¹⁰<https://app.powerbigov.us/view?r=eyJrIjoiMmlyMTQxNzltZmlwNS00ZDI2LTlhMDAtZGllMzZhNmNiMmM3liwiZmM3YjRkLTA4NWVtNDYxNy04NTM2LTM4YTc2ZDE5YjBkYSJ9>

¹¹ https://hhs.iowa.gov/dashboard_welcome

¹² Social Determinants of Health (SDOH): Economic and social factors, such as level of education and infrastructure, that impact an individual’s or group’s health.

¹³<https://app.powerbigov.us/view?r=eyJrIjoiNzU5ZTM3ZWltNTFhOC00MmE2LWJmMDEtYjY3YjliNjIhODlyliwiZmM3YjRkLTA4NWVtNDYxNy04NTM2LTM4YTc2ZDE5YjBkYSJ9>

the left side of the webpage. Kurt also noted that, while MOL data cannot currently be accessed on the Iowa Medicaid Dashboard, it can be accessed on the Medicaid & COVID Unwind Dashboard.

When viewing the graph on the “Historical Medicaid Enrollment – MCO & FFS” section on the Iowa Medicaid Dashboard, it can be observed that there is a drop in enrollments between April 2023 and June 2023. This drop is tied to the ending of the [COVID-19 Public Health Emergency \(PHE\)](#)¹⁴.

Kurt shared that Joanne Bush, Iowa Medicaid Bureau Chief, recently attended a Medicaid conference in Las Vegas, Nevada where she presented on Iowa Medicaid’s new dashboards. Medicaid officials from other states expressed that they were impressed with Iowa’s dashboards and interested in creating dashboards for their own state Medicaid programs.

The quality scores and numbers, Kurt pointed out, are usually updated every fall. The scores most relevant to MAAC are the Healthcare Effectiveness Data and Information Set (HEDIS). This data can be accessed on the dashboard by clicking the green “Quality Scores” tab on the homepage and then clicking the “HEDIS” tab. In the HEDIS section, green arrows indicate that Iowa Medicaid MCOs are performing at or above the national average while the reverse is true for red arrows. For example, when it came to follow-up care for children prescribed ADHD medication after initiation of treatment (BH code ADD), both AGP and ITC received green arrows which meant the MCOs performed at or above the national average. To learn more about each measurement, there are links beside the arrows that redirect to the [National Committee for Quality Assurance \(NCQA\) website](#)¹⁵. The data on the NCQA website is currently from 2021, the 2022 data will not be available until the fall of 2024.

However, the NCQA Health Plan Ratings for 2023, which can be found by clicking on the tab of the same name in the “Quality Scores” section, were made available in the fall of 2023. AGP and ITC’s ratings are as follows:

- AGP 2023 NCQA Health Plan Ratings
 - Overall – 4/5 stars
 - Patient Experience – 3.5/5 stars
 - Prevention and Equity – 3.5/5 stars
 - Treatment – 3.5/5 stars
- ITC 2023 NCQA Health Plan Ratings
 - Overall – 4/5 stars
 - Patient Experience – 4/5 stars
 - Prevention and Equity – 3.5/5 stars
 - Treatment – 3/5 stars

Kurt noted that the Iowa Medicaid Scorecard, which can be found in the “Quality Scores” section, will not be available until, likely, the April of 2024.

¹⁴ <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/current-projects/medicaid-unwind>

¹⁵ <https://www.ncqa.org/>

A new feature added after the launch of the Iowa Medicaid Dashboard, which can be found by clicking on the green “Facility” button on the top right corner of the homepage, is the “Historical LTSS Enrollment” section which can be accessed by clicking the green button labeled as such in the top right corner of the page.

Kurt made an important callout regarding the “Outcomes” section which can be accessed by clicking the green button labeled as such on the top right corner of the homepage. Some of the data in the subsections of the “Outcomes” section, such as the “Wellness & Prevention” subsection, can be sorted by SFY or by an individual quarter in a SFY.

Angie asked if SDOH data can be accessed on the Iowa Medicaid Dashboard. Kurt explained that there is a separate [SDOH Dashboard](#)¹⁶. However, Kurt said he would like to add the SDOH data with the Iowa Medicaid Dashboard in the future. Angie expressed interest in looking into SDOH as it relates to MAAC and its recommendations. Jason also wanted to look further into SDOH data as well as HEDIS data as.

Angie then asked if data regarding maternal health or the provider shortage was available in any of the dashboards, such as tracking the distances members had to travel to see providers. Joanne said that, while such data is not currently available, that HHS is working with the MCOs to gather some of this data, such as wait times.

MEDICAID DIRECTOR’S UPDATE

Kera Oestreich, Medicaid Contracting Bureau Chief, presented the update on the behalf of Medicaid Director Elizabeth Matney. Kera began her update by briefly discussing the HOMEtown Conversations which were discussed in further detail later during the meeting (please see the “Highlights From HOMEtown Conversations Roadshow” section below).

Kera explained that HHS is working with Broadlawns and the University of Iowa to deploy an enhanced payment program for dental services which will resemble Broadlawns’ existing model. The goal of this partnership is to increase access and capacity for dental services in Iowa.

Kera briefly previewed HHS’ intent to award new dental care contracts (please see the “Dental Intent to Award and Onboarding” section below).

Lastly, HHS is deploying a hospital directed payment program. The goal of the directed payment program is to increase hospital inpatient and outpatient payments by several 100 millions of dollars.

¹⁶<https://app.powerbigov.us/view?r=eyJrIjoizThmZTc5NTctNmU3ZC00YzIzLWE5MTUtYzEyM2RjMjhiZGRjliwidCI6ljhkMmM3YjRkLTA4NWEtcNDYxNy04NTM2LTM4YTc2ZDE5YjBkYSJ9>

DENTAL INTENT TO AWARD AND ONBOARDING

Kera presented the [dental request for proposal \(RFP\) announcement](#)¹⁷. The Dental RFP was also announced in [informational letter \(IL\) no. 2530](#)¹⁸.

Dental contracts are currently open to any carrier with the ability to meet contractual requirements and readiness review. The goals of the RFP are to obtain the best dental plans that:

- Demonstrate innovation in payment structures and referrals systems;
- Deliver high quality services; and
- Coordinate care and provider quality outcomes for Dental Wellness Plan (DWP) and Hawki members.

The desired program outcomes are to:

- Increase member choice;
- Increase in access to dental services;
- Align all managed care contracts requirements, oversight and accountability; and
- Stability for members and providers.

Kera explained how HHS held an RFP listening session on March 8, 2023. The listening session was recorded and is accessible in the [Prior Listening & Stakeholder Sessions archive on the Town Hall webpage](#)¹⁹. Kera said that the stakeholder feedback provided during the session was helpful in developing and shaping the RFP.

HHS released the Dental RFP (MED-24-004) on May 18, 2023. HHS released the notice of intent to award on November 14, 2023. The two bidders were Delta Dental of Iowa and DentaQuest USA Insurance Company. While Delta Dental is an incumbent dental administrator, DentaQuest is new. DentaQuest has over 30 years of experience and is the largest Medicaid dental benefits administrator.

Dental prepaid ambulatory health plan (PAHP) onboarding began in the fall of 2023. Dental PAHP readiness review will begin in the spring of 2024. If the readiness review is passed, Dental PAHP operations will begin on July 1, 2024.

Over the next year, Iowa Medicaid team members will work closely with the dental plans as they begin their operations in Iowa. There are no immediate changes for Iowa Medicaid dental members. Iowa Medicaid will ensure that members and dental providers are aware of any changes during the implementation through channels such as [informational letters](#)²⁰, [town halls](#)²¹, social media, etc.

¹⁷ <https://hhs.iowa.gov/media/10092/download?inline=>

¹⁸ <https://secureapp.dhs.state.ia.us/IMPA/Information/Bulletins.aspx>

¹⁹ <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/public-meetings/town-halls>

²⁰ <https://secureapp.dhs.state.ia.us/IMPA/Information/Bulletins.aspx>

²¹ <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/public-meetings/town-halls>

HIGHLIGHTS FROM HOMETOWN CONVERSATIONS ROADSHOW

Claire Pendergrast, Mathematica, reviewed HHS' HOMETown Conversations. HOMETown Conversations was a part of HHS' larger Hope and Opportunities in Many Environments (HOME) project. The goal of the HOME project is to improve and ensure that all Iowans have access to high-quality behavioral health (BH), disability and aging services in their communities.

HHS collaborated with Mathematica and The Harkin Institute to conduct an evaluation of community-based services. Following the evaluation, a [final evaluation report](#)²² was published in 2023. Based on the recommendations in the evaluation report, a [transformation plan](#)²³ was created. For more information on the HOME project, see the [HOME webpage](#)²⁴.

A part of the evaluation of community-based services was conducted through HOMETown Conversations. From October 2023 to November 2023, several virtual and in-person HOMETown Conversations events were held to provide updates and receive feedback on community-based services from people who use these services, caregivers, advocates, providers, case managers, supervisors, etc.

12 in-person HOMETown Conversations were held across Iowa. These events were held in public and easily accessible places like libraries. Director Matney attended all 12 events. Additionally, three virtual HOMETown Conversation events were held, two in English and one in Spanish.

Each HOMETown Conversation had 22 to 118 attendees, and 19 of these attendees were legislators. In total, there were 659 in-person event attendees. 400 people indicated interest in virtual events while over 300 people provided written feedback.

During the HOMETown Conversations, HOME's current activities were presented on, including HOME's work to:

1. Streamline screening and enrollment;
2. Align services to needs, goals and preferences; and
3. Improve access to services and supports for Iowans.

During the HOMETown Conversations, the topics that Iowans provided the most input on were:

1. Provider capacity;
2. Waiver redesign;
3. Waitlists;
4. Assessments;
5. System navigation; and
6. Case management.

²² <https://hhs.iowa.gov/media/2619/download?inline=>

²³ <https://hhs.iowa.gov/media/2620/download?inline=>

²⁴ <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/current-projects/home>

Ben Shuberg, Iowa Association of Community Providers, said he'd like HHS to release more information about the waiver redesign as it will impact providers, members and their families.

Cheryll Jones, Iowa Association of Nurse Practitioners (NP), provided her input on the waiver redesign. Cheryll has over 40 years of experience, primarily in pediatrics, and was a NP when the waiver was first designed. Cheryll strongly supported the waiver redesign. She said there should be a children's waiver as waivers that are used for children and adults address adults' needs but not children's needs. Additionally, she said that children are underrepresented in the waiver program. Lastly, Cheryll agreed with previous HOMEtown Conversation feedback that said the needs of children and adults with autism needs to better be addressed.

For more information about the HOMEtown Conversations and to view the recording of the virtual English or Spanish HOMEtown Conversation meeting, see the [HOMEtown Conversations webpage²⁵](#).

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. ITC has roughly 600 Iowa-based employees and serves about 255,000 members.

ITC collaborated with Mathematica and other MCOs on the HOMEtown Conversations and HOME project, providing policy feedback and participating in events. Additionally, ITC is actively involved in various state initiatives, including the closure of the Glenwood facility, the HHS redesign, the rural workforce task force and the implementation of the Certified Community Behavioral Health Clinic (CCBHC).

In September 2023, ITC hosted a successful provider summit in Ottumwa, Iowa that focused on social determinants of health (SDOH) and the importance of Z codes in tracking SDOH activities. Because of the success of this summit, ITC is planning on holding quarterly summits in the future.

The Des Moines Area Community College (DMACC) and ITC collaborated to develop a Direct Support Professional (DSP) certification program. The program consists of 41 hours of training divided into eight online modules. The first cohort, launched in September 2023, has provided over 25 scholarships, targeting employees in provider offices. Member outreach was not limited to ITC and Medicaid members. The plan is to relaunch the program in the spring of 2024. Other Iowa community colleges have expressed interest in adopting a similar DSP certification program. Additionally, there are

²⁵ <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/current-projects/home/hometown>

discussions with DMACC and Clive Behavioral Health to initiate a behavioral health certification program in 2024. This program aims to increase provider beds by 50.

The Centene Foundation pledged \$2.55 million to Central Iowa Shelter and Services (CISS) to establish a Housing Command Center and a mobile app addressing SDOH. The app, set to launch in 2024, aims to provide real-time patient-centered information using geolocation. Cell phones with the app will be provided to Medicaid-eligible individuals, while CISS will offer phones to those not eligible. The Housing Command Center, which is scheduled to launch in the spring of 2025, was inspired by the approach to natural disasters and focuses on addressing various needs of homeless individuals beyond housing alone.

While Angie expressed excitement for the Housing Command Center, she noted that a past issue with referral systems was that referred providers were not always engaged. Stacie confirmed that all involved providers should be engaged. Angie then asked if the above mentioned DMACC project involved direct care worker services or community health worker services. Stacie clarified that it was more about direct care worker services.

Amerigroup Iowa, Inc. (AGP)

John McCalley, Health Equity Director AGP, provided a brief update on AGP's recent activities. John started with an update on the Champ Housing Stability and Eviction Diversion Program, which has been ongoing since the beginning of 2020. The program has aided over 940 people facing homelessness or eviction, covering 22 counties with potential for expansion.

AGP completed its collaboration with the Iowa Chronic Care Consortium, resulting in the creation of the first-ever Community Health Worker Continuing Education program which is available on the AGP website. The program offers 20-minute coffee break sessions aimed at community health workers interested in learning more about chronic conditions like asthma and diabetes, as well as maternal and child health, the Americans with Disabilities Act (ADA), etc. The goal of the program is to equip community health workers with basic knowledge to assist individuals in navigating the complex healthcare system.

Phase Two of AGP's partnership with Life Connections, a care respite program, began. Over the next two years, AGP aims to help Life Connections expand its services from Eastern Iowa's Clinton County to a second location in Polk County, yet to be determined.

AGP is now working with the Medicaid Innovation Collaborative, based in California, aimed at piloting programs with MCOs and Medicaid across multiple states. This initiative focuses on addressing SDOH

for niche populations within Medicaid, with a current focus on addressing barriers for Medicaid members with diabetes. The collaboration involves all three MCOs working on a pilot project with a non-emergency medical transportation (NEMT) provider called Kaizen, aiming to provide transportation services to up to 400 Medicaid members with diabetes for needs such as grocery shopping or attending exercise classes.

There are 77 AGP members using the Concierge Care app for high-risk maternity. The app connects the members to case management support, and provides them with information on healthy pregnancies and SDOH.

Another new AGP program is “MedAware.” MedAware is a community paramedic program aimed at providing in-home healthcare to members with specific chronic conditions. These individuals tend to utilize emergency departments and experience higher rates of inpatient hospitalizations due to poor management of their conditions. The program involves partnerships with local emergency medical technicians (EMTs), and in the initial pilot phase, AGP is collaborating with an EMT department in Polk County and a Mobile Paramedic Team (MPT) provider in Black Hawk County, with plans for expansion. Preliminary results show a reduction in emergency department visits, improved medication adherence and overall better health outcomes for these high-risk patients.

The positive outcomes resulting from AGP’s partnership with community-level pharmacies, particularly through the Community Pharmacy Enhanced Services Network (CPESN), were highlighted. This collaboration involves leveraging relationships between pharmacists and AGP members to provide enhanced pharmacy consultation and potentially case management guidance at the retail level. After a year of implementing this program, significant improvements have been observed, including decreased emergency department visits and inpatient hospitalizations for individuals with asthma and diabetes, as well as increased medication adherence for those with chronic conditions and mental health issues. Due to the success of the partnership, there are plans to launch a pediatric CPESN focus for youth under 19 in 2024.

Lastly, AGP was awarded the Health Equity Accreditation Plus status by the National Committee for Quality Assurance (NCQA).

Molina Healthcare of Iowa, Inc. (MOL)

Tom Newton²⁶, Vice President of Network Management MOL, provided a brief update on MOL’s recent activities. MOL had been live for five months at this point. So far, MOL had been receiving

²⁶ Tom presented on the behalf of Jennifer Vermeer, Plan President, and Molina Healthcare, Inc.

positive member and provider feedback. Because MOL has been live for less than a year, Tom encouraged people to reach out to MOL if they were experiencing any challenges.

OPEN DISCUSSION

Cheryll brought up three challenges regarding dental services in Iowa:

1. An increase in numbers of dentists restricting how much Medicaid they accept;
2. Lack of providers in Iowa, especially in rural areas; and
3. A decrease of Iowans participating in regular dental check-ups following the COVID-19 pandemic.

Cheryll emphasized that the above issues do not only apply to Medicaid members but Iowans in general. Ben agreed with Cheryll.

ADJOURNMENT

Meeting adjourned at 3:31 p.m.

Submitted by,
Emma Nutter
Recording Secretary
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