

**Elizabeth Matney, Medicaid Director** 

Healthy and Well Kids in Iowa (Hawki)

# Hawki Board Meeting Materials Monday, April 15, 2024

- 1. April 15, 2024, Hawki Board Meeting Agenda
- 2. February 19, 2024, Hawki Board Meeting Minutes



| MEETING AGENDA |   |      |                   |  |
|----------------|---|------|-------------------|--|
| DIVISION       | Iowa Medicaid   |      |                   |  |
| MEETING TITLE  | Hawki Board Meeting   |      |                   |  |
| FACILITATOR    | Mary Nelle Trefz, Hawki Board Chair   |      |                   |  |
| DATE           | Monday, April 15, 2024  | TIME | 12:30 – 2:30 p.m. |  |
| LOCATION       | ZoomGov Meeting: <a href="https://www.zoomgov.com/j/1606925507">https://www.zoomgov.com/j/1606925507</a> Meeting ID: 160 692 5507 |      |                   |  |

#### **MEETING OBJECTIVES**

- Review current benefits offered to Hawki members and explore benefit options and flexibilities.
- · Learn about new caregiver support infrastructure available through Medicaid

#### **MEETING PARTICIPANTS**

Elizabeth Matney, Iowa Medicaid Director
Kera Oestreich, Deputy Iowa Medicaid Director
Rebecca Curtiss, Deputy Iowa Medicaid Director
Lisa Cook, Senior Iowa Medicaid Policy Advisor
Joanne Bush, Iowa Medicaid Bureau Chief
Norm Edgington, Iowa Medicaid Bureau Chief
Paula Motsinger, Iowa Medicaid Bureau Chief
Jennifer Steenblock, Iowa Medicaid Bureau Chief
Jenny Erdman, Iowa Medicaid Bureau Chief
Tashina Hornaday, Medical Policy Program Manager
Alex Carfrae, Iowa Medicaid Communications Manager
Nell Bennett, Communications Specialist
Emma Nutter, Communications Specialist

## Managed Care Organizations (MCOs)

- Iowa Total Care
- Molina Healthcare
- Wellpoint lowa (formerly known as Amerigroup lowa)

| AGENDA TOPIC   | ITEMS  |  |
|--|--|--|
| Roll Call  |  |  |
| Approval of Minutes from February 19, 2024             |  |  |
| Public Comments  |  |  |
| New Business and Updates                               | Director Update, Outreach Update,<br>Communications Update |  |
| MCO Engagement — Iowa Total Care, Molina,<br>WellPoint | Well-child visits, health screening, and immunizations     |  |



| Benefit Plan — Tashina Hornaday, Medical Policy |  |
|---|--|
| Program Manager                                 |  |
| Trualta Caregiver Support — Kunal Parikh,       |  |
| Implementation Manager at Trualta Inc.          |  |

| NEW ACTION ITEMS |             |       |          |        |  |
|------------------|-------------|-------|----------|--------|--|
| ITEM#            | DESCRIPTION | OWNER | DUE DATE | STATUS |  |
|                  |             |       |          |        |  |



#### **ELIZABETH MATNEY, MEDICAID DIRECTOR**

### HAWKI BOARD OF DIRECTORS MEETING

## **MONDAY, FEBRUARY 19, 2024**

| HAWKI BOARD MEMBERS               | IOWA MEDICAID                           |  |
|-----------------------------------|---|--|
| Mary Nelle Trefz, Chair - present | Elizabeth Matney, Director              |  |
| Angela Burke Boston – present     | Rebecca Curtiss                         |  |
| Angie Doyle Scar – present        | Joanne Bush                             |  |
| Shawn Garrington – present        | Kurt Behrens                            |  |
| Senator Janice Wiener – present   | Heather Miller                          |  |
|                                   | Dr. William Jagiello                    |  |
| Representative John Forbes –      | Lynh Patterson                          |  |
| Representative Devon Wood –       | Alex Carfrae                            |  |
| Senator Mark Costello –           | Emma Nutter                             |  |
| Mary Scieszinski, Vice Chair –    | Jamie Beskow                            |  |
| Mike Stopulous –                  | Peter Schumacher                        |  |
| Jim Donoghue –                    | Lucas Grundmeier                        |  |
|                                   | GUESTS                                  |  |
|                                   | Melody Walter, Wellpoint Iowa (formerly |  |
|                                   | known as Amerigroup Iowa)               |  |
|                                   | Kristin Pendegraft, Iowa Total Care     |  |
|                                   | Kevin Carroll, Molina Healthcare        |  |
|                                   | Dr. Gutshall, Molina Healthcare         |  |
|                                   | Gretchen Hageman, Delta Dental IA       |  |



#### CALL TO ORDER AND ROLL CALL

Hawki Board chair Mary Nelle Trefz called the meeting to order at 12:30 PM. Mary Nelle requested that recording secretary Nell Bennett call the roll, and a quorum was achieved.

#### APPROVAL OF MEETING MINUTES

Hawki Board meeting minutes from December 18, 2023 were distributed and reviewed prior to the meeting. Mary Nelle motioned to approve, Shawn Garrington seconded, motion carried, and the minutes were approved.

#### PUBLIC COMMENT

There was no public comment.

#### **NEW BUSINESS**

Mary Nelle brought forth Iowa SSB 3172 which pertains to boards and commissions. There is a possibility that passage of this bill would result in the consolidation of the Hawki Board into the Medical Assistance Advisory Council. Senator Weiner asked that there be future discussion on the implications of this bill for the Hawki program. There was no other new business.

#### MCO ENGAGEMENT

Gretchen Hageman from Delta Dental provided an update on bright spots and challenges within the Hawki program, which Delta Dental has served as the sole dental carrier for since 2005. The Hawki program, developed during Medicaid expansion, is structured similarly to a commercial product with commercial rates for providers. Currently, Delta Dental's contract focuses on preventative services with a goal of 45%. As of December, they have achieved 46%, serving approximately 28,500 kids. Last fiscal year ended with a 62% access rate, with typical commercial access rates averaging 65-68%. Challenges include reaching members who only seek urgent dental services without following up on preventative care. Efforts are in place to increase outreach and encourage members to return for preventative care. Adolescents and the zero to five age group, particularly zero to three, have been more challenging to engage due to limited pediatric dentists in Iowa and a need for more provider education. Additional services for at-risk members based on a Caries Risk Assessment have seen limited uptake despite extensive provider education and outreach efforts. Identifying and reaching children at childcare settings, schools, and



sports settings is a challenge, but efforts are underway with iSmile coordinators, school nurses, and medical practitioners to improve access and referrals. Collaboration with non-traditional partners like YMCA and childcare centers has been a recent focus to promote oral health and facilitate warm handoffs.

Gretchen opened the floor for questions, and Angie Doyle Scar asked about the current recommendations for dental visits for children aged 0-3. Gretchen explained the American Academy of Pediatric Dentists recommends children have their first dental exam once their first tooth erupts, typically between six months to a one year of age. At this stage, a simple sit-down exam is conducted with the child on the parent's lap, focusing mainly on oral health education and a basic examination of the teeth. There is no cleaning billed at this point. As the child grows and gets more teeth, usually between two to three years old, they may receive a cleaning. The primary focus remains on educating parents about oral care habits, such as avoiding bedtime bottles and cleaning teeth throughout the day. The discussion also highlighted the importance of these updates from Delta Dental to help the board plan their engagement strategies for the rest of the calendar year.

Kristin Pendegraft from Iowa Total Care discussed the organization's efforts to engage members more holistically by encouraging engagement with Primary Care Physicians (PCPs) and offering education and resources. In 2023, they initiated a cobranded texting campaign with providers, which proved successful in engaging Hawki program members and scheduling visits. Iowa Total Care also increased community presence to educate members and community-based organizations about available resources. However, challenges remain, including reaching members due to inaccurate contact information, lack of awareness about vaccination schedules, and social determinants of health (SDOH) barriers, especially in rural areas. Specific areas of focus include:

- Educating on immunization schedules, particularly flu and rotavirus vaccines
- Promoting HPV second dose and chlamydia screenings for teenagers

The co-branded texting campaign involved collaborating with specific clinics to target their assigned populations for wellness exams. This approach yielded over 60% completion rates and helped close gaps in care. Kristin also emphasized the challenges with larger healthcare providers like Unity Point and Mercy in implementing co-branded campaigns due to their size.

Kevin Carroll from Molina Healthcare discussed the challenges faced by the organization in communicating with Hawki members, emphasizing the difficulty in making initial outreach due to inaccurate contact information. He expressed interest in future collaborations to address this issue and improve performance for the lowans



they serve. Dr. Timothy Gutshall highlighted Molina's transition from focusing on paying claims and answering phone calls when they started last July, to their current primary focus of encouraging members to attend physicals and consult their primary care physicians (PCPs). He stressed the importance of nurturing relationships with individual provider groups and understanding their specific needs and opportunities. Molina Healthcare has a strong case management team and is interested in cobranding initiatives like the texting campaign mentioned by Iowa Total Care.

Melody Walter from Wellpoint (formerly Amerigroup) presented slides outlining their approach to supporting Hawki members and other Medicaid program beneficiaries, with a focus on preventive care and holistic well-being. Wellpoint emphasizes the importance of getting young children off to a good start in managing their healthcare. Challenges include differences in benefits between Hawki and traditional Medicaid, particularly in the Behavioral Health space where certain services are not covered under the Hawki plan. Wellpoint leverages community resources and value-added benefits to bridge gaps in services. They offer Physician Quality Incentive Programs (PQIP) and care management to support Hawki members. Wellpoint aims to increase awareness of available benefits and preventive services, focusing on childhood and adolescent care. They use various interventions such as member and provider education, outbound calls, SMS campaigns, and birthday reminder postcards to promote immunization and well-child visits. Value-added benefits for Hawki members include Healthy Kids Healthy Choices, farm fresh produce delivery, sensory products, personal care supplies, and a summer reading program.

Wellpoint's presentation echoed the sentiments of other MCOs in wanting to provide a holistic approach to care, focusing on early intervention and preventive measures to ensure the well-being of children under their coverage. After Melody's presentation, the floor was opened for questions. Following their presentation, the board acknowledged the importance of well-child visits and expressed interest in partnering with MCOs to develop strategies to increase attendance. They appreciated the insights shared by the MCOs and looked forward to future collaborative discussions.

#### DIRECTOR UPDATE

Director Matney provided an update on two legislative bills, HSB 643 and SF 2251, related to postpartum coverage expansion. HSB 643 proposes lowering the income eligibility for pregnant women from 375% to 215% of the Federal Poverty Level (FPL) under the Medicaid program. This change would affect coverage for newborns, who would transition to the Hawki program if their household income falls between the traditional Medicaid FPL and the Hawki FPL. This adjustment is expected to increase the number of children covered under the Hawki program.



Director Matney also demonstrated how to access dashboards on the Health and Human Services website to view enrollment data, specifically highlighting the impact of the public health emergency unwind on Hawki enrollment. The dashboard allows users to filter data by different parameters, such as enrollment type, year, and county, providing insights into trends and changes in enrollment over time. During the discussion, questions were raised about the income eligibility thresholds for Hawki and traditional Medicaid, with clarification that children up to 167% FPL are covered under traditional Medicaid, while those between 167% and 302% FPL are covered under Hawki.

Director Matney invited further questions from board members and, at Mary Nelle's request, provided updates on several legislative initiatives the department is focusing on:

- Coalition for Family and Children's Services Legislation: This legislation aims to enhance services for children with specialized or complex needs in Iowa. It proposes two main components:
  - Encourage Health and Human Services and Medicaid to initiate a
    competitive procurement process for specialized services within the state,
    aiming to serve more children with acute needs. This encourages local
    providers to expand their services or attract out-of-state providers if local
    options are insufficient.
  - Reduce administrative barriers for payment providers to improve efficiency, acknowledging the workforce challenges and the need to minimize time spent on paperwork.
- 2. Work Without Worry Bill: This proposed legislation would modify income, asset, and service access requirements for individuals on Medicaid who are employed and have a disability designation.
- 3. Recoupment Bill: This bill addresses the Medicaid program's ability to recoup funds from providers due to claim errors. Despite past attempts to resolve this issue, challenges persist. The department supports this bill in hopes of providing relief to providers, allowing them to focus more on member care.

#### **OUTREACH UPDATE**

Hawki Outreach Coordinator, Jamie Beskow, provided an update on recent activities and strategies to increase Hawki enrollment and assist families with presumptive eligibility applications. The Outreach Coordinators have completed one-on-one meetings and a quarterly Hawki huddle to share ideas and innovative approaches, particularly focusing on the use of technology to overcome challenges in reaching families. One agency is utilizing income level lists to target eligible families in specific



communities and sending them targeted Hawki outreach postcards, promoting both medical and dental benefits. Another agency is employing geofencing to advertise Hawki in areas like schools and doctor's offices via social media platforms. Additionally, coordinators are conducting outreach during lunch hours at large factories to assist parents and caregivers with the application process. Jamie highlighted some upcoming opportunities, including attending the Public Health Conference of Iowa and updating the Iowa HHS webpage to include medical and dental income guidelines linked with QR codes to Hawki brochures. The board acknowledged the coordinators' valuable work, emphasizing the importance of their innovative approaches in addressing the common challenge of member contact faced by the MCOs and expressed gratitude for their teamwork and contributions to the community.

## BOARD DISCUSSION ON TOPICS FOR EDUCATIONAL PRESENTATION AND MCO ENGAGEMENT

The board discussed potential topics for future educational presentations and MCO engagement, referencing a survey sent to board members to collect feedback on topics based on strategic planning from 2022. The three most popular topics from the survey were Benefit Plan (reviewing current benefits for Hawki members and exploring flexibility), Data Dive (examining trends in access, outcome measures, and program impact evaluation strategies), and Social Determinants of Health (impact on Hawki numbers and health outcomes). Additionally, evidence-based practices to improve health outcomes, performance measures for MCOs focusing on immunizations, and clarification on legislation affecting Hawki eligibility for infants were discussed. Board members expressed interest in exploring strategies to improve health outcomes and understand the role of MCOs in immunization promotion. The meeting concluded with appreciation for the participation of MCOs and state agency partners.

Meeting adjourned at 1:39 PM.
The next meeting will be Monday, April 15, 2024.

Submitted by Nell Bennett Recording Secretary nb