

*****DRAFT*****

Medical Assistance Advisory Council (MAAC)

**MEETING MINUTES
FEBURARY 22, 2024**

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. Scar called the roll, attendance is reflected in the [separate roll call sheet](#)¹ and a quorum was achieved. Ben Shuberg, Iowa Association of Community Providers, and Brandon Hagen, Iowa Health Care 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 November 30, 2023, meeting](#)² were approved by the council.

MAAC 2024 TOPICS SURVEY

Before the meeting, a Microsoft Forms survey had been sent out to MAAC members via email. The purpose of the survey was for members to vote on which topics they would like to learn more about during upcoming MAAC meetings. During the meeting, members who had not yet taken the survey were given a few minutes to take the survey. The results of the survey can be viewed [here](#)³ or in the MAAC Meetings Archive section on the [MAAC webpage](#)⁴ on the Iowa Health and Human Services (HHS) website.

MANAGED CARE ORGANIZATION (MCO) QUARTERLY REPORT AND AGENCY DASHBOARDS

MCO Quarterly Report and Iowa Medicaid Dashboard

Kurt Behrens, Managed Care Reporting and Oversight (MCRO), reviewed the Managed Care Organization (MCO) Quarterly Report for Quarter 1 State Fiscal Year 2024 (Q1 SFY 24). All

¹ <https://hhs.iowa.gov/media/12439/download?inline=>

² <https://hhs.iowa.gov/media/12389/download?inline=>

³ <https://hhs.iowa.gov/media/12438/download?inline=>

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

information available in the quarterly report will be available in some form in the [Iowa Medicaid Dashboard](#)⁵ which can be accessed on the [Agency Dashboards](#)⁶ webpage.

Behrens explained that to navigate to the [Performances and Reports webpage](#)⁷ from the [HHS website homepage](#)⁸, one must first click on the “About” tab at the top of the homepage. Next, click on the “Performance and Reports” option to go to that webpage. The Performances and Reports webpage has links to the Agency Dashboard webpage and [Medicaid Performance and Reports webpage](#)⁹.

Prior to the HHS website transition and update which occurred in fall 2023, Iowa Medicaid’s performance and reports data was published on several pages. Now, the data is only published on two webpages. Current data can be found of the Medicaid Performance and Reports webpage. Older data can be found on the [Medicaid Report Archive webpage](#)¹⁰.

Molina Healthcare’s (MOL’s) data can now be seen on the Iowa Medicaid Dashboard. Following the onboarding of MOL and the ending of the [public health emergency \(PHE\) “unwind”](#)¹¹, each MCO holds about one-third of the market share, however, MOL’s share of the market is less than the shares held by Wellpoint (WP), formerly Amerigroup (AGP)¹², and Iowa Total Care (ITC). To increase MOL’s shares, many new Medicaid members are being assigned to MOL.

In the “Financial Summary Dashboard” section, there is a “Net Rate Cells” subsection. This subsection includes estate recovery.

In the “Grievances” section, the total number of grievances received by MOL, WP (AGP) and ITC in a SFY can be viewed. MOL has received significantly more reported grievances, however, this is to be expected as MOL has just onboarded.

In the “Waiver” section, a “Historical LTSS Enrollment” subsection has been added. This subsection lists data from waivers (e.g., AIDS-HIV, Brain Injury, etc.), facilities (ICF/ID, MHI,

⁵<https://app.powerbigov.us/view?r=eyJrIjoiaMmlyMTQxNzltZmlwNS00ZDI2LThhMDAtZGI1MzZhNmNiMmM3liwidCI6IjhhkMmM3YjRkLTA4NWEtNDYxNy04NTM2LTM4YTc2ZDE5YjBkYSJ9>

⁶ https://hhs.iowa.gov/dashboard_welcome

⁷ <https://hhs.iowa.gov/about/performance-and-reports>

⁸ <https://hhs.iowa.gov/>

⁹ <https://hhs.iowa.gov/about/performance-and-reports/medicaid-reports>

¹⁰ <https://hhs.iowa.gov/about/performance-and-reports/medicaid-reports/report-archive>

¹¹ <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/current-projects/medicaid-unwind>

¹² Effective January 1, 2024, Amerigroup (AGP) changed its name to Wellpoint (WP). For the rest of SFY 24, WP will be referred to by its former name, AGP, in the Iowa Medicaid Dashboard. However, by the beginning of SFY 25, WP will be referred to as WP in the dashboard.

etc.) and other services like hospice and MFP. This data can be filtered by date, health plan, LTSS type, age group, gender, race and county¹³.

The Iowa Medicaid team is working on fixing the “Critical Incidents” subsection in the “Waiver” section. The team is also working on improving the “Total Case Managers” subsection which is also in the “Waiver” section.

Behrens noted that the quality scores, which can be found in the “Quality Scores” section, were updated. These scores include the Healthcare Effectiveness Data and Information Set (HEDIS) and CMS (Center for Medicare and Medicaid Services) Core Set Measures.

Social Determinants of Health (SDOH) Dashboard

The link to the [Social Determinants of Health \(SDOH\) Dashboard](#)¹⁴ can be found on the Agency Dashboards and Medicaid Performance and Reports webpages.

Once on the SDOH Dashboard homepage, the 13 SDOH questions can be viewed on the left-hand side. By waving the mouse over each question, the full question can be viewed. When a question tab is clicked, like “Question 1: Household Size,” the data collected from the question can be filtered by date, health plan, collection method, age group, gender, race and county.

Nursing Home Facility Dashboard

The [Nursing Home Facility Dashboard](#)¹⁵ can be found on the Agency Dashboards and Medicaid Performance and Reports webpages.

On the dashboard’s homepage, the following sections can be accessed:

- “Provider Quality Rating”
- “Certified Facilities”
- “Certified Beds”
- “Occupancy Percentage”
- Provider Location Map

The above sections’ data can be filtered by date, rating method, star rating and county.

¹³ Counts equal to or less than 20 are not listed for privacy protection. This may cause some totals from the graph in this section to not match with the totals reported in this field.

¹⁴<https://app.powerbigov.us/view?r=eyJrIjojZThmZTc5NTctNmU3ZC00YzIzLWE5MTUuYzEyM2RjMjhiZGRjliwidCI6IjhhMmM3YjRkLTA4NWEtNDYxNy04NTM2LTM4YTc2ZDE5YjBkYSJ9>

¹⁵<https://app.powerbigov.us/view?r=eyJrIjojMjJkMjk0MTQtNDdjZC00NWQ1LWlZzWMMtODBhYTZiODVhYTliwidCI6IjhhMmM3YjRkLTA4NWEtNDYxNy04NTM2LTM4YTc2ZDE5YjBkYSJ9->

It was noted that the Nursing Home Facility Dashboard is similar to CMS' [Care Compare](#)¹⁶. However, the dashboard focuses more on quality ratings than overall ratings. Additionally, unlike the dashboard, Care Compare has real-time data.

A legislative bill prompted the creation of the Nursing Home Facility Dashboard, coinciding with a moratorium on certificate of need expansion. The dashboard, in part, helps to meet this need expansion by providing access to county-level census data. It was noted that the dashboard will continue to evolve, and that suggestions for improvement were welcomed.

BEHAVIORAL HEALTH SYSTEM ALIGNMENT PRESENTATION

Marissa Eyanson, Division of Behavioral Health Director, presented on the [HHS Behavioral Health system alignment](#)¹⁷. The “system alignment” or simply “alignment” refers to the consolidation of the Iowa Department of Public Health and Iowa Department of Human Services in 2022. Eyanson explained that the goals of the alignment were to improve Iowans’ access to consistent health and human services, to more effectively use funding to achieve desired outcomes and to consolidate and streamline contracting and administration.

In the summer and fall of 2023, HHS partnered with Health Management Associates (HMA) to conduct a third-party assessment of the delivery of 19 health and human services areas. HMA reviewed information from HHS staff, feedback from HHS town halls, stakeholder interviews and survey data to determine where there were areas for improvement within the service areas.

HMA’s recommendation report included:

- An overview of the service delivery areas;
- Proposed funding models for the local HHS systems; and
- Identification of Iowa Code and Iowa Administrative Rules impacted by the recommendations.

HMA’s research indicated that there were opportunities to improve Iowa’s behavioral health services. Marissa pointed out that:

- Nearly 38% of American adults aged 18 or older reported in 2021 that they had unmet mental health treatment needs due to not knowing where to go for services.
- Nearly 18% of Americans aged 12 or older reported in 2021 that they had unmet substance use treatment needs due to not knowing where to go for services.
- Nearly 14% of Iowans reported experiencing frequent mental distress in 2022.

Eyanson then explained that there is currently about 24 million dollars in unspent funding within the mental health and disability services (MHDS) regions. She emphasized the importance of

¹⁶ <https://www.medicare.gov/care-compare/>

¹⁷ <https://hhs.iowa.gov/media/13355/download?inline=>

utilizing these resources for Statewide programs such as 988, Your Life Iowa and certified community behavioral health clinics (CCBHCs). Marissa also emphasized the importance of serving Iowans from diverse backgrounds with different needs and services as well as the importance of reviewing existing structures to identify and reduce redundancies.

The goals of the behavioral health system alignment are to make sure all Iowans, no matter where they live in the state, can access quality behavioral health services as well as to reduce system redundancies by better coordinating efforts between the federal, state and local governments. Additionally, to improve the system moving forward, provider funding will be tied to measurable outcomes.

Eyanson discussed Senate File 2354 and House File 2509 which will establish a new chapter in Iowa's behavioral health service system. Currently, Iowa has separate systems for mental health, substance use and addictive disorders, which are not integrated. This legislation provides an opportunity to create an integrated behavioral health service system and facilitates the transition of disability services from the MHDS system to aging and disability services. This shift will enhance home and community-based (HCBS) long-term services and supports (LTSS). The proposed system will feature a new structure, function and governance authority for new district administrative service organizations (ASOs).

Currently, there are numerous players and governance structures in Iowa's behavioral health system, including MHDS, the integrated provider network and tobacco community partners. The proposed shift involves establishing ASOs for each proposed district, as outlined in the legislation.

[A map](#)¹⁸ was drafted to initiate discussions about the potential layout of districts in the behavioral health system¹⁹. The map primarily illustrates how funding will be allocated and is focused on administrative functions and coordination to ensure a well-coordinated system with deliberate collaboration across the state.

Zach Rhein, Aging and Disability Services Director, explained that to prepare for the transition of disability services, the first step involves establishing a comprehensive system of aging and disability resource centers (ADRCs). Currently, ADRCs primarily serve the aging population, so efforts are underway to expand their scope. These centers will be administered by ASOs. Initially, the focus of ADRC services will be on person-centered planning and service navigation. If the proposed legislation passes, disability services will transition to aging and disability services on July 1, 2025.

¹⁸ <https://hhs.iowa.gov/media/13355/download?inline=>

¹⁹ Note, this map is not final and does not dictate where services will be provided.

Rhein noted that there are plans to hold town halls focused on ADRCs in the future. Lastly, Eyanson noted that the behavioral health system alignment has received mostly positive feedback.

To learn more about the HHS system alignment, visit the [System Alignment webpage](#)²⁰ on the HHS website.

MEDICAID DIRECTOR'S UPDATE

Elizabeth Matney, Iowa Medicaid Director, began her update by mentioning how the February 15, 2024, Provider and Member Town Hall meetings, the recordings of which can be accessed on the [Medicaid Town Halls webpage](#)²¹ on the HHS website, covered important [Hope and Opportunity in Many Environments \(HOME\)](#)²² updates, such as the waivers redesign.

In the fall 2023, a collaborative effort was initiated to address the challenges faced by Iowa in meeting the needs of its residents. This effort involved gathering providers from various healthcare sectors, shelter providers, insurers, child welfare groups, division directors and representatives from the Department of Education (DOE). Through a series of discussions, short-term to long-term solutions were identified to tackle the issues at hand. To sustain this momentum, quarterly meetings are held to continue gathering input and refining strategies. Additionally, meetings have been established to address complex cases and difficulties in accessing appropriate services. These meetings alternate between children's and adult cases every week and provide a platform for multidisciplinary collaboration. Feedback from these meetings is integrated into quarterly meetings, ensuring a cohesive and deliberate approach to addressing Iowa's healthcare challenges.

Two pilot projects have been launched to address specific needs within Iowa's foster care system. The first project focuses on therapeutic foster care, aimed at children with extensive trauma and medical needs. This program aims to connect these children with supportive families and comprehensive services tailored to their complex needs. The second pilot project, in collaboration with the University of Iowa, establishes a complex care intake clinic for children in the child welfare system. This clinic provides comprehensive assessments for children with complex medical, mental health and neurological needs, aiming to provide a deeper understanding of their requirements and improve support services.

The "Recruitment Bill" addresses challenges with delayed claims processing and recovery, often spanning multiple years. Efforts are underway to streamline processes and reduce the look-back period for claims from five to two years.

²⁰ <https://hhs.iowa.gov/initiatives/system-alignment>

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

²² <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/current-projects/home>

There are two versions of the "Work Without Worry Bill," one in the Senate and the other in the House. Bill modifications are in the works regarding Medicaid for employed persons with disabilities. The public will be kept up to date on the progress of the two bills.

A bill focused on Psychiatric Institutions for Children (PMICs) has been created to address the pressing issue of placements for children with complex behavioral health needs. These placements are often out-of-state. Out-of-state placements are costly and distance children from their support systems. To address this, the bill will incentivize providers to accommodate these high-needs children through reimbursement adjustments and by creating a preferred network for such specialized services.

On Wednesday, February 21, 2024, Change HealthCare, the pharmacy point-of-sale provider for Medicaid fee-for-service (FFS) members, experienced a network outage due to a major cybersecurity incident in their corporate structure. This outage impacts individuals reliant on FFS for their prescriptions. Efforts are underway to determine the duration of the outage and potential adjustments needed, such as temporarily waiving prior authorizations. However, all pharmacies can provide emergency 72-hour fills, ensuring access to medication in the interim.

It was noted that there is currently a backlog in provider enrollment and that efforts are underway to address it. Matney encouraged meeting participants to reach out to HHS staff or to her directly regarding this issue.

Lastly, Matney mentioned her dual roles. While she is still the director of Iowa Medicaid, she is now also a deputy director. Additionally, she said that deputy directors Rebecca Curtiss and Kera Oestreich may occasionally speak on her behalf during events like MAAC meetings and Medicaid town halls if she is unable to attend.

Kady Reese, Iowa Medical Society, expressed appreciation on the behalf the provider network and the Iowa Medical Society in regard to the director's and the department's proactiveness and transparency regarding the above Medicaid updates.

MANAGED CARE PLAN (MCP) UPDATE

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 240,000 members.

Maass highlighted ITC's involvement in Medicaid town halls and stakeholder feedback sessions as well as ITC's ongoing commitment to working with HHS on various initiatives. ITC is continuing to help members affected by the Glenwood closure find community placement. ITC is also working to address short-term and long-term solutions to the healthcare work force shortage, particularly in rural areas. Additionally, initiatives such as the Certified Community Behavioral Health Clinic (CCBHC) demonstration and ITC's involvement in the "unwinding" of continuous Medicaid enrollment were touched upon.

ITC held its first provider summit in September 2023 in Ottumwa, Iowa. Due to the success of the first summit, ITC plans to hold four more summits between June 2024 and September 2024.

Maass revisited the topic of ITC's partnership with the Des Moines Area Community College (DMACC). ITC and DMACC are collaborating on a Direct Support Professional (DSP) certification program. The first training that was held lasted 41 hours and consisted of eight training modules. ITC and DMACC are in the process of setting up a second training. Many program participants are referred by providers. Additionally, ITC and DMACC are collaborating on a health ambassador program. Outside of DMACC, ITC is working on creating similar partnerships with other community colleges and Clive Behavioral Health.

ITC is working on improving transportation services, particularly non-emergency medical transportation (NEMT) services, for its members. Unfortunately, the COVID-19 pandemic was a significant cause of present driver shortages. However, member feedback has led to the implementation of new features in collaboration with ITC's NEMT vendor.

The Central Iowa Shelter and Services (CISS) and ITC collaborated to establish a housing command center as well as develop a mobile app aimed at addressing SDOH and access challenges. The investment for both projects totaled \$2.55 million.

Maass concluded by sharing a member story. A vigilant case manager noticed subtle changes in a member's behavior during a routine phone call, prompting the case manager to conduct a face-to-face visit. Despite initial reluctance from the member to seek medical attention, the case manager's persistence and collaborative effort with a home health provider led to the member ultimately receiving timely medical care for pneumonia, influenza and a kidney infection. This story underscores the importance of trust, partnership and proactive communication in ensuring the well-being of Medicaid members.

Wellpoint (WP) (formerly known as Amerigroup)

John McCalley, Health Equity Director WP, provided a brief update on WP's recent activities. McCalley began his update by announcing the company's rebranding to Wellpoint (WP) from

Amerigroup. McCalley emphasized that “it’s a new name, nothing else has changed. Same company, same benefits, same staff.”

McCalley then discussed WP’s commitment to community integration, particularly focusing on improving access to home and community-based services (HCBS) for older Iowans and individuals with disabilities. He highlights a collaboration with the University of Iowa’s University Center for Excellence in Developmental Disabilities, which includes funding support for programs like the Community Living Ambassadors Program and a youth academy for individuals with disabilities looking for professional and/or social engagement.

WP’s health equity training is scheduled for rollout in the second quarter of 2024. This training aims to provide LTSS stakeholders with a comprehensive understanding of health equity, especially concerning individuals with disabilities. Specialized training will also be provided to enhance providers’ capacity in assessing, diagnosing and supporting people with disabilities.

WP partnered with Montgomery County Memorial Hospital to implement several SDOH pilot projects, with a specific focus on food insecurity. Rural Iowa, in particular, has many “food deserts²³.” WP used grant funding and technical assistance to advance referrals to “food pharmacies²⁴” and nutrition education programs. Other initiatives included crisis food boxes, community gardens and resuming on-site farmers’ markets. Additionally, the Mobile Food Pantry has been extended through the grant program. WP is interested in partnering with other food-insecure counties like Montgomery in the future.

WP has a new grant partnership with Starts Right Here which is aimed at improving access to education and housing supports for at-risk youth in Des Moines. This partnership involves funding to support Starts Right Here’s expansion to a larger facility and the development of a WP wellness center within the facility. The partnership will also include on-site career fairs, health apprenticeship education services and integrated case management for members accessing Medicaid benefits through Starts Right Here.

In response to a new contract requirement from the state of Iowa for MCOs to provide face-to-face behavioral health case management, WP hired 24 new associates. Additionally, WP expanded the LTSS case management team, adding over 25 new LTSS case management positions, and WP expanded the LTSS facility transitions team to support members transitioning from various facility-based care settings.

²³ Food Desert: An area where access to plentiful, affordable and/or healthy food is limited.

²⁴ Food Pharmacy: A resource where patients, often from the food-insecure population, are provided prescriptions of healthy food. Food pharmacies stem from the “food as medicine” movement.

McCalley highlighted the importance of health equity, emphasizing its inclusion as a requirement in MCO contracts. He reported on investments in enhanced case management aimed at Black and African American members, resulting in lower preterm birth rates. Additionally, specialized outreach efforts for Black and African American members with mental health issues led to increased seven-day follow-up after hospitalization, meeting HEDIS measures. This shows that an investment in creative and innovative solutions can improve health outcomes through the health equity lens.

McCalley shared a member story related to the Champ Housing Stability and Eviction Diversion Program. WP provided one month's rent to a member in Council Bluffs who was at risk of eviction due to job loss, ultimately helping the member and his family remain housed until he was able to begin paying rent on his own again.

In response to a Zoom chat question, Matney clarified that the emphasis on case management and care coordination for individuals at risk of institutionalization is not a new federal regulation but is influenced by federal partners. She noted an increase in requirements and enhancements in case management across various domains, with behavioral health being just one aspect of this broader effort.

Lastly, McCalley mentioned that 24 new outreach care specialists and case managers have joined the behavioral health clinical team. Their primary focus will be on assisting WP members transitioning from various forms of facility-based care, such as emergency departments, psychiatric wards or nursing homes, to community-based integrated care settings.

Molina Healthcare (MOL)

Nafissa Egbuonye, Associate Vice President of Growth and Community Engagement MOL, provided a brief update on MOL's recent activities.

In January, MOL partnered with the By Degrees Foundation, Delta Dental and Broadlawns to provide health services such as immunizations and screenings in Des Moines public schools. MOL also addressed food insecurity by bringing resources directly to those in need. Additionally, MOL is a sponsor of the Knock and Drop food bank in central Des Moines, which serves the Latinx community.

In February, MOL continued grassroots engagement, particularly with LTSS providers, to address member needs. They conducted LTSS stakeholder meetings to gather data on personal health goals, such as community inclusion and learning to cook meals independently, which will inform partnerships with organizations promoting these goals.

For Black History Month, MOL sponsored the Rob Johnson Gas Giveaway which provided gas to over 1,000 people along with food and MOL materials. MOL also participated in events such as Black History Month panels in Sioux City to address health disparities and to collaborate with African American providers to find solutions. Additionally, MOL utilized avenues like the *Urban Experience* magazine to educate providers across Iowa on issues like Black maternal health and the resources available through Molina, aiming to increase awareness and support for their members.

MOL is building strategic partnerships with organizations like the Iowa Head Start Association, iJag (Iowa Jobs for America's Graduates), Iowa Caregivers Association, Iowa Primary Care Association and EveryStep to address various needs in the community. MOL will collaborate with these associations to provide education on immunization, support teachers with basic needs (like snacks and hygiene products) in classrooms, offer caregiver benefits and retreats, fund health equity initiatives and support programs.

Lastly, it was expressed that MOL values input from their LTSS stakeholder advisory, utilizing it to address the needs of their LTSS populations.

PREPAID AMBULATORY HEALTH PLAN (PAHP) UPDATE

Delta Dental (DD)

Gretchen Hageman, Vice President of Government Programs DD, provided a brief update on DD's recent activities. Since 2014, DD has provided dental services to about 450,000 Medicaid members in Iowa as part of a prepaid ambulatory health plan (PAHP).

DD recently received a contract for state fiscal year 2025 (SFY25) and are focusing on implementation activities and innovations for provider and member activities.

DD is working on data sharing agreements with MCOs to receive data feeds for emergency room usage for dental services. The goal of the agreement is to provide care coordination and outreach services to help members address oral health needs and reduce emergency room visits for oral health issues.

There is also a pilot initiative in the works at DD for members with disabilities in community or residential facilities. For these initiatives, DD is partnering with organizations like Mid-Step in Sioux City and Hope Haven in Southeast Iowa.

DD has participated in several member events where they provided oral health care education, screenings and helped members to schedule follow-up appointments. In April, DD will be

sponsoring EveryStep's Baby Bloom event where oral health care education and screenings will also be provided.

Additionally, DD's foundation supports initiatives such as the expansion of the Eastern Iowa Dental Center, which will have a large positive impact on the Cedar Rapids area, and the addition of a mobile unit for Dental Connections to extend adult and child services across the state.

MCNA Dental

Nicole Cusick, Provider Relations Manager MCNA Dental, provided a brief update on MCNA's recent activities.

MCNA has been focusing on outreach activities, such as attending the University of Iowa College of Dentistry Vendor Fair (September 9, 2023) and the ITC Provider Summit (September 20, 2023) to address provider shortages and to ensure continuity of care for members.

MCNA recently transitioned from Google to Outlook internally and are working through any issues that arise because of the transition.

MCNA's is also working on reviewing documentation to find opportunities for efficiency and to reduce administrative burden for providers.

OPEN DISCUSSION

No one commented when the floor was opened for discussion. Angie ended the meeting by thanking all participants and encouraging participants to take advantage of the pleasant weather.

ADJOURNMENT

Meeting adjourned at 3:09 p.m.

Submitted by,
Emma Nutter
Recording Secretary
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