IOWA | Health and Human Services

DRAFT
Medical Assistance Advisory Council (MAAC)

MEETING MINUTES
August 22, 2024

CALL TO ORDER AND ROLL CALL

Angie Doyle-Scar, Division of Public Health and Co-chairperson of the 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.

APPROVAL OF PREVIOUS MEETING MINUTES

The minutes from the May 16, 2024, meeting were approved by the council.

MAAC Updates

Emma Nutter, Iowa Medicaid Communications Specialist and MAAC Recording Secretary, presented on updates related to the MAAC[2].

MAAC Board Updates: Election Results and Open Board Seats

The results of the MAAC election for the three Professional and Business Entities' board seats were:

- Iowa Pharmacy Association
- Iowa Hospital Association
- Iowa Health Care Association

Nutter noted that there were still two open Public Representative seats on the MAAC Board. She explained that applications to be a Public Representative are submitted on the Iowa Talent Bank website[3].

Hawki Board: Reminders and Archive

The Hawki (Healthy and Well Kids of Iowa) Board was consolidated into MAAC on July 1, 2024. The last Hawki meeting was on June 17, 2024. Hawki meeting recordings and

[1] https://hhs.iowa.gov/media/14999/download?inline
[2] https://hhs.iowa.gov/media/14236/download?inline
[3] https://talentbank.iowa.gov/board-detail/1fc6b218-ff7a-4c22-a955-fbd3e3b5ac2e

materials can still be accessed on the Hawki Board webpage[4] on the Iowa Department of Health and Human Services (HHS) website[5].

BAC and MAAC Updates

Nutter explained that a state team had been created to establish and implement changes to the BAC and the MAAC respectively. Changes to the requirements include:

- Conduct outreach and provide education
- Establish a member recruitment process
- Determine how to meaningfully engage members
- Identify topics that are priorities for members
- Update the MAAC webpage and create a BAC webpage on the HHS website

Lastly, Nutter reviewed upcoming BAC and MAAC compliance deadlines:

- July 9, 2025
  - Revise MAAC and establish BAC
  - 10% of MAAC members should be from the BAC
- July 9, 2026
  - MAAC Annual Report due
  - 20% of MAAC members should be from the BAC
- July 9, 2027
  - MAAC Annual Report due
  - 25% of MAAC members should be from the BAC

Primary Care Programs Update

Cristie Duric, Iowa Medicaid Primary Care Programs Manager, presented on shortage designations and underserved areas in Iowa[6]. Duric and Joseph Greene, Program Coordinator, both work to improve access to healthcare for populations in health professional shortage areas (HPSAs).

Duric explained that shortage designations help to identify HPSAs. HPSAs are delineated based on discipline and taxonomy, and they are also associated with a specific geographic area, population or facility. The disciplines that are most focused on are primary care, dental care and mental healthcare. Family practitioners, general practitioners, internal medicine providers, obstetrics and gynecology providers, pediatric providers and certified nurse midwives all fall under the primary care discipline. General and pediatric dentists and psychiatrists fall under the dental health and mental health disciplines respectively.

[4] https://hhs.iowa.gov/advisory-groups/hawki-board
[5] https://hhs.iowa.gov/
[6] https://hhs.iowa.gov/media/14237/download?inline

There is a state provider list of healthcare professionals that are in these disciplines, this list is frequently reviewed for accuracy. Additionally, taxonomy codes are used to distinguish the disciplines and the specialties in the data system that is used to analyze areas. This list and these codes impact healthcare designations.

There are several types of designations:

- **Geographic** designations look at the entire population of a specified area. They can be at a multi-county, county, sub-county or census tract level.
- **Population** designations look at a subset of the population in a specified area. The most common example is a low income HPSA which targets areas where 30% or more of the population fall into the 200% Federal Poverty Level (FPL) bracket.
- **Maternity Care Target Areas** are a subset of existing primary care designations. Criteria include factors such as the ratio of childbearing aged women to maternity care providers, income levels, travel time to providers, fertility rates, etc.
- **Medically Underserved Area/Population (MUA/MUP)** designations only consider the primary care discipline. They are used for the Health Centers program, RHC certification and the J1 Visa Waiver program. Additionally, they are considered legacy designations and do not require updating by the Health Resources and Services Administration (HRSA).
- **Governor-Designated Secretary Certified Shortage Areas for Rural Health Clinics** designations are only used for the purpose of certification of rural health clinics in areas without a current Primary Care HPSA.
- **Automatic Facility Desinations (Auto-HPSAs)** designations are automatically designated as HPSAs by statute or through regulation:
    - Federally Qualified Health Centers (FQHCs) and FQHC Look-A-Likes
    - Indian Health Facilities
    - IHS and Tribal Hospitals
    - Dual-funded Community Health Centers/Tribal Clinics
    - CMS-Certified Rural Health Clinics (RHCs) that meet National Health Service Corps (NHSC) site requirements

HPSA's unlock access to a variety of programs that can incentivize providers to work in a specified area. Moreover, each designation is given a score which helps to further prioritize funding.

HPSAs are created by each state with approval of the Health Resources and Services Administration (HRSA). First, the areas are analyzed at the state level. Designations are created by analyzing variables such as birth rates, fluoridation rates, federal poverty rates, substance and alcohol use, etc. Next, requests are submitted to HRSA through

the Shortage Designation Management System (SDMS). Lastly, if approved, the area is designated and receives a score. This process can take several months to complete.

Using the Zoom chat feature, Duric provided links to data.HRSA.gov's Find Shortage Areas webpage[7] and HRSA Map Tool[8] to provide meeting participants with the opportunity to further research HPSAs.

Duric explained that the SDMS data or SDMS "data warehouse" is collected by the University of Iowa. In this warehouse, each physician has a profile which indicates, for example, whether the physician accepts Medicaid, Medicare and/or CHIP (Children's Health Insurance Program), if the physician is working part-time or full-time, etc.

Furthermore, Duric stated that, if someone wants to submit an application for a designated shortage area that the person would have to work with Greene as Greene is in charge of conducting the analysis and submitting applications to HRSA. She also said that the SDMS data could potentially be a useful resource for other projects such as the new mental health regions.

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.

As discussed in previous MAAC meetings, ITC launched a non-emergency medical transportation (NEMT) pilot program. The goal of the program is to improve NEMT availability for ITC members. One way the program is doing this is with the "service recovery trip" option which allows members to schedule rides on short notice (e.g., for visits to urgent care), re-schedule canceled rides, etc. 330 successful NEMT trips have been completed through this program. If the pilot, which will run from March 1 to October 10, continues to be successful, ITC plans move the project from the pilot phase to a permanent service.

ITC and the other managed care organizations (MCOs) have been participating in the Medicaid Innovative Collaborative (MIC) to use tech-enabled solutions to address Medicaid inequities. Through the MIC, ITC and the other MCOs worked with Kaizen in 2023 to address challenges some members faced regarding NEMT, particularly Iowa Health and Wellness Plan (IHAWP) members in Black Hawk, Bremer and Des Moines with social determinants of health (SDOH) needs like diabetes. By July 2023, Kaizen

[7] https://data.hrsa.gov/tools/shortage-area
[8] https://data.hrsa.gov/maps/map-tool/

has delivered over 160 rides (related to doctor visits, employment, etc.) to these IHAWP members.

In late 2022, ITC began a doula program to improve maternal health outcomes, especially in counties with higher instances of low-birth-weight infants like Muscatine, Polk and Johnston. The program offers services to expectant mothers such as in-person visits, prenatal and postpartum education, birthing support, etc. 52 members have participated in this pilot program. The results of the pilot have been a 10% increase in first-term prenatal visits, a 27% increase in postpartum visits, a 2% decrease in level three neonatal intensive care unit (NICU) admissions and a 4% decrease in C-section rates. Due these positive results, ITC is planning on expanding the pilot to additional counties like Scott, Black Hawk and Woodbury.

In collaboration with local public health partners, ITC provided the HPV vaccine and new pairs of shoes to children through its “Shoes for Shots” program. The program encourages parents to bring in their children for the second HPV vaccine by offering a free pair of shoes for each child who receives the vaccine.

ITC hosted several provider summits to give updates on new initiatives, answer questions, offer one-on-one support, etc. to providers. ITC has also hosted several health fairs across Iowa. These fairs have offered free produce, health screenings, etc.

In response to several factors, such as the Tyson plant closure in Perry, Iowa which resulted in the loss of 1,300 jobs, ITC partnered with Iowa Workforce Development and HHS to host a community event in July which provided job resources and healthcare information.

Lastly, ITC participated in D-SNAP (Disaster Supplemental Nutrition Assistance Program) sites to provide Iowa communities impacted by recent natural disasters, such as flooding, with food and support.

Wellpoint (WP) (formerly known as Amerigroup)
John McCalley, Health Equity Director WP, provided a brief update on WP’s recent activities[9].

WP has been working on two initiatives to serve at-risk youth in underserved areas. One of the two partnerships is the Starts Right Here program which helps urban youth who are at risk of dropping out of school or who have dropped out of school earn their high school diplomas and transform their lives. This past year, the program helped over

[9] https://hhs.iowa.gov/media/14238/download?inline

50 students graduate. WP granted Starts Right Here $100,000 for facility and program expansion:

- Larger classrooms
- Fitness and dormitory rooms
- Establish a Peer Support Program
- Organize a career and apprenticeship fair

WP's other initiative is the Oakridge Studio. The Oak Ridge community, Best Buy and WP have worked together to create the Oakridge Studio, a teen tech center for youth in the Oak Ridge community. The studio, located in Des Moines, is available to young adults between the ages of 13 to 21. Over four years, WP has granted the studio $300,000. The tech center has recording studios, equipment (e.g., 3D printers, virtual reality ((VR)) headsets, etc.), workshops and instructors, etc. Since the program's soft launch, over 70 young people have participated in the program.

Life Connections, which provides peer-run respite and a wellness program in Clinton County, was granted $100,000 by WP to fund wellness recovery action training, enhance the Wellness Center in Clinton, etc. WP also granted $2,500 to WESCO Industries in Denison, Iowa, to assist WESCO's move to a better day habilitation space.

Since 2021, WP has partnered with Humility Homes & Services, Inc. Humility Homes' mission is to end homelessness by offering housing opportunities and supportive services in the greater Quad Cities area. WP has supported and participated in several Humility Homes events such as clothes sorting and donation events, Humility Homes' open house and annual block party, etc. New Visions and WP have also worked together to provide shelter and services to individuals experiencing homelessness in Council Bluffs and Omaha.

Additionally, WP sponsored and provided volunteers for the Special Olympics in Ames, Iowa, and for a Lutheran Services in Iowa (LSI) community baby shower in Cherokee, Iowa.

Like ITC and MOL, WP has also supported communities, such as Greenfield, impacted by the recent flood disaster.

Overall, WP has participated in 32 community events, led or joined 42 coalition/interagency/CBO meetings and worked with over 27 counties in Iowa to organize activities to support community needs.

Molina Healthcare (MOL)

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

At back-to-school events, MOL has provided students with backpacks, immunizations, etc. MOL has also addressed SDOHs in vulnerable populations by offering additional support services for transportation, food, healthy rewards (which can be used for things like gas), etc.

In collaboration with ITC and WP, MOL has been working on improving access to transportation services for refugee and immigrant communities.

MOL donated $10,000 to the Black Doula Collective. The funding will support African American mothers and their babies. This grant will also cover 100% of the costs for lactation consulting training. The goal of the grant is to reduce racial disparities in health outcomes for newborns.

In partnership with Iowa Jobs for America's Graduates (iJAG), MOL provided $25,000 to fund "Molina Corners" in schools which provide hygiene products, snacks and information on Medicaid benefits. The corners are meant to improve the well-being of students, including those from refugee and immigrant communities.

From May to June 2023, MOL has reached about 4,000 people through local events meant to support community health and raise awareness about all the services MOL offers.

Lastly, to prepare for flu season, MOL is working with the Department and Hy-Vee to offer free flu vaccines as well as diabetes screenings (given that November is American Diabetes Awareness Month).

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[10].

To improve member engagement, DD switched from outbound to automated calls on July 1, 2024. So far, 45% of eligible members have been successfully contacted, and 25% of those reached requested to speak to a customer service representative (most of the requests to speak to a representative were about finding a provider). 30% of eligible

[10] https://hhs.iowa.gov/media/14240/download?inline

Spanish-speaking members have been successfully contacted, and 20% of those reached requested to speak to a representative. During these calls, members were also informed of the opportunity to take a new DD risk assessment.

DD was able to distribute about 7,000 toothbrushes during the Iowa State Fair last summer. Additionally, DD partnered with Eastern Iowa Dental Clinic, Prevent Blindness and OneSight to offer over 500 people eye exams and 438 eyeglasses in Cedar Rapids. DD also used this event as an opportunity to provide people with more information about dental care, dental insurance, how to find a dental provider, etc.

In fiscal year 2024, DD completed 248 provider visits, 78 of these visits involving specialty providers (e.g., oral surgeons, orthodontists, etc.). DD will also host provider seminars across Iowa to hold discussions on Medicaid updates, risk assessments, strategies for engaging with members, etc.

MCNA Dental

Nicole Cusick, Provider Relations Manager MCNA Dental, provided a brief update on MCNA's recent activities[11].

MCNA attended the annual Iowa Dental Association Seminar. MCNA's participation allowed MCNA to credential new providers and offices, including four orthodontic offices, and gave existing providers the opportunity to speak with MCNA provider relations representatives.

Additionally, MCNA attended the annual Iowa Dental Hygienist Association Seminar. During the seminar, MCNA discussed the possibility of doing single case agreements with some facilities which could benefit rural areas in particular.

Between April and June, MCNA participated in three Green to Go events – in West Des Moines, Fort Dodge and Cedar Rapids – between April and June. At these events, MCNA educated participants on topics such as the importance of oral healthcare for pregnant women and infants. During these events, MCNA distributed resources such as backpacks, toothbrushes, dental kits for adults and children, educational materials, etc. MCNA provided oral healthcare education and resources at the Open Door Mission Health Fair in Omaha as well.

Lastly, MCNA introduced two incentive programs to promote dental care and regular check-up appointments. Through timely recall visits, dental care providers earn $10 for seeing patients within 175-235 days of the patient's last appointment which has led to a 42% increase in timely recall visits. Through the dental home establishment, providers

[11] https://hhs.iowa.gov/media/14239/download?inline

earn $20 for completing a dental exam within 100 days of a problem-focused exam which has led to a 13% increase in the creation of a dental home for children.

Dental Provider Shortages
Following the PAHP presentations, the issue of dental provider shortages, especially in rural areas of Iowa, was raised by Cheryll Jones, MAAC representative for the Iowa Chapter of National Association of Pediatric Nurse Practitioners. The issue of the limited number of providers serving children with special health needs – due, in part, to some of these children requiring sedation for some dental procedures which not all providers are comfortable and/or able to administer – was also brought up by Jones.

In response to these concerns, Hageman encouraged people in the meeting who either needed help finding a DD or MCNA dental provider near them or near a Medicaid member they know to reach out to her and DD or Cusick and MCNA.

Cusick jumped in to say that she attended a meeting for the Dental Association earlier that day and that dental providers are very aware of the dental provider shortage issue. She noted that, during the call, there was brainstorming about how to increase the number of dental providers. One challenge is not the lack of people wanting to become dental providers rather it's that dental schools are at capacity. Furthermore, it can be difficult to find individuals to fill executive positions at these schools given the high qualifications (e.g., a master's degree, dental license, etc.) required for some of these positions.

MEDICAID DIRECTOR'S UPDATE

Rebecca Curtiss, Deputy Medicaid Director, provided an update for the MAAC in Director Elizabeth Matney's absence. She first noted how there have been several advancements related to Durable Medical Equipment (DME) initiatives meant to better meet the needs of Medicaid members. For example, there is the recent achievement of the removal of the prescription requirement for wheelchair repairs.

Deputy Director Curtiss explained how Medicaid is taking on a major project to review and adjust provider rates[12]. A few years ago, Director Matney initiated efforts to strategically assess and update Medicaid provider rates. It became clear that many rates had not been reviewed or increased in three to five years or more. To address this, a plan has been developed to annually review provider rates, compare them with surrounding states and Medicare rates and request appropriations for necessary increases.

Increases By Provider Type:

[12] https://hhs.iowa.gov/media/14241/download?inline

- Medical Supplies (Provider Types 08 and 12): A legislative appropriation of $144,000 resulted in a total estimated increase of $462,000.
- Physician Assistants (Provider Type 68): A legislative appropriation of $29,691 resulted in a total estimated increase of $106,139.
- Physical Therapists (Provider Type 15): A legislative appropriation of $418,121 resulted in a total estimated increase of $1,521,606.
- Occupational Therapists (Provider Type 32): A legislative appropriation of $64,692 resulted in a total estimated increase of $213,287.
- Certified Midwives (Provider Type 38): A legislative appropriation of $3,112 resulted in a total estimated increase of $9,424.
- Community Mental Health Centers (CMHCs) (Provider Type 21): A legislative appropriation of $276,947 resulted in a total estimated increase of $930,044.
- Pharmacy Dispensing Fee: A legislative appropriation of $500,000 resulted in a total estimated increase of $1,597,209. Additionally, the new dispensing fee is $10.63.
- Mental Health Providers: A legislative appropriation of $2,104,186 resulted in a total estimated increase of:
    - Assertive Community Treatment: $4,496,576
    - Applied Behavioral Analysis: $1,370, 821
    - Crisis Services: $155,179
- Home Health:
    - Legislative Appropriation: $3,000,000
    - Iowa Medicaid leadership directed the following:
        - $1,500,000 used for Low Utilization Payment Adjustment (LUPA) amounts.
            - Estimated Total Dollar Increase: $4,257,869
        - $1,500,000 used to develop a payment methodology for increased reimbursement to high needs patients.
            - HHS will develop and submit a state plan amendment for the proposed payment methodology.
- Home and Community-Based Services (HCBS) Waiver and Habilitation Services
    - Legislative Appropriation: $14,600,000
    - Intermittent Supported Community Living
        - Procedure Codes H2015 and H2015-HI
        - Percentage Increase: 9.000%
    - All other HCBS and Habilitation Services
        - Percentage Increase: 4.100%
    - Residential-Based Supported Community Living
        - Legislative Appropriation: $1,300,000
        - Percentage Increase: 187.40%
        - Add two level II modifiers – UB and UC (created three tier rates)

These rate changes will require a Medicaid State Plan Amendment, and the public notice/comment period has ended. These rate increases have been submitted to the Centers for Medicare & Medicaid Services (CMS) for approval and are expected to be implemented soon.

The MCOs have been provided with updates on the rate changes and capitation rates, and they are working to integrate these updates into their systems. If providers are experiencing any issues with the claims or billing process, they should contact the MCOs and/or Iowa Medicaid directly for assistance.

Medicaid is also developing an annual plan for assessing provider rates. This plan will outline which providers will undergo rate reviews in the upcoming years. More information about this plan will likely be shared in the fall prior to the legislative session.

Four federal rule updates were recently implemented:

1. **Overtime Laws:** The Department of Labor released new federal updates, including changes to overtime laws. This may impact provides, especially HCBS providers. Medicaid is closely tracking these changes.
2. **The Consolidated Appropriations Act:** This act includes provisions related to juvenile incarceration and the need for Medicaid to ensure juveniles being released from incarceration have access to services. Medicaid is working to implement these new requirements promptly.
3. **Medicaid Eligibility Changes:** The Medicaid eligibility rules have been updated, and the eligibility team is working on processing these updates. Further details will be provided as they become available.
4. **Medicaid Access and Managed Care Regulations:** There have been significant changes to regulations governing Medicaid access and managed care. This will be an important area of focus for the previously discussed BAC.

Medicaid is diligently tracking these federal rule updates and will share further updates when available.

After the floor was opened for questions, Dr. Dave Carlyle, Iowa Academy of Family Physicians, asked if rate increases would be applied to physician rates or nurse practitioner rates. Deputy Director Curtiss explained Medicaid's process of annual review in sequential methodology, and that the average of the most utilized service codes based on provider type are used for comparison.

MEDICAID QUALITY STRATEGY

Pamela Lester, RN, BSN, MSHS Health Care Quality, gave a presentation on the 2024 Quality Strategy[13]. Lester explained that the strategy had federal requirements that

[13] https://hhs.iowa.gov/media/14242/download?inline

needed to be developed and maintained. One of the requirements is that managed care services must be evaluated and updated every three years. The goal of the strategy is to assess and improve managed care plans (MCPs) (i.e., MCOs and PAHPs).

The strategy combines the MCO and PAHP goals, the five main goals are:

1. Improving access to healthcare (e.g., maternal health, behavioral health, etc.)
2. Improving whole person care by ensuring that information is clearly communicated between providers.
3. Improving health equity.
4. Improving the administrative process.
5. Better listening to and responding to "the voice of the customer" or Medicaid members by getting feedback through resources such as surveys.

This strategy will soon be posted for a 30-day public comment period. Once the period for public comment has ended, the strategy will be revised and resubmitted to CMS for approval. Once feedback has been received from CMS, the strategy and CMS' feedback on the strategy will be implemented and evaluated.

MATERNAL HEALTH COVERAGE

Dr. Carlyle provided the MAAC with information on a new state law that was passed this year which impacts maternal health coverage. The law expanded Medicaid coverage for postpartum mothers to 12 months, however, the law reduced Medicaid eligibility for pregnant women from 375% to 215% of the FPL. This means about 1,270 women and their unborn children will lose Medicaid coverage.

He also brought up the concern of coverage gaps for women before childbirth. Currently, pregnancy is not considered a qualifying life event (QLE)[14] in the federal health insurance marketplace. This means pregnant women who miss the open enrollment period will have to wait until the next open enrollment period to obtain coverage, potentially leaving them without coverage during their pregnancy.

Potential solutions to this coverage gap challenge proposed by Dr. Carlye include:

1. Changing the law so that pregnancy is considered a QLE in the federal health insurance marketplace. Dr. Carlye noted that this potential solution would be difficult to implement.
2. Increasing, through legislative action, Medicaid eligibility back to higher levels (e.g., 300% FPL).

[14] A qualifying life event (QLE) is a significant change in an individual's life that makes them eligible to enroll in health insurance outside of the designated annual open enrollment period. Examples of QLEs include marriage, job loss, etc.

3. Creating a state-based health insurance exchange to include pregnancy as a QLE.
4. Expanding Iowa's CHIP – Hawki (Healthy and Well Kids in Iowa) – to include unborn children.
5. Expanding Hawki to cover pregnant women. States like Colorado and New Jersey allow pregnant women to be covered under their CHIPs.

It was noted by Dr. Carlye that having Hawki cover unborn children or pregnant women might be more cost effective for the state as the federal match for Hawki (78%) is higher than the Medicaid match (62%).

Dr. Carlye expressed that addressing this coverage gap was a very important issue as uncovered pregnant women could be at risk. For example, a pregnant woman in Mississippi tragically died of pre-eclampsia due to lack of access to care in an "obstetrical desert."

In response to Dr. Carlye's presentation, it was noted that the current income eligibility for Hawki is 302% FPL. HHS staff and MAAC members expressed the need for further discussions about how to fix this coverage gap and the need to collect data regarding uninsured pregnancy care in order to understand the impact of expanding coverage during pregnancy. The need to advocate for the coverage of uncovered pregnant women at the state and national level was also emphasized. Overall, it was determined to address this issue again at the next MAAC meeting and to work with public health officials to gather more data on this issue.

OPEN DISCUSSION

Dietitian/Nutrition Services and Medicaid
Susie Roberts, registered/licensed dietician and MAAC member, wanted to start the conversation about how Medicaid insurance coverage could potentially be expanded to cover more dietitian/nutrition services. Roberts, based on her personal experiences, said that she knows Medicaid covers some nutrition services when the services are done at in-network facilities (e.g., diabetes education and some weight management services). However, Roberts expressed a desire to add registered/licensed dieticians to the Medicaid provider network.

Doyle-Scar expressed a desire to put this issue on a future MAAC agenda. Additionally, Roberts was pointed in the direction of a HHS contact she could reach out to regarding adding registered/licensed dieticians to the Medicaid provider network.

Quarterly Report Reminder

Nutter noted that, while there had not been time in this meeting to present on the MCO Quarterly Report and Medicaid Dashboard, that the report and dashboard could be accessed on the HHS website[15]:

- Iowa Medicaid Dashboard[16]
- Agency Dashboards Webpage[17]
- Medicaid Performance and Reports Webpage[18]
- Medicaid Report Archive Webpage[19]

ADJOURNMENT

Meeting adjourned at 3:24 p.m.
Submitted by,
Emma Nutter and Nell Bennett
Recording Secretary
en

[15] https://hhs.iowa.gov/
[16] https://app.powerbigov.us/view?r=eyJrIjoiMmIyMTQxNzItZmIwNS00ZDI2LThhMDAtZGI1MzZhNmNiMmM3IiwidCI6IjhkMmM3YjRkLTA4NWEtNDYxNy04NTM2LTM4YTc2ZDE5YjBkYSJ9
[17] https://hhs.iowa.gov/dashboard_welcome#iowa-medicaid
[18] https://hhs.iowa.gov/performance-and-reports/medicaid-reports
[19] https://hhs.iowa.gov/performance-and-reports/medicaid-reports/report-archive