

Medical Advisory Council (MAC)

MEETING MINUTES

March 13, 2025

Note: The Medical Assistance Advisory Council (MAAC) was renamed to the Medical Advisory Council (MAC).

CALL TO ORDER AND ROLL CALL

Angie Doyle-Scar, Division of Public Health and Co-chairperson of the Medical Advisory Council (MAC), 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 [November 14, 2024](#)², meeting were approved by the council.

HAWKI & BAC UPDATES

Janae Carter, Medicaid Rules Officer, presented on [Council Updates](#)³ regarding Hawki (Healthy and Well Kids of Iowa) and the Beneficiary Advisory Council (BAC).

Hawki Updates

Carter reminded the MAC that SF 2385 (Session 2024) dismantled the Hawki Board and mandated that Hawki Board duties be absorbed by the MAC. So far, the MAC has added two former Hawki Board members as voting MAC members. Additionally, the 2024 Hawki Board Report was submitted.

Future MAC meetings will incorporate Hawki agenda items and broaden managed care organization (MCO) and pre-paid ambulatory health plan (PAHP, i.e., dental plan) updates to cover Hawki (Iowa's Children's Health Insurance Program, "CHIP"). A goal of the MAC is to add more former Hawki Board members to the MAC as non-voting

¹ <https://hhs.iowa.gov/media/15656/download?inline>

² <https://hhs.iowa.gov/media/15614/download?inline>

³ <https://hhs.iowa.gov/media/15639/download?inline>

members so that they can contribute their knowledge and experience regarding Hawki to the MAC.

BAC Updates

The BAC will consist of individuals who are or have been Medicaid beneficiaries and individuals with direct experience supporting Medicaid beneficiaries. The purpose of the BAC will be to advise the MAC regarding their experience with the Medicaid program, matters of concern related to policy development and matters related to the effective administration of the Medicaid program.

On Monday, February 28, 2025, BAC member interest forms went out to stakeholders. The deadline to turn in the interest form (in order to be considered to be a BAC member) is Monday, March 24, 2025. Once the deadline passes, Medicaid staff, along with Medicaid leadership will review the interest forms and make final selections for the council. The Department of Health & Human Services' (HHS) goal is to make sure that the BAC Board reflects a wide variety of experiences (e.g., caregivers and beneficiaries) and services (e.g., long-term support services, "LTSS"). Once the BAC begins to meet, members will be paid a stipend for their participation.

A certain number of BAC members will need to be on the MAC Board:

- July 2025 through July 2026, 10% of the MAC members must come from the BAC.
- July 2026 through July 2027, 20% of MAC members must come from the BAC.
- Thereafter, 25% of MAAC members must come from the BAC.

BAC members will serve on the MAC in a rotation. This rotation will be decided at the first BAC meeting of the fiscal year. Additionally, the BAC will meet separately from the MAC, and BAC meetings will be held before MAC meetings.

Examples for topics of discussion during BAC meetings include:

- Additions and changes to services
- Coordination of care
- Quality of services
- Eligibility, enrollment and renewal processes
- Beneficiary and provider communications by State Medicaid agency and Medicaid MCOs, PIHPs, PAHPs, PCCM entities or PCCMs
- Cultural competency, language access, health equity, and disparities and biases in the Medicaid program

- Access to services
- Other issues that impact the provision or outcomes of health and medical care services in the Medicaid program as determined by the MAC, BAC or State

Following her presentation, Carter said questions could be directed to her (Janae.carter@hhs.iowa.gov) or MedicaidMAC-BAC@hhs.iowa.gov.

Open Discussion

In response to Doyle-Scar, Will Linder, Iowa Medicaid Administration and Medicaid Communications Specialist, explained that the BAC member interest forms were distributed electronically to various stakeholders (including Family Well Being and Protection and behavioral health stakeholders), Medicaid providers and Medicaid members. Linder noted that almost 100 people had already submitted interest forms.

Responding to Mary Nelle Trefz, Public MAC member, Carter explained that BAC members that serve on the MAC will not be voting MAC members. However, these BAC members will advise the MAC. Additionally, Carter stated that future MAC meetings will have more Hawki-focused agenda items, such as recommendations.

Jason Haglund, MAC Co-Chairperson, brought up how the MAC administrative code was in the process of being updated. Carter said that a draft of the updated MAC administrative code would eventually be shared with the MAC.

POSTPARTUM ELIGIBILITY & COVERAGE CHANGES

Kendra Sales, Medicaid Program Manager for Eligibility Policy, provided updates on postpartum eligibility and coverage changes. Effective April 1, 2025, Medicaid postpartum coverage will be extended from 60 days to 12 months. Additionally, the Federal Poverty Level (FPL) for pregnant women will be updated to 215% and the FPL for infants will be updated to 300%. Infants with an FPL of up to 302% will receive additional coverage through Hawki, Iowa's CHIP (Children's Health Insurance Program). Sales noted that no changes are being made to specific services or coverage types.

Trefz brought up the questions (from the [November 14, 2024, MAC meeting](#)⁴) that had been created and sent (last December) regarding a fiscal note for low-income pregnant women and clarification on whether a 1115 waiver or a state plan amendment (SPA) would be needed. She noted that she would resend these questions.

⁴ <https://hhs.iowa.gov/events/medical-assistance-advisory-council-maac-meeting-2>

Sales, responding to Trefz, explained how HHS had been preparing for the April 1 rollout by sharing information through [Medicaid town halls](#)⁵, the [HHS website](#)⁶ and a “one-pager.”

Marcie Strouse, Public MAC member, stated that [House File 606](#)⁷ – which would have expanded coverage for pregnant women under private health insurance – did not pass through the legislative funnel due to, primarily, federal regulations overriding state rules. However, stakeholders are continuing to discuss with Representative Ann Meyer on other potential solutions for expanding coverage for pregnant women.

In the meeting’s Zoom chat, links to the [February 20, 2025, Provider Town Hall](#)⁸ and Sales’ [postpartum coverage town hall presentation](#)⁹ were shared.

MEDICAID DIRECTOR’S UPDATE

The Medicaid Director’s Update was provided by Deputy Director Rebecca Curtiss.

Children’s Health in Iowa

HHS is working to align with Governor Kim Reynolds’ priority of addressing children’s life-long issues by coordinating with child welfare, public health and eligibility services.

Graduate Medical Education (GME)

Iowa Medicaid is applying for Graduate Medical Education (GME) (which is a directed payment) to support physician training and residency programs across Iowa, including large and regional hospitals. The application will be submitted to the Centers for Medicare & Medicaid Services (CMS) within the next one to two weeks.

1115 Waiver Extension & IHAWP Work Requirements

A request to extend the 1115 waiver has been submitted. Additionally, a proposal has been introduced that would create work requirements for the Iowa Health and Wellness Plan (IHAWP) population. These work requirements would only apply to the IHAWP population, not the entire Medicaid population.

Maternal Health Updates

Medicaid is working on onboarding and creating payment mechanisms for doulas, dietitians (especially for women with high-risk pregnancies) and lactation consultants. Following these initiatives, the work to update billing policies is ongoing.

⁵ <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/public-meetings/medicaid-town-halls>

⁶ <https://hhs.iowa.gov/postpartum-coverage>

⁷ <https://www.legis.iowa.gov/docs/publications/LGI/91/HF606.pdf>

⁸ <https://hhs.iowa.gov/events/provider-town-hall-february-20-2025>

⁹ <https://hhs.iowa.gov/media/15449/download?inline>

The importance of making sure that pregnant women are receiving antepartum visits, the proper antepartum and postpartum care and that women with high-risk pregnancies are receiving the proper care and services was emphasized.

Federal Updates

Deputy Director Curtiss stated that, while Iowa is in a relatively strong position, potential budget cuts to the federal department of HHS may eventually impact Iowa Medicaid. Given the, what appears to be, lack of a finalized federal budget, a continuing resolution (CR) or government shutdown may occur.

Open Discussion

Responding to Trefz, Deputy Director Curtiss stated that HHS is working closely with the legislature on the 1115 waiver and IHAWP work requirements.

In response to Trefz, Carrie Malone, Director of Government Relations, explained that the language in the legislation Trefz cited (regarding how if the federal government denies or rescinds approval of the work requirement waiver, Iowa Medicaid's expansion would be terminated) is called a "trigger law." Trigger laws, according to Malone, are becoming more common in other states' legislation and are statements. Additionally, while HHS is not currently working on an "Alternative Benefit Package" (ABP), HHS is working on how to implement the legislation.

Strouse noted, drawing from her experiences as an insurance agent and mother of a child on a waiver, how some people who are on Medicaid due to income thresholds would prefer the health insurance marketplace because they desire more provider choice and continuity. She brought up how a premium-supported, cost-sharing modified plan might be beneficial to those in the "in-between" income range (i.e., those who can afford to pay some premiums) as it would offer more flexibility.

LEGISLATIVE UPDATE: BILLS CONCERNING MEDICAID

Carter presented on [Medicaid legislative updates](#)¹⁰.

Medicaid Watchlist

HSB122 will expand Hawki to include Applied Behavior Analysis (ABA) services for children with autism. The legislative report was completed in December 2024. SF363, as previously discussed, will be adding work requirements of able-bodied adults receiving Medicaid.

¹⁰ <https://hhs.iowa.gov/media/15640/download?inline>

Governor Reynolds' Medicaid Priorities

- Increasing investment and support provided through maternal health and postpartum care services
- Supporting workforce development and access to healthcare through medical loan programs (HSB191), this includes residency programs
- Implementing Medicaid work requirements (SF363)

Governor Reynolds' HHS Priorities

- Statewide solutions fund for childcare
- Early Childhood Continuum of Care
- Expansion of residency slots (460 new physicians are training in Iowa)
- Medicaid rates (with a focus on rural access)
- Medicaid work requirements
- Maternal health investment
- Partnership between HHS and the University of Iowa to research causes of cancer in Iowa

HEALTHY IOWANS STEERING COMMITTEE PRESENTATION

Katie Damon, HHS Systems Development Specialist, provided an overview of [Healthy Iowans' 2024 and 2025](#)¹¹ activities. Damon explained that Healthy Iowans is a collaborative initiative working on Iowa's State Health Assessment and State Health Improvement Plan (SHIP).

Partnerships

HHS partners with Healthy Iowans, supporting Iowans' by encouraging engagement in planning and implementing SHA and SHIP. Additionally, HHS disseminates Healthy Iowans communications.

The Iowa HHS Healthy Iowans Team coordinates and facilitates the partnership by overseeing SHA and SHIP, reporting on SHA and SHIP activities and by providing training, communications, tools and workshops about SHA and SHIP.

The Healthy Iowans Partnership Steering Committee provides high level decision-making and overall direction of the SHA and SHIP. Additionally, the committee assists Healthy Iowans by representing them in the community and by supporting workgroup strategies.

Healthy Iowans Partnership Workgroups develop and act on objectives, strategies and timelines. They also evaluate assets and resources for addressing priorities and make recommendations to the Steering Committee on priority goals.

¹¹ <https://hhs.iowa.gov/media/15641/download?inline>

Those doing health improvement work in Iowa are “community partners.” These partners provide helpful feedback and strategies, including additional strategies to address Iowa’s top health issues. Additionally, they provide community data and information to inform the SHA and SHIP.

2024 Overview

In 2024, the Healthy Iowans Steering Committee

- Released the 2024 SHIP,
- Identified tools and networks to share the SHIP,
- Reviewed workgroup efforts and identified connections and partners to share information with,
- Offered collaborative communication with workgroups for progress report and
- Completed the annual evaluation.

In 2024, the Healthy Iowans Team

- Transitioned Partners in Action component of the SHIP to an interactive, online tool,
- Met with all local public health regions and
- Engaged with HHS Bureaus to connect with SHIP.

2025 Overview

In 2025, the Healthy Iowans Steering Committee will

- Release the 2025 SHIP update,
- Promote Partners in Action,
- Review continued workgroup efforts and identify opportunities for other focused efforts on top priority areas,
- Offer collaborative communication with workgroups for progress reports and
- Complete the annual evaluation.

In 2025, the Healthy Iowans Team will

- Hire new Steering Committee Coordinator,
- Share the Partners in Action component of the SHIP at upcoming Iowa Public Health Conference,
- Create online training for local public health administrators and
- Continue engagement with HHS Bureaus to connect with SHIP.

Open Discussion

In response to Doyle-Scar, Damon explained that two areas of focus for Healthy Iowans are improving access to behavioral healthcare and promoting healthy eating and active living.

To improve access to behavioral healthcare, Healthy Iowans is

- Raising awareness of resources,
- Utilizing non-traditional delivery of services,
- Informing policymakers and the public about the full costs of behavioral healthcare in Iowa,
- Promoting and developing youth (those who are months to 18 years old) mental health initiatives and programs and
- Collaborating with existing efforts and organizations.

To promote healthy eating and active living, Healthy Iowans is

- Partnering with groups like Iowa Food Systems Coalition,
- Focusing on issues like food insecurity and increasing access to locally sourced foods,
- Promoting a variety of physical activities for different ability levels and seasons and
- Improving the way physical activity data is measured and collected.

Responding to Strouse, Damon explained that Healthy Iowans is a state health assessment and state health improvement plan that informs other state health-related programs. Healthy Iowans has been creating and distributing user-friendly materials (such as the one-pager) as well as has been engaging with individuals, employers and communities.

Doyle-Scar suggested that caseworkers should be encouraged to share materials and information from Healthy Iowans with the families they work with. Additionally, Haglund asked if data about children's mental health could be better utilized to inform the MAC and HHS' plans.

MCO QUARTERLY REPORT AND MEDICAID DASHBOARD

Kurt Behrens, Managed Care Reporting and Oversight (MCRO), reviewed the Managed Care Organization (MCO) first quarterly report for State Fiscal Year 2025 (SFY25 Q1). All information available in the quarterly report will be available in some form in the [Iowa Medicaid Dashboard](#)¹² which can be accessed on the [Agency Dashboards webpage](#)¹³. Additionally, Medicaid reports can be accessed on the [Medicaid Performance and Reports webpage](#)¹⁴.

¹²<https://app.powerbigov.us/view?r=eyJrIjoimMmlyMTQxNzltZmlwNS00ZDI2LThhMDAtZGI1MzZhNmNiMmM3liwidCI6IjhhkMmM3YjRkLTA4NWetNDYxNy04NTM2LTM4YTc2ZDE5YjBkYSJ9>

¹³https://hhs.iowa.gov/dashboard_welcome

¹⁴<https://hhs.iowa.gov/performance-and-reports/medicaid-reports>

Enrollment Summary

Total enrollment (which includes Hawki, IHAWP and traditional Medicaid) for SFY25 Q1 was 700,297 members.

In the Enrollment Summary Dashboard, a person can filter the enrollment data by demographic (such as age, gender, race and county), health plan (FFS, ITC, MOL and WLP), coverage group (Hawki, IHAWP and traditional Medicaid), etc. In this section, users can select “Click for More Detail” green buttons for more specific details on data such as member age where the exact number of members in a certain age group is displayed. Behrens highlighted how the data in this section could also be filtered by individual county as well as by rural vs urban counties. E.g., a person could use this filter to only look at data from Polk County or look at data from all the rural counties (e.g., Adair, Butler, Clayton, etc.).

Additionally, Behrens noted that, by clicking on the “Data Reference” icon in the top right corner of the dashboard, the “Enrollment Summary Reference Page” could be accessed. This page explains each section of the dashboard in more detail as well as how to use dashboard features like the county filter.

In the “Historical Medical Enrollment” section, Behrens briefly used the bar graph on the page to show how the COVID-19 pandemic impacted Medicaid enrollment. Between SFY19 and SFY23, Medicaid enrollment increased from 691,587 members in SFY19 to 848,624 members in SFY23. However, from SFY23 to SFY25, enrollment has decreased from 848,624 members in SFY23 to 702,844 members in SFY25, closer to the amount of enrollments in SFY2019.

HCBS (Waiver/Habilitation)

The “HCBS (Waiver/Habilitation)” page can be accessed by clicking on the green “Waiver” button on the dashboard homepage. Iowa Medicaid is currently working on the “Critical Incidents” tab which is under the “Historical LTSS Enrollment” data on the right-hand side of the page. Similarly, Iowa Medicaid is working to improve case manager ration data in the “Total Case Managers” tab also in the “Historical LTSS Enrollment” section.

The Iowa Participant Experience Survey (IPES), which is completed by waiver members, is also on the HCBS page. Behrens noted that the IPES survey period ended in the December of 2024. Additionally, given – in part – new rules and guidelines from CMS, the IPES will eventually be replaced with a new survey.

The “Long Term Support Services (LTSS) Enrollment Summary” page can be accessed by clicking on the “Historical LTSS Enrollment” header. Like other dashboard data, the

data in this section can be sorted by date, health plan type, LTSS type, age group, gender, race and county.

National Quality Scores & Measures

To access the National Quality Scores & Measures page, click on the green “Quality Scores” button on the right-hand side of the Iowa Medicaid Dashboard homepage. This page is divided into five categories,

- NCQA Health Plan Ratings,
- CMS Core Set Measures,
- Iowa Medicaid Scorecard,
- Healthcare Effectiveness Data and Information Set (HEDIS) and
- Consumer Assessment of Healthcare Providers & Systems (CAHPS)

Behrens explained that the CAHPS survey model will eventually be used for the LTSS population.

The MCOs’ NCQA Health Plan Ratings for 2024 were as follows:

- WLP
 - Overall: 4/5
 - Patient Experience: 3/5
 - Prevention and Equity: 3.5/5
 - Treatment: 3.5/5
- ITC
 - Overall: 3.5/5
 - Patient Experience: 2.5/5
 - Prevention and Equity: 3/5
 - Treatment: 3/5

Because MOL was a new MCO, it was not yet rated.

In the “HEDIS Measures” section, more information about each measure, such as national averages, can be learned by clicking on the provided links. By clicking on the link, such as the Adult’s Access to Preventive/Ambulatory Health Services (AAP) link, a separate tab will open to the associated webpage on the NCQA website. Additionally, the HEDIS measures can be sorted by MCO, category (e.g., Behavioral Health) and code (e.g., FUH). Arrows on this page indicate whether Iowa or an individual MCO (depending on how the filter is set) is performing above the national average (indicated by a green arrow pointing up), below (indicated by a red arrow pointing down) or neither better or worse (indicated by a gray arrow).

In the “Consumer Assessment of Healthcare Providers and Systems (CAHPS)” section, data can be sorted by MCO, measure (e.g., “getting needed care for a child”) or population (i.e., child or adult).

Medicaid Performance and Reports Webpage

Behrens noted that the External Quality Review (EQR), the annual report completed by a third-party vendor, can be found on the Medicaid Performance and Reports webpage under the “Annual Reports” section.

Open Discussion

Haglund noted that the majority of the grievances in the “Grievances” section were listed as “other.” Behrens explained that the categories Iowa Medicaid uses to sort grievances is based on how CMS sorts grievances. However, this causes the very common grievance of network access – which is the grievance that most likely makes up most of the “other” category - to end up in the “other” category when separate a “network access” category would be more appropriate.

Haglund noted that, in the “HEDIS Measures” section, if an MCO has a green arrow that might not mean that the MCO is performing excellently in a category since arrows only indicate whether the MCO is above or below the national standard. For instance, if the national standard is 20% and the MCO is at or slightly above that standard, that would not be an excellent performance.

MANAGED CARE PLAN (MCP) UPDATE

IOWA TOTAL CARE (ITC)

Jay McLaren, Vice President of Legislative and Government Affairs at ITC, provided a brief update on [ITC’s recent activities](#)¹⁵.

Doula Pilot Project

In 2023, ITC launched their doula pilot project in Polk, Johnson and Muscatine counties because these counties had higher incidences of low birthweight babies. 52 ITC members participated in this project. The positive outcomes of this project have included decreases in C-section rates, increases in postpartum visits and decreases in newborns’ admissions to the Level 3 NICU (neonatal intensive care unit). Given these outcomes, ITC has expanded the project to Black Hawk, Scott and Woodbury counties.

Children’s Behavioral Health Services

ITC is partnering with Hazel Health, Classroom Clinic, the Department of Education (DOE) and HHS to provide, in particular, behavioral health services to rural and underserved school systems. Their goal is to serve about 120,000 Iowa students. One of the ways the partnership has served students is by giving students access to tablets in student health centers for telehealth visits. Hazel Health’s work in Iowa and other states has helped to reduce absenteeism and improve mental health access.

¹⁵ <https://hhs.iowa.gov/media/15632/download?inline>

Housing Command Center (HCC)

ITC has a Housing Command Center (HCC) in Des Moines, and it will be launching a HCC in Grinnell (on April 30, 2025) and Ottumwa (in the fall of 2025). The purpose of the HCCs is to support lowans experiencing homelessness.

One of the tools the HCCs use to assist homeless lowans is Bindl, a SDOH (social determinants of health) app. Bindl helps users to access nearby resources, services, housing, etc.

Growing Together Iowa

Growing Together Iowa provides fresh produce and nutrition education to food pantries. It is an ISU extension and outreach project supplemented by ITC, and it has distributed thousands of fresh produce items across Iowa.

Workforce Development

Through its workforce scholarships, ITC offers healthcare training for roles such as certified nursing assistants (CNAs), licensed practical nurse (LPNs) and medical assistants. ITC still has open scholarships and is looking for people to take advantage of them.

2025 Market Expansion

In 2025, ITC will be launching WellCare (i.e., Medicare Advantage) in about 2/3 of Iowa. Additionally, it will be launching Ambetter Health (i.e., Marketplace Insurance) in about 1/3 of Iowa.

WELLPOINT (WLP)

John McCalley, Whole Health Director WLP, provided a brief update on [WLP's recent activities](#)¹⁶.

Member Impact Highlights

While Primary Home Care was able to assist a member with two children who had been living in her car with securing employment and finding an apartment, the member still needed assistance with monthly rent and the deposit. The member's WLP Community-Based Case Manager (CBCM) was able to help the member with her CHAMP application. After submitting the CHAMP application, CHAMP provided the deposit and the first month's rent for the member and her two children.

A WLP OB Case Manager helped a pregnant member to manage her high-risk pregnancy. The Case Manager ensured that the mother received updated hearing aids and pregnancy value-added benefits such as baby supplies (including a car seat, crib

¹⁶ <https://hhs.iowa.gov/media/15634/download?inline>

and breast pump), education materials and incentives. Thankfully, the member gave birth safely to a healthy, full-term baby girl. The mother also was able to earn her associate's degree and was able to become a job coach.

Volunteering & Engaging with Community Partners

WLP has hosted and attended over 157 events, meetings and presentations in Waterloo, Dubuque, Vinton, Sioux City and Council Bluffs, among many other cities and towns. WLP, in partnership with ISU Extension & Hope Street, provided cooking classes and electric skillets to women's shelters across Iowa.

Additionally, WLP sponsored the 9th Annual Benton County Fitness Fair in Vinton. WLP also partnered with public health and local organizations in Davenport to provide HIV screenings, laundry tokens, community resources and other basic need items.

WLP associates have volunteered at food banks, shelters and donation drives across the state.

MOLINA HEALTHCARE (MOL)

Nafissa Egbuonye, AVP of Growth and Community Engagement at MOL, provided a brief update on [MOL's recent activities](#)¹⁷.

Preventive Care

Given that preventive care leads to improved health outcomes, Molina is promoting preventive care services and programs. Case managers help MOL members navigate healthcare services and their SDOH needs. Community connectors engage with communities and members at, for example, outreach events. The Healthy Rewards Program encourages members to take preventive care measures, such as attending annual check-ups and receiving immunizations, by offering various rewards, such as a free YMCA membership, for taking care of their health.

Community Events

MOL has attended and held 47 community and provider engagement events from January 2025 to present. One of these events was at Harding Middle School where MOL – in partnership with Broadlawns, ByDegrees, Delta Dental and I-Smile – provided health and dental screenings, flu shots and fresh produce. To better serve attendees, Spanish and Swahili interpreters were present. Hoodies were also distributed to students to celebrate Black History Month.

¹⁷ <https://hhs.iowa.gov/media/15633/download?inline>

Maternal Health Initiatives

On March 31, 2025, MOL will host “Baby In Bloom,” a virtual baby shower. The meeting will cover topics such as labor and delivery, mother and baby bonding, preeclampsia prevention and available maternal services through MOL. One of these available services is MOL’s doula program.

Member Communication

From April 2025 to June 2025, MOL will be sending members postcards, text messages, emails and posting to social media to highlight MOL’s network, services, prescription coverage and other benefits.

Member & LTSS Stakeholder Meeting

MOL is seeking individuals who are members or caregivers to serve on their LTSS Stakeholder Advisory Board. The Board’s next meeting is June 4, 2025. Topics include respite care and system navigation support for caregivers.

PREPAID AMBULATORY HEALTH PLAN (PAHP) UPDATE DELTA DENTAL OF IOWA (DDIA)

Nicole Miller, Government Programs DDIA, provided a brief update on [DDIA’s recent activities](#)¹⁸.

Rural Access to Care – Storm Lake

In response to reports of high emergency room (ER) visits for dental pain and infection in Storm Lake, DDIA worked with community partners (such as social workers and school nurses), providers and I-Smile to put short and long-term solutions into action. In November 2024 and December 2024, DDIA and their partners hosted several pop-up dental clinics where dentists provided dental care (such as extractions, fluoride treatments and X-rays) for DDIA members. In total, the pop-up clinics allowed over 100 DDIA members to receive the care they needed.

Additionally, to provide care for high-need pediatric patients in Storm Lake, the DDIA foundation purchased the equipment the Buena Vista Regional Medical Center needed to expand their operating room (OR) to serve these patients. DDIA also identified a provider willing to travel to Storm Lake to perform OR services for DWP kids and Hawki members.

¹⁸ <https://hhs.iowa.gov/media/15637/download?inline>

Informing & Care Coordination

Between July 2024 and December 2024, over 10,000 members received three or more outreach informing attempts.

Between July 2024 and February 2025, there were 195 referrals for care coordination that came from the ER, providers, HHS, I-Smile, legislators, etc. 486 members were identified for care coordination through DDIA's Oral Health Survey.

MCNA DENTAL

Nicole Cusick, Provider Relations Manager MCNA Dental, provided a brief update on [MCNA's recent activities](#)¹⁹.

Provider Outreach & Support

Between October 2025 and December 2025, MCNA plans to perform 100 provider site visits and plans to provide 28 new provider orientations. Since July 2024, MCNA has completed 204 site visits and 83 provider orientations.

Fall SFY24 Provider Seminar

In 2024, MCNA hosted provider training webinars on October 22 and 25. The seminars focused on portal administration and practice changes. Some of the items covered included tips for claim processing and how to access helpful resources.

MCNA in the Community

Since July 2024, MCNA has held 17 outreach events. In October, MCNA's MOAS volunteers participated in Iowa Mission of Mercy's (IMOM) event where licensed professionals provided free dental services to over 1,100 people.

MCNA also participated in several events where MOAS informed attendees of the importance of routine dental care, explained how to find dental providers and provided free dental educational materials, dental care items (like dental kits) and supplies (like backpacks). Most of these events were held in Council Bluffs (the BiNationalHealth Fair, Open Door Mission Family Outreach Center Health Fair and the Charles Lakin YMCA Event) and a Green to Go event was held in Burlington. In total, these events had about 300 attendees.

MCNA's Provider Relations team attended the Iowa PCA Community Health Conference where they gained new partnerships and were informed of provider pain points.

¹⁹ <https://hhs.iowa.gov/media/15635/download?inline>

OPEN DISCUSSION

No one commented when the floor was opened for discussion. Before the meeting ended, Haglund encouraged attendees to reach out if they had further questions or ideas for future agenda items.

Doyle-Scar ended the meeting by encouraging participants to take advantage of the nice weather.

ADJOURNMENT

Meeting adjourned at 3:08 p.m.

Submitted by,

Emma Nutter

Recording Secretaries

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