Hawki Board Materials

Monday, June 21, 2021

1. Agenda of Meeting for June 21, 2021
2. April 12, 2021 Hawki Board Meeting Minutes
3. Hawki Enrollment and Financials
4. Iowa Reporting Child Core Set of Health Quality Measures in Medicaid and CHIP
5. Hawki Outreach Update

AGENDA
Hawki Board Meeting

Monday, June 21, 2021
Time: 12:30 – 2:30 PM
Virtual Meeting via Zoom
https://www.zoomgov.com/j/1603957529?pwd=S2NBVDFEYkNUR2YyWG92M3RrbWY0QT09
Meeting ID: 160 395 7529
Passcode: 999999

12:30 PM Roll Call – **Mary Nelle Trefz**

12:35 PM Approval of Minutes – **Mary Nelle Trefz**
- Monday, April 12, 2021 – BOARD ACTION REQUIRED

12:40 PM Public Comments

12:50 PM New Business

1:00 PM Update on Denial of Outpatient Dental Services – AmeriGroup and IME

1:20 PM Medicaid and CHIP Core Set Quality Measures – **Bob Schlueter**

1:40 PM Updates – **Various presenters**
- Director's update
- MCO updates
- Outreach update
- Communications update

2:30 PM Adjourn

For more information, contact John Riemenschneider at jriemen@dhs.state.ia.us or Michael Kitzman at mkitzma@dhs.state.ia.us.

Note: Times listed on agenda for specific items are approximate and may vary depending on the length of discussion for preceding items. Please plan accordingly.

Hawki Board Meeting
April 12, 2021

Hawki Board Members	Department of Human Services
Angela Burke Boston – present	Julie Lovelady, Interim Medicaid Director
Mary Nelle Trefz, Chair – present	Paula Motsinger, IME Policy Bureau Chief
Jim Donoghue – present	Jennifer Steenblock, IME Bureau Chief
Eric Kohlsdorf –	Mary Stewart, IME Bureau Chief
Dr. Bob Russell – present	Amela Alibasic, IME Bureau Chief
Dr. Kaaren Vargas –	Kevin Kirkpatrick, IME
Shawn Garrington – present	Anna Ruggle, IME
Senator Nate Boulton –	Heather Miller, IME
Senator Mark Costello –	Kurt Behrens, IME
Representative Shannon Lundgren –	Tashina Hornaday, IME
	Natalie Bryant, IME
	Guests
	Gretchen Hageman, DDIA
	John Hedgecoth, Amerigroup
	Jean Johnson, IDPH
	Lindsay Paulson, MAXIMUS

Call to Order and Roll Call

Board Chair Mary Nelle Trefz called the meeting to order at 12:30 PM via Zoom. Chair Trefz conducted a roll call, and attendance is as reflected above. A quorum was established.

Approval of the Hawki Board Meeting Minutes

Chair Trefz called for the Board to review the minutes from the February 15, 2021, meeting. Chair Trefz asked for a motion to approve the minutes and the motion carried.

New Business

Chair Trefz began by noting that Dr. Vargas' and Eric Kohlsdorf's terms on the Board were to expire at the end of April. She stated she would check in with them to gauge their interest in staying on beyond the end of their terms. She then asked Board members if they had any new business they would like to discuss. Shawn Garrington said that he's talked to various providers in the Hawki network and determined that Hawki has a stellar reputation, and congratulated the group on a job well done.

Public Comment

There were no public comments.

Medicaid Eligibility COVID-19 Unwinding Plans

Amela Alibasic gave a presentation on Medicaid eligibility COVID-19 unwinding plans. She talked about the state implementing policies at the onset of the Public Health Emergency (PHE) designed to ensure continued coverage for Medicaid members. The only events which would discontinue coverage are voluntary removal, death, and moving out of state. She said the state's unwinding plan is threefold: age-out process, eligibility modification, and following Centers for Medicare and Medicaid Services (CMS) guidance. She talked about the importance of using a phased approach to unwinding, rather than undoing multiple processes at the same time. Phase 1 would be implemented April 20, 2021; Phase 2 in summer of 2021; and Phase 3 at a later date. These unwinding procedures will allow Hawki to gradually and responsibly return to business as it was pre-COVID-19. Dr. Russell asked how this information would be disseminated. Amela said that the Hawki Board was the first audience to hear about the plan, and dissemination would happen pending the Board's approval. Chair Trefz encouraged Amela to reach out to the Board if she needs any assistance during this process. Chair Trefz also asked Amela to run through Phase 2, and Amela went into it with a bit more detail. Angela Burke Boston asked about the timeframe for reaching out to, and establishing contact with, members who may have had an address change because of housing insecurity during the PHE. Amela said that members will have an opportunity to notify the Department of any changes. Amela urged the Board to come to her with any suggestions for making this process more efficient and effective.

Data Dive

Kurt Behrens gave a presentation on the Managed Care Organization (MCO) quarterly performance report. He began by briefly noting some minor format changes. He pointed out that Hawki membership increased by 20,000 from Q1 to Q2 FY21, or about a 3% increase. He said that with 75,000 new members over the past year, membership has been trending up; this may be partly attributable to Hawki not disenrolling members during the PHE. He focused on the MCO Care Quality and Outcomes; and the MCO Children Summary portions of the reports, saying that he wanted to get this information in front of the Board. He specifically mentioned that data from Q2 FY20 is pre-COVID-19 and data from Q2 FY21 is during COVID-19. Kurt noted that despite the Hawki population increasing by 3%, well child exams decreased by 6%, and vaccinations decreased by 12%. Chair Trefz suggested that future data analyses contain more data trends or analysis that would put the data into context. Kurt agreed that future reports should contain an executive summary containing a general breakdown of pertinent data. Chair Trefz asked about balance billing and medical loss ratios (MLR), which Kurt said he would take back with him. Mary Stewart said that there is a six-month runout for claims, and contractors would begin calculating MLRs in late May or early June. Angela asked about telehealth and if Hawki members are using it, particularly during the PHE. Julie Lovelady said the Department is talking with stakeholders and reviewing data to determine its efficacy. Jim Donoghue asked for clarification about voluntary disenrollment, and Kurt explained that a member can file a grievance if they do not want to stay with an MCO after the open enrollment period has ended.

Anna Ruggle gave a presentation on the annual report to CMS. The report is filed with the CHIP Annual Report Template System (CARTS). Anna walked the group through the different sections of the report, detailing what information CMS requires. She presented an annual report that she recently completed and noted several examples of information that is typically included. Chair Trefz specifically noted the data tracking that is included in the report and said it was helpful information to have. Chair Trefz asked if there is an opportunity for Hawki Board members to weigh in on the report before it is sent to CMS. Anna said that Board members are always welcome to provide input. Angela asked what CMS does with the report after receiving it, and Anna said CMS reviews it and compares data between states, and she would take the question back for a more detailed answer.

Chair Trefz said that the agenda item regarding IME for Child Core Measures would be moved to the June meeting.

Director's Report

Julie gave the director's update. She began by addressing questions Dr. Russell and Dr. Vargas raised at the February meeting regarding hospital reimbursement for dental procedures. Julie stated that the IME is still in the information gathering phase. She also noted that there are many aspects to this issue which will need to be addressed before developing any kind of concrete answer. She said that she will be in touch with Chair Trefz with any pertinent updates.

Julie also discussed how the IME is expanding its COVID-19 vaccine program to cover more groups. The groups include the COVID-19 testing coverage group, Hawki dental-only group, and limited Medicaid for non-citizens group. The effective date of the expanded coverage was March 11, 2021. Julie also said that effective April 1, 2021, the administration rate for the vaccine through Managed Care (MC) and Fee-for-Service (FFS) is now $40 per dose, which matches the Medicare rate.

MCO Updates

John Hedgecoth from Amerigroup presented an update. He said Amerigroup will initiate a COVID-19 vaccine outreach program for 16- to 18-year-olds enrolled in the Hawki program. Pfizer will provide the vaccine for this particular program. John said Amerigroup anticipates the 12- to 15-year-old age bracket becoming eligible for the vaccine in the near future. He noted that a significant portion of Amerigroup's efforts are focused on COVID-19 vaccine outreach for Hawki members. He also spoke of Amerigroup's continued partnership with the Iowa Healthiest State Initiative and the positive effect it has had, as well as Amerigroup's partnership with food banks around the state. He briefly touched on Amerigroup's baby shower program, and its efforts to distribute breast pumps and provide families of Hawki members with gas cards.

Gretchen Hageman from Delta Dental of Iowa (DDIA) presented an update. She said DDIA has spent a considerable amount of time and effort on member outreach and care coordination with the goal of getting Hawki members in to see the dentist. They've reached out via text messages and phone calls, targeting members who have missed their six-month checkup. Gretchen noted that the outreach program has thus far been successful, with data indicating an upward trend in the number of members using dental services after a period of decline.

Kim Flores from Iowa Total Care was not present. Chair Trefz said that Kim would provide an update to the Board via email.

Outreach

Jean Johnson from the Iowa Department of Public Health gave an update. The 2021 Hawki brochures are complete and have been mailed to Hawki outreach coordinators. There are also supplemental brochures that Hawki outreach coordinators can personalize for their health agencies and communities. Hawki outreach coordinators are distributing these brochures to clinics in their areas. Jean also mentioned that Hawki outreach coordinators who typically work with Women, Infants, and Children (WIC) clinics have largely shifted to COVID-19 vaccination clinics. Outreach coordinators have utilized social media and promoted telehealth during the PHE, but are looking forward to returning to the clinics soon to provide direct outreach.

Communications Update

Kevin Kirkpatrick provided an update. He gave a brief presentation on the 2021 Medicaid Reference Guide. He noted that the guide is organized into four chapters that cover: eligibility and services; managed care; budget and financials; and governance and framework. A glossary and list of resources are included at the end.. A second edition is already being developed and will incorporate feedback from stakeholders. The plan is to have the second edition ready for lawmakers to review before the next legislative session.

Next Meeting

The next meeting will be Monday, June 21, 2021.
Meeting adjourned at 2:20 PM.

Submitted by,
John Riemenschneider
Recording Secretary
jr

Hawki Dashboard

Updated 6/21/2021

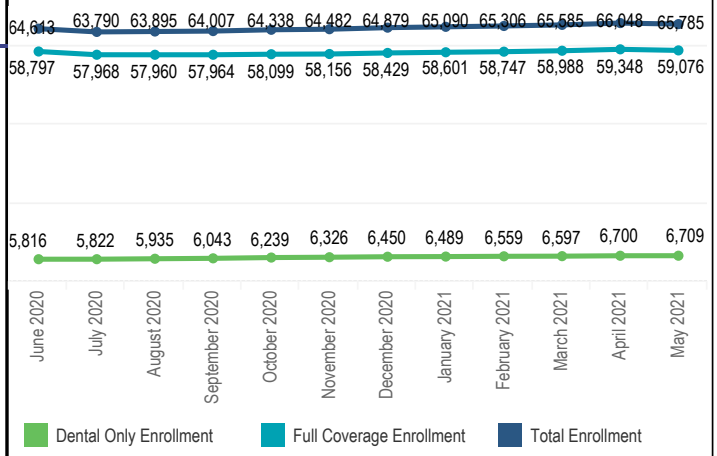
Hawki

Healthy and Well Kids of Iowa

Hawki Enrollment Report

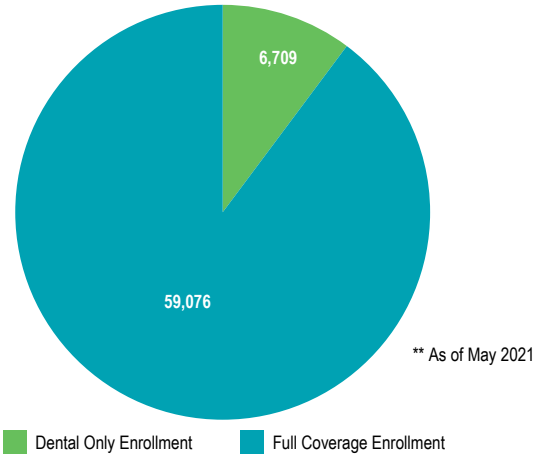
June 21, 2021

Hawki Enrollment



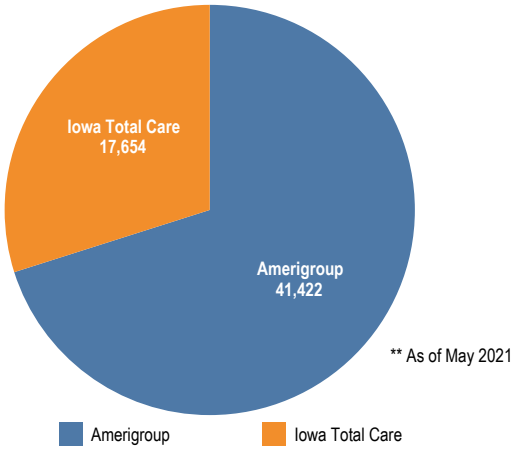
Hawki

Full Coverage verses Dental Only



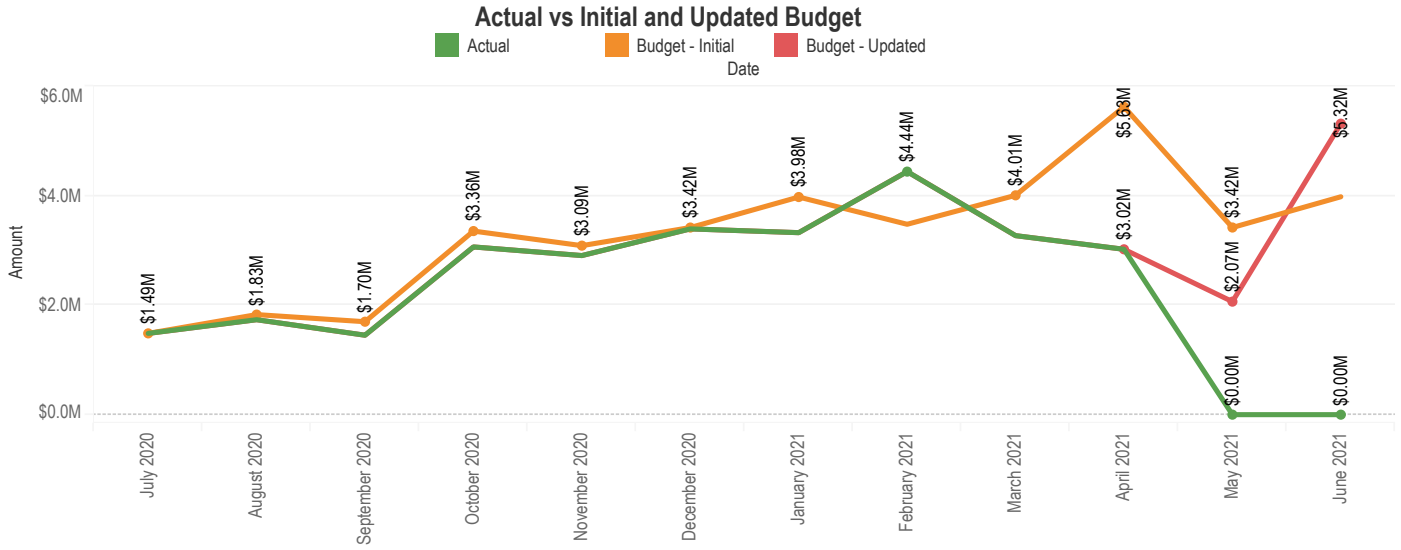
Hawki

Hawki Enrollment By MCO



Hawki

Hawki Data Budget vs Actual SFY21



		July 2020	August 2020	September 2020	October 2020	November 2020	December 2020	January 2021	February 2021	March 2021	April 2021	May 2021	June 2021	Grand Total
Admin & Outreach	Administration	$0	$1,584	$10,769	$17,680	$19,957	$12,586	$91,573	$45,789	$11,651	$97,671	$0	$0	$309,260
	Outreach	$0	$0	$0	$0	$2,640	$0	$0	$17,915	$0	$50,607	$0	$0	$71,162
	Medicaid Fiscal Agent Processi..	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Earned Interest	$0	$0	($5,808)	($2,820)	($3,684)	($4,621)	($2,930)	($1,902)	($12,637)	($5,159)	$0	$0	($39,560)
	Total	$0	$1,584	$4,961	$14,859	$18,913	$7,966	$88,643	$61,802	($986)	$143,119	$0	$0	$340,862
Capitation-State%	Hawki	$1,144,662	$1,365,541	$1,061,640	$2,272,316	$2,258,624	$2,598,514	$2,260,126	$2,422,967	$2,490,886	$2,336,439	$0	$0	$20,211,715
	Medicaid CHIP	$340,967	$368,318	$385,420	$778,417	$630,426	$788,986	$977,618	$1,957,466	$782,285	$542,780	$0	$0	$7,552,683
	Total	$1,485,628	$1,733,859	$1,447,060	$3,050,732	$2,889,050	$3,387,500	$3,237,744	$4,380,434	$3,273,172	$2,879,219	$0	$0	$27,764,397
Total		$1,485,628	$1,735,443	$1,452,021	$3,065,592	$2,907,963	$3,395,466	$3,326,387	$4,442,236	$3,272,186	$3,022,339	$0	$0	$28,105,259
Budget - Initial	Initial	$1,485,628	$1,828,810	$1,698,734	$3,355,643	$3,089,032	$3,419,961	$3,977,783	$3,479,554	$4,008,951	$5,626,269	$3,420,541	$3,982,793	$39,373,699
Budget - Updated	Updated	$1,485,628	$1,735,442	$1,452,021	$3,065,592	$2,907,963	$3,395,466	$3,326,387	$4,442,236	$3,272,186	$3,022,339	$2,065,876	$5,318,833	$35,489,968

In October of 2020 an increase in state expenditures is due to a 11.5% decreased FMAP.

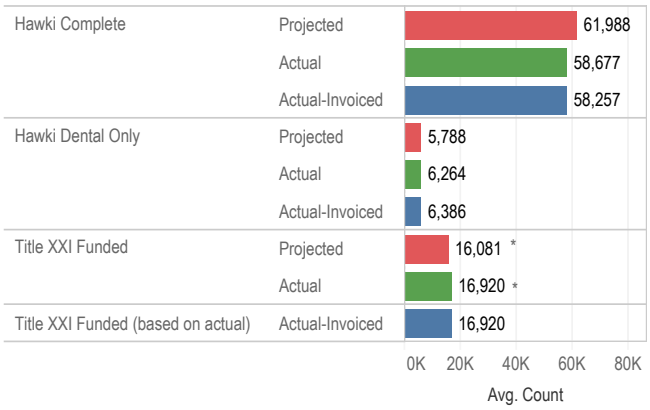
January 2021 to June 2021 under current guidance, the enhanced FMAP will stay in effect due to the extension of the public health emergency.

February 2021 there was a system issue that caused a number of children to shift from Medicaid to MCHIP in January for which expenditures were captured in February. Corrections have subsequently been processed.

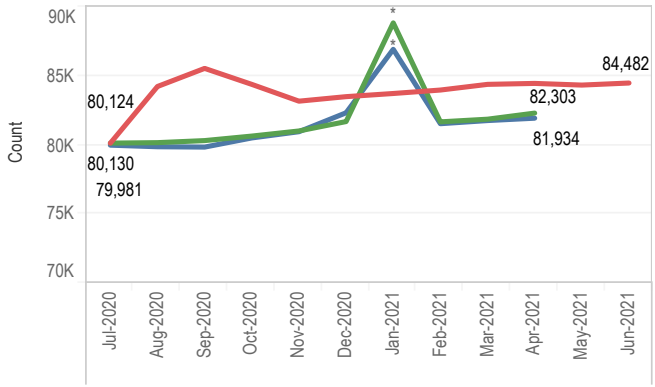
April 2021 actual expenditures are less than budgeted expenditures due to the 2% performance measure withhold and the CY20 health insurance fees to be released in future month. The increase in outreach expenditures represents late billings for November to March. The increase in administrative expenditures is due to increased state share cost allocations (approx. $77K of the $97K is state share cost allocation) and indirectly tie to the increase in expenditures seen Jan-March due to the MCHIP/Medicaid issue.

Hawki Membership Counts SFY21

Average Monthly Membership



Enrollment Trending



Note limited Y axix range (60-90K) all actuals displayed in below table

Underlying Detail

		July 2020	August 2020	September 2020	October 2020	November 2020	December 2020	January 2021	February 2021	March 2021	April 2021	May 2021	June 2021	Total
Projected	Hawki Complete	58,244	62,399	63,582	62,344	61,107	61,408	61,709	62,010	62,312	62,613	62,914	63,215	743,857
	Hawki Dental Only	5,777	5,779	5,781	5,783	5,785	5,787	5,789	5,791	5,793	5,795	5,797	5,799	69,456
	Title XXI Funded	16,103	16,052	16,179	16,256	16,275	16,299	16,224	16,172	16,280	16,046	15,622	15,468	192,976
	Total	80,124	84,231	85,541	84,383	83,167	83,494	83,723	83,973	84,384	84,453	84,333	84,482	1,006,289
Actual	Hawki Complete	58,244	58,166	58,245	58,320	58,437	58,671	58,859	58,985	59,176	59,666			586,769
	Hawki Dental Only	5,777	5,883	5,973	6,190	6,280	6,401	6,433	6,499	6,540	6,667			62,643
	Title XXI Funded	16,109	16,114	16,094	16,129	16,292	16,618	23,545 *	16,185	16,146	15,970			169,202
	Total	80,130	80,163	80,312	80,639	81,009	81,690	88,837	81,669	81,862	82,303			818,614
Actual-Invoiced	Hawki Complete	58,014	57,763	57,715	58,006	58,183	59,081	56,897	58,761	58,864	59,285			582,569
	Hawki Dental Only	5,858	5,989	6,032	6,369	6,480	6,627	6,480	6,589	6,753	6,679			63,856
	Title XXI Funded (ba..	16,109	16,114	16,094	16,129	16,292	16,618	23,545 *	16,185	16,146	15,970			169,202
	Total	79,981	79,866	79,841	80,504	80,955	82,326	86,922	81,535	81,763	81,934			815,627

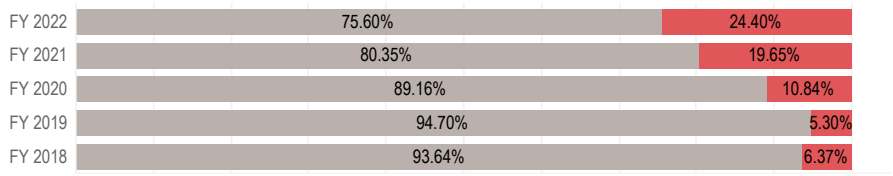
Actual: represents membership counts by eligibility date subsequently updated
Actual - Invoiced: represents member counts by invoiced date based on current and prior month invoiced membership

* January 2021 there was a system issue that caused a number of children to shift from Medicaid to MCHIP. Enrollment estimates are captured at a point in time, correlating corrections have occurred to adjust for this membership bump, but we will not see a correction to update this January enrollment number.

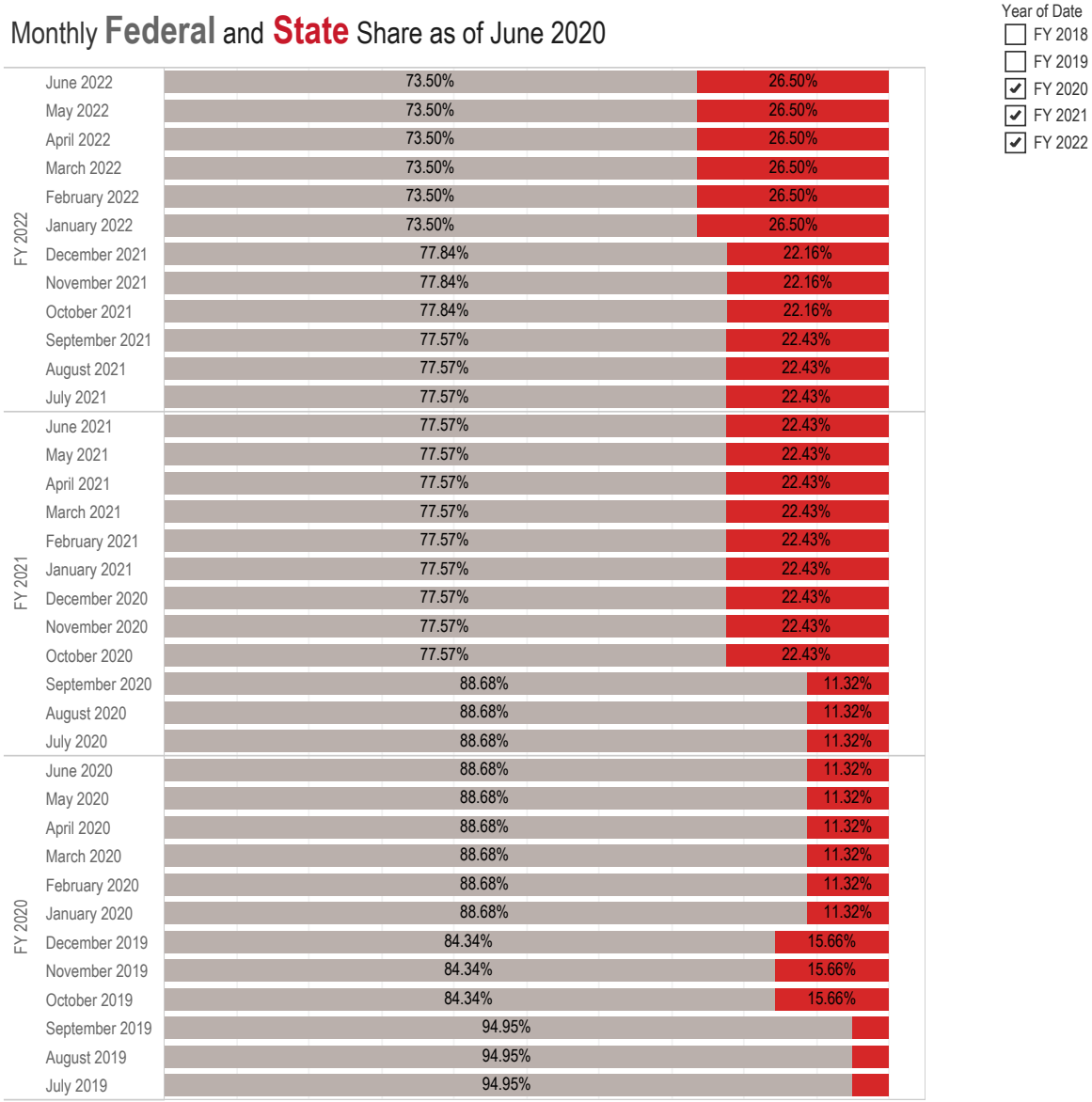
Hawki Funding Sources SFY19-22

The HAWKI/CHIP program is funded with both federal and state dollars. While funding periodically adjusts, annual averages capture the overall trend. The State Share has increased significantly since SFY 2018 and is projected to increase again in SFY 2022.

Average Annual Federal and State Share as of June 2020

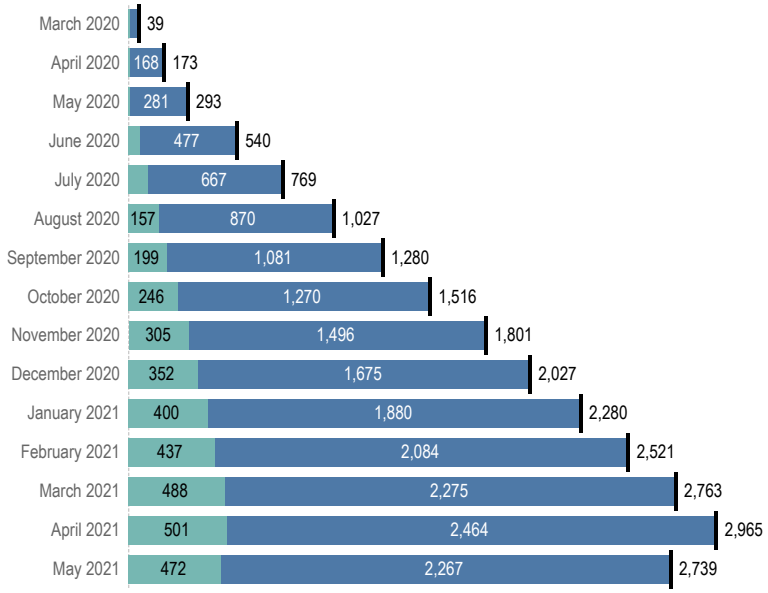


Monthly Federal and State Share as of June 2020

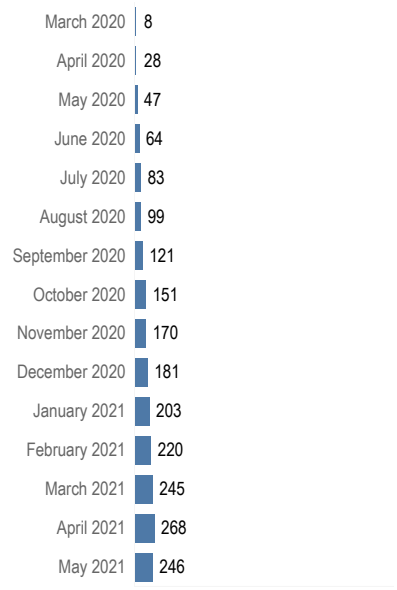


19 and 20 Year Olds

Member disenrollment was halted due to the public health emergency resulting in 19 and 20 year olds with **MCHIP** and **Hawki** full coverage (medical and dental)



Dental only coverage disenrollment for **Hawki** members was also halted due to the public health emergency



Disenrollment of Hawki members about to turn 19 and older was initiated in April of 2021 as part of Phase 1 of the IMEs Public Health Emergencies unwinding activities. The target population was identified by the field through a re-determination of eligibility as not being eligible for IHAWP. Data is presented based on the 10th of the month membership snapshots; counts on different dates will vary.

IOWA REPORTING
CHILD CORE SET OF HEALTH QUALITY MEASURES IN MEDICAID AND CHIP

	2018	2019
Primary Care Access and Preventive Care		
Access to Primary Care Practitioners, Ages 12 – 24 months	★★★★	★★★★
Access to Primary Care Practitioners, Ages 25 months – 6 years	★★★★	★★★★
Access to Primary Care Practitioners, Ages 7 – 11	★★★	★★★★
Access to Primary Care Practitioners, Ages 12 – 19	★★★★	★★★★
Well-Child Visits in the First 15 Months of Life	★★	★★★★
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	★★	★★★
Adolescent Well-Care Visits	★	★★
Childhood Immunizations in the First Two Years – Combination 3	★	X
Childhood Immunizations in the First Two Years – Measles, Mumps, and Rubella (MMR)	—	X
Immunizations for Adolescents – Combination 1	★	X
Immunizations for Adolescents – 3 Doses HPV Vaccine by Age 13	★	X
Developmental Screening in the First Three Years of Life	★	★★
Chlamydia Screening Women Ages 16 – 20	★	★
Weight Assessment and Counseling for Nutrition and Physical Activity – BMI Index	★	X
Screening for Depression and Follow-up, Ages 12 – 17	—	—
Maternal and Perinatal Health		
Audiological Evaluation in First 3 Months	—	—
Most Effective Contraception Provided for Postpartum Women (within 3 days)	★★★★	★★
Most Effective Contraception Provided for Postpartum Women (within 60 days)	★★★	★★
Most Effective Contraception Provided for Women at Risk for Unintended Pregnancy	★★★★	★★★★
Long-Acting Reversible Contraception Provided for Postpartum Women (within 3 days)	★★★★	★★★
Long-Acting Reversible Contraception Provided for Postpartum Women (within 60 days)	★★★	★★
Long-Acting Reversible Contraception Provided for Women at Risk for Unintended Pregnancy	★★★★	★★★★
Timeliness of Prenatal Care	★★	★★
Percentage of Low Weight Live Births (< 2500 grams)	★★★★	★★★★
Cesarean Sections	✓	✓
Care of Acute and Chronic Conditions		
Ambulatory Care: Emergency Department Visits	★★★	★★★
Persistent Asthma Medication Ratio, Ages 5 – 18	★	★
Persistent Asthma Medication Ratio, Ages 5 – 11	★	★
Persistent Asthma Medication Ratio, Ages 12 – 18	★	★
Behavioral Health Care		
Use of Multiple Concurrent Antipsychotics	★★★	★★★
Follow-up Care After Hospitalization for Mental Illness, Ages 6 – 17 (within 7 days)	★★	★★★
Follow-up Care After Hospitalization for Mental Illness, Ages 6 – 17 (within 30 days)	★★★	★★
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	★★	★★★
Follow-up Care for Children Prescribed ADHD Medication (within 30-day initiation phase)	★	★
Follow-up Care for Children Prescribed ADHD Medication (9 months following the initiation phase)	★	★
Dental and Oral Health Services		
Percentage of Eligibles Who Received Preventive Dental Services	★★★★	★★★
Dental Sealants for 6-9 Year-Old Children at Elevated Caries Risk	★	★★

★★★★	Ranks in top quartile
★★★	Ranks between the top quartile and the median
★★	Ranks between the median and bottom quartile
★	Ranks in the bottom quartile

— This measure is not reported by the state or by CMS.

✓ This measure is reported by the state but CMS does not release the data when fewer than 25 states report.

X This measure is reported by CMS but not by the state.

Source: Georgetown Center for Children and Families analysis of the Child Health Care Quality Measures Dataset. Found at: https://data.medicaid.gov/Quality/2019-Child-Health-Care-Quality-Measures-Quality/napm-9as8/data

IOWA REPORTING ON CHILD HEALTH QUALITY MEASURES IN MEDICAID AND CHIP, 2019

	IA Rate	Best State Rate	Median	Worst State Rate
Primary Care Access and Preventive Care				
Access to Primary Care Practitioners, Ages 12 – 24 months	98.1	98.2	95.5	88.0
Primary Care Practitioners, Ages 25 months – 6 years	92.2	93.9	87.7	72.6
Access to Primary Care Practitioners, Ages 7 – 11	93.7	96.7	91.1	72.3
Access to Primary Care Practitioners, Ages 12 – 19	94.3	95.8	90.3	77.9
Well-Child Visits in the First 15 Months of Life	70.9	87.2	64.0	34.3
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	69.4	85.7	69.0	43.0
Adolescent Well-Care Visits	44.1	69.5	50.6	20.5
Childhood Immunizations in the First Two Years – Combination 3	X	78.5	68.8	11.1
Childhood Immunizations in the First Two Years – Measles, Mumps, and Rubella (MMR)	X	94.0	87.6	41.1
Immunizations for Adolescents – Combination 1	X	92.8	78.6	9.7
Immunizations for Adolescents – 3 Doses HPV Vaccine by Age 13	X	71.7	34.4	0.9
Developmental Screening in the First Three Years of Life	22.6	78.0	32.7	3.8
Chlamydia Screening Women Ages 16 – 20	41.1	79.2	49.9	10.6
Weight Assessment and Counseling for Nutrition and Physical Activity – BMI Index	X	88.7	69.7	2.1
Screening for Depression and Follow-up, Ages 12 – 17	—	—	—	—
Maternal and Perinatal Health				
Audiological Evaluation in First 3 Months	—	—	—	—
Most Effective Contraception Provided for Postpartum Women (within 3 days)	4.0	16.4	4.1	0.5
Most Effective Contraception Provided for Postpartum Women (within 60 days)	36.3	51.1	41.8	17.3
Most Effective Contraception Provided for Women at Risk for Unintended Pregnancy	36.8	40.5	29.5	13.8
Long-Acting Reversible Contraception Provided for Postpartum Women (within 3 days)	2.2	12.6	2.0	0.1
Long-Acting Reversible Contraception Provided for Postpartum Women (within 60 days)	15.0	23.5	15.8	3.6
Long-Acting Reversible Contraception Provided for Women at Risk for Unintended Pregnancy	6.0	12.5	4.8	1.9
Timeliness of Prenatal Care	74.0	92.6	80.7	32.0
Percentage of Low Weight Live Births (< 2500 grams) *(lower rate is better)*	8.4	7.0	9.5	13.8
Cesarean Sections	—	—	—	—
Care of Acute and Chronic Conditions				
Ambulatory Care: Emergency Department Visits per 1,000 Enrollees *(lower rate is better)*	40.0	30.1	43.6	69.2
Persistent Asthma Medication Ratio, Ages 5 – 18	60.8	82.5	69.4	52.3
Persistent Asthma Medication Ratio, Ages 5 – 11	66.4	85.7	72.8	54.2
Persistent Asthma Medication Ratio, Ages 12 – 18	55.2	79.0	64.6	46.7
Behavioral Health Care				
Use of Multiple Concurrent Antipsychotics *(lower rate is better)*	2.6	0.2	2.6	6.4
Follow-up Care After Hospitalization for Mental Illness, Ages 6 – 17 (within 7 days)	42.4	72.6	41.9	8.1
Follow-up Care After Hospitalization for Mental Illness, Ages 6 – 17 (within 30 days)	65.2	88.1	66.3	28.0
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	62.8	82.0	62.8	39.9
Follow-up Care for Children Prescribed ADHD Medication (within 30-day initiation phase)	29.5	67.2	48.6	29.5
Follow-up Care for Children Prescribed ADHD Medication (9 months following the initiation phase)	27.8	98.1	58.6	27.8
Dental and Oral Health Services				
Percentage of Eligibles Who Received Preventive Dental Services	50.8	67.3	49.1	32.5
Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk	20.9	45.7	22.7	11.1

— This measure is not reported by CMS.

✓ This measure is reported by the state but CMS does not release the data when fewer than 25 states report.

X This measure is reported by CMS but not by the state.

Source: Georgetown Center for Children and Families analysis of the Child Health Care Quality Measures Dataset. Found at: https://data.medicaid.gov/Quality/2019-Child-Health-Care-Quality-Measures-Quality/napm-9as8/data

Liz Matney, Medicaid Director | **Healthy and Well Kids in Iowa (Hawki) Board**

Hawki Outreach Success Story

Agency (Name)	*Dubuque Visiting Nurse Association*
Character(s) (who this happened to)	*11 year old client*
Setting (where and when this took place)	*In March, 2021 Child was referred to VNA through the "Between the Cracks" program at Dubuque Community Schools as child was uninsured and needed new glasses. Family was unable to pay the cost of the glasses. Due to covid restrictions HOC spoke to mom per phone and was able to assist with the application.*
Conflict (obstacle, barrier, or problem)	*Child needed glasses but did not currently have insurance coverage. She previously had private insurance through parent's employer but lost health coverage when her mom decreased her work hours. Hours were decreased so mom could spend more time at home helping child with online learning days.*
Action (what happened)	*Assisted mom with PE application for Medicaid coverage. Child was approved for PE coverage. Provided care coordination and identified that child had not had a well child exam in several years. Provided education to mom on preventative care that is recommended for children and discussed provider options. Discussed immunizations that would be due for school before the next school year (7th grade)*
Outcome(s) (measurable or concrete evidence of change)	*3 weeks after PE application was approved I called mom to see if she had received a request of information from DHS. She had not received a notice. I called DHS to find out if there was any additional information needed to process the application for ongoing coverage. Was informed that request of information had been mailed to family and application was denied due to mom not returning the information, which was paystubs and proof of immigration status. Since timeframe was within the allowable 14 day grace period, I was able to help mom with faxing information to DHS. Ongoing Medicaid was approved for child.*

Hawki

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Relevance (how this story helps us demonstrate need or measure success)	*Through outreach and relationship building with the school nurse child was identified as needing assistance with application assistance for coverage. Follow up was needed with family and with DHS to ensure that child would get the Medicaid coverage that she was eligible for so that she could get new glasses. This also provided opportunity to provide additional education on preventative healthcare that child was due for.*		
Other info		**Submitter Name & Date**	*Amanda Josvanger – 5/24/2021*

Character(s) (who this happened to)	*I-Smile Coordinator – Tara Weed*	**Contact Info:**	*Taylor Co. Public Health 712-523-3405*
Setting (where and when this took place)	*Taylor County Public Health Office ~ February 2021*		
Conflict (obstacle, barrier, or problem)	*Child needing dental care.* *Cost of dental visit + lack of dental insurance coverage = Barrier to receiving dental care.*		

Hawki

Liz Matney, Medicaid Director	Healthy and Well Kids in Iowa (Hawki) Board

Action (what happened)	*I-Smile Coordinator making calls to families from Care Coordination follow-up list to help get children with dental needs scheduled for care. During follow-up call spoke with a Parent about his daughter and whether she had been in to see the dentist yet, since she had been identified with a dental need from participating in the I-Smile @ School sealant program. Dad stated that she had not. They had an appt. scheduled and then ran into "money problems" and had to cancel the appointment as they couldn't afford to pay for the dental visit. Dad stated that they have medical insurance but have to pay out of pocket for dental expenses. I-Smile Coordinator mentioned the Hawk-i "dental only" dental insurance option and suggested that they see about applying for coverage. Dad sounded interested.*		
Outcome(s) (measurable or concrete evidence of change)	*The following week I-Smile Coordinator received a phone call (from Dad mentioned above). He was trying to find the Hawk-I website online to apply for Hawk-I coverage and needed help. I-Smile Coordinator helped Dad get to site and navigate application process.*		
Relevance (how this story helps us demonstrate need or measure success)	*This story demonstrates dental needs that are identified when working with students in the public health setting, and the reality that many working families struggle to be able to afford adequate dental insurance coverage / dental care for their children.* *It also shows how the follow-up calls process that I-Smile /Public Health provides to families is important to help guide and educate families to be aware of the coverage options / opportunities that are available. Had I-Smile not had a chance to follow-up with this parent he may never have known about the Hawk-I insurance option.*		
Other info		**Submitter Name & Date**	*Tara Weed, RDH I-Smile Coordinator 2/24/21*