

### Healthy and Well Kids in Iowa (Hawki)

## Hawki Board Materials

### Monday, August 16, 2021

- 1. August 16, 2021 Meeting Agenda
- 2. June 21, 2021 Hawki Board Meeting Minutes
- 3. Hawki Enrollment and Financials
- 4. Hawki Outreach Update



Healthy and Well Kids in Iowa (Hawki)

### AGENDA Hawki Board Meeting

Monday, August 16, 2021 Time: 12:30 – 2:30 PM Virtual Meeting via Zoom

https://www.zoomgov.com/j/1603107808?pwd=ejFYRUJiRnJzSU5nUmI4WmUxYTUyUT09

### Meeting ID: 160 310 7808 Passcode: 368234

- 12:30 PM Roll Call Mary Nelle Trefz
- 12:35 PM Approval of Minutes **Mary Nelle Trefz** 
  - Monday, June 21, 2021 BOARD ACTION REQUIRED
- 12:40 PM Public Comments
- 12:50 PM New Business
- 1:00 PM Updates Various presenters
  - Director's Update
  - MCO Updates
  - Outreach Update
  - Communications Update

2:30 PM Adjourn

For more information, contact John Riemenschneider at <u>iriemen@dhs.state.ia.us</u> or Michael Kitzman at <u>mkitzma@dhs.state.ia.us</u>.

**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.



Healthy and Well Kids in Iowa (Hawki)

### Hawki Board Meeting June 21, 2021

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

### 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 April 12, 2021, meeting. Chair Trefz asked for a motion to approve the minutes and the motion carried.

### Public Comment

There were no public comments.

### New Business

Chair Trefz began by asking each Board member if they had any new business to discuss. No new business was shared at this time. Chair Trefz then noted that Eric's and Dr. Vargas' terms on the Board had ended, and asked the group if anyone had any information to share about finding a new public member(s) to replace departing Board members. Michael Kitzman, Iowa Medicaid Enterprise (IME), said that he's been in contact with the Office of the Governor, but they have not provided information about potential replacements. Chair Trefz then brought up the topic of grievances with Amerigroup, balance billing, and out-ofstate, out-of-network providers. Specifically, she posed the question of whether these issues have affected Hawki members. She stated she would like to follow up with this at the next meeting.

### Update on Denial of Outpatient Dental Services

Dr. Vargas voiced concerns that Amerigroup is denying certain cases involving children, mainly those age five and under with significant dental needs and behavioral issues that do not allow inoffice treatment. She described a recent case in which her office manager spent a significant amount of time on the phone with Amerigroup and the associated loss of patient care hours and resultant reimbursement issues. She also discussed peer-to-peer issues and the inordinate amount of administrative steps needed before a patient can receive treatment, which potentially leads to providers deciding not to take Hawki members.

Dr. Russell added that Amerigroup's first-tier case reviews are conducted by nurses, and while it is good practice to have medically-trained personnel reviewing cases, there is perhaps a "language barrier" between dental providers and those that work solely in the medical realm. He suggested that having dental-specific reviewers could bridge the communication gap.

Dr. Jarod Johnson, a pediatric dentist in Muscatine, shared some of his experiences working with Amerigroup. He expressed serious concerns regarding the treatment approval process and suggested that this could be detrimental to the well-being of his patients. Dr. Vargas also suggested that Amerigroup employ a pediatric dentist that understands the nuances of providing dental care to this subset of the population. Director Matney said the cases brought to the Board's attention have some notable differences from the cases and the data IME and Amerigroup have discussed, and IME will consider this information and bring something back to the next Board meeting.

### Medicaid and Children's Health Insurance Program (CHIP) Core Set Quality Measures

Bob Schlueter, IME, gave a presentation on Medicaid and CHIP core set quality measures. These voluntary measures are requested by the Centers for Medicare and Medicaid Services (CMS), and IME prepares them annually for the state. Bob discussed several of the measures in place, including primary care access and preventive care, maternal and perinatal health, care of acute and chronic conditions, behavioral healthcare, and dental and oral health services. He explained how the effectiveness of these measures is represented by which quartile a state falls in when compared to other states – though states generally have different methods of implementing these measures and it can be difficult to compare a state's data directly against another state's. Bob also noted that IME bases the effectiveness of meeting these measures on administrative claims data, rather than clinical data, and that incorporating clinical data will give a better representation of future effectiveness. Additionally, he emphasized that the data is pre-COVID-19 and that we have yet to determine to what extent COVID-19 has affected the data over the past two years.

### Director's Report

Director Matney gave her update. This was Liz's first Hawki Board meeting as Medicaid director, and she discussed her philosophy moving forward. She noted inequity in the healthcare system, preventive measures, and improving dental care as areas of particular emphasis. She also mentioned IME's maintenance of effort requirement, and the importance of balancing that with the challenges Medicaid members face as we continue to move through the federal public health emergency (PHE). She concluded by stating that IME will continue its no-disenrollment policy while beginning an eligibility review in preparation for the end of the year.

### Managed Care Organization (MCO) Updates

John Hedgecoth from Amerigroup provided an update. He covered Amerigroup's vaccination outreach program and its two-pronged approach – focusing on members aged 12 to 15, and members with underlying medical conditions. This is being done telephonically. He specifically stated the outreach to four target member groups has been completed: Long Term Services and Supports (LTSS) waiver, Integrated Health Home (IHH), homebound, and age 65 and over. With this completed, outreach focus will transition to members with barriers to vaccination and the vaccine-hesitant population. Amerigroup continues to work on Immunization Registry Information System (IRIS) data exchange with the Iowa Department of Public Health (IDPH). Efforts to reach out to specific communities and promote vaccine awareness are ongoing. Additionally, Amerigroup will resume face-to-face case management on July 1, 2021.

Kim Flores from Iowa Total Care (ITC) provided an update. Kim stated that ITC continues to monitor health outcomes on a month-to-month basis, and that data have shown improvement compared to one year ago. She specifically mentioned well child visits and immunizations as areas of focus, and that ITC has benchmarks to measure effectiveness of these efforts and to determine what activities to implement, shift, or eliminate. ITC's member engagement team continues to target new mothers and encourage them to take advantage of post-partum programs, as well as well child visits and immunizations for their newborns. ITC has also reached out through mailings, promoting various programs for children 15 months and younger, and providing information about other services available, such as transportation and on-site interpreters. Kim stated that ITC continues to identify disparities in care and game plan how to most effectively address those shortcomings. Additionally, ITC has effectively conducted COVID-19 vaccine outreach through telephone calls and texting since April 2021.

Gretchen Hageman from Delta Dental of Iowa (DDIA) provided an update. Gretchen noted three main areas of care coordination and outreach that DDIA has focused on: members who have not received care in fiscal year 2021, reaching out via phone calls and text message, and reaching out to the adolescent population. She also discussed I-Smile, which is a local infrastructure that provides care coordination, outreach, and direct care, and emphasized that I-Smile has the ability to bill the Hawki program directly. DDIA also continues to focus on outreach at farmers' markets and food bank events, and will have a booth at the Iowa State Fair.

### <u>Outreach</u>

Jean Johnson from IDPH provided an update. She stated that most Title V agencies have resumed working in an office setting and that a significant number of public health agencies have returned to the office as well. Many agencies are continuing to provide COVID-19 vaccinations,

but this has been scaled back a bit because of the many options members have for receiving the vaccine. Jean added that public health agencies have done an excellent job using social media for outreach as needed, and that two new Hawki outreach coordinators will be joining the team on July 1, 2021. Finally, outreach coordinators have engaged members and their parents through schools this summer with particular effectiveness.

#### **Communications Update**

Kevin Kirkpatrick provided an update. He stated that the open choice period for Hawki families will be in August and September 2021, and that gives those members the opportunity to switch MCOs for any reason. This is separate from eligibility redetermination, and families will receive informational packets in the mail beginning in late July 2021.

### Next Meeting

The next meeting will be Monday, August 16, 2021. Meeting adjourned at 2:19 PM.

Submitted by, John Riemenschneider Recording Secretary jr

# Hawki Dashboard

Updated 8/16/2021



## Hawki Data Budget vs Actual SFY21



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.

In May of 2021, the decrease in expenditures is due to the MCHIP enrollment system issue corrections and adjustments.





#### **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     |
|-----------------|----------------------|-----------|-------------|----------------|--------------|---------------|---------------|--------------|---------------|------------|------------|----------|-----------|-----------|
|                 | 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   |
| Projected       | 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    |
| Proje           | 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 |
|                 | Hawki Complete       | 58,244    | 58,166      | 58,245         | 58,320       | 58,437        | 58,671        | 58,859       | 58,985        | 59,176     | 59,666     | 59,255   | 57,994    | 704,018   |
| Actual          | Hawki Dental Only    | 5,777     | 5,883       | 5,973          | 6,190        | 6,280         | 6,401         | 6,433        | 6,499         | 6,540      | 6,667      | 6,639    | 6,596     | 75,878    |
| Act             | Title XXI Funded     | 16,109    | 16,114      | 16,094         | 16,129       | 16,292        | 16,618        | 23,545 *     | 16,185        | 16,146     | 15,970     | 15,894   | 15,750    | 200,846   |
|                 | Total                | 80,130    | 80,163      | 80,312         | 80,639       | 81,009        | 81,690        | 88,837       | 81,669        | 81,862     | 82,303     | 81,788   | 80,340    | 980,742   |
| eq              | Hawki Complete       | 58,014    | 57,763      | 57,715         | 58,006       | 58,183        | 59,081        | 56,897       | 58,761        | 58,864     | 59,285     | 59,066   | 57,471    | 699,106   |
| nvoic           | Hawki Dental Only    | 5,858     | 5,989       | 6,032          | 6,369        | 6,480         | 6,627         | 6,480        | 6,589         | 6,753      | 6,679      | 6,846    | 6,584     | 77,286    |
| Actual-Invoiced | Title XXI Funded (ba | 16,109    | 16,114      | 16,094         | 16,129       | 16,292        | 16,618        | 23,545 *     | 16,185        | 16,146     | 15,970     | 15,894   | 15,750    | 200,846   |
| Ac              | Total                | 79,981    | 79,866      | 79,841         | 80,504       | 80,955        | 82,326        | 86,922       | 81,535        | 81,763     | 81,934     | 81,806   | 79,805    | 977,238   |

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.

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

| FY 2022 | 75.60% | 24.40%             |
|---------|--------|--------------------|
| FY 2021 | 80.35% | 19.65%             |
| FY 2020 | 89.16% | 10.84%             |
| FY 2019 | 94.70% | <mark>5.30%</mark> |
| FY 2018 | 93.64% | 6.37%              |

### Monthly Federal and State Share as of June 2020

| June 2022                     | 73.50% | 26.50% |
|-------------------------------|--------|--------|
| May 2022                      | 73.50% | 26.50% |
| April 2022                    | 73.50% | 26.50% |
| March 2022                    | 73.50% | 26.50% |
| February 2022                 | 73.50% | 26.50% |
| January 2022<br>December 2021 | 73.50% | 26.50% |
| December 2021                 | 77.84% | 22.16% |
| November 2021                 | 77.84% | 22.16% |
| October 2021                  | 77.84% | 22.16% |
| September 2021                | 77.57% | 22.43% |
| August 2021                   | 77.57% | 22.43% |
| July 2021                     | 77.57% | 22.43% |
| June 2021                     | 77.57% | 22.43% |
| May 2021                      | 77.57% | 22.43% |
| April 2021                    | 77.57% | 22.43% |
| March 2021                    | 77.57% | 22.43% |
| February 2021                 | 77.57% | 22.43% |
| January 2021<br>December 2020 | 77.57% | 22.43% |
| December 2020                 | 77.57% | 22.43% |
| November 2020                 | 77.57% | 22.43% |
| October 2020                  | 77.57% | 22.43% |
| September 2020                | 88.68% | 11.32% |
| August 2020                   | 88.68% | 11.32% |
| July 2020                     | 88.68% | 11.32% |
| June 2020                     | 88.68% | 11.32% |
| May 2020                      | 88.68% | 11.32% |
| April 2020                    | 88.68% | 11.32% |
| March 2020                    | 88.68% | 11.32% |
| February 2020                 | 88.68% | 11.32% |
| January 2020<br>December 2019 | 88.68% | 11.32% |
| December 2019                 | 84.34% | 15.66% |
| November 2019                 | 84.34% | 15.66% |
| October 2019                  | 84.34% | 15.66% |
| September 2019                | 94.95% |        |
| August 2019                   | 94.95% |        |
| July 2019                     | 94.95% |        |



## 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.



## Healthy and Well Kids in Iowa (Hawki)

## Hawki Outreach Success Stories

| Agency (Name)   | New Opportunities, Inc – Carroll, IA  |
|---|---|
| Character(s)<br>(who this<br>happened to)                       | Client from Carroll County – applying for insurance for his three children.   |
| <b>Setting</b><br>(where and when<br>this took place)           | The local Hawki Outreach Coordinator's office. He had phoned the Hawki Outreach Coordinator first and then was asked to come in to local office. Dad with three kids trying to get insurance coverage for his three children.   |
| <b>Conflict</b><br>(obstacle, barrier,<br>or problem)           | The client was struggling with online application for his three children. Client stopped in at the local Maternal<br>Child and Adolescent Health agency (New Opportunities) seeking help from the Hawki Outreach Coordinator.<br>His extra income from farming was the challenge in verification of income eligibility for Hawki. |
| Action<br>(what happened)                                       | The HOC was able to sit down with the client and together go through the necessary paperwork assuring all information was accurately submitted.   |
| Outcome(s)<br>(measurable or<br>concrete evidence<br>of change) | The application was submitted successfully, client was very appreciative of the time and patience of the HOC had provided him. The insurance coverage was coming at a good time as his children were going back to school.  |



| Relevance<br>(how this story<br>helps us<br>demonstrate need<br>or measure<br>success) | This story shows the importance of the Hawki Outreach Coc<br>where they are. The client stated that he was so happy to h |                             | •   |
|--|--|-----------------------------|---|
| Other info   | 1  | Submitter<br>Name &<br>Date | Amber Schon, Hawki Outreach<br>Coordinator<br>8-11-21 |

| Agency (Name)   | Warren County Health Services   |
|---|---|
| Character(s)<br>(who this<br>happened to)             | A WIC staff member contacted me with a referral for a family they recently enrolled in WIC that were without health insurance benefits.   |
| <b>Setting</b><br>(where and when<br>this took place) | The WIC coordinator called me, she said that a newly enrolled family was without health insurance and had 2 young children that needed immunizations, medical, and dental care.   |
| <b>Conflict</b><br>(obstacle, barrier,<br>or problem) | The father of the 2 children had recently lost his job due to the COVID-19 pandemic, leaving the family of 4 without income or health insurance. The family was having a difficult time navigating the unemployment process and locating resources. |



| Action<br>(what happened)  | The WIC coordinator provided me with the mom's cont<br>and I explained the Medicaid application process throu<br>coverage. I also provided information for food and cloth<br>importance of regular well-child and well-baby exams,  | gh a PE so her<br>hing pantries in t | children can receive immediate medical their community. I emphasized the        |  |  |  |  |
|--|---|--------------------------------------|---|--|--|--|--|
| <b>Outcome(s)</b><br>(measurable or<br>concrete evidence<br>of change)                 | I was able to help her with the Presumptive Eligibility application and explained mom what the Medicaid process<br>is going to be. I verbally gave Mom the contact information for a local pediatric dentist for their 1-year-old. Mom<br>was able to schedule well-child appointments for both children and a dental appointment for the older child, all in<br>the PE period. The family, including both parents, were approved for full Medicaid and will be able to continue to<br>access care while they navigate the father's unemployment during the pandemic. |                                      |   |  |  |  |  |
| Relevance<br>(how this story<br>helps us<br>demonstrate need<br>or measure<br>success) | This is important because the last year and a half has lone was prepared for the chaos and turmoil brought or PE services were not available, it may have taken wee process on their own, further delaying the medical and  | by the COVID-<br>ks for this family  | 19 pandemic. If the Hawki program and<br>/ to navigate the Medicaid application |  |  |  |  |
| Other info   | This story shows the great impacts having strong relationships with community partners can have on families in our communities.   | Submitter<br>Name &<br>Date          | Kelsey Marmon, RN 7/14/2021   |  |  |  |  |



| Agency (Name)   | Hawkeye Area Community Action Program (HACAP) - Cedar Rapids, IA  |
|---|---|
| Character(s)<br>(who this<br>happened to)                       | Client from the service area.   |
| <b>Setting</b><br>(where and when<br>this took place)           | The local Hawki Outreach Coordinator was working with family at the Cedar Rapids office. Client phoned the Hawki Outreach Coordinator to ask for assistance on insurance.   |
| <b>Conflict</b><br>(obstacle, barrier,<br>or problem)           | The client's current health coverage was going to be based on another state (due to the employment) of the client. The client was struggling with how this small family of four would meet their premium – well beyond what family anticipated. |
| Action<br>(what happened)                                       | The HOC was able to sit down with the client and together go over Hawki qualifications (did not qualify for Medicaid) eligibility and benefits, etc. to see if the family would qualify.  |
| Outcome(s)<br>(measurable or<br>concrete evidence<br>of change) | The application was submitted successfully, client was very appreciative of the time and patience of the HOC had provided them. The insurance coverage was coming at a good time as children were going back to school.                         |



| Relevance<br>(how this story<br>helps us<br>demonstrate need<br>or measure<br>success) | This story shows the importance of the Hawki Outreach Coo<br>where they are. The client stated that he was so happy to ha |                             | -  |
|--|---|-----------------------------|--|
| Other info   | N   | Submitter<br>Name &<br>Date | Michele Canfield, Hawki Outreach<br>Coordinator<br>8-12-21 |