



**Hawki Board Meeting Materials**  
**Monday, December 19, 2022**

1. December 19, 2022, Hawki Board Meeting Agenda
2. October 17, 2022, Hawki Board Meeting Minutes
3. Hawki Outreach Success Stories



**AGENDA**  
**Hawki Board Meeting**  
**Monday, December 19, 2022**  
**12:30 – 2:30 PM**

**Virtual Meeting via Zoom**

<https://www.zoomgov.com/j/1604668602?pwd=NU9XOFjiTUdPcWZuN25UTjNmOVBFOT09>

**Meeting ID: 160 466 8602**

**Passcode: 926263**

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|----------|--|
| 12:30 PM | Roll Call – <b>Mary Nelle Trefz</b>  |
| 12:35 PM | Approval of Minutes from October 17, 2022 – <b>Mary Nelle Trefz</b>  |
| 12:40 PM | Public Comments  |
| 12:45 PM | New Business   |
| 12:50 PM | Strategic Planning Summary Document Review – <b>Shelley Horak</b>  |
| 1:10 PM  | Planning for 2023 – <b>Mary Nelle Trefz</b> <ul style="list-style-type: none"><li>• Select educational platforms &amp; topics for MCO engagement per strategic plan.</li><li>• Discuss potential speakers.</li></ul> |
| 1:25 PM  | Annual Report – <b>Tashina Hornaday</b>  |
| 1:30 PM  | Updates – <b>various presenters</b> <ul style="list-style-type: none"><li>• Director’s update</li><li>• MCO updates</li><li>• Outreach update</li><li>• Communications update</li></ul>                              |
| 2:30 PM  | Adjourn  |

For more information, contact John Riemenschneider at [jriemen@dhs.state.ia.us](mailto:jriemen@dhs.state.ia.us) or Michael Kitzman at [mkitzma@dhs.state.ia.us](mailto:mkitzma@dhs.state.ia.us).

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



**Hawki Board Meeting Minutes**

**Monday, October 17, 2022**

<b>Hawki Board Members</b>	<b>Iowa Medicaid</b>
Mary Nelle Trefz, Chair –	Julie Lovelady
Angela Burke Boston – present	Tashina Hornaday
Jim Donoghue – present	Rebecca Curtiss
Mike Stopulos –	Heather Miller
Angela Doyle Scar – present	Eric Richardson
Mary Scieszinski – present	Dr. William Jagiello
Shawn Garrington – present	Natalie Bryant
Senator Nate Boulton – present	
Senator Mark Costello –	
Representative Shannon Lundgren –	
	<b>Guests</b>
	John Hedgecoth, Amerigroup
	Kristin Pendegraft, ITC
	Jean Johnson, IDPH
	Lindsay Paulson, Maximus
	Eric Richardson
	Mikki Stier
	Sandi Hurtado-Peters

**Call to Order and Roll Call**

Board Vice Chair Mary Scieszinski called the meeting to order at 12:30 PM via Zoom. Vice Chair Scieszinski conducted a roll call, and the list above reflects the attendance. A quorum was established.

**Approval of the Hawki Board Meeting Minutes**

Vice Chair Scieszinski called for a motion to approve the minutes from the August 22, 2022, meeting. The motion carried and the Board approved the minutes.

## **Public Comment**

There were no public comments.

## **New Business**

There was no new business.

## **Director's Update**

Medicaid Director Elizabeth Matney began by stating that the public health emergency (PHE) was extended again, likely for another 90 days. Director Matney noted that it does not matter when in a quarter the PHE ends; the federal government will continue to pay states at the enhanced federal match rate through the end of that quarter. As a result, if the PHE ends in January, Iowa will continue to receive the enhanced federal match through the end of March. The federal government will give states 60 days' notice of the end of the PHE, so if Iowa does not receive notice by November 13, the PHE will not end in January. Liz also discussed how Iowa Medicaid has been engaged in a year-long effort to evaluate community-based services, including home- and community-based service waivers, behavioral health services, and aging services, among others. Mathematica, a nationally-known research firm, assisted with this evaluation. The first phase of the evaluation has concluded, and Director Matney shared some of the findings with the Board. Director Matney then discussed the regular rate review process, noting the importance of reviewing provider reimbursement rates on a regular basis. Some of these reimbursement rates are regularly reviewed in accordance with state and federal laws, but there is a large subset of rates that are not reviewed regularly. Moving forward, these rates will be reviewed at a minimum every two years, and Iowa Medicaid will provide current rates each February to coincide with the state legislative session. Lastly, Director Matney briefly mentioned that certain program flexibilities will be rolled back when the PHE ends, and Iowa Medicaid is holding a listening session regarding telehealth flexibilities implemented during the PHE and what aspects of the telehealth program should remain in place.

## **MCO Updates**

John Hedgecoth from Amerigroup provided an update. John noted the new contract between Amerigroup and Iowa Medicaid, which will go into effect July 1, 2023. The new contract will mark eight years of Amerigroup partnering with Iowa Medicaid, and will take the partnership out to 15 years, which matches the long-term commitment Amerigroup made to the State of Iowa. With the contract in place, Amerigroup will continue to focus on delivery of services. John mentioned Amerigroup's PHE work groups and discussions they are having about which flexibilities to continue after the PHE ends. He encouraged providers to contact Amerigroup with any feedback regarding the continuation of those flexibilities. John briefly spoke about Amerigroup's COVID-19 vaccine campaign and expanding outreach to include children under the age of five. This outreach strategy consists of one-pagers, videos, and a social media campaign. Amerigroup also continues to participate in a pediatric case management work group and continues efforts with implementing a health equity strategy that involves identifying disparities in care.

Kristin Pendegraft from Iowa Total Care (ITC) provided an update. ITC is focused on their Health Equity program as well as their social determinants of health (SDOH) work. They recently collaborated with Broadlawns Hospital on their Health Ambassador program which focused on educating members within the community on diabetes and high blood pressure. The Health Ambassadors gained knowledge and insight which will allow them to educate and support their community members. ITC also participated in a back-to-school event with Peoples Clinic in Waterloo, and has multiple community events planned in the upcoming months.

Delta Dental of Iowa (DDIA) did not have a representative present.

### **Outreach**

Jean Johnson from the Iowa Department of Health and Human Services (HHS) provided an update. Hawki outreach coordinators have remained busy with school outreach, particularly during the month of October. Outreach has focused on school conferences and COVID-19 vaccinations. HHS held a fall conference for outreach contractors to provide an overview of the new contract effective October 1, 2022. Jean briefly discussed the outreach program's focus on outreach recipients, their testimonials, and the possibility of inviting recipients to Hawki Board meetings to share their experiences. Jean added that the outreach program uses a database to track outreach efforts across the state, and that HHS is looking at different ways to share member success stories with members, providers, and stakeholders.

### **Communications**

Director Matney provided a communications update. With the possibility of the PHE ending in January 2023, HHS continues to focus on and emphasize the importance of external communication with its partners. Additionally, HHS is holding their monthly provider and member town halls later this month.

### **Next Meeting**

Meeting adjourned at 1:08 PM.

The next meeting will be Monday, December 19, 2022.

Submitted by John Riemenschneider

Recording Secretary

jr

## Hawki Outreach Success Story & Personal Testimonial

<b>Hawki Outreach Coordinator</b>	<i>Michele Canfield</i>
<b>Agency &amp; CSA</b>	<i>HACAP – Hawkeye Area Community Action Agency</i>
<b>County of Service</b>	<i>Benton, Jones, Linn</i>
<b>Population Met with during Outreach Event</b> (schools, faith-based priority population, employees of employer w/o health insurance)	<p><i>Calls and requests for Hawki information are coming from all populations. Families may have seen a marketing piece, attended an outreach event in years past or been referred by their church, school or a friend. This population is faced with being uninsured, or at least a portion of the family becoming uninsured, after 12/31/2022.</i></p> <p><i>This is a story in progress. The family that I will tell you about is typical of the families seeking information. Dad is an area minister. Mom assists at the church. They have 3 young children. The church offers a great health insurance for Dad. They pay 90% of Dad's premium. They have chosen the family plan offered and have paid the premium. That is out of the question for this coming year.</i></p>
<b>Conflict</b> (obstacle, barrier, or problem)	<i>Working families are faced with financial issues that were unexpected and beyond their control. The cost of living is much higher and the cost of their family health care coverage has gone beyond their budget. The mortgage is not going to change and neither is the car payment. They are already being as fragile as possible in their grocery purchases, utility usage and gas use. The paycheck needs to be larger. Families are seriously looking at dropping health care coverage, if they cannot find a way to make ends meet.</i>
<b>Action or Outcome</b> (what happened)	<i>The family will place the children on Hawki 1/1/2023. Mom will purchase her own coverage through a local insurance agent or through the Marketplace. Dad will remain with the coverage that is being provided by his employer.</i>
<b>Other Referrals Made</b> (WIC, Food Pantry)	<i>The parents have a child under the age of one. They will qualify for WIC for a bit of time. The family is above the income guidelines for most assistance. We have seen assistance increase for those at or below poverty lines. For those families in the Hawki income, particularly, the \$10 premium, income, there is little to no assistance.</i>
<b>Outcome(s)</b> (measurable or concrete evidence of change)	<i>This family will save \$1400 per month, minus whatever Mom's premium will be. What can a young family do with that kind of money?! Gosh, new tires for the car, being able to stop at a fast food place as a treat or go to the grocery store without having to take items off the list.</i>
<b>Relevance</b> (how this story helps us demonstrate need or measure success)	<i>An entirely new population is seeking health care coverage or at least information. The population is fully insured families. They cannot afford to stay covered, at least not in the same manner, as they have been. They are shopping and becoming more educated on the topic.</i>