



Elizabeth Matney, Medicaid Director

Healthy and Well Kids in Iowa (Hawki)

Hawki Board Meeting Materials

Monday, October 16, 2023

1. October 16, 2023, Hawki Board Meeting Agenda
2. August 21, 2023, Hawki Board Meeting Minutes



Hawki
Iowa HHS

Elizabeth Matney, Medicaid Director

Healthy and Well Kids in Iowa (Hawki)

AGENDA

Hawki Board of Directors Meeting

Monday, October 16, 2023

12:30 PM – 2:30 PM

Virtual Meeting via Zoom

<https://www.zoomgov.com/j/1616694781>

Meeting ID: 161 669 4781

- 12:30 PM Roll Call – **Mary Nelle Trefz**
- 12:35 PM Approval of Minutes from August 21, 2023 — **Mary Nelle Trefz**
- 12:40 PM Public Comments
- 12:45 PM New Business and Updates (Dennis Haney)
- 1:00 PM Comparison of behavioral health services covered under Hawki, Medicaid, and the core services required under the Children's Behavioral Health System (Tashina Hornaday and Rob Aiken)
- 1:15 PM Overview of mental health parity guidelines and how it impacts Hawki (Tashina Hornaday)
- 1:30 PM Walk through of the data dashboard on children's behavioral health and substance use and discussion with Board of access and outcome measures (Kurt Behrens)
- 1:45PM Introduction about current prevention efforts in Iowa (Julie Hibben)
- 2:00 PM Overview of CCBHCs with an emphasis on how this model will meet the unique needs of kids and their families (Laura Larkin)
- 2:15 PM Discussion and vote on recommendations to include in annual report
- 2:30 PM Adjourn

For more information, contact Nell Bennett at nbennet@dhs.state.ia.us or Emma Nutter at enutter@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.



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Healthy and Well Kids in Iowa (Hawki)

Hawki Board of Directors Meeting

Monday, August 21, 2023

Hawki Board Members	Iowa Medicaid
Mary Nelle Trefz, Chair – present	Elizabeth Matney, Director
Angela Burke Boston – present	Rebecca Curtiss
Angie Doyle Scar – present	Paula Motsinger
Mike Stopulous – present	Joanne Bush
Jim Donoghue – present	Kurt Behrens
Senator Janice Wiener – present	Heather Miller
Representative Devon Wood – present	Dr. William Jagiello
Senator Mark Costello – present	Amela Alibasic
Representative Shannon Lundgren –	Emily Eppens
Mary Scieszinski, Vice Chair –	Jamie Beskow
Shawn Garrington –	Anna Casteel
	Guests
	Lynh Patterson, Amerigroup
	Kristin Pendegraft, ITC
	Theresa Jennings, Molina
	Nicole Miller, DDIA
	Dr. Gutshall, Molina
	Heather Miller, RDH
	Elisabeth W Burak, GCCF
	Dylan Keller, Senate Republican Caucus
	James Olson
	Jamie Beskow

CALL TO ORDER AND ROLL CALL

Hawki Board chair Mary Nelle Trefz called the meeting to order at 12:30 PM. Mary Nelle called the roll and a quorum was achieved.

APPROVAL OF MEETING MINUTES

Mary Nelle acknowledged the presence of Nell, who is taking over the responsibility for recording meeting minutes. The board proceeded to discuss and approve the meeting minutes from June 19. Motion to approve was made by Mike Stopulous, and Angela Burke Boston seconded the motion. The motion carried and the minutes were approved.

PUBLIC COMMENT

There was no public comment.

NEW BUSINESS

Mary Nelle provided an update on the board's focus areas based on feedback and interest from board members. The following topics were highlighted:

- Increasing Well-child visit rates
- Multi-year continuous coverage
- Behavioral health access and outcomes
- CHIP pregnancy coverage options

Mary Nelle mentioned that the board would delve deeper into these topics in upcoming meetings, including discussions on possible recommendations for the annual report.

INTRODUCTION OF IOWA MEDICAID DASHBOARD

Joanne Bush and Kurt Behrens presented the new Iowa Medicaid Dashboard, which replaces the previous PDF quarterly reports. The dashboard is updated quarterly, aligning with the established reporting cadence, and the PDF reports will be phased out in favor of the dashboard.

The dashboard provides comprehensive data on managed care organizations, fee-for-service, and dental services. Key features of the dashboard include:

- Enrollment data with filters for plan, coverage group, age group, gender, race, ethnicity, and county.
- Privacy protection measures for populations with fewer than 20 individuals.
- A reset button to clear all filters.
- Access to various performance metrics, including enrollment data, member age breakdown, historical data, market share, enrollment by county, grievances, appeals,

claims, facility and waiver data, wellness and prevention, SUD and SED data, quality scores and outcomes.

Kurt provided a detailed explanation of each section, demonstrated how to use filters and access additional information, and emphasized the dashboard's transparency and user-friendly interface. Joanne also provided links and instructions for accessing the dashboard and providing feedback.

Mary Nelle expressed her excitement about the dashboard's capabilities and the level of detail it provides. She commended the team for their work and expressed gratitude for the transparency the dashboard offers.

Liz mentioned that the dashboard is publicly accessible but clarified that an official public announcement is scheduled for Wednesday, August 23.

DIRECTOR'S UPDATE

Elizabeth Matney, Medicaid director, provided updates on the progress of the Community-Based Service Transformation Plan, highlighting the contracted evaluation with Mathematica in 2022 and the recommendations that fed into the transformation plan. She emphasized the widespread engagement of stakeholders, including the steering committee composed of individuals receiving home and community-based services. Liz introduced the initiative named "HOME" (Hope and Opportunity in Many Environments) and discussed the ongoing exploration phase, data analysis, and stakeholder engagement. She mentioned upcoming HOMEtown roadshows across the state to provide updates and gather feedback from the community. She also noted that the deployment of changes would start in late 2023 and continue through 2024.

Director Matney discussed the ongoing efforts related to continuous coverage unwind, including feedback from providers and Medicaid enrollees, efforts to increase ex parte enrollment, and the dedication of eligibility staff to manage applications and redeterminations. She acknowledged an increase in call center activity and mentioned efforts to address wait times and abandonment rates. Liz also highlighted concerns about disenrollment, especially among children, and efforts to collaborate with federal partners for solutions.

Liz reminded attendees about the upcoming member and provider town hall meetings scheduled for Thursday, providing an opportunity for engagement and feedback.

COMMUNICATIONS UPDATE

Emily Eppens, Medicaid Communications Manager, provided a communications update, including efforts related to the HOMEtown Roadshow, Unwind notices to MCO members, and the internal HHS website cleanup project.

OUTREACH UPDATE

James Olson, Title 5 block grant coordinator, introduced Jamie Beskow who will be the new Hawki Outreach Coordinator. Jamie expressed gratitude to be working with Hawki after a career in nursing.

MCO ENGAGEMENT: SNAPSHOT UPDATE

Kristin Pendegraft from Iowa Total Care presented on the strategies and initiatives ITC has been working on in 2023 to improve wellness rates and initiatives. She highlighted the collaboration with providers across the state, including education on coding, co-branding text campaigns with providers to encourage wellness visits, resulting in a 40-50% increase in member participation. Utilization of supplemental data has helped to identify members in need of annual wellness exams, and the My Health Pays rewards system helps to incentivize healthy activities and to overcome Social Determinants of Health (SDOH) barriers for members. ITC also uses collaborations with organizations like the Green to Go event sponsored by HyVee, American Cancer Society and other MCOs, to increase awareness in their members.

Angie Doyle Scar asked about the follow-up process for members identified with social determinants of health needs. Kristen explained that ITC has Resource Specialists to reach members with SDOH barriers and place them in a closed-loop referral system to assist these members.

Lynh Patterson discussed Amerigroup's efforts to educate parents about comprehensive well-child visits versus sports physicals. Specifically, as a whole health prevention initiative, Amerigroup behavioral health case managers are reaching out to foster care members who have at least one behavioral health diagnosis but have not had a comprehensive well-child visit. The goal is to increase the well-child visit rates among the foster care members by the end of 2024. Lynh also mentioned individualized case management, healthy reward incentives, partnerships with organizations like Can Play and the YMCA, and the focus on health equity when evaluating HEDIS measures.

Theresa Jennings discussed Molina's goals of engaging children, adolescents, and their families in well-child visits. She highlighted member outreach, incentives for preventive screenings, individualized case management, partnerships with organizations like Iowa Aces, and the evaluation of HEDIS measures from a health equity perspective. She emphasized the importance of correct coding and reported an increase of supplemental data they received has helped to track member needs. Holistic member outreach, identifying and engaging members with SDOH needs is done through texts, calls, and community events.

Mary Nelle asked MCOs to share any barriers or consistent challenges that seem to be hindering the implementation of their current or future strategies.

Kristin recommended inviting the nursing organization from the school district to attend board meetings for collaboration and suggestions.

Jim Donoghue from the Iowa Department of Education offered to contact the Iowa School Nurse Organization to explore their interest in participating in meetings. ISNO's executive director is a faculty member at Mount Mercy, and Jim will be attending their annual conferences. Jamie Beskow will also be included in the annual conference for further collaboration.

EDUCATIONAL TOPIC: MULTI-YEAR CONTINUOUS COVERAGE OPTIONS

Elizabeth Wright Burak from the Georgetown Center for Children and Families shared her expertise in multi-year continuous coverage, which was highly anticipated due to its relevance and interest among the board members. This topic had been discussed previously during the April meeting and was highlighted in a survey conducted in June as one of the most compelling subjects.

Elizabeth provided an informative presentation on multi-year continuous coverage and its significance in healthcare policy. She introduced the Georgetown Center for Children and Families and their mission, emphasizing their commitment to improving healthcare coverage for children and families by conducting policy analysis and research. Elizabeth explained that their aim was to provide real-time information to guide discussions, like the one taking place in the current meeting.

She discussed the issue of children losing coverage at renewal due to procedural disenrollments, emphasizing the need to minimize such losses. Elizabeth highlighted that most uninsured kids were already eligible for Medicaid or CHIP, and multi-year continuous eligibility was being explored as a solution to ensure that young children maintain their coverage without disruption, given the income fluctuations and volatility in families during their early years. This would allow states to focus on providing adequate healthcare rather than repeatedly enrolling and re-enrolling children. Elizabeth elaborated on the concept of continuous eligibility and the recent changes brought about by the Consolidated Appropriations Act, which made the 12-month option a minimum requirement for all states.

She stressed the importance of reducing coverage gaps, particularly for children of color who were more likely to experience disenrollment churn. Continuous coverage could also facilitate consistent quality measurement and reduce administrative burdens, leading to cost savings. Elizabeth reported that other states were approaching this policy with a focus on school readiness, aiming to provide uninterrupted healthcare coverage for children from birth until they reached kindergarten. This approach would ensure that children received necessary healthcare, developmental screenings, and support for early brain development. It was also

seen as a way to reach parents and identify potential mood disorders that could impact child development. States were increasingly interested in this policy, not only to improve healthcare for children but also to reduce red tape and administrative costs.

Elizabeth indicated that several states, including New Mexico, California, Minnesota, Illinois, Ohio and Colorado, were in the process of applying for waivers to implement multi-year continuous eligibility. Oregon and Washington were the first states to implement the policy and have seen improvements in health outcomes and reduced administrative burdens. She noted that with the federal 12-month minimum requirement in place, states were increasingly considering multi-year continuous coverage as a common-sense policy.

Angie Doyle Scar asked how Iowa Medicaid could ensure that enrollees were technically eligible for multi-year continuous coverage, given the increased income fluctuations among younger families. Elizabeth clarified that the data suggested a lower possibility of upward income fluctuations for younger families, and that Oregon had analyzed data and found that the percentage of children losing eligibility due to increased income was relatively low.

Mary Nelle reflected on the benefits of continuous coverage, especially in light of the state's existing 12-month continuous eligibility program. She emphasized the importance of high-quality data for decision-making, given the state's focus on streamlined systems, and discussed the relevance of continuous coverage to school readiness.

Elizabeth further elaborated on the importance of data analysis to support implementing continuous coverage, citing examples from New Mexico, Oregon, and Washington, which had identified significant gaps in coverage based on their data. She encouraged the board to explore their own data and evaluate its applicability to their specific situation.

Meeting adjourned at 2:24 PM.

The next meeting will be Monday, October 16, 2023.

Submitted by Nell Bennett

Recording Secretary

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