Iowa Medicaid
IOWA HHS

# Medical Assistance Advisory Council

## MEETING MINUTES
## JUNE 26, 2023

### CALL TO ORDER AND ROLL CALL

MAAC Chair Angie Doyle Scar, Division of Public Health, called the meeting to order at 1:00 p.m. Angie called the roll, attendance is reflected in the separate roll call sheet and a quorum was achieved.

### APPROVAL OF PREVIOUS MEETING MINUTES

The minutes from the November 17, 2022 meeting and March 23, 2023 meeting were approved by the council.

### MANAGED CARE ORGANIZATION (MCO) QUARTERLY REPORT: QUARTER 2 STATE FISCAL YEAR (Q 2 SFY) 2023

Kurt Behrens, Iowa Medicaid, reviewed the MCO Quarterly Report for Q2 SFY 23. All information available in the quarterly report will be available in some form in the Medicaid Dashboard on the Department's website.

Kurt previewed the transition from a PDF quarterly report to the interactive Medicaid Dashboard. While the Q2 SFY 2023 report is over 40 pages, the dashboard is about 89 pages. The Medicaid Dashboard will include all types of data found in the previous PDF quarterly reports such as MCO data, fee-for-service (FFS) data, and dental data.

Enrollment in the managed care (MC) program increased between Q1 SFY 2023 and Q2 SFY 2023 from 807,413 to 819,852 members, representing a 1.5 percent increase or 12,439 new members. The FFS program had an increase of around 3.0 percent (1,423 members), for a total of 49,363 members in FFS.

Between Q1 SFY 2023 and Q2 SFY 2023, Amerigroup Iowa, Inc. (AGP) and Iowa Total Care's (ITC) market share changed from 57.4 and 43.6 percent to 55.3 and 44.7 percent, respectively. There have been efforts to equal out AGP and ITC's shares as Molina Healthcare, Inc. continues to be onboarded. Therefore, almost all new members have been directed into ITC.

Both AGP and ITC's Medical Loss Ratio (MLR) were above the 89.0 percent for contract standards. Both MCOs missed a monthly target for processing 100.0 percent of prior authorizations (PAs) within 24 hours, each MCO missing this target for more than one month by less than a percent.

Kurt highlighted several Medicaid Dashboard revamps. A user will be able to search and sort by medical type and category in the Grievances and Appeals sections. The MCO Care Quality and Outcomes section will be more detailed in the dashboard, being capable of showing the full Value-Based Purchasing (VBP) Agreement lists instead of just the top five. In the MCO Children Summary section, the age range will be from zero to 21. Additionally, an emergency room indicator will be added. About 14, instead of three, iPad survey questions will be included in the Long-Term Services and Supports (LTSS) section. Users will also be able to search for specific waivers in this section. The Provider Network Access Summary section is being translated over to the dashboard, however, it is still a work in progress. How network standard data will be displayed will be improved in the dashboard as well.

Lastly, Kurt previewed what the new Medicaid Dashboard will look like, starting with the landing page. The landing page will display the fluctuations in claims counts, PAs, grievances, appeals, and state fair hearings between quarters. The landing page will also have a tab that directs users to the National Quality Scores & Measures webpage. This webpage includes these sections: NCQA Health Plan Ratings, CMS Core Set Measures, the Iowa Medicaid Scorecard, Healthcare Effectiveness Data and Information Set (HEDIS), and the Consumer Assessment of Healthcare Providers & Systems (CAHPS). Using the Zoom chat feature, Dr. Amy Shriver, public member, praised how user-friendly the dashboard was.

Brandon Hagen, Iowa Health Care Association, asked to be reminded of what the suspended claims were. Kurt explained that a suspended claim is a claim that cannot be adjudicated until additional data is processed. Liz Matney, Iowa Medicaid Director, jumped in to further explain what type of additional data might need to be collected to process a claim, for example, PAs. Liz also noted that the paid and denied suspended claims were being monitored. Stacie Maass, ITC, said she would be in contact with ITC's claims team to address Brandon's questions regarding the MCOs' suspended claims. Sabrina Johnson, MCNA Dental, explained that when MCNA suspends a claim, it is because the claim requires clinical review and that the claim usually processes in the next reporting period.

Angie expressed excitement over the progress of the Medicaid Dashboard, and thanked Kurt for his hard work and presentation.

## PUBLIC HEALTH EMERGENCY (PHE) UNWIND UPDATES

Anna Casteel, Iowa Department of Health and Human Services (HHS), assisted by Allison Scott, HHS, briefly reviewed the background surrounding the ending of the continuous coverage requirement. This requirement was put in place due to the COVID-19 pandemic and required maintaining Medicaid eligibility for individuals. The continuous coverage requirement ended on March 31, 2023. Anna's team started the Unwind process in February 2023, which involved sending renewal forms to members and discontinuing coverage for those who no longer meet eligibility criteria. Procedural reasons, such as not returning renewal forms or requested information, were common reasons for discontinuance. Anna's team is using various tools and strategies to reach out to members, including checking address

databases, regular communication, town halls, and online resources. Her team is also analyzing data and reporting metrics to the Centers for Medicare and Medicaid Services (CMS). They are working to ensure members have correct information and maintain their eligibility.

Prompted by a question in the Zoom chat from Ben Shuberg, Iowa Association of Community Providers, about how many discontinuances there were, Liz requested that Anna elaborate on the availability and understanding of disenrollment numbers in relation to the Medicaid Dashboard and CMS reports. Anna clarified that the dashboard displays total enrollment data, requiring calculations to determine actual disenrollment numbers. On the other hand, according to Anna, CMS reports are point-in-time and involve initiated renewals that may not accurately reflect final outcomes due to the time needed for renewal processing. Anna highlighted that the discrepancy between initiation and outcome dates could cause confusion. CMS also instructed reporting in two buckets: denials leading to the marketplace or procedural denials. This method lacked nuance, as some ineligible individuals do not fit these categories. There are ongoing efforts to provide a more complete picture of Unwind's impact, analyzing procedural reasons and individual cases. Anna also mentioned upcoming updates to the dashboard to provide clearer enrollment information.

After confirming there were no more questions or comments about Unwind, Angie thanked Anna for presenting and answering questions.

## DENTAL QUALITY STRATEGY REPORT

Katie McBurney, Iowa Medicaid, discussed what she, the dental policy team, internal, and external stakeholders have been collaborating on. Katie also noted that she would post their findings for public comment.

One of their goals is to renew or update the MC plan to include children. However, the four main goals of the Dental Quality Strategy Report are as follows:

- Improve Network Adequacy and Availability of Services
    - Increase the number of general dentists who actively participate in the dental program
    - Increase the number of members who access dental care
    - Improve timely access of network providers
- Improve Prevention and Recall Services
    - Members who received preventive dental care
    - Continued preventive utilization
    - Members who received two topical fluoride applications
    - Members who received a dental sealant
- Improve Oral Health
    - Monitor dental access by race, ethnicity, age, and gender
    - Increase race, ethnicity, and social determinants of health reporting among Dental Wellness Plan (DWP) population
    - Increase benefit utilization for special populations
    - Increase access for special populations

- Improve Care Coordination and Continuity of Care Between MCOs and Dental Pre-Paid Ambulatory Health Plan (PAHPs)
    - Decrease use of the Emergency Department for non-traumatic and/or oral health disease (MCO)
    - Increase the number of child and adult members who receive a follow up dental visit following an ED visit for dental related causes (PAHP)
    - Increase members who receive a topical fluoride application during a well-child visit (MCO)

Katie indicated that the report will be available for public comment for 30 days, encouraging feedback and suggestions to improve the above initiatives.

Once Katie finished presenting, Liz congratulated Katie on her recent promotion within Medicaid to a product owner role in the provider enrollment sphere.

## MEDICAID DIRECTOR'S UPDATE

Liz praised Anna's thorough Unwind presentation which addressed eligibility and continuous coverage efforts. According to Liz, there are ongoing conversations with CMS to address their concerns and how their concerns can be alleviated with additional data and context.

Liz emphasized that, while there have been significant Medicaid dis-enrollments, this was expected due to adjustments made in response to the COVID-19 pandemic. Additionally, she emphasized that many dis-enrolled individuals already had other major medical health insurance and that losing Medicaid does not mean losing all health insurance.

Liz discussed updates from a recent town hall meeting. A $7 million state share was allocated for mental health (MH) therapy rates, which, with federal matching, totals about $16.5 million. This reflects a substantial 56.0 percent increase for different MH therapy codes, addressing the growing demand that exceeds capacity. An additional $3 million was allocated for substance use treatment, resulting in approximately $14.5 million due to federal matching, equating to a 96.0 percent increase from current payment levels. MH therapy and substance use providers have not received rate increases for over a decade. The large increase is due to the prolonged absence of raises. The remaining $3 million will be invested in P mech rate increases to address the high demand for Children's Psychiatric Residential Services. The aim is to reimburse at a higher rate to accommodate increased behavioral health (BH) needs among children. Liz acknowledged long waitlists and her aims to prevent rejections by increasing reimbursement rates.

Liz noted a decline in emergency department and inpatient rates and an increase in therapy services. Liz also mentioned ongoing efforts to enhance nursing facility rate increases, addressing the challenges of staggered cost reports and timing issues for the new rates. While the new rates might not be ready by the effective date, Liz planned to share rate range estimates with providers. If there's a delay in updating

the claims systems with the new rates, the reprocessing will ensure providers receive the correct payments retrospectively.

## IMPLEMENTATION UPDATE FROM MOLINA HEALTHCARE, INC.

Jennifer Vermeer, Plan President Molina Healthcare (Molina), provided an update on Molina which was previously shared during a town hall. Jennifer expressed confidence in Molina's readiness to go live July 1, 2023. Molina's staffing is nearly complete with a 98.0 percent fill rate. Additionally, all of Molina's staff are either fully trained or almost fully trained. Case managers, in particular, have undergone extensive training.

Jennifer also highlighted Molina's member outreach efforts:

- Mailing members welcome postcards, ID cards, and welcome kits
- Ongoing email and text campaigns
- Posting to social media
- Calling to welcome members

Molina's call center has been operational since June 1, 2023, with extended weekend hours for the first two weekends of July 2023.

Molina has been collaborating and exchanging information with other MCOs to support a smooth transition or "warm handoff" that focuses on a continuation of services and supports risk mitigation for transitioning members. To further support a smooth transition, approved PAs will be honored for the initial 90 days, and providers will be able to confirm these PAs using the provider portal. Additionally, PAs will be waived for most new services during the first three months.

Jennifer emphasized the importance of timely and accurate claims processing, with a focus on mirroring Iowa's benefits and services. In addition, claims testing with providers, which began in February 2023, was comprehensive and valuable. Provider outreach involved orientations, office hours, and meetings with provider groups. Jennifer's key message to providers was to begin billing early and to reach out for support as needed.

Providers may call the call center during specified hours or use the provider portal's tools for secure claims messaging and inquiry. If further assistance is needed, providers may reach out to their provider services representative or escalate to Iowa plan leadership. Member escalation steps involve contacting Molina's member services call center, and member advocates are available to help those struggling with inquiries. This information is also accessible on the Medicaid town hall website.

For Electronic Visit Verification (EVV), Molina will be partnering with CareBridge, the same vendor the two existing MCOs use. To make the process easier for providers, Molina's EVV process will be the exact same as the preexisting MCOs'.

Using the Zoom chat feature, Ben asked if LTSS was excluded from the waiving of new PAs for 90 days. Jennifer confirmed that, as has been the case historically, LTSS is excluded and will continue to have to go through the plan of care process. Jennifer also noted that there was an authorization FAQ and that it could be shared with providers.

Amy stated that about 51.0 percent of Medicaid members are children. She also expressed her interest in connecting with Jennifer or Molina leadership more broadly to discuss how to better serve this population going forward.

Jennifer thanked everyone participating in the meeting for their time, and expressed how she and Molina look forward to continue working with HHS.

## MANAGED CARE PLAN (MCP) UPDATES

### Iowa Total Care (ITC)

Stacie Maass, Vice President of legislative government affairs ITC, provided a brief update on ITC's recent activities.

Stacie brought up the recent work done in response to the COVID-19 outbreak which led to changes in coverage requirements and continuous collaboration with Iowa Medicaid. She praised the proactive approach to communicate with providers and members beyond sending informational letters (IL), such as conducting frequent town halls and utilizing texting for outreach.

ITC continues to use data analysis and engagement strategies to ensure they are meeting their members' needs in their health plans, taking things such as health access, housing, and safety into consideration. Additionally, this data and these engagement strategies improve ITC's pay for performance programs, which involves around 25,000 providers. ITC provider engagement teams work on best practices, gap identification, and quality enhancements.

Special mention was given to the Home-and Community-Based Services (HCBS) Provider Incentive Program, aimed at reducing homelessness, supporting new and continuous employment, and driving follow up care after hospitalization.

ITC partnered with Corinthian Baptist Church in Downtown Des Moines to host a community health fair in late March 2023. There were about 100 volunteers at the fair and 25 Des Moines and state partners.

Seven months ago, ITC launched its pilot doula program. The program has about 50 members and is focusing on the counties with the highest lowest-weight births. The program has been very successful, only one of 20 births in the pilot program being a low-weight birth.

Stacie ended by thanking Iowa Medicaid workers, the other MCOs, and Iowa Medicaid stakeholders for their continued efforts to help Medicaid members.

### Amerigroup Iowa, Inc (AGP)

John McCalley, Health Equity Director AGP, stated that AGP has been working toward many of the same goals as ITC and Molina. One of AGP's priorities at this time, similar to the other MCOs, is to continue to unwind the continuous enrollment policy that was set in place during the COVID-19

pandemic. AGP has also been engaged in member and provider outreach, via phone, mail, and in-person, trying to reach members who are at risk of losing Medicaid coverage. Additionally, AGP is supporting the onboarding of Molina by sharing their data and collaborating with them.

LTSS case management team has helped to increase the transition work capacity given the anticipated increased demand of individuals seeking to leave facility-based care in favor of community-based care. AGP continues to offer community-based service and provider enhancement grants which will continue through 2023.

From 2022 to 2023, AGP expanded its quality incentive programs. AGP is coordinating with providers, mainly hospitals, in regards to their newest program, its substance-use disorder emergency department quality incentive program. AGP plans to implement this program in 2024.

AGP is working to increase case management capacity for LTSS to lower caseloads for case managers to improve the quality of the work being done.

The Champ Housing Stability Initiative has served almost 930 individuals who were either facing eviction or transitioning from homelessness. AGP plans to continue to expand this program this summer, with a particular focus further on maternal child health.

AGP's health worker, continuing education, training partnership with Iowa Chronic Care Consortium is expected to be rolled out in July 2023. Additionally, AGP's partnership with the University of Iowa for excellence in disability and development training is anticipated to be rolled out in September 2023.

This fall, AGP plans to launch programs meant to prevent homelessness and suicide among individuals who have aged out of the foster care system. AGP plans to implement strategies and tactics to improve the HPV vaccination rate among children ages nine to 13 this fall as well.

Lastly, former AGP Plan President Jeff Jones, following his promotion, was replaced by Teresa Hursey. John congratulated Jeff and Teresa on their respective promotions. John stated that Teresa has extensive experience in Medicaid and will be a good fit with AGP.

## MAAC PROFESSIONAL AND BUSINESS ENTITY ELECTION 2023

Mike Kitzman, Communications Specialist Iowa Medicaid, stated that everyone who represents a professional business entity should have received an email from him with a link to a web form regarding the 2023 election.

Mike relayed the results of the election: the Iowa Medical Society and Iowa Association of Community Professionals incumbents both won re-election by a large margin.

Mike said that the three seats that were not voted on during this election would be voted on next year.

Kady Reese, Iowa Medical Society, requested modifying next year's election forms to make the language clearer. Mike said that could be done.

## OPEN DISCUSSION

Ben re-introduced himself and thanked everyone on the call again for their time and hard work.

Marcie Strouse, public member, expressed her appreciation of the recent communication efforts. She also relayed how she felt the transition for individuals from private insurance to an MCO is easier than the transition from an MCO to private insurance, drawing on her own personal experience and the knowledge of her case manager. She expressed interest in improving the later transition for individuals. Liz thanked Marcie for her feedback.

Kady shared how providers appreciate the previously discussed PA policies given the prior administrative burdens of the PA process.

## ADJOURNMENT

Meeting adjourned at 2:53 p.m.

Submitted by,
Emma Nutter
Recording Secretary
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