



# Medical Assistance Advisory Council

## MEETING MINUTES

MARCH 23, 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 not achieved.

### APPROVAL OF PREVIOUS MEETING MINUTES

Approval of the minutes from the November 17, 2022 meeting will be held until the next meeting of the council.

### MANAGED CARE ORGANIZATION (MCO) QUARTERLY REPORT AND MEDICAID DASHBOARD

Kurt Behrens, Iowa Medicaid, reviewed the MCO Quarterly Report for Q1 SFY 23. Kurt stated that all the information available in the quarterly report will be available in some form in the Medicaid Dashboard on the Department's website.

Enrollment in the managed care program increased between Q4 SFY 2022 and Q1 SFY 2023 by 1.5 percent, or around 11,906 members for a total of 807,413 members. The fee-for-service (FFS) program had a similar increase of around 1.4 percent (683 members), for a total of 48,623 members in FFS. During this period the Department assigned new members to Iowa Total Care to try and balance the market share between the two MCOs in preparation for the onboarding of Molina Healthcare, Inc. later this year. When Molina enters the program officially on July 1, 2023, members will have been distributed as equally as possible between the three MCOs.

The financial summary shows an increase in population correlates to an increase in capitation payments to the MCOs. Third-party liability (TPL) funds recovered by the MCOs increased by 22.8 percent, from \$67.7 million to \$83.1 million. Both MCOs missed a monthly target for processing 100 percent of prior authorizations within 24 hours, each MCO missing this target for a single month by less than a percent.

Information from the Children Summary section of the report will be available on the new Outcomes page of the dashboard. The current version of the report shows a comparison of one year in the past, and the dashboard will allow multiple years of data to be compared, showing trends over time. New sections for the Children Summary show Behavioral and Mental Health Treatment and Services. Kurt said these sections will effectively have "mini" substance use disorder (SUD) and severe emotional disturbance (SED) dashboards; showing information of the first and second diagnoses, for a range of conditions, gathered from claims data.

The long-term services and supports (LTSS) section of the report shows information related to waiver services. Kurt said the Department will be adding more questions to the Iowa Participant Experience Survey (IPES) section when the report transitions into a dashboard. The LTSS areas of the dashboard

will have information on the timeliness of assessments and services used, broken down by labor. Kurt explained that this information, as it appears on the report as present illustrates the number of members utilizing the service, for example page 25 of the report shows 2,742 home delivered meals; this is the number of members utilizing this service, and not a count of individual meals delivered to members' homes.

Angie praised the report and the dashboard; stating that historically data has been the focus of the council's discussions, and that since Kurt has joined the organization the council has been able to shift its focus to other matters.

Kurt said that a lot of what is included in the report and dashboard is driven by requests from the legislature and raised the idea of the council making a formal recommendation to the legislature to officially adopt the dashboard format. Director Matney agreed with this idea, adding that the council would likely be able to provide such a recommendation to the legislature during next year's legislative session. Angie asked that agenda items be added to upcoming meetings for a thorough walkthrough of the dashboard once it launches, and a discussion of making a formal recommendation to the legislature to officially adopt the dashboard format.

Director Matney stated that while Kurt and the Bureau of Managed Care Reporting and Oversight are preparing the dashboard for launch, she is encouraging the team to think about the next update to the dashboard. Asking them to consider how the dashboard could focus on outcomes rather than processes.

Kady Reese, Iowa Medical Society, asked if there were any proposed outcome measures identified, and if these could be shared with provider networks to inform the work they do. Director Matney said that these have not yet been identified, adding that her team would appreciate feedback from this group and other stakeholders about what kind of targets they'd like to see.

## MEDICAID DIRECTOR'S UPDATE

Director Matney reminded the council of town halls will be held immediately following the council's meeting. Town halls for members occur every two weeks, providers have a town hall once a month. The cadence of these town halls is working well, especially with the big events going on at Medicaid, the onboarding of Molina Healthcare and the end of the federal public health emergency (PHE).

There have been reports of some providers sending notices to members saying their Medicaid coverage will end on April 1, 2023; Director Matney said that this is not the intent of the end of the continuous coverage requirement and the PHE unwind. Members do need to go through a redetermination process, but this does not necessarily mean they will lose their Medicaid coverage, and coverage for individuals will not automatically end on April 1, 2023. Liz asked the council to make sure their fellow providers and stakeholders amplified accurate information to the public.

In previous meetings Dr. Beeman raised concerns about the composition of the council. The Department is working with necessary entities including entities that are appointing members to the board. Director Matney stated that she would be following up with Dr. Beeman to discuss issues with

pecuniary interest. Some positions on the council will be opening for appointment later this calendar year.

Director Matney discussed work the Department has been undertaking to review provider reimbursement rates and communicate recommended rate increases to the legislature. This rate review has three main components: medical provider rates, residential substance use provider rates, and dental rates. Benchmarks for rates included Medicare and Medicaid programs in surrounding states. Liz cited Mental and Behavioral Health as areas of specific interest in the rate review.

## IMPLEMENTATION UPDATE FROM MOLINA HEALTHCARE

Jennifer Vermeer, Plan President Molina Healthcare (Molina), gave an update on the implementation of Molina Healthcare. Jennifer gave some background on Molina as a company, starting as a neighborhood clinic, the company has managed care contracts in 20 states, Medicaid accounts for about 85 percent of Molina's business. Molina has already completed one phase of provider claims testing and will shortly begin a second phase.

Jennifer said that most of her leadership team has been in place since October of 2022, and they have been busy building out the infrastructure for Molina's plan since then. Jennifer said the plan is paying particularly close attention to their claim's configuration. Molina is working hard to build out their network of providers; Jennifer says she believes most providers in Iowa should have received a contract packet from Molina and asked anyone on the call who has not received a packet to contact her.

## MANAGED CARE PLAN (MCP) UPDATES

### **Delta Dental of Iowa (DDIA)**

Nicole Miller, DDIA, provided an update, starting by noting DDIA's access rate for Dental Wellness Plan (DWP) adults is 24 percent; and DDIA's access rate for DWP kids is 46 percent; DDIA's access rate for Hawki kids is 57 percent. DDIA is sending dental kits to 19- and 20-year-old members enrolled in the DWP. The kit includes a toothbrush and toothpaste, as well as general information about oral health. The information in the kit also includes instructions for finding a dentist and contacting DDIA if the member needs assistance finding a provider or coordinating care. DDIA has a second project for children in the DWP and Hawki programs, with the intent to increase fluoride treatments in this population. DDIA is working with a tele-dentistry company, starting by sending a dental kit very similar to the first one mentioned. The kit includes a QR code to schedule an appointment once a fluoride kit has been sent to the member's house. The member and parents or guardians will meet virtually with a licensed dentist and apply the fluoride on the call with the dentist.

The DDIA Foundation provides educational loan repayment assistance to dentists through their program Fulfilling Iowa's Need for Dentists (FIND). Nicole highlighted a recent recipient of this assistance: Dr. Daniel Binkowski in Story City, IA. Dr. Binkowski will receive \$125,000 in return for a five-year commitment to serve the patients in his local community. The DDIA Foundation has also provide a \$150,000 grant to Center Associates in Marshalltown, IA. Center Associates provides high quality and comprehensive mental health services to the residents of Marshall and Hardin counties.

## **MCNA**

Kendra Aracena, MCNA Dental, provided an update. MCNA has updated their fee schedules to a minimum of 110 percent of the state Medicaid fee schedule for all services for dates of service starting October 1, 2022. Additionally, MCNA wants to target preventive services, so these services now reimburse at 120 percent of the state Medicaid fee schedule.

Kendra then addressed MCNA's value-based payment programs. The first program pays providers a ten-dollar incentive for ensuring continuity of care through timely recall visits. Providers receive an additional ten dollars when they see an MCNA patient between 175 and 235 days from the members first exam. The second value-based payment rewards providers for establishing a dental home. MCNA's data analysis shows that many members seek episodic oral health care and do not return for routine periodic care. MCNA wants to recognize and reward providers for establishing a dental home for these members. Providers who conduct a comprehensive patient exam or a comprehensive periodontal exam receive a 20-dollar reward from MCNA.

## **Iowa Total Care**

Stacie Maass gave an update for ITC. Stacie began by discussing the end of continuous coverage requirements as part of the PHE. Ending these requirements is a big project requiring intensive collaboration between ITC, Iowa Medicaid, Amerigroup, MCNA, DDIA and Molina. Stacie turned to discussing ITC programs addressing social determinants of health (SDOH). ITC has developed a data dashboard showing analysis of information related to SDOH: mental health access, medical access, domestic abuse, housing, employment, food safety. ITC is trying to track these needs in their member population and assess what programs they can implement to address these issues outside the regular Medicaid program. ITC has resource specialists that help locate housing and employment resources for members. highlighting the ongoing work to plan the transition out of the PHE. ITC is working on implementing the rate increases passed during the spring legislative session. ITC is collaborating with Iowa Medicaid to distribute American Rescue Plan Act (ARPA) funds to providers. ITC continues to participate in regular meetings discussing operational and strategic ways to improve the Medicaid program, address work force issues and members access to services. Stacie discussed the work of ITC's quality team, both internally and in public facing settings. A major goal of the quality team is to improve member health outcomes. Part of this work is ITC's focus on health equities and SDOH. ITC is analyzing the impact of existing programs and searching for new ways to connect with members.

ITC has a large pay for performance program with 25,000 providers participating. ITC's provider engagement team meets with providers participating in the program to develop reporting specific to each provider to help them match some of the care gaps of the providers membership. Following up on some of these meetings, ITC has developed incentives for home- and community-based service (HCBS) providers. These HCBS incentives launched last year, and they incentivize providers to actively address factors to reduce homelessness, support employment and follow up hospitalization and mental illness. Stacie finished her update on ITC efforts in the area of SDOH by highlighting a community health fair held at Corinthian Baptist Church. The event was held on Saturday, March 25, 2023 from 11:00 AM to 3:00 PM. The first thousand households will be given a free bag of produce. ITC is one of several entities

partnering on the event, including Broadlawns, Hy-Vee, and 25 other community partners. The community health fair

Stacie previously reported that ITC applied for a health equity accreditation from the National Committee for Quality Assurance (NCQA). ITC was awarded this accreditation in February.

Stacie finished her report by updating the council on ITC's doula pilot program. ITC looked at zip codes that had a higher-than-average maternal rates and unfavorable maternal health rates. ITC identified three counties with the highest negative early birth rates: Muscatine, Polk, and Johnson Counties. The program includes three visits pre-birth educational visits, in person birthing support, three visits after birth, and breastfeeding support on twenty-four hour call up until 37 weeks after birth. So far, the program has 24 members, eight births, all healthy.

### **Amerigroup Iowa, Inc.**

John McCalley, Amerigroup, began his update by noting the ongoing work collaborative efforts between Amerigroup and Iowa Medicaid to prepare for the end of the PHE.

Last August, Amerigroup was awarded a new contract with Iowa Medicaid's managed care program. The new contract period will begin July 1, 2023. Ahead of this new contract period, Amerigroup is updating their value-added benefits to align with their Health Equity Plan. Amerigroup is expanding their Quality Incentive Programs (QIP) to identify what more can be done within their provider network to address SDOH. The first such incentive program is the obstetrics QIP, previously reported with two providers, now has eleven members and is expected to grow even further in coming months. Amerigroup is launching food provider and housing provider incentive programs, contracting this year and implementing in 2024. Finally, in preparation for the new contract, Amerigroup has launched an upgraded case management platform for care coordinators, to lower caseloads for long-term services and supports (LTSS) case managers.

Amerigroup is preparing outreach measures for Iowa Medicaid members as part of the PHE unwind and the end of the continuous coverage requirement. In March, Amerigroup sent postcards to members advising them to watch their mail and encouraging members to be alert for changes in the program and to open letters that Iowa Medicaid sends to them.

Amerigroup is supporting the onboarding of Molina by monitoring the membership realignment and preparing to share LTSS care plans for LTSS members that may transfer from Amerigroup to different MCOs.

Amerigroup has a few initiatives tied to their health equity plan, including a doula program, which just launched a second pilot project in rural southwest Iowa. Additionally, Amerigroup is building a new prevention and vaccination health equity initiative, informed by their experience with vaccination rates as they were tracked through the PHE.

Amerigroup continues its work on social determinants of health (SDOH): their Champ Housing Stability Initiative has now helped 906 Amerigroup members transition from homelessness to safe affordable housing or avoid eviction. Amerigroup has partnered with the Iowa Chronic Care Consortium; they are finalizing the production of five new online community health worker continues education modules and

expect the first module to launch in the second quarter of 2023. Building on this experience Amerigroup has partnered with the University of Iowa Center for Excellence in Developmental Disabilities (UCEDD) to build a health equity training webinar platform specifically for LTSS stakeholders, this platform should launch in the third quarter of 2023.

Amerigroup continues to work on the transition of members from the Glenwood Resource Center into community settings. Amerigroup's work on this is done in collaboration with the Glenwood Resource clinical teams, ITC's clinical teams, the Department's clinical teams and local providers. Part of this work is funding community transformation grants. Providers can apply for these grants if they are looking to expand capacity to make room for members transitioning from Glenwood Resource Center.

## MEDICAID UNWIND STRATEGIES

Anna Casteel, Iowa Department of Health and Human Services, gave an update on unwinding the federal PHE, specifically on efforts to unwind the continuous coverage requirement. Anna provided the council with some background, noting that to receive enhanced federal funds during the federal PHE, there was a requirement that Medicaid programs maintain member's eligibility during the PHE. This was known as the continuous coverage requirement. On December 29, 2022 congress passed the Consolidated Appropriations Act (CEA), which disconnects the continuous coverage requirement from the federal PHE and sets an end date for the continuous coverage requirement on March 31, 2023. The CEA also made some changes to the structure of the enhanced funding that states are receiving as part of maintaining Medicaid eligibility and implemented strict reporting guidelines with financial sanctions if the guidelines aren't followed. Additionally, the CEA included significant requirements around returned mail before states can terminate members coverage.

The federal PHE will end officially on May 11, 2023. The Department is continuing to work on releasing additional information and guidance on which flexibilities implemented during the PHE will stay in place, and which flexibilities will be unwound. Flexibilities anticipated to stay in place include telehealth, COVID-19 testing, and some expanded services for some members.

The Centers for Medicare and Medicaid Services (CMS) is requiring states to complete a full renewal of eligibility for most members at the end of the continuous coverage requirement, on March 31, 2023. Iowa Medicaid has 12 months to issue these renewals to members and 14 months to complete the review of these renewals. This will be a large effort due to the growth in Iowa Medicaid's enrollment in the past three years. The Department has spent considerable time and effort planning how these renewals will be sent and processed.

The Department has distributed the caseload of Medicaid renewals across a 12-month period, which means that most members will have a different renewal date this year than they did last year. This is done to ensure the Department complies with CMS's rules about when renewals can be sent, and to ensure the Department's income maintenance workers and field staff have an equal workload across months in future years.

CMS provided states with three options for when the 12-month renewal review period could begin, and Iowa selected the option that would allow us to start the earliest. Iowa's continuous coverage requirement unwinding began in February when we initiated the ex parte or the passive removal process

for renewals due in the month of April. Some of these members received renewal forms in February, but most of them received their forms in early March, this group all had a printed due date on their forms of April 5, 2023. This pattern will repeat each month, with passive renewal beginning and paper forms being sent to members in advance of their renewal due date. The Department anticipates about 50,000 cases going through redetermination each month over the next year. Anna highlighted this number of 50,000 cases each month saying that she has seen some inaccurate messaging sent to members by providers stating all members must complete their renewal by a given date in April.

The Department has carefully planned work and has developed several strategies to complete it, including overtime hours, shifting staffing resources based on specialization and need, and distributing renewals to be worked by staff across the state. The MCPs have begun assisting the Department with outreach campaigns to members. The Department has begun comparing addresses on file with the National Change of Address (NCOA) database maintained by the United States Postal Service (USPS). The Department has developed member and stakeholder toolkits, available online, and is increasing the use of social media and other forms of outreach to connect with members.

Once a member has completed and returned their renewal form to the Department a notice of decision or a notice of action will be sent to the member. These notices are required to be sent regardless of the outcome of the eligibility determination. In cases where the eligibility review results in a reduction or end to Medicaid benefits notices will be issued ten days prior to the effective date of the change in benefits. The earliest a Medicaid member may see their coverage end is May 1, 2023.

There is an eligibility dashboard on the Department's website showing enrollment data going back to 2019, and data related to the continuous coverage requirement unwind. The dashboard shows renewals received and processed by the Department as well as other workload metrics.

Lisa Rockhill, Northwest Iowa Care Connections, said that in her work with the Sioux Rivers Mental Health and Disability Services (MHDS) Region they are seeing members have some difficulty receiving and completing renewal packets, stating there is some delay in mail leaving Polk County and arriving in Lyon County. Anna said that one of the things the Department has asked of its field staff is to be lenient with regards to due dates during this unwinding period. CMS is closely monitoring members losing their benefits due to a failure to complete paperwork, or procedural denials.

Branden Hagen, Iowa Health Care Association, asked if there were any pattern to provider groups being unwound more quickly than others, or if the pattern would be random, or generic. Anna answered that the Department did try to think strategically issuing renewal packets, and that members for whom the Department has received some indication they may no longer be eligible for Medicaid would receive their packets first. For example, if the Department had received a report that a member was now over the program's income limits, they would be likely to receive a renewal packet earlier in the process than later. Branden then asked about cases where providers have been submitting renewal information on behalf of members in the past 12 months. Anna said that cases where members have recently renewed their eligibility, they will be more likely to be issued their renewal packets later in the unwind process. Branden asked if providers would be able to review members upcoming renewal dates in the Iowa Medicaid Portal Access (IMPA) platform. Anna said that yes, this capability would remain in place.

## DENTAL REQUEST FOR PROPOSAL (RFP)

Katie McBurney, Iowa Medicaid, gave an update on the upcoming RFP for a third dental Pre-Ambulatory Health Plan (PAHP) and discussing Iowa Medicaid's dental strategy. Over the last six months the Department has been working with a diverse group of stakeholders to discuss issues and concerns within the Medicaid dental program, particularly related to access to care. A stakeholder workgroup was held, in person, in September of 2022; since then, five more stakeholder sessions have been held. Katie and her colleague Heather Miller have begun working through the feedback from these sessions. Additionally, the Department has released an RFP for State Fiscal Year 2025 for a third PAHP.

Dental reimbursement is one of the first things staff are looking at adjusting, particularly for adult members. Katie said they are looking at the dental benefit package and looking at adjusting reduce administrative burden and increase reimbursement for services that are typically harder to get. Some of these services are preventive, and others are medically necessary, such as tooth extractions. Another area that's being looked at is orthodontia benefits, making it easier for providers and members to understand when they qualify for orthodontia. The Department is looking at expanding on programs that have been successful, such as the ISmile program. Another area of focus is access to anesthesia and oral surgery facilities.

Information related to the upcoming RFP can be found on the Department's website.

## OPEN DISCUSSION

There were no comments.

## ADJOURNMENT

Meeting adjourned at 3:17 PM.

Submitted by,  
Michael Kitzman  
Recording Secretary  
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