

## **Meeting Minutes February 25, 2022**

### **Call to Order and Roll Call**

Jason Haglund, Co-Chair of the Medical Assistance Advisory Council (MAAC), opened the meeting at 1:00 PM and introduced Angie Doyle-Scar who has been appointed Co-Chair as the Iowa Department of Public Health's (IDPH) designee. Angie called the roll. Attendance is reflected in the separate roll call sheet. A quorum was achieved.

### **Approval of Previous Meeting Minutes**

Angie called for a motion to approve minutes from the November 10, 2021, meeting. Brandon Hagen, Iowa Health Care Association, motioned for the minutes to be approved, the motion carried, and the minutes were approved.

### **Home Health Electronic Visit Verification (EVV) Stakeholder Meetings**

Lisa Cook, Iowa Medicaid, announced two Home Health stakeholder meetings: the first on Thursday, April 7, and the second on Thursday, May 5, from 4:30 to 5:30 PM. These meetings are intended to gather feedback from Home Health providers on the federally-mandated implementation of EVV. In addition to the stakeholder meetings, the Department has created a [Home Health Survey](#)<sup>1</sup> to gather information about the EVV systems providers currently have in place.

### **Five Year Iowa Administrative Rule Review Process**

Jennifer Steenblock, Iowa Medicaid, provided an overview of the five year administrative rule review process. State law requires each state agency to conduct a comprehensive review of their administrative rules. This law went into effect in 2012, Iowa Medicaid completed a review in 2017, and is in process of completing a review again in 2022. Iowa Medicaid is responsible for reviewing 28 chapters of administrative rules. The review is largely focused on technical changes and inaccuracies but will also flag any policy changes that need to be made. The review will be completed by April 22, 2022. This will allow time to prepare a report to the rules coordinator and the Administrative Rules Review Committee (ARRC). The report is due on July 1, 2022. Any necessary policy changes will be submitted in a comprehensive package to the Department of Human Services' Bureau of Policy Analysis by July 31, 2022.

Senator Mark Costello asked how the Department determines whether a rule needs to be changed to conform to current practice. Jennifer answered that it is often a matter of providing further clarity on the intention of the rule.

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<sup>1</sup> [https://dhs.iowa.gov/sites/default/files/Home\\_Health\\_Survey\\_2021.pdf](https://dhs.iowa.gov/sites/default/files/Home_Health_Survey_2021.pdf)

## Managed Care Organization (MCO) Quarterly Report Quarter 1 SFY 2022

Kurt Behrens, Iowa Medicaid, reviewed the [MCO Quarterly Report for Q1 SFY 22](#)<sup>2</sup>. Kurt began by noting that the reports for State Fiscal Year 2021 constituted a big overhaul in the way the reports are structured. Kurt asked for any feedback the Board may have on these reports, as February is when his team begins preparations for the next state fiscal year reporting. Kurt turned to enrollment numbers. There was an increase in membership by 12,164 members from SFY 21 Quarter 4, a 1.61 percent increase. Kurt called the Board's attention to page 5 of the report where his team has made a change separating out the M-CHIP Expansion members and the Hawki members. Previously these two numbers were aggregated. Liz Matney, Iowa Medicaid Director, highlighted statistics showing members enrolled in intermediate care facilities for individuals with intellectual disabilities (ICF/IDs). Liz stated that decrease from Q4 to Q1 is due to an increased movement of members from these facilities out into the community with Home- and Community-Based Services (HCBS) providers. Liz also called attention to a slight uptick in Nursing Facility (NF) enrollments, but that overall, these numbers have declined since the Public Health Emergency (PHE) began in March 2020. Kurt highlighted financials and claims before turning to prior authorizations (PAs), and grievances and appeals, the MCO Children Summary, Long-Term Services and Supports (LTSS), and Call Center Performance Metrics.

Regarding claims, Brandon asked what constitutes a suspended claim, and if there is a timeframe in which a suspended claim needs to be moved out of suspension and either paid or denied. Kurt answered that a claim that needs no additional paperwork or review upon submission is considered a "clean claim", otherwise the claim goes into suspended status. Kurt stated that there is no time limit per se for suspended claims, but that the metric Average Days to Pay will reflect claims held in suspended status. Liz added that suspended claims require additional paperwork, but once additional paperwork is received the claim is subject to the "clean claim" requirement of paying within 30 or 45 days. Regarding LTSS, Liz noted that there were some reductions in services provided to members enrolled in HCBS programs, and that a significant portion of these decreases is due to workforce shortages.

Kurt presented updates to [the Iowa Medicaid Infographic](#)<sup>3</sup>. The Infographic is not required by legislation, but was created in the past few years through a grant with the Centers for Medicare and Medicaid Services (CMS). Kurt noted how he had formatted the infographic to show membership enrolled in three main groups: traditional Medicaid, the Iowa Health and Wellness Plan (IHAWP), and the Children's Health Insurance Program (CHIP). The infographic now shows more information about medical and dental coverage programs. Finally, the infographic shows some claims data.

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<sup>2</sup> [https://dhs.iowa.gov/sites/default/files/Q1\\_SF2022-Report\\_Final.pdf](https://dhs.iowa.gov/sites/default/files/Q1_SF2022-Report_Final.pdf)

<sup>3</sup> [Infographic.xlsx \(iowa.gov\)](#)

In regard to HCBS provider workforce shortages, Brandon asked whether documentation requirements could be streamlined, reducing the workload of providers. Liz answered that the Policy Bureau has already begun the process of addressing documentation requirements and has identified some areas of the issue to target. Paula Motsinger, Iowa Medicaid, added that her team is working to identify where checklists can be used versus the current narrative documentation requirements.

### **Medicaid Director's Update**

Liz began her update by discussing [a request for proposal \(RFP\) the Department issued last week for a MCO](#)<sup>4</sup>. Liz highlighted a section of the RFP regarding network adequacy, mentioning that the section incorporates feedback from Dr. David Beeman as revisions to network adequacy standards.

The Department has several ongoing workgroups regarding the authorization of services. One of these groups is focused on PAs; the PA workgroup has a goal of lifting as much administrative burden from providers as possible. The Department is targeting behavioral health, durable medical equipment, and home health codes for the first phase of the PA streamlining process.

The federal PHE is likely to end in July. The Department is working to prepare for the end of the PHE: developing eligibility redetermination processes; developing communication strategies for members, providers, and stakeholders; and determining which service flexibilities implemented during the PHE will be preserved. Liz specifically mentioned telehealth services for mental health providers as a flexibility that will be preserved.

Liz turned to discussing the HCBS provider workforce shortage across the state. The Department has submitted an enhanced HCBS spending plan to the CMS. CMS has previously approved the State's overall HCBS plan, but still needs to approve the spending plan. Once approved the Department will issue recruitment and retention grants.

Marcie Strouse, public member, asked about member eligibility redetermination; specifically, the Department's plans to communicate options to members that may be disenrolled from the Medicaid program. Liz answered that the Department is working on that issue, and added that disenrollments will not be immediate following the end of the PHE. The Department is working with federal Health and Human Services (HHS) partners to send disenrolled members directly to the federal health insurance marketplace. Marcie stated that she asked about the issue because she is concerned members may choose a plan that does not provide for their needs. Amela Alibasic, Iowa Medicaid, acknowledged the validity of Marcie's concerns, and added that her team has been developing strategies to ease the

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<sup>4</sup> [PROC/DAS Bidding Opportunities | Iowa Department of Administrative Services](#)

burden on members and make their transition from Medicaid into a private insurance plan as seamless as possible.

Dr. Amy Shriver, public member, thanked Liz for the work to streamline PAs, citing personal experience with the difficulty of getting customized wheelchairs approved for her patients. Dr. Shriver also thanked Liz for extending the telehealth flexibility for mental health services.

### Amerigroup Iowa, Inc.

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

John McCalley, of Amerigroup Iowa, Inc. (Amerigroup), presented Amerigroup's update. John congratulated Angie on her appointment as the designee of the IDPH to this council. John began his update by reviewing highlights of Amerigroup's activities in 2021. Amerigroup expanded their value-based agreement systems by adding the community pharmacy enhanced network (CPEN). Amerigroup's CPEN is a network of pharmacists that provide a level of case management services for their members experiencing difficulty with certain issues, such as controlling diabetes, controlling asthma, and behavioral health matters. In 2021, Amerigroup launched population health initiatives, which is work focused on chronic conditions, like diabetes and asthma, but also focusing on supporting pregnant mothers and children in the maternal child health area. Amerigroup's population health initiatives also include partnering with the State's Mental Health and Disability Services (MHDS) Regions providers and Iowa Total Care to get community integration projects moving. John stated that Amerigroup's population health initiatives highlight Amerigroup's integrated case management, which sees both behavioral health and physical health case management teams working together. John then turned to Amerigroup's efforts in improving social determinants of health (SDOH) for Iowa Medicaid members. Amerigroup considers housing to be a healthcare issue; between 2019 and the end of 2021, Amerigroup has invested \$3.9 million to support their members who are housing insecure, or even houseless. In addition, Amerigroup's Anthem Foundation has invested \$804,000 over the past three years, largely focused on donations to the Boys and Girls Club of America, and disease-oriented advocacy organizations like the American Heart Association and the American Cancer Association. In the context of the PHE, Amerigroup contacted 202,000 of their members directly, with a focus on individuals who were most likely to be at risk of contracting the virus. In 2021, Amerigroup piloted a new partnership with the Iowa Chronic Care Consortium and Des Moines Area Community College (DMACC) aimed at addressing the lack of community health workers in Iowa. This partnership has trained 100 new community health workers. In 2021, Amerigroup completed their National Committee for Quality Assurance (NCQA) accreditation, which now includes a 100% accreditation score for LTSS case management, as well as previously achieved accreditation in Medicaid MCO and multicultural healthcare distinctions.

Turning to 2022, John announced Amerigroup will be launching a new Health Equity Plan. Building off their SDOH and population health programs, Amerigroup will implement work plans around seven main chronic conditions. Amerigroup will review their Healthcare Effectiveness Data and Information Set (HEDIS) data to find statistically significant health disparities that they can address with member-level interventions. These interventions are aimed at improving the member's chronic conditions, such as diabetes or asthma.

### **Iowa Total Care (ITC)**

Mitch Wasden, ITC CEO, began his update by highlighting ITC's active participation in the Iowa Medicaid town halls and listening sessions. ITC is participating in several work groups with Iowa Medicaid leading to several initiatives. One such example is an effort to reduce the burden PAs place on providers. ITC is working to eliminate PAs that are approved at a high rate. This month ITC launched a CareBridge product called 24/7; LTSS members at high risk are given a tablet which will connect the member to a clinician if they have any issues. Mitch shared a success story from this program wherein a member being trained on the use of the tablet was diagnosed with an easily curable condition that otherwise would have led to the member going to the emergency room. Mitch turned to ITC's efforts regarding SDOH. ITC has added a connection to their member portal with a vendor that will help match members with potential employers and improve their resumé and interviewing skills.

### **Open Discussion**

Dr. Beeman had previously met with Liz and Department of Human Services Director Kelly Garcia, in that meeting he raised concerns about the state of Iowa's Children's Mental Health system, citing closures of facilities, and concerns that all qualified residential treatment programs (QRTPs) may close by July of 2022. Dr. Beeman asked if he could be provided with an update on this issue to take back to the Iowa Psychological Association, specifically looking for strategies to address concerns he raised. Liz answered that she would provide him with an update offline, but that she could assure him that not all QRTP facilities would close. Dr. Beeman asked if there would be any movement from the legislature on this issue, specifically increasing Medicaid funding to improve QRTPs and Psychiatric Medical Institutions for Children (PMICs). Liz answered that she did not disagree with the need for increased funding, but PMICs did receive a large investment in 2021 that would increase their rates. On the QRTP side, Liz stated she and Director Garcia have been discussing strategies the Department could implement.

Cheryll Jones, Iowa Chapter of the National Association of Pediatric Nurse Practitioners (NAPNAP), praised Amerigroup for their work with housing insecurity. Cheryll commented that the workforce shortage is keenly felt across the state, and that often the loss of one provider is the loss of services for a community.

### **Adjournment**

Meeting adjourned at 3:42 PM.

Submitted by,  
Michael Kitzman  
Recording Secretary  
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