

Meeting Minutes May 19, 2022

Call to Order and Roll Call

MAAC Chair Angie Doyle-Scar, Iowa Department of Public Health (IDPH), called the meeting to order at 1:00 PM. Angie then 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 May 19, 2022, meeting. Shelly Chandler, Iowa Association of Community Providers, moved to approve the minutes, John Dooley seconded the motion, the motion carried, and the minutes were approved.

Upcoming Professional and Business Entities Election

Michael Kitzman, Iowa Medicaid, discussed the upcoming election of voting members to the MAAC from among the Professional and Business Entities as laid out in Iowa Administrative Code. Michael distributed ballots to eligible entities shortly before the meeting began. Michael asked representatives to return their ballots to him by 5:00 PM on June 17, 2022. The ballot allows representatives to select five entities to hold voting member seats. The three organizations with the most votes will be elected to these seats. Currently these three seats are held by: the Iowa Pharmacy Association; the Iowa Hospital Association; and the Iowa Healthcare Association. Once elected entities will begin their term as voting members of the MAAC on July 1, 2022, serving until June 30, 2024. In the case of a tie, run-off ballots will be distributed to be returned before July 1, 2022.

Managed Care Organization (MCO) Quarterly Report Quarter 2 SFY 2022

Kurt Behrens, Iowa Medicaid, reviewed the [MCO Quarterly Report for Q2 SFY 22](#)¹. Kurt began by reviewing the MCO Member Summary, for this quarter MCOs had 775,507 members enrolled, this represents a 1.21 percent increase over the previous quarter. The estimate of the annual Medical Loss Ratio (MLR) as of Q2 SFY 22, combined for both MCOs, was 88.2 percent. Kurt noted that this is an estimate, and the actual MLR for SFY 21 will not be available until September 2022.

Kurt moved on to discuss pharmacy prior authorizations (PAs), federal guidelines require 100 percent of these to be completed within 24 hours. For December, Amerigroup Iowa, Inc. (Amerigroup) completed 8,399 of 8,404, or 99.9 percent within the 24-hour window. Iowa Total Care (ITC) completed 4,880 of 4,882, or 99.9 percent, in October. In November ITC completed 5,606 of 5,613, or 99.8 percent, within the 24-hour window. In November, ITC determined they had insufficient staffing levels to address the workload. ITC has since increased and redirected staff to address this issue.

¹ https://dhs.iowa.gov/sites/default/files/Q2_SF2022_Report.pdf

Value Added services were discussed next, highlighting ITC's vaccination outreach efforts, noting an increase from 759 to 14,683 ITC members who received a flu shot.

Kurt then turned to discussing Call Center Performance Metrics, specifically for Non-Emergency Medical Transportation (NEMT) helplines. Both MCOs use the same vendor, Access2Care, for NEMT services. The State requires NEMT Helplines to meet an 80 percent service level, and call abandonment rates must be 5 percent or less. In October, Amerigroup's service levels were at 47.7 percent with an abandonment rate of 6.56 percent. For the same month, ITC's service levels were at 45.36 percent, with an abandonment rate of 4.83 percent. These October service levels are due to high turnover and absenteeism of Access2Care's call center staff, combined with high call volumes and increased handle times. ITC noted that they had sent a notice of noncompliance to Access2Care, requested a remediation plan, and issued a penalty. Access2Care's remedies included continued hiring, re-instituting a regional service model, reinforcing quality, re-training staff, and developing incentive programs to encourage attendance and boost productivity. Access2Care went on to meet the required metrics in November and December of 2021.

As requested by stakeholders, Kurt's team has developed new templates to track children's mental health metrics for the MCO Children's Summary section of the Managed Care Quarterly Report. These templates will focus on Mental Health Diagnosis, and Mental Health Treatment and Services.

Dr. Amy Shriver praised these additions to the quarterly report, adding that a couple of the diagnoses listed as mental health issues are considered neurodevelopment conditions rather than mental health, but still important to measure. Kurt asked Dr. Shriver if she would like to see a template with ICD-10 codes included, Dr. Shriver said yes.

Angie asked if mental health questions were included on Iowa Medicaid's social determinants of health (SDOH) screening tool, Kurt said these questions were included. Angie requested a breakdown of self-reporting compared to diagnosis from these data sources, adding that in public health they are aware of differences between self-reporting data and data from formal diagnoses. Kurt said he would look into this request. Kurt added that the Department is planning to tie a lot of this mental health information into the SDOH dashboard available on the Department's website.

Shelly said she appreciated the focus on mental health and the coming efforts to document different treatments and services that are available that members utilize. Shelly said she would be interested to see trends in these areas from quarter to quarter, specifically trends regarding usage of emergency department (ED) and inpatient hospitalization services compared with community-based services.

Dr. Shriver commented that she is interested in the data science of these mental health issues as they relate to SDOH, stating that poverty is an SDOH metric that can impact mental health, but not all children in poverty report mental health issues. She stated she

would be interested to identify protective vectors for mental health issues. In Dr. Shriver's experience children and adolescents involved in activities outside of school have fewer mental health issues.

Medicaid Director's Update

Liz Matney, Director of Iowa Medicaid, began her update by discussing the Federal Public Health Emergency (PHE). The Department was not given notice that the Federal PHE would end on July 16, 2022, it is likely the PHE will extend through the rest of 2022. Liz discussed the Department's plans for the eventual end of the PHE, highlighting work that needs to be done regarding eligibility reviews and evaluating which service flexibilities the Department will preserve after the PHE.

Dennis Tibben, Iowa Medical Society, asked if there would be dramatic changes to the package of covered telehealth services from the draft package previously shared by the Department. Liz answered that there may be some additional codes, but there would not be significant changes to the draft package.

The Department has contracted Mathematica and the Harkin Institute to evaluate the State's behavioral health, disability, and aging systems. The Harkin Institute and Mathematica have convened a consumer advisory board. The majority of this board's members are also Medicaid members. Members of this consumer advisory board live in various places around the state and have an array of different diagnoses or identified disabilities, which is important to inform their work. Mathematica and the Harkin Institute are developing a series of listening sessions to be held across the state later this summer. These listening sessions will be held in various cities around the state, in person; virtual listening sessions will be hosted as well to provide access for those who may not have an easy time traveling or may not be able to attend in person. The Department is working on providing Mathematica with data they need to perform a sophisticated analysis of the program's utilization data. The goal of this analysis is to identify geographic differences in service utilization. Additionally, the Department hopes to find a way to identify members with unmet needs before they require crisis services such as the emergency department. Mathematica and the Harkin Institute are also performing a comprehensive review of the Federal and State regulations governing Iowa's Medicaid program; they will then look for opportunities and best practices other states are leveraging that would work in Iowa.

Liz gave some updates regarding the Department's Home- and Community-Based Services (HCBS) Spending Plan. The Department has provided about \$76 million in recruitment and retention grants to HCBS providers, with additional rounds of funding planned for later this year. These funds come from the American Rescue Plan Act (ARPA) and are to be used to support community-based providers. The Department is making progress in developing a community neural-restorative pilot program for children. Currently the state of Iowa has community neural-restorative services for adults, but not for children. Many of the children that need these services end up going out of the state. The Department would like to be able to stand up some of these services in the state of Iowa so that children can stay closer

to their homes and support networks. The Department will eventually release a request for proposal (RFP) related to this topic. Similarly, the Department is looking into developing a pilot program for therapeutic foster care.

Angie asked if Liz would be sharing the recommendations that come out of the work performed by Mathematica and the Harkin Institute; Liz said she would.

Dr. Shriver said she appreciated that Medicaid members are being given a voice, on the consumer advisory board. Liz agreed that it is important to give Medicaid members a voice, because ultimately the system needs to be built to serve their needs.

The Department is monitoring the end of this year's legislative season. Medicaid staff are preparing for the legislature to pass rate increases, potentially allowing increased rates to take effect July 1, 2022.

Updates from the MCOs

Amerigroup Iowa, Inc. (Amerigroup)

John McCalley presented Amerigroup's update. Amerigroup opened their West Des Moines office for the first time, entering a hybrid work model where staff will work partly from home and partly from the office. Field staff, case management staff, behavioral health staff, physical health and Long-Term Services and Support (LTSS) staff will remain working from home, as well as LTSS staff.

Regarding the PHE, Amerigroup continues to follow the direction and leadership of Iowa Medicaid. Internally, Amerigroup is scheduling safety trainings with their staff, and performing outreach to members that may not be vaccinated. Amerigroup is working closely with the Department to initiate and track post-PHE communications to their members.

John then discussed the State's community-integration strategy, specifically as it relates to the State Resource Centers. Amerigroup is collaborating in this work with Iowa Medicaid, the Mental Health and Disability Services (MHDS) Regions program, and ITC. An intensive residential service home is coming online this month. Amerigroup expects one or two more providers to come online very early this summer, potentially in June. Amerigroup has begun fast tracking credentials and contracting for providers working in this space. Amerigroup recognizes that there will be an increased demand on HCBS providers across the state and is moving to assist providers entering this market. Last December, Amerigroup launched a series of new capacity building grants; three providers have received these grants. The grants are focused on helping HCBS providers build capacity to serve members transitioning out of the State's Resource Centers. 68.1 percent of

Amerigroup LTSS members receive services from HCBS providers rather than institutional providers; the State's standard is 65 percent.

Amerigroup has submitted a Health Equity Population Health Plan to the State; launching July 1, 2022, the plan will continue through June of 2025. Amerigroup is preparing for the launch; they have begun tracking data associated with the plan and are creating dashboards to track the plan's progress. Amerigroup has included opportunities for stakeholder engagement in their plan and is seeking to have stakeholders serve on a Health Equity Taskforce.

John then provided updates on Amerigroup's efforts around SDOH. Amerigroup's Champ Housing Stability Initiative continues to serve members who are housing insecure, with over 600 Amerigroup members in the program. The initiative helps members to avoid eviction or transition out of homelessness into stable affordable housing. Amerigroup has seen a significant increase in demand across the state due to economic shifts and policy changes. Amerigroup is preparing to launch their second year of community health worker training in partnership with the Iowa Chronic Care Consortium. They are in the final stages of designing this second year of trainings, which will launch in the third or fourth quarter of this year. Amerigroup launched a new partnership with the Iowa Black Doula Collective; providing grants for the collective to train 30 black doulas from around the state to support individuals in their community.

Angie asked John if they have identified member stakeholders for the Health Equity Task Force. Amerigroup has a goal of appointing 20 members to the task force, and currently has 17. John stated there is a good geographic distribution of these members, as well as representation from diverse genders, races and ethnicities, and gender identities.

Dr. Shriver voiced her support for Amerigroup's efforts on transitional care, emphasizing the importance of programs such as Reach Out and Read and Amerigroup's Healthy Families Initiative.

Iowa Total Care (ITC)

Mitch Wasden, ITC CEO, provided an update for ITC, beginning with an update on ITC's preparations for the unwinding of the federal PHE. ITC is developing communication plans for their members, including text campaigns, email campaigns, and web updates. ITC has made concerted efforts to find good contact information for their membership, and now has 190,000 members they can communicate with via text. ITC has had several successful text-based communication campaigns in the past year, Mitch gave medication adherence and COVID-19 vaccination outreach as examples. ITC reports only six percent of members opt out of their texting campaigns.

ITC has been developing a "pay for performance" program for HCBS providers. This program pays HCBS providers for things like helping members find stable housing, or community employment or for things like follow up after hospitalization for mental illnesses.

ITC has partnered with First Corinthian Baptist Church and Broadlawns Medical Center in Des Moines to develop a program in the SDOH space that focuses on diabetes and hypertension for underserved communities. Broadlawns will train community health workers from First Corinthian Baptist Church, and ITC will provide case management support. Mitch said ITC would report on this initiative at coming MAAC meetings.

ITC has rolled out a telehealth service app called Babylon, free to their members. The app will allow members to have free telehealth visits with healthcare professionals. ITC reports over 17,000 visits through the Babylon app, 9,000 of which were behavioral health appointments. This service is available twenty-four hours a day, seven days a week. General medicine visits are typically connected within 45 minutes, behavioral health appointments are scheduled within three to five days.

Mitch said that a primary focus of his team is investigating how care management can positively impact Medicaid members. ITC's Start Smart for Baby program, which is designed to ensure members enroll in prenatal care, reports an 8 percent decrease in newborn intensive care unit (NICU) stays for members enrolled in the program. On the topic of NICU stays, ITC is launching a program supporting doula services in Johnson, Polk, and Muscatine Counties. ITC has found members in these counties are at a higher risk for low birth weights. ITC's goal for the doula program is to investigate whether providing doula services pre- and post- delivery can positively impact these outcomes. Mitch said they expect to have data in a year or so.

Mitch closed his update with a story about a member who was in a State Resource Facility. The member had made several attempts to integrate into their community but was unsuccessful. After their most recent unsuccessful attempt, the member ended up in an emergency room in southeast Iowa. The member was diagnosed with late-stage dementia and terminal agitation, at this time the diagnosis indicated the hospital should not take measures to sustain life. Hospital staff believed the member was likely to pass away. For 19 days the member subsisted solely on intravenous fluids. The member's case manager and some patient advocates at the hospital pushed for a second opinion on the member's diagnosis. The case manager decided she was going to just visit the member and try to feed them solid food while they were in the hospital. After quite some time of doing this the member responded to the solid food, and eventually began to feed themselves. The case manager and others worked with the University of Iowa Clinics to have the member transferred. The member's condition stabilized, they were able to return to Woodward and achieve their baseline health before this episode. Mitch said this story emphasizes case manager's commitment to advocacy.

Dr. Shriver stated her appreciation for ITC's focus on prenatal care and care for mother and child in the first 1,000 days after birth. Mitch

Shelly thanked Mitch for implementing value-based contracting with HCBS providers, she recalled discussing this at their first meeting.

Shelly thanked both MCO's for their housing stabilization efforts, particularly for members transitioning out of State Resource Facilities. Shelly highlighted the grants provided to members to pay for their first month's rent, a flexibility that cannot be offered in traditional Medicaid.

Open Discussion

Cheryll Jones, Iowa Chapter of the National Association of Pediatric Nurse Practitioners (NAPNAP), applauded the efforts to collect data regarding children. Cheryl said her Southeast Iowa clinic works with a lot of children with neurodevelopment type disorders, particularly autism, and they have seen a dramatic rise in these diagnoses. Additionally, Cheryl said it is challenging to find mental and behavioral health resources for children, citing a lack of counselors, speech therapists and psychologists in her area.

Sarah Adams, Unified Therapy Services, raised concerns about communications sent to members regarding prior authorizations. Sarah said that her organization has seen cases where a prior authorization modified, triggering letters sent to the member and provider, the member's letter states that services were denied, the provider's letter states that services were partially denied, a further letter states services were partially approved, and the online portal states services were approved. Sarah requested clearer written communication from the MCOs. Mitch asked Sarah to send this issue directly to him.

Adjournment

Meeting adjourned at 2:26 PM.

Submitted by,
Michael Kitzman
Recording Secretary
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