



Medical Assistance Advisory Council (MAAC)

Meeting Minutes Thursday, November 17, 2022

CALL TO ORDER AND ROLL CALL

MAAC Co-Chair Angie Doyle Scar called the meeting to order at 1:00 PM. Angie called the roll and a quorum was achieved.

APPROVAL OF MEETING MINUTES

Angie called for a motion to approve minutes from the August 18, 2022, meeting. The motion carried and the minutes were approved.

MANAGED CARE ORGANIZATION (MCO) QUARTERLY REPORT

Kurt Behrens presented the executive summary of the MCO Quarter 4 (Q4) State Fiscal Year 2022 (SFY22) report. The report is a comprehensive review of key metrics focused on consumer protection, outcome achievement, and program integrity. Kurt noted that both Amerigroup and Iowa Total Care (ITC) saw an increase in appeals, and specifically pharmacy appeals, because of a change to the preferred drug list. Kurt then conducted a brief walk-through of the report itself. He highlighted data on the member enrollment page and stated that enrollment increased by 8,300 from Quarter 3 (Q3) to Q4 of SFY22, which follows previous trends. The report breaks this data down by MCO. Kurt briefly discussed the MCO financial summary and the change in medical loss ratio (MLR) from Q3 to Q4; and touched on the MCO claims universe, noting the approximately 7.4 million claims made and 193,000 prior authorizations occurring through the reporting period. The claims summary portion of the report is further broken down by MCO and by pharmacy and non-pharmacy claims. Kurt mentioned pharmacy prior authorization federal requirements and linked this portion back to pharmacy prior authorization data presented in the executive summary. Additionally, Kurt briefly noted the lists of reasons for grievances and appeals and linked this portion of the report back to data presented in the executive summary. The report also contains data on value-based purchasing (VBP) agreements and value-added services (VAS), as well as children covered by the MCOs. Kurt stated that Iowa Medicaid will begin including in the report data on substance use disorder (SUD), serious emotional disturbance (SED), and mental health. The report also contains data on long-term services and supports (LTSS) and call center performance metrics.

Kurt highlighted the non-emergency medical transportation (NEMT) helpline metrics and noted that ITC fell slightly under the required 80% service level. The report concludes with the provider network access summary and data on MCO program integrity. Kurt ended by presenting, and conducting a brief walk-through of, the Iowa Medicaid dashboard, which is scheduled to be deployed in July 2023. The interactive dashboard contains high-level information, common requests for information (RFI), and allows for deeper data analysis. Additionally, Iowa Medicaid plans to include dental and fee-for-service (FFS) data in the future. Angie added that the dashboard is a useful tool from a public health perspective.

Shelly Chandler, Iowa Association of Community Providers, noted that the dashboard presents information over time, allowing for deeper analysis than moment-in-time data. This is particularly useful for LTSS. Shelly also shared that the behavioral health data is especially useful, specifically as it pertains to hospitalizations, health outcomes, and foster care.

MEDICAID DIRECTOR'S UPDATE

Julie Lovelady, Medicaid Deputy Director, provided an update. Julie stated that federal officials did not send the anticipated 60-day notice last week for the end of the PHE, and the PHE will not end in January 2023. Iowa Medicaid expects the PHE to be renewed on January 11, 2023, and extend for another 90 days. Additionally, Iowa Medicaid expects the administration to provide a 60-day notice for the end of the PHE, which would come in February 2023 if the PHE is extended to April 2023.

Julie discussed Iowa Medicaid's planning efforts for returning to normal operations after the end of the PHE. A detailed plan is in the final stages of development and will outline Iowa Medicaid's approach to the PHE unwind. Earlier this month, Iowa Medicaid presented on the continuation of certain telehealth and home- and community-based services (HCBS) after the end of the PHE. Julie stated that Iowa Medicaid has incorporated member and provider feedback into the unwind plans, and that additional feedback is always welcome.

Julie then shifted to Molina onboarding. Iowa Medicaid held a kick-off meeting with Molina in October. Onboarding and training sessions also began in October. The Iowa Medicaid team developed these onboarding and training sessions to educate Molina's team on program policies and procedures, performance expectation, compliance requirements, and how Iowa Medicaid operates. Julie also discussed the readiness review component. An external quality review organization is tasked with developing methodology for reviewing Molina's systems, policies, procedures, and network adequacy, among other areas. Julie also strongly encouraged providers to complete end-to-end testing.

Julie briefly discussed the newly-formed Iowa Department of Health and Human Services (HHS). This month, the legacy Department of Human Services (DHS) and Iowa Department of Public Health (IDPH) websites will be combined into one HHS website. The website will follow the legacy DHS website format and will include all IDPH resources. This effort has two phases: combining the two websites; and a complete website overhaul based on end-user experience, with added functionality and enhanced accessibility.

Julie stated that Iowa Medicaid received approval of a good-faith effort exemption application in early November 2023, which will push full electronic visit verification (EVV) implementation to January 2024. This information is available on the website and will be published in an upcoming informational letter (IL).

Julie concluded by noting that Iowa Medicaid recently received national recognition. The National Association of Medicaid Directors (NAMd) recognized HHS for its national leadership in Medicaid workforce modernization and awarded Iowa Medicaid the 2022 NAMd Spotlight for Innovation Award for its critical efforts to implement new and creative ways to support staff amid hiring shortages and Medicaid member enrollment growth.

Shelly Chandler commented that providers will need access to provider manuals which will allow them to sign contracts with the full realm of knowledge of what those contracts entail. She asked that Iowa Medicaid approve and make the manuals available as soon as possible.

MCO UPDATES

John McCalley, Amerigroup, provided an update. Amerigroup was involved in the request-for-proposal (RFP) process through the spring and summer of 2022 and is deeply involved in the implementation of the new contract beginning July 1, 2023. Amerigroup continues to work with Iowa Medicaid on the PHE unwind planning by attending regular planning meetings and providing data reports as requested; and is working closely with Iowa Medicaid to assist with the Molina onboarding process.

John discussed Amerigroup's health equity plan which seeks to close statistically significant health disparities experienced by some members. The program emphasizes ingenuity and prevention. For example, Amerigroup has partnered with Metaware, a mobile community paramedic solution that works with local emergency medical technicians (EMT) to offer in-person care for high-risk members and those who do not see their primary care provider regularly. This partnership has launched in Polk and Blackhawk Counties and will expand to other counties in 2023. Amerigroup's health equity plan aligns with state priorities as outlined by DHS, IDPH, and the governor's office. The program focuses on chronic conditions such as diabetes and asthma; and low birth weight with lack of pre- and post-natal care, particularly

among black and African-American mothers and infants. John added that the program also focuses on behavioral health and substance use disorder among the black, African-American, and Latinx populations, and stressed that these issues are seen in both urban and rural areas. The health equity plan addresses access to HCBS for older adults and those with disabilities and will assist those members who wish to transition from facility-based to community-based care.

Amerigroup has created a community integration grant program for providers. John used Nishna in southwest Iowa as an example. Nishna recently expanded operations and used a grant to purchase a van, allowing them to serve more people in the Red Oak area. Additionally, Amerigroup continues to focus on COVID-19 vaccination awareness, especially with lower income members, through coalition building and partnerships with various organizations.

John discussed Amerigroup's work in the area of social determinants of health (SDOH). Amerigroup prevented the eviction of more than 770 members over the past 18 months. Amerigroup continues to work with the Iowa Chronic Condition Consortium to implement the first-ever community health worker continuing education program, and continues to target food insecurity by clinically partnering with the Double Up Food Bucks program, the Iowa State University extension with the Latinos Living Well program, and ISU's statewide community garden initiative. John added that Amerigroup recently received health equity accreditation from the National Committee for Quality Assurance (NCQA).

Stacie Maass, ITC, provided an update. Stacie stated that ITC continues collaborating with Iowa Medicaid to facilitate Molina's onboarding and identify opportunities for growth. One of ITC's current areas of focus is determining what programs to continue after the end of the PHE. ITC is looking at what programs and flexibilities are still being utilized by members, who would be impacted by the continuation or discontinuation of those programs, and whether ITC will implement programs to bridge the gaps. Stacie added that ITC is working on a provider rate increase based on recent legislation. This increase will become effective January 1, 2023, and is the result of a combined effort from Iowa Medicaid, the MCOs, and the provider community. Stacie also stated that ITC continues to use a strategic approach which allows members and providers to get the most out of the program.

ITC has provided more than 500 members with free tablets through their vendor CareBridge. Members can access services through CareBridge 24 hours a day, seven days a week, with the service acting as a telehealth mechanism. The CareBridge team can medically evaluate members remotely using the video function on the tablet. This is particularly useful for members who have concerns about leaving their homes. Additionally, the data plan associated with use of the tablet is free of charge to members. CareBridge assesses members' physical, environmental, social, and mental health needs; can write and send prescriptions to members' preferred pharmacies; and communicates directly with members' primary care providers.

Stacie mentioned the work ITC has done with SDOH. ITC has put a tremendous amount of effort into identifying member SDOH and creating a dashboard that captures the data. This work has identified needs in the areas of mental health access, medical access, domestic abuse, housing, employment, food insecurity, safety, transportation, utilities, clothing, and health literacy. It also provides a broader look at communities and their needs. Stacie then highlighted some beneficial community and provider collaborations, including Broadlawns Hospital and Corinthians Health Ambassador Program, as well as a collaboration between ITC and Peoples Clinic to schedule wellness visits and identify other local resources available to members. Furthermore, ITC is on track to submit their application for accreditation through NCQA. The period of accreditation would begin in January 2023.

Stacie concluded by sharing a member story. Recently, a member had a long hospital stay, and faced financial hardship after being discharged. ITC connected the member with community resources, helped them enroll in the food stamp program, and connected them with a food bank. The member also had concerns about missing family activities because of their medical condition, so ITC worked with the member's primary care physician to obtain a referral for cardiopulmonary rehabilitation. In a relatively short amount of time, the member reported that their condition and quality of life had improved significantly.

OPEN COMMENTS

Angie opened the floor for comments. Dave Beeman, Iowa Psychological Association, asked if there had been any movement or research done with regard to concerns he raised at the previous meeting over the makeup of the MAAC and whether the governor is following Iowa administrative code. MAAC Co-Chair Jason Haglund commented that this topic would be added to the agenda for the next MAAC meeting. Dave reiterated his concerns over diversity and inclusion as they pertain to the makeup of the committee and asked if there had been any contact with the attorney general's office to get their legal opinion. He also restated his concerns regarding how the MAAC fits in with federal code and what effect fiduciary interests may have on the committee. Dave then shared that he spoke with the ombudsman's office. The ombudsman agreed with Dave's concerns; however, the ombudsman does not have authority over the office of the governor.

Kady Reese raised a concern over the current availability of amoxicillin, particularly with the surge in pediatric respiratory illness. Providers are reporting shortages of liquid and chewable amoxicillin. Some providers are also reporting that Medicaid isn't covering the drug despite it being an allowable coverage. Julie Lovelady stated that Iowa Medicaid is working with Amerigroup and ITC to monitor the situation. Kady suggested that Iowa Medicaid and the MCOs explore some form of override option to make the drug more readily available.

Meeting adjourned at 2:24 PM.

The next meeting will be Thursday, March 23, 2023.

Submitted by John Riemenschneider

Recording Secretary

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