

Summary of Meeting Minutes February 24, 2021

Call to Order and Roll Call

Sara Reissetter, Iowa Department of Public Health and Chair of the Medical Assistance Advisory Council (MAAC), called roll at 1:01 P.M. Attendance is reflected in the separate roll call sheet. Jason announced a quorum.

Approval of Previous Meeting Minutes

Sarah called for a motion to approve minutes from the October 8, 2020, meeting. The minutes were approved.

Medicaid Director's Update

Julie Lovelady, Interim Medicaid Director, gave updates on the Iowa Medicaid program. Julie announced the U.S. Department of Health and Human Services (HHS) has extended the COVID-19 Public Health Emergency (PHE) another 90 days through April 20, 2021. This means that all of the waivers and flexibilities the Department currently has in place will continue at least through April 20, 2021. HHS will provide the Department with 60 days notice prior to the termination of the PHE; HHS has indicated they expect the PHE to extend through the rest of 2021.

The COVID-19 vaccine is a covered benefit, there is no prior authorization (PA) required to receive the vaccine, and there is no cost to members. Providers receive an administration fee for vaccinating members. Any questions providers may have regarding billing can be sent to IMEVaccineBilling@dhs.state.ia.us. The provider relief fund spending deadline has been extended through June 30, 2021.

Julie turned to an update regarding the Department's Managed Care (MC) program. The Centers for Medicare and Medicaid Services (CMS) has renewed the Department's waiver to operate the IA Healthlink MC program through March 31, 2026. Julie discussed changes to the contracts the Department has with Managed Care Organizations (MCOs) highlighting the following:

- Additional language regarding various relief payments available to providers during the COVID-19 PHE;
- MCOs are required to use the same Electronic Visit Verification (EVV) vendor, CareBridge;
- A new pay-for-performance measure around Social Determinants of Health (SDOH);
- MCOs must reprocess 90 percent of all claim errors within 30 calendar days, unless the MCO is implementing a system configuration change;

- The required Medical Loss Ratio (MLR) for MCOs has been adjusted from 88 percent to 89 percent for State Fiscal Year 2021 (SFY21).

Julie addressed the recent claims audit Iowa Total Care (ITC) underwent. In January 2020, the Department withheld \$44 million from ITC due to multiple inaccurate claims payments to providers. An outside vendor, Myers and Stauffer, worked with ITC to conduct a claims audit in two phases. The first phase, completed in December 2020, sampled claims for 13 specific providers with multiple payment issues. The second phase will verify ITC's claims system configuration corrections thorough analytics and sampling; this phase is expected to be completed by the end of March 2021. Myers and Stauffer will send preliminary findings to ITC as soon as they are developed so that ITC can work quickly to resolve issues.

EVV was implemented on January 1, 2021, and is required for all providers except for assisted living and residential care facilities, and health home providers; these providers will begin EVV at a later date. The Department allowed a 30-day grace period for providers to adjust. The MCOs worked very hard to contact providers and provide information regarding EVV. Claims not submitted through CareBridge will be denied.

The Department is now providing full Medicaid benefits to eligible adult citizens of the Marshall Islands and Micronesia living in Iowa. This is in accord with Section 208 of the 2021 Consolidated Appropriations Act (CAA), which adds Medicaid coverage for citizens of Palau, the Marshall Islands, and the Federated States of Micronesia living in the United States through the set of treaties known as the Compact of Free Association (COFA).

Shelly Chandler asked when the Department expects to report on the findings of the ITC claims audit. Julie stated that she could not state with certainty when the Department would be able to report, but expects to have the findings before the next MAAC meeting in May 2021.

Managed Care Quarterly Report: State Fiscal Year (SFY) 2021 Quarter 1

Kurt Behrens, Iowa Medicaid Enterprise (IME), Bureau of Managed Care, reviewed the report. Kurt noted there were significant changes made to the layout and information presented in the report. These changes were made in an effort to make the report easier to read and provide information requested by stakeholders. Kurt highlighted specific changes including: the report is now presented in a landscape format; it includes an additional two pages of information regarding Waiver Service Plans; historic information from previous quarters has been added to pages throughout the report to provide more context; information regarding Hawki members has been separated out; and information regarding Home- and Community-Based Services (HCBS) has been separated out.

Shelly Chandler and Dr. Amy Shriver both thanked Kurt and the Managed Care Bureau team for the changes to the report.

Children's Medicaid Dental Transition

Heather Miller, IME Bureau of Managed Care, presented on the transition of administration of children's Medicaid dental benefits from the Fee-for-Service (FFS) program to MC. The Department plans to implement this transition on July 1, 2021; after that date children's dental benefits will be administered by two Prepaid Ambulatory Health Plans (PAHPs): Delta Dental of Iowa (DDIA) and Managed Care of North America (MCNA). This transition will affect children ages 0 through 18. There will be no impact to members enrolled in the Hawki program. Members will have a choice between the PAHPs. The Department has developed an algorithm to ensure families are placed within the same PAHP. Members can request a change to their assigned PAHP through September 30, 2021. Beginning October 1, 2021, members must meet "good cause" reasons in order to switch to a different PAHP. Members will have an annual choice period where they can change PAHPs. Members will be sent notification of the transition in March 2021.

Updates from the MCOs

Amerigroup Iowa, Inc.

John McCalley, of Amerigroup Iowa, Inc. (Amerigroup), presented Amerigroup's update. John began by discussing Amerigroup's response to COVID-19 and the Anthem Foundation's work in 2020 and 2021 on SDOH and health disparities management. Amerigroup continues to work with the IME on processing enhanced CARES Act payments to providers. Amerigroup and the IME have been discussing rollout of COVID-19 vaccine distribution, especially to homebound individuals and other members who may not be able to access the vaccine on their own. Amerigroup has several projects addressing SDOH. One of Amerigroup's projects is a partnership with Monroe Elementary School that the Anthem Foundation is using to test programs targeting homelessness diversion and food insecurity. Amerigroup has established similar partnerships in four counties and plans to expand to 23 counties across Iowa in 2021. Amerigroup has found that one issue SDOH members often struggle with is employment or underemployment. Amerigroup has collaborated with Project Iowa to provide targeted high-technology training for Amerigroup members; this has resulted in 88% of Amerigroup members trained by Project Iowa being placed into jobs above minimum wage with benefits. Amerigroup has revised their Value Added Benefits, updating the Healthy Rewards program and adding a benefit providing eligible members with an electronic breast pump.

Iowa Total Care

Mitch Wasden, Chief Executive Officer of ITC, presented an update. Mitch began by addressing the claims audit ITC is currently undergoing; stating ITC has received the first round of data from the auditors. Mitch expects ITC to be in a good position once the claims audit concludes, noting currently ITC processes 99% of claims within 40 days, and the contract standard is 95% of claims processed within 40 days. ITC has been working closely with Amerigroup and the Department to identify groups of members who will be eligible for COVID-19 vaccines at various phases. ITC plans to launch an outreach campaign to members as they become eligible for the COVID-19 vaccine. ITC is working with county health agencies and providers to share data to facilitate members gaining access to the vaccine. ITC is collaborating with the National Council on Independent Living (NCIL), organizing a competitive grant to support the removal of physical and disability access barriers for various group practice and clinic service locations. Grant applications must be submitted by February 28, 2021. Mitch discussed initial findings from data analysis regarding SDOH ITC has been conducting in the past year. ITC has determined that member understanding of health information and member's confidence in their own health are key drivers of top 10 SDOH needs of providers. Mitch went on to discuss ITC's My Health Pays program, noting that close to half of ITC's membership is enrolled in the program. Mitch stated that of all the Centene Medicaid managed care programs, ITC has one of the highest adoption rates for this program. ITC will expand the program in 2021, adding financial incentives to more healthy behaviors. Mitch highlighted ITC's National Committee for Quality Assurance (NCQA) interim accreditation score 49.5 out of 50.

Kady Reese, Iowa Medical Society, asked what plans ITC has to share results of the data analysis surrounding SDOH, specifically findings regarding member understanding and member confidence, with providers. Mitch stated that ITC's approach to SDOH is that actions need to be data-driven and performed at scale. Mitch stated that ITC will work closely with providers to develop strategies as more data becomes available.

Open Discussion

John Dooley stated that he has heard concerns from members that there may be a difference in services covered between the FFS program and the MC program. John also raised a question asked to him about the difference between Medicare and Medicaid. Julie answered that Medicaid benefits, by law, must be the same between FFS and MC programs. In response to John's second question Julie stated that there are differences between what Medicare and Medicaid covers. John stated he would send further specific questions to Julie.

Dr. Shriver raised an issue concerning consultation requirements for pediatric dietary providers, stating that currently the requirements dictate the dietary consultation happens on the same day as a visit to a primary care physician, which slows down and overschedules both member and provider. Dr. Shriver went on to note the decrease in well child visits since

the start of the PHE. Julie stated that she was writing down Dr. Shriver's comments and would be happy to work with Dr. Shriver to come up with ways to increase well child visits.

Megan Gerjets, Iowa Speech and Hearing Association (ISHA) asked John McCalley if Amerigroup had any update on prior authorizations for pediatric members requiring speech and hearing services. John stated he would follow up with Megan.

Senator Joe Bolkcom asked if the Department had any update on the search for a new Medicaid director. Julie stated that the Department has posted the position again for a third time.

Matthew Flatt, NuCara Home Medical, noted that in the Managed Care Quarterly Report a high percentage of appeals go to Durable Medical Equipment (DME). Matthew asked if a breakdown of the specific pieces of equipment could be made available. Kurt stated he would follow up with Matthew and provide him with this information.

Adjournment

Meeting adjourned at 2:39 P.M.

Submitted by,
Michael Kitzman
Recording Secretary
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