

Summary of Meeting Minutes May 20, 2021

Call to Order and Roll Call

Sarah Reissetter, Iowa Department of Public Health (IDPH) 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. A quorum was achieved.

Approval of Previous Meeting Minutes

Sarah called for a motion to approve minutes from the February 24, 2021, meeting. The minutes were approved.

Public Health Emergency (PHE) Unwinding Plan

Amela Alibasic, Iowa Medicaid Enterprise (IME), gave an update on the Department's plans for the unwinding of the PHE related to Medical Assistance eligibility. As of March 2020, no member has been dis-enrolled unless the member moved out of state, requested voluntary termination, or died. The Centers for Medicare and Medicaid Services (CMS) is allowing states to begin modifying policies and implement work processes before the end of the PHE. The Department has created a five-phase plan to unwind the eligibility flexibilities put in place during the PHE.

Phase One, rolled out on April 21, 2021, is largely dedicated to ensuring members are enrolled in the correct coverage groups and programs.

Phase One includes:

- Enrolling members who had aged out of the Hawki program (and maintained Medicaid eligibility) in the appropriate Medicaid coverage group; and
- Enrolling members who have aged into Medicare coverage or into partial Medicaid coverage programs. IME worked with Iowa Insurance Division's Senior Health Insurance Information Program (SHIIP) to ensure members undergoing this transition were enrolled in Medicare correctly; and
- Removing coverage for members approved in error.

Phase Two will come towards the end of June 2021 and will involve processing annual reviews for members for whom the Department is aware of a change in household circumstances. Processing these annual reviews will reduce the backlog of annual reviews the Department will have to process once the PHE ends.

Phase Three will involve issuing annual review forms for members the Department has not received notification of a change of household circumstances. Phases Four and Five will involve re-implementing processes the Department suspended during the PHE, for example assessing premiums and healthy behavior requirements.

Shelly Chandler, Iowa Association of Community Providers, asked a question about Phase Two plans, stating she was concerned about members having services canceled for disuse, as many programs closed down during the PHE, and many members were not able to use services they otherwise would. Amela stated that the only criteria the team will be using in Phase Two is clinical eligibility criteria, and this should not affect members unable to use services because of the PHE.

Dr. Amy Shriver, Public Member, asked about children aging out of the Hawki program, asking if the process connects children with Medicaid automatically or if the members need to reapply. Amela answered that the process is seamless, if the members meet Medicaid criteria they are automatically transferred. If the members do not meet Medicaid criteria they are transferred into the Federally Facilitated Marketplace (FFM), and the FFM will contact the member.

Dennis Tibben, Iowa Medical Society, asked about the later phases of the unwinding plan, specifically if the phases will be based on eligibility groups, and the timing of the later phases. Amela answered that the Department has been very thoughtful to make sure later phases are not a “switch flipping process”. The eligibility team will begin evaluating member’s eligibility before the PHE ends and these evaluations will be valid for six months. A notice will be sent to the member should the eligibility team find the member no longer meets Medicaid eligibility requirements, the member will of course be able to appeal this decision. The member will not be dis-enrolled until after the PHE ends.

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 PHE another 90 days through July 14, 2021. This means that all of the waivers and flexibilities the Department currently has in place will continue at least through July 14, 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.

Iowa Medicaid recently updated the COVID-19 vaccine administration rate to match the Medicare rate of \$40.00, effective April 1, 2021. Effective with dates of service March 11, 2021, or after, the Department expanded vaccine eligibility coverage to include COVID-19 testing coverage groups, the Hawki Dental only group, presumptive eligibility for pregnant women, and the limited Medicaid for non-citizens program. Recently the COVID-19 vaccine was approved for persons aged 12 – 17, and the Department has confirmed with both Fee-for-Service (FFS) and the Managed Care Organizations (MCOs) that they are able to receive and process vaccine administration claims for these members.

The Department is reviewing flexibilities included in the American Rescue Plan Act of 2021. Julie stated that Medicaid staff are working on clarifying these flexibilities with the CMS. Julie highlighted a 10% increase for Home- and Community-Based Services (HCBS) included in the plan as an example of something for which the Department is requesting

clarification from CMS. The Department is planning to implement these flexibilities on June 12, 2021.

Julie turned to an update regarding the Department's claims audit of Iowa Total Care (ITC). An outside vendor, Myers & 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 focused on three basic areas: the easiest claims to review based on data analytics; automated pricing and manual review of claims; and finally, sampling, manual pricing, and review of claims history. Along with the second phase, the Department and Myers & Stauffer developed a methodology for a partial release of the funds withheld from ITC in January 2020. The methodology of the withhold release was derived from the overall percentage of impacted claims within each tier of the audit. Partial release of the withhold was contingent on ITC achieving 75%, or greater, reconciliation of each area of the audit. Julie stated that the Department recently received a draft of the report and her team has begun to review it along with ITC. Julie expects to be able to provide a more comprehensive conclusion to the Council at the next meeting.

Julie addressed federal requirements for Electronic Visit Verification (EVV). Attendant care providers are required to implement EVV effective January 1, 2021. Implementation for residential care facilities (RCF) and assisted living facilities has been delayed until July 1, 2021. The Department is seeking guidance from CMS on the implementation of EVV for RCF and assisted living facilities.

Effective June 1, 2021, the Iowa Administrative Code has been amended to include pharmacists as a new provider type. Pharmacists may now bill Medicaid independently from their pharmacy. In the past they were required to bill through the pharmacy. Pharmacists must enroll with Iowa Medicaid to be eligible for reimbursement for administering or supervising the administration of Medicaid covered vaccines (other than the COVID-19 vaccine).

Julie finished her update by announcing the appointment of Elizabeth (Liz) Matney to the position of Medicaid Director. Liz will be rejoining the Department, as she was previously the Chief of the Managed Care Bureau.

Shelly Chandler asked about RCF habilitation, residential care facilities for persons with mental illness (RCF-PMI), RCF for intellectual or developmental disabilities (IDD), and whether these providers would need to fulfill the EVV requirement. Julie answered that EVV requirements are tied to personal care services, and the requirements only apply to providers who offer these specific services.

Shelly then asked about legislation passed regarding mask mandates, stating she has received questions from providers if the legislation supersedes guidance from IDPH. Sarah answered that IDPH is working with legal counsel to revise guidance issued.

Upcoming Professional and Business Entity Election

Michael Kitzman, IME, gave an overview of the upcoming election to choose two new voting members of the MAAC from the professional and business entities. Iowa Association of Community Providers and the Iowa Medical Society are both serving terms as voting members of the Council that end on June 30, 2021. Michael stated that he had distributed a ballot to all the professional and business entities and requested responses back by June 10, 2021 in order to have time to send a second ballot out in case a run-off is required. Michael noted that there is nothing in the rules prohibiting an entity from serving consecutive terms.

Updates from the MCOs

Amerigroup Iowa, Inc.

John McCalley, of Amerigroup Iowa, Inc. (Amerigroup), presented Amerigroup's update. John began by discussing Amerigroup's member contact programs. Amerigroup has an ongoing outreach campaign to contact members regarding the COVID-19 vaccine. Amerigroup has contacted 64,000 members with live calls, and sent recorded voice calls to the rest of their adult membership regarding the COVID-19 vaccine. John stated that Amerigroup is collaborating with schools in an effort to reach children and parents, and considering partnerships with other organizations that work with children. John asked Dr. Shriver if she might reach out to him regarding messaging work the Iowa Chapter of the American Academy of Pediatrics has done. Amerigroup's community and provider outreach has begun in earnest, working closely with the CareMore Clinic in Des Moines, IA; Amerigroup sent staff to perform outreach from the clinic. John stated Amerigroup's efforts to encourage and facilitate vaccinations would continue, likely into the fall. John noted that Amerigroup is still having staff work from home. Amerigroup has begun trainings for case managers to prepare them to return to in-person services. John then highlighted Amerigroup's work with employment and staffing agencies, such as Project IOWA, in order to find work and training for unemployed or under-employed members. Amerigroup's housing stability project is currently operating in 21 counties, and will reach 24 counties by the end of this month. Amerigroup has collaborated with the Iowa Chronic Care Consortium to offer 100 community health worker trainings; these trainings will begin June 1, 2021 and are available to providers, community-based organizations and faith-based organizations.

Iowa Total Care

Mitch Wasden, Chief Executive Officer of ITC, presented an update. Mitch began with a high-level review of ITC: 315,000 enrolled members, and 800 local staff. Mitch stated that ITC's workforce is currently work-from-home, but will be returning to the office in waves beginning in the fall. ITC will be adding flexibilities for when staff need to be in the office. In terms of COVID-19 response, similar to Amerigroup, ITC is focused on outreach. ITC identified its highest risk population, numbering about 10,000, and manually called them to

get their vaccination needs addressed. For lower-risk populations ITC has been performing automated dialing and texting campaigns. Additionally, ITC has collaborated with the Iowa Immunization Registry Information System (IIRIS) to track member vaccination.

Mitch stated breast pumps would be added to ITC's value added benefits list beginning July 1, 2021. ITC created the Barrier Removal Fund to provide grants to providers for facility upgrades, such as wheelchair ramps and other items to improve access. A total of \$150,000 will be awarded to Iowa providers. ITC has sponsored a number of community gardens throughout the state and collaborated with Hy-Vee to provide healthy cooking classes. ITC is meeting with Broadlawns Medical Center (Broadlawns) and Iowa Primary Care Association to share healthcare assessment data to identify members impacted by social determinants of health. Providers have z-codes to identify social determinants of health patients may have. ITC collaborated with Broadlawns and Iowa Primary Care Association to increase usage of z-codes to drive data for ITC's social determinants of health dashboards. 165,000 members have signed up for the My Health Pays program. Members have accumulated \$1.1 million so far in 2021. The total for 2020 was around \$3 million, and ITC expects the 2021 total to exceed the 2020 total. Mitch discussed the Start Smart for Baby program, noting that 5,000 new and expecting mothers have enrolled in the program. Since the program began, ITC has seen newborn intensive care unit (NICU) rates decrease from 22% to 14%. Mitch stated that progress is largely due to identification through notice of pregnancy efforts. Telehealth efforts continue to grow: ITC data shows 50% of their member's telehealth appointments occur after hours. Mitch stated that many of these appointments would have been urgent care or emergency room visits that can now be diverted to telehealth.

Dr. Shriver thanked Mitch for highlighting health equity issues. Dr. Shriver noted Mitch discussed funding community gardens and healthy cooking classes; she then discussed the increase in childhood obesity rates during the PHE. Mitch stated that ITC, Amerigroup and the Department have been working to develop health equity plans.

Shelly praised the Department's Managed Care Quarterly Reports, but called for reporting presented to the Council to shift focus from Managed Care to member health outcomes.

Open Discussion

Cheryl Jones commended both MCOs for their efforts to encourage member immunization. Cheryl noted the decrease in vaccination rates in children, and stated that there were efforts in the Legislature to relax vaccine requirements, which will have the result of increasing vaccine hesitancy. Cheryl asked Mitch and John if they had any programs targeting rural areas to encourage immunization. Mitch answered that ITC's outreach campaigns are statewide, and part of their messaging is providing links to information about vaccination. Mitch stated that they provided training on this topic to their employees prior to rolling out the vaccination outreach campaign. Mitch stated that ITC has taken steps towards requiring the vaccine, and likely will once the Food and Drug Administration (FDA) approves the vaccine. John answered that Amerigroup's outreach campaigns are also statewide, adding

that Amerigroup is collecting information about when vaccine clinics are being held locally around the state so that they can amplify these efforts with their outreach campaign.

Maribel Slinde, Iowa Caregivers Association, stated that before the PHE her organization had concerns about staffing for direct caregivers. She asked the MCOs if they had similar concerns about staffing for direct caregivers. John answered that yes Amerigroup has concerns about staffing, especially for Long-Term Services and Supports (LTSS). Amerigroup is in the process of finalizing a donation to the Iowa Health Care Association Foundation through the Anthem Foundation. Mitch echoed John's remarks, adding that the state of Iowa has a 3.2% unemployment rate, which is a very tight labor market.

Dr. Shriver raised concerns about children's mental health in the state of Iowa due to the pandemic, citing a lack of providers and funding. Dave Beeman, Iowa Psychological Association, echoed Dr. Shriver's concerns, adding that the children's behavioral and mental health systems faced struggles prior to the PHE. Jason Haglund, Public Member, added that in addition to children adults are struggling with the same issues.

Jason called for an update from the Managed Care Ombudsman at the next meeting.

Dr. Shriver raised the question of forming a subcommittee to examine mental and behavioral health issues. Sarah agreed and asked interested parties to reach out to her and the recording secretary. Jason suggested that the Council begin by examining work already in progress by the Department and by IDPH.

Adjournment

Meeting adjourned at 3:12 P.M.

Submitted by,
Michael Kitzman
Recording Secretary
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