

## **Summary of Meeting Minutes November 10, 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 2:02 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 August 26, 2021, meeting. Casey Ficek motioned to approve the minutes, the motion carried, and the minutes were approved.

### **Managed Care Organization (MCO) Quarterly Report Quarter 4 SFY 2021**

Kurt Behrens, Iowa Medicaid, reviewed the MCO Quarterly Report for Q4 SFY 21. Kurt began by reviewing enrollment numbers. There was an increase in membership by 15,364 members from Quarter 3, roughly a 2 percent increase. Related to enrollment numbers, Kurt pointed council members to information on the Department's plans for the unwinding of the federal Public Health Emergency (PHE). Liz Matney, Iowa Medicaid Director, added that the Department's plans for later phases of unwinding may be affected by legislation before congress, but that the early phases the Department has already initiated will remain unchanged. Over the past year, enrollment in the Medicaid program increased by 78,055 members, roughly an 11 percent increase from Q4 SFY 20 to Q4 SFY 21. Kurt noted that, overall, since the PHE began Medicaid enrollment has increased by roughly 15 percent.

Kurt highlighted financials, claims, prior authorizations, and grievances and appeals. Iowa Total Care (ITC) showed a spike in grievances, Kurt stated this is likely due to an ITC outreach campaign soliciting feedback from members. There was an increase in appeals; specifically, in pharmacy appeals due to providers requesting non-preferred drugs.

Kurt reviewed the children's summary of the report, noting that future reports will include a 90-day claims lag, which should improve the quality of the data presented. Kurt then discussed call center performance metrics, noting that both MCOs had issues with their shared Non-Emergency Medical Transportation (NEMT) vendor Access2Care. Kurt stated that both MCOs are taking aggressive measures to resolve issues with their NEMT vendor.

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

Director Matney began her update by addressing the Department's unwinding plans for the PHE. The Department is closely monitoring the current legislative language included in the reconciliation bill before congress. The bill currently includes increased Federal Medical Assistance Percentage (FMAP) funding, which would allow for provider rate increases. Additionally current language in the bill provides permanency to several programs including

the Children's Health Insurance Program (CHIP), Money-Follows-The Person, and spousal impoverishment rules. As the bill is written currently, Iowa Medicaid can begin performing eligibility redeterminations starting in April of 2022. The Department is working with the Centers for Medicare and Medicaid Services (CMS) to develop further plans for the unwinding of the PHE.

Director Matney stated that she is getting a lot of questions from providers about vaccine mandates, and what the Occupational Safety and Health Administration (OSHA) and CMS may expect. The Department is waiting for guidance on this issue from the CMS. Director Matney said she wishes we had more clarity but has been given a promise of 30 days' notice prior to the start of any mandates. The Department is compiling information to give to providers and plans to share this information in coming days.

Director Matney discussed plans for telehealth policy once the PHE ends. Mental health and behavioral health telehealth services will largely remain unaffected by the ending of the PHE. The Department's Quality Improvement Organization (QIO) along with the Dr. William Jagiello, Iowa Medicaid Medical Director, and the Clinical Advisory Committee (CAC) performed a review of telehealth codes implemented prior to, and expanded during, the PHE. This group put together a set of recommendations for which codes should be preserved once the PHE ends. Director Matney stated that after the PHE ends, the Department will continue to monitor the usage of telehealth services and ensure that members have access to in-person services.

Monthly Member and Provider Town Halls continue, typically held the fourth Thursday of each month. November and December Town Halls will be held on different dates due to holidays. Director Matney believes the Town Halls are providing a good forum for feedback from members and providers, raising issues with the Medicaid system that need to be addressed. The Department recently held a series of community integration town halls in partnership with the Division of Mental Health and Disabilities Services (MHDS). Director Matney stated that from these town halls the Department has learned: provider reimbursement rates need to be increased; the Department needs to do more to increase access to services in the community and provide more specialized services; and this all needs be done in partnership with individuals who have lived experience.

Dennis Tibben, asked whether the list of recommended telehealth codes has been finalized. Director Matney stated these codes have not been finalized yet, and that hopefully a finalized set will be ready by the next MAAC meeting. Dennis asked if existing codes would be removed during the PHE. Director Matney said that nothing would change until the PHE ends.

Senator Joe Bolkcom asked what the current timeframe for ending the PHE would be. Director Matney stated that CMS has promised to give 60 days' notice. The last extension they gave in October did not have an explicit end date.

Marci Strouse asked if face-to-face visits were required by the state. Director Matney asked to take the question back, stating that she did not know the limits of what the Medicaid program can require of providers, but that the Medicaid program needs to ensure face-to-face visits are available to members.

Branden Hagen asked if there was a list of procedure codes not approved for telehealth services. Director Matney stated she would take that back and reach out to him with an answer.

### Updates from the MCOs

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

John McCalley, of Amerigroup Iowa, Inc. (Amerigroup), presented Amerigroup's update. John began by highlighting vaccination outreach efforts targeting families and children. Amerigroup recently held a public discussion in Fort Dodge facilitated by Representative Ann Meyers centering around the direct care worker shortage Home- and Community-Based Services (HCBS) and adult day providers are facing. Amerigroup continues to participate in Medicaid monthly town hall meetings. Amerigroup continues to work very closely with MHDS and other stakeholders to attempt to help members transitioning from institutional settings to community-based settings. Amerigroup's Housing Stability and Homelessness Diversion Program is now in 23 counties and has served more than 450 Amerigroup members who are housing insecure or homeless. John stated that Amerigroup has capacity to double the number of Amerigroup members served by the Housing Stability and Homelessness Diversion Program and expects to reach around 1,000 members. Amerigroup has established programs to assist members who struggle to manage their diabetic needs and is developing similar efforts to assist members managing their asthma needs; these efforts are especially aimed at helping members who identify as black or Hispanic. Amerigroup has renewed its partnership with the Iowa Wild. Together they provide education and outreach to combat childhood obesity. The Amerigroup/Iowa Wild partnership is currently centered on the Des Moines Metropolitan Area, but the partnership plans to expand to other cities around the state. Amerigroup is deploying 32 telehealth kiosks in community action agencies, homeless shelters, and community-based and faith-based organizations. Each kiosk is essentially an iPad on a mobile stand that has the capability of managing Amerigroup's online primary health care and mental health telehealth services, with access to translation services.

Sarah asked John if the telehealth kiosks Amerigroup has deployed are able to be used by any Medicaid member. John answered that the kiosks can be used by any Medicaid member, regardless of their MCO assignment.

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

Mitch Wasden, ITC CEO, began his update by noting ITC's local staff is still largely working from home. ITC has partnered with the National Council on Independent Living (NCIL) to create a barrier removal fund. ITC and the NCIL have awarded over \$168,000 in grants to 17 organizations in Iowa to remove barriers to access facilities. ITC has launched a new value-added benefit of electronic breast pumps; Mitch stated that on average 140 members a month are accessing this benefit. Typically, the breast pump is sent to the member 30 days before their delivery due date. Mitch turned to social determinants of health (SDOH) updates; ITC has a several ongoing campaigns related to SDOH in addition to sponsoring literacy programs of other organizations. ITC has partnered with around 100 schools to deliver books focusing on various parts of SDOH, such as the Be Well Eat Well program which focuses on healthy eating. ITC isolated zip codes with low-birth-weight deliveries; in the first quarter of 2022 ITC will be launching a pilot program to provide Doula services to members living in these zip codes. ITC has begun sharing data with providers to identify populations struggling with SDOH issues. ITC plans to use its large number of case management employees to assist these members and their providers. Mitch discussed the My Health Pays program, which rewards members for specific activities by loading dollars on a pre-paid debit card, which can only be used for items which positively impact SDOH metrics. Over half of ITC's membership participates in the My Health Pays program. Mitch discussed the value members are finding in Telehealth flexibilities; specifically, members can schedule appointments faster and show up to more appointments overall.

## **Open Discussion**

Denise Rathman, National Association of Social Workers, thanked Director Matney for work on telehealth codes. Denise asked if telehealth originating location requirements would be adjusted once the PHE comes to an end. Director Matney answered that some adjustments to the requirements are likely to be made, but she would have to take the question back to provide Denise with more information.

Cheryl Jones, Iowa Chapter of National Association of Pediatric Nurse Practitioners, stated that she really appreciates what's being done with telehealth. Cheryl stated that telehealth is an effective method to improve access to services, but that work must be done to ensure the services received via telehealth have comparable quality to services received in person.

Cheryl Garland asked if there is any conversation about Medicaid rates being raised for mental health services. Director Matney reiterated previous comments about rates being reviewed regularly for necessary increases.

Dave Beeman, Iowa Psychological Association, asked Director Matney and John about Amerigroup's requirements for private practices to see members within 15 minutes of arrival. Specifically, Dave asked if the temporary hold on this requirement would be made permanent. John and Director Matney stated they would send responses to him promptly.

Conversation turned to discussion of promotion of vaccinations. Dave had previously made a comment in the Zoom chat that promoting vaccines is an important strategy to prevent burnout among providers; Director Matney agreed with this comment and stated the Department is doing its best to promote vaccinations. Dr. Shriver added that she is willing to be a spokesperson for vaccinations. Sen. Bolkom congratulated Dr. Shriver on her successful appearance on Iowa Public Radio promoting vaccination.

**Adjournment**

Meeting adjourned at 3:42 P.M.

Submitted by,  
Michael Kitzman  
Recording Secretary  
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