# Iowa Medicaid Enterprise (IME)


# Managed Care Organization (MCO)

# Annual Performance Report - SFY21

(July 2020- June 2021)

Published December 2021

Department of HUMAN SERVICES

# Contents

This report is based on requirements of **2016 Iowa Acts Section 1139**. The legislature grouped these reports into three main categories: Consumer Protection, Outcome Achievement, and Program Integrity.

The Department grouped the managed care reported data in this publication as closely as possible to **House File 2460** categories but has made some alterations to ease content flow and data comparison. This publication content flows as follows:

# Executive Summary

This report is based on State Fiscal Year (SFY) 2021 and includes the information for the Iowa Medicaid Managed Care Organizations (MCOs): Amerigroup (AGP) and Iowa Total Care (ITC)

**Notes about the reported data**:

- This annual report is focused on key descriptors and measures that provide information about the managed care implementation and operations.
- The reports are largely based on managed care claims data. Because of this, the data will not be complete until a full 180 days has passed since the period reported. However, based on our knowledge of claims data this accounts for less than 15% of the total claim volume for that reporting period.
- Data pulled on other dates may not reflect the same numbers due to reinstatements and eligibility changes.
- All encounter data is provided "as is". The IME takes measures to attempt to ensure the accuracy, completeness, and reliability of the data. However, users accept the quality of the data they receive and acknowledge that there may be errors, omissions, or inaccuracies in the data provided. Further, the IME is not responsible for the user's interpretation, misinterpretation, use or misuse of the data. The IME does not warrant that the data meets the user's needs or expectations.
- The Medical Loss Ratio (MLR) information is reflected as directly reported by the MCOs.
- The Department validates the data by looking at available fee-for-service historical baselines, encounter data, and by reviewing the source data provided by the MCOs.

**Annual Report Redesign**:

- Changes implemented to this report were first introduced to the MCO quarterly performance reports effective Q1 SFY 2021:
  - Consolidated "like" sections onto single pages
  - Provided fewer charts and added more tables
  - Overall report layout changed from portrait to landscape to allow consolidation of pages and to provide more information
  - Included 4-quarter history, averages, and totals in applicable page (Member, Financial, & Claims Universe)
  - Added new sections (MCO Children Summary, Top 5 Waiver Services, & Provider Network Access Summary)
- Quarterly report redesign is now applied to measures found only in annual reports (e.g. HEDIS® & CAHPS®)
- New pages added to annual report include 2021 Health Plan Ratings and External Quality Review (EQR) Technical Reports

## 2021 Annual Report Highlights

**National Committee for Quality Assurance** (**NCQA**) - **2021 Health Plan Ratings**:

- NCQA published their 2021 Health Plan Ratings on September 15, 2021 (e.g. National Report Cards)
  - Amerigroup received an overall star rating of **4.0** out of **5.0** stars
  - Iowa Total Care was not rated because of its interim accreditation status
- Reference new page for additional information and links to NCQA website (p. 49)

NEW

**Rx and Non-Rx Paid & Denied Claims**:

- Overall claims volumes between SFY20 & SFY21 increased by 2.14 Million or 8.35%
  - SFY20: 25.63 Million
  - SFY21: 27.77 Million
- With exception of July 2020 for ITC, both MCOs exceeded contractual requirements for percentages of claims paid within 30/45 days

**Prior Authorizations** (**PAs**):

- Overall number of prior authorizations decreased between SFY20 & SFY21 by 36,710 or 4.89%
  - SFY20: 751,303
  - SFY21: 714,593

**Grievances**:

- Overall number of grievances decreased between SFY20 & SFY21 by 331 or 11.55%
  - SFY20: 2,865
  - SFY21: 2,534

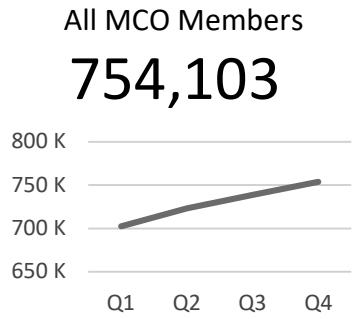
**Provider Network Access Summary**:

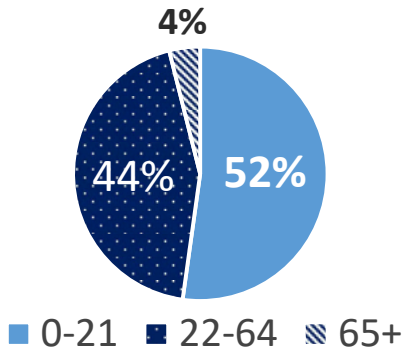
- MCOs met 100% standard for Adult Primary Care Provider (PCP) within 30 minutes or 30 miles
- MCOs met 100% standard for Pediatric Primary Care Provider (PCP) within 30 minutes or 30 miles

# **MCO Member Summary** - All MCO Counts

Managed Care Organizations (MCOs) offer health insurance benefits for those adults and families that qualify for the IA Health Link (Medicaid) and the Healthy and Well Kids in Iowa (Hawki) programs.

In Iowa, almost 95% of the Medicaid population is covered by an MCO. Populations not covered by MCOs are provided coverage through the state's Fee-For-Service (FFS) program.




+ 75,055 Members
11.05% Annual Increase

All MCO Enrollment (by Age)

**Data Notes**: June 2021 enrollment data as of July, 2021. The "Average" column below represents a four-quarter rolling average while the "Distinct" column represents the total number of unique individuals appearing within populations at least once during the past four-quarters.

| | SFY21 Q1 | SFY21 Q2 | SFY21 Q3 | SFY21 Q4 | Average | Distinct |
|---|---|---|---|---|---|---|
| **MCO Member Summary** - *Overall Counts* | 702,432 | 723,211 | 738,739 | **754,103** | 729,621 | **781,673** |
| 0-21 | 375,723 | 383,041 | 388,655 | 393,703 | 385,281 | 404,387 |
| 22-64 | 298,168 | 311,554 | 321,248 | 330,873 | 315,461 | 342,108 |
| 65+ | 28,541 | 28,616 | 28,836 | 29,527 | 28,880 | 35,178 |
| **Fee-For-Service (FFS)** - *Non MCO Enrollees* | 40,370 | 41,375 | 42,216 | **43,938** | 41,975 | **47,986** |

**Significant Change in Data**? (+/-) No [ ] Yes [X]

*If Yes, explain:*

**Iowa Medicaid Population** **829,659**
1 year distinct count

o Between June 2020 and June 2021 MCO enrollment increased by 75,055 members or 11.05% (679,048 to 754,103 members)
o Effective April 2021, the Department resumed some Medicaid eligibility processes that were suspended under the COVID-19 public health emergency (PHE). For additional information reference the DHS website: http://dhs.iowa.gov/ime/members/COVID19/unwind.

# MCO Member Summary

| Amerigroup An Anthem Company | SFY21 Q1 | SFY21 Q4 |
|---|---|---|
| **All Members** - *by MCO* | 412,180 | 438,975 |
| MCO Member Market Share | 58.7% | 58.2% |
| Disenrolled [3] | 272 | 242 |
| **Healthy and Well Kids in Iowa (Hawki)** including **M-CHIP** (Expansion) | 49,052 | 49,659 |
| **Long-Term Service & Support (LTSS)** | 23,418 | 22,429 |
| HCBS Waivers | 68.0% | 68.8% |
| Facility Based Services | 32.0% | 31.2% |
| **HCBS Waivers** [4] - Reference p. 36-39 for HCBS waiver and service plan enrollment | 15,918 | 15,428 |
| **Facility Based Services** [5] | 7,500 | 7,001 |
| ICF/ID [6] | 1,041 | 1,012 |
| Mental Health Institute (MHI) | 23 | 36 |
| Nursing Facilities (NF) | 6,278 | 5,788 |
| Nursing Facilities for Mentally Ill | 69 | 73 |
| Skilled | 89 | 92 |

| iowa total care | SFY21 Q1 | SFY21 Q4 |
|---|---|---|
| **All Members** - *by MCO* | 290,252 | 315,128 |
| MCO Member Market Share | 41.3% | 41.8% |
| Disenrolled [3] | 592 | 347 |
| **Healthy and Well Kids in Iowa (Hawki)** including **M-CHIP** (Expansion) | 24,897 | 23,812 |
| **Long-Term Service & Support (LTSS)** | 15,294 | 14,824 |
| HCBS Waivers | 61.3% | 65.3% |
| Facility Based Services | 38.7% | 34.7% |
| **HCBS Waivers** [4] - Reference p. 36-39 for HCBS waiver and service plan enrollment | 9,811 | 9,676 |
| **Facility Based Services** [5] | 5,483 | 5,148 |
| ICF/ID [6] | 612 | 608 |
| Mental Health Institute (MHI) | 12 | 27 |
| Nursing Facilities (NF) | 4,750 | 4,414 |
| Nursing Facilities for Mentally Ill | 32 | 31 |
| Skilled | 77 | 68 |

[3] Measure previously reported zeros for disenrollment during COVID incorrectly; While disenrollment under COVID was "suspended" reporting zeros failed to capture member "reassignments" between MCOs.

[4] Home- and Community-Based Service (HCBS) totals listed above exclude Habilitation (Hab) enrollment; however, member participation in Hab services is captured on pages 36-39.

[5] Facility Based Services listed above only include the institutional groups where members are most likely to have an option to transition to an HCBS setting. Excluded institution types include Hospice and Psychiatric Medical Institutions for Children (PMICs).

[6] Intermediate Care Facilities for the Intellectually Disabled (ICF/ID).

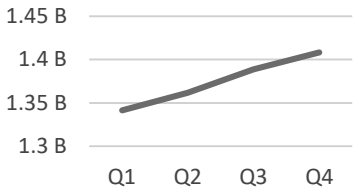
# MCO Financial Summary - All MCO Counts

The MCOs receive capitation payments from the State for members' medical services. Capitation payments are made whether or not a provider files a claims with the MCO for services provided to a member.

The MCOs are responsible for recovering Medicaid dollars when it is determined that other insurance coverage is available (e.g. health, auto, worker's comp, or even Medicare). This process is known as Third Party Liability (TPL). The MCO retains all recovered TPL funds: however, these funds are then used to develop future capitation rates.

All Capitation Payments

$5.5 Billion

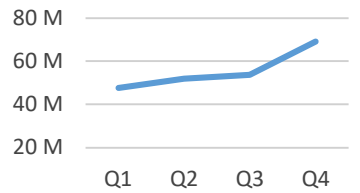



**+ $313.0 Million**

6.0% Annual Increase

Third Party Liability Recovered

$223 Million




**+ $ 43.3 Million**

24.2% Annual Increase

**Data Notes**: June 2021 capitation data as of July 2021. All Third Party Liability (TPL) data reported above is self-reported by MCOs. The "Average" column below represents a four-quarter rolling average while the "Total" column represents the sum of the past four-quarters.

| | SFY21 Q1 | SFY21 Q2 | SFY21 Q3 | SFY21 Q4 | Average | Total |
|---|---|---|---|---|---|---|
| **Financial Summary** | | | | | | |
| Capitation Payments | $1.34 B | $1.36 B | $1.39 B | $1.41 B | $1.37 B | **$5.50 B** |
| Third Party Liability (TPL) Recovered | $47.65 M | $51.91 M | $53.73 M | $69.23 M | $55.63 M | **$222.53 M** |

**Significant Change in Data**? (+/-) No [ ] Yes [X]

*If Yes, explain:*

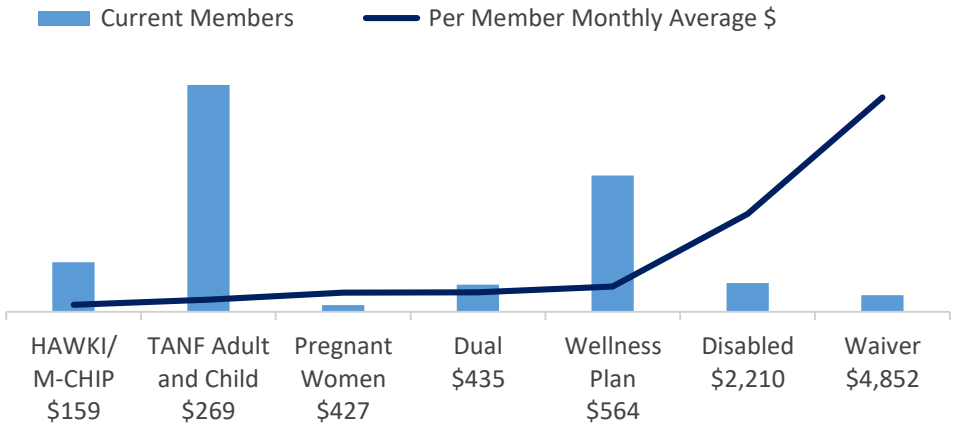
o Between SFY20 and SFY21 annual MCO capitation payments increased by $313 Million or 6.0% ($5.2 Billion to $5.5 Billion)
o Between SFY20 and SFY21 annual TPL increased by $43.3 Million or 24.2% ($179.22 Million to $222.53 Million)
o Final MLR reconciliation was completed September 2021 for SFY20 (Contract Requirement 88%): AGP 90.7% & ITC 91.8%

# MCO Financial Summary

Per member Medicaid capitation is determined by program eligibility. Medicaid capitation expenditures vary based on member eligibility group size and per member capitation rate. In Iowa, about 50% of all capitation expenditures are allocated to supporting the disabled & waiver eligibility groups.

Medical loss ratios (MLR) capture how much money is spent on medical claims and quality measures versus administrative expenses and profits. By contract, MCOs are required to spend a certain percentage of their capitation payments on claims annually or risk having to return the difference.

## Monthly Capitation Expenditures




Amerigroup An Anthem Company

| | SFY21 Q1 | SFY21 Q2 |
|---|---|---|
| **Capitation Totals** | $802.56 M | $811.95 M |
| Adjustments | -$2.2 M | -$2.3 M |
| Current | $783.29 M | $793.35 M |
| Retro | $21.48 M | $20.9 M |
| **Third Party Liability (TPL) Recovered** | $23.26 M | $22.40 M |
| **Financial Ratios** | | |
| Medical Loss Ratio (MLR) | 86.2% | 88.8% |
| Administrative Loss Ratio (ALR) | 6.7% | 6.3% |
| Underwriting Ratio (UR) | 7.1% | 5.8% |
| **Reported Reserves** | | |
| Acceptable Quarterly Reserves per Iowa Insurance Division (IID) | Y | Y |

Amerigroup An Anthem Company

| | SFY21 Q3 | SFY21 Q4 |
|---|---|---|
| **Capitation Totals** | $818.12 M | **$828.47 M** |
| Adjustments | -$4.18 M | $8.47 M |
| Current | $800.26 M | $800.26 M |
| Retro | $22.04 M | $19.73 M |
| **Third Party Liability (TPL) Recovered** | $24.32 M | **$29.29 M** |
| **Financial Ratios** | | |
| Medical Loss Ratio (MLR) | 91.5% | **87.0%** |
| Administrative Loss Ratio (ALR) | 5.6% | 5.9% |
| Underwriting Ratio (UR) | 2.9% | 7.0% |
| **Annual MLR [7]** | | 88.1% |
| **Reported Reserves** | | |
| Acceptable Quarterly Reserves per Iowa Insurance Division (IID) | Y | **Y** |

[7] Annual MLR converts IID reported data on a calendar year basis into an average that follows state fiscal year. All amounts listed are unaudited. MCOs are required to submit data as prescribed within 30 days following the six (6) month claims run-out period for final determination of SFY MLR.

# MCO Financial Summary

| iowa total care | SFY21 Q1 | SFY21 Q2 |
|---|---|---|
| **Capitation Totals** | $538.8 M | $549.7 M |
| Adjustments | -$2.04 M | -$1.34 M |
| Current | $520.41 M | $531.3 M |
| Retro | $20.44 M | $19.74 M |
| **Third Party Liability (TPL) Recovered** | $24.40 M | $29.52 M |
| **Financial Ratios** | | |
| Medical Loss Ratio (MLR) | 94.8% | 88.8% |
| Administrative Loss Ratio (ALR) | 5.1% | 5.5% |
| Underwriting Ratio (UR) | 0.1% | 5.7% |
| **Reported Reserves** | | |
| Acceptable Quarterly Reserves per Iowa Insurance Division (IID) | Y | Y |

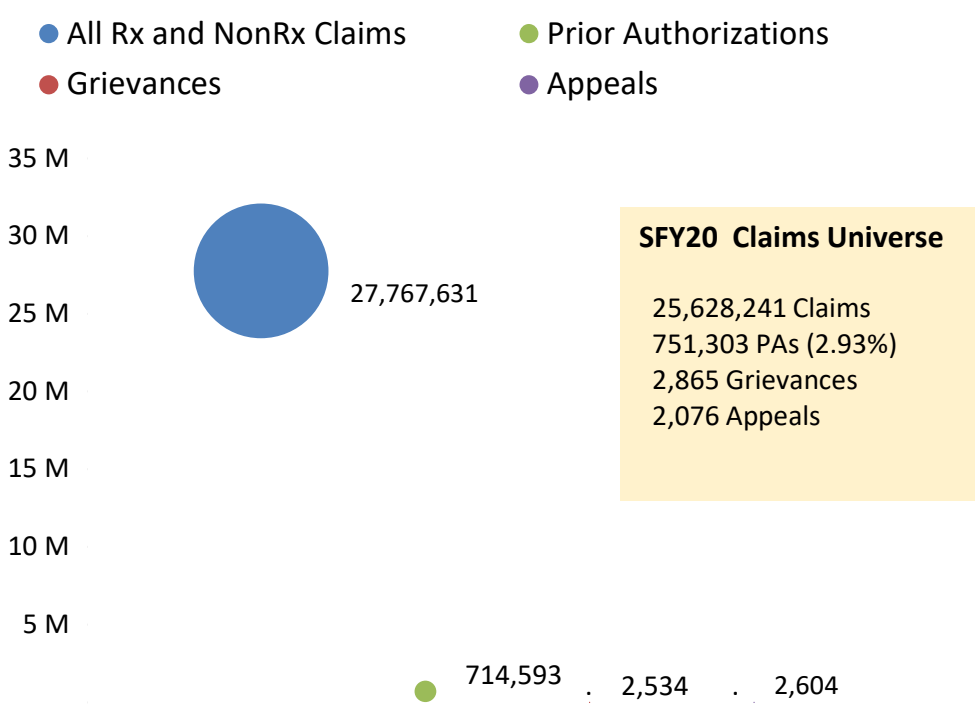
| iowa total care | SFY21 Q3 | SFY21 Q4 |
|---|---|---|
| **Capitation Totals** | $570.55 M | **$579.81 M** |
| Adjustments | $1.59 M | $12.58 M |
| Current | $548.53 M | $548.53 M |
| Retro | $20.43 M | $18.71 M |
| **Third Party Liability (TPL) Recovered** | $29.41 M | **$39.94 M** |
| **Financial Ratios** | | |
| Medical Loss Ratio (MLR) | 94.0% | **91.8%** |
| Administrative Loss Ratio (ALR) | 5.6% | 4.4% |
| Underwriting Ratio (UR) | 0.4% | 3.7% |
| **Annual MLR [7]** | | 92.3% |
| **Reported Reserves** | | |
| Acceptable Quarterly Reserves per Iowa Insurance Division (IID) | Y | **Y** |

[7] Annual MLR converts IID reported data on a calendar year basis into an average that follows state fiscal year. All amounts listed are unaudited. MCOs are required to submit data as prescribed within 30 days following the six (6) month claims run-out period for final determination of SFY MLR.

# **MCO Claims Universe** - All MCO Counts

This illustration provides context to the volume of the following actions in comparison to the overall claims universe:

- Some benefits may require **Prior Authorization** before service
- Members may elect to file a **Grievance** to express general plan dissatisfaction
- Members or Providers may **Appeal** a filed claim based on a reduction in benefits or an outright rejection




**SFY20 Claims Universe**

25,628,241 Claims
751,303 PAs (2.93%)
2,865 Grievances
2,076 Appeals

| | % of Claims Universe |
|---|---|
| Prior Authorizations | 2.57% |
| Grievances | 0.01% |
| Appeals | 0.01% |

| | SFY21 Q1 | SFY21 Q2 | SFY21 Q3 | SFY21 Q4 | Average | Total |
|---|---|---|---|---|---|---|
| **Claim Counts - All Paid & Denied** | 7.02 M | 6.77 M | 6.84 M | 7.13 M | 6.94 M | **27.77 M** |
| Non-Pharmacy | 4.02 M | 3.96 M | 4.00 M | 4.21 M | 4.05 M | 16.19 M |
| Pharmacy | 3.00 M | 2.81 M | 2.84 M | 2.92 M | 2.89 M | 11.58 M |
| **Prior Authorization Summary** | 172,937 | 176,060 | 185,570 | 180,026 | 178,648 | **714,593** |
| Non-Pharmacy - All PAs Submitted | 133,417 | 133,643 | 139,780 | 138,319 | 136,290 | 545,159 |
| Pharmacy - All PAs Submitted | 39,520 | 42,417 | 45,790 | 41,707 | 42,359 | 169,434 |
| **Grievances & Appeals Summary** | | | | | | |
| Grievances | 718 | 629 | 604 | 583 | 634 | **2,534** |
| Appeals | 613 | 592 | 649 | 750 | 651 | **2,604** |

# Claims Summary (Non-Pharmacy)

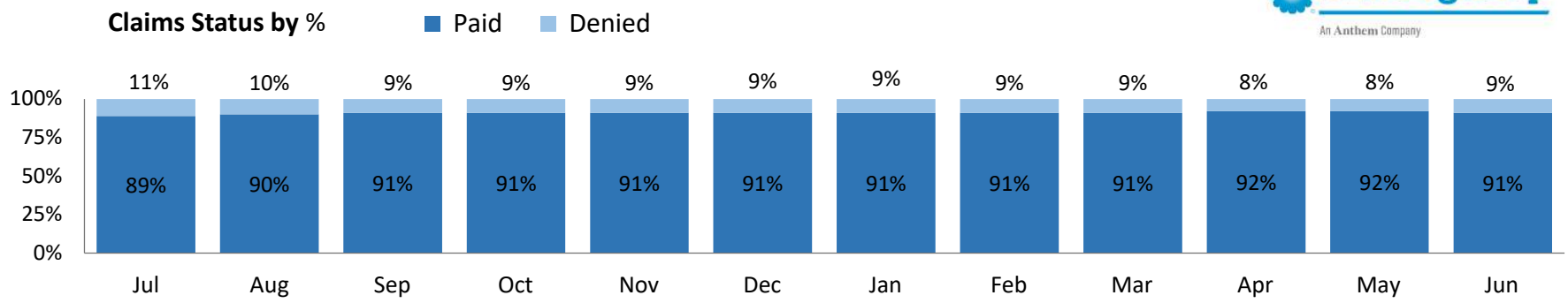
**8.93 Million**
YTD Claims Paid & Denied

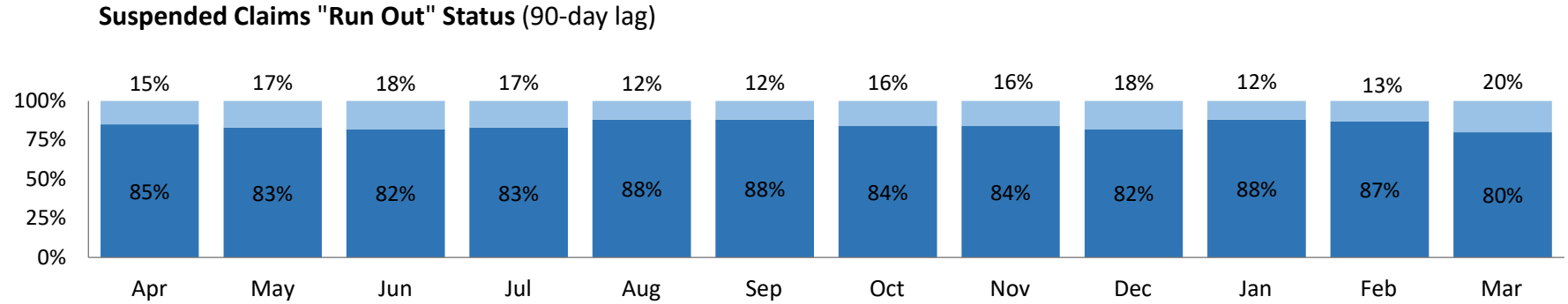
Amerigroup
An Anthem Company

| | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 |
|---|---|---|---|---|---|---|
| **All Claims** | | | | | | |
| Paid | 605,261 | 590,456 | 700,395 | 658,610 | 602,325 | 686,521 |
| Denied | 71,964 | 67,844 | 73,076 | 63,876 | 62,327 | 65,588 |
| Suspended | 155,641 | 154,521 | 129,102 | 139,459 | 151,215 | 115,585 |
| **Clean Claims Processed** | | | | | | |
| in 30-days (Requirement 90%) | 99% | 98% | 99% | 99% | 99% | 99% |
| in 45-days (Requirement 95%) | 99% | 99% | 100% | 100% | 100% | 100% |
| **Average Days to Pay** | 8 | 9 | 7 | 7 | 7 | 7 |
| **Provider Adjustment Requests & Errors Reprocessed in 30-days** | 100% | 100% | 100% | 98% | 100% | 97% |

| | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 |
|---|---|---|---|---|---|---|
| **All Claims** | | | | | | |
| Paid | 562,384 | 692,349 | 799,393 | 676,696 | 724,738 | 819,522 |
| Denied | 55,256 | 65,915 | 78,931 | 57,841 | 65,213 | 78,628 |
| Suspended | 144,252 | 177,137 | 144,115 | 252,377 | 229,915 | 175,781 |
| **Clean Claims Processed** | | | | | | |
| in 30-days (Requirement 90%) | 99% | 100% | 100% | 100% | 99% | 97% |
| in 45-days (Requirement 95%) | 100% | 100% | 100% | 100% | 100% | 100% |
| **Average Days to Pay** | 7 | 6 | 7 | 7 | 8 | 8 |
| **Provider Adjustment Requests & Errors Reprocessed in 30-days** | 99% | 100% | 95% | 100% | 100% | 100% |

# Claims Summary (Non-Pharmacy)




| | % | Top 10 Reasons for Claims Denials (Non-Pharmacy) - June 2021 |
|---|---|---|
| 1. | 25% | Duplicate claim service |
| 2. | 12% | Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement |
| 3. | 8% | Claim/service lacks information or has submission/billing error(s) |
| 4. | 8% | Service not payable per managed care contract |
| 5. | 8% | Expenses incurred after coverage terminated |
| 6. | 6% | Precertification/authorization/notification absent |
| 7. | 5% | An attachment/other documentation is required to adjudicate this claim/service. |
| 8. | 5% | The impact of prior payer(s) adjudication including payments and/or adjustments. |
| 9. | 3% | The time limit for filing has expired |
| 10. | 3% | Benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated |

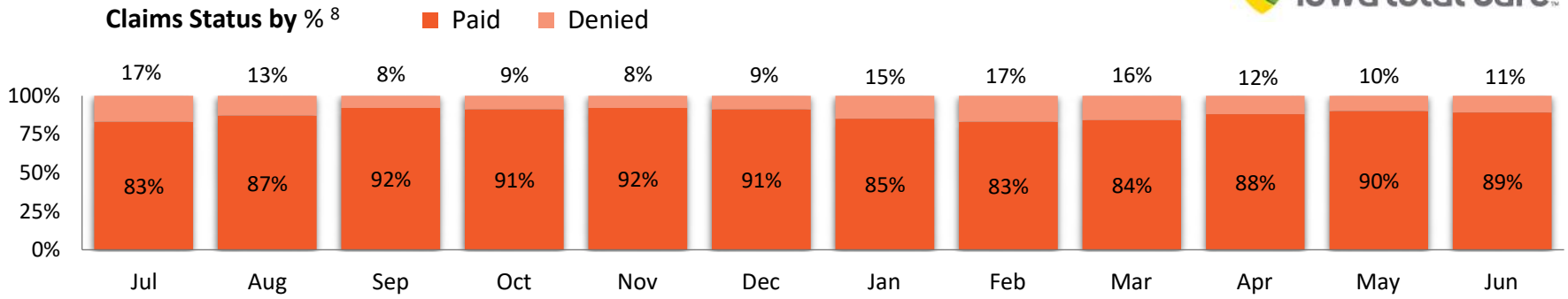
# Claims Summary (Non-Pharmacy)

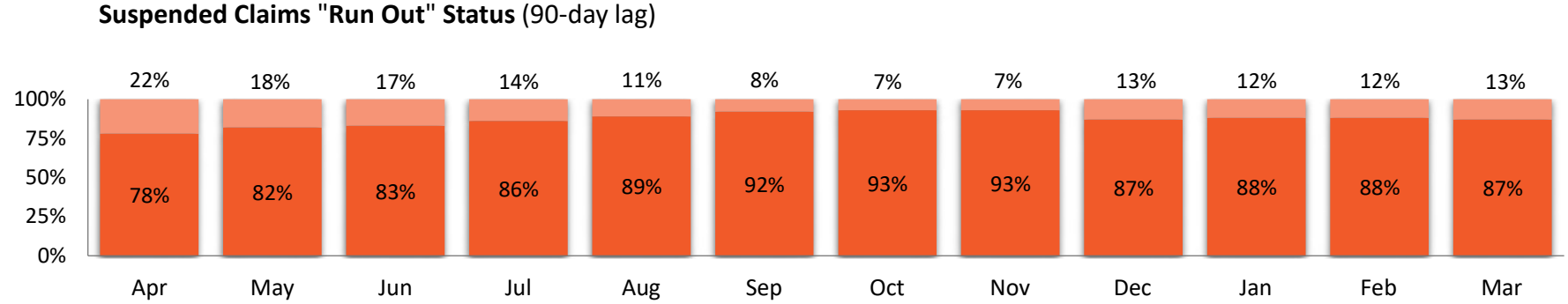
**7.27 Million**
YTD Claims Paid & Denied

| | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 |
|---|---|---|---|---|---|---|
| **All Claims** | | | | | | |
| Paid | 541,872 | 387,852 | 744,650 | 503,711 | 576,638 | 584,590 |
| Denied | 114,298 | 57,113 | 66,183 | 52,838 | 47,853 | 57,720 |
| Suspended | 144,265 | 144,367 | 83,099 | 173,513 | 218,331 | 82,791 |
| **Clean Claims Processed** [8] | | | | | | |
| in 30-days (Requirement 90%) | 86% | 95% | 96% | 98% | 97% | 98% |
| in 45-days (Requirement 95%) | 92% | 97% | 98% | 99% | 99% | 99% |
| **Average Days to Pay** [8] | 18 | 14 | 12 | 10 | 10 | 9 |
| **Provider Adjustment Requests & Errors Reprocessed in 30-days** | 90% | 97% | 99% | 99% | 100% | 100% |

| | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 |
|---|---|---|---|---|---|---|
| **All Claims** | | | | | | |
| Paid | 427,592 | 461,945 | 578,311 | 536,957 | 503,519 | 540,579 |
| Denied | 76,872 | 94,209 | 106,544 | 76,031 | 57,872 | 70,097 |
| Suspended | 123,810 | 125,690 | 101,613 | 97,245 | 146,712 | 136,344 |
| **Clean Claims Processed** [8] | | | | | | |
| in 30-days (Requirement 90%) | 96% | 95% | 98% | 96% | 97% | 99% |
| in 45-days (Requirement 95%) | 98% | 97% | 99% | 98% | 99% | 100% |
| **Average Days to Pay** [8] | 13 | 14 | 10 | 10 | 10 | 8 |
| **Provider Adjustment Requests & Errors Reprocessed in 30-days** | 98% | 96% | 97% | 97% | 98% | 99% |

# Claims Summary (Non-Pharmacy)




| | % | Top 10 Reasons for Claims Denials (Non-Pharmacy) - June 2021 |
|---|---|---|
| 1. | 28% | Duplicate claim service |
| 2. | 14% | Service can not be combined with other service on same day |
| 3. | 11% | Bill primary insurer first; resubmit with explanation of benefits (EOB) |
| 4. | 10% | No authorization on file that matches service(s) billed |
| 5. | 10% | Service is not covered |
| 6. | 7% | Invoice is missing/invalid for pricing |
| 7. | 6% | CMS Medicaid National Correct Coding Initiative (NCCI) unbundling |
| 8. | 6% | Diagnosis code incorrectly coded per ICD10 manual |
| 9. | 4% | Provider Medicaid ID required |
| 10. | 4% | Ace claim level return to provider (review claim remarks) |

[8] In SFY20, **Clean Claims Processed**, **Average Days to Pay**, and **Claims Status by %** were reported separately because of system configuration issues.

As of **SFY21**, the amount of claims being withheld significantly decreased allowing the department to resume standardized reporting while noting the number of claims withheld each month by ITC.

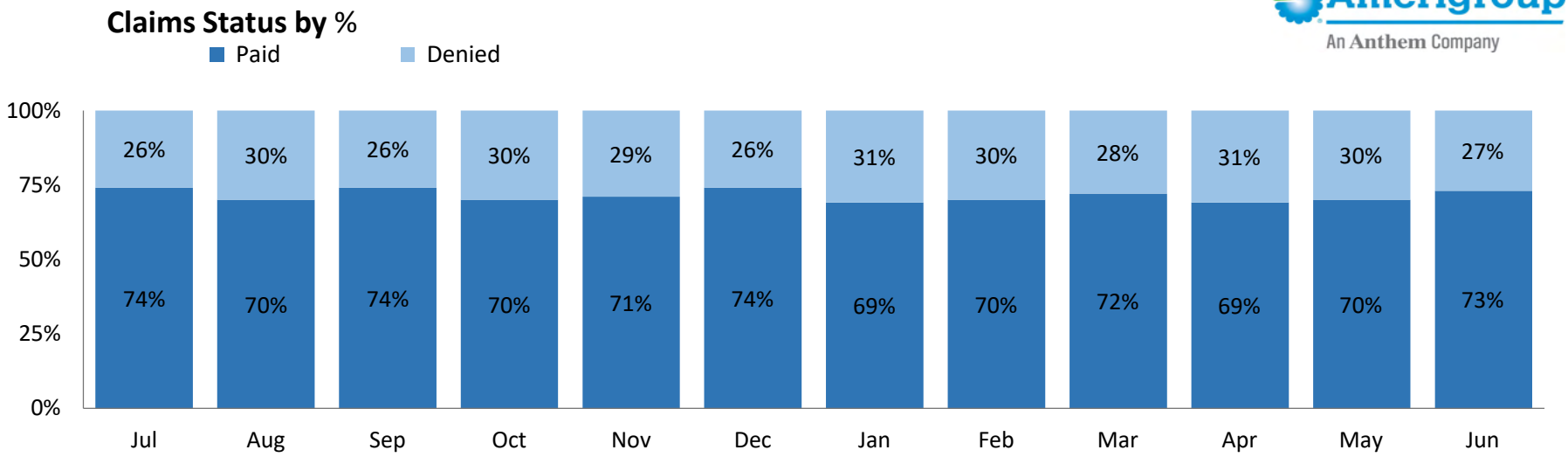
# Claims Summary (Pharmacy)

**6.54 Million**
YTD Claims Paid & Denied

| | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 |
|---|---|---|---|---|---|---|
| **All Claims** | | | | | | |
| Paid | 435,473 | 342,230 | 442,664 | 357,245 | 353,842 | 437,935 |
| Denied | 154,247 | 146,088 | 154,474 | 153,240 | 142,138 | 151,481 |
| **Clean Claims Processed** | | | | | | |
| in 30-days (Requirement 90%) | 100% | 100% | 100% | 100% | 100% | 100% |
| in 45-days (Requirement 95%) | 100% | 100% | 100% | 100% | 100% | 100% |
| **Average Days to Pay** | 12 | 11 | 12 | 11 | 11 | 12 |

| | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 |
|---|---|---|---|---|---|---|
| **All Claims** | | | | | | |
| Paid | 333,816 | 349,172 | 451,808 | 358,521 | 364,932 | 452,424 |
| Denied | 152,871 | 150,363 | 179,681 | 158,320 | 153,504 | 165,144 |
| **Clean Claims Processed** | | | | | | |
| in 30-days (Requirement 90%) | 100% | 100% | 100% | 100% | 100% | 100% |
| in 45-days (Requirement 95%) | 100% | 100% | 100% | 100% | 100% | 100% |
| **Average Days to Pay** | 11 | 11 | 12 | 11 | 11 | 12 |

# Claims Summary (Pharmacy)




| | % | Top 10 Reasons for Claims Denials (Pharmacy) - June 2021 |
|---|---|---|
| 1. | 40% | Refill too soon |
| 2. | 14% | Submit bill to other processor or primary payer |
| 3. | 14% | Prior authorization required |
| 4. | 10% | National Drug Code (NDC) not covered |
| 5. | 5% | M/I other payer reject code |
| 6. | 5% | Plan limitations exceeded |
| 7. | 2% | Non matched prescriber ID |
| 8. | 2% | Filled after coverage terminated |
| 9. | 1% | Pharmacy not enrolled in State Medicaid program |
| 10. | 1% | Discontinued National Drug Code (NDC) number |

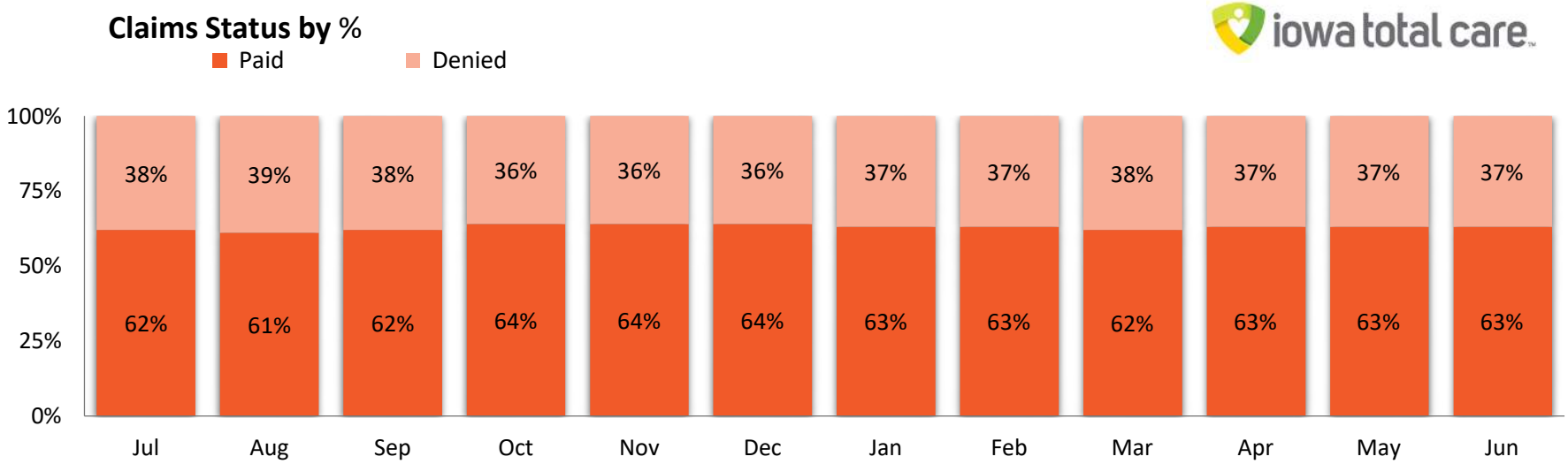
# Claims Summary (Pharmacy)

**5.04 Million**
YTD Claims Paid & Denied

| | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 |
|---|---|---|---|---|---|---|
| **All Claims** | | | | | | |
| Paid | 274,930 | 280,805 | 265,686 | 264,239 | 249,688 | 260,731 |
| Denied | 166,492 | 177,877 | 160,526 | 150,970 | 141,568 | 143,660 |
| **Clean Claims Processed** | | | | | | |
| in 30-days (Requirement 90%) | 100% | 100% | 100% | 100% | 100% | 100% |
| in 45-days (Requirement 95%) | 100% | 100% | 100% | 100% | 100% | 100% |
| **Average Days to Pay** | 3 | 3 | 3 | 3 | 3 | 4 |

| | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 |
|---|---|---|---|---|---|---|
| **All Claims** | | | | | | |
| Paid | 250,352 | 242,037 | 279,080 | 267,219 | 261,365 | 275,964 |
| Denied | 144,672 | 143,151 | 167,989 | 154,512 | 152,130 | 159,420 |
| **Clean Claims Processed** | | | | | | |
| in 30-days (Requirement 90%) | 100% | 100% | 100% | 100% | 100% | 100% |
| in 45-days (Requirement 95%) | 100% | 100% | 100% | 100% | 100% | 100% |
| **Average Days to Pay** | 4 | 5 | 4 | 3 | 3 | 4 |

# Claims Summary (Pharmacy)




| | % | Top 10 Reasons for Claims Denials (Pharmacy) - June 2021 |
|---|---|---|
| 1. | 29% | Refill too soon |
| 2. | 10% | Prior authorization required |
| 3. | 3% | Quantity dispensed exceeds maximum allowed |
| 4. | 3% | Product not on formulary |
| 5. | 3% | Claim not processed |
| 6. | 3% | Submit bill to other processor or primary payer |
| 7. | 2% | National Drug Code (NDC) not covered |
| 8. | 2% | Drug Utilization Review (DUR) reject error |
| 9. | 2% | Drug not covered for patient age |
| 10. | 2% | Filled after coverage terminated |

# Prior Authorization Summary (Non-Pharmacy)

**331,131**
All PAs Submitted YTD [9]

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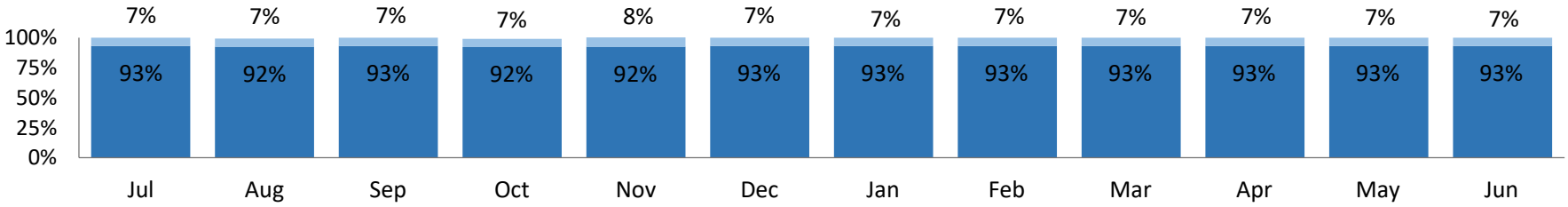
| | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 |
|---|---|---|---|---|---|---|
| **Standard Prior Authorizations (PAs)** | | | | | | |
| Approved | 17,959 | 15,898 | 18,318 | 18,750 | 16,279 | 17,911 |
| Denied | 1,369 | 1,269 | 1,353 | 1,481 | 1,324 | 1,273 |
| Modified | 40 | 52 | 48 | 47 | 34 | 48 |
| Average Days to Process | 3 | 4 | 4 | 5 | 4 | 4 |
| **Standard PAs Completed** in 14-days (Requirement 99%) | 100% | 100% | 100% | 100% | 100% | 100% |
| **Expedited PAs Completed** in 72-hours (Requirement 99%) | 100% | 100% | 99% | 100% | 100% | 100% |

| | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 |
|---|---|---|---|---|---|---|
| **Standard Prior Authorizations (PAs)** | | | | | | |
| Approved | 17,607 | 17,808 | 20,918 | 19,822 | 17,816 | 18,743 |
| Denied | 1,225 | 1,334 | 1,504 | 1,372 | 1,332 | 1,391 |
| Modified | 30 | 48 | 54 | 43 | 47 | 29 |
| Average Days to Process | 4 | 4 | 4 | 5 | 5 | 5 |
| **Standard PAs Completed** in 14-days (Requirement 99%) | 100% | 100% | 100% | 100% | 100% | 100% |
| **Expedited PAs Completed** in 72-hours (Requirement 99%) | 100% | 100% | 100% | 99% | 100% | 100% |

[9] Totals capture all standard non-pharmacy and pharmacy PA counts. In addition to approved, denied, or modified the submitted totals will also include PA's received, but not yet processed.

# Prior Authorization Summary (Non-Pharmacy & Pharmacy)

## Non-Pharmacy by Percentage

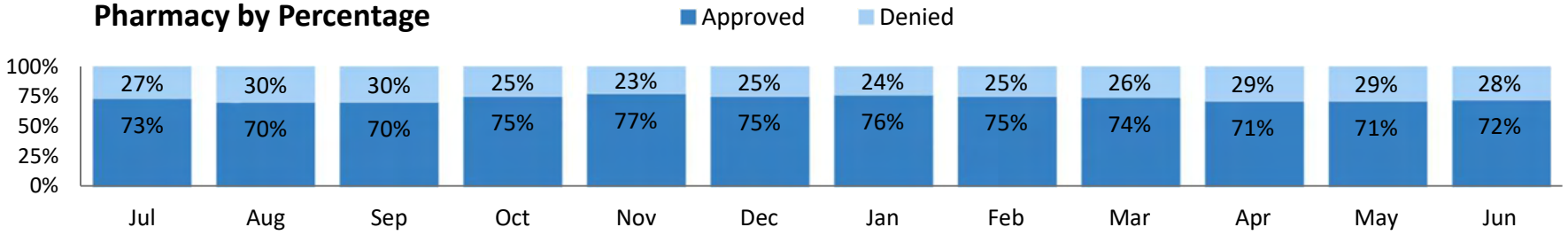



## Pharmacy

| | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 |
|---|---|---|---|---|---|---|
| **Prior Authorizations** | | | | | | |
| Approved | 6,148 | 5,117 | 5,110 | 6,921 | 5,940 | 5,490 |
| Denied | 309 | 2,164 | 2,232 | 2,354 | 1,773 | 1,873 |
| **PAs Completed** - 100% in 24hrs | 100% | 99.9% | 100% | 99.9% | 99.9% | 99.9% |

| | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 |
|---|---|---|---|---|---|---|
| **Prior Authorizations** | | | | | | |
| Approved | 7,175 | 5,963 | 6,322 | 5,804 | 5,122 | 5,618 |
| Denied | 2,221 | 2,005 | 2,252 | 2,321 | 2,071 | 2,153 |
| **PAs Completed** - 100% in 24hrs | 99.9% | 100% | 99.9% | 99.9% | 99.9% | 99.9% |

## Pharmacy by Percentage



# Prior Authorization Summary (Non-Pharmacy)

**383,462**
All PAs Submitted YTD [9]

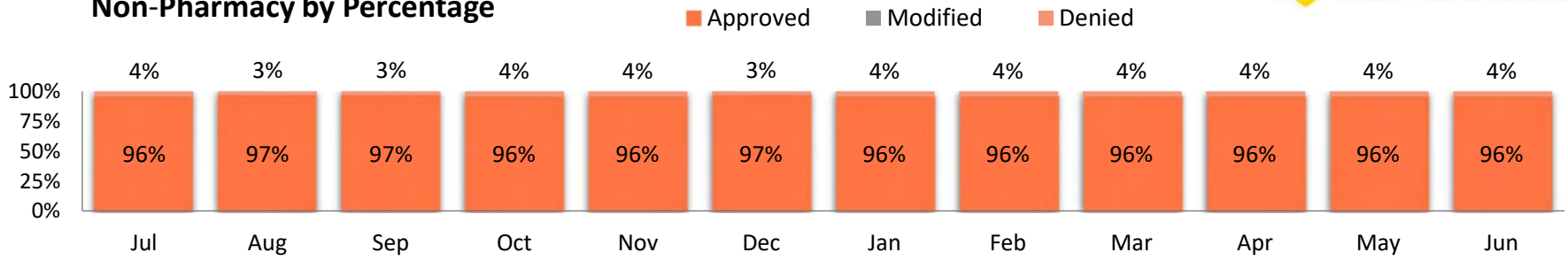
| | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 |
|---|---|---|---|---|---|---|
| **Standard Prior Authorizations (PAs)** | | | | | | |
| Approved | 23,294 | 23,820 | 26,906 | 24,444 | 21,508 | 26,148 |
| Denied | 876 | 783 | 858 | 1,055 | 903 | 947 |
| Modified | 0 | 0 | 0 | 0 | 0 | 0 |
| Average Days to Process | 3 | 3 | 3 | 3 | 4 | 4 |
| **Standard PAs Completed** in 14-days (Requirement 99%) | 100% | 100% | 100% | 100% | 100% | 100% |
| **Expedited PAs Completed** in 72-hours (Requirement 99%) | 100% | 100% | 100% | 100% | 100% | 100% |

| | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 |
|---|---|---|---|---|---|---|
| **Standard Prior Authorizations (PAs)** | | | | | | |
| Approved | 24,450 | 24,240 | 28,356 | 24,852 | 24,219 | 24,686 |
| Denied | 887 | 947 | 1,072 | 1,163 | 1,009 | 1,056 |
| Modified | 0 | 0 | 0 | 0 | 0 | 0 |
| Average Days to Process | 4 | 3 | 3 | 4 | 4 | 5 |
| **Standard PAs Completed** in 14-days (Requirement 99%) | 100% | 100% | 100% | 100% | 100% | 100% |
| **Expedited PAs Completed** in 72-hours (Requirement 99%) | 100% | 100% | 100% | 100% | 100% | 99% |

[9] Totals capture all standard non-pharmacy and pharmacy PA counts. In addition to approved, denied, or modified the submitted totals will also include PA's received, but not yet processed.

# Prior Authorization Summary (Non-Pharmacy & Pharmacy)

## Non-Pharmacy by Percentage

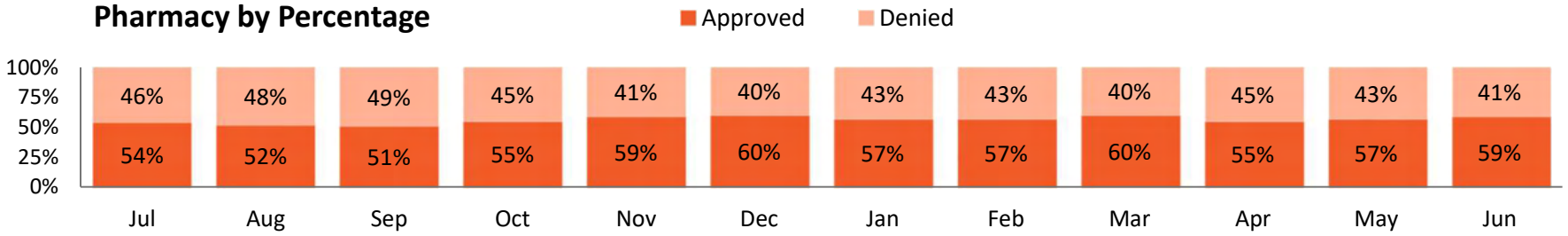



## Pharmacy

| Pharmacy | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 |
|---|---|---|---|---|---|---|
| **Prior Authorizations** | | | | | | |
| Approved | 2,801 | 2,348 | 2,492 | 3,024 | 3,087 | 3,258 |
| Denied | 2,351 | 2,136 | 2,407 | 2,459 | 2,122 | 2,200 |
| **PAs Completed** - 100% in 24hrs | 100% | 100% | 100% | 100% | 99.9% | 99.9% |

| | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 |
|---|---|---|---|---|---|---|
| **Prior Authorizations** | | | | | | |
| Approved | 3,198 | 3,288 | 4,017 | 3,367 | 2,960 | 3,305 |
| Denied | 2,402 | 2,436 | 2,654 | 2,772 | 2,225 | 2,296 |
| **PAs Completed** - 100% in 24hrs | 100% | 100% | 100% | 99.2% | 100% | 99.8% |

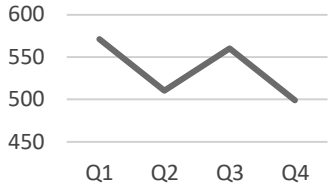
## Pharmacy by Percentage



# Grievances and Appeals

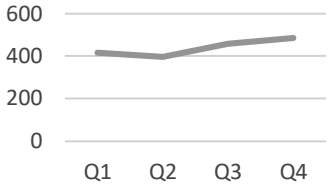
Grievances - YTD

2,140




Appeals - YTD

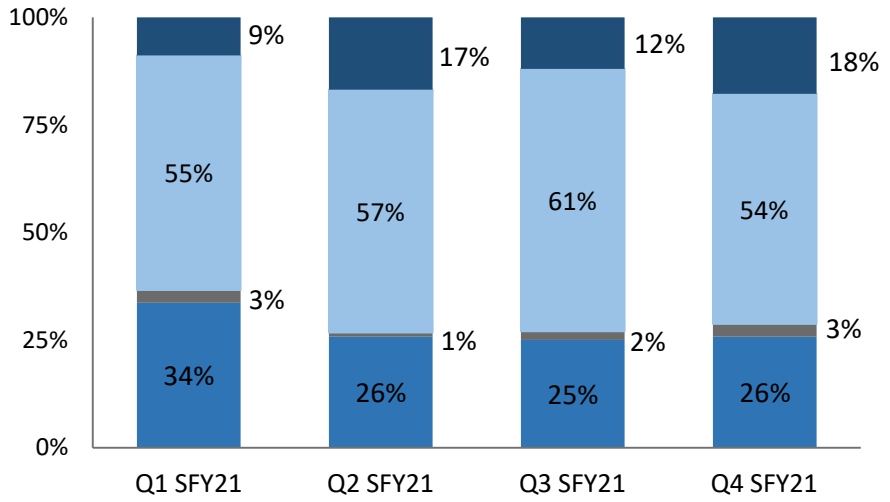
1,756




**Resolved in 30-days**
**100%**

**Resolved in 30-days**
**100%**

Appeal Outcome Percentages



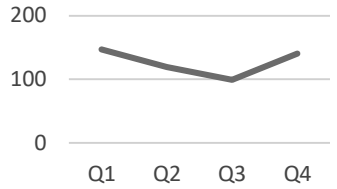

| | % | **Top 10 Reasons for Grievances** - June |
|---|---|---|
| 1. | 35% | Voluntary disenrollment |
| 2. | 17% | Provider balance billed |
| 3. | 10% | Adequacy of treatment record keeping |
| 4. | 5% | Availability of appointments |
| 5. | 4% | Transportation - Driver delay |
| 6. | 4% | Provider attitude/rudeness |
| 7. | 3% | Transportation - Driver no-show |
| 8. | 3% | Treatment dissatisfaction |
| 9. | 3% | Inadequate benefit access |
| 10. | 2% | Provider refusal to treat |

| % | **Top 10 Reasons for Appeals** - June |
|---|---|
| 29% | DME |
| 20% | Pharmacy - Non Injectable |
| 12% | Radiology |
| 6% | Pharmacy - Injectable |
| 6% | Anesthesia for Dental Surgery |
| 5% | Inpatient - Medical |
| 5% | BH - Op Service |
| 4% | Surgery |
| 4% | Therapy - PT |
| 3% | Pain Mgmt. |

# Grievances and Appeals

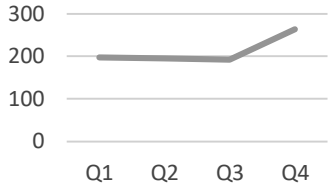
Grievances - YTD

505




Appeals - YTD

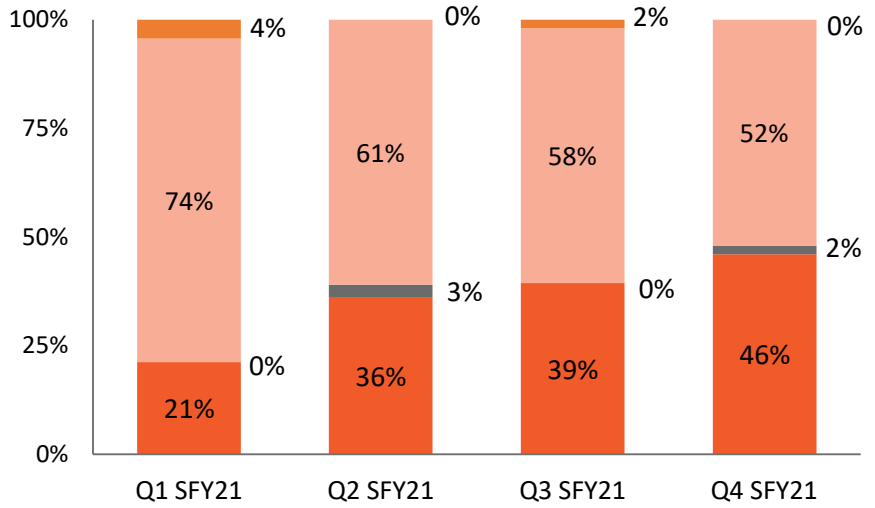
848




**Resolved in 30-days**
**99%**

**Resolved in 30-days**
**100%**

Appeal Outcome Percentages




| | % | **Top 10 Reasons for Grievances** - June |
|---|---|---|
| 1. | 22% | Access to Care - Network Availability |
| 2. | 17% | Unhappy with Benefits |
| 3. | 14% | Transportation - General Complaint Vendor |
| 4. | 6% | Transportation - Missed Appointment |
| 5. | 5% | Transportation - Late Appointment |
| 6. | 5% | Provider Staff |
| 7. | 4% | Provider |
| 8. | 3% | Transportation - Driver no-show |
| 9. | 3% | Transportation - Unsafe Driving |
| 10. | 3% | Lack of Caring/Concern |

| % | **Top 10 Reasons for Appeals** - June |
|---|---|
| 33% | RX - Does Not Meet Prior AuthGuidelines |
| 8% | Other - Mental Health Service |
| 6% | Diagnostic - MRI |
| 5% | DME - Other |
| 5% | Diagnostic - CAT Scan |
| 4% | Outpatient - Procedure |
| 3% | DME - Wheelchair |
| 3% | Therapy - Physical Therapy |
| 3% | DME - Blood Glucose Monitor |
| 3% | Diagnostic - Test |

## Value Based Purchasing (VBP) Agreement

Value Based Purchasing (VBP) Agreement: An agreement that holds health care providers accountable for both the cost and quality of care they provide by providing payment to improved performance.

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Percentage of Members covered by a Value Based Purchasing Agreement (Requirement: 40%) [10]

| SFY21 Q1 | SFY21 Q2 | SFY21 Q3 | SFY21 Q4 |
|---|---|---|---|
| 63% | 64% | 59% | 60% |

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Percentage of Members covered by a Value Based Purchasing Agreement (Requirement: 40%) [10]

| SFY21 Q1 | SFY21 Q2 | SFY21 Q3 | SFY21 Q4 |
|---|---|---|---|
| 84% | 84% | 89% | 90% |

[10] *Updated "members covered" in 40% requirement to include long term care, dual eligible, Hawki, and breast cervical cancer program members*

## Top 5 - Value Added Services (VAS)

Value Added Services (VAS) are optional benefits provided by the MCOs outside of the standard Medicaid benefit package. MCOs use value added services as an incentive to attract members to their plan. A complete listing by each MCO can also be found here: https://dhs.iowa.gov/sites/default/files/Comm504.pdf

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| | SFY21 Q1 | SFY21 Q2 |
|---|---|---|
| Community Resource Link | 841 | 2,989 |
| Taking Care of Baby and Me | 2,095 | 2,482 |
| Healthy Rewards[9] | 1,678 | 1,408 |
| Dental Hygiene Kit | 683 | 711 |
| SafeLink Mobile Phone | 723 | 581 |

Amerigroup An Anthem Company

| | SFY21 Q3 | SFY21 Q4 |
|---|---|---|
| Healthy Rewards | 5,633 | 4,466 |
| Taking Care of Baby and Me | 2,654 | 1,514 |
| Community Resource Link | 1,028 | 1,007 |
| Dental Hygiene Kit | 844 | 565 |
| SafeLink Mobile Phone | 616 | 447 |

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| | SFY21 Q1 | SFY21 Q2 |
|---|---|---|
| My Health Pays Program | 8,755 | 13,222 |
| The Flu Program | 2,689 | 3,427 |
| Start Smart for Your Baby | 1,558 | 1,215 |
| Mobile App | 544 | 989 |
| myStrength.com | 28 | 428 |

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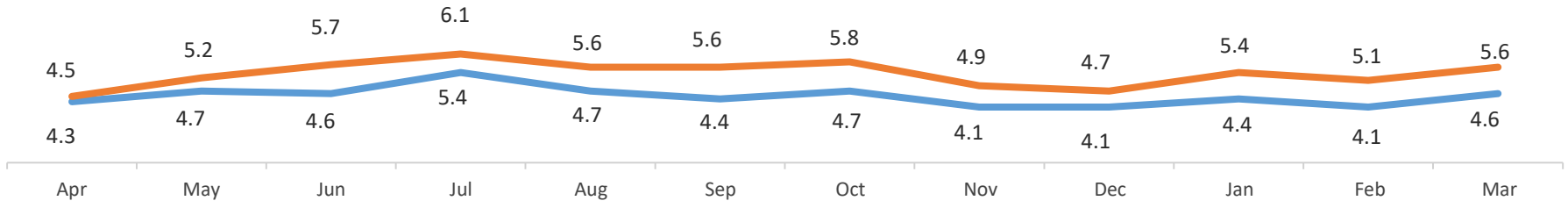
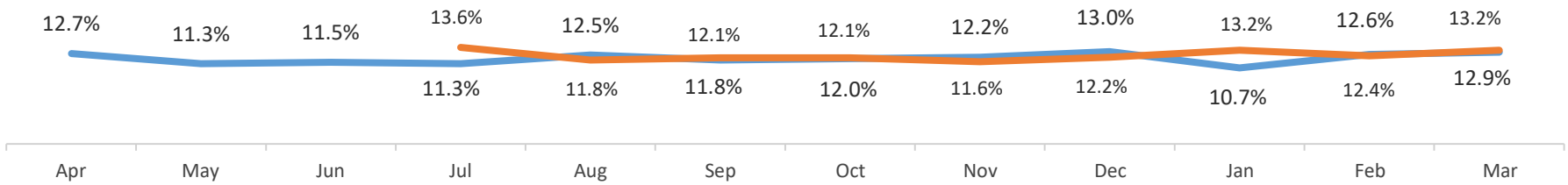
| | SFY21 Q3 | SFY21 Q4 |
|---|---|---|
| My Health Pays Program | 11,284 | 10,387 |
| Start Smart for Your Baby | 1,529 | 1,445 |
| The Flu Program | 4,715 | 974 |
| Mobile App | 666 | 933 |
| SafeLink Phones | 159 | 335 |

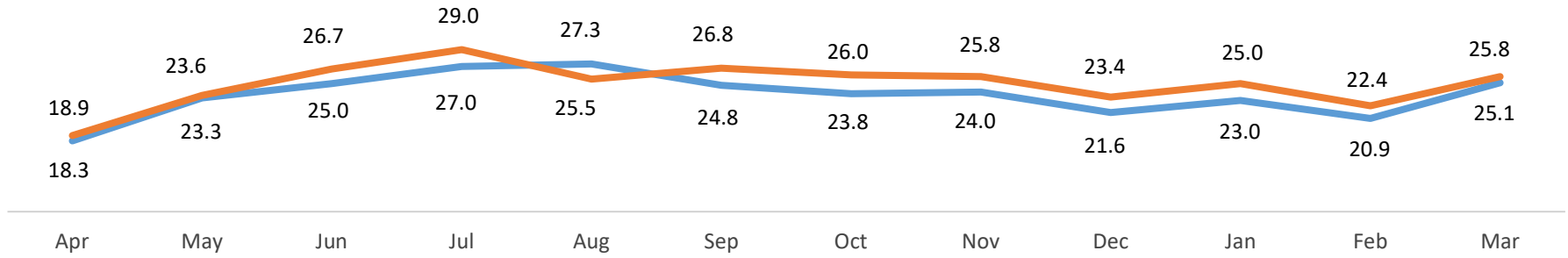
## Inpatient Admissions per 1,000 Members per Month (90-day lag)




## All Cause Readmissions within 30-days (90-day lag) [11]




## Adult Non-Emergent Use Per 1,000 ED Visits (90-day lag) [12]




[11] *This measure requires 12 months of continuous enrollment with the MCO. Q2 SFY2021 is the first quarter that ITC is reporting data.*

[12] *Effective January 1, 2020, the list of emergent diagnosis codes used to determine this measure was updated.*

# MCO Children Summary

COVID
Mar 8, 2020

| | SFY20 Q1 | SFY20 Q2 | SFY20 Q3 | SFY20 Q4 | SFY21 Q1 | SFY21 Q2 | SFY21 Q3 | SFY21 Q4 |
|---|---|---|---|---|---|---|---|---|
| **Member Enrollment** | **226,292** | **225,398** | **225,565** | **223,742** | **228,223** | **231,588** | **235,816** | 236,807 |
| Infancy < 1 | 14,032 | 13,684 | 12,723 | 11,082 | 11,020 | 10,159 | 10,208 | 9,176 |
| Early Childhood 1 - 4 | 46,765 | 46,178 | 46,440 | 46,773 | 46,976 | 47,354 | 47,404 | 47,242 |
| Middle Childhood 5 - 11 | 78,260 | 78,030 | 78,139 | 77,497 | 78,663 | 79,742 | 80,518 | 80,950 |
| Adolescence 12 - 21 | 87,235 | 87,506 | 88,263 | 88,390 | 91,564 | 94,333 | 97,686 | 99,439 |
| **Well Child Exams** (Preventive Visits) | **68,695** | **46,157** | **38,491** | **29,958** | **59,780** | **41,104** | **39,279** | 36,804 |
| Infancy < 1 | 16,097 | 15,136 | 13,480 | 10,935 | 11,496 | 11,231 | 11,844 | 11,392 |
| Early Childhood 1 - 4 | 16,588 | 13,674 | 13,013 | 10,483 | 15,485 | 12,242 | 12,642 | 11,986 |
| Middle Childhood 5 - 11 | 17,038 | 9,270 | 6,406 | 4,865 | 15,528 | 9,351 | 7,507 | 7,078 |
| Adolescence 12 - 21 | 18,972 | 8,077 | 5,592 | 3,675 | 17,271 | 8,280 | 7,286 | 6,348 |
| **Lead Screenings** | **7,083** | **5,386** | **5,584** | **3,629** | **5,244** | **4,279** | **4,509** | 4,651 |
| Infancy < 1 | 235 | 228 | 272 | 77 | 103 | 90 | 97 | 136 |
| Early Childhood 1 - 4 | 5,919 | 4,777 | 4,945 | 3,346 | 4,460 | 3,834 | 4,050 | 4,174 |
| Middle Childhood 5 - 11 | 886 | 343 | 324 | 190 | 647 | 309 | 333 | 295 |
| Adolescence 12 - 21 | 43 | 38 | 43 | 16 | 34 | 46 | 29 | 46 |
| **Hearing Screenings** | **2,886** | **2,810** | **2,995** | **1,328** | **1,942** | **1,649** | **1,835** | 1,779 |
| Infancy < 1 | 256 | 225 | 265 | 116 | 131 | 111 | 132 | 140 |
| Early Childhood 1 - 4 | 1,249 | 1,236 | 1,357 | 646 | 790 | 754 | 799 | 810 |
| Middle Childhood 5 - 11 | 996 | 1,009 | 1,020 | 404 | 690 | 541 | 588 | 556 |
| Adolescence 12 - 21 | 385 | 340 | 353 | 162 | 331 | 243 | 316 | 273 |
| **Vision Screenings** | **1,779** | **974** | **763** | **708** | **1,753** | **914** | **1,517** | 1,565 |
| Infancy < 1 | 72 | 65 | 51 | 11 | 12 | 10 | 19 | 34 |
| Early Childhood 1 - 4 | 583 | 476 | 399 | 378 | 599 | 376 | 898 | 865 |
| Middle Childhood 5 - 11 | 625 | 276 | 218 | 216 | 652 | 352 | 425 | 452 |
| Adolescence 12 - 21 | 499 | 157 | 95 | 103 | 490 | 176 | 175 | 214 |

# MCO Children Summary

COVID
Mar 8, 2020

| | SFY20 Q1 | SFY20 Q2 | SFY20 Q3 | SFY20 Q4 | SFY21 Q1 | SFY21 Q2 | SFY21 Q3 | SFY21 Q4 |
|---|---|---|---|---|---|---|---|---|
| **Vaccination Totals** | **91,987** | **104,285** | **63,971** | **44,636** | **79,511** | **91,582** | **59,215** | 63,672 |
| DTaP (Diphtheria, Tetanus, Pertussis) | 15,002 | 11,737 | 10,426 | 9,080 | 11,994 | 10,223 | 10,237 | 9,377 |
| Influenza (FLU) | 9,058 | 46,228 | 12,029 | 814 | 11,074 | 40,027 | 8,961 | 778 |
| HepA (Hepatitis A) | 7,163 | 5,353 | 5,275 | 4,378 | 6,410 | 5,029 | 4,790 | 4,497 |
| HepB (Hepatitis B) | 1,371 | 2,489 | 1,113 | 860 | 1,011 | 957 | 1,003 | 882 |
| Haemophilus Influenza Type B (Hib) | 7,094 | 6,169 | 6,019 | 5,248 | 5,534 | 5,364 | 5,371 | 5,007 |
| Human Papillomavirus (HPV) | 7,792 | 3,243 | 2,694 | 1,787 | 6,953 | 3,234 | 2,901 | 2,653 |
| Meningococcal ACWY (MenACWY) | 7,904 | 2,614 | 1,920 | 1,518 | 7,056 | 3,132 | 2,365 | 2,476 |
| Meningococcal B - (MenB) | 2,848 | 1,423 | 947 | 605 | 2,517 | 1,442 | 1,108 | 994 |
| MMR (Measles, Mumps, Rubella) | 6,646 | 4,607 | 4,176 | 3,619 | 5,970 | 4,397 | 3,860 | 3,682 |
| Pneumococcal (PCV13) | 10,802 | 9,284 | 8,983 | 7,806 | 7,953 | 7,811 | 8,014 | 7,423 |
| Pneumococcal (PPSV23) | 88 | 104 | 74 | 37 | 65 | 71 | 67 | 56 |
| Polio (IPV) | 511 | 362 | 319 | 128 | 323 | 297 | 236 | 225 |
| RV (Rotavirus) | 7,068 | 5,968 | 5,621 | 4,816 | 4,739 | 4,946 | 5,138 | 4,811 |
| Tetanus and diphtheria (Td) | 68 | 68 | 46 | 44 | 51 | 38 | 33 | 31 |
| TDAP (Tetanus, Diphtheria, Pertussis) | 5,479 | 2,093 | 1,668 | 1,571 | 5,097 | 2,236 | 1,844 | 2,171 |
| Varicella Virus Vaccine (VAR) | 3,093 | 2,543 | 2,661 | 2,325 | 2,764 | 2,369 | 2,134 | 1,984 |
| Pfizer COVID-19 Vaccine Dose 1 | 0 | 0 | 0 | 0 | 0 | 2 | 693 | 8,359 |
| Pfizer COVID-19 Vaccine Dose 2 | 0 | 0 | 0 | 0 | 0 | 0 | 109 | 6,830 |
| Moderna COVID-19 Vaccine Dose 1 | 0 | 0 | 0 | 0 | 0 | 7 | 251 | 610 |
| Moderna COVID-19 Vaccine Dose 2 | 0 | 0 | 0 | 0 | 0 | 0 | 87 | 617 |
| Janssen COVID-19 Vaccine Single-Dose | 0 | 0 | 0 | 0 | 0 | 0 | 13 | 209 |

***Note** : This was the first year of reporting MCO Children Summary data. Data initially reported in the quarterly reports did not include 90-days of claims runout; however, MCOs were allowed to submit restated data for this report. Beginning SFY 2022, all MCO Children Summary data will be submitted with a 90-day lag to account for claims runout.*

# MCO Children Summary

COVID
Mar 8, 2020

| | SFY20 Q1 | SFY20 Q2 | SFY20 Q3 | SFY20 Q4 | SFY21 Q1 | SFY21 Q2 | SFY21 Q3 | SFY21 Q4 |
|---|---|---|---|---|---|---|---|---|
| **Member Enrollment** | **158,998** | **150,165** | **148,445** | **147,722** | **152,472** | **154,855** | **158,103** | 158,536 |
| Infancy < 1 | 8,819 | 8,547 | 9,423 | 10,164 | 10,058 | 9,615 | 9,409 | 8,480 |
| Early Childhood 1 - 4 | 32,579 | 30,611 | 29,589 | 28,862 | 30,256 | 30,738 | 31,562 | 31,936 |
| Middle Childhood 5 - 11 | 55,497 | 52,051 | 51,077 | 50,530 | 51,634 | 52,334 | 52,767 | 52,915 |
| Adolescence 12 - 21 | 62,103 | 58,956 | 58,356 | 58,166 | 60,524 | 62,168 | 64,365 | 65,205 |
| **Well Child Exams** (Preventive Visits) | **49,074** | **32,242** | **26,229** | **22,277** | **44,048** | **32,551** | **31,357** | 29,353 |
| Infancy < 1 | 10,452 | 10,652 | 11,246 | 10,728 | 11,568 | 11,412 | 11,555 | 11,207 |
| Early Childhood 1 - 4 | 11,842 | 9,048 | 7,354 | 5,777 | 9,769 | 8,367 | 9,368 | 8,590 |
| Middle Childhood 5 - 11 | 12,553 | 6,801 | 4,062 | 3,278 | 10,772 | 6,795 | 5,305 | 5,017 |
| Adolescence 12 - 21 | 14,227 | 5,741 | 3,567 | 2,494 | 11,939 | 5,977 | 5,129 | 4,539 |
| **Lead Screenings** | **5,834** | **3,921** | **2,881** | **2,092** | **3,843** | **3,119** | **3,521** | 3,612 |
| Infancy < 1 | 172 | 136 | 72 | 55 | 72 | 72 | 88 | 139 |
| Early Childhood 1 - 4 | 4,841 | 3,476 | 2,611 | 1,864 | 3,284 | 2,794 | 3,123 | 3,182 |
| Middle Childhood 5 - 11 | 760 | 284 | 174 | 144 | 464 | 231 | 282 | 268 |
| Adolescence 12 - 21 | 61 | 25 | 24 | 29 | 23 | 22 | 28 | 23 |
| **Hearing Screenings** | **1,676** | **1,452** | **1,605** | **799** | **1,248** | **1,108** | **1,232** | 1,226 |
| Infancy < 1 | 97 | 97 | 122 | 107 | 116 | 82 | 125 | 121 |
| Early Childhood 1 - 4 | 707 | 614 | 716 | 350 | 451 | 437 | 537 | 506 |
| Middle Childhood 5 - 11 | 607 | 502 | 584 | 247 | 460 | 403 | 404 | 409 |
| Adolescence 12 - 21 | 265 | 239 | 183 | 95 | 221 | 186 | 166 | 190 |
| **Vision Screenings** | **1,214** | **660** | **526** | **438** | **1,135** | **711** | **1,095** | 1,075 |
| Infancy < 1 | 30 | 23 | 30 | 19 | 17 | 22 | 19 | 30 |
| Early Childhood 1 - 4 | 411 | 314 | 270 | 245 | 406 | 306 | 691 | 587 |
| Middle Childhood 5 - 11 | 434 | 212 | 146 | 133 | 377 | 255 | 289 | 349 |
| Adolescence 12 - 21 | 339 | 111 | 80 | 41 | 335 | 128 | 96 | 109 |

# MCO Children Summary

COVID
Mar 8, 2020

| | SFY20 Q1 | SFY20 Q2 | SFY20 Q3 | SFY20 Q4 | SFY21 Q1 | SFY21 Q2 | SFY21 Q3 | SFY21 Q4 |
|---|---|---|---|---|---|---|---|---|
| **Vaccination Totals** | **51,842** | **70,841** | **37,376** | **28,114** | **56,011** | **62,820** | **43,656** | 39,098 |
| DTaP (Diphtheria, Tetanus, Pertussis) | 7,916 | 8,076 | 7,199 | 6,702 | 9,100 | 8,206 | 8,257 | 7,726 |
| Influenza (FLU) | 5,568 | 29,224 | 7,443 | 596 | 7,111 | 26,104 | 6,588 | 691 |
| HepA (Hepatitis A) | 5,141 | 3,797 | 2,882 | 2,274 | 4,360 | 3,264 | 3,718 | 3,312 |
| HepB (Hepatitis B) | 1,025 | 4,895 | 914 | 772 | 978 | 872 | 918 | 780 |
| Haemophilus Influenza Type B (Hib) | 1,465 | 2,842 | 1,376 | 1,234 | 1,365 | 1,410 | 1,396 | 1,285 |
| Human Papillomavirus (HPV) | 5,659 | 2,467 | 1,668 | 1,223 | 4,791 | 2,223 | 2,002 | 1,794 |
| Meningococcal ACWY (MenACWY) | 5,663 | 1,947 | 1,129 | 1,008 | 4,902 | 2,101 | 1,530 | 1,544 |
| Meningococcal B - (MenB) | 0 | 0 | 0 | 0 | 1,767 | 921 | 762 | 618 |
| MMR (Measles, Mumps, Rubella) | 4,477 | 3,021 | 2,028 | 1,843 | 4,304 | 3,115 | 3,062 | 2,765 |
| Pneumococcal (PCV13) | 5,200 | 6,539 | 5,966 | 5,868 | 6,871 | 6,595 | 7,005 | 6,439 |
| Pneumococcal (PPSV23) | 0 | 0 | 0 | 0 | 49 | 55 | 47 | 33 |
| Polio (IPV) | 512 | 342 | 232 | 139 | 320 | 237 | 231 | 142 |
| RV (Rotavirus) | 2,880 | 4,292 | 4,192 | 4,255 | 4,472 | 4,354 | 4,527 | 4,256 |
| Tetanus and diphtheria (Td) | 69 | 51 | 35 | 26 | 34 | 15 | 17 | 19 |
| TDAP (Tetanus, Diphtheria, Pertussis) | 4,064 | 1,653 | 1,096 | 1,114 | 3,493 | 1,551 | 1,269 | 1,417 |
| Varicella Virus Vaccine (VAR) | 2,203 | 1,695 | 1,216 | 1,060 | 2,094 | 1,791 | 1,917 | 1,718 |
| Pfizer COVID-19 Vaccine Dose 1 | 0 | 0 | 0 | 0 | 0 | 2 | 204 | 2,165 |
| Pfizer COVID-19 Vaccine Dose 2 | 0 | 0 | 0 | 0 | 0 | 0 | 47 | 1,845 |
| Moderna COVID-19 Vaccine Dose 1 | 0 | 0 | 0 | 0 | 0 | 4 | 110 | 254 |
| Moderna COVID-19 Vaccine Dose 2 | 0 | 0 | 0 | 0 | 0 | 0 | 38 | 247 |
| Janssen COVID-19 Vaccine Single-Dose | 0 | 0 | 0 | 0 | 0 | 0 | 11 | 48 |

***Note** : This was the first year of reporting MCO Children Summary data. Data initially reported in the quarterly reports did not include 90-days of claims runout; however, MCOs were allowed to submit restated data for this report. Beginning SFY 2022, all MCO Children Summary data will be submitted with a 90-day lag to account for claims runout.*

## Non-LTSS Care Coordination and HCBS Case Management

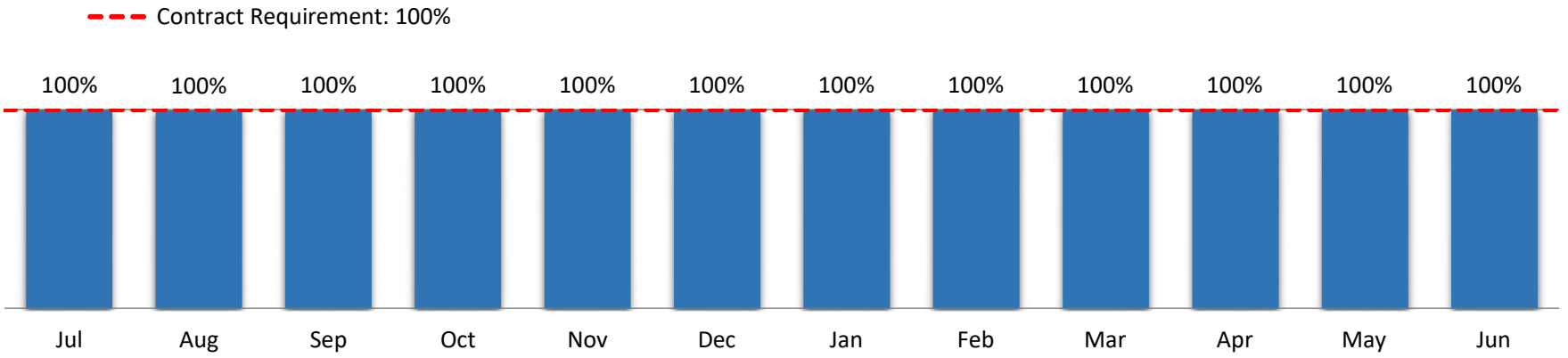
| Average Number of Contacts Per Month | SFY21 Q1 | SFY21 Q2 | SFY21 Q3 | SFY21 Q4 |
|---|---|---|---|---|
| by Care Coordinators | 0.8 | 0.8 | 0.8 | 0.9 |
| by Case Managers | 1.2 | 1.2 | 1.2 | 1.2 |
| **"Members to" Ratios** | | | | |
| Members to Care Coordinators | 16 | 24 | 27 | 34 |
| HCBS Members to Case Managers | 65 | 65 | 67 | 65 |

There are no current MCO contract standards for ratios of members to care coordinators or community based case managers. However, MCO contracts do state that members are to be visited in their residence face-to-face by their care coordinator at least quarterly with an interval of at least 60 days between visits.

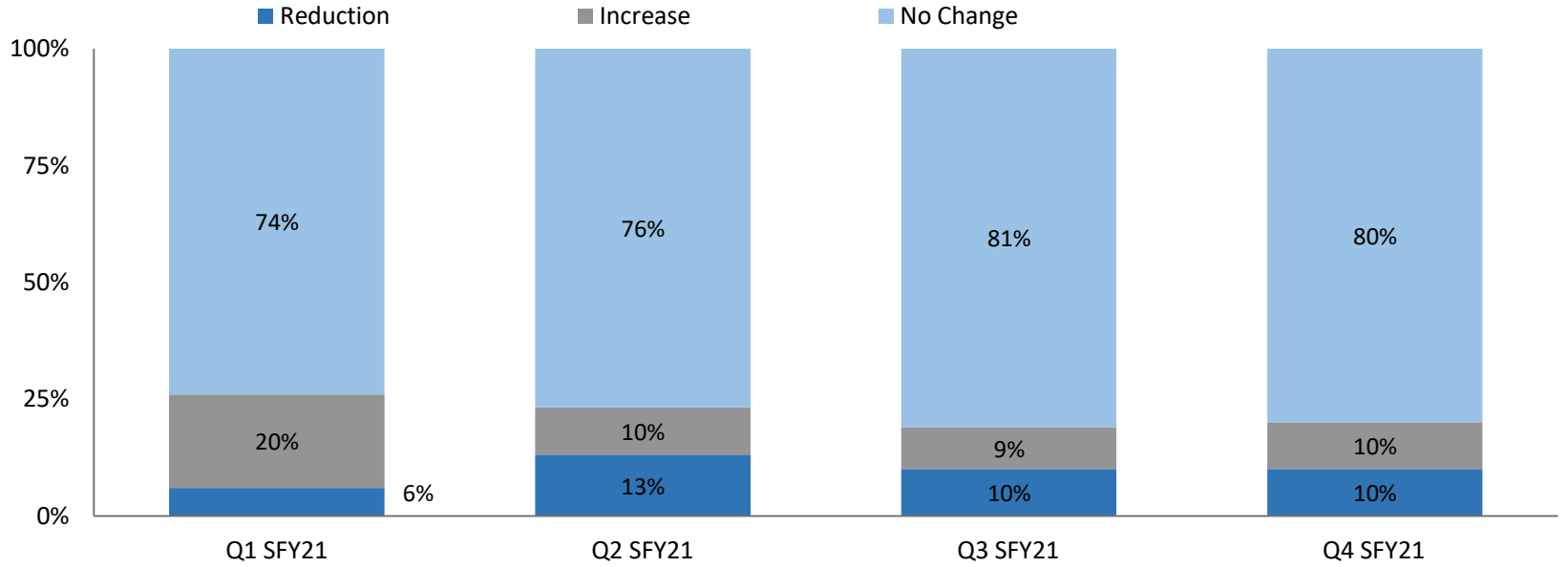
## Iowa Participant Experience Survey (IPES)

| Waiver members reporting… | | SFY21 Q1 | SFY21 Q2 | SFY21 Q3 | SFY21 Q4 |
|---|---|---|---|---|---|
| They were part of service planning. | I don't know | 0.0% | 0.0% | 0.0% | 0.0% |
| | No | 0.0% | 0.0% | 0.0% | 0.0% |
| | Sometimes | 0.0% | 0.0% | 0.0% | 0.0% |
| | **Yes** | 100.0% | 100.0% | 100.0% | 100.0% |
| They feel safe where they live. | I don't know | 0.0% | 0.0% | 0.0% | 0.0% |
| | No | 0.3% | 0.0% | 0.6% | 0.0% |
| | Sometimes | 0.0% | 0.6% | 0.0% | 0.0% |
| | **Yes** | 99.7% | 99.4% | 99.4% | 100.0% |
| Their services make their lives better. | I don't know | 0.0% | 0.0% | 0.3% | 0.9% |
| | No | 0.3% | 0.0% | 0.6% | 0.3% |
| | Sometimes | 0.0% | 0.0% | 2.3% | 0.0% |
| | **Yes** | 99.7% | 100.0% | 96.8% | 98.8% |

## Percentage of Level of Care (LOC) Reassessments Completed Timely




## Waiver Service Plan Outcomes



## Non-LTSS Care Coordination and HCBS Case Management

| Average Number of Contacts Per Month | SFY21 Q1 | SFY21 Q2 | SFY21 Q3 | SFY21 Q4 |
|---|---|---|---|---|
| by Care Coordinators | 0.8 | 0.8 | 0.8 | 0.8 |
| by Case Managers | 1.0 | 1.0 | 1.0 | 1.0 |
| **"Members to" Ratios** | | | | |
| Members to Care Coordinators | 36 | 20 | 25 | 47 |
| HCBS Members to Case Managers | 38 | 41 | 41 | 41 |

There are no current MCO contract standards for ratios of members to care coordinators or community based case managers. However, MCO contracts do state that members are to be visited in their residence face-to-face by their care coordinator at least quarterly with an interval of at least 60 days between visits.

## Iowa Participant Experience Survey (IPES)

| Waiver members reporting… | | SFY21 Q1 | SFY21 Q2 | SFY21 Q3 | SFY21 Q4 |
|---|---|---|---|---|---|
| They were part of service planning. | I don't know | 0.4% | 0.4% | 0.4% | 0.0% |
| | No | 5.2% | 1.1% | 1.8% | 1.4% |
| | Sometimes | 1.1% | 1.9% | 1.8% | 0.4% |
| | **Yes** | 93.3% | 96.7% | 96.0% | 98.2% |
| They feel safe where they live. | I don't know | 0.8% | 0.4% | 0.0% | 0.0% |
| | No | 2.3% | 0.4% | 0.4% | 1.4% |
| | Sometimes | 1.9% | 1.5% | 1.1% | 0.4% |
| | **Yes** | 95.1% | 97.8% | 98.5% | 98.2% |
| Their services make their lives better. | I don't know | 1.1% | 0.0% | 0.0% | 0.0% |
| | No | 1.9% | 0.7% | 0.4% | 1.4% |
| | Sometimes | 2.6% | 2.6% | 2.6% | 0.7% |
| | **Yes** | 94.4% | 96.7% | 97.1% | 97.8% |

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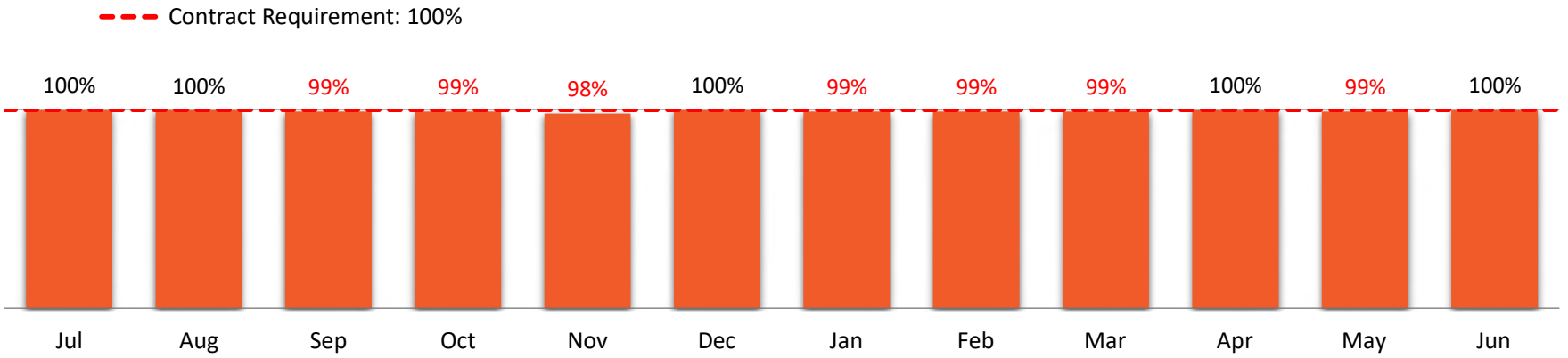
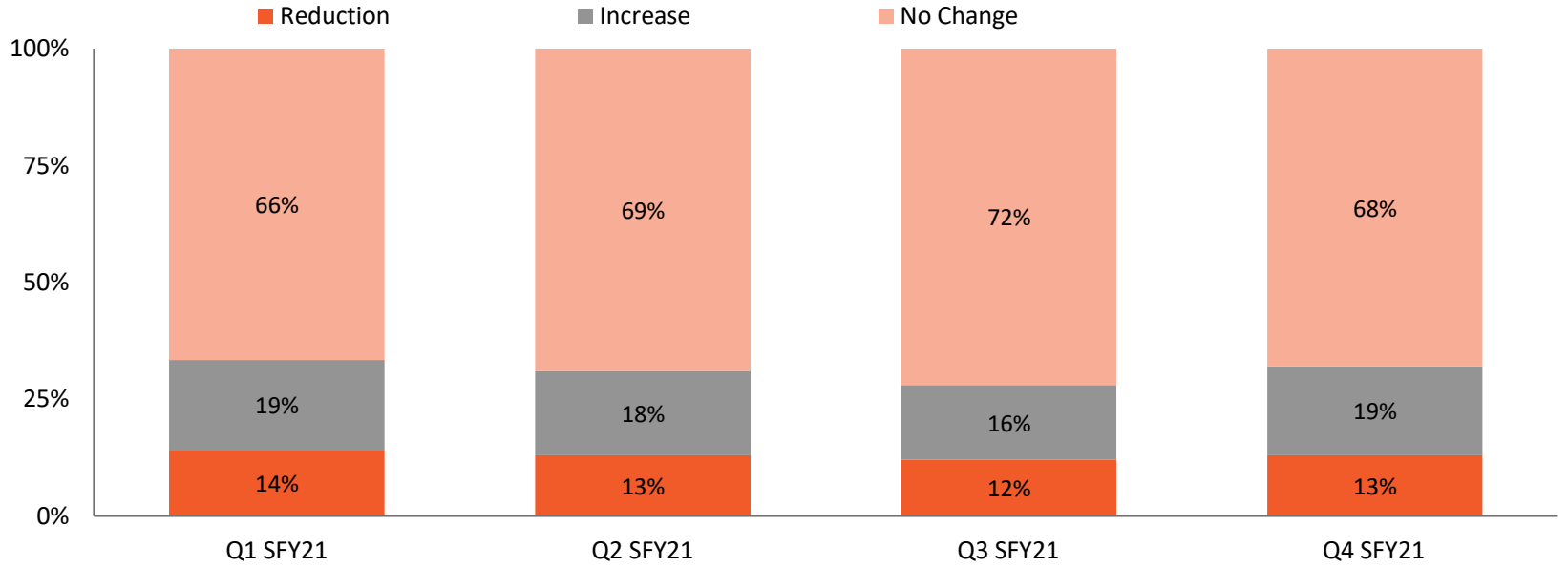
## Percentage of Level of Care (LOC) Reassessments Completed Timely




## Waiver Service Plan Outcomes



# **Long Term Services** - Waiver Service Plan Participation

Home- and Community-Based Services (HCBS) programs are available for eligible members with disabilities or older Iowans that would otherwise require care in a medical institution. The following information captures the Top 5 services used by members with active waiver service plans.

## Top 5 Waiver Services

- by Member Usage

| | SFY21 Q1 | SFY21 Q2 |
|---|---|---|
| **AIDS/HIV** - Unique Service Plans | 19 | 19 |
| Home Delivered Meals | 16 | 16 |
| CDAC (individual) by 15 minute units | 0 | 3 |
| Supported Community Living (daily) | 1 | 1 |
| CDAC (agency) by 15 minute units | 1 | 1 |
| Homemaker (by 15 minute units) | 0 | 1 |
| **Brain Injury (BI) Waivers** | 831 | 821 |
| Financial Management Services | 236 | 239 |
| Supported Community Living (by unit) | 224 | 210 |
| Respite (by 15 minute units) | 174 | 170 |
| Personal Emergency Response | 162 | 163 |
| Supported Community Living (daily) | 107 | 107 |
| **Children's Mental Health (CMH)** | 879 | 876 |
| Respite (by 15 minute units) | 441 | 453 |
| Family and Community Support | 271 | 240 |
| Respite (Hos/NF) - 15 minute units | 245 | 232 |
| Respite (Resident Camp) by units | 18 | 14 |
| Home Delivered Meals | 8 | 8 |
| **Elderly Waivers** | 4,886 | 4,795 |
| Home Delivered Meals | 3,213 | 3,089 |
| Personal Emergency Response | 3,144 | 3,056 |
| Assisted Living Services | 437 | 412 |
| CDAC (agency) by 15 minute units | 319 | 349 |
| Personal Emergency Response (install) | 343 | 319 |

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| | SFY21 Q1 | SFY21 Q2 |
|---|---|---|
| **Habilitation (Hab)** | 4,786 | 4,696 |
| Home-based Habilitation | 3,816 | 3,991 |
| Long Term Job Coaching | 403 | 375 |
| Day Habilitation (units by day) | 213 | 319 |
| Day Habilitation (by 15 minute units) | 593 | 282 |
| Individual Supported Employment | 184 | 196 |
| **Health & Disability (HD)** | 1,394 | 1,359 |
| Financial Management Services | 374 | 361 |
| Home Delivered Meals | 364 | 356 |
| Respite (by 15 minute units) | 370 | 350 |
| Personal Emergency Response | 363 | 349 |
| Respite (Hos/NF) - 15 minute units | 67 | 67 |
| **Intellectual Disability (ID)** | 7,150 | 7,111 |
| Supported Community Living (by unit) | 1,886 | 1,848 |
| Supported Community Living (daily) | 1,965 | 1,586 |
| Day Habilitation (units by day) | 1,551 | 1,498 |
| Financial Management Services | 1,376 | 1,385 |
| Supported Community Living (RCF) | 966 | 1,107 |
| **Physical Disability (PD)** | 759 | 724 |
| Personal Emergency Response | 402 | 384 |
| CDAC (agency) by 15 minute units | 70 | 72 |
| Personal Emergency Response (install) | 75 | 63 |
| Home-based Habilitation | 60 | 52 |
| Home Delivered Meals | 55 | 51 |

# Long Term Services - Waiver Service Plan Participation

## Top 5 Waiver Services

- by Member Usage

| | SFY21 Q3 | SFY21 Q4 |
|---|---|---|
| **AIDS/HIV** - Unique Service Plans | 19 | 19 |
| Home Delivered Meals | 15 | 15 |
| CDAC (individual) by 15 minute units | 3 | 3 |
| CDAC (agency) by 15 minute units | 0 | 3 |
| Homemaker (by 15 minute units) | 1 | 0 |
| **Brain Injury (BI) Waivers** | 818 | 814 |
| Financial Management Services | 233 | 234 |
| Supported Community Living (by unit) | 198 | 178 |
| Respite (by 15 minute units) | 163 | 167 |
| Personal Emergency Response | 161 | 162 |
| Supported Community Living (daily) | 110 | 107 |
| **Children's Mental Health (CMH)** | 863 | 840 |
| Respite (by 15 minute units) | 436 | 415 |
| Respite (Hos/NF) - 15 minute units | 231 | 223 |
| Family and Community Support | 223 | 218 |
| Respite (Resident Camp) by units | 13 | 11 |
| Home Delivered Meals | 6 | 4 |
| **Elderly Waivers** | 4,703 | 4,637 |
| Personal Emergency Response | 3,009 | 2,920 |
| Home Delivered Meals | 3,049 | 2,903 |
| CDAC (agency) by 15 minute units | 225 | 461 |
| Assisted Living Services | 392 | 363 |
| Personal Emergency Response (install) | 306 | 285 |

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| | SFY21 Q3 | SFY21 Q4 |
|---|---|---|
| **Habilitation (Hab)** | 4,578 | 4,498 |
| Home-based Habilitation | 3,936 | 3,870 |
| Long Term Job Coaching | 360 | 393 |
| Day Habilitation (units by day) | 345 | 373 |
| Individual Supported Employment | 164 | 165 |
| Day Habilitation (by 15 minute units) | 130 | 131 |
| **Health & Disability (HD)** | 1,353 | 1,384 |
| Financial Management Services | 354 | 353 |
| Respite (by 15 minute units) | 353 | 345 |
| Personal Emergency Response | 332 | 318 |
| Home Delivered Meals | 329 | 306 |
| Respite (Hos/NF) - 15 minute units | 65 | 66 |
| **Intellectual Disability (ID)** | 7,065 | 7,053 |
| Supported Community Living (by unit) | 1,828 | 1,785 |
| Financial Management Services | 1,382 | 1,388 |
| Day Habilitation (units by day) | 1,439 | 1,363 |
| Supported Community Living (RCF) | 1,136 | 1,249 |
| Supported Community Living (daily) | 1,430 | 1,242 |
| **Physical Disability (PD)** | 694 | 681 |
| Personal Emergency Response | 370 | 355 |
| CDAC (agency) by 15 minute units | 33 | 88 |
| CDAC (individual) by 15 minute units | 41 | 58 |
| Home Delivered Meals | 45 | 42 |
| Financial Management Services | 31 | 35 |

# Long Term Services - Waiver Service Plan Participation

All eligible members receive service coordination and a customized individual service plan. For additional information on the HCBS waiver program including a full list of available services reference our dedicated webpage: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/waivers.

## Top 5 Waiver Services

- by Member Usage

| | SFY21 Q1 | SFY21 Q2 |
|---|---|---|
| **AIDS/HIV** - Unique Service Plans | 13 | 11 |
| Home Delivered Meals | 7 | 7 |
| CDAC (individual) by 15 minute units | 6 | 5 |
| Homemaker (by 15 minute units) | 2 | 3 |
| Supported Community Living (daily) | 2 | 2 |
| Day Habilitation (units by day) | 1 | 1 |
| **Brain Injury (BI) Waivers** | 531 | 532 |
| Supported Community Living (by unit) | 233 | 234 |
| Respite (by 15 minute units) | 157 | 153 |
| Personal Emergency Response | 127 | 130 |
| Supported Community Living (daily) | 119 | 117 |
| Transportation (1-way trip) | 92 | 93 |
| **Children's Mental Health (CMH)** | 351 | 351 |
| Respite (by 15 minute units) | 173 | 192 |
| Respite (Hos/NF) - 15 minute units | 96 | 113 |
| Family and Community Support | 85 | 89 |
| Mental Health Service | 5 | 16 |
| Respite (Resident Camp) by units | 7 | 6 |
| **Elderly Waivers** | 3,336 | 3,310 |
| Home Delivered Meals | 2,548 | 2,610 |
| Personal Emergency Response | 2,451 | 2,526 |
| CDAC (agency) by 15 minute units | 1,285 | 1,330 |
| Homemaker (by 15 minute units) | 914 | 928 |
| CDAC (individual) by 15 minute units | 778 | 762 |

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| | SFY21 Q1 | SFY21 Q2 |
|---|---|---|
| **Habilitation (Hab)** | 2,395 | 2,416 |
| Home-based Habilitation | 1,787 | 1,800 |
| Day Habilitation (by 15 minute units) | 370 | 350 |
| Day Habilitation (units by day) | 283 | 270 |
| Long Term Job Coaching | 225 | 240 |
| Individual Supported Employment | 145 | 153 |
| **Health & Disability (HD)** | 645 | 631 |
| Respite (by 15 minute units) | 297 | 292 |
| Home Delivered Meals | 203 | 190 |
| Personal Emergency Response | 180 | 176 |
| CDAC (individual) by 15 minute units | 130 | 130 |
| CDAC (agency) by 15 minute units | 111 | 109 |
| **Intellectual Disability (ID)** | 4,524 | 4,512 |
| Supported Community Living (by unit) | 1,949 | 1,939 |
| Day Habilitation (by 15 minute units) | 1,912 | 1,899 |
| Day Habilitation (units by day) | 1,778 | 1,769 |
| Supported Community Living (RCF) | 1,490 | 1,440 |
| Respite (by 15 minute units) | 1,075 | 1,079 |
| **Physical Disability (PD)** | 411 | 399 |
| Personal Emergency Response | 244 | 236 |
| CDAC (agency) by 15 minute units | 204 | 197 |
| CDAC (individual) by 15 minute units | 144 | 148 |
| Transportation (1-way trip) | 56 | 54 |
| Personal Emergency Response (install) | 40 | 28 |

# Long Term Services - Waiver Service Plan Participation

## Top 5 Waiver Services

- by Member Usage

| | SFY21 Q3 | SFY21 Q4 |
|---|---|---|
| **AIDS/HIV** - Unique Service Plans | 9 | 10 |
| Home Delivered Meals | 8 | 7 |
| CDAC (individual) by 15 minute units | 5 | 4 |
| Homemaker (by 15 minute units) | 2 | 2 |
| **Brain Injury (BI) Waivers** | 531 | 527 |
| Supported Community Living (by unit) | 235 | 229 |
| Respite (by 15 minute units) | 151 | 145 |
| Personal Emergency Response | 129 | 129 |
| Supported Community Living (daily) | 124 | 124 |
| CDAC (agency) by 15 minute units | 89 | 87 |
| **Children's Mental Health (CMH)** | 353 | 352 |
| Respite (by 15 minute units) | 206 | 201 |
| Respite (Hos/NF) - 15 minute units | 125 | 131 |
| Family and Community Support | 108 | 102 |
| Mental Health Service | 36 | 38 |
| Respite (Resident Camp) by units | 4 | 2 |
| **Elderly Waivers** | 3,275 | 3,285 |
| Home Delivered Meals | 2,672 | 2,432 |
| Personal Emergency Response | 2,611 | 2,393 |
| CDAC (agency) by 15 minute units | 1,399 | 1,284 |
| Homemaker (by 15 minute units) | 922 | 830 |
| CDAC (individual) by 15 minute units | 765 | 695 |

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| | SFY21 Q3 | SFY21 Q4 |
|---|---|---|
| **Habilitation (Hab)** | 2,350 | 2,353 |
| Home-based Habilitation | 1,932 | 1,906 |
| Day Habilitation (by 15 minute units) | 349 | 341 |
| Day Habilitation (units by day) | 271 | 276 |
| Long Term Job Coaching | 259 | 256 |
| Individual Supported Employment | 155 | 140 |
| **Health & Disability (HD)** | 626 | 639 |
| Respite (by 15 minute units) | 294 | 286 |
| Home Delivered Meals | 181 | 169 |
| Personal Emergency Response | 170 | 154 |
| CDAC (individual) by 15 minute units | 127 | 118 |
| CDAC (agency) by 15 minute units | 109 | 112 |
| **Intellectual Disability (ID)** | 4,478 | 4,488 |
| Supported Community Living (by unit) | 1,931 | 1,854 |
| Day Habilitation (by 15 minute units) | 1,851 | 1,828 |
| Day Habilitation (units by day) | 1,729 | 1,673 |
| Supported Community Living (RCF) | 1,390 | 1,325 |
| Respite (by 15 minute units) | 1,075 | 1,039 |
| **Physical Disability (PD)** | 395 | 375 |
| Personal Emergency Response | 231 | 212 |
| CDAC (agency) by 15 minute units | 187 | 176 |
| CDAC (individual) by 15 minute units | 142 | 132 |
| Transportation (1-way trip) | 47 | 41 |
| Personal Emergency Response (install) | 20 | 15 |

# Call Center Performance Metrics

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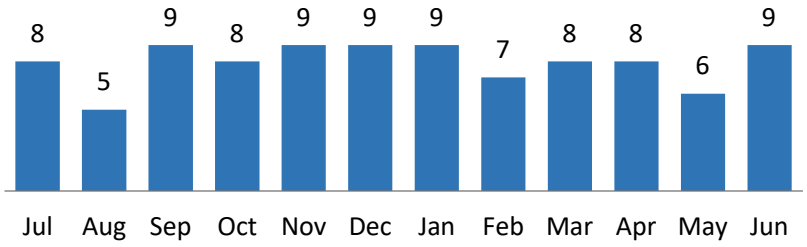
| | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 |
|---|---|---|---|---|---|---|
| **Member Helpline** | | | | | | |
| Service Level (Requirement 80%) | 91.51% | 97.45% | 98.48% | 96.30% | 96.77% | 97.06% |
| Abandonment Rate - Must be 5% or less | 0.65% | 1.20% | 0.71% | 1.08% | 0.38% | 0.50% |
| **Member Pharmacy Helpline** | | | | | | |
| Service Level (Requirement 80%) | 96.10% | 97.64% | 82.65% | 90.51% | 92.20% | 94.57% |
| Abandonment Rate - Must be 5% or less | 0.12% | 0.00% | 0.06% | 0.07% | 0.07% | 0.00% |
| **Provider Helpline** | | | | | | |
| Service Level (Requirement 80%) | 89.06% | 97.10% | 97.27% | 90.98% | 94.25% | 91.36% |
| Abandonment Rate - Must be 5% or less | 0.29% | 0.51% | 0.10% | 0.69% | 0.19% | 0.22% |
| **Provider Pharmacy Helpline** | | | | | | |
| Service Level (Requirement 80%) | 85.94% | 91.29% | 93.07% | 78.63% | 90.80% | 92.59% |
| Abandonment Rate - Must be 5% or less | 1.17% | 0.80% | 0.47% | 3.25% | 0.44% | 0.80% |
| **Non-Emergency Medical Transportation (NEMT)** | | | | | | |
| Service Level (Requirement 80%) | 80.80% | 69.69% | 78.81% | 76.62% | 81.23% | 94.60% |
| Abandonment Rate - Must be 5% or less | 0.44% | 0.60% | 0.46% | 1.77% | 1.29% | 0.90% |

| | **Top 5 Call Reasons (Member Helpline)** - June |
|---|---|
| 1. | Benefit Inquiry |
| 2. | ID Card Request or Inquiry |
| 3. | Enrollment Information |
| 4. | Claim Inquiry |
| 5. | Transportation Inquiry |

**Secret Shopper Scores**
- Member Helpline

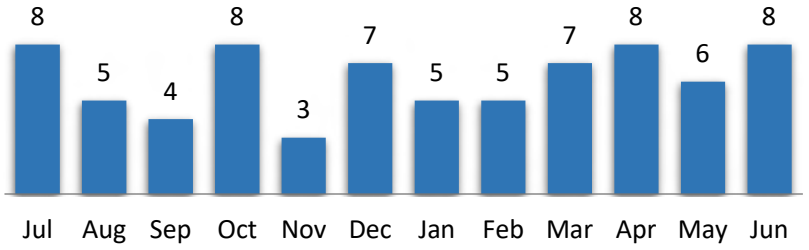


# Call Center Performance Metrics

| | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 |
|---|---|---|---|---|---|---|
| **Member Helpline** | | | | | | |
| Service Level (Requirement 80%) | 96.31% | 97.95% | 90.60% | 93.10% | 89.83% | 95.93% |
| Abandonment Rate - Must be 5% or less | 1.03% | 0.84% | 0.84% | 0.81% | 0.73% | 0.83% |
| **Member Pharmacy Helpline** | | | | | | |
| Service Level (Requirement 80%) | 99.94% | 97.42% | 97.50% | 96.04% | 96.68% | 93.75% |
| Abandonment Rate - Must be 5% or less | 0.00% | 0.00% | 0.00% | 0.11% | 0.17% | 0.34% |
| **Provider Helpline** | | | | | | |
| Service Level (Requirement 80%) | 95.19% | 93.57% | 82.77% | 90.05% | 83.11% | 83.38% |
| Abandonment Rate - Must be 5% or less | 0.24% | 0.50% | 0.48% | 1.01% | 1.37% | 0.92% |
| **Provider Pharmacy Helpline** | | | | | | |
| Service Level (Requirement 80%) | 93.87% | 97.14% | 94.79% | 93.06% | 93.35% | 93.31% |
| Abandonment Rate - Must be 5% or less | 0.13% | 0.18% | 0.17% | 0.29% | 0.23% | 0.11% |
| **Non-Emergency Medical Transportation (NEMT)** | | | | | | |
| Service Level (Requirement 80%) | 26.62% | 18.39% | 27.92% | 80.09% | 88.65% | 71.06% |
| Abandonment Rate - Must be 5% or less | 11.62% | 22.08% | 9.77% | 3.62% | 2.53% | 3.60% |

| | **Top 5 Call Reasons (Provider Helpline)** - June |
|---|---|
| 1. | Benefit Inquiry |
| 2. | Authorization Status |
| 3. | Claim Status |
| 4. | Authorization New |
| 5. | Claim Payment Question or Dispute |

**Secret Shopper Scores**
- Provider Helpline

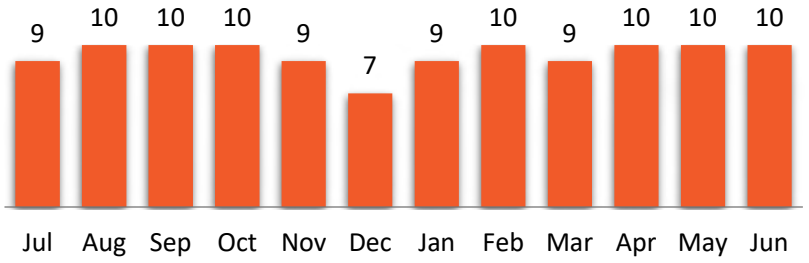


# Call Center Performance Metrics

| | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 |
|---|---|---|---|---|---|---|
| **Member Helpline** | | | | | | |
| Service Level (Requirement 80%) | 90.00% | 83.21% | 87.90% | 81.00% | 72.93% | 80.91% |
| Abandonment Rate - Must be 5% or less | 3.28% | 7.04% | 3.84% | 4.35% | 4.54% | 2.87% |
| **Member Pharmacy Helpline** | | | | | | |
| Service Level (Requirement 80%) | 81.34% | 75.37% | 78.61% | 89.70% | 71.87% | 90.18% |
| Abandonment Rate - Must be 5% or less | 4.97% | 7.87% | 4.56% | 3.74% | 4.92% | 4.62% |
| **Provider Helpline** | | | | | | |
| Service Level (Requirement 80%) | 84.47% | 71.25% | 81.61% | 83.70% | 79.11% | 82.38% |
| Abandonment Rate - Must be 5% or less | 2.37% | 7.48% | 2.61% | 2.75% | 2.51% | 2.95% |
| **Provider Pharmacy Helpline** | | | | | | |
| Service Level (Requirement 80%) | 95.49% | 90.51% | 85.80% | 92.41% | 91.43% | 92.33% |
| Abandonment Rate - Must be 5% or less | 1.48% | 2.19% | 2.55% | 0.43% | 0.22% | 0.13% |
| **Non-Emergency Medical Transportation (NEMT)** | | | | | | |
| Service Level (Requirement 80%) | 90.97% | 86.51% | 83.02% | 70.29% | 77.73% | 94.03% |
| Abandonment Rate - Must be 5% or less | 1.19% | 1.13% | 1.69% | 2.01% | 1.45% | 1.20% |

| | **Top 5 Call Reasons (Member Helpline)** - June |
|---|---|
| 1. | Benefits and Eligibility for Member |
| 2. | Update Address for Member |
| 3. | Coordination Of Benefits for Member |
| 4. | Update PCP/PPG for Member |
| 5. | Member Rewards for Member |

**Secret Shopper Scores**
- Member Helpline

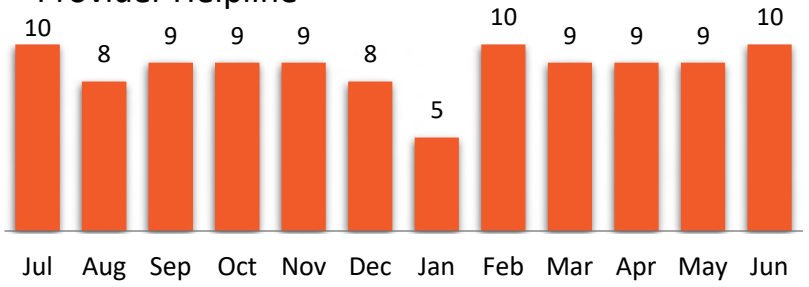


# Call Center Performance Metrics

| | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 |
|---|---|---|---|---|---|---|
| **Member Helpline** | | | | | | |
| Service Level (Requirement 80%) | 85.60% | 81.78% | 85.45% | 82.13% | 81.90% | 82.16% |
| Abandonment Rate - Must be 5% or less | 1.91% | 2.38% | 4.07% | 3.97% | 3.77% | 3.12% |
| **Member Pharmacy Helpline** | | | | | | |
| Service Level (Requirement 80%) | 94.20% | 87.40% | 85.57% | 89.26% | 93.64% | 87.55% |
| Abandonment Rate - Must be 5% or less | 1.44% | 3.13% | 2.79% | 2.96% | 2.87% | 2.97% |
| **Provider Helpline** | | | | | | |
| Service Level (Requirement 80%) | 80.30% | 84.76% | 88.06% | 85.63% | 86.23% | 83.32% |
| Abandonment Rate - Must be 5% or less | 5.55% | 1.85% | 2.21% | 2.61% | 2.55% | 2.51% |
| **Provider Pharmacy Helpline** | | | | | | |
| Service Level (Requirement 80%) | 92.79% | 92.74% | 93.67% | 90.96% | 91.57% | 93.45% |
| Abandonment Rate - Must be 5% or less | 0.56% | 2.01% | 1.21% | 2.03% | 1.03% | 0.76% |
| **Non-Emergency Medical Transportation (NEMT)** | | | | | | |
| Service Level (Requirement 80%) | 69.43% | 80.67% | 47.72% | 89.86% | 88.48% | 74.54% |
| Abandonment Rate - Must be 5% or less | 5.90% | 2.10% | 5.28% | 2.04% | 2.32% | 3.66% |

| | Top 5 Call Reasons (Provider Helpline) - June |
|---|---|
| 1. | Medical Claims Inquiry for Provider |
| 2. | Coordination Of Benefits for Provider |
| 3. | Benefits and Eligibility for Provider |
| 4. | Provider Outreach for Provider |
| 5. | View Authorization for Provider |

**Secret Shopper Scores**
- Provider Helpline



# Provider Network Access Summary

## Primary Care Providers (PCP)

| | SFY21 Q1 | SFY21 Q2 | SFY21 Q3 | SFY21 Q4 |
|---|---|---|---|---|
| **Adults PCP** | | | | |
| Provider Count | 6,591 | 6,641 | 6,672 | 6,632 |
| Members with Access | 204,945 | 210,795 | 219,428 | 224,574 |
| Average Distance (Miles) | 1.5 | 1.5 | 1.9 | 1.8 |
| **Pediatric PCP** | | | | |
| Provider Count | 6,634 | 6,677 | 6,707 | 6,666 |
| Members with Access | 204,867 | 203,169 | 209,553 | 211,406 |
| Average Distance (Miles) | 1.6 | 1.6 | 2.0 | 2.0 |

## Specialty Care & Behavioral Health (BH)

| | SFY21 Q1 | SFY21 Q2 | SFY21 Q3 | SFY21 Q4 |
|---|---|---|---|---|
| **OB/GYN Adult** | | | | |
| Provider Count | 400 | 399 | 403 | 402 |
| Members with Access | 134,256 | 137,341 | 142,865 | 146,051 |
| Average Distance (Miles) | 5.7 | 5.6 | 5.7 | 5.6 |
| **Outpatient - Behavioral Health** | | | | |
| Provider Count | 4,000 | 4,043 | 4,137 | 4,205 |
| Members with Access | 409,812 | 413,964 | 428,981 | 435,980 |
| Average Distance (Miles) | 2.1 | 2.1 | 2.3 | 2.3 |
| **Inpatient - Behavioral Health** | | | | |
| Provider Count | 49 | 48 | 48 | 50 |
| **Rural Members** | | | | |
| Members with Access | 168,321 | 169,705 | 175,907 | 178,368 |
| Average Distance (Miles) | 21.4 | 21.6 | 21.4 | 21.4 |
| **Urban Members** | | | | |
| Members with Access | 241,491 | 244,259 | 253,074 | 257,612 |
| Average Distance (Miles) | 5.7 | 5.7 | 5.8 | 5.8 |

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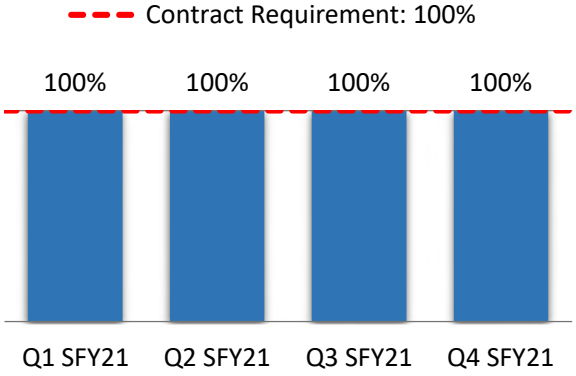
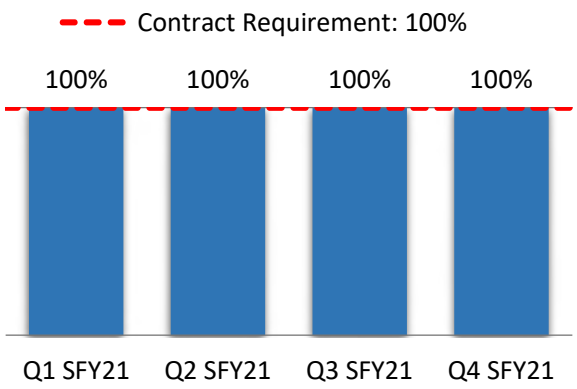
**Adult PCP - Standards**
30 minutes or 30 miles




**Pediatric PCP - Standards**
30 minutes or 30 miles




**Link to Geo Access Reports**:

https://dhs.iowa.gov/ime/about/performance-data-geoaccess

# Provider Network Access Summary

## Primary Care Providers (PCP)

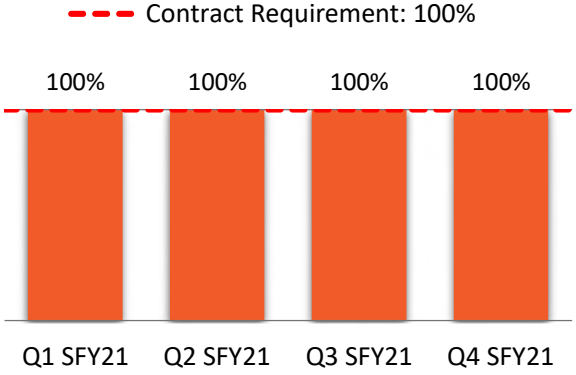
| | SFY21 Q1 | SFY21 Q2 | SFY21 Q3 | SFY21 Q4 |
|---|---|---|---|---|
| **Adults PCP** | | | | |
| Provider Count | 8,301 | 8,548 | 9,085 | 9,704 |
| Members with Access | 153,137 | 160,490 | 166,971 | 171,647 |
| Average Distance (Miles) | 2.0 | 2.0 | 2.0 | 2.0 |
| **Pediatric PCP** | | | | |
| Provider Count | 8,986 | 9,262 | 9,820 | 10,472 |
| Members with Access | 133,933 | 136,490 | 138,828 | 140,406 |
| Average Distance (Miles) | 2.1 | 2.1 | 2.1 | 2.1 |

## Specialty Care & Behavioral Health (BH)

| | SFY21 Q1 | SFY21 Q2 | SFY21 Q3 | SFY21 Q4 |
|---|---|---|---|---|
| **OB/GYN Adult** | | | | |
| Provider Count | 1,183 | 1,207 | 1,234 | 1,286 |
| Members with Access | 102,412 | 106,694 | 110,381 | 113,317 |
| Average Distance (Miles) | 5.4 | 5.4 | 5.4 | 5.4 |
| **Outpatient - Behavioral Health** | | | | |
| Provider Count | 7,842 | 8,251 | 8,737 | 9,476 |
| Members with Access | 287,070 | 296,980 | 305,799 | 312,053 |
| Average Distance (Miles) | 2.6 | 2.5 | 2.5 | 2.5 |
| **Inpatient - Behavioral Health** | | | | |
| Provider Count | 35 | 35 | 36 | 36 |
| **Rural Members** | | | | |
| Members with Access | 205,468 | 212,426 | 218,902 | 223,411 |
| Average Distance (Miles) | 24.7 | 24.7 | 24.6 | 24.6 |
| **Urban Members** | | | | |
| Members with Access | 81,602 | 84,554 | 86,897 | 88,642 |
| Average Distance (Miles) | 8.3 | 8.4 | 8.4 | 8.4 |

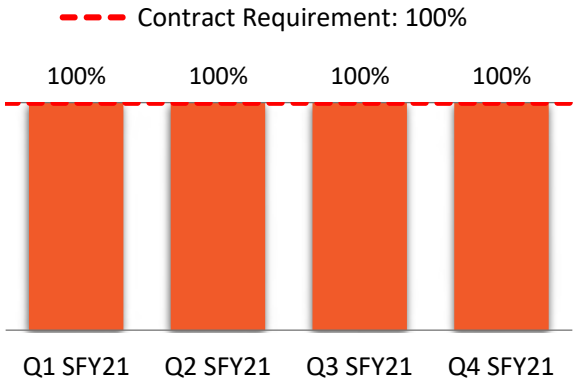
**Adult PCP - Standards**

30 minutes or 30 miles




**Pediatric PCP - Standards**

30 minutes or 30 miles




**Link to Geo Access Reports**:

https://dhs.iowa.gov/ime/about/performance-data-geoaccess

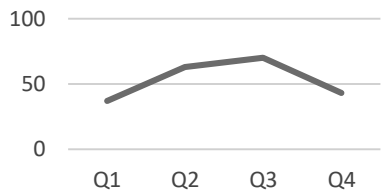
# MCO Program Integrity

Program integrity (PI) encompasses a number of activities to ensure appropriate billing and payment. The main strategy for eliminating fraud, waste and abuse is to use state-of-the art technology to eliminate inappropriate claims before they are processed. This pre-edit process is done through sophisticated billing systems, which have a series of edits that reject inaccurate or duplicate claims. Increased program integrity activities will be reported over time as more claims experience is accumulated by the MCOs, medical record reviews are completed, and investigations are closed.

The billing process generates the core information for program integrity activities. Claims payment and claims history provide information leading to the identification of potential fraud, waste, and abuse. Therefore MCO investigations, overpayment recovery, and referrals to the Medicaid Fraud Control Unit (MCFU) listed in this chart would be considered pending until final determinations are made.

Total SFY21 Investigations Opened

213




38 YTD Cases
Referred to MCFU

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| | SFY21 Q1 | SFY21 Q2 | SFY21 Q3 | SFY21 Q4 | Average | Total |
|---|---|---|---|---|---|---|
| Investigations opened | 28 | 34 | 42 | 33 | 34 | 137 |
| Overpayments identified | 23 | 23 | 10 | 23 | 20 | 79 |
| Member concerns referred to IME | 6 | 3 | 4 | 2 | 4 | 15 |
| Cases referred to the Medicaid Fraud Control Unit (MCFU) | 6 | 6 | 2 | 6 | 7 | 20 |

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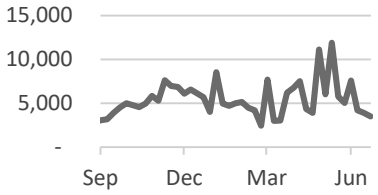
| | SFY21 Q1 | SFY21 Q2 | SFY21 Q3 | SFY21 Q4 | Average | Total |
|---|---|---|---|---|---|---|
| Investigations opened | 9 | 29 | 28 | 10 | 19 | 76 |
| Overpayments identified | 0 | 1 | 0 | 6 | 2 | 7 |
| Member concerns referred to IME | 8 | 4 | 6 | 10 | 7 | 28 |
| Cases referred to the Medicaid Fraud Control Unit (MCFU) | 1 | 3 | 2 | 12 | 7 | 18 |

# MCO COVID-19 Summary

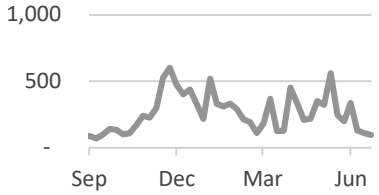
Total Individuals Tested

277,746



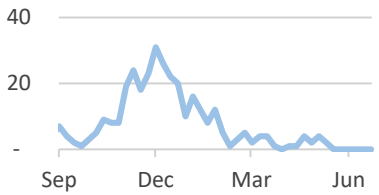

Total Tested Positive

12,449



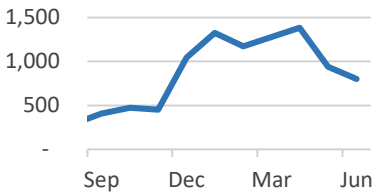

Total COVID Deaths [13]

470




Total COVID Inpatient Stays

10,156




| 78,246 tested in Q4 | 4.5% | 0.06% | 2.24% |
|---|---|---|---|
| 18% Increase | % Tested Positive | % of MCO Population | % of Total Inpatient Stays |

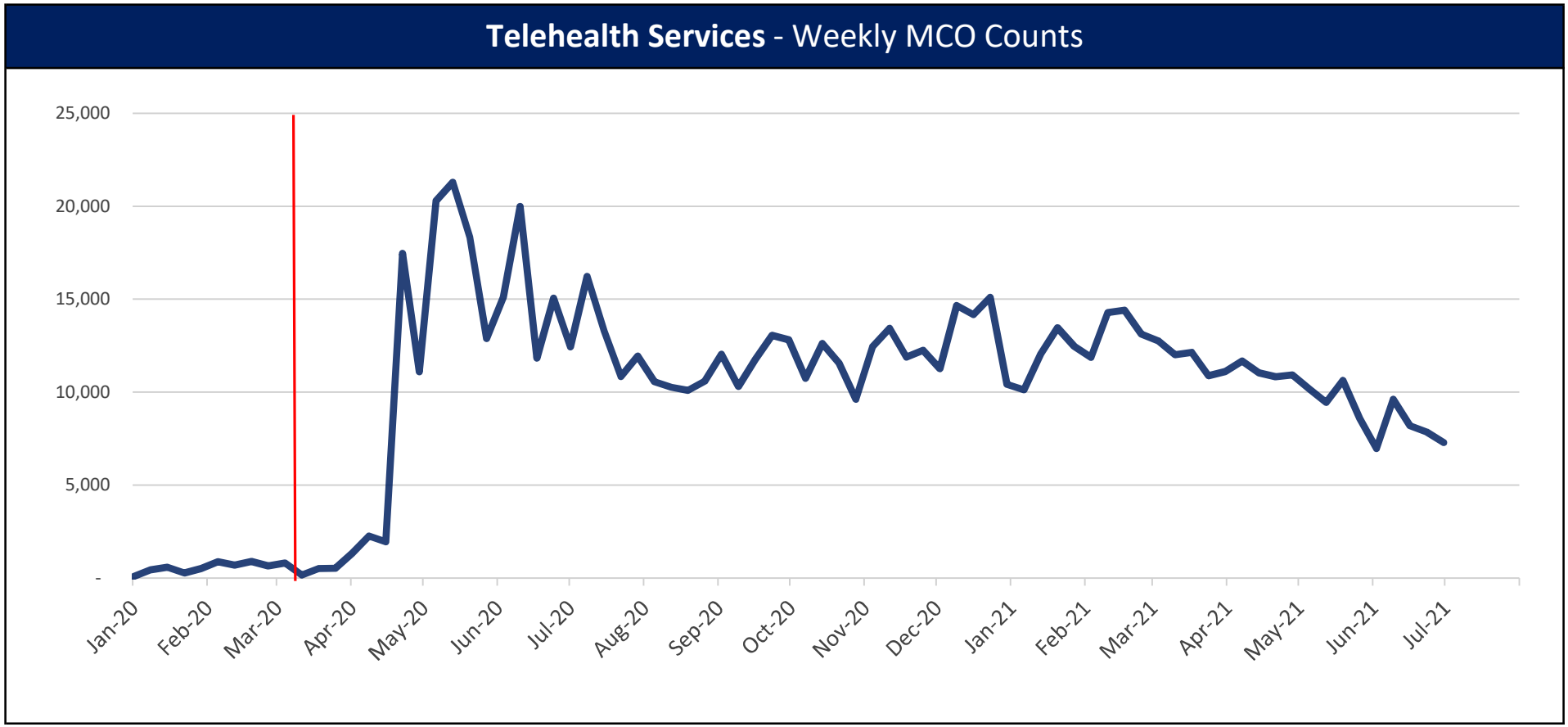
COVID-19 testing and treatment is a covered benefit for Medicaid members. Total test counts reflect multiple tests for some individuals. In Q3, ITC updated logic used to evaluate COVID deaths which lead to the adjustment of previously reported COVID deaths. [13]

## Claims Activity During COVID-19

COVID
Mar 8, 2020

| MCO Total Counts | SFY20 Q3 | SFY20 Q4 | SFY21 Q1 | SFY21 Q2 | SFY21 Q3 | SFY21 Q4 |
|---|---|---|---|---|---|---|
| **ER Visits** - Counts | **228,334** | **181,290** | **320,430** | **257,849** | **246,919** | **292,943** |
| Amount Paid | $29.9 M | $23.98 M | $53.99 M | $55.01 M | $49.78 M | $61.74 M |
| **Telehealth Services** - Counts | **8,376** | **180,029** | **153,820** | **160,222** | **160,751** | **123,258** |
| Amount Paid | $571 k | $12.96 M | $13.32 M | $12.93 M | $13.22 M | $10.26 M |
| **Transportation** - Counts | **131,739** | **144,558** | **198,625** | **212,071** | **217,091** | **234,465** |
| Amount Paid | $5.67 M | $5.96 M | $8.79 M | $9.02 M | $9.23 M | $10.28 M |
| **Home Maker Services** - Counts | **5,444** | **5,842** | **6,090** | **7,259** | **18,361** | **28,440** |
| Amount Paid | $802 k | $750 k | $752 k | $873 k | $1584 k | $928 k |
| **COVID Testing** - Counts | **769** | **14,434** | **43,007** | **75,257** | **66,033** | **78,246** |
| Amount Paid | $58 k | $580 k | $3.02 M | $7.19 M | $6.1 M | $6.02 M |
| **Meals** - Counts | **14,571** | **19,978** | **20,822** | **18,690** | **19,785** | **18,782** |
| Amount Paid | $3.07 M | $4.75 M | $5.03 M | $4.99 M | $4.84 M | $5.17 M |

# MCO COVID-19 Summary




o In March 2020, IL 2115-MC-FFS and IL 2119-MC-FFS authorized the expansion of telehealth services in Iowa.

o Since March 2020, the Managed Care Organizations have reported a significant increase in telehealth services.

o IME is currently reviewing the continuation of telehealth service expansion once the public health emergency is lifted.

# National Committee for Quality Assurance (NCQA) - 2021 Health Plan Ratings

The National Committee for Quality Assurance (NCQA) is a privately owned entity that rates more than 1,000 health insurance plans each year based on quality measures (HEDIS® [15]) and member experience survey scores (CAHPS® [16]). Every September, NCQA publishes the results of their findings in a "Report Card" that uses a star rating system for easy comparison across health plans.

**Note**: NCQA did not release report cards in 2020 because of COVID-19. ITC received its interim NCQA accreditation after entering the Iowa market in July 2019; however, organizations only earn star ratings in their second year of reporting. For 2021 only, NCQA allowed its accredited plans to display the better results of their "Overall Ratings" for either Health Plan Rating Year 2019 or 2021. This only impacted the overall rating scores.

NCQA's Health Plan Ratings 2021 - Medicaid HMO: https://reportcards.ncqa.org/health-plans?pg=1&filter-plan=Medicaid

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NCQA Ratings Published
September 2021

**NCQA Health Plan Rating** 0-5 Stars (5 is highest)

| | |
|---|---|
| **Overall Rating** [17] - Weighted average of HEDIS & CAHPS measures | 4.0 |
| Patient Experience | 4.0 |
| Prevention | 2.5 |
| Treatment | 4.5 |

**Distinction(s)**: LTSS, Multicultural Health Care

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NCQA Ratings Published
September 2021

**NCQA Health Plan Rating** 0-5 Stars (5 is highest)

Interim/Not Rated

| | |
|---|---|
| **Overall Rating** [17] - Weighted average of HEDIS & CAHPS measures | - |
| Patient Experience | - |
| Prevention | - |
| Treatment | - |

**Distinction(s)**: LTSS

[15] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)

[16] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ)

[17] The overall rating is the weighted average of all measures, not just the averages of the three listed composites sections (Patient Experience, Prevention, Treatment)

MEDICAID NCQA HEALTH INSURANCE PLAN RATINGS

# Healthcare Effectiveness Data and Information Set (HEDIS)

The Health Effectiveness Data and Information Set (HEDIS) uses evidence-based measurement and specifications developed by the National Committee for Quality Assurance (NCQA) to benchmark health plan performance. HEDIS is one of health care's most widely used performance improvement tools. The data published below follows the guidance of Section 1139 by focusing on the areas of prenatal care, behavioral health, adult health, and children's health.

**Note**: ITC received its interim NCQA accreditation after entering the Iowa market in July 2019; however, they will not have data posted below for that time period. ITC did populate HEDIS scores in Measure Year 2020 (see below); however, only organizations in their second year of reporting earn health plan star ratings.

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| | Measure Year [18] 2019 | 2020 |
|---|---|---|
| **Prenatal and Postpartum Care (PPC)** | | |
| Timeliness of Prenatal Care | 86.6% | 78.1% |
| Timeliness of Postpartum Care | 62.6% | 68.9% |
| **Follow-Up After Hospitalization for Mental Illness (FUH)** | | |
| 7-Day Follow-Up (Total) | 47.5% | 48.8% |
| 30-Day Follow-Up (Total) | 69.0% | 69.4% |
| **Initiation and Engagement of AOD Abuse or Dependence Treatment (IET)** | | |
| Initiation of AOD (Total) | 74.2% | 70.0% |
| Engagement of AOD (Total) | 29.0% | 26.2% |

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| | Measure Year [18] 2019 | 2020 |
|---|---|---|
| **Prenatal and Postpartum Care (PPC)** | | |
| Timeliness of Prenatal Care | - | 69.6% |
| Timeliness of Postpartum Care | - | 72.5% |
| **Follow-Up After Hospitalization for Mental Illness (FUH)** | | |
| 7-Day Follow-Up (Total) | - | 30.7% |
| 30-Day Follow-Up (Total) | - | 50.9% |
| **Initiation and Engagement of AOD Abuse or Dependence Treatment (IET)** | | |
| Initiation of AOD (Total) | - | 76.2% |
| Engagement of AOD (Total) | - | 28.4% |

[18] Measure Year 2020 (data collected between Jan 1, 2020 and Dec 31, 2020).

# Healthcare Effectiveness Data and Information Set (HEDIS)

| Amerigroup An Anthem Company | Measure Year 2019 | Measure Year 2020 |
|---|---|---|
| **Adult-Specific Measures** | | |
| Persistence of Beta-Blocker Treatment After a Heart Attack (PBH) | 86.7% | 78.3% |
| Use of Imaging Studies for Low Back Pain (LBP) | 71.7% | 71.0% |
| **Child-Specific Measures** | | |
| Appropriate Treatment for Children With Upper Respiratory Infection (URI) | 87.4% | 88.5% |
| Appropriate Testing for Children With Pharyngitis (CWP) | 83.1% | 83.0% |
| Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP) - Total | 66.8% | 59.0% |

| iowa total care | Measure Year 2019 | Measure Year 2020 |
|---|---|---|
| **Adult-Specific Measures** | | |
| Persistence of Beta-Blocker Treatment After a Heart Attack (PBH) | - | 67.8% |
| Use of Imaging Studies for Low Back Pain (LBP) | - | 69.5% |
| **Child-Specific Measures** | | |
| Appropriate Treatment for Children With Upper Respiratory Infection (URI) | - | 89.1% |
| Appropriate Testing for Children With Pharyngitis (CWP) | - | 82.8% |
| Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP) - Total | - | 59.2% |

Reference the following NCQA web pages for detailed descriptions of each HEDIS measure and their national Medicaid HMO results:

PPC: https://www.ncqa.org/hedis/measures/Prenatal-and-Postpartum-Care-PPC/
FUH: https://www.ncqa.org/hedis/measures/Follow-Up-After-Hospitalization-For-Mental-Illness/
IET: https://www.ncqa.org/hedis/measures/Initiation-And-Engagement-Of-Alcohol-And-Other-Drug-Abuse-Or-Dependence-Treatment/
PBH: https://www.ncqa.org/hedis/measures/Persistence-Of-Beta-Blocker-Treatment-After-A-Heart-Attack/
LBP: https://www.ncqa.org/hedis/measures/Use-Of-Imaging-Studies-For-Low-Back-Pain/
URI: https://www.ncqa.org/hedis/measures/Appropriate-Treatment-For-Children-With-Upper-Respiratory-Infection/
CWP: https://www.ncqa.org/hedis/measures/Appropriate-Testing-For-Children-With-Pharyngitis/
APP: https://www.ncqa.org/hedis/measures/Use-Of-First-Line-Psychosocial-Care-For-Children-And-Adolescents-On-Anti-Psychotics/

All Other/HEDIS Measures and Technical Resources: https://www.ncqa.org/hedis/measures/

# CAHPS Survey Results - Adult Medicaid 5.0 Results

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) uses evidence-based measurement and survey delivery specifications to benchmark health plan performance in this area. The data published in this report include composite scores of the following domains: getting needed care, getting care quickly, how well doctors communicate, and customer service.

**Note**: ITC received its interim NCQA accreditation after entering the Iowa market in July 2019; however, they will not have data posted below for that time period. ITC did populate CAHPS scores in Survey Year 2020 (see below); however, only organizations in their second year of reporting earn health plan star ratings.

Amerigroup An Anthem Company

| | Survey Year [19] 2019 | 2020 |
|---|---|---|
| **Composite: Getting Needed Care** | | |
| Never or Sometimes | 11.7% | 11.9% |
| Usually | 29.5% | 22.3% |
| **Always** - "Top Box Score" | 58.8% | 65.8% |
| **Composite: Getting Care Quickly** | | |
| Never or Sometimes | 13.6% | 15.3% |
| Usually | 29.0% | 18.5% |
| **Always** - "Top Box Score" | 57.4% | 66.2% |
| **Composite: How Well Doctors Communicate** | | |
| Never or Sometimes | 4.3% | 4.2% |
| Usually | 20.2% | 19.9% |
| **Always** - "Top Box Score" | 75.5% | 75.9% |
| **Health Plan Information & Customer Service** | | |
| Never or Sometimes | 14.5% | 10.7% |
| Usually | 19.8% | 19.3% |
| **Always** - "Top Box Score" | 65.7% | 70.0% |

iowa total care

| | Survey Year [19] 2019 | 2020 |
|---|---|---|
| **Composite: Getting Needed Care** | | |
| Never or Sometimes | - | 11.2% |
| Usually | - | 26.8% |
| **Always** - "Top Box Score" | - | 62.0% |
| **Composite: Getting Care Quickly** | | |
| Never or Sometimes | - | 10.7% |
| Usually | - | 18.3% |
| **Always** - "Top Box Score" | - | 71.0% |
| **Composite: How Well Doctors Communicate** | | |
| Never or Sometimes | - | 3.7% |
| Usually | - | 13.3% |
| **Always** - "Top Box Score" | - | 83.0% |
| **Health Plan Information & Customer Service** | | |
| Never or Sometimes | - | 8.2% |
| Usually | - | 19.9% |
| **Always** - "Top Box Score" | - | 71.9% |

[19] Survey Year 2020 (data collected between Jan 1, 2020 and Dec 31, 2020).

# CAHPS Survey Results - Child Medicaid 5.0 Results

The acronym "CAHPS" is a registered trademark of the Healthcare Research and Quality (AHRQ) agency. AHRQ is a Federal agency that collects, trends, and maintains a vast CAHPS database which can be used to compare national and regional "Top Box Scores".

CAHPS® Health Plan Survey Database > Top Box Results: https://datatools.ahrq.gov/cahps

Amerigroup An Anthem Company

| | Survey Year [14] 2019 | 2020 |
|---|---|---|
| **Composite: Getting Needed Care** | | |
| Never or Sometimes | 11.8% | 13.5% |
| Usually | 26.2% | 20.3% |
| **Always** - "Top Box Score" | 62.0% | 66.2% |
| **Composite: Getting Care Quickly** | | |
| Never or Sometimes | 6.0% | 12.3% |
| Usually | 15.4% | 13.4% |
| **Always** - "Top Box Score" | 78.6% | 74.3% |
| **Composite: How Well Doctors Communicate** | | |
| Never or Sometimes | 2.4% | 5.9% |
| Usually | 12.3% | 12.3% |
| **Always** - "Top Box Score" | 85.3% | 81.8% |
| **Health Plan Information & Customer Service** | | |
| Never or Sometimes | 10.0% | 11.0% |
| Usually | 17.6% | 18.5% |
| **Always** - "Top Box Score" | 72.4% | 70.5% |

iowa total care

| | Survey Year [14] 2019 | 2020 |
|---|---|---|
| **Composite: Getting Needed Care** | | |
| Never or Sometimes | - | 11.1% |
| Usually | - | 21.0% |
| **Always** - "Top Box Score" | - | 67.9% |
| **Composite: Getting Care Quickly** | | |
| Never or Sometimes | - | 7.7% |
| Usually | - | 12.3% |
| **Always** - "Top Box Score" | - | 80.0% |
| **Composite: How Well Doctors Communicate** | | |
| Never or Sometimes | - | 3.6% |
| Usually | - | 14.2% |
| **Always** - "Top Box Score" | - | 82.2% |
| **Health Plan Information & Customer Service** | | |
| Never or Sometimes | - | 13.8% |
| Usually | - | 18.1% |
| **Always** - "Top Box Score" | - | 68.1% |

[19] Survey Year 2020 (data collected between Jan 1, 2020 and Dec 31, 2020).

# External Quality Review (EQR) Technical Reports

States with Medicaid managed care delivery systems are required to annually provide an assessment of each MCO's strengths and weaknesses related to quality, timeliness, and access. To meet this requirement, the Iowa Department of Human Services (DHS) has contracted with **Health Services Advisory Group**, **Inc**. (**HSAG**), as its external quality review organization (EQRO) to perform the assessment and produce this annual report.

All public facing assessments, known as the External Quality Review (EQR) Technical Reports, must be posted on-line each year by April 30. See DHS website for all historical assessments: https://dhs.iowa.gov/ime/about/performance-data/annualreports.

**HEDIS** & **CAHPS Specific EQR Reports**:
HSAG has included HEDIS rates and analysis within the EQR Technical Reports starting in CY2019, and CAHPS rates and analysis starting in CY2020.

CY 2021 EQR Technical Report: Due April 30, 2022
CY 2020 EQR Technical Report: https://dhs.iowa.gov/sites/default/files/2020_EQR.pdf?042120211935.
CY 2019 EQR Technical Report: https://dhs.iowa.gov/sites/default/files/2019_EQR.pdf?043020201227.

# Appendix: Glossary

**Abandonment Rate**: Percentage of unanswered calls abandoned by the caller after 30 seconds of the call entering the queue. (E.g. caller hangs up before speaking to anyone after waiting more than 30 seconds in a queue.)

**Administrative Loss Ratio** (**ALR**): See Financial Ratios

**Adult Day Care**: An organized program of supportive care in a group environment. The care is provided to members who need a degree of supervision and assistance on a regular or intermittent basis in a day care setting.

**All Cause Readmissions**: This measure looks at the rate of provider visits within 30 days of discharge from an acute care hospital per 1,000 discharges among beneficiaries assigned.

**AIDS/HIV Waiver**: A HCBS waiver that offers services for those who have been diagnosed with AIDS or HIV.

**Appeal**: An appeal is a request for a review of an adverse benefit determination. A member or a member's authorized representative may request an appeal following a decision made by an MCO. Actions that a member may choose to appeal:

- Denial of or limits on a service.
- Reduction or termination of a service that had been authorized.
- Denial in whole or in part of payment for a service.
- Failure to provide services in a timely manner.
- Failure of the MCO to act within required time-frames.
- For a resident of a rural area with only one MCO, the denial of services outside the network

Members may file an appeal directly with the MCO. If the member is not happy with the outcome of the appeal, they may file an appeal with DHS or they may ask to ask for a state fair hearing.

**Brain Injury** (**BI**) **Waiver**: A HCBS waiver that offers services for those who have been diagnosed with a brain injury due to an accident or an illness.

**Capitation Expenditures**: Medicaid payments the Department makes on a monthly basis to the MCOs for member health coverage. MCOs are paid a set amount for each enrolled person assigned to that MCO, regardless of whether services are used that month. Capitated rate payments vary depending on the member's eligibility.

- **Adjustments**: Monetary only payments/adjustments that can occur within the paid month for same month or prior months
    - o Example - Recoup and repay when rate changes occur
- **Current**: Payments that occur within the paid month for same month

**Capitation Expenditures** (continued...):

- **Retro**: Payments for months prior to the current month for member months not previously paid for
  - o Member months are counted if request is to provide member months within a specific date range for more than one month
  - o Data is not pulled by paid date, but by eligibility month

**Care Coordinator**: A person who helps manage the health of members with chronic health conditions.

**Case Manager**: See Community Based Case Management (CBCM)

**Centers for Medicare and Medicaid Service** (**CMS**): A federal agency that administers the Medicare program and works in partnership with state governments to administer Medicaid standards.

**Children's Mental Health** (**CMH**) **Waiver**: A HCBS waiver that offers services for children up to age 18, who have been diagnosed with a serious emotional disturbance.

**Children's Health Insurance Program** (**CHIP**): A federal program administered by state governments to provide health care coverage for children and families whose income is too high to qualify for Medicaid, but too low to afford individual or work-provided health care.

**Claims**: What providers submit to the MCOs or the Department in order to receive payment for services rendered.

- **Paid**: Claim is received and the provider is reimbursed for the service rendered
- **Denied**: Claim is received and services are not covered benefits, duplicate, or other substantial issues that prevent payment
- **Suspended**: Pending internal review for medical necessity and/or additional information must be submitted for processing
- **Run Out**: Additional time for providers to submit claims for services rendered
- **Provider Adjustment Requests and Errors Reprocessed**:
  - o Claims where the provider may request a reopening to fix clerical errors or billing errors
  - o Claims identified by the MCOs as erroneously paid or denied which are corrected

**Clean Claims**: The claim is on the appropriate form, identifies the service provider that provided service sufficiently to verify, if necessary, affiliation status, patient status and includes any identifying numbers and service codes necessary for processing.

**Community**: A natural setting where people live, learn, work, and socialize.

**Community Based Case Management** (**CBCM**): Helps LTSS members manage complex health care needs. It includes planning, facilitating and advocating to meet the member's needs. It promotes high quality care and cost effective outcomes. CBCMs make sure that the member's care plan is carried out. They make updates to the care plan as needed.

**Consumer Directed Attendant Care** (**CDAC**): Helps people do things that they normally would for themselves if they were able. CDAC services may include unskilled tasks such as bathing, grocery shopping, household chores or skilled tasks such as medication management, tube feeding, recording vital signs. CDAC providers are available through an agency or from an individual such as a family member, friend, or neighbor that meets eligibility requirements.

**Denied Claims**: See Claims

**Department of Human Services** (**DHS**): The state's health and social services agency.

**Disabled**: Group descriptions include: Age Blind Disabled (ABD), Residential Care Facility (RFC), Nursing Facility (NF), Hospice, Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF), State Mental Health Hospital, and Children in Psychiatric Mental Institutions (PMIC).

**Disenrollment**: Refers to members who have chosen to change their enrollment with one MCO to an alternate MCO.

**Dual**: Members who have both Medicare and Medicaid benefits.

**Durable Medical Equipment** (**DME**): Reusable medical equipment for use in the home. It is rented or owned by the member and ordered by a provider.

**Elderly Waiver**: A HCBS waiver that offers services for elderly persons. An applicant must be at least 65 years of age.

**Financial Ratios**: The Affordable Care Act requires insurance companies to spend at least 80% or 85% of premium dollars on medical care. In Iowa, the Medical Loss Ratio (MLR) for MCOs is contractually set at 88%.

- **Administrative Loss Ratio** (**ALR**): The percent of capitated rate payments an MCO spends on administrative costs.
- **Medical Loss Ratio** (**MLR**): The percent of capitated rate payments an MCO spends on claims and expenses that improve health care quality of Medicaid members.
- **Underwriting Ratio** (**UR**): If total expenses exceed capitated rate payments, an underwriting loss occurs. If total capitated rate payments exceed total expenses, an underwriting profit occurs.

**Grievance**: Members have the right to file a grievance with their MCO. A grievance is an expression of dissatisfaction about any matter other than a decision. The member, the member's representative or provider who is acting on their behalf and has the member's written consent may file a grievance. The grievance must be filed within 30 calendar days from the date the matter occurred. Examples include but are not limited to:

- Member is unhappy with the quality of your care
- Doctor who the member wants to see is not in the MCO's network
- Member is not able to receive culturally competent care
- Member got a bill from a provider for a service that should be covered by the MCO

**Grievance** (continued…):

- Rights and dignity
- Member is commended changes in policies and services
- Any other access to care issues

**Habilitation (Hab) Services**: A program that provides HCBS for Iowans with the functional impairments typically associated with chronic mental illnesses.

**Health & Disability (HD) Waiver**: A HCBS waiver that offers services for those persons who are blind or disabled. An applicant must be less than 65 years of age for this waiver.

**Healthy and Well Kids in Iowa (Hawki)**: In Iowa, CHIP is offered through the Hawki program. Hawki offers health coverage, through a MCO, for uninsured children of working families. A family who qualifies for Hawki may have to pay a monthly premium.

**Home Delivered Meals**: Meals that are prepared outside of the member's home and delivered to the member.

**Home Health Aide**: Medical services that provide direct personal care. This may include assistance with oral medications, eating, bathing, dressing, personal hygiene, accompanying member to medical services, transporting member to and from school or medical appointments, and other necessary activities of daily living that is intended to prevent or postpone institutionalization.

**Homemaker Services**: Services provided when the member lives alone or when the person who usually performs these functions for the member needs assistance. Homemaker service is limited to essential shopping, limited house cleaning, and meal preparation.

**Home and Community Based Services (HCBS)**: Types of person-centered care delivered in the home and community. A variety of health and human services can be provided. HCBS programs address the needs of people with functional limitations who need assistance with everyday activities, like getting dressed or bathing. HCBS are often designed to enable people to stay in their homes, rather than moving to a facility for care.

**Inpatient Admissions**: A member has formally been admitted to a hospital to receive care.

**Intellectual Disability (ID) Waiver**: A HCBS waiver that offers services for persons who have been diagnosed with an intellectual disability.

**Intermediate Care Facilities for the Intellectually Disabled (ICF/ID)**: The ICF/IID benefit is an optional Medicaid benefit. The Social Security Act created this benefit to fund "institutions" (4 or more beds) for individuals with intellectual disabilities, and specifies that these institutions must provide "active treatment," as defined by the Secretary. Currently, all 50 States have at least one ICF/IID facility. This program serves over 100,000 individuals with intellectual disabilities and other related conditions. Most have other disabilities as well as intellectual disabilities. Many of the individuals are non-ambulatory, have seizure disorders, behavior problems, mental illness, visual or hearing impairments, or a combination of the above. All must qualify for Medicaid assistance financially.

**Iowa Health and Wellness Plan** (**IHAWP**): The Iowa Health and Wellness Plan covers Iowans, ages 19-64, with incomes up to and including 133 percent of the Federal Poverty Level (FPL). The plan provides a comprehensive benefit package and is part of Iowa's implementation of the Affordable Care Act or Medicaid expansion.

**Iowa Insurance Division** (**IID**): The state regulator which supervises all insurance business transacted in the state of Iowa.

**Iowa Medicaid Enterprise** (**IME**): The division of DHS that administers the Iowa Medicaid Program.

**Iowa Participant Experience Survey** (**IPES**): A survey tool developed for use with HCBS programs that asks members about the services they receive, and where the service is provided.

**Level of Care** (**LOC**): Members asking for HCBS waivers or facility care must meet Level of Care criteria. These must be consistent with people living in a care facility such as a nursing facility. Level of Care is determined by an assessment approved by DHS.

**Long Term Services and Supports** (**LTSS**): Medical and/or personal care and supportive services needed by individuals who have lost some capacity to perform activities of daily living, such as bathing, dressing, eating, transfers, and toileting, and/or activities that are essential to daily living, such as housework, preparing meals, taking medications, shopping, and managing money.

**M-CHIP**: Refers to Medicaid CHIP, or Medicaid expansion. M-CHIP provides coverage to children ages 6-18 whose family income is between 122 and 167 percent of the Federal Poverty Level (FPL), and infants whose family income is between 240 and 375 percent of the FPL.

**Managed Care Organization** (**MCO**): A health plan contracted with DHS to provide Iowa Medicaid members with comprehensive health care services, including physical health, behavioral health, and LTSS.

**Medicaid**: Provides medically necessary health care coverage for financially needy adults, children, parents with children, people with disabilities, elderly people and pregnant women. Also known as Title XIX under the Social Security Act.

**Medicaid Expansion**: See Iowa Health and Wellness Plan (IHAWP) and/or M-CHIP

**Medicaid Fraud Control Unit** (**MFCU**): A division within the Iowa Department of Inspections & Appeals whose primary goal is to prevent abuse of taxpayer resources through professional investigation of criminal activity. MFCU staffs experienced criminal investigators, auditors, and attorneys to achieve this goal.

**Medical Loss Ratio** (**MLR**): See Financial Ratios

**Mental Health Institute** (**MHI**): Provide short term psychiatric treatment and care for severe symptoms of mental illness. Iowa has two MHIs located in **Cherokee** and **Independence**. The services at each MHI vary.

**Monthly Capitation Expenditures**: See Capitation Expenditures

**Nursing Facility** (**NF**): Provide 24-hour care for individuals who need nursing or skilled nursing care.

**Non-Emergent Use**: Illnesses or injuries that are generally not life-threatening and do not need immediate treatment at an Emergency Department.

**Non-Emergency Medical Transportation** (**NEMT**): Services are for members with full Medicaid benefits, who need travel reimbursement or a ride to get to their medical appointments.

**Physical Disability** (**PD**) **Waiver**: A HCBS waiver that offers services for persons who are physically disabled. An applicant must be at least 18 years of age, but less than 65 years of age.

**Prior Authorization** (**PA**): Some services or prescriptions require approval from the MCO for them to be covered. This must be done before the member gets that service or fills that prescription. Prior Authorizations for pharmaceuticals are becoming more complex and may require more specific data for approval.

**Primary Care Provider** (**PCP**): A physician, a physician assistant or nurse practitioner, who directly provides or coordinates member health care services. A PCP is the main provider the member will see for checkups, health concerns, health screenings, and specialist referrals.

**Program Integrity** (**PI**): Program Integrity (PI) is charged with reducing fraud, waste and abuse in the Iowa Medicaid program.

**Provider Adjustment Requests and Errors Reprocessed**: See Claims

**Provider Network Access**: Each MCO has a network of providers across Iowa who their members may see for care. Members don't need to call their MCO before seeing one of these providers. Before getting services from providers, members should show their ID card to ensure they are in the MCO network. There may be times when a member needs to get services outside of the MCO network. If a needed and covered service is not available in-network, it may be covered out-of-network at no greater cost to the member than if provided in-network.

**Psychiatric Medical Institute for Children** (**PMIC**): Institutions which provide more than 24-hours of continuous care involving long-term psychiatric services to three or more children in residence. The expected periods of stay for diagnosis and evaluation are fourteen days or more and for treatment the expected period of stay is 90-days or more.

**Reported Reserves**:  Refer to an MCO's ability to pay their bills and the amount of cash they have on hand to do so.

**Service Level** (**SL**): In relation to call centers, service level is defined as the percentage of calls answered within a predefined amount of time.

**Service Plan**: Plan of services for HCBS members. A member's service plan is based on the member's needs and goals. It is created by the member and their interdisciplinary team to meet HCBS Waiver criteria.

**Skilled Nursing Care**: See Nursing Facility

**Suspended Claims**: See Claims

**Temporary Assistance for Needy Families** (**TANF**) **Adult and Child**: A program to help needy families achieve self-sufficiency.

**Third-Party Liability** (**TPL**) **Recovered**: Third party payments include recoveries from health insurance coverage, settlements or court awards for casualty/tort (accident) claims, product liability claims (global settlements), medical malpractice, worker's compensation claims, etc. This means all other available TPL resources must meet their legal obligation to pay claims for the care of an individual eligible for Medicaid. By law, Medicaid is generally the payer of last resort, meaning that Medicaid only pays claims for covered items and services if there are no other liable payers.

**Underwriting Ratio** (**UR**): See Financial Ratios

**Value Added Services** (**VAS**): Optional benefits provided by the MCOs outside of the standard Medicaid benefit package. MCOs use value added services as an incentive to attract members to their plan. The following VAS examples, captured from each MCO's handbook, provide a description of their most active services offered. A complete listing by each MCO can also be found here: https://dhs.iowa.gov/sites/default/files/Comm504.pdf

- **Taking Care of Baby and Me®** (**AGP**): It's very important to see your primary care provider (PCP), obstetrician or gynecologist (OB/GYN) for care when you're pregnant. This kind of care is called prenatal care. It can help you have a healthy baby. Prenatal care is always important even if you've already had a baby. With our program, members receive health information and rewards for getting prenatal and postpartum care.

- **My Health Pays** (**ITC**): This program rewards members who engage in healthy behaviors with predetermined nominal dollar amounts. Members who complete plan determined healthy behaviors will receive a reloadable Visa card. This Visa card can only be used at participating retailers, such as Walmart and for additional options such as transportation, utilities, phone bills, education costs, child care and rent. This card does not allow for the purchase of tobacco, firearms, or alcohol. In addition to this, members may utilize this card for medical cost share. Should a member incur a copay for a non-emergent emergency department visit, they may use the card to pay for this copay.

**Value Based Purchasing** (**VBP**) **Agreement**: An agreement that holds health care providers accountable for both the cost and quality of care they provide by providing payment to improved performance.

**Waivers**: See Home and Community Based Services (HCBS) or reference by individual waiver descriptions (Elderly, Physical Disability, Health and Disability, AIDS/HIV, Brian Injury, Intellectual Disability, or Children's Mental Health)

**Waiver Service Plan**: See Service Plan

# Appendix: Oversight Entities Executive Summaries

**Oversight Summaries**: Within the requirements of 2016 Iowa Acts Section 1139, the following oversight entities are required to submit executive summaries to be included in the annual performance report.

- The Council on Human Services
- The Medical Assistance Advisory Council
- The Hawki Board
- The Mental Health and Disability Services Commission
- The Office of the Long Term Care Ombudsman (data is not verified by the Department)

**Teleconference Meeting Minutes**

**July 8, 2020**

| EXECUTIVE COMMITTEE MEMBERS | DEPARTMENT OF HUMAN SERVICES |
|---|---|
| Mark Anderson, Chair – present via phone | Director Kelly Garcia – present |
| Kimberly Kudej – present via phone | Faith Sandberg – present via phone |
| Sam Wallace – present via phone | Matt Highland – present via phone |
| Carol Forristall – present via phone | Mike Randol – present |
| Rebecca Peterson – present via phone | Julie McCauley – present |
| Skylar Mayberry-Mayes – present via phone | Janee Harvey – present via phone |
| | Jean Slaybaugh – present via phone |
| | Vern Armstrong – present via phone |
| | Marissa Eyanson – present via phone |

| EX-OFFICIO LEGISLATIVE MEMBERS |
|---|
| Representative Joel Fry – absent |
| Senator Mariannette Miller-Meeks – absent |
| Senator Amanda Ragan – absent |
| Representative Timi Brown-Powers – absent |

**Call to Order**

Chair Mark Anderson called the Council meeting to order at 10:00 a.m. via conference call on Wednesday, June 10th, 2020.

**Roll Call**

All Council members were present, all Ex-officio legislative members were absent.

**Approval of Minutes**

A motion was made by Wallace and seconded by Mayberry-Mayes to approve the minutes of the June 10, 2020 meeting.

**MOTION UNANIMOUSLY CARRIED**

**Rules**

The following amendments to the administrative rules presented for adoption at the July Council on Human Services.

**R-1. Amendments to Chapter 176 "Dependent Adult Abuse."** 2019 Iowa Acts, House File 569, added personal degradation as a category of dependent adult abuse. 2019 Iowa Acts, House File 323, changed the definition of exploitation within the definition of dependent adult abuse. These amendments update the definition of exploitation and define personal degradation within the definition of adult abuse and set criteria for outcome determinations for dependent adult abuse evaluations conducted by DHS to include references to personal degradation.

A motion was made by Forristall to approve and seconded by Kudej.

**MOTION UNANIMOUSLY CARRIED**

## Field Division Update

Division Administrator Vern Armstrong updated the council on his staff's transition to working from home. It has been very successful with normal customer service practices and no drop off in productivity. Since April 1st, a little over 77% of his staff are tele-commuting. Employees do report to the office for set appointments or printing needs. Chair Mark Anderson asked Vern if all the work being conducted from home was secure, Vern replied that all are using a VPN so everything is secured. Mark also inquired about the future of tele-commuting after COVID-19 and Vern stated that they are currently working on a policy and believes that as long as productivity and customer service standards are being met, it will be an option for employees and most see it as a big positive. He also informed the council the field division was in need of PPE for their case workers that were out seeing families and core staff in the offices. Director Garcia jumped in and worked with Director Skinner from the Department of Corrections and arranged for the delivery of several hundred face masks on a Sunday night. Since then our Fiscal division has really stepped up and has been ordering PPE and hand sanitizer for the staff. Vern thanked everyone involved for their efforts.

Vern stated that child abuse reporting did drop due to kids not being in school. School personnel are a major source for that reporting. There was drop in March and a bigger drop in April. By May, reporting was up and in June the numbers were back up closer to normal numbers. The Field division is monitoring this reporting.

He also reported that starting in late March, economic assistance programs such as FIP and food assistance saw a big jump in applicants due to the pandemic and a large number of citizens being unemployed. Field received twice as many applicants than they normally get. His staff was able to handle the larger workload. The field division also offered guidance to Child Care facilities and some guidance for summer programming about hygiene, cleaning, and disinfecting. Since June his staff have started to visit child care facilities again.

Currently there are two emergency declarations in Black Hawk, Fayette and Van Buren Counties due to storms and flooding in those areas. Our individual assistance grants and DCM programs are currently operating in those counties.

## MHDS Update

Marissa Eyanson, Division Administrator for Mental Health and Disability Services – Community, introduced herself to the Council. This was her first time presenting to the council since starting her new position. She previously worked at IME as a Policy Bureau Chief.

Marissa reported to the council that her entire staff is tele-working since March and that it has been extremely successful and appreciated by her staff. She gave an overview of the COVID-19 Recovery Iowa program which offers mental health outreach services to individuals across Iowa. Her team's goal has been to reach as many people as possible. This program offers a wide variety of services including counseling, education, and links to local resources in communities. If individuals need more help than a virtual visit can offer, her staff is trained to recognize that and get them the help they need. Multiple areas of focus include Ag and rural issues, homelessness, workforce issues, older adults, children and families, and veterans. They currently have 101 staff onboard.

## 3rd Quarter MCO Report

Mike Randol, IME Director, provided the Council with an overview of the 3rd Quarter MCO report. He stated that some of the numbers you see will be higher due to the impact of COVID-19. There was an increase in service requests in March. He informed the council that we are still withholding capitation payments from Iowa Total Care because there is a 3rd party review that is being conducted. The release of those funds will be determined after the audit. IME is not actively looking for another MCO but will probably seek one out in the future. Rebecca asked Mike what is included in "other mental services appeals" on page 13 of the report. This response was sent to the Council in an email on 7/14/2020.

**Director Garcia Update**

DHS Director Kelly Garcia provided more information about her recent appointment to be the Interim Director of the Iowa Department of Public Health by Governor Reynolds. She was honored to accept the appointment but reassured the council that she is committed to the team and the tremendous work being done at DHS. She sees this responsibility as an important one to deepen our relationship between the two departments. She believes the work done by both departments is linked in meaningful ways. Director Garcia added that better service delivery and healthy Iowans is the goal and vision of both departments.

She also provided an update to the council on the EBT program that has received a lot of news media attention. This program is in the final phase of distributing a little more than 76 million dollars in food assistance to Iowa families that are served by the free and reduced lunch programs at their schools. Director Garcia also informed the council of the 50 million dollar CARES act program for behavioral health needs.

**Jean Slaybaugh – DHS CFO**

Jean informed the council that the August Council meeting would be the annual Public Hearing to give stakeholders, constituents, and others the opportunity to speak to the Council about the budget planning for state fiscal years 2022 & 2023. This year the meeting will be held virtually due to the pandemic.

**Council Update**

Chair Mark Anderson asked for a report from DHS in regards to the increase of abortions in the state to 8%. He would like to know why this number has increased. Kim asked if the council could include in the report how many women are receiving birth control in each county. Matt Highland stated we would have that for them at the August meeting.

**Adjournment**

Chair Mark Anderson adjourned the meeting at 11:15 a.m.

Respectfully Submitted by:
Julie McCauley
Council Secretary
jkm

**Teleconference Meeting Minutes**
**August 18, 2020**

| EXECUTIVE COMMITTEE MEMBERS | DEPARTMENT OF HUMAN SERVICES |
|---|---|
| Mark Anderson, Chair – present via phone | Gretchen Kramer – present via phone |
| Kimberly Kudej – present via phone | Faith Sandberg – present via phone |
| Sam Wallace – present via phone | Matt Highland – present via phone |
| Carol Forristall – absent | Carrie Malone – present |
| Rebecca Peterson – present via phone | Julie McCauley – present |
| Skylar Mayberry-Mayes – absent | Janee Harvey – present via phone |
| Jack Willey – present via phone | Jean Slaybaugh – present via phone |
| | Vern Armstrong – present via phone |
| | Marissa Eyanson – present via phone |
| | Anthony Lyman – present via phone |
| | Paula Motsinger – present via phone |
| | Amy McCoy – present via phone |
| | Nancy Freudenberg – present via phone |

| EX-OFFICIO LEGISLATIVE MEMBERS |
|---|
| Representative Joel Fry – absent |
| Senator Mariannette Miller-Meeks – absent |
| Senator Amanda Ragan – absent |
| Representative Timi Brown-Powers – absent |

**Call to Order**
Chair Mark Anderson called the Council meeting to order at 10:00 a.m. via conference call on Tuesday, August 18, 2020.

**Roll Call**
Five Council members were present, two were absent and all Ex-officio legislative members were absent.

**Rules**

The following amendments to the administrative rules were presented for adoption at the August 18, 2020, Council on Human Services meeting.

**R-1**. **Amendments to Chapter 75, "Conditions of Eligibility," Iowa Administrative Code (MEPD rules)** The proposed rule is amended to adjust the federal poverty levels increments used to assess premiums for applicants and recipients with income over 150% of the federal poverty level under the Medicaid for Employed People with Disabilities (MEPD) program.

A motion was made by Wallace to approve and seconded by Kudej.
**MOTION UNANIMOUSLY CARRIED**

**R-2. Amendments to Chapter 77, "Conditions of Participation for Providers of Medical and Remedial Care," Chapter 78, "Amount, Duration and Scope of Medical and Remedial Services," and Chapter 79, "Other Policies Relating to Providers of Medical and Remedial Care", Iowa Administrative Code**. **(Pharmacy Scope of Practice Rules).** The Iowa Board of Pharmacy, in collaboration with the Iowa Department of Public Health, developed statewide protocols for pharmacists ordering and dispensing of naloxone and nicotine replacement therapy (NRT) tobacco cessation products, as well as pharmacists ordering and administering vaccines. In order to allow these expanded pharmacist practice protocols under Medicaid the following changes are proposed:
• Adds "Pharmacist" as a provider type eligible to enroll in the Medicaid program.
• Clarifies qualified prescriber and prescription requirements based on the pharmacist expanded practice standards.
• Amends the section related to pharmacies administering influenza vaccine to children to include all Medicaid covered vaccines for children and adds the administration of adult vaccines, pursuant to 657 IAC 39 and the statewide protocols. Also adds Medicaid verification and reporting requirements. The changes enable pharmacists to take advantage of the expanded practice standards while clarifying the Medicaid verification and reporting requirements for vaccines.
• Amends the section related to basis of reimbursement for vaccines related to pharmacies. All billing and reimbursement of vaccines, regardless of provider type, will be through the healthcare common procedure coding system (HCPCS) to ensure consistency among providers as well as a coordinated Medicaid immunization record for the member.

A motion was made by Wallace to approve and seconded by Peterson.
**MOTION UNANIMOUSLY CARRIED**

The following amendments to the administrative rules are presented as Noticed rules.

**N-1**. **Amendments to Chapters 80, "Procedure and Method of Payment," Chapter 133, "IV-A Emergency Assistance Program," Chapter 172, "Family-Centered Child Welfare Services," Chapter 175, "Abuse Of Children," and Chapter 186, "Community Care," Iowa Administrative Code. (Contracting Rules)** The Family First Act reforms the federal child welfare financing streams. Title IV-E and Tile IV-B of the Social Security Act provide services to families who are at risk of entering the child welfare system. A core expectation under the Family First Act is states must employ evidence-based interventions demonstrated to effectively strengthen and preserve connections between children and their family. The primary focus of these services is to prevent removal of a child and placement into foster care. These changes will positively affect the child welfare contractors who successfully bid on contracts as the evidence-based interventions provide clear expectations to fidelity of models used in service provisions.

**N-2 Amendments to Chapter 202, "Foster Care Placement and Services, "Iowa Administrative Code. (Foster Care Placement Services).** The Family First Act and 2019 House File 644 requires protocols to ensure children being placed in out of home settings are not inappropriately misdiagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions or developmentally delayed conditions. The proposed rule requires information in case permanency plans for children entering or already in foster care to include efforts to retain existing medical and mental health care providers as well as activities to evaluate service needs.

A motion was made by Kudej to approve and seconded by Wallace.
**MOTION UNANIMOUSLY CARRIED**

**Approval of Minutes**

A motion was made by Kudej and seconded by Peterson to approve the minutes of the July 8, 2020 meeting.
**MOTION UNANIMOUSLY CARRIED**

**Council Update**

Council member Kudej asked for a response to a question that was asked last month about total abortion numbers in the State of Iowa, and a break down by county of how many Medicaid recipients are receiving birth control. CIO Matt Highland stated we do have updated numbers on the family planning program and that Director Garcia intended to walk the council through those numbers, however she was unable to join the meeting due to dealing with the effects of the Derecho that hit Iowa on August 10th. DHS is heavily involved in offering assistance to Iowans that were affected. Highland would be happy to send that data out to you, then have a discussion next month.

**Director Garcia Update**

Matt Highland apologized for Director Garcia's absence due to the emergent situations many Iowans are facing due to the storm damage. He explained that many of the Director's team members have been at the State's Emergency Response Center over the last several days and that DHS is working on providing emergency shelter and food assistance to those Iowans in need. He gave an overview of all of the information available to Iowans on our website as well as working with local community organizations to make sure we reach everyone who needs assistance. He gave a brief update on the COVID-19 outbreak at our boy's state training school in Eldora, stating that all 26 youth that tested positive have recovered and returned to their cottages.

Council Member Kudej asked about the news that the State has been incorrectly reporting the COVID -19 numbers. Matt stated that we are looking into that now and will be happy to update the Council when we know more details.

**Public Hearing Presentations for the SFY 2022 DHS Budget**

1) NAMI Iowa – Peggy Huppert, Executive Director
2) Iowa Health Care Association – Brandon Hagen, VP

**Adjournment**

Chair Mark Anderson adjourned the meeting at 10:50 a.m.

Respectfully Submitted by:
Julie McCauley
Council Secretary
jkm

**Zoom Video conference Meeting Minutes**
**September 9, 2020**

| EXECUTIVE COMMITTEE MEMBERS | DEPARTMENT OF HUMAN SERVICES |
|---|---|
| Mark Anderson, Chair – present | Kelly Garcia – present |
| Kimberly Kudej – present | Faith Sandberg – present |
| Sam Wallace – present | Matt Highland – present |
| Carol Forristall – present | Carrie Malone – present |
| Rebecca Peterson – present | Cory Turner – present |
| Skylar Mayberry-Mayes – present | Janee Harvey – present |
| Jack Willey – present | Jean Slaybaugh – present |
| | Vern Armstrong – present |
| | Marissa Eyanson – present |
| | Anthony Lyman – present |
| | Joe Havig – present |
| | Julie Lovelady – present |
| | Nancy Freudenberg – present |

| EX-OFFICIO LEGISLATIVE MEMBERS |
|---|
| Representative Joel Fry – absent |
| Senator Mariannette Miller-Meeks – absent |
| Senator Amanda Ragan – absent |
| Representative Timi Brown-Powers – absent |

**Call to Order**

Chair Mark Anderson called the Council meeting to order at 10:00 a.m. via zoom video conference on Wednesday, September 9, 2020.

**Roll Call**

All Council members were present, all Ex-officio legislative members were absent.

**Rules**

There were no rules for adoption.

The following amendments to the administrative rules were presented as Noticed rules.

N-1. Amendments to Chapter 36, "Facility Assessments," Iowa Administrative Code. (Quality Assurance Fees) These amendments are being promulgated to match dates between nursing facilities assessments and cost reports due dates. The quality assurance assessment and the cost report dates will now be June 1 of each year.

N-2 Amendments to Chapter 9, "Public Records and Fair Information Practices", Chapter 78, "Amount, Duration and Scope of Medical and Remedial Services, and Chapter 79, "Other Policies Relating to Providers of Medical and Remedial Care," Iowa Administrative Code.
(Technical Changes for Home and Community Based Waivers) These proposed amendments make technical changes in administrative rules by removing outdated program language. The units of service for intermittent supported community living are clarified. The references to the Iowa Plan are replaced with the member's managed care organization (MCO). The number of days a member may be in a medical institution without having to reapply are increased from 30 to 120 days to align with other HCBS waiver programs. The rules also clarify what is considered a member's home for the purposes of receiving occupational, physical and speech therapy.

N-3 Amendments to Chapter 77, "Conditions of Participation for Providers of Medical and Remedial Care," and Chapter 78, "Amount, Duration and Scope of Medical and Remedial Services." Iowa Administrative Code. (Day Habilitation) These proposed amendments implement guidance from the Centers for Medicare and Medicaid Services (CMS) clarifying day habilitation services provided through the HCBS Intellectual Disabilities (ID) waiver and state plan HCBS Habilitation program for persons with chronic mental illness. These amendments clarify the activities provided through day habilitation to assist members to participate in the community, develop social roles and responsibilities and increase independence and the potential for employment

A motion was made by Wallace to approve and seconded by Forristall.
**MOTION UNAMIMOUSLY CARRIED**

**Approval of Minutes**
A motion was made by Wallace, seconded by Mayberry-Mayes to approve the minutes of the August 12, 2020 meeting.
**MOTION UNAMIMOUSLY CARRIED**

**Budget Hearing Presentations**

**Opening Remarks, Executive Summary, Recommendations and Observations**
(Director Garcia and Jean Slaybaugh)

**COVID-19 Impacts** (Faith Sandberg)

**Improve Iowan's Health Status - Iowa Medicaid Enterprise (IME)**

- Medical Assistance (Julie Lovelady and Joe Havig)
- Iowa Health and Wellness Plan (Julie Lovelady and Joe Havig)
- Children's Health Insurance Program (Julie Lovelady)
- Medical Contracts (Julie Lovelady)
- State Supplementary Assistance (Julie Lovelady)

**Improve Iowan's Behavioral & Disabilities Health Status – Division of MHDS**

- Cherokee Mental Health Institution (Cory Turner)
- Independence Mental Health Institution (Cory Turner)
- Glenwood Resource Center (Cory Turner)
- Woodward Resource Center (Cory Turner)
- Conner Training (Cory Turner)
- Civil Commitment Unit for Sexual Offenders (Cory Turner)
- MHDS Regional Funding (Marissa Eyanson)
- Community Mental Health Block Grant (Marissa Eyanson)

**Improve Safety, Well-Being & Permanency for Iowa's Children – Divisions of ACFS and MHDS**

- Child Abuse Prevention (Janee Harvey)
- Adoption Subsidy (Janee Harvey)
- Child and Family Services (Janee Harvey)
- Comprehensive Family Support Programs (Janee Harvey)
- Eldora Training School (Cory Turner)

**Improve Iowan's Employment & Economic Security – Divisions of ACFS, MHDS, and Field Operations**

- Family Investment Program (Janee Harvey)
- Food Assistance (Janee Harvey)
- Child Care Assistance (Janee Harvey)
- Child Support Recovery (Vern Armstrong)

**Effectively Manage Resources - Divisions of Field Operations, Fiscal Management and IT**

- Field Operations (Vern Armstrong)
- Refugee Services (Vern Armstrong)
- Volunteers (Vern Armstrong)
- IT Modernization and Major Technology Projects (Anthony Lyman)
- General Administration (Jean Slaybaugh)
- TANF & Block Grants (Jean Slaybaugh)

**SFY 2021 Budget Decisions**

Approval of Budget Recommendations for SFY2022/23

A motion was made by Wallace to approve the Budget for SFY 2022/23 and seconded by Mayberry-Mayes.
**MOTION UNAMIMOUSLY CARRIED**

Approval of changes relative to final FMAP (if available before October 1)

A motion was made by Wallace and seconded by Forristall allowing the Director to amend the budget relative to the final FMAP.
**MOTION UNAMIMOUSLY CARRIED**

**Director's Report**

Director Garcia updated the Council on our DSNAP efforts. She reported we are working with the Feds to do a roll out to 10 additional counties that will span several weeks. She added that she received a note from a team member about Vern being on the front lines every day last week assisting in any way he was needed. It's truly

been a team effort and she thanked Vern for his hard work. She stated that this program puts a lot of money back in the community to assist families with the recovery process.
She reported there is ongoing work to assist refugee families, we are in discussions regarding shorter range and longer term housing solutions for those families. It is a tricky issue because there aren't a lot of housing options in that area. We will continue to work on that issue.
Mark asked about the Family Planning and Woman's Health report. Director Garcia informed the council that the data is being pulled from IDPH and she will share the report next month.

**Adjournment**

Chair Mark Anderson adjourned the meeting at 2:27 p.m.

Respectfully Submitted by:
Julie McCauley
Council Secretary
jkm

**Zoom Video conference Meeting Minutes**
**October 8, 2020**

| EXECUTIVE COMMITTEE MEMBERS | DEPARTMENT OF HUMAN SERVICES |
|---|---|
| Mark Anderson, Chair – present | Kelly Garcia – present |
| Kimberly Kudej – present | Faith Sandberg – present |
| Sam Wallace – present | Matt Highland – present |
| Carol Forristall – present | Carrie Malone – present |
| Rebecca Peterson – present | Cory Turner – present |
| Skylar Mayberry-Mayes – present | Janee Harvey – present |
| Jack Willey – present | Jean Slaybaugh – present |
| | Vern Armstrong – present |
| | Marissa Eyanson – present |
| | Anthony Lyman – present |
| | Jodi Gruening – present |
| | Julie Lovelady – present |
| | Nancy Freudenberg – present |

| EX-OFFICIO LEGISLATIVE MEMBERS |
|---|
| Representative Joel Fry – absent |
| Senator Mariannette Miller-Meeks – absent |
| Senator Amanda Ragan – present |
| Representative Timi Brown-Powers – absent |

**Call to Order**

Chair Mark Anderson called the Council meeting to order at 10:02 a.m. via zoom video conference on Thursday, October 8, 2020.

**Roll Call**

All Council members were present, Senator Amanda Ragan was present. All other Ex-Officio Legislative members were absent.

**Approval of Minutes**

A motion was made by Wallace, seconded by Forristall to approve the minutes of the September 9, 2020 meeting. **MOTION UNAMIMOUSLY CARRIED**

## Rules

The following amendments to the administrative rules are presented for adoption at the October 8, 2020 Council on Human Services meeting.

**R-1. Amendments to Chapters 80, "Procedure and Method of Payment," Chapter 133, "IV-A. Emergency Assistance Program," Chapter 172, "Family-Centered Child Welfare Services," Chapter 175, "Abuse Of Children," and Chapter 186, "Community Care," Iowa Administrative Code. (Contracting Rules for Family First Providers)** The Family First Act reforms the federal child welfare financing streams. Title IV-E and Tile IV-B of the Social Security Act provide services to families who are at risk of entering the child welfare system. A core expectation under the Family First Act is states must employ evidence-based interventions demonstrated to effectively strengthen and preserve connections between children and their family. The primary focus of these services is to prevent removal of a child and placement into foster care. These changes will positively affect the child welfare contractors who successfully bid on contracts as the evidence-based interventions provide clear expectations to fidelity of models used in service provisions.

A motion was made by Kudej to approve and seconded by Forristall.
**MOTION UNAMIMOUSLY CARRIED**

**R-2. Amendments to Chapter 202, "Foster Care Placement and Services, "Iowa Administrative Code. (Foster Care Placement Services).** The Family First Act and 2019 House File 644 requires protocols to ensure children being placed in out of home settings are not inappropriately misdiagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions or developmentally delayed conditions. The rule requires information in case permanency plans for children entering or already in foster care to include efforts to retain existing medical and mental health care providers as well as activities to evaluate service needs.

A motion was made by Willey to approve and seconded by Forristall.
**MOTION UNAMIMOUSLY CARRIED**

The following amendments to the administrative rules are presented as Noticed rules.

**N-1. Amendments to Chapters 77, "Conditions of Participation for Providers of Medical and Remedial Care," Chapter 108, "Licensing and Regulation of Child-Placing Agencies," Chapter 109, "Child Care Centers," Chapter 113, "Licensing and Regulation of Foster Family Homes," and Chapter 117, "Foster Parent Training," Iowa Administrative Code. (Mandatory Abuse Reporter Training)**
House File 731 from 2019 requires mandatory child abuse and dependent adult abuse reporter training be completed every three years. Previously training needed to be completed every five years.

**N-2 Amendments to Chapter 78, "Amount, Duration and Scope of Medical and Remedial Services," Iowa Administrative Code. (Automatic Refill Policies for Prescriptions).** The proposed rule establishes pharmacy policies and procedures for Medicaid coverage and reimbursement of prescription drug refills through an automatic refill program. Some pharmacies may currently offer this type of program and Medicaid proposes to standardize the requirements to ensure medical necessity and prevent waste.

**N-3 Amendments to Chapter 78, "Amount, Duration and Scope of Medical and Remedial Services," and Chapter 79, "Other Policies Relating to Providers of Medical and Remedial Care." Iowa Administrative Code. (Policies for Uniform Prior Authorization Process for Medicaid).** House File 766 in 2019 required implementation of a uniform prior authorization process. As a result of implementing the uniform process there has been a change in forms and form numbers used to request a prior authorization. The proposed amendments align the rules with the new forms and processing time frames. The rules are also revised to update current practices and processes.

**N-4 Amendments to Chapter 155, "Child Abuse Prevention Program," Iowa Administrative Code. (Family Support Statewide Database).** The proposed rule is to modify language around the Department's use of the Family Support Statewide Database maintained by the Department of Public Health. The current rule requires the Department grantees to input participant date into the system. However, it does not authorize the Department to release the data to other state agencies, including the Iowa Department of Public Health. Proposed rules are necessary given the Department's roles as a covered entity under the Health Insurance Portability and Accountability Act (HIPPA). There will continue to be a memorandum of understanding with Public Health to address the privacy and security of the Department's data and to outline the expectations of both parties. The proposed rule will prevent the need for individual patient authorization.

A motion was made by Kudej to approve and seconded by Mayberry-Mayes.
**MOTION UNAMIMOUSLY CARRIED**

**Child Abuse Prevention Program Advisory Committee Applicant Approval**

Lisa Bender from ACFS presented the Council with an overview of the committee, their responsibility, and the selection process of the applicants.

A motion was made by Kudej to approve the applicants and seconded by Mayberry-Mayes.
**MOTION UNAMIMOUSLY CARRIED**

**DHS Derecho Response Update**

Vern Armstrong, Division Administrator for the Field Division, updated the Council about the storm cleanup efforts after the August 10th derecho. 27 counties have been declared disaster areas where we are providing disaster case management. 15 of those are receiving state individual assistance and 12 are receiving individual assistance through FEMA. During the month of September our Field division set up and operated 14 different DSNAP benefit sites in 11 different counties. The program was a great success distributing 11 million dollars in aid to the Iowans in need. The team felt very proud and were grateful for all the support they received from Director Garcia and the entire DHS department.

**Director's Report**

Director Garcia provided an update about COVID19 outbreaks at both our Glenwood and Woodward facilities. She assured the council that every measure is being taken by our staff to mitigate the spread by using PPE and extensive cleaning efforts. She commented that thankfully no one has become seriously ill and the large majority are asymptomatic. She also shared that the visitation guidelines have changed recently due to updated nursing facility guidelines from IDPH and the Centers for Medicare and Medicaid Services at the federal level. Both the COVID19 positivity rates and visitation guidelines can be found on our website.

Director Garcia then shared an overview of the Family Planning report that was sent to all the Council Members. She indicated that the biggest area of concern is in the southern and northeastern corner of the state. The team around this work believes this could be due to a lack of knowledge in the program and that there may not be a need for a large number of providers in some of these areas. She stated she has asked the teams to provide her with a layering of data points that will help us best focus our efforts and we will do that by looking at general demographic information and by county bands of age groups for women who live in the state. She stated she will be bringing back regular updates to the council as this work continues.

## Adjournment

A motion was made by Kudej to adjourn the meeting and seconded by Forristall.
**MOTION UNAMIMOUSLY CARRIED**

Chair Mark Anderson adjourned the meeting at 11:20 p.m.

Respectfully Submitted by:
Julie McCauley
Council Secretary

**Zoom Video conference Meeting Minutes**
**November 9, 2020**

| EXECUTIVE COMMITTEE MEMBERS | DEPARTMENT OF HUMAN SERVICES |
|---|---|
| Mark Anderson, Chair – present | Kelly Garcia – present |
| Kimberly Kudej – present | Faith Sandberg – present |
| Sam Wallace – present | Matt Highland – present |
| Carol Forristall – present | Carrie Malone – present |
| Rebecca Peterson – present | Cory Turner – present |
| Skylar Mayberry-Mayes – present | Janee Harvey – present |
| Jack Willey – present | Jean Slaybaugh – present |
| | Vern Armstrong – present |
| | Marissa Eyanson – present |
| | Anthony Lyman – present |
| | Julie Lovelady – present |
| | Nancy Freudenberg – present |

| EX-OFFICIO LEGISLATIVE MEMBERS |
|---|
| Representative Joel Fry – absent |
| Senator Mariannette Miller-Meeks – absent |
| Senator Amanda Ragan – present |
| Representative Timi Brown-Powers – absent |

**Call to Order**

Chair Mark Anderson called the Council meeting to order at 10:00 a.m. via zoom video conference on Monday, November 9, 2020.

**Roll Call**

All Council members were present, Senator Amanda Ragan was present, all other Ex-officio legislative members were absent.

**Approval of Minutes**

A motion was made by Willey, seconded by Mayberry-Mayes to approve the minutes of the October 8, 2020 meeting.

**MOTION UNAMIMOUSLY CARRIED**

## Rules

The following amendments to the administrative rules are presented for adoption at the November 9, 2020 Council on Human Services meeting.

**R-1. Amendments to Chapter 36, "Facility Assessments," Iowa Administrative Code. (Quality Assurance Fees).** These amendments were promulgated to match dates between nursing facilities assessments and cost reports due dates. The quality assurance assessment and the cost report dates will now be June 1, of each year.

A motion was made by Wallace to approve and seconded by Willey
**MOTION UNAMIMOUSLY CARRIED**

**R-2. Amendments to Chapter 9, "Public Records and Fair Information Practices," Chapter 78, "Amount, Duration and Scope of Medical and Remedial Services," and Chapter 79, "Other Policies Relating to Providers of Medical and Remedial Care," Iowa Administrative Code. (Technical Changes for Home and Community Based Waivers)** These amendments make technical changes in administrative rules by removing outdated program language. The units of service for intermittent supported community living are clarified. The references to the Iowa Plan are replaced with the member's managed care organization (MCO). The number of days a member may be in a medical institution without having to reapply are increased from 30 to 120 days to align with other HCBS waiver programs. The rules also clarify what is considered a member's home for the purposes of receiving occupational, physical and speech therapy.

A motion was made by Kudej to approve and seconded by Willey.
**MOTION UNAMIMOUSLY CARRIED**

**R-3. Amendments to Chapter 77, "Conditions of Participation for Providers of Medical and Remedial Care," and Chapter 78, "Amount, Duration and Scope of Medical and Remedial Services." Iowa Administrative Code. (Day Habilitation)** These amendments implement guidance from the Centers for Medicare and Medicaid Services (CMS) clarifying day habilitation services provided through the HCBS Intellectual Disabilities (ID) waiver and state plan HCBS Habilitation program for persons with chronic mental illness. These amendments clarify the activities provided through day habilitation to assist members to participate in the community, develop social roles and responsibilities and increase independence and the potential for employment.

A motion was made by Willey to approve and seconded by Peterson.
**MOTION UNAMIMOUSLY CARRIED**

The following amendments to the administrative rules are presented as Noticed rules.

**N-1. Amendments to Chapters 77, "Conditions of Participation for Providers of Medical and Remedial Care," and Chapter 78, "Amount, Duration and Scope of Medical and Remedial Services," Iowa Administrative Code. (Allows Physician Assistants to bill independently)**
The proposed amendment implements Senate File 2357 from 2020 which allows physician assistants to bill independently for services provided. Previously a physician assistant billed for services provided through a supervising physician.

**N- 2. Amendments to Chapters 83, "Medicaid Waiver Services," Iowa Administrative Code. (Remove Elderly Waiver Cap)**
House File 2269 from 2020 directs the Department to eliminate the monthly budget maximum or cap for individuals eligible for the Medicaid Home and Community Based Services (HCBS) Elderly Waiver. This proposed amendment removes the total limit on the monthly cost of care for the Elderly Waiver

**N-3. Amendments to Chapter 95, "Collections," Chapter 96, "Information and Records, " Chapter 97, "Collection Services Center," Chapter 98, "Support Enforcement Services," Chapter 99, "Support, Establishment and Adjustment Services and Chapter 100, "Child Support Promoting Opportunities for Parents Program," Iowa Administrative Code. (Policies for administrative appeal rules).**
This rulemaking proposes changes to maintain current Child Support Recovery Unit (CSRU) administration appeal procedures in light of the recent changes in the IAC 441-chpater 7 appeal rules. This rulemaking also recognizes various organizes rule by keeping all collection rules in Chapter 95 and all enforcement rules in Chapter 98. Outdated language and duplicate language is removed. None of the proposed amendments make changes to current CSRU procedures.

**N-4. Amendments to Chapter 187, "Aftercare Services Program," Iowa Administrative Code. (Aftercare services eligibility).** The proposed rule is to implement FH 2220 from 2020 to ensure aftercare eligibility that youth who were in court-ordered placement with a relative or other approved person at age 18 will receive the same aftercare benefits as their peers who age out of state-paid placements. The aftercare services program, including the preparation for adult living program (PAL), helps youth who were formally in foster care, the Iowa State training school or a court-ordered Iowa juvenile detention center enter adult hood with ongoing services and support.

A motion was made by Wallace to approve and seconded by Mayberry-Mayes.
**MOTION UNAMIMOUSLY CARRIED**

**Director's Report**

Director Garcia updated the Council on the proposed alignment of DHS and IDPH. Chair Mark Anderson requested regular updates as the process moves forward.
She shared DHS staffing updates, introducing Jean Slaybaugh as the new COO. She will be serving in a dual role as COO and CFO for the time being. The posting for the new Medicaid Director is now live, and we have extended an offer for a new superintendent at our Glenwood facility.
Session prep is in progress with the team. There will be a strong focus on Medicaid staffing. Director Garcia will share more details about priorities in our next meeting.

**Chair Mark Anderson asked for an update on family planning.**

Director Garcia shared that we have a project plan in place and she has met with the teams. There are a number of meetings on the books for late November. She stated she would share more substantive information with the Council in December and January.

**Chair Mark Anderson asked for an update on diversity issues.**

Director Garcia informed the Council that our team has had a series of executive retreats where we have been learning about our own implicit bias and institutional racism. We are working on how we play a role and we are continuing those efforts.

**Chair Mark Anderson asked about hiring practices including bringing more diversity to the staff.**

She stated that hiring in the middle of pandemic has been challenging. We have had meetings with Drake University and an upcoming meeting with the University of Iowa about how we engage professionals to come work for us and to ensure we are a safe and inclusive work environment.

**Chair Mark Anderson asked for an update on the COVID-19 crisis.**

Director Garcia explained that we are in the middle of significant community spread across the state. We are working with the Governor on additional mitigation strategies, and expect that she will be making some decisions shortly. She shared that we are diligent in making sure our hospitals and long term care facilities are staffed. We are deploying every resource we can for our facilities.

Council Member Kim Kudej asked if there is enough testing. Director Garcia stated there is enough testing across the state. Test Iowa will be going through a transition to move those sites indoors.

**Adjournment**

Motion to adjourn was made by Kudej, seconded by Willey.
**MOTION UNAMIMOUSLY CARRIED**

Chair Mark Anderson adjourned the meeting at 10:52 a.m.

Respectfully Submitted by:
Julie McCauley
Council Secretary

**Zoom Video conference Meeting Minutes**
**December 10, 2020**

| EXECUTIVE COMMITTEE MEMBERS | DEPARTMENT OF HUMAN SERVICES |
|---|---|
| Mark Anderson, Chair – present | Kelly Garcia – present |
| Kimberly Kudej – present | Faith Sandberg – present |
| Sam Wallace – present | Matt Highland – present |
| Rebecca Peterson – present | Carrie Malone – present |
| Skylar Mayberry-Mayes – present | Cory Turner – present |
| Jack Willey – present | Janee Harvey – present |
| | Jean Slaybaugh – present |
| | Vern Armstrong – present |
| | Kurt Behrens – present |
| | Nalo Johnson – present |
| | Paula Motsinger – present |
| | Nancy Freudenberg – present |

| EX-OFFICIO LEGISLATIVE MEMBERS |
|---|
| Representative Joel Fry – absent |
| Senator Mariannette Miller-Meeks – absent |
| Senator Amanda Ragan – absent |
| Representative Timi Brown-Powers – absent |

**Call to Order**

Chair Mark Anderson called the Council meeting to order at 10:00 a.m. via zoom video conference on Thursday, December 10, 2020.

**Roll Call**

All Council members were present, all Ex-Officio legislative members were absent.

**Approval of Minutes**

A motion was made by Wallace, seconded by Mayberry-Mayes to approve the minutes of the November 9, 2020 meeting.

**MOTION UNAMIMOUSLY CARRIED**

## Rules

The following amendments to the administrative rules are presented for adoption at the December 10, 2020, Council on Human Services meeting.

**R-1 Amendments to Chapters 77, "Conditions of Participation for Providers of Medical and Remedial Care," Chapter 108, "Licensing and Regulation of Child-Placing Agencies," Chapter 109, "Child Care Centers," Chapter 113, "Licensing and Regulation of Foster Family Homes," and Chapter 117, "Foster Parent Training," Iowa Administrative Code. (Mandatory Abuse Reporter Training)**
House File 731 from 2019 requires mandatory child abuse and dependent adult abuse reporter training be completed every three years. Previously training needed to be completed every five years.

A motion was made by Wallace to approve and seconded by Kudej
**MOTION UNAMIMOUSLY CARRIED**

**R-2 Amendments to Chapter 78, "Amount, Duration and Scope of Medical and Remedial Services," Iowa Administrative Code. (Automatic Refill Policies for Prescriptions).**
The amendment establishes pharmacy policies and procedures for Medicaid coverage and reimbursement prescription drug refills through an automatic refill program. Some pharmacies may currently offer this type of program and Medicaid proposes to standardize the requirements to ensure medical necessity and prevent waste.

A motion was made by Willey to approve and seconded by Wallace
**MOTION UNAMIMOUSLY CARRIED**

**R-3 Amendments to Chapter 78, "Amount, Duration and Scope of Medical and Remedial Services," and Chapter 79, "Other Policies Relating to Providers of Medical and Remedial Care." Iowa Administrative Code. (Policies for Uniform Prior Authorization Process for Medicaid).** House File 766 in 2019 required implementation of a uniform prior authorization process. As a result of implementing the uniform process there has been a change in forms and form numbers used to request a prior authorization. These amendments align the rules with the new forms and processing time frames. The rules are also revised to update current practices and processes.

A motion was made by Wallace to approve and seconded by Kudej
**MOTION UNAMIMOUSLY CARRIED**

**R-4 Amendments to Chapter 155, "Child Abuse Prevention Program," Iowa Administrative Code. (Family Support Statewide Database).** The rule modifies language around the Department's use of the Family Support Statewide Database maintained by the Department of Public Health. The current rule requires the Department grantees input participant date into the database. However, it does not authorize the Department to release the data to other state agencies, including the Iowa Department of Public Health. Updated rules are necessary given the Department's roles as a covered entity under the Health Insurance Portability and Accountability Act (HIPPA). There continues to be a memorandum of understanding with Public Health to address the privacy and security of the Department's data and to outline the expectations of both parties. The proposed rule will prevent the need for individual patient authorization.

A motion was made by Wallace to approve and seconded by Willey
**MOTION UNAMIMOUSLY CARRIED**

The following amendments to the administrative rules are presented as Noticed rules.

**N-1. Amendments to Chapter 78, "Amount, Duration and Scope of Medical and Remedial Services," Iowa Administrative Code. (Allows Physician Assistants, Nurse Practitioners and Clinical Nurse Specialists to order and sign treatment plans)**
The proposed amendment implements federal regulations which allow physician assistants, nurse practitioners and clinical nurse specialists to order and sign a treatment plan for home health agency services to Iowa Medicaid members.

**N- 2. Amendments to Chapters 110, "Child Development Homes," and Chapter 120, "Child Care Homes," Iowa Administrative Code. (Total Capacity Limits during Emergency School Closings Cap)**
House File 2485 from 2020 directs the Department to allow child development homes to care for their total capacity of children during an emergency school closing without an assistant.

A motion was made by Willey to approve and seconded by Wallace
**MOTION UNAMIMOUSLY CARRIED**

**MCO 4th Quarter Report Review**
Kurt Behrens from IME gave an overview of the MCO 4th quarter report and highlighted the new design of the report.

**Director's Report**
Director Kelly Garcia provided the Council with an update on the COVID-19 vaccine and distribution plan once it arrives in Iowa. She also shared that her team has been working on a Family Planning update and she hopes to have a more robust report for the Council in January.

**Adjournment**

Chair Mark Anderson adjourned the meeting at 11:49 a.m.

Respectfully Submitted by:
Julie McCauley
Council Secretary

**Zoom Video conference Meeting Minutes**
**January 14, 2021**

| EXECUTIVE COMMITTEE MEMBERS | DEPARTMENT OF HUMAN SERVICES |
|---|---|
| Mark Anderson, Chair – present | Kelly Garcia – present |
| Kimberly Kudej – present | Faith Sandberg – present |
| Sam Wallace – present | Matt Highland – present |
| Rebecca Peterson – present | Carrie Malone – present |
| Skylar Mayberry-Mayes – present | Nancy Freudenberg – present |
| Jack Willey – present | Janee Harvey – present |
| | Jean Slaybaugh – present |
| | Vern Armstrong – present |
| | Gretchen Kraemer-present |
| | Anthony Lyman - present |
| | Sarah Ekstrand - present |
| | Cory Turner – present |

| EX-OFFICIO LEGISLATIVE MEMBERS |
|---|
| Representative Joel Fry – absent |
| Senator Mariannette Miller-Meeks – absent |
| Senator Amanda Ragan – absent |
| Representative Timi Brown-Powers – absent |

**Call to Order**

Chair Mark Anderson called the Council meeting to order at 10:01 a.m. via zoom video conference on Thursday, January 14, 2021.

**Roll Call**

All Council members were present, all Ex-Officio legislative members were absent.

**Approval of Minutes**

A motion was made by Willey, seconded by Wallace to approve the minutes of the December 10, 2020 meeting.

**MOTION UNAMIMOUSLY CARRIED**

## Rules

The following amendments to the administrative rules are presented for adoption at the January 14, 2021, Council on Human Services meeting.

**R-1 Amendments to Chapters 77, "Conditions of Participation for Providers of Medical and Remedial Care," and Chapter 78, "Amount, Duration and Scope of Medical and Remedial Services," Iowa Administrative Code. (Allows Physician Assistants to bill independently)**
The proposed amendment implements Senate File 2357 from 2020 which allows physician assistants to bill independently for services provided. Previously a physician assistant billed for services provided through a supervising physician.

A motion was made by Wallace to approve and seconded by Kudej
**MOTION UNAMIMOUSLY CARRIED**

**R-2 Amendments to Chapters 83, "Medicaid Waiver Services," Iowa Administrative Code. (Remove Elderly Waiver Cap)**
House File 2269 from 2020 directs the Department to eliminate the monthly budget maximum or cap for individuals eligible for the Medicaid Home and Community Based Services (HCBS) Elderly Waiver. This proposed amendment removes the total limit on the monthly cost of care for the Elderly Waiver.

A motion was made by Willey to approve and seconded by Mayberry-Mayes
**MOTION UNAMIMOUSLY CARRIED**

**R-3 Amendments to Chapter 95, "Collections," Chapter 96, "Information and Records, " Chapter 97, "Collection Services Center," Chapter 98, "Support Enforcement Services," Chapter 99, "Support, Establishment and Adjustment Services and Chapter 100, "Child Support Promoting Opportunities for Parents Program," Iowa Administrative Code.**
**(Policies for administrative appeal rules).**
This rulemaking proposes changes to maintain current Child Support Recovery Unit (CSRU) Administration appeal procedures in light of the recent changes in the IAC 441- chapter 7 appeal rules. This rulemaking also recognizes various organizes rule by keeping all collection rules in Chapter 95 and all enforcement rules in Chapter 98. Outdates language and duplicate language is removed. Proposed amendments make changes to current CSRU procedures.

A motion was made by Wallace to approve and seconded by Willey
**MOTION UNAMIMOUSLY CARRIED**

**R-4 Amendments to Chapter 187, "Aftercare Services Program," Iowa Administrative Code. (Aftercare services eligibility).** The proposed rule is to implement FH 2220 from 2020 to ensure aftercare eligibility that youth who were in court-ordered placement with a relative or other approved person at age 18 will receive the same aftercare benefits as their peers who age out of state-paid placements. The aftercare services program, including the preparation for adult living program (PAL), helps youth who were formally in foster care, the Iowa State training school or a court-ordered Iowa juvenile detention center enter adult hood with ongoing services and support.

A motion was made by Kudej to approve and seconded by Mayberry-Mayes
**MOTION UNAMIMOUSLY CARRIED**

The following amendments to the administrative rules are presented as Noticed rules.

**N-1 Amendments to Chapter 156, "Payments for Foster Care Remedial Services," and Chapter 202 "Foster Care Placement and Services" Iowa Administrative Code.**
**(Implements the Kinship Caregiver Program)**
The proposed amendment implements the Kinship Caregiver Program to allow relatives to receive a $300 a month stipend for each child in their care for up to six months. The caregiver will be invited to participate in the foster care licensing process in the first two months they are care caring for their kin, and they would be able to receive the Kinship Caregiver Payment for up to six months. They may also be eligible for supports such as child care, respite, training and caseworker support once licensed. Kinship Caregivers are not required to become licensed to receive the stipend, though it will be encouraged so they would be eligible for the continued supports listed above

A motion was made by Mayberry-Mayes to approve and seconded by Wallace
**MOTION UNAMIMOUSLY CARRIED**

**Director's Report**
Director Kelly Garcia updated the Council on the COVID-19 vaccine distribution in Iowa. She also informed the council that she has received the Department of Justice's report on the Glenwood and Woodward Resource Centers. She will share more information about that report in the February meeting.

**Adjournment**

Chair Mark Anderson adjourned the meeting at 10:58 a.m.

Respectfully Submitted by:
Julie McCauley
Council Secretary

**Zoom Video conference Meeting Minutes**
**February 11, 2021**

| EXECUTIVE COMMITTEE MEMBERS | DEPARTMENT OF HUMAN SERVICES |
|---|---|
| Mark Anderson, Chair – present | Kelly Garcia – present |
| Kimberly Kudej – present | Faith Sandberg – present |
| Sam Wallace – present | Matt Highland – present |
| Rebecca Peterson – present | Carrie Malone – present |
| Skylar Mayberry-Mayes – present | Nancy Freudenberg – present |
| Jack Willey – present | Janee Harvey – present |
| | Jean Slaybaugh – present |
| | Vern Armstrong – present |
| | Gretchen Kraemer-present |
| | Anthony Lyman - present |
| | Sarah Ekstrand - present |
| | Cory Turner – present |

| EX-OFFICIO LEGISLATIVE MEMBERS |
|---|
| Representative Joel Fry – absent |
| Senator Mark Costello – absent |
| Senator Amanda Ragan – absent |
| Representative Timi Brown-Powers – absent |

**Call to Order**

Chair Mark Anderson called the Council meeting to order at 10:01 a.m. via zoom video conference on Thursday, February 11, 2021.

**Roll Call**

All Council members were present, all Ex-Officio legislative members were absent.

**Approval of Minutes**

A motion was made by Wallace, seconded by Willey to approve the minutes of the January 14, 2021 meeting.

**MOTION UNAMIMOUSLY CARRIED**

## Rules

The following amendments to the administrative rules are presented for adoption at the February 11, 2021, Council on Human Services meeting.

**R-1 Amendments to Chapter 78, "Amount, Duration and Scope of Medical and Remedial Services," Amendments to Chapter 79, "Other Policies Relating to Providers of Medical and Remedial Care," and Chapter 83, "Medicaid Waiver Services," Iowa Administrative Code. (Allows Physician Assistants, Nurse Practitioners and Clinical Nurse Specialists to order and sign treatment plans)**
The amendment implements federal regulations which allow physician assistants, nurse practitioners and clinical nurse specialists to order and sign a treatment plan for home health agency services to Iowa Medicaid members.

A motion was made by Wallace to approve and seconded by Mayberry-Mayes
**MOTION UNAMIMOUSLY CARRIED**

**R-2 Amendments to Chapters 110, "Child Development Homes," and Chapter 120, "Child Care Homes," Iowa Administrative Code. (Total Capacity Limits during Emergency School Closings Cap)**
House File 2485 from 2020 directs the Department to allow child development homes to care for their Total capacity of children during an emergency school closing without an assistant.

A motion was made by Willey to approve and seconded by Kudej
**MOTION UNAMIMOUSLY CARRIED**

The following amendments to the administrative rules are presented as Noticed rules.

**N-1 Amendments to Chapter 58, "Emergency Assistance-Division 1-Iowa Disaster and Individual Assistance Grant Program," Iowa Administrative Code. (Updates Changes in the Disaster Assistance Program)**
The proposed amendment implements 2019 Senate File 435 updating disaster assistance rules to increase the timeframe to stay in a fifth-wheel travel trailer or travel trailer from 90 days to 180 days before these trailers are considered a permanent place of habitation.

**N-2 Amendments to Chapter 73, "Managed Care," Chapter 78, "Amount, Duration and Scope of Medical and Remedial Services," and Chapter 83, "Medicaid Waiver Services," Iowa Administrative Code. (Implements the federal requirement for electronic visit verification)**
These proposed amendments implement the federal Electronic Visit Verification (EVV) requirements for providers for personal care services beginning January 1, 2020, under Section 12006 of the 21st Century Cures Act. Iowa was granted a one year good faith exemption so the requirement for Iowa is January 1, 2021. The Department is implementing EVV for members covered under managed care. The EVV implementation for the fee for service population will be deployed in a second phase for compliance.
A contract vendor has been selected to assist with tracking and billing. EVV uses technology to electronically record when attendants begin and end providing services to Medicaid members. EVV will be used to ensure members are receiving the care they need that is outlined in their service plan. EVV will be used to monitor the delivery and utilization of personal care and home health agency services in non-traditional settings and will provide verification of the visit with location information and a time stamp. EVV will be used to ensure quality and program integrity. It also streamlines billing for providers as once a visit is complete the claim is sent to the managed care organization for payment.

A motion was made by Willey to approve and seconded by Peterson
**MOTION UNAMIMOUSLY CARRIED**

**Director's Report**

Director Kelly Garcia provided a vaccine and facilities update to the council stating that we are tracking this closely to ensure we have good uptake with our team members and we are happy to report we are really seeing the percentages go up. She also shared the latest information regarding the Department of Justice report, informing the council were consistent with everything DHS has discovered over the course of the past year. She stated DHS remains committed to addressing the issues and continues to work on corrective action. Director Garcia informed the council that we will be reposting the Medicaid Director position and will also be posting for a new CFO and HR Director. She advised the Council about the work that has been done on the Family Planning Report, stating we have an updated report to share that is also posted on our website.

**Adjournment**

Chair Mark Anderson adjourned the meeting at 11:53 a.m.

Respectfully Submitted by:
Julie McCauley
Council Secretary

**Zoom Video conference Meeting Minutes**
**March 11, 2021**

| EXECUTIVE COMMITTEE MEMBERS | DEPARTMENT OF HUMAN SERVICES |
|---|---|
| Mark Anderson, Chair – present | Kelly Garcia – present |
| Kimberly Kudej – present | Faith Sandberg – present |
| Sam Wallace – present | Matt Highland – present |
| Rebecca Peterson – present | Carrie Malone – present |
| Skylar Mayberry-Mayes – present | Nancy Freudenberg – present |
| Jack Willey – present | Janee Harvey – present |
| | Jean Slaybaugh – present |
| | Vern Armstrong – present |
| | Gretchen Kraemer-present |
| | Anthony Lyman - present |
| | Sarah Ekstrand - present |
| | Cory Turner – present |

| EX-OFFICIO LEGISLATIVE MEMBERS |
|---|
| Representative Joel Fry – absent |
| Senator Mark Costello – absent |
| Senator Amanda Ragan – absent |
| Representative Timi Brown-Powers – absent |

**Call to Order**

Chair Mark Anderson called the Council meeting to order at 10:02 a.m. via zoom video conference on Thursday, March 11, 2021.

**Roll Call**

All Council members were present, all Ex-Officio legislative members were absent.

**Approval of Minutes**

A motion was made by Wallace, seconded by Willey to approve the minutes from February 11, 2021.
**MOTION UNAMIMOUSLY CARRIED**

**Rules**

The following amendments to the administrative rules are presented for adoption at the March 11, 2021, Council on Human Services meeting.

**R-1 Amendments to Chapter 156, "Payments for Foster Care Remedial Services," and Chapter 202 "Foster Care Placement and Services" Iowa Administrative Code. (Implements the Kinship Caregiver Program)**
The amendments implement the Kinship Caregiver Program to allow relatives to receive a $300 a month stipend for each child in their care for up to six months. The caregiver will be invited to participate in the foster care licensing process in the first two months they are caring for their kin and they would be able to receive the Kinship Caregiver Payment for up to six months. They may also be eligible for supports such as child care, respite, training and caseworker support once licensed. Kinship Caregivers are not required to become licensed to receive the stipend, though it will be encouraged so they would be eligible for the continued supports listed above.

A motion was made by Wallace to approve and seconded by Mayberry-Mayes
**MOTION UNAMIMOUSLY CARRIED**

The following amendments to the administrative rules are presented as Noticed rules.

**N-1 Amendments to Chapter 170, "Child Care Services," Iowa Administrative Code. (Updates Changes in the Fee Schedule)**
The proposed amendment implements the updated Child Care Assistance (CCA) fee schedule based on the increased federal poverty levels effective July 1, 2021. The annual poverty level update allows families that have received raises or increased earnings throughout the previous year to maintain eligibility for CCA without paying increased fees. The fee schedule changes are effective for eligibility determinations made on or after July 1, 2021. In order to meet the July 1, 2021, effective date we will implement these rules Emergency after Notice.

A motion was made by Wallace to approve and seconded by Kudej
**MOTION UNAMIMOUSLY CARRIED**

**ACFS Update** – Division Administrator Janee Harvey gave an overview of the Family First Act Implementation and provided details of how it's been restructured. Our ACFS team submitted our foster care prevention plan in October of 2020 and Iowa is only the 11th state in the nation to have our foster care prevention plan approved. Janee also informed the council that in April we will now have 5 dependent adult protection workers in every service area.

**1st Quarter MCO Report** – Medicaid Analyst Kurt Behrens gave an overview of the latest MCO report to the council.

**Director's Report**

Director Kelly Garcia was in a meeting with the Governor, so COO Jean Slaybaugh provided the Director's report to the council. Jean gave an update on the enhanced FMAP under the PHE stating the primary impact is on Medicaid and CHIP through April 21, 2021. She added, in a letter from the POTUS to Governors the intent is to continue through year end. This results in additional federal revenue of approximately $72 million per quarter. Jean reviewed the American Rescue Plan Act (aka COVID Relief Bill) informing the council it will bring substantial additional funding to DHS as well as IDPH.

**Adjournment**

Chair Mark Anderson adjourned the meeting at 11:11 a.m.

Respectfully Submitted by:
Julie McCauley
Council Secretary

**Zoom Video conference Meeting Minutes**
**April 8, 2021**

| EXECUTIVE COMMITTEE MEMBERS | DEPARTMENT OF HUMAN SERVICES |
|---|---|
| Mark Anderson, Chair – present | Kelly Garcia – present |
| Kimberly Kudej – present | Faith Sandberg – present |
| Sam Wallace – present | Matt Highland – present |
| Rebecca Peterson – present | Carrie Malone – present |
| Skylar Mayberry-Mayes – present | Nancy Freudenberg – present |
| Jack Willey – present | Janee Harvey – present |
| | Jean Slaybaugh – present |
| | Vern Armstrong – present |
| | Gretchen Kraemer-present |
| | Anthony Lyman - present |
| | Sarah Ekstrand - present |
| | Cory Turner – present |

| EX-OFFICIO LEGISLATIVE MEMBERS |
|---|
| Representative Joel Fry – absent |
| Senator Mark Costello – absent |
| Senator Amanda Ragan – absent |
| Representative Timi Brown-Powers – absent |

**Call to Order**

Chair Mark Anderson called the Council meeting to order at 10:00 a.m. via zoom video conference on Thursday, April 8, 2021.

**Roll Call**

All Council members were present, all Ex-Officio legislative members were absent.

**Approval of Minutes**

A motion was made by Wallace, seconded by Willey to approve the minutes from March 11, 2021.
**MOTION UNAMIMOUSLY CARRIED**

## Rules

The following amendments to the administrative rules were presented for adoption at the April 8, 2021, Council on Human Services meeting.

**R-1 Amendments to Chapter 58, "Emergency Assistance-Division 1-Iowa Disaster and Individual Assistance Grant Program," Iowa Administrative Code. (Updates Changes in the Disaster Assistance Program)**

The amendment implements 2019 Senate File 435 updating disaster assistance rules to increase the timeframe to stay in a fifth-wheel travel trailer or travel trailer from 90 days to 180 days before these trailers are considered a permanent place of habitation.

A motion was made by Wallace to approve, and seconded by Kudej
**MOTION UNAMIMOUSLY CARRIED**

**R-2 Amendments to Chapter 73, "Managed Care," Chapter 78, "Amount, Duration and Scope of Medical and Remedial Services," and Chapter 83, "Medicaid Waiver Services," Iowa Administrative Code. (Implements the Federal Requirement for Electronic Visit Verification)**

These amendments implement the federal Electronic Visit Verification (EVV) requirements for providers for personal care services beginning January 1, 2020, under Section 12006 of the 21st Century Cures Act. Iowa was granted a one year good faith exemption so the requirement for Iowa is January 1, 2021. The Department is implementing EVV for members covered under managed care. The EVV implementation for the fee for service population will be deployed in a second phase for compliance.

A contract vendor has been selected to assist with tracking and billing. EVV uses technology to electronically record when attendants begin and end providing services to Medicaid members. EVV will be used to ensure members are receiving the care they need that is outlined in their service plan. EVV will be used to monitor the delivery and utilization of personal care and home health agency services in non-traditional settings and will provide verification of the visit with location information and a time stamp. EVV will be used to ensure quality and program integrity. It also streamlines billing for providers as once a visit is complete the claim is sent to the managed care organization for payment.

A motion was made by Wallace to approve, and seconded by Peterson
**MOTION UNAMIMOUSLY CARRIED**

The following amendments to the administrative rules were presented as Noticed rules.

**N-1 Amendments to Chapter 7, "Appeals and Hearings," Iowa Administrative Code. (Changes in the Name of Iowa's Food Assistance Program and Changes in the Administrative Disqualification Hearing Process for an Intentional Program Violation for the Supplemental Nutrition Assistance Program)**

The proposed amendments change the formal name of Iowa's food program from Food Assistance to the Intentional Supplemental Nutrition Assistance Program (SNAP) to be consistent with the name of the federal program and to alleviate confusion around food benefits that are available.

Federal regulations give states the option of establishing procedures to allow individuals accused of an intentional SNAP violation the ability to waive their right to an administrative disqualification hearing. With the recommendation of the USDA Food and Nutrition Service (FNS) the Department has decided to take advantage of this option. The proposed amendments give individuals who are suspected of an intentional program violation an opportunity to waive their right to an administrative disqualification hearing, if the individual so chooses by signing form 470-5330, Waiver of a Right to an Administrative Disqualification Hearing. If the member choses to sign the form, the member will be disqualified from participating in the SNAP program for a specified period of time and agree to repay any overpayment associated with the violation. No administrative disqualification will be held. The same disqualification penalty will be imposed if the individual chooses to give up the right to an administrative disqualification haring and signs the form or if the individual participates in the hearing and is found to have committed an intentional program violation by an administrative law judge.

**N-2 Amendments to Chapter 155, "Child Abuse Prevention Program," Iowa Administrative Code. (Implements Code Changes Regarding Payment of Transportation)**
These amendments implement SF 2284 which was enacted in 2020. This act related to matters involving the State Board of Regents and the institutions it governs. Iowa Code Section was amended to eliminate obligations to counties and institutions for transportations costs for students enrolled in the School for the Deaf and the Braille and Sight Saving School. The Juvenile Court Services Directed Programs Rule in chapter 155 is being amended to remove the exclusion for transportation costs. This will now allow payment for transportation if it was court ordered.

A motion was made by Wallace to approve, and seconded by Mayberry-Mayes
**MOTION UNAMIMOUSLY CARRIED**

**Director's Report**

Matt Highland, Chief of Strategic Communications, provided the Director's report due to Director Garcia being in a meeting with the Governor. Matt shared a vaccine update with the Council, informing them of expanded vaccine eligibility for all Iowans, a DHS facility vaccine update, and the plan to focus on educating those Iowans who are hesitant to get the vaccine. He then informed the council that we are in the final interview process for the Medicaid Director position and we should have an announcement in the coming weeks. Matt acknowledged Deputy Director Julie Lovelady for the incredible job she has done during the long interim. He gave an update on the DOJ work that continues at our Glenwood Resource Center, stating that work is continuing on the community integration side of the investigation and interviews will be starting shortly. He then provided the latest report from the Boys State Training School in Eldora. He informed the council that the court appointed monitor continues her work there and has had very positive remarks about the progress that's been made. Matt gave a brief overview of the program alignment work that is being done with our contractor Public Consulting Group. He added that we will be providing frequent updates to the Council as that work continues.

**Adjournment**

Chair Mark Anderson adjourned the meeting at 11:00 a.m.

Respectfully Submitted by:
Julie McCauley
Council Secretary

**Zoom Video conference Meeting Minutes**
**May 13, 2021**

| EXECUTIVE COMMITTEE MEMBERS | DEPARTMENT OF HUMAN SERVICES |
|---|---|
| Mark Anderson, Chair – present | Kelly Garcia – present |
| Kimberly Kudej – present | Faith Sandberg – present |
| Sam Wallace – present | Matt Highland – present |
| Rebecca Peterson – present | Carrie Malone – present |
| Skylar Mayberry-Mayes – present | Nancy Freudenberg – present |
| Jack Willey – present | Janee Harvey – present |
| | Jean Slaybaugh – present |
| | Vern Armstrong – present |
| | Gretchen Kraemer-present |
| | Anthony Lyman - present |
| | Sarah Ekstrand - present |
| | Cory Turner – present |

| EX-OFFICIO LEGISLATIVE MEMBERS |
|---|
| Representative Joel Fry – absent |
| Senator Mark Costello – absent |
| Senator Amanda Ragan – present |
| Representative Timi Brown-Powers – absent |

**Call to Order**

Chair Mark Anderson called the Council meeting to order at 10:00 a.m. via zoom video conference on Thursday May 13, 2021.

**Roll Call**

All Council members were present, Senator Amanda Ragan was present, and all other Ex-Officio legislative members were absent.

**Approval of Minutes**

A motion was made by Wallace, seconded by Kudej to approve the minutes from April 8, 2021.
**MOTION UNAMIMOUSLY CARRIED**

## Rules

The following amendments to the administrative rules are presented for adoption at the May 13, 2021, Council on Human Services meeting.

**R-1 Amendments to Chapter 204, "Subsidized Guardianship Program," Iowa Administrative Code. (Changes in the Subsidized Guardianship Program)**
Current rules are amended to lower the age for subsidized guardianship payments from 14 to 10 years of age. Rules are also amended to provide for the extension of guardianship subsidies until the youth reaches age 21 under certain limited circumstances. A child who has a diagnosis of intellectual, mental or medical disability or who has not graduated from high school will be able to continue the subsidy until age 21. Under the new amendments there will no longer be an age distinction for younger siblings to be eligible for subsidized guardianship payments when those siblings reside in the same home as a child who meets eligibility requirements. The amendments will also allow Department staff to suspend subsidized guardianship payments under certain conditions. The amendments specify when and how such suspensions would occur.

A motion was made by Wallace to approve and seconded by Willey
**MOTION UNAMIMOUSLY CARRIED**

**R-2 Amendments to Chapter 170, "Child Care Services," Iowa Administrative Code. (Updates Changes in the Fee Schedule)**
The amendment implements the updated Child Care Assistance (CCA) fee schedule based on the increased federal poverty levels effective July 1, 2021. The annual poverty level update allows families that have received raises or increased earnings throughout the previous year to maintain eligibility for CCA without paying increased fees. The fee schedule changes are effective for eligibility determinations made on or after July 1, 2021. In order to meet the July 1, 2021, effective date we are implementing these rules Emergency after Notice.

A motion was made by Wallace to approve and seconded by Mayberry-Mayes
**MOTION UNAMIMOUSLY CARRIED**

The following amendments to the administrative rules were presented as Noticed rules.

**N-1 Amendments to Chapter 73, "Managed Care," Chapter 77, "Conditions of Participation for Providers of Medical and Remedial Care," Chapter 78, "Amount, Duration and Scope of Medical and Remedial Services," Chapter 81, "Nursing Facilities," Chapter 82, "Intermediate Care Facilities for Persons with an Intellectual Disability," and Chapter 113, "Licensing and Regulation of Foster Family Homes Iowa Administrative Code. (Updates terminology for deaf and hard of hearing)**
The proposed rulemaking replaces the term "deaf" with "deaf or hard of hearing" or "deaf and hard of hearing" and replaces the term "hearing impaired" with "hard of hearing" throughout the Iowa Code based on HF 2585 authorized in 2020. This rulemaking covers the chapters affected by the Department of Human Services.

**N-2 Amendments to Chapter 78, "Amount, Duration and Scope of Medical and Remedial Services," Chapter 79, "Other Policies Relating to Providers of Medical and Remedial Care," Iowa Administrative Code. (Implements the Individual Placement and Support (IPS) Supported Employment model for HCBS Habilitation Supported Employment services)**
These proposed amendments implement the Individual Placement and Support (IPS) Supported Employment (SE) evidenced-based model within the Home-and Community-Based Services (HCBS) Habilitation Supported Employment services. These amendments establish the provider qualifications and implementation criteria applicable to the IPS SE providers. These amendments also implement the outcome-based reimbursement methodology for IPS SE.

**N-3 Amendments to Chapter 83, "Medicaid Waiver Services," Iowa Administrative Code. (Adds reserve capacity slot criteria for HCBS waiver applications)**

This rulemaking adds the reserve capacity slot criteria from the home-and community-based services (HCBS) waiver applications to the intellectual disability (ID) waiver and the children's mental health (CMH) waiver and reduces the minimum amount of time that a member must be in an institutional stay to qualify for a reserved capacity slot under the brain injury (BI) waiver from six months to four months

A motion was made by Mayberry-Mayes to approve, and seconded by Willey
**MOTION UNAMIMOUSLY CARRIED**

**PHE Unwinding Medicaid – IME Public Service Manager -Amela Alibasic**
Amela presented information on the unwinding of the Public Health Emergency in the Medicaid program, including information on what that means for our clients.

**MHDS Community Gaps – MHDS Division Administrator – Marissa Eyanson**
Marissa did a presentation on the gaps in the current MHDS system, specifically focused on the individuals who are getting 'stuck' in emergency departments.

**Pandemic Response Federal Funds Update – ACFS Division Administrator Janee Harvey**
Janee updated the Council on how we're spending federal funds to support the families we serve, including child care and food assistance.

**Director's Report**
Director Garcia updated the Council on the program alignment work being done between DHS and IDPH. She stated that we have partnered with PCG as our vendor to help with this work internally and externally. Stakeholder involvement will be a big part of this realignment process to make sure that we are making a structure that supports the way this work is delivered on the front lines with our community partners.

She provided a vaccine update sharing that vaccine distribution across the state has moved much faster than anticipated and that all Iowans have access to the vaccine now, including 12-15 year old youth. With the assistance of Dr. Pedati we are continuing to educate and inform staff at our facilities about why it is important to take the vaccine and providing information about its safety.

Director Garcia announced that we have a new Medicaid Director. Liz Matney, our former Deputy Director of Medicaid will be starting in her new position on June 1st. Liz knows Iowa, the program we have in place and has a deep commitment to this work. She was a Senior Policy Advisor to Governor Reynolds prior to accepting this position. Liz will be introducing herself to the Council at our June meeting.

Director Garcia shared with the Council information about work being done around critical case incidents and child welfare. We have a tremendous group of engaged leaders from both agencies that are reviewing these cases in real time to determine systemic gaps and how we fill those gaps. This is long overdue within the agency and the goal is to make real progress with solid outcomes to improve our system.

**Adjournment**

Chair Mark Anderson adjourned the meeting at 12:00 p.m.

Respectfully Submitted by:
Julie McCauley
Council Secretary

**Teleconference Meeting Minutes**

**June 10, 2021**

| EXECUTIVE COMMITTEE MEMBERS | DEPARTMENT OF HUMAN SERVICES |
|---|---|
| Mark Anderson, Chair – absent | Director Kelly Garcia – present |
| Kimberly Kudej – present via phone | Faith Sandberg – present |
| Sam Wallace – present via phone | Matt Highland – present |
| Jack Willey – present via phone | Liz Matney – present |
| Rebecca Peterson – present via phone | Julie McCauley – present |
| Skylar Mayberry-Mayes – present via phone | Janee Harvey – present |
| | Jean Slaybaugh – present |
| | Vern Armstrong – present |
| | Marissa Eyanson – present |

| EX-OFFICIO LEGISLATIVE MEMBERS |
|---|
| Representative Joel Fry – absent |
| Senator Mariannette Miller-Meeks – absent |
| Senator Amanda Ragan – absent |
| Representative Timi Brown-Powers – absent |

**Call to Order**

Council member Jack Willey called the Council meeting to order at 10:02 a.m. via conference call on Thursday, June 10, 2021.

**Roll Call**

Chair Mark Anderson was absent, all other council members were present. All Ex-officio legislative members were absent.

**Approval of Minutes**

A motion was made by Wallace and seconded by Kudej to approve the minutes of the May 13, 2021 meeting.
**MOTION UNANIMOUSLY CARRIED**

**Rules**

**R-1 Amendments to Chapter 83, "Medicaid Waiver Services," Iowa Administrative Code.**
**(Adds reserve capacity slot criteria for HCBS waiver applications)**

The rule making adds the reserve capacity slot criteria from the home-and community-based services (HCBS) waiver applications to the intellectual disability (ID) waiver and the children's mental health (CMH) waiver and reduces the minimum amount of time that a member must be in an institutional stay to qualify for a reserved capacity slot under the brain injury (BI) waiver from six months to four months.

A motion was made by Wallace to approve, and seconded by Peterson
**MOTION UNAMIMOUSLY CARRIED**

**R-2 Amendments to Chapter 151, "Juvenile Court Directed Services Program," Iowa Administrative Code. (Implements Code Changes Regarding Payment of Transportation)**
These amendments implement SF 2284 which was enacted in 2020. This act related to matters involving the State Board of Regents and the institutions it governs. Iowa Code Section 270.4 was amended to eliminate obligations to counties and institutions for transportation costs for students enrolled in the School for the Deaf and the Braille and Sight Saving School. The Juvenile Court Services Directed Programs rule in chapter 151 is being amended to remove the exclusion for transportation costs. This will now allow payment for transportation if it is court ordered.

A motion was made by Wallace to approve, and seconded by Mayberry-Mayes
**MOTION UNAMIMOUSLY CARRIED**

**R-3 Amendments to Chapter 170 "Child Care Services," Iowa Administrative Code. (Implements increases in child care assistance provider reimbursement rates)**
These amendments implement the child care assistance provider reimbursement rate ceiling tables. This is being done to comply with federal requirements that states must use the most recent market rate survey is establishing child care reimbursement rates. Iowa's most recent market rate survey was conducted in December 2020. These rules are effective July 1, 2021 and are being implemented by emergency rulemaking authority under HF 891.

A motion was made by Wallace to approve, and seconded by Peterson
**MOTION UNAMIMOUSLY CARRIED**

The following amendments to the administrative rules are presented as Noticed rules.

**N-1 Amendments to Chapter 99, "Support, Establishment and Adjustment Services," Iowa Administrative Code. (Updates CSRU's establishment of support obligations)**
The proposed rulemaking is based on recent changes to federal guidelines for setting child support awards for establishment of support obligations. To conform to these federal regulations the Child Support Recovery Unit's (CSRU's) current rules for determining income to consider the parent's specific circumstances when evidence of income is limited is being updated. This rulemaking adds the term "parenting time" in reference to visitation.

**N-2 Amendments to Chapter 79, "Other Policies Relating to Providers of Medical and Remedial Care," Iowa Administrative Code. (Implements the federal requirements for Prescription Drug Monitoring Programs before dispensing controlled substances to most Medicaid beneficiaries)**
These proposed amendments implement the federal requirements covered providers who are permitted to prescribe controlled substances and who participate in Medicaid to query qualified Prescription Drug Monitoring Programs (PDMPs) before prescribing controlled substances to most Medicaid beneficiaries beginning October 1, 2021.

**N-3 Amendments to Chapter 78, "Amount, Duration and Scope of Medical and Remedial Services," and Amendments to Chapter 79, "Other Policies Relating to Providers of Medical and Remedial Care," Iowa Administrative Code. (Adopts the new level of care criteria for Habilitation program).**
This rule making adopts the Level of Care Utilization System (LOCUS) for adults age 19 and older and the Child and Adolescent Level of Care Utilization System (CALOCUS) for youth age 16 to 18 for the Habilitation program. These amendments also adds the Intensive Residential Habilitation Services definition used in MHDS, adopts training criteria for direct service staff providing HCBS services and clarifies the scope of services included in Homes Based Habilitation.

**N-4 Amendments to Chapter 158, "Foster Home Insurance Fund," Iowa Administrative Code. (Adds reserve capacity slot criteria for HCBS waiver applications)**

The rule making outlines the property damage coverage for foster parents related to incidents in providing foster care services. Foster parents will pay $150 deductible per claim per family and the fund is limited to $5000 for all claims arising out of one or more occurrences during a fiscal year related to a single home.

**N-5 Amendments to Chapter 170 "Child Care Services," Iowa Administrative Code. (Implements increases in child care assistance provider reimbursement rates)**
**Noticed version of R-3 listed above, we are adopting this rule emergency and filing regular notice to allow for comments.**

A motion was made by Kudej to approve, and seconded by Mayberry-Mayes
**MOTION UNAMIMOUSLY CARRIED**

**PEBT Update**

ACFS Division Administrator Janee Harvey updated the council on the pandemic related food assistance programs in the state. We have now issued two rounds of PEBT. This is for students who receive SNAP food assistance or for those that attend a school where the majority of students are below the household income threshold.

**Mental Health Legislative Update**

Marissa Eyanson, Division Administrator for MHDS Community, shared the changes to funding for MHDS services that changed during the most recent legislative session. She explained that in the past MHDS regions were funded by property tax levies. Beginning July 1, 2021 we are moving to a 100% state funded system. This will take place over 2 years.

**Introduction**

Liz Matney, the new Medicaid Director, introduced herself to the Council. She gave an overview of her goals for the division and the important work that is being done. The Council expressed how grateful they felt to have Liz back at DHS.

**Director's Report**

Director Garcia gave an update on the summer tour visits stating the most recent trips have been to Dubuque and Monticello, Iowa. These trips included visits to Hills and Dales and Camp Courageous. Both visits included local officials and legislative members. Director Garcia then provided the council with an update on program alignment work between DHS and IDPH. She emphasized, as this work continues, stakeholder engagement will be a significant and key component to this effort.

**Adjournment**

Jack Willey adjourned the meeting at 11:21 a.m.

Respectfully Submitted by:
Julie McCauley
Council Secretary
jkm

Department of HUMAN SERVICES

Michael Randol, Medicaid Director

**Medical Assistance Advisory Council (MAAC)**

# Summary of Meeting Minutes
# August 13, 2020

## Call to Order and Roll Call

Sarah Reisetter, Iowa Department of Public Health, called roll call at 1:00 P.M. Attendance is reflected in the separate roll call sheet. Sarah announced a quorum.

## Approval of Previous Meeting Minutes

Sarah called for a motion to approve minutes from the May 20, 2020 meeting. The minutes were approved.

## Medicaid Director's Update

Mike Randol, Medicaid Director, gave updates on Iowa Medicaid. Mike announced that his last day with the Iowa Medicaid Enterprise (IME) will be August 14, 2020. Mike discussed the IME's response to the COVID-19 Public Health Emergency (PHE). He reminded the Council that the IME will not disenroll any member due to non-payment of monthly premiums during the PHE. All copays, contributions, and premiums have been waived by the IME through at least October 22, 2020. Uninsured individuals can apply for COVID-19 Testing Coverage through the Department of Human Services (DHS) website, this coverage for uninsured individuals is very limited and only applies to costs associated with tests for COVID-19. During the coronavirus PHE, Skilled Nursing Facilities (SNF) are eligible to receive payments from the Department. These payments are available to provide financial assistance for facilities experiencing unexpected costs associated with providing services to members diagnosed with COVID-19. The payments are an additional $300 per day per Medicaid member who has tested positive for COVID-19. The Department has issued several different Informational Letters (ILs) related to COVID-19 relief or enhanced funding for Medicaid providers during the federal PHE. Mike continues to hold bi-weekly meetings with stakeholders regarding the coronavirus PHE. As of August 11, 2020, there have been a little more than 1,500 Iowa Medicaid members who have tested positive for COVID-19.

The Department continues to work with the Managed Care Organizations (MCOs) and CareBridge to implement Electronic Visit Verification (EVV), with an implementation date of January 1, 2021. Per 2020 Legislation, the Department has eliminated the monthly budget maximum, or cap, for individuals eligible for the Medicaid Home- and Community-Based Services (HCBS) Elderly Waiver. This change is effective for dates of service beginning July 1, 2020, for both Fee-for-Service (FFS) and Managed Care (MC) members. The Department has implemented a new universal prior authorization (PA) form for medical requests. This new form is available for providers to use now, but providers won't be required to use the form until October 1, 2020. The new form is universal, meaning the form can be filled out and sent to either MCO or the IME for FFS members. The only change to the PA process is the request form. There is no change to any of the current PA requirements or approvals

that are already in place. Additionally, there is no change to the authorization timeframes that have always existed.

Sarah thanked Mike for his service as Medicaid Director. Dennis Tibben, Iowa Medical Society, asked about meaningful use attestation. Mike stated that the Department had submitted encounter data to the Centers for Medicare and Medicaid Services (CMS) and that after submitting further data to comply with subsequent requests, he had not heard back from CMS. Shelly Chandler, Iowa Association of Community Providers (IACP), asked about Provider Relief Funds. Mike stated that the application forms would be posted to the DHS website early next week. Senator Joe Bolkcom echoed Sarah in thanking Mike for his service and wished him luck on his next adventure. Sarah, noted a decline in childhood vaccination rates and asked if the IME is doing outreach regarding this issue. Mike answered that the Department has had preliminary discussions and that they would take this on as an action item. Casey Ficek, Iowa Pharmacy Association, noted that they had been working with Mike on this issue earlier this week and are working with regional chains to ensure appropriate protocols are in place.

## Managed Care Quarterly Report: State Fiscal Year (SFY) 2020 Quarter 3

Mary Stewart, Bureau Chief, Managed Care reviewed the report. This is the first report that includes any impact of COVID-19, as Iowa had 500 cases by March 31, 2020. There were many more changes in service plans than usual as case managers shuffled services to accommodate member needs. On the grievance report, most grievances continue to be on the topic of transportation. As enrollments increased, so has the number of appeals. Iowa Total Care reported payment system configuration issues that led to clean claims being withdrawn and prevented accurate claims reporting. More data specific to COVID-19 is being collected and will be incorporated into next quarter's report.

## Updates from the MCOs

### Amerigroup Iowa, Inc.

John McCalley, of Amerigroup Iowa, Inc. (Amerigroup), presented Amerigroup's update. Amerigroup has been reaching out to members, pharmacies, nursing facilities, providers and associates who are without connectivity or electricity after the August 10, 2020 storm. Resources are being shifted to cover staffing gaps to meet the increased need of members and nursing facilities. Amerigroup made thousands of outbound calls and other contacts to check in on members, including in-person visits.

IME and the MCOs continue to meet regularly about COVID-19 response, which was included in the Medicaid Director's report. Amerigroup is meeting weekly with the IACP. Home delivered meals are expanded to anyone who is homebound, even if they do not receive waiver services. After peaking at around 1,000 meals per day, Amerigroup now receives only 50-60 requests more than usual per day. The Anthem Foundation has donated $20,000 to Iowa food banks and the Red Cross. A partnership with the Youth Policy Institute of Iowa brought 200 Chromebooks for children in institutional or foster care to facilitate online education models. Amerigroup is also working with community action agencies to reduce housing insecurity as people are affected by shutdowns and furloughs.

### Iowa Total Care

Mitch Wasden of Iowa Total Care (ITC), presented ITC's update. ITC has been reaching out to high risk members who may have been affected by the August 10, 2020, storm. The ITC call center made 2,500 calls to members and emergency contacts, and then staff are attempting drive-by check ins. Members are requesting extension cords, flashlights, and shelf stable foods. Almost half of ITC staff is still working from home, face-to-face visits are currently suspended, and ITC is working with IME on telehealth. ITC is fulfilling about 900 more home delivered meal requests than they were prior to COVID-19. ITC has donated $85,000 to food banks in Iowa and 200,000 masks and gloves to providers who report sourcing problems.

ITC has been in the Iowa market for one year. In that time, they launched a free telehealth app for primary care and behavioral health, started texting members after hospital visits, paid out $1.4 million in member incentives through the My Health Pays program, streamlined hospital discharge reporting, and increased outreach to newly pregnant members.

## Open Discussion

Peggy Huppert, National Alliance on Mental Illness (NAMI), asked about how the MCOs are facilitating "return to learn" plans. Mitch answered that ITC is working on figuring out how to support schools with these programs; John agreed and said that Amerigroup would take this question back. Peggy offered NAMI's assistance to both MCOs. Mike said that the IME has sent a request up to CMS to ask for additional guidance and flexibility as to how Medicaid can support virtual learning.

Marcie Strouse, MAAC public member, asked how the IME is measuring telehealth quality and if telehealth is negatively affecting child therapy. Mike said that the Department is working on developing parameters to measure telehealth outcomes.

## Adjournment

Meeting adjourned at 2:24 P.M.

Submitted by,
Michael Kitzman
Recording Secretary
mk

Department of HUMAN SERVICES

Julie Lovelady, Interim Medicaid Director **Medical Assistance Advisory Council (MAAC)**

# Summary of Meeting Minutes
# October 8, 2020

## Call to Order and Roll Call

Jason Haglund, Public Member and Co-Chair of the Medical Assistance Advisory Council (MAAC), called roll at 1:00 P.M. Attendance is reflected in the separate roll call sheet. Jason announced a quorum.

## Approval of Previous Meeting Minutes

Jason called for a motion to approve minutes from the August 13, 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 January 21, 2021. This means that all of the waivers and flexibilities the Department currently has in place will continue at least through January 21, 2021. The Department has begun working internally and with the Managed Care Organizations (MCOs) and other stakeholders to discuss how to wind down waivers and flexibilities implemented during the PHE. Last week, HHS announced $20 Billion in new funding for providers. Applications for the new round of funding opened Monday, October 5, 2020, and will be available through Friday, November 6, 2020. This funding is open to providers that have already received Provider Relief Fund payments to apply for additional funding that considers financial losses and changes in operating expenses caused by the coronavirus.

The Department has extended the deadline for Home- and Community-Based Services (HCBS) waiver and habilitation direct service providers, substance use disorder (SUD), and mental health (MH) service providers to apply to receive a CARES Act grant from the Department to help offset the impacts of the COVID-19 pandemic. The deadline to apply is now Monday, October 19, 2020. Providers, who did not apply for funding during the first round, ending on September 11, 2020, are encouraged to apply for this new round of funding. The Department is distributing a total of $50 Million in grants to providers; $30 Million has been earmarked for HCBS providers, $10 Million for MH providers, and $10 Million for SUD providers.

CareBridge, the MCO Electronic Visit Verification (EVV) vendor, and the MCOs are on track to meet the January 1, 2021, federal requirement for EVV implementation. CareBridge along with the MCOs and the Department have been holding monthly informational meetings for

stakeholders since August 2020. These meetings give an overview of EVV and the implementation plan. These are not trainings, just informational meetings. Registration is now open for the final two informational meetings, scheduled for November 10, 2020, and December 2, 2020. In-depth EVV training has started and providers are encouraged to register online. Trainings for providers who are required to use EVV are available on many different days and times and in a variety of different ways. EVV is only required for Managed Care beginning January 1, 2021; Fee-for-Service (FFS) will continue to bill as they already do.

At the last meeting of the MAAC, the Council requested an update on how telehealth is measured by the Department. During the PHE, the Department has focused on maintaining access for typically face-to-face services through the use and expansion of telehealth. The Department is now analyzing the quantitative data available to identify priorities and patterns of use. The Department will use findings in this analysis to develop measures of telehealth quality. These measures in turn will be used to ascertain the quality and impact of telehealth services in three time-periods: telehealth services before the pandemic, what the Department implemented during the pandemic, and what the Department is considering implementing going forward. The Department is involved in peer-networking and problem solving with other states struggling with the same task. The Department is meeting with the MCOs and other shareholders to discuss what telehealth flexibilities make sense to carry forward post-pandemic. Additionally the Department is awaiting guidance from the Centers for Medicare and Medicaid Services (CMS) on some telehealth flexibilities. Julie stated the Department would welcome any guidance or input on this issue from the council.

Dennis Tibben, Iowa Medical Society, asked when the Department would make decisions about which telehealth flexibilities will be made permanent. Julie answered that while she could not provide a definite timeline, the Department is in process on making those decisions. Julie added that the next monthly COVID-19 stakeholder meeting is intended to focus on telehealth flexibilities, specifically asking for stakeholder input on what flexibilities should remain after the PHE ends.

Julie provided an update on Medicaid's role in the Return to Learn program. The Department continues to have conversations with CMS regarding the virtual learning process and what support Medicaid can provide. The Department is allowing respite providers to assist in the virtual learning process in a similar capacity to what parents would provide: helping children log on to internet, access virtual learning platforms, provide supervision, and assist with issues that may arise. The MCOs have performed targeted outreach across the state to parents who have children accessing virtual learning platforms to help establish some information about what issues parents might be having. The Department is in the process of analyzing this data, and has identified several key trends: lack of internet access, parents having to adjust work schedules, additional supervision needed while accessing virtual learning, parents having to manage multiple children virtual learning. Julie noted that many parents have stated they had no concerns and that virtual learning was going well for them. Many of the issues are out of the realm of Medicaid and

fall more into the realm of Education, but the Department continues to work with CMS to identify areas the Medicaid program can assist.

Dr. Amy Shriver, Public Member, asked how providers could help families access the respite support. Julie answered that questions or needs for assistance could be brought to her.

## Managed Care Quarterly Report: State Fiscal Year (SFY) 2020 Quarter 4

Mary Stewart, Bureau Chief, Managed Care reviewed the report. This is the second report that reflects impacts from COVID-19. The Managed Care Bureau tracked the following statistics through June 30, 2020: 19,857 individuals were tested for COVID-19 through MCOs; 481 of these members tested positive for COVID-19; the MCOs reported 1,867 inpatient stays due to COVID-19; and 120 deaths related to COVID-19 were reported. Mary went on to highlight: member to coordinator ratios; MCO member grievances; secret shopper data; prior authorizations; non-pharmacy claims data; utilization of value added services; value based purchasing enrollment; financial ratios, specifically Medical Loss Ratio (MLR) for each MCO; and fraud, waste and abuse data.

Dr. Shriver noted that 44 percent of pharmacy prior authorizations were denied, and asked if the Department to investigate. Mary offered to look into this issue and respond to Dr. Shriver.

Dr. Shriver requested that data presented in quarterly reports be disaggregated by age. Shelly Chandler, Iowa Association of Community Providers, asked that information be disaggregated for Long Term Services and Supports (LTSS) as well.

## Iowa Wellness Plan Annual Report

Anna Ruggle, Iowa Medicaid, presented the 2020 Iowa Wellness Plan Annual Report. Approximately 195,000 members are enrolled in the Iowa Health and Wellness Plan (IHAWP). Anna acknowledged some changes to the program in 2019: UnitedHealthcare leaving the program and Iowa Total Care coming on board; and the implementation of passive assignment, which allows members to be assigned to an MCO immediately rather than spending 30 days assigned to FFS. Anna then discussed Healthy Behaviors, completion of a health risk assessment and either a wellness exam or a dental wellness exam, noting that 17 percent of members complete the required Healthy Behaviors. Finally, Anna announced that CMS has approved Iowa's waiver extension for the Iowa Health and Wellness Plan; this extension will expire December 31, 2024.

Shelly Chandler noted the percentage of members participating in Healthy Behaviors, 17 percent, seemed low and asked what the target percentage is and what the state is doing to increase engagement. Anna answered the target percentage is 40 percent and the

Department sends out information on Healthy Behaviors. Anna noted that it is difficult to drive engagement on Healthy Behaviors with members.

Senator Joe Bolkcom observed that the IHAWP has been a success, and that the reimbursement from the federal government is an important source of funding for rural healthcare providers, especially during the pandemic.

## 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 August 10, 2020, derecho storm, including donations of Personal Protective Equipment (PPE) and charitable donations to housing non-profits and food banks around the state of Iowa. John went on to highlight the work the Anthem Foundation has done including: partnering with Count The Kicks, a non-profit dedicated to maternal-child health; a partnership with the Boys and Girls Club of America, recently adding a Council Bluffs chapter; and work with a variety of community action agencies around food insecurity and housing security.

Representative Heather Matson thanked John for Amerigroup's quick response in resolving some transportation issues for some of her constituents. John thanked the representative and announced that Amerigroup has contracted with transportation vendor Access2Care beginning October 1, 2020.

### Iowa Total Care

Mitch Wasden of Iowa Total Care (ITC), presented ITC's update. Mitch began by addressing concerns regarding ITC's MLR. ITC has partnered with a third party auditor which will test claims against configuration changes, following this ITC will revisit corrective action plans and the capitation suspension ITC received earlier in 2020. Mitch moved on to discuss ITC's efforts to assist Iowans affected by the derecho storm on August 10, 2020. Mitch discussed ITC's My Health Pays Reward program, noting 110,000 members are enrolled in the program, which incentivizes members to complete healthy activities. Mitch provided an update on ITC's texting program, stating it has been a success in helping engage members. ITC has launched their own telehealth application, launched in July 2020. Mitch stated that over 50 percent of the visits scheduled through the app are on weekends or after hours. Mitch announced that ITC will launch a medication adherence program in coming months.

## Open Discussion

Dr. Shriver discussed the need for high quality metrics that specifically separate information regarding children and adults.

Brandon Hagen, Iowa Healthcare Association, asked how Amerigroup plans to raise its MLR from 80.5 percent to the required 88 percent. John stated he would take that question back and work with his team to provide an answer. John pointed out that the 88 percent is not required on a quarter-by-quarter basis, but is examined on an annual basis.

Dr. Shriver raised concerns regarding the transportation provider Access2Care: the provider does not have a website that will allow members to schedule an appointment online; the provider has a policy that does allows only one parent to receive transportation with a child. Dr. Shriver also requested that the MCOs cover flu shots, and cover nebulizers more frequently than every five years.

Brandon asked if there is any concern about the accuracy of claims payments, stating he has heard concerns from Iowa Healthcare Association providers that claims payments are often inaccurate. Julie answered that accuracy of payments is important, and that the Department monitors trends around this issue. Julie cautioned that claims payment issues can arise for a variety of reasons. Brandon asked how the MCOs determine that a claims payment adjustment project has concluded. Mitch answered that the process is complex coordination between the provider and the MCOs, often involving several rounds of fine-tuning before an issue can be resolved, but once an issue is resolved payments are paid accurately going forward. Brandon offered to bring specific instances to Mitch and John offline.

## Adjournment

Meeting adjourned at 2:28 P.M.

Submitted by,
Michael Kitzman
Recording Secretary
mk

Department of HUMAN SERVICES

Julie Lovelady, Interim Medicaid Director **Medical Assistance Advisory Council (MAAC)**

# 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 spendingdeadline 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 citizensof 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
mk

Department of HUMAN SERVICES

Julie Lovelady, Interim Medicaid Director **Medical Assistance Advisory Council (MAAC)**

# 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
mk

Michael Randol, Medicaid Director **Healthy and Well Kids in Iowa (Hawki) Board**

# Hawki Board Meeting
# July 20, 2020

| Hawki Board Members | Department of Human Services |
|---|---|
| Angela Burke Boston – present | Anna Ruggle, IME |
| Mary Nelle Trefz – present | Paula Motsinger, IME |
| Jim Donoghue – present | |
| Eric Kohlsdorf, Chair – present | |
| Dr. Bob Russell – present | |
| Dr. Kaaren Vargas – | **Guests** |
| Shawn Garrington – present | Jean Johnson, IA Department of Public Health |
| Senator Nate Boulton – present | Lindsay Paulson, MAXIMUS |
| Senator Dennis Guth – | |
| Representative John Forbes – present | Gretchen Hageman, Delta Dental Iowa |
| Representative Shannon Lundgren - | John Hedgecoth, Amerigroup Iowa, Inc. |
| | Kim Flores, Iowa Total Care |
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**Call to Order and Roll Call**

Board Chair Eric Kohlsdorf called the meeting to order at 12:31 PM by phone. Chair Kohlsdorf conducted a roll call, and attendance is as reflected above. Chair Kohlsdorf established a quorum.

**Approval of the Hawki Administrative Rules**

Anna Ruggle, of the IME, introduced the administrative rules for the Hawki Board. The board initially approved the set of rules before the board, the rules were then sent to the Department of Human Services (DHS) rules committee. The rules require final approval by the Hawki board. Chair Kohlsdorf asked for a motion to approve the administrative rules, and the motion carried.

**Public Comment**

There were no public comments.

**New Business**

Eric asked for an update on the nomination committee from Jim Donoghue. Jim gave an update; the nominating committee was comprised of Jim Donoghue, Shawn Garrington and Mary Nelle Trefz. Jim explained that public members usually hold the leadership of the Hawki Board. Mary Nelle volunteered to serve as chair of the board and Shawn volunteered to serve as vice chair. Eric called for a motion to approval the board accepts the recommendation of Mary Nelle serving as chair and Shawn serving as vice chair beginning with the August 17, 2020 meeting of the Hawki board, and the motion carried.

**Next Meeting**

The next meeting will be August 17, 2020.

Meeting adjourned at 12:52 PM.

Submitted by,

Michael Kitzman
Recording Secretary
mk

# Hawki Board Meeting
# August 17, 2020

| Hawki Board Members | Department of Human Services |
|---|---|
| Angela Burke Boston – present | Julie Lovelady, Interim Medicaid Director |
| Mary Nelle Trefz, Chair – present | Kevin Kirkpatrick, IME |
| Jim Donoghue – present | Anna Ruggle, IME |
| Eric Kohlsdorf – | Heather Miller, IME |
| Dr. Bob Russell – present | Kurt Behrens, IME |
| Dr. Kaaren Vargas – present | **Guests** |
| Shawn Garrington – present | Jean Johnson, IA Department of Public Health |
| Senator Nate Boulton – present | Lindsay Paulson, MAXIMUS |
| Senator Dennis Guth – | Joe Estes, MAXIMUS |
| Representative John Forbes – present | Gretchen Hageman, Delta Dental Iowa |
| Representative Shannon Lundgren - | John Hedgecoth, Amerigroup Iowa, Inc. |
| | Kim Flores, Iowa Total Care |
| | Tia Sigworth Scott County Health Department |
| | Michelle Canfield, HACAP |
| | Amanda Johnsinger, Dubuque Visiting Nurses Association |
| | Zach Woods, Taylor County Public Health Agency |

**Call to Order and Roll Call**

Board Chair Mary Nelle Trefz called the meeting to order at 12:31 PM by phone. Chair Trefz conducted a roll call, and attendance is as reflected above. Chair Trefz established a quorum.

**Approval of the Hawki Board Meeting Minutes**

Chair Trefz called for the Board to review the minutes from the June 15, 2020, meeting and from the July 20, 2020, meeting. Chair Trefz asked for a motion to approve the minutes, and the motion carried.

**Director's Report**

Interim Medicaid Director Julie Lovelady gave updates on the Hawki program and Medicaid overall. Julie noted the enhanced Federal Medical Assistance Percentages (FMAP) rate Medicaid and the Hawki program have received due to the COVID-19 public health emergency (PHE). The Hawki program has seen a small decrease in enrollment, due to more families becoming eligible for Medicaid during the COVID-19 PHE. Julie continues to hold bi-weekly stakeholder calls; these calls started in March and will continue for the duration of the COVID-19 PHE. COVID-19 statistics including positive cases amongst Medicaid beneficiaries and deaths are posted to the DHS website, these statistics are updated weekly. The Department has designed a Uniform Prior Authorization (PA) form that can be used by providers to submit PAs to all Managed Care Organizations (MCOs) and the IME. Providers will be required to use

the new Universal PA form beginning October 1, 2020.

Mary Nelle noting the decrease in enrollment (as a result of families moving from Hawki to Medicaid) challenged the board to reflect on ways to increase outreach to families that may be newly eligible for enrollment in the Hawki program.

**Updates from the MCOs**

John Hedgecoth, of Amerigroup Iowa, Inc., presented an update to the Board. Amerigroup notes that MCO enrolment is flat or is increasing 3% or less month over month. Amerigroup is not seeing the increase in enrollment they have seen in other states. Amerigroup is looking forward to the upcoming Open Choice period. Amerigroup is working on community mental health initiatives, collaborating with the State's Mental Health and Disability Services (MHDS) Regions to support: Intensive Residential Service Homes (IRSH), the Assertive Community Treatment (ACT) team, and Mental Health access centers. Within the maternal-child health space, Amerigroup continues to deploy national resources through their integrated case management team. Amerigroup has a national relationship with Count the Kicks, a non-profit working in the maternal-child health space. John turned his remarks to how Amerigroup is working to provide relief for Iowans affected by the August 10, 2020 derecho. Amerigroup has made thousands of calls to members to check on them since the storm, and is exploring how it can assist in food and durable medical equipment (DME) distribution during the disaster recovery.

Kim Flores, of Iowa Total Care (ITC), presented an update. ITC is utilizing their resource team to direct members to programs and resources available to them during the recovery from the derecho. ITC has been making contact with members to check on them following the storm. ITC staff is dispatching staff to make door-to-door contact with members whom they have not been able to reach over the phone. Similarly, ITC is contacting their network of providers to see how they can assist in the recovery process. ITC will launch their annual flu shot program, Fluvention, in September. Fluvention is a collection of provider toolkits, member outreach, and other initiatives aimed at encouraging members (especially members of vulnerable populations) to get their flu shot. ITC launched a new Telehealth vendor Babylon Health on July 1, 2020. ITC launched this new telehealth vendor to ensure members have access to their care providers during the COVID-19 PHE.

Gretchen Hageman, of Delta Dental of Iowa (DDIA), gave a brief update. During the summer months, DDIA has been focused on preventative services and restorative services that school aged children need. Summer is an important time for children to get into the dentist to receive these services. DDIA is engaging in outreach efforts to remind parents and provide care coordination to get children in to their dental providers during the summer. DDIA is working with I-Smile to figure out how they can support comprehensive care for children in the fall, specifically regarding schooling and coronavirus. DDIA is also focusing on expanding outreach efforts to pregnant women, noting that if pregnant women receive preventative care during their pregnancy they are more likely to seek preventative care for newborns. Gretchen reported that DDIA has seen a great response in members seeking preventative care while pregnant. Regarding the derecho, DDIA saw an increase in call volumes the day following the storm, mostly general questions not specifically related to dental care. DDIA is working with the non-profit Ethnic Minorities of Burma Advocacy and Resource Center (EMBARC) in Cedar Rapids to provide relief from the storm, specifically to provide oral hygiene supplies.

Chair Trefz asked Gretchen if DDIA has seen any change, either an increase or decrease, in children getting preventative care visits during the summer. Gretchen answered that the Hawki program has not seen much of a change overall, that the season started off slow due to coronavirus concerns, but has picked up in the past few months.

Chair Trefz, noting that all three MCOs had discussed pregnant women in their updates, asked if they are tracking pregnant women who are having coverage longer due to the suspension of disenrollments

during the COVID-19 PHE, and how this extended coverage might impact the health of this population. Kim and John stated that they would put together information on this topic for the next meeting. Gretchen noted that DDIA does not receive medical claims information and it would be very difficult for them to provide answers for these questions.

**Managed Care Quarterly Report**

Kurt Behrens, of the IME, presented the Managed Care Quarterly Report for State Fiscal Year (SFY) 2020 Quarter 3. Kurt noted that this report is largely a pre-coronavirus report, stating that at the start of March 2020, Iowa had 3 confirmed cases, and by the end of March 2020, Iowa had 500 cases. Enrollment increased slightly during this quarter, by around 6,000 members. Kurt reviewed data for: member grievances; Secret Shopper questions, specifically: billing, newborn enrollment, and healthy behaviors; claims data; value added services, highlighting ITC's My Health Pays program; and value based purchasing enrollment numbers.

**Communications Update**

Kevin Kirkpatrick provided an IME Communications update. The Member Open Choice Enrollment Period will begin on September 1, 2020, and go through October 30, 2020. The IME will not redistribute members as they did last year to balance membership between the MCOs. Members will receive information packets regarding the Open Choice Enrollment Period in coming weeks. During the COVID-19 PHE, the IME has suspended payments for Medicaid and Hawki. Some households had their monthly payments set up to automatically pay each month. Beginning September 1, 2020, the IME will no longer accept payments and will disable all online payments. The IME will notify families of this with a mailed letter. Additionally, any member with a credit on their account of $100 or more will receive a refund.

**Outreach**

Jean Johnson, of Iowa Department of Public Health (IDPH), gave an update on Hawki outreach. There was a large school nurse's conference held virtually in mid-July 2020. Jean shared outreach success stories. Jean then noted that outreach has been challenging during the COVID-19 PHE. Jean said outreach program's upcoming focus would be on getting into schools with programs like I-Smile and to perform preventative screenings.

Chair Trefz invited the board and guests to discuss how outreach efforts could be supported, stating it is important to make sure the program can reach eligible children to enroll in the Hawki program. Michelle Canfield from the Hawkeye Area Community Action Program (HACAP), stated that her program has a long history of working closely with school nurses and that it will be critical to make sure school nurses have the technology they need to help children enroll this fall, especially as districts are exploring virtual learning. Tia Sigworth, Scott County Health Department, stated the Scott County Health Department recently held an event that handed out resources and back to school materials to approximately 300 families. Michelle stated that HACAP has been putting outreach materials into food boxes.

Noting that disenrollments have been suspended during the COVID-19 PHE, Chair Trefz asked Julie and Kevin if they had any thoughts on how re-enrollment would work once the PHE ends. Julie stated that she and other IME staff would put together a response to this question.

**Public Comment**

There were no public comments.

**New Business**

Chair Trefz asked board members if they would be interested in putting together onboarding materials for new Hawki Board members. Shawn Garrington and Jim Donoghue volunteered to help with this effort. Lindsay Paulson, MAXIMUS, offered to forward materials used by the Medical Assistance Advisory Council (MAAC). Chair Trefz stated she would follow up with the board members who volunteered.

**Next Meeting**
The next meeting will be October 19, 2020.

Meeting adjourned at 1:39 PM.

Submitted by,

Michael Kitzman
Recording Secretary
mk

# Hawki Board Meeting
# October 19, 2020

| Hawki Board Members | Department of Human Services |
|---|---|
| Angela Burke Boston – present | Julie Lovelady, Interim Medicaid Director |
| Mary Nelle Trefz, Chair – present | Paula Motsinger, IME Policy Bureau Chief |
| Jim Donoghue – present | Kurt Behrens, IME |
| Eric Kohlsdorf – | Kevin Kirkpatrick, IME |
| Dr. Bob Russell – present | Anna Ruggle, IME |
| Dr. Kaaren Vargas – present | Heather Miller, IME |
| Shawn Garrington – present | **Guests** |
| Senator Nate Boulton – | Gretchen Hageman, DDIA |
| Senator Dennis Guth – | John Hedgecoth, Amerigroup |
| Representative John Forbes – | Jean Johnson, IDPH |
| Representative Shannon Lundgren - | Lindsay Paulson, MAXIMUS |
| | Joe Estes, MAXIMUS |
| | Sandra Hurtado-Peters, Iowa Department of Management |
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**Call to Order and Roll Call**

Board Chair Mary Nelle Trefz called the meeting to order at 12:30 PM via Zoom. Chair Trefz conducted a roll call, and attendance is as reflected above. Chair Trefz established a quorum.

**Approval of the Hawki Board Meeting Minutes**

Chair Trefz called for the Board to review the minutes from the August 17, 2020, meeting Angela Burke Boston announced minor edits. Chair Trefz asked for a motion to approve the minutes with Angela's corrections, and the motion carried.

**Director's Report**

Interim Medicaid Director Julie Lovelady gave updates on the Hawki program and Medicaid overall. Julie reminded the board that the Hawki program and Medicaid have suspended disenrollments during the Coronavirus Public Health Emergency (PHE). Julie noted that any enrollment decreases listed on the Hawki Enrollment and Financials report presented to the Board are due to members transitioning to Medicaid. Either the member's family became eligible for Medicaid, or the member aged out of the Hawki program, and was enrolled in Medicaid. Turning to financials, Julie noted that the percentage of Hawki funding contributed by the State is increasing year over year due to changes in Federal Medical Assistance Percentages (FMAP). On October 2, 2020, the United States Department of Health and Human Services (HHS) extended the Coronavirus PHE end date to January 20, 2021. All Medicaid waivers and flexibilities currently in place will continue through at least the end of the PHE. Julie stated

that Medicaid staff are beginning to identify the earliest possible end dates for waivers and flexibilities granted during the PHE. On October 5, 2020, a new round of federal funding was opened up to providers who were previously ineligible for funds through the CARES Act. Additionally, the application deadline has been extended for State grant funding provided through the CARES Act for Mental Health (MH), Home- and Community-Based Services (HCBS) and Substance Use Disorder (SUD) providers. Julie is continuing to hold stakeholder calls, these calls will continue through the end of the PHE. At the previous board meeting, questions were raised regarding re-enrollment of members once the PHE ends. Julie stated re-enrollment is a big concern of the Department staff, and that while a final plan is not yet in place, the Department is in process of developing a plan in line with guidance from the Centers for Medicare and Medicaid Services (CMS). Julie hopes to present the Department's plan for re-enrollment of members at the end of the PHE at the next Hawki Board meeting.

Chair Trefz asked how the Board could assist in the Department's task of figuring out how to unwind flexibilities and waivers implemented during the PHE. Julie answered that the Department is looking for input from stakeholders. The Department is seeking to understand how members have been positively impacted by flexibilities and waivers implemented during the PHE. Board members and other stakeholders are encouraged to submit feedback on extending flexibilities and waivers implemented during the Coronavirus PHE to the Department at IMECOVID19@dhs.state.ia.us.

**Updates from the MCOs**

John Hedgecoth, of Amerigroup Iowa, Inc., presented an update to the Board. John noted that after the Derecho storm in August, Amerigroup has focused on social drivers of health initiatives; to this end, Amerigroup has developed partnerships with community health centers and community action agencies. Amerigroup has created an online tool called the Amerigroup Community Resource, which is a clearinghouse of resources powered by the Anthem organization. Amerigroup is offering trainings on how to use the Amerigroup Community Resource tool this month to community organizations.

John also discussed Amerigroup's partnership with Count the Kicks, a non-profit devoted to maternal and child health. He also noted Amerigroup's partnerships with the Boys and Girls Club across the state of Iowa, and highlighted Amerigroup's work with the Iowa Wild hockey team in Des Moines, sponsoring food boxes for food insecure families.

Kim Flores, of Iowa Total Care (ITC), presented an update. ITC has developed a new texting program to ensure they stay in touch with their members. During this year's open enrollment period, ITC has used this texting program to make sure members have all the relevant information they need to choose their health plan. Kim noted that this texting program has led to higher engagement levels between members and ITC staff. ITC has also used this texting program in an effort to reduce the member visits to emergency services, by making sure members have access to resources and are able to develop a relationship with their primary care providers. Kim stated that for the remainder of 2020 ITC will focus on ensuring their child members receive preventative screening care; ITC is launching phone and mail campaigns to this effect. ITC is engaging in a similar campaign for women's preventative health, promoting breast cancer screenings and cervical cancer screenings among other preventative measures. Kim discussed how ITC is leveraging relationships with Federally Qualified Health Centers (FQHCs) to address housing needs for members. Kim addressed a question asked at the last Hawki Board meeting regarding ITC's clean claims falling below the expected threshold; Kim noted that ITC has exceeded the threshold for the months of August and September. This will raise ITC's averages up to the expected benchmark for clean claims.

Gretchen Hageman, of Delta Dental of Iowa (DDIA), gave a brief update. Gretchen noted an uptick in Hawki members receiving services; July, August and September saw large increases in dental services provided. DDIA is centering outreach efforts on members that did not receive a dental service during the past fiscal year, this group is mostly adolescents aged 14-18. DDIA sent texts, postcards, and made

outbound calls to these members and is tracking what percentage of these members will receive a dental service during this fiscal year. DDIA is still involved in relief efforts surrounding the derecho storm. Gretchen noted that there are still several dental practices in Cedar Rapids without offices. Jim Donoghue asked Gretchen how DDIA has been advising providers regarding coronavirus precautions. Gretchen replied that the Iowa Dental Association (IDA) and the American Dental Association (ADA) have published guidelines on safety precautions, and these standards are updated month to month.

**Managed Care Quarterly Report**

Kurt Behrens, of the IME, presented the Managed Care Quarterly Report for State Fiscal Year (SFY) 2020 Quarter 4. Kurt began his remarks by noting an increase in membership of 3.84% between SFY20 Q3 and SFY20 Q4. A new section was added to the report to cover Coronavirus related information. Kurt noted that for SFY21 Q1 information on this report will be broken down to show age groups, which will provide more pertinent information to the Hawki Board. Chair Trefz asked if there the Hawki Board could propose metrics or measures to include in the report. Kurt advised Chair Trefz to send metric suggestions to Mary Stewart. Chair Trefz asked about Amerigroup's Medical Loss Ratio (MLR), noting the report is showing their MLR to be at 80% while they are contractually obligated to maintain an 88% MLR. Kurt answered that the 88% MLR is calculated on an annual basis, and that if a Managed Care Organization (MCO) failed to meet the requirement the State's contract would mandate the return of funds to the State. Kurt noted that since the implementation of managed care the state has not yet had to ask for a return of funds due to an MCO failing to meet the annual 88% MLR requirement. Jim asked about the Top 10 Reasons for Grievances, specifically if Amerigroup's second highest reason for grievances "Provider Balance Billed" was high. Kurt responded that this item did not raise any flags for the Managed Care Bureau at IME.

**Communications Update**

Kevin Kirkpatrick provided an IME Communications update. The Member Open Choice Enrollment Period began on September 1, 2020, and will end on October 30, 2020. The IME did not redistribute members as they did last year to balance membership between the MCOs. The IME is working on developing a communications strategy to address the unwinding of flexibilities and waivers implemented during the Coronavirus PHE.

**Outreach**

Jean Johnson, of Iowa Department of Public Health (IDPH), gave an update on Hawki outreach. Early on in the pandemic Hawki Outreach staff were continuing to do outreach through any means available to them: telehealth and media platforms. Hawki Outreach staff have been able to get into some school districts, but not others, due to the coronavirus. Hawki Outreach coordinators are continuing to provide outreach materials to medical and dental providers. Chair Trefz praised Jean and the Hawki Outreach workers for the work they have done over the past several months.

**Public Comment**

Chair Trefz asked Board members to reflect on how the board could further engage with the public.

**New Business**

Chair Trefz provided an update on the previous meeting's new business, new Board member onboarding materials. Chair Trefz met with Jim and Shawn and discussed what sorts of materials would be useful for new board members in order to orient them to the board. Chair Trefz is working with IME and DHS staff to develop a draft of new board member materials.

**Next Meeting**
The next meeting will be December 14, 2020.

Meeting adjourned at 1:45 PM.

Submitted by,

Michael Kitzman
Recording Secretary
mk

# Hawki Board Meeting
# December 14, 2020

| Hawki Board Members | Department of Human Services |
|---|---|
| Angela Burke Boston – present | Julie Lovelady, Interim Medicaid Director |
| Mary Nelle Trefz, Chair – present | Paula Motsinger, IME Policy Bureau Chief |
| Jim Donoghue – present | Kurt Behrens, IME |
| Eric Kohlsdorf – present | Kevin Kirkpatrick, IME |
| Dr. Bob Russell – present | Anna Ruggle, IME |
| Dr. Kaaren Vargas – | Heather Miller, IME |
| Shawn Garrington – | **Guests** |
| Senator Nate Boulton – present | Gretchen Hageman, DDIA |
| Senator Dennis Guth – present | John Hedgecoth, Amerigroup |
| Representative John Forbes – present | Jean Johnson, IDPH |
| Representative Shannon Lundgren – | Kim Flores, Iowa Total Care |
| | Lindsay Paulson, MAXIMUS |
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**Call to Order and Roll Call**

Board Chair Mary Nelle Trefz called the meeting to order at 12:30 PM via Zoom. Chair Trefz conducted a roll call, and attendance is as reflected above. Chair Trefz established a quorum.

**Approval of the Hawki Board Meeting Minutes**

Chair Trefz called for the Board to review the minutes from the October 19, 2020, meeting. Chair Trefz asked for a motion to approve the minutes and the motion carried.

**Hawki Board Annual Report Discussion and Approval**

Anna Ruggle, IME, noted that the annual report, which is given to the governor and the legislature, focused largely on the COVID-19 Public Health Emergency (PHE). As of March 18, 2020, Hawki waived premiums and stopped disenrollments. Anna also highlighted a $400,000 budget increase and that there has been an increase in enrollment. Throughout the PHE, Hawki has utilized a robust telehealth program to ensure patients can still communicate with their providers. Jim Donoghue commented that presumptive eligibility of 470 kids per month is a positive aspect of the program. Angela Burke Boston pointed out a couple of formatting issues with the report, namely that there is an error in the table of contents and that Attachment Two, which is listed in the table of contents, isn't found in the text of the report.

Chair Trefz asked what the Board's role is in continuing/discontinuing (or otherwise facilitating) telehealth services as we move forward with the PHE. Jim asked if telephonic provider visits would continue. Julie

Lovelady, Interim Medicaid Director stated that the Iowa Medicaid Enterprise (IME) is open to input and will consider pros/cons of the telehealth service to determine courses of action moving forward.

Chair Trefz raised the subject of the Board's function of making recommendations to the governor and the legislature – namely if the Board should set aside time during meetings to discuss this function and if the Board is successfully fulfilling this role. Anna suggested that these recommendations be included in the written report. Eric Kohlsdorf asked how the recommendations should be communicated to the governor and the legislature, along with any accompanying budget analyses. Julie proposed that the Board take their concerns to the IME legislative liaison.

Chair Trefz concluded the annual report discussion by urging the Board to focus on the eight Board functions listed as part of Attachment Five. Chair Trefz asked for a motion to approve the annual report and the motion carried.

**Director's Report**

Julie gave an update on enrollment and finances of the program. She stated that there are currently no disenrollments because of the PHE and that any decrease in enrollment since March 2020 is most likely a result of members transitioning to full Medicaid benefits. She also commented that the increase in Hawki program funding is due to a change to the Federal Medical Assistance Percentage (FMAP). When the FMAP for COVID-19 expires in April 2021, state funding will increase.

Julie also provided general Medicaid updates. She stated that the IME is working with the MCOs on how to address the surge in COVID-19 hospitalizations.

She also briefly touched on grants for Community-Based Intermediate Care Facilities for the Intellectually Disabled (ICF/ID), Psychiatric Mental Institutions for Children (PMICs), and nursing facilities including Nursing Facilities for the Mentally Ill (NF-MI) to help offset impacts of the PHE (see Informational Letter 2194-MC-FFS-CVD).

Chair Trefz inquired about the search for a permanent Medicaid Director. Julie stated that the application window has passed and that the next step is to conduct interviews.

Chair Trefz noted that there were fewer kids enrolled in the program in Fiscal Year 2020 (FY20) compared to FY19 and inquired as to a reason. Julie stated that she would take this concern back with her.

**Updates from the MCOs**

John Hedgecoth, of Amerigroup Iowa Inc. (Amerigroup), presented an update. He reported an increase in enrollment of approximately 8,000, from September 2020 to December 2020, with an increase of about1,000 for Hawki over the same period. He mentioned the ongoing effort to supply their providers and their organizations with Personal Protective Equipment (PPE). He also touched on Amergroup's role in the COVID-19 vaccine distribution process and information-sharing with the IME to facilitate this distribution. John further stated that Amerigroup continues their community outreach, partly facilitated by their community resource link and community outreach team. John added that Amerigroup participated in the provider training in November, and praised the Zoom format as efficient. He also stated that Amerigroup is implementing an action plan to improve their national call center operations; and launching partnerships with community action agencies and Federally Qualified Health Centers (FQHC) in their network, that will focus on food, housing, and employment. John concluded by saying he looks forward to working with the Board in 2021.

Kim Flores from Iowa Total Care (ITC) provided an update to the Board. Kim stated that ITC staff is still working from home, and they will continue to monitor COVID-19 and the PHE. She spoke of the

outreach programs ITC was able to implement in 2020 despite the PHE. ITC established a vendor relationship with Babylon, which offers telehealth services. ITC completed approximately 3,000 telehealth visits from July 2020 to November 2020. Around 31% of these were diversions from emergency room visits, and 30% were behavioral health-related. Kim also spoke about a new program for diabetics that offers at-home testing, and the expansion of their health incentive program. She concluded by briefly touching on ITC's efforts to distribute the HPV vaccine and their program to combat homelessness.

Gretchen Hagman with Delta Dental of Iowa (DDIA) provided an update. She stated that there has been a slight decrease in incoming claims. This past summer, DDIA focused on bringing adolescents in for dental visits. DDIA is currently reaching out to these members to try and schedule follow-up visits. They have also recently focused on bringing Hawki members in who have not seen a dentist in the last two years by doing outreach via text messages, calls, and postcards. They have also sent oral health kits to these members and encouraged them to come in for prevention visits.

**Communications Update**

Kevin Kirkpatrick provided an IME Communications update. The Member Open Choice Enrollment Period ended on October 30, 2020. Premiums continue to be waived and notifications that are regularly sent to members are on hold. Chair Trefz asked about an issue with premiums on auto pay still coming in. Kevin confirmed that affected members have had those premiums refunded.

**Outreach**

Jean Johnson, with the Iowa Department of Public Health (IDPH), presented an update to the Board. She stated that IDPH continues to conduct outreach via telehealth and social media. She reported a successful November conference held over Zoom that facilitated productive discussion. Jean established a Google group that she said has been an effective way of allowing Hawki outreach coordinators to communicate. She mentioned that there was a discussion at the November meeting regarding local outreach success stories and lessons learned, specifically the availability and effectiveness of telehealth through the PHE.

Jim highlighted the success of outreach coordinators distributing materials directly to healthcare facilities in lieu of distribution through chambers of commerce (some chambers of commerce have been closed through the PHE). Jean added that, in this regard, outreach coordinators essentially act as ambassadors for the program.

**Public Comment**

Chair Trefz urged Board members to engage in a more robust public comment discussion moving into the new year.

**New Business**

Chair Trefz expressed her gratitude for the IME and their help with conducting pediatric-specific data pulls that will help the Board and its mission. She stated that she is meeting with Board members one-on-one and urged them to provide suggestions on Board meeting content and structure moving forward. She also said that she would send out a survey as a way to collect any suggestions.

**Next Meeting**

The next meeting will be Monday, February 15, 2021.

Meeting adjourned at 1:45 PM.

Submitted by,

John Riemenschneider
Recording Secretary
jr

# Hawki Board Meeting
# February 15, 2021

| Hawki Board Members | Department of Human Services |
|---|---|
| Angela Burke Boston – present | Julie Lovelady, Interim Medicaid Director |
| Mary Nelle Trefz, Chair – present | Paula Motsinger, IME Policy Bureau Chief |
| Jim Donoghue – present | Kurt Behrens, IME |
| Eric Kohlsdorf – present | Kevin Kirkpatrick, IME |
| Dr. Bob Russell – present | Anna Ruggle, IME |
| Dr. Kaaren Vargas – present | Heather Miller, IME |
| Shawn Garrington – present | **Guests** |
| Senator Nate Boulton – present | Gretchen Hageman, DDIA |
| Senator Dennis Guth – | John Hedgecoth, Amerigroup |
| Representative John Forbes – present | Jean Johnson, IDPH |
| Representative Shannon Lundgren – | Kim Flores, Iowa Total Care |
| | Lindsay Paulson, MAXIMUS |
| | Rachel Cecil, CEO County Rural Offices of Social Services (CROSS) Mental Health and Disability Services (MHDS) Regions |
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**Call to Order and Roll Call**

Board Chair Mary Nelle Trefz called the meeting to order at 12:30 PM via Zoom. Chair Trefz conducted a roll call, and attendance is as reflected above. A quorum was established.

**Approval of the Hawki Board Meeting Minutes**

Chair Trefz called for the Board to review the minutes from the December 14, 2020, meeting. Chair Trefz asked for a motion to approve the minutes and the motion carried.

**New Business**

Chair Trefz asked Board members if they had any new business they would like to discuss. Dr. Vargas raised the issue of Medicaid reimbursement for the hospital component of operating room cases and the possibility of hospitals not accepting Medicaid patients moving forward. Chair Trefz asked Paula Motsinger if she had any input. Paula stated that she and Anna Ruggle would discuss it with Julie Lovelady and get back to the group. Dr. Russell seconded Dr. Vargas' concern and mentioned that with the transition of Medicaid children's dental benefits to managed care in 2021, a new simplified coding system would be implemented. Rep. Forbes stated that the Legislature is looking at budget analyses and is working to ensure the funding of Medicaid programs.

**Public Comment**
There were no public comments.

**Hawki 101**
Chair Trefz noted that a topic of general interest among Board members was an overview of the Hawki program. Anna Ruggle, Hawki program manager, provided a brief summary of the Hawki program and its benefits. Chair Trefz asked about the benchmark equivalent plan and how often the selection is made. Anna said that the plan is selected once at the beginning of the program and that benefits can be changed or added.

**Hawki and the National Landscape**
Chair Trefz gave a presentation discussing how the Hawki program compares with other Children's Health Insurance Programs (CHIP) across the country. She stated that she coordinated with the National Academy for State Health Policy (NASHP) and was relaying information from them. Chair Trefz again commented on the advantages Hawki provides, namely the flexibility the state has in tailoring the plan to the children's needs. Reminding members that the Board's purpose is to advise the Governor and Legislature on Hawki policy, she concluded her presentation by soliciting input from Board members.

Dr. Russell asked if there is a program within Hawki that would cover hospital reimbursement and if it differs from Medicaid. Paula replied that Hawki reimburses at the same rate as traditional insurance, and that a member's specific coverage (Hawki + Medicaid, Hawki + regular insurance, etc.) determines if a procedure or treatment is covered. Dr. Russell shared his concern that there may be a coverage/reimbursement gap in some instances and that it's an issue that the Board should address going forward.

Chair Trefz commented that another aspect of the program they should consider is that benefits essentially have two layers – the benefit itself and if a member actually qualifies for the benefit. Paula added that benefits few members qualify for could be scaled back or removed and the money redirected elsewhere.

**Behavioral Health Benefits Available to Hawki Members**
Anna gave a presentation on the behavioral health aspect of the Hawki program. She touched on what benefits Hawki members receive, including mental health and substance use services. Anna discussed the Support Act and how it provides guidelines for administering a behavioral health program. Chair Trefz invited Rachel Cecil, of the Mental Health and Disability Services Regions, to speak briefly. Rachel asked what crisis intervention and stabilization services Hawki covers. Anna stated that she would research and provide Rachel with an answer. Chair Trefz asked about a scenario where a member is not covered for a behavioral health service through Hawki, specifically, would they be able to transition to regular Medicaid. Anna said that a member in this situation would have to apply for a Children's Mental Health (CMH) Waiver.

**Director's Report**
Julie Lovelady gave a brief update on the Public Health Emergency (PHE). She stated that the current PHE goes through April 30, 2021, but according to the United States Department of Health and Human Services (HHS), the PHE is likely to last through the remainder of 2021. Once the PHE ends, HHS will give states 60 days to wind down COVID-19/PHE programs. Julie also touched on COVID-19 vaccines, stating that Hawki children are currently not in a priority group to receive the vaccine, but it will be a covered benefit under the Hawki program at no cost to members. Finally, Julie stated that the deadline for providers to use CARES Act funds has been extended to June 30, 2021.

**Updates from the MCOs**
John Hedgecoth, of Amerigroup Iowa Inc. (Amerigroup), presented an update. John discussed Amerigroup's value added benefits: highlighting a first-of-its-kind program in Iowa that supplies new moms with electric breast pumps. John also mentioned a new healthy rewards incentive program which

includes family and childcare incentives for completing milestones such as pre-natal, post-partum, well baby, and well child provider visits. John added that Amerigroup is expanding their partnership with Count the Kicks and will offer a series of virtual classes to support community engagement of important maternal/child health topics, available resources, and improved health outcomes. The classes will cover three areas: COVID-19 and pregnancy; educational baby showers; and Ask-A-Lactation consultant.

Kim Flores presented an update for Iowa Total Care. Kim discussed Iowa Total Care's member incentive program, specifically the program's expansion to promote wellness check-ups for members through the age of 21. Kim also spoke about Iowa Total Care's partnership with Amerigroup, the Iowa Department of Public Health, and the American Cancer Society to promote vaccinations. She mentioned the HPV vaccine and the effort to provide screenings for members and educational resources for parents. She added that Iowa Total Care is looking to hold health literacy and back-to-school events this year.

Gretchen Hageman provided an update for Delta Dental of Iowa (DDIA). Over the past six months, DDIA has seen a decreased rate of care among the Hawki population; they have worked with members to promote the safety of office visits during the PHE. DDIA has launched a campaign to communicate with members who have not received dental care since the beginning of the PHE. Gretchen said that DDIA continues to send dental healthcare packages to members, focusing on those who haven't utilized benefits over the previous six months. Gretchen added that DDIA continues to emphasize the importance of dental care for children through age 3 by reaching out to pregnant women and parents.

**Outreach**

Jean Johnson, with the Iowa Department of Public Health (IDPH), presented an update to the Board. She stated that Women, Infants, and Children (WIC) clinics are beginning to reopen, along with schools, who provide a majority of Hawki referrals. Jean highlighted the coordinated efforts between Hawki and the I-Smile program when reaching out to providers. Jean also stated that the outreach program continues to use social media to push out updates, and that she is currently working on the 2021 Hawki brochure. She concluded by highlighting a recent success story where outreach coordinators assisted in finding dental homes for three children.

**Communications Update**

Kevin Kirkpatrick provided the IME communications update. He reported no major changes to Hawki communications.

**Next Meeting**

The next meeting will be Monday, April 12, 2021.

Meeting adjourned at 2:00 PM.

Submitted by,

John Riemenschneider
Recording Secretary
jr

# Hawki Board Meeting
# April 12, 2021

| Hawki Board Members | Department of Human Services |
|---|---|
| Angela Burke Boston – present | Julie Lovelady, Interim Medicaid Director |
| Mary Nelle Trefz, Chair – present | Paula Motsinger, IME Policy Bureau Chief |
| Jim Donoghue – present | Jennifer Steenblock, IME Bureau Chief |
| Eric Kohlsdorf – | Mary Stewart, IME Bureau Chief |
| Dr. Bob Russell – present | Amela Alibasic, IME Bureau Chief |
| Dr. Kaaren Vargas – | Kevin Kirkpatrick, IME |
| Shawn Garrington – present | Anna Ruggle, IME |
| Senator Nate Boulton – | Heather Miller, IME |
| Senator Mark Costello – | Kurt Behrens, IME |
| Representative Shannon Lundgren – | Tashina Hornaday, IME |
| | Natalie Bryant, IME |
| | **Guests** |
| | Gretchen Hageman, DDIA |
| | John Hedgecoth, Amerigroup |
| | Jean Johnson, IDPH |
| | Lindsay Paulson, MAXIMUS |
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**Call to Order and Roll Call**

Board Chair Mary Nelle Trefz called the meeting to order at 12:30 PM via Zoom. Chair Trefz conducted a roll call, and attendance is as reflected above. A quorum was established.

**Approval of the Hawki Board Meeting Minutes**

Chair Trefz called for the Board to review the minutes from the February 15, 2021, meeting. Chair Trefz asked for a motion to approve the minutes and the motion carried.

**New Business**

Chair Trefz began by noting that Dr. Vargas' and Eric Kohlsdorf's terms on the Board were to expire at the end of April. She stated she would check in with them to gauge their interest in staying on beyond the end of their terms. She then asked Board members if they had any new business they would like to discuss. Shawn Garrington said that he's talked to various providers in the Hawki network and determined that Hawki has a stellar reputation, and congratulated the group on a job well done.

**Public Comment**

There were no public comments.

**Medicaid Eligibility COVID-19 Unwinding Plans**

Amela Alibasic gave a presentation on Medicaid eligibility COVID-19 unwinding plans. She talked about the state implementing policies at the onset of the Public Health Emergency (PHE) designed to ensure continued coverage for Medicaid members. The only events which would discontinue coverage are voluntary removal, death, and moving out of state. She said the state's unwinding plan is threefold: age-out process, eligibility modification, and following Centers for Medicare and Medicaid Services (CMS) guidance. She talked about the importance of using a phased approach to unwinding, rather than undoing multiple processes at the same time. Phase 1 would be implemented April 20, 2021; Phase 2 in summer of 2021; and Phase 3 at a later date. These unwinding procedures will allow Hawki to gradually and responsibly return to business as it was pre-COVID-19. Dr. Russell asked how this information would be disseminated. Amela said that the Hawki Board was the first audience to hear about the plan, and dissemination would happen pending the Board's approval. Chair Trefz encouraged Amela to reach out to the Board if she needs any assistance during this process. Chair Trefz also asked Amela to run through Phase 2, and Amela went into it with a bit more detail. Angela Burke Boston asked about the timeframe for reaching out to, and establishing contact with, members who may have had an address change because of housing insecurity during the PHE. Amela said that members will have an opportunity to notify the Department of any changes. Amela urged the Board to come to her with any suggestions for making this process more efficient and effective.

**Data Dive**

Kurt Behrens gave a presentation on the Managed Care Organization (MCO) quarterly performance report. He began by briefly noting some minor format changes. He pointed out that Hawki membership increased by 20,000 from Q1 to Q2 FY21, or about a 3% increase. He said that with 75,000 new members over the past year, membership has been trending up; this may be partly attributable to Hawki not disenrolling members during the PHE. He focused on the MCO Care Quality and Outcomes; and the MCO Children Summary portions of the reports, saying that he wanted to get this information in front of the Board. He specifically mentioned that data from Q2 FY20 is pre-COVID-19 and data from Q2 FY21 is during COVID-19. Kurt noted that despite the Hawki population increasing by 3%, well child exams decreased by 6%, and vaccinations decreased by 12%. Chair Trefz suggested that future data analyses contain more data trends or analysis that would put the data into context. Kurt agreed that future reports should contain an executive summary containing a general breakdown of pertinent data. Chair Trefz asked about balance billing and medical loss ratios (MLR), which Kurt said he would take back with him. Mary Stewart said that there is a six-month runout for claims, and contractors would begin calculating MLRs in late May or early June. Angela asked about telehealth and if Hawki members are using it, particularly during the PHE. Julie Lovelady said the Department is talking with stakeholders and reviewing data to determine its efficacy. Jim Donoghue asked for clarification about voluntary disenrollment, and Kurt explained that a member can file a grievance if they do not want to stay with an MCO after the open enrollment period has ended.

Anna Ruggle gave a presentation on the annual report to CMS. The report is filed with the CHIP Annual Report Template System (CARTS). Anna walked the group through the different sections of the report, detailing what information CMS requires. She presented an annual report that she recently completed and noted several examples of information that is typically included. Chair Trefz specifically noted the data tracking that is included in the report and said it was helpful information to have. Chair Trefz asked if there is an opportunity for Hawki Board members to weigh in on the report before it is sent to CMS. Anna said that Board members are always welcome to provide input. Angela asked what CMS does with the report after receiving it, and Anna said CMS reviews it and compares data between states, and she would take the question back for a more detailed answer.

Chair Trefz said that the agenda item regarding IME for Child Core Measures would be moved to the June meeting.

**Director's Report**

Julie gave the director's update. She began by addressing questions Dr. Russell and Dr. Vargas raised at the February meeting regarding hospital reimbursement for dental procedures. Julie stated that the IME is still in the information gathering phase. She also noted that there are many aspects to this issue which will need to be addressed before developing any kind of concrete answer. She said that she will be in touch with Chair Trefz with any pertinent updates.

Julie also discussed how the IME is expanding its COVID-19 vaccine program to cover more groups. The groups include the COVID-19 testing coverage group, Hawki dental-only group, and limited Medicaid for non-citizens group. The effective date of the expanded coverage was March 11, 2021. Julie also said that effective April 1, 2021, the administration rate for the vaccine through Managed Care (MC) and Fee-for-Service (FFS) is now $40 per dose, which matches the Medicare rate.

**MCO Updates**

John Hedgecoth from Amerigroup presented an update. He said Amerigroup will initiate a COVID-19 vaccine outreach program for 16- to 18-year-olds enrolled in the Hawki program. Pfizer will provide the vaccine for this particular program. John said Amerigroup anticipates the 12- to 15-year-old age bracket becoming eligible for the vaccine in the near future. He noted that a significant portion of Amerigroup's efforts are focused on COVID-19 vaccine outreach for Hawki members. He also spoke of Amerigroup's continued partnership with the Iowa Healthiest State Initiative and the positive effect it has had, as well as Amerigroup's partnership with food banks around the state. He briefly touched on Amerigroup's baby shower program, and its efforts to distribute breast pumps and provide families of Hawki members with gas cards.

Gretchen Hageman from Delta Dental of Iowa (DDIA) presented an update. She said DDIA has spent a considerable amount of time and effort on member outreach and care coordination with the goal of getting Hawki members in to see the dentist. They've reached out via text messages and phone calls, targeting members who have missed their six-month checkup. Gretchen noted that the outreach program has thus far been successful, with data indicating an upward trend in the number of members using dental services after a period of decline.

Kim Flores from Iowa Total Care was not present. Chair Trefz said that Kim would provide an update to the Board via email.

**Outreach**

Jean Johnson from the Iowa Department of Public Health gave an update. The 2021 Hawki brochures are complete and have been mailed to Hawki outreach coordinators. There are also supplemental brochures that Hawki outreach coordinators can personalize for their health agencies and communities. Hawki outreach coordinators are distributing these brochures to clinics in their areas. Jean also mentioned that Hawki outreach coordinators who typically work with Women, Infants, and Children (WIC) clinics have largely shifted to COVID-19 vaccination clinics. Outreach coordinators have utilized social media and promoted telehealth during the PHE, but are looking forward to returning to the clinics soon to provide direct outreach.

**Communications Update**

Kevin Kirkpatrick provided an update. He gave a brief presentation on the 2021 Medicaid Reference Guide. He noted that the guide is organized into four chapters that cover: eligibility and services; managed care; budget and financials; and governance and framework. A glossary and list of resources are included at the end.. A second edition is already being developed and will incorporate feedback from stakeholders. The plan is to have the second edition ready for lawmakers to review before the next legislative session.

**Next Meeting**

The next meeting will be Monday, June 21, 2021.
Meeting adjourned at 2:20 PM.

Submitted by,
John Riemenschneider
Recording Secretary
jr

# Hawki Board Meeting
# June 21, 2021

| Hawki Board Members | Department of Human Services |
|---|---|
| Mary Nelle Trefz, Chair – present | Elizabeth Matney, Medicaid Director |
| Angela Burke Boston – present | Julie Lovelady, IME |
| Jim Donoghue – present | Paula Motsinger, IME |
| Eric Kohlsdorf – | Jennifer Steenblock, IME |
| Dr. Bob Russell – present | Mary Stewart, IME |
| Dr. Kaaren Vargas – present | Amela Alibasic, IME |
| Shawn Garrington – present | Kevin Kirkpatrick, IME |
| Senator Nate Boulton – present | Anna Ruggle, IME |
| Senator Mark Costello – | Kurt Behrens, IME |
| Representative Shannon Lundgren – | Tashina Hornaday, IME |
| | Bob Schlueter, IME |
| | |
| | **Guests** |
| | Gretchen Hageman, DDIA |
| | John Hedgecoth, Amerigroup |
| | Jean Johnson, IDPH |
| | Lindsay Paulson, MAXIMUS |
| | Kim Flores, ITC |
| | Dr. Jarod Johnson |
| | |

## Call to Order and Roll Call

Board Chair Mary Nelle Trefz called the meeting to order at 12:30 PM via Zoom. Chair Trefz conducted a roll call, and attendance is as reflected above. A quorum was established.

## Approval of the Hawki Board Meeting Minutes

Chair Trefz called for the Board to review the minutes from the April 12, 2021, meeting. Chair Trefz asked for a motion to approve the minutes and the motion carried.

## Public Comment

There were no public comments.

## New Business

Chair Trefz began by asking each Board member if they had any new business to discuss. No new business was shared at this time. Chair Trefz then noted that Eric's and Dr. Vargas'

terms on the Board had ended, and asked the group if anyone had any information to share about finding a new public member(s) to replace departing Board members. Michael Kitzman, Iowa Medicaid Enterprise (IME), said that he's been in contact with the Office of the Governor, but they have not provided information about potential replacements. Chair Trefz then brought up the topic of grievances with Amerigroup, balance billing, and out-of-state, out-of-network providers. Specifically, she posed the question of whether these issues have affected Hawki members. She stated she would like to follow up with this at the next meeting.

## Update on Denial of Outpatient Dental Services

Dr. Vargas voiced concerns that Amerigroup is denying certain cases involving children, mainly those age five and under with significant dental needs and behavioral issues that do not allow in-office treatment. She described a recent case in which her office manager spent a significant amount of time on the phone with Amerigroup and the associated loss of patient care hours and resultant reimbursement issues. She also discussed peer-to-peer issues and the inordinate amount of administrative steps needed before a patient can receive treatment, which potentially leads to providers deciding not to take Hawki members.

Dr. Russell added that Amerigroup's first-tier case reviews are conducted by nurses, and while it is good practice to have medically-trained personnel reviewing cases, there is perhaps a "language barrier" between dental providers and those that work solely in the medical realm. He suggested that having dental-specific reviewers could bridge the communication gap.

Dr. Jarod Johnson, a pediatric dentist in Muscatine, shared some of his experiences working with Amerigroup. He expressed serious concerns regarding the treatment approval process and suggested that this could be detrimental to the well-being of his patients. Dr. Vargas also suggested that Amerigroup employ a pediatric dentist that understands the nuances of providing dental care to this subset of the population. Director Matney said the cases brought to the Board's attention have some notable differences from the cases and the data IME and Amerigroup have discussed, and IME will consider this information and bring something back to the next Board meeting.

## Medicaid and Children's Health Insurance Program (CHIP) Core Set Quality Measures

Bob Schlueter, IME, gave a presentation on Medicaid and CHIP core set quality measures. These voluntary measures are requested by the Centers for Medicare and Medicaid Services (CMS), and IME prepares them annually for the state. Bob discussed several of the measures in place, including primary care access and preventive care, maternal and perinatal health, care of acute and chronic conditions, behavioral healthcare, and dental and oral health services. He explained how the effectiveness of these measures is represented by which quartile a state falls in when compared to other states – though states generally have different methods of implementing these measures and it can be difficult to compare a state's data directly against another state's. Bob also noted that IME bases the effectiveness of meeting these measures on administrative claims data, rather than clinical data, and that incorporating clinical data will give a better representation of future effectiveness. Additionally, he emphasized that the data is pre-COVID-19 and that we have yet to determine to what extent COVID-19 has affected the data over the past two years.

## Director's Report

Director Matney gave her update. This was Liz's first Hawki Board meeting as Medicaid director, and she discussed her philosophy moving forward. She noted inequity in the healthcare system, preventive measures, and improving dental care as areas of particular emphasis. She also mentioned IME's maintenance of effort requirement, and the importance of balancing that with the challenges Medicaid members face as we continue to move through the federal public health emergency (PHE). She concluded by stating that IME will continue its no-disenrollment policy while beginning an eligibility review in preparation for the end of the year.

## Managed Care Organization (MCO) Updates

John Hedgecoth from Amerigroup provided an update. He covered Amerigroup's vaccination outreach program and its two-pronged approach – focusing on members aged 12 to 15, and members with underlying medical conditions. This is being done telephonically. He specifically stated the outreach to four target member groups has been completed: Long Term Services and Supports (LTSS) waiver, Integrated Health Home (IHH), homebound, and age 65 and over. With this completed, outreach focus will transition to members with barriers to vaccination and the vaccine-hesitant population. Amerigroup continues to work on Immunization Registry Information System (IRIS) data exchange with the Iowa Department of Public Health (IDPH). Efforts to reach out to specific communities and promote vaccine awareness are ongoing. Additionally, Amerigroup will resume face-to-face case management on July 1, 2021.

Kim Flores from Iowa Total Care (ITC) provided an update. Kim stated that ITC continues to monitor health outcomes on a month-to-month basis, and that data have shown improvement compared to one year ago. She specifically mentioned well child visits and immunizations as areas of focus, and that ITC has benchmarks to measure effectiveness of these efforts and to determine what activities to implement, shift, or eliminate. ITC's member engagement team continues to target new mothers and encourage them to take advantage of post-partum programs, as well as well child visits and immunizations for their newborns. ITC has also reached out through mailings, promoting various programs for children 15 months and younger, and providing information about other services available, such as transportation and on-site interpreters. Kim stated that ITC continues to identify disparities in care and game plan how to most effectively address those shortcomings. Additionally, ITC has effectively conducted COVID-19 vaccine outreach through telephone calls and texting since April 2021.

Gretchen Hageman from Delta Dental of Iowa (DDIA) provided an update. Gretchen noted three main areas of care coordination and outreach that DDIA has focused on: members who have not received care in fiscal year 2021, reaching out via phone calls and text message, and reaching out to the adolescent population. She also discussed I-Smile, which is a local infrastructure that provides care coordination, outreach, and direct care, and emphasized that I-Smile has the ability to bill the Hawki program directly. DDIA also continues to focus on outreach at farmers' markets and food bank events, and will have a booth at the Iowa State Fair.

## Outreach

Jean Johnson from IDPH provided an update. She stated that most Title V agencies have resumed working in an office setting and that a significant number of public health agencies have returned to the office as well. Many agencies are continuing to provide COVID-19 vaccinations,

but this has been scaled back a bit because of the many options members have for receiving the vaccine. Jean added that public health agencies have done an excellent job using social media for outreach as needed, and that two new Hawki outreach coordinators will be joining the team on July 1, 2021. Finally, outreach coordinators have engaged members and their parents through schools this summer with particular effectiveness.

**Communications Update**

Kevin Kirkpatrick provided an update. He stated that the open choice period for Hawki families will be in August and September 2021, and that gives those members the opportunity to switch MCOs for any reason. This is separate from eligibility redetermination, and families will receive informational packets in the mail beginning in late July 2021.

**Next Meeting**

The next meeting will be Monday, August 16, 2021.
Meeting adjourned at 2:19 PM.

Submitted by,
John Riemenschneider
Recording Secretary
jr

Department of HUMAN SERVICES

Iowa Mental Health and Disability Services Commission

**Commissioners**

Russell Wood

Lorrie Young

Betsy Akin

Cory Turner

Diane Brecht

Don Kass

Janee Harvey

Jeff Sorensen

June Klein-Bacon

Maria Sorensen

Richard Whitaker

Sarah Berndt

Shari O'Bannon

Teresa Daubitz

Timothy Perkins

**Ex-Officio**

**Commissioners**

Sen. Jeff Edler

Rep. Dennis Bush

Sen. Sarah Trone Garriott

Rep. Lindsay James

September 16, 2021

## EXECUTIVE SUMMARY

*Pertinent Information Regarding the Deliberations of the Mental Health and Disability Services Commission Relating to Medicaid Managed Care (MCO)*

Mental Health and Disability Services Commission Deliberations Summary:

**December 3, 2020 – MHDS Commission Meeting**
Theresa Armstrong, Bureau Chief Mental Health and Disability Services Community Services, discussed CARES Act dollars including how Medicaid has been tracking those dollars as well as an informational letter from Medicaid for Psychiatric Medical Institutes for Children (PMICs), nursing facilities and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDs). There was discussion regarding issues with the MCO's related to Assertive Community Treatment and medical necessity.

**February 18, 2021 – MHDS Commission Meeting**
Amela Alibasic, Iowa Medicaid Enterprise, presented a high-level overview of Medicaid eligibility and enrollment. There was discussion regarding the recent process for Compact of Free Association (COFA) members to receive Medicaid.

**March 18, 2021 – MHDS Commission Meeting**
Theresa Armstrong shared that the Iowa Department of Public Health (IDPH) has reached out to MCOs and asked them to work with local public health to identify and assist individuals with disabilities with accessing COVID-19 vaccinations. Theresa also discussed the American Rescue Plan Act (ARPA), which included an optional 10% in the FMAP for Home and Community Based Services as well as a potential optional enhanced FMAP for mobile crisis, noting that IME was doing an analysis to determine if Iowa would qualify as well as the benefits and commitments required by the State.

**April 15, 2021 – MHDS Commission Meeting**
LeAnn Moskowitz, Iowa Medicaid Enterprise (IME), provided a presentation on eligibility for Home and Community Based

(HCBS) waivers, and the role of IME and MCOs in determining eligibility.

**June 17, 2021 – MHDS Commission Meeting**
Theresa Armstrong, Bureau Chief Mental Health and Disability Services, Community Services, discussed the House Human Services (HHS) Appropriations Bill and noted that it was signed June 16, 2021, and included rate increases related to Medicaid for Habilitation, Home and Community-Based Services (HCBS), and Psychiatric Medical Institutes for Children (PMICs).

**July 15, 2021 – MHDS Commission Meeting**
Theresa Armstrong, Bureau Chief Mental Health and Disability Services, Community Services, noted that Iowa Medicaid was receiving an increased federal match (FMAP) related to Home and Community Based Services (HCBS).

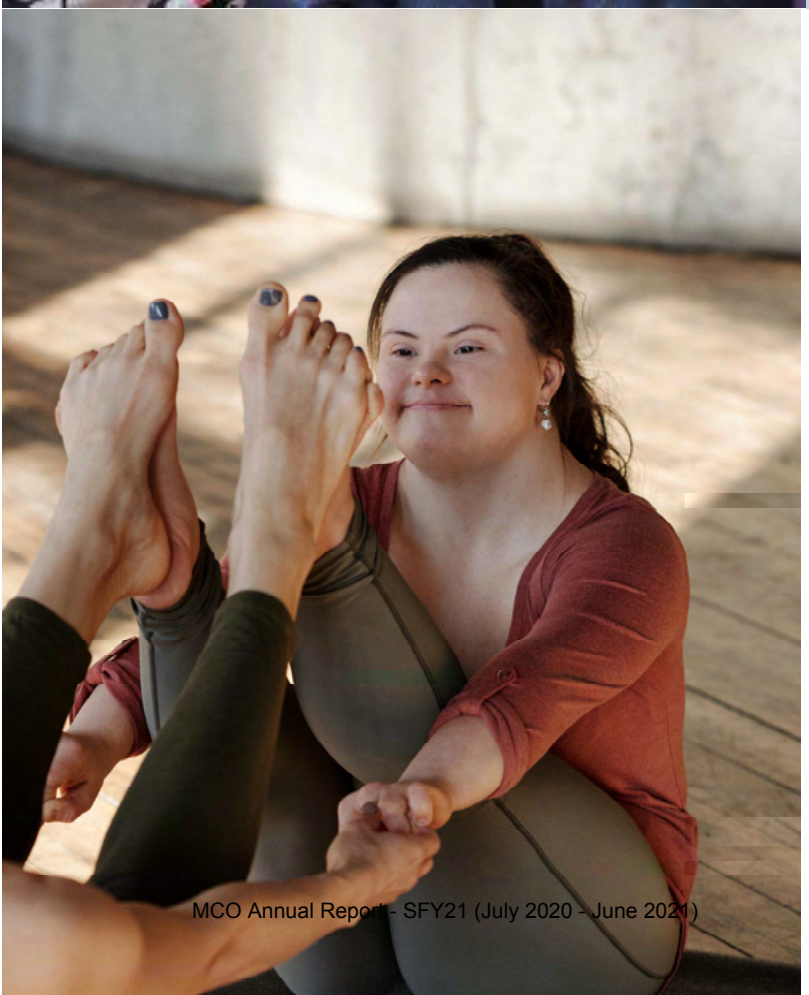
**August 19, 2021 – MHDS Commission Meeting**
There was discussion regarding Managed Care Organizations (MCOs) following a presentation on Assertive Community Treatment in Iowa by Dr. Nancy Williams, and the need for education for the MCOs regarding the program due to issues with authorizations.

**September 16, 2021 – MHDS Commission Meeting**
The Commission discussed its executive summary to the Department and the members' thoughts on Medicaid Managed Care over the previous year

During the course of their deliberations, the Commission has heard of a number of concerns from stakeholders that remain similar to the concerns reported in 2019. The Commission is frustrated that we have not seen significant progress in the following areas and urges the Department of Human Services (Department) and Managed Care Organizations (MCOs) continued efforts to address the following:

- Lack of reimbursement to providers for same day treatment
- Delayed and partial payments to providers
- Delayed and/or reduced authorization for long term supports and services
- Confusion over administrative requirements for Integrated Health Homes
- Peer support and recovery peer support services are underutilized and underrepresented
- Increased administrative burdens and costs for providers particularly for keeping claims alive in order to receive payment
- Understaffed mental health providers and disability services workforce due to low rates for services involving direct support professionals
- Inconsistent communication from the MCOs and the Department and within the MCOs
- Increased oversight during times of transition is needed
- Lack of accessibility to additional 1915(b) (3) services under the Medicaid fee-for-service system
- Increased development of quality services, including evidenced based practices is needed
- Increased community capacity to serve the most vulnerable individuals is needed
- Inadequate service rates

- Delayed eligibility updates for individuals post incarceration on Medicaid's Eligibility and Verification Information System (ELVS) line has resulted in large recoupments for providers due to receiving inaccurate eligibility information
- Lack of a valid level of care assessment that captures the needs of individuals with a brain injury
- Continued development of services for individuals with intellectual disabilities including children is needed
- Behavioral health services have a more difficult time getting reimbursement from the MCOs than physical health services
- Procedural and financial barriers to providing integrated care



# MANAGED CARE OMBUDSMAN PROGRAM

# QUARTERLY REPORT

Year 5, Quarter 2

(July 1 - September 30, 2020)

Managed Care
OMBUDSMAN PROGRAM
*A Division of the Office of the State Long-Term Care Ombudsman*
866.236.1430 | ManagedCareOmbudsman@iowa.gov

# EXECUTIVE SUMMARY

The Office of the State Long-Term Care Ombudsman's Managed Care Ombudsman Program advocates to resolve managed care issues on behalf of Medicaid managed care members who receive care in a health care facility, assisted living program, elder group home, or who are enrolled in one of the seven home and community-based services (HCBS) waiver programs. The waiver programs include: AIDS/HIV Waiver, Brain Injury Waiver, Children's Mental Health Waiver, Elderly Waiver, Health and Disability Waiver, Intellectual Disability Waiver and Physical Disability Waiver.

The Managed Care Ombudsman Program's monthly and quarterly reports report cases and complaints from the managed care members this Office serves.

In July managed care ombudsman worked on complaints from 46 individual members. In August managed care ombudsman worked on complaints from 47 individual members. In September managed care ombudsman worked on complaints from 53 individual members.

The issues identified for this second quarter are the primary managed care member issues addressed in July, August and September 2020. During Quarter 2-Year 5 of Medicaid managed care, the primary issues reported to the Managed Care Ombudsman Program by managed care members included:

1. Access to Services/Benefits. Members again report issues with accessing services and benefits for the second quarter of year 5 of Medicaid managed care. This was also a primary issue members reported during Quarter 1-Year 5.

2. Member Rights. Complaints under member rights include issues such as a member charged improper cost sharing, and member access to information or information sharing.

3. Services Reduced, Denied or Terminated. Services reduced denied or terminated is a frequent complaint received from members. Members report reductions or denials in their HCBS waiver services.

The report that follows includes an overview of the second programmatic quarter of Year 5 (July, August, and September 2020), as well as an update on the program.

For further information, please contact the Managed Care Ombudsman Program at (866) 236-1430 or managedcareombudsmanprogram@iowa.gov.

# MEMBER ASSISTANCE

| | | |
|---|---|---|
| **Members per MCO** in process July 2020 | Amerigroup Iowa | 13 |
| | Iowa Total Care | 32 |
| | Fee for Service | 1 |
| **Referrals per Entity**[1] | Department of Human Services | - |
| | Department of Inspections and Appeals | - |
| | Disability Rights Iowa | 4 |
| | Iowa Compass | - |
| | Iowa Legal Aid | 1 |
| | LifeLong Links | - |
| | MCO | - |
| | Medicaid Fraud Control Unit | - |
| | Provider | - |
| | Senior Health Insurance Information Program | - |
| | State Ombudsman Office | - |
| | Other | 1 |
| **Grievances/Appeals/Fair Hearings** | Grievance assistance | 3 |
| | Appeals assistance | 1 |
| | Fair Hearing assistance | - |

| | | |
|---|---|---|
| **Members per MCO** in process August 2020 | Amerigroup Iowa | 31 |
| | Iowa Total Care | 14 |
| | Fee for Service | 2 |
| **Referrals per Entity**[1] | Department of Human Services | - |
| | Department of Inspections and Appeals | - |
| | Disability Rights Iowa | 2 |
| | Iowa Compass | - |
| | Iowa Legal Aid | 1 |
| | LifeLong Links | - |
| | MCO | 1 |
| | Medicaid Fraud Control Unit | |
| | Provider | |
| | Senior Health Insurance Information Program | - |
| | State Ombudsman Office | 4 |
| | Other | - |
| **Grievances/Appeals/Fair Hearings** | Grievance assistance | 3 |
| | Appeals assistance | - |
| | Fair Hearing assistance | 2 |

[1] *Referrals per Entity:* Referrals made to external organizations that provide services beyond the scope of the program.

## MEMBER ASSISTANCE

| | | |
|---|---|---|
| **Members per MCO*** in process September 2020 | Amerigroup Iowa | 35 |
| | Iowa Total Care | 15 |
| | Fee for Service | 2 |
| **Referrals per Entity**[1] | Department of Human Services | - |
| | Department of Inspections and Appeals | - |
| | Disability Rights Iowa | 7 |
| | Iowa Compass | - |
| | Iowa Legal Aid | - |
| | LifeLong Links | - |
| | MCO | - |
| | Medicaid Fraud Control Unit | - |
| | Provider | - |
| | Senior Health Insurance Information Program | - |
| | State Ombudsman Office | 2 |
| | Other | 1 |
| **Grievances/Appeals/Fair Hearings** | Grievance assistance | 2 |
| | Appeals assistance | 6 |
| | Fair Hearing assistance | 1 |

[1] *Referrals per Entity:* Referrals made to external organizations that provide services beyond the scope of the program.

*Thank all of you who have supported my mother, [member]. [Family member] am currently working with a supervisor named at Logisticare who has been great making sure mom's transportation needs are being taken care of. Supervisor has even did follow up calls to make sure my mother, [member], is still receiving great transportation. Again, Thank you all!*

*~Daughter of Member*

## Complaint(s) Resolution by Program Type

| Amerigroup Iowa<br>July, August and September | Fully or partially resolved to Member's satisfaction | | | Not resolved to Member's satisfaction | | | No action needed or appropriate | | | Open | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | J | A | S | J | A | S | J | A | S | J | A | S | |
| AIDS/HIV Waiver | | | | | | | | | | | | | |
| Brain Injury Waiver | 7 | | 3 | | | | | | | 2 | | 3 | 15 |
| Children's Mental Health Waiver | | | | | | | | | | | | | |
| Dental | | | | | | | | | | | | | |
| Duals | | | | | | | | | | | | | |
| Elderly Waiver | 2 | 4 | 13 | | | | | | | 5 | 1 | 6 | 31 |
| Habilitation | | | | | | | | | | | 3 | | 3 |
| Health & Disability Waiver | 16 | 8 | 7 | | | | | | 4 | 5 | 3 | 7 | 50 |
| HIPP | | | | | | | | | | | | | |
| Institutional Care | | | | | | | | | | | | | |
| Iowa Health & Wellness | | | | | | | | | | | | | |
| Intellectual Disability Waiver | 2 | 1 | 26 | | | | | | | 10 | 6 | 2 | 47 |
| Medicare | | | | | | | | | | | | | |
| PACE | | | | | | | | | | | | | |
| Physical Disability Waiver | | | - | | | | | | | | | | |
| QMB or SLMB | | | | | | | | | | | | | |
| Traditional Medicaid | | | | | | | | | | | | | |
| Other | 1 | 4 | - | | | | | | 2 | 1 | | 6 | 14 |
| N/A | | | | | | | | | | | | | |
| Unknown | | | | | | | | | | | | | |
| **TOTAL:** | 28 | 17 | 49 | 0 | 0 | 0 | 0 | 0 | 6 | 23 | 13 | 24 | 160 |

| Fee for Service<br>July, August and September | Fully or partially resolved to Member's satisfaction | | | Not resolved to Member's satisfaction | | | No action needed or appropriate | | | Open | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | J | A | S | J | A | S | J | A | S | J | A | S | |
| AIDS/HIV Waiver | | | | | | | | | | | | | |
| Brain Injury Waiver | | | | | | | | | | | | | |
| Children's Mental Health Waiver | | | | | | | | | | | | | |
| Dental | | | | | | | | | | | | | |
| Duals | | | | | | | | | | | | | |
| Elderly Waiver | | | | | | | | | | | | | |
| Habilitation | | | | | | | | | | | | | |
| Health & Disability Waiver | | | | | | | | | | | | | |
| HIPP | | | | | | | | | | | | | |
| Institutional Care | | | | | | | | | | | | | |
| Iowa Health & Wellness | | | | | | | | | | | | | |
| Intellectual Disability Waiver | | | | | | | | | | | | | |
| Medicare | | | | | | | | | | | | | |
| PACE | | | | | | | | | | | | | |
| Physical Disability Waiver | | | | | | | | | | | | | |
| QMB or SLMB | | | | | | | | | | | | | |
| Traditional Medicaid | | | | | | | | | | | | | |
| Other | | | | | | 3 | | | | 1 | 3 | | 7 |
| N/A | | | | | | | | | | | | | |
| Unknown | | | | | | | | | | | | | |
| **TOTAL:** | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 1 | 3 | 0 | 7 |

## Complaint(s) Resolution by Program Type

| Iowa Total Care<br>July, August and September | Fully or partially resolved to Member's satisfaction | | | Not resolved to Member's satisfaction | | | No action needed or appropriate | | | Open | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | J | A | S | J | A | S | J | A | S | J | A | S | |
| AIDS/HIV Waiver | | | | | | | | | | | | | |
| Brain Injury Waiver | | | | | | | | | 4 | | | 5 | 9 |
| Children's Mental Health Waiver | | | | | | | | | | | | | |
| Dental | | | | | | | | | | | | | |
| Duals | | | | | | | | | | | | | |
| Elderly Waiver | 2 | 3 | 2 | | | | 3 | | | | | 7 | 17 |
| Habilitation | | | | | | | | | | | | | |
| Health & Disability Waiver | | | | | | | | | | | | 3 | 3 |
| HIPP | | | | | | | | | | | | | |
| Institutional Care | | | | | | | | | | | | | |
| Iowa Health & Wellness | | | | | | | | | | | | | |
| Intellectual Disability Waiver | | | 6 | | | | | | | 4 | 1 | 4 | 15 |
| Medicare | | | | | | | | | | | | | |
| PACE | | | | | | | | | | | | | |
| Physical Disability Waiver | | | 6 | | | | | | | | | 2 | 8 |
| QMB or SLMB | | | | | | | | | | | | | |
| Traditional Medicaid | | | | | | | | | | | | | |
| Other | 1 | 2 | 2 | | | | | | | 5 | 3 | | 13 |
| N/A | | | | | | | | | | | | | |
| Unknown | | | | | | | | | | | | | |
| **TOTAL:** | 3 | 5 | 16 | 0 | 0 | 0 | 3 | 0 | 4 | 9 | 4 | 21 | 65 |

# COMPLAINTS & CASES

## JULY

In July the Managed Care Ombudsman Program worked on complaints from 46 individual members. Out of the 38 active cases, 13 are newly opened. The top complaint from managed care members in July was in regard to Access to Services/Benefits (24 members). Additional complaints include:

All open cases:
Case Management (7 members) Access to Services/Benefits (20 members) Services reduced, denied or terminated (12 members) CCO & CDAC (13 members) Transition services/coverage gap, inadequate or inaccessible (6 members) Other (1 member) Member Rights (11 members) Level of Care (8 members) NOD, Appeals, Fair Hearing (4 members) Complaints against provider (8 members) Eligibility & Enrollment (2 members) Care Planning (11 members) Access to durable medical equipment and medications (6 members) Discharge (3 members) Transportation (3 members) Home and vehicle modifications (8 members) Member Relations & Grievances (9 members) Guardianship (0 members) Exception to Policy (6 members) Prior Authorization (2 members) Network Adequacy (5 members) COVID-19 (8 members)

Closed cases:
Case Management (2 members) Access to Services/Benefits (4 members) Services reduced, denied or terminated (3 members) CCO & CDAC (3 members) Transition services/coverage gap, inadequate or inaccessible (1 member) Other (0 members) Member Rights (1 member) Level of Care (2 members) NOD, Appeals, Fair Hearing (2 members) Complaints against provider (1 member) Eligibility & Enrollment (0 members) Care Planning (4 members) Access to durable medical equipment and medications (2 members) Discharge (0 members) Transportation (2 members) Home and vehicle modifications (0 members) Member Relations & Grievances (1 member) Guardianship (1 member) Exception to Policy (1 member) Prior Authorization (1 member) Network Adequacy (0 members) COVID-19 (1 member)

## AUGUST

In August the Managed Care Ombudsman Program worked on complaints from 47 individual members. Out of the 37 active cases, 8 are newly opened. The top complaint from managed care members in August was in regard to Access to Services/Benefits (23 members). Additional complaints include:

All open cases:
Case Management (11 members) Access to Services/Benefits (20 members) Services reduced, denied or terminated (13 members) CCO & CDAC (11 members) Transition services/coverage gap, inadequate or inaccessible (5 members) Other/ Housing and providers not being paid (4 members) Member Rights (14 members) Level of Care (5 members) NOD, Appeals, Fair Hearing (4 members) Complaints against provider (7 members) Eligibility & Enrollment (4 members) Care Planning (10 members) Access to durable medical equipment and medications (9 members) Discharge (4 members) Transportation (4 members) Home and vehicle modifications (10 members) Member Relations & Grievances (8 members) Guardianship (1 member) Exception to Policy (8 members) Prior Authorization (4 members) Network Adequacy (5 members) COVID-19 (5 members)

# COMPLAINTS & CASES

Closed cases:
Case Management (2 members) Access to Services/Benefits (3 members) Services reduced, denied or terminated (1 member) CCO & CDAC (2 members) Transition services/coverage gap, inadequate or inaccessible (2 members) Other/ Housing and providers not being paid (1 member) Member Rights (0 members) Level of Care (1 member) NOD, Appeals, Fair Hearing (1 member) Complaints against provider (2 members) Eligibility & Enrollment (0 members) Care Planning (3 members) Access to durable medical equipment and medications (0 members) Discharge (0 members) Transportation (0 members) Home and vehicle modifications (0 members) Member Relations & Grievances (1 member) Guardianship (0 members) Exception to Policy (0 members) Prior Authorization (0 members) Network Adequacy (0 members) COVID-19 (2 members)

## SEPTEMBER

In September the Managed Care Ombudsman Program worked on complaints from 53 individual members. Out of the 34 active cases, 14 are newly opened. The top complaint from managed care members in September was in regard to Access to Services/Benefits (22 members). Additional complaints include:

All open cases:
Case Management (7 members) Access to Services/Benefits (16 members) Services reduced, denied or terminated (13 members) CCO & CDAC (17 members) Transition services/coverage gap, inadequate or inaccessible (6 members) Other/Member charged improper cost sharing or waiting on CDAC staff to be approved (1 member) Member Rights (12 members) Level of Care (8 members) NOD, Appeals, Fair Hearing (3 members) Complaints against provider (6 members) Eligibility & Enrollment (1 member) Care Planning (9 members) Access to durable medical equipment and medications (8 members) Discharge (4 members) Transportation (3 members) Home and vehicle modifications (11 members) Member Relations & Grievances (7 members) Guardianship (0 members) Exception to Policy (8 members) Prior Authorization (1 member) Network Adequacy (3 members) COVID-19 (8 members)

Closed cases:
Case Management (4 members) Access to Services/Benefits (6 members) Services reduced, denied or terminated (6 members) CCO & CDAC (3 members) Transition services/coverage gap, inadequate or inaccessible (2 members) Other/Member charged improper cost sharing or waiting on CDAC staff to be approved (1 member) Member Rights (4 members) Level of Care (1 member) NOD, Appeals, Fair Hearing (6 members) Complaints against provider (1 member) Eligibility & Enrollment (3 members) Care Planning (2 members) Access to durable medical equipment and medications (3 members) Discharge (2 members) Transportation (0 members) Home and vehicle modifications (2 members) Member Relations & Grievances (3 members) Guardianship (2 members) Exception to Policy (3 members) Prior Authorization (1 member)Network Adequacy (1 member) COVID-19 (2 members)

# MANAGED CARE OMBUDSMAN PROGRAM TRENDS

In addition to tracking member issues on a monthly basis, the Managed Care Ombudsman Program documents and tracks trends discussed by members. Issues and trends identified this quarter included:

1. Services reduced, denied or terminated was a trend noted this reporting period. This often effected consumer directed attendant care (CDAC) and consumer choice options (CCO) service hours.

2. Problems regarding home and vehicle modifications are also a trend noted this quarter. Members have reported issues with obtaining vehicle and home modifications that enable them to remain independent in their home.

3. Transition services are a trend noted for this quarter. Members and their legal guardians report members are transitioned without a care plan established which fits the needs of the member during the transition.

*[Member's husband] just wanted to let [MCOP] know that [Member's husband] received some awesome news today [Worker] from [MCO] talked to [family member] today and said that everything [Member's husband] asked for had been approved. Wow [Member's husband] can't believe it!! [Member's husband] doesn't know how that happened. [Member's husband] doesn't even know how to express how thankful [Member's husband] and [Member's husband] are. [Member's husband] really doesn't know what to say, but Thank you, Thank you !!*
*~Husband of Member*

## ADDITIONAL MATERIALS

The Managed Care Ombudsman Program maintains a website with information regarding the program's services, informational materials and links to other resources. Electronic versions of communications materials and tools can be found at the Managed Care Ombudsman website. Additionally, How to Be Your Own Best Advocate: A Guide on How to Navigate Managed Care In Iowa is a resource for members.

Managed Care
OMBUDSMAN PROGRAM
*A Division of the Office of the State Long-Term Care Ombudsman*

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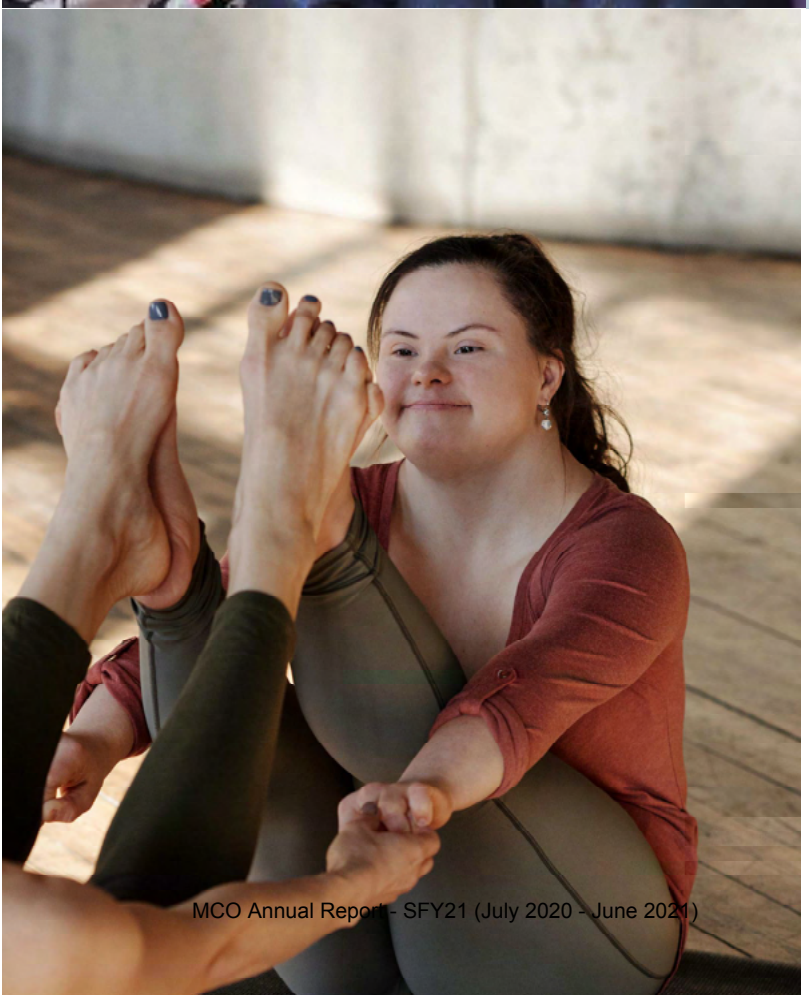

# MANAGED CARE OMBUDSMAN PROGRAM

# QUARTERLY REPORT

Year 5, Quarter 3

(October 1 - December 31, 2020)

Managed Care
OMBUDSMAN PROGRAM
*A Division of the Office of the State Long-Term Care Ombudsman*
866.236.1430 | ManagedCareOmbudsman@iowa.gov

# EXECUTIVE SUMMARY

The Office of the State Long-Term Care Ombudsman's Managed Care Ombudsman Program advocates to resolve managed care issues on behalf of Medicaid managed care members who receive care in a health care facility, assisted living program, elder group home, or who are enrolled in one of the seven home and community-based services (HCBS) waiver programs. The waiver programs include: AIDS/HIV Waiver, Brain Injury Waiver, Children's Mental Health Waiver, Elderly Waiver, Health and Disability Waiver, Intellectual Disability Waiver and Physical Disability Waiver.

The Managed Care Ombudsman Program's monthly and quarterly reports report cases and complaints from the managed care members this Office serves.

In October managed care ombudsman worked on complaints from 49 individual members. In November managed care ombudsman worked on complaints from 30 individual members. In December managed care ombudsman worked on complaints from 40 individual members.

The issues identified for this third quarter are the primary managed care member issues addressed in October, November and December 2020. The Office works with a variety of stakeholders who are necessary to address and resolve issues. During Quarter 3-Year 5 of Medicaid managed care, the primary issues reported to the Managed Care Ombudsman Program by managed care members included:

1. Access to Services/Benefits. For the third consecutive quarter, Access to Services/Benefits is a primary issue reported to the Manager Care Ombudsman Program. Members again report issues with accessing services and benefits.

2. Services Reduced, Denied or Terminated. Members reported reductions or denials in their HCBS waiver services. Services reduced denied or terminated is a frequent complaint received from members. Services Reduced, Denied or Terminated was also a primary issue reported to the Managed Care Ombudsman Program during the past reporting quarter.

3. Durable Medical Equipment. Members have reported denials in requests for durable medical equipment that enables them to remain in their homes.

The report that follows includes an overview of the third programmatic quarter of Year 5 (October, November and December 2020), as well as an update on the program.

For further information, please contact the Managed Care Ombudsman Program at (866) 236-1430 or managedcareombudsmanprogram@iowa.gov.

# MEMBER ASSISTANCE

| | | |
|---|---|---|
| **Members per MCO** in process October 2020 | Amerigroup Iowa | 34 |
| | Iowa Total Care | 13 |
| | Fee for Service | 2 |
| **Referrals per Entity**[1] | Department of Human Services | - |
| | Department of Inspections and Appeals | - |
| | Disability Rights Iowa | 5 |
| | Iowa Compass | - |
| | Iowa Legal Aid | 3 |
| | LifeLong Links | - |
| | MCO | - |
| | Medicaid Fraud Control Unit | - |
| | Provider | - |
| | Senior Health Insurance Information Program | - |
| | State Ombudsman Office | 4 |
| | Other | - |
| **Grievances/Appeals/Fair Hearings** | Grievance assistance | 3 |
| | Appeals assistance | 2 |
| | Fair Hearing assistance | 1 |

| | | |
|---|---|---|
| **Members per MCO** in process November 2020 | Amerigroup Iowa | 20 |
| | Iowa Total Care | 10 |
| | Fee for Service | - |
| **Referrals per Entity**[1] | Department of Human Services | - |
| | Department of Inspections and Appeals | - |
| | Disability Rights Iowa | - |
| | Iowa Compass | - |
| | Iowa Legal Aid | 1 |
| | LifeLong Links | - |
| | MCO | - |
| | Medicaid Fraud Control Unit | - |
| | Provider | - |
| | Senior Health Insurance Information Program | - |
| | State Ombudsman Office | 1 |
| | Other | 1 |
| **Grievances/Appeals/Fair Hearings** | Grievance assistance | 4 |
| | Appeals assistance | 1 |
| | Fair Hearing assistance | 1 |

[1] *Referrals per Entity:* Referrals made to external organizations that provide services beyond the scope of the program.

## MEMBER ASSISTANCE

| | | |
|---|---|---|
| **Members per MCO** in process December 2020 | Amerigroup Iowa | 27 |
| | Iowa Total Care | 13 |
| | Fee for Service | - |
| **Referrals per Entity**[1] | Department of Human Services | - |
| | Department of Inspections and Appeals | - |
| | Disability Rights Iowa | 3 |
| | Iowa Compass | - |
| | Iowa Legal Aid | 4 |
| | LifeLong Links | - |
| | MCO | - |
| | Medicaid Fraud Control Unit | - |
| | Provider | - |
| | Senior Health Insurance Information Program | 1 |
| | State Ombudsman Office | 1 |
| | Other | 1 |
| **Grievances/Appeals/Fair Hearings** | Grievance assistance | 2 |
| | Appeals assistance | 2 |
| | Fair Hearing assistance | 1 |

[1] *Referrals per Entity:* Referrals made to external organizations that provide services beyond the scope of the program.

*Good new! .....finally.*
*The appeal went through for the hand controls for [Member]'s van! Just wanted to share this bit of good news with you. Hope you are doing well.*

*Thank you for all of your assistance with our needs. We appreciate you!*

*~Sister*

## Complaint(s) Resolution by Program Type

| Amerigroup Iowa<br>October, November and December | Fully or partially resolved to Member's satisfaction | | | Not resolved to Member's satisfaction | | | No action needed or appropriate | | | Open | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | O | N | D | O | N | D | O | N | D | O | N | D | |
| AIDS/HIV Waiver | | | | | | | | | | | | | |
| Brain Injury Waiver | | | | | | | 4 | | | 1 | | | 5 |
| Children's Mental Health Waiver | 2 | | | | | | | | | 2 | | | 4 |
| Dental | | | | | | | | | | | | | |
| Duals | | | | | | | | | | | | | |
| Elderly Waiver | 7 | 4 | 11 | | | | | | | 9 | | 9 | 40 |
| Habilitation | | 3 | | | | | | | | | | | 3 |
| Health & Disability Waiver | 14 | | 5 | | | | | | | 3 | | 2 | 24 |
| HIPP | | | | | | | | | | | | | |
| Institutional Care | | | | | | | | | | | | | |
| Iowa Health & Wellness | | | | | | | | | | | | | |
| Intellectual Disability Waiver | 2 | | 7 | | | | | | | 9 | | | 18 |
| Medicare | | | | | | | | | | | | | |
| PACE | | | | | | | | | | | | | |
| Physical Disability Waiver | | | | | | | | | | | | 3 | 3 |
| QMB or SLMB | | | | | | | | | | | | | |
| Traditional Medicaid | | | | | | | | | | | | | |
| Other | | 2 | | | | | | | | 1 | | | 3 |
| N/A | | | | | | | | | | | | | |
| Unknown | | | | | | | | | | | | | |
| **TOTAL:** | 25 | 9 | 23 | 0 | 0 | 0 | 4 | 0 | 0 | 25 | 0 | 14 | 100 |

| Fee for Service<br>October, November and December | Fully or partially resolved to Member's satisfaction | | | Not resolved to Member's satisfaction | | | No action needed or appropriate | | | Open | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | O | N | D | O | N | D | O | N | D | O | N | D | |
| AIDS/HIV Waiver | | | | | | | | | | | | | |
| Brain Injury Waiver | | | | | | | | | | | | | |
| Children's Mental Health Waiver | | | | | | | | | | | | | |
| Dental | | | | | | | | | | | | | |
| Duals | | | | | | | | | | | | | |
| Elderly Waiver | | | | | | | | | | | | | |
| Habilitation | | | | | | | | | | | | | |
| Health & Disability Waiver | | | | | | | | | | | | | |
| HIPP | | | | | | | | | | | | | |
| Institutional Care | | | | | | | | | | | | | |
| Iowa Health & Wellness | | | | | | | | | | | | | |
| Intellectual Disability Waiver | | | | | | | | | | | | | |
| Medicare | | | | | | | | | | | | | |
| PACE | | | | | | | | | | 2 | | | 2 |
| Physical Disability Waiver | | | | | | | | | | | | | |
| QMB or SLMB | | | | | | | | | | | | | |
| Traditional Medicaid | | | | | | | | | | | | | |
| Other | 1 | | | | | 3 | | | | | | | 4 |
| N/A | | | | | | | | | | | | | |
| Unknown | | | | | | | | | | | | | |
| **TOTAL:** | 1 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 2 | 0 | 0 | 6 |

## Complaint(s) Resolution by Program Type

| Iowa Total Care<br>October, November and December | Fully or partially resolved to Member's satisfaction | | | Not resolved to Member's satisfaction | | | No action needed or appropriate | | | Open | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | O | N | D | O | N | D | O | N | D | O | N | D | |
| AIDS/HIV Waiver | | | | | | | | | | | | | |
| Brain Injury Waiver | | | | | | | | | | 4 | | 2 | 6 |
| Children's Mental Health Waiver | | | | | | | | | | | | | |
| Dental | | | | | | | | | | | | | |
| Duals | | | | | | | | | | | | | |
| Elderly Waiver | 5 | | | | | | 3 | | | | | | 8 |
| Habilitation | | | | | | | | | | | | | |
| Health & Disability Waiver | 9 | | | 4 | | | | | | | | | 13 |
| HIPP | | | | | | | | | | | | | |
| Institutional Care | 1 | | | | | | | | | 1 | | | 2 |
| Iowa Health & Wellness | | | | | | | | | | | | | |
| Intellectual Disability Waiver | 4 | | | | | | | | | | | 2 | 6 |
| Medicare | | | | | | | | | | | | | |
| PACE | | | | | | | | | | | | | |
| Physical Disability Waiver | 6 | | 24 | | | | | | | 1 | | | 31 |
| QMB or SLMB | | | | | | | | | | | | | |
| Traditional Medicaid | | | | | | | | | | | | | |
| Other | 7 | | | | | | | | | | | 2 | 9 |
| N/A | | | | | | | | | | | | | |
| Unknown | | | | | | | | | | | | | |
| **TOTAL:** | 32 | 0 | 24 | 4 | 0 | 0 | 3 | 0 | 0 | 6 | 0 | 6 | 75 |

# COMPLAINTS & CASES

## OCTOBER

In October the Managed Care Ombudsman Program worked on complaints from 49 individual members. Out of the 31 active cases, 14 are newly opened. The top complaint from managed care members in October was in regard to Access to Services/Benefits (22 members). Additional complaints include:

All open cases:
Case Management (9 members) Access to Services/Benefits (15 members) Services reduced, denied or terminated (9 members) CCO & CDAC (12 members) Transition services/coverage gap, inadequate or inaccessible (4 members) Other/Member charged improper cost sharing (2 member) Member Rights (9 members) Level of Care (5 members) NOD, Appeals, Fair Hearing (4 members) Complaints against provider (5 members) Eligibility & Enrollment (1 members) Care Planning (9 members) Access to durable medical equipment and medications (7 members) Discharge (3 members) Transportation (6 members) Home and vehicle modifications (9 members) Member Relations & Grievances (8 members) Guardianship (0 members) Exception to Policy (4 members) Prior Authorization (2 members) Network Adequacy (1 members) COVID-19 (4 members)

Closed cases:
Case Management (4 members) Access to Services/Benefits (7members) Services reduced, denied or terminated (6 members) CCO & CDAC (8 members) Transition services/coverage gap, inadequate or inaccessible (2 member) Other/Member charged improper cost sharing (0 members) Member Rights (6 member) Level of Care (4 members) NOD, Appeals, Fair Hearing (1 members) Complaints against provider (1 member) Eligibility & Enrollment (1 members) Care Planning (3 members) Access to durable medical equipment and medications (1 members) Discharge (1 members) Transportation (6 members) Home and vehicle modifications (2 members) Member Relations & Grievances (3 member) Guardianship (0 member) Exception to Policy (3 member) Prior Authorization (0 member) Network Adequacy (2 members) COVID-19 (4 member)

## NOVEMBER

In November the Managed Care Ombudsman Program worked on complaints from 30 individual members. Out of the 24 active cases, 2 are newly opened. The top complaint from managed care members in November was in regard to Access to Services/Benefits (15 members). Additional complaints include:

All open cases:
Case Management (6 members) Access to Services/Benefits (12 members) Services reduced, denied or terminated (11 members) CCO & CDAC (11 members) Transition services/coverage gap, inadequate or inaccessible (4 members) Member Rights (5 members) Level of Care (4 members) NOD, Appeals, Fair Hearing (4 members) Complaints against provider (2 members) Eligibility & Enrollment (1 members) Care Planning (6 members) Access to durable medical equipment and medications (9 members) Discharge (2 members) Transportation (4 members) Home and vehicle modifications (8 members) Member Relations & Grievances (5 members) Guardianship (0 member) Exception to Policy (4 members) Prior Authorization (3 members) Network Adequacy (1 members) COVID-19 (5 members)

# COMPLAINTS & CASES

Closed cases:
Case Management (2 members) Access to Services/Benefits (3 members) Services reduced, denied or terminated (0 member) CCO & CDAC (0 members) Transition services/coverage gap, inadequate or inaccessible (2 members) Member Rights (1 members) Level of Care (1 member) NOD, Appeals, Fair Hearing (0 member) Complaints against provider (0 members) Eligibility & Enrollment (0 members) Care Planning (2 members) Access to durable medical equipment and medications (0 members) Discharge (0 members) Transportation (0 members) Home and vehicle modifications (0 members) Member Relations & Grievances (1 member) Guardianship (0 members) Exception to Policy (0 members) Prior Authorization (0 members) Network Adequacy (0 members) COVID-19 (0 members)

## DECEMBER

In December the Managed Care Ombudsman Program worked on complaints from 40 individual members. Out of the 29 active cases, 9 are newly opened. The top complaint from managed care members in December was in regard to Access to Services/Benefits (18 members). Additional complaints include:

All open cases:
Case Management (3 members) Access to Services/Benefits (8 members) Services reduced, denied or terminated (8 members) CCO & CDAC (8 members) Transition services/coverage gap, inadequate or inaccessible (4 members) Other/Member charged improper cost sharing (2 member) Member Rights (6 members) Level of Care (4 members) NOD, Appeals, Fair Hearing (6 members) Complaints against provider (3 members) Eligibility & Enrollment (2 member) Care Planning (9 members) Access to durable medical equipment and medications (9 members) Discharge (2 members) Transportation (4 members) Home and vehicle modifications (7 members) Member Relations & Grievances (6 members) Guardianship (0 members) Exception to Policy (4 members) Prior Authorization (2 member) Network Adequacy (1 members) COVID-19 (7 members)

Closed cases:
Case Management (5members) Access to Services/Benefits (2 members) Services reduced, denied or terminated (1 members) CCO & CDAC (4 members) Transition services/coverage gap, inadequate or inaccessible (1 members) Other/Member charged improper cost sharing (0 member) Member Rights (2 members) Level of Care (1 member) NOD, Appeals, Fair Hearing (1 members) Complaints against provider (0 member) Eligibility & Enrollment (0 members) Care Planning (2 members) Access to durable medical equipment and medications (2 members) Discharge (0 members) Transportation (1 members) Home and vehicle modifications (2 members) Member Relations & Grievances (0 members) Guardianship (1 member) Exception to Policy (0 members) Prior Authorization (0 member) Network Adequacy (0 member) COVID-19 (1 members)

# MANAGED CARE OMBUDSMAN PROGRAM TRENDS

In addition to tracking member issues on a monthly basis, the Managed Care Ombudsman Program documents and tracks trends discussed by members. Issues and trends identified this quarter included:

1. A trend has been noted this reporting period for members needing to access preferred/necessary durable medical equipment that enables them to remain in their home. Members have reported denials in requests for durable medical equipment.

2. There was a trend in issues between members and case managers. Issues include lack of responsiveness by case managers to member concerns.

3. Home and vehicle modifications were a trend again this quarter. Members have reported issues with obtaining vehicle and home modifications that enable them to remain independent in their home.

4. Issues with transition services were a trend this quarter. Without adequate transition services members can experience a disruption in the continuity of care that creates a gap in services.

*Wanted to send a letter wanted to let you and supervisor know how wonderful you were to me [Member's daughter] and my mother [Member]. [MCOP] went right to work for [member's daughter] and [MCOP] have saved my life and mom's because the way [MCO] treated us and wanted to bring in strangers to [Member daughter's] home to bath [member]. [MCOP] stopped that and [Member's daughter] cannot thank [MCOP] enough. [MCOP representative] are Kind, [MCOP representative] were understanding and [MCOP representative] listened and cared. [Member's daughter] have never met anyone who is so gracious and kind. …What a wonderful person [MCOP representative] are and how good [MCOP representative] are at your job. [Member's daughter] can't thank you enough.*

## ADDITIONAL MATERIALS

The Managed Care Ombudsman Program maintains a website with information regarding the program's services, informational materials and links to other resources. Electronic versions of communications materials and tools can be found at the Managed Care Ombudsman website. Additionally, How to Be Your Own Best Advocate: A Guide on How to Navigate Managed Care In Iowa is a resource for members.

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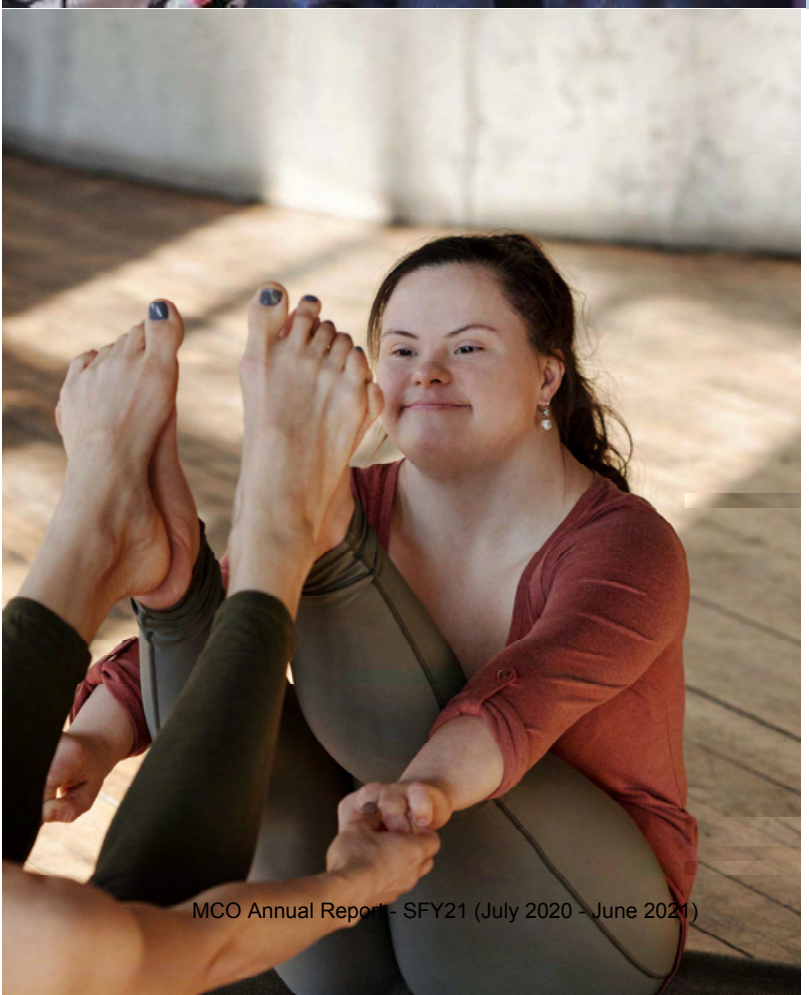

# MANAGED CARE OMBUDSMAN PROGRAM

# QUARTERLY REPORT

Year 5, Quarter 4

(January 1 - March 31, 2021)

Managed Care
OMBUDSMAN PROGRAM
*A Division of the Office of the State Long-Term Care Ombudsman*
866.236.1430 | ManagedCareOmbudsman@iowa.gov

# EXECUTIVE SUMMARY

The Office of the State Long-Term Care Ombudsman's Managed Care Ombudsman Program advocates to resolve managed care issues on behalf of Medicaid managed care members who receive care in a health care facility, assisted living program, elder group home, or who are enrolled in one of the seven home and community-based services (HCBS) waiver programs. The waiver programs include: AIDS/HIV Waiver, Brain Injury Waiver, Children's Mental Health Waiver, Elderly Waiver, Health and Disability Waiver, Intellectual Disability Waiver and Physical Disability Waiver.

The Managed Care Ombudsman Program's monthly and quarterly report reports cases and complaints from the managed care members this Office serves.

For this reporting quarter, managed care ombudsman worked on complaints from 40 members in January, complaints from 48 members in February, and complaints from 43 members in March.

The issues identified for this fourth quarter are the primary managed care member issues addressed in January, February and March 2021. During Quarter 4-Year 5 of Medicaid managed care, the primary issues reported to the Managed Care Ombudsman Program by managed care members included:

1. Access to Services/Benefits. Access to Services/Benefits continues to be a primary issue reported to the Managed Care Ombudsman Program. This quarter members again report issues with accessing services and benefits.

2. Services Reduced, Denied or Terminated. Members reported reductions or denials in their HCBS waiver services. Services reduced denied or terminated continues to be a primary issue reported to the Managed Care Ombudsman Program. This quarter members again report issues with services being reduced, denied or terminated.

3. Notice of Decision Appeals and Fair Hearings. This quarter members are availing themselves of this process to appeal determinations with which members do not agree.

The report that follows includes an overview of the fourth programmatic quarter of Year 5 (January, February and March 2021), as well as an update on the program.

For further information, please contact the Managed Care Ombudsman Program at (866) 236-1430 or managedcareombudsmanprogram@iowa.gov.

# MEMBER ASSISTANCE

| | | |
|---|---|---|
| **Members per MCO** in process January 2021 | Amerigroup Iowa | 24 |
| | Iowa Total Care | 14 |
| | Fee for Service | 2 |
| **Referrals per Entity**[1] | Department of Human Services | 1 |
| | Department of Inspections and Appeals | 1 |
| | Disability Rights Iowa | - |
| | Iowa Compass | - |
| | Iowa Legal Aid | 2 |
| | LifeLong Links | - |
| | MCO | 1 |
| | Medicaid Fraud Control Unit | - |
| | Provider | - |
| | Senior Health Insurance Information Program | - |
| | State Ombudsman Office | 1 |
| | Other | 1 |
| **Grievances/Appeals/Fair Hearings** | Grievance assistance | 1 |
| | Appeals assistance | 6 |
| | Fair Hearing assistance | - |

| | | |
|---|---|---|
| **Members per MCO** in process February 2021 | Amerigroup Iowa | 33 |
| | Iowa Total Care | 13 |
| | Fee for Service | - |
| **Referrals per Entity**[1] | Department of Human Services | 2 |
| | Department of Inspections and Appeals | - |
| | Disability Rights Iowa | - |
| | Iowa Compass | - |
| | Iowa Legal Aid | - |
| | LifeLong Links | - |
| | MCO | - |
| | Medicaid Fraud Control Unit | - |
| | Provider | - |
| | Senior Health Insurance Information Program | - |
| | State Ombudsman Office | 1 |
| | Other | - |
| **Grievances/Appeals/Fair Hearings** | Grievance assistance | 3 |
| | Appeals assistance | 2 |
| | Fair Hearing assistance | 1 |

[1] *Referrals per Entity:* Referrals made to external organizations that provide services beyond the scope of the program.

## MEMBER ASSISTANCE

| | | |
|---|---|---|
| **Members per MCO** in process March 2021 | Amerigroup Iowa | 30 |
| | Iowa Total Care | 11 |
| | Fee for Service | 2 |
| **Referrals per Entity**[1] | Department of Human Services | - |
| | Department of Inspections and Appeals | - |
| | Disability Rights Iowa | 4 |
| | Iowa Compass | - |
| | Iowa Legal Aid | 1 |
| | LifeLong Links | - |
| | MCO | - |
| | Medicaid Fraud Control Unit | - |
| | Provider | - |
| | Senior Health Insurance Information Program | - |
| | State Ombudsman Office | 1 |
| | Other | - |
| **Grievances/Appeals/Fair Hearings** | Grievance assistance | 1 |
| | Appeals assistance | 7 |
| | Fair Hearing assistance | 3 |

[1] *Referrals per Entity:* Referrals made to external organizations that provide services beyond the scope of the program.

*A Physical Disability Waiver member was in need of CDAC services and a wheelchair while facing a reduction of services. With the assistance of the Managed Care Ombudsman Program, the member appealed the decision and was approved for both the CDAC services and the wheelchair which were necessary to remain safe and healthy in their home.*

## Complaint(s) Resolution by Program Type

| Amerigroup Iowa<br>Januay, February and March | Fully or partially resolved to Member's satisfaction | | | Not resolved to Member's satisfaction | | | No action needed or appropriate | | | Open | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | J | F | M | J | F | M | J | F | M | J | F | M | |
| AIDS/HIV Waiver | | | | | | | | | | 2 | | | 2 |
| Brain Injury Waiver | | 2 | | | | | | | | 1 | 1 | | 4 |
| Children's Mental Health Waiver | | | | | | | | | | | | | |
| Dental | | | | | | | | | | | | | |
| Duals | | | | | | | | | | | | | |
| Elderly Waiver | 2 | 15 | 2 | | 2 | | | 6 | | | 13 | 9 | 49 |
| Habilitation | | | | | | | | | | | | | |
| Health & Disability Waiver | 1 | 2 | 5 | | | | | | | 8 | 6 | | 22 |
| HIPP | | | | | | | | | | | | | |
| Institutional Care | | | | | | | | | | | | | |
| Iowa Health & Wellness | 1 | | | | | | | | | 1 | | | 2 |
| Intellectual Disability Waiver | | 12 | 7 | | 1 | | | 5 | | 3 | 3 | 11 | 42 |
| Medicare | | | | | | | | | | | | | |
| PACE | | | | | | | | | | | | | |
| Physical Disability Waiver | 3 | | | | | | | | | | 2 | | 5 |
| QMB or SLMB | | | | | | | | | | | | | |
| Traditional Medicaid | | | | | | | | | | | | | |
| Other | | 10 | 5 | | | | | | 1 | 6 | 3 | 2 | 27 |
| N/A | | | | | | | | | | | | | |
| Unknown | | | | | | | | | | | | | |
| **TOTAL:** | 7 | 41 | 19 | 0 | 3 | 0 | 0 | 11 | 1 | 21 | 28 | 22 | 153 |

| Fee for Service<br>January, February and March | Fully or partially resolved to Member's satisfaction | | | Not resolved to Member's satisfaction | | | No action needed or appropriate | | | Open | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | J | F | M | J | F | M | J | F | M | J | F | M | |
| AIDS/HIV Waiver | | | | | | | | | | | | | |
| Brain Injury Waiver | | | | | | | | | | | | | |
| Children's Mental Health Waiver | | | | | | | | | | | | | |
| Dental | | | | | | | | | | | | | |
| Duals | | | | | | | | | | | | | |
| Elderly Waiver | | | | | | | | | | | | | |
| Habilitation | | | | | | | | | | | | | |
| Health & Disability Waiver | | | 3 | | | | | | | 3 | | | 6 |
| HIPP | | | | | | | | | | | | | |
| Institutional Care | | | | | | | | | | | | | |
| Iowa Health & Wellness | | | | | | | | | | | | | |
| Intellectual Disability Waiver | | | | | | | | | | | | | |
| Medicare | | | | | | | | | | | | | |
| PACE | | | | | | | | | | | | | |
| Physical Disability Waiver | | | | | | | | | | | | | |
| QMB or SLMB | | | | | | | | | | | | | |
| Traditional Medicaid | | | | | | | | | | | | | |
| Other | | | | | | | | | 2 | 2 | | | 4 |
| N/A | | | | | | | | | | | | | |
| Unknown | | | | | | | | | | | | | |
| **TOTAL:** | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 2 | 5 | 0 | 0 | 10 |

## Complaint(s) Resolution by Program Type

| Iowa Total Care<br>January, February and March | Fully or partially resolved to Member's satisfaction | | | Not resolved to Member's satisfaction | | | No action needed or appropriate | | | Open | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | J | F | M | J | F | M | J | F | M | J | F | M | |
| AIDS/HIV Waiver | | | | | | | | | | | | | |
| Brain Injury Waiver | | 5 | 1 | | | | | | 2 | | | | 8 |
| Children's Mental Health Waiver | | | 3 | | | 3 | | | | | 6 | | 12 |
| Dental | | | | | | | | | | | | | |
| Duals | | | | | | | | | | | | | |
| Elderly Waiver | 1 | | 8 | | 4 | | | | | 1 | | | 14 |
| Habilitation | | 4 | | | | | | | | | | | 4 |
| Health & Disability Waiver | | 5 | 4 | | | | | | | | | 2 | 11 |
| HIPP | | | | | | | | | | | | | |
| Institutional Care | | | | | | | | | | | | | |
| Iowa Health & Wellness | | | | | | | | | | | | | |
| Intellectual Disability Waiver | 2 | | 5 | | | | | | | 4 | | 1 | 12 |
| Medicare | | | | | | | | | | | | | |
| PACE | | | | | | | | | | | | | |
| Physical Disability Waiver | | | | | | | | | | | | 2 | 2 |
| QMB or SLMB | | | | | | | | | | | | | |
| Traditional Medicaid | | | | | | | | | | | | | |
| Other | | 4 | | | | | | | | | 2 | | 6 |
| N/A | | | | | | | | | | | | | |
| Unknown | | 4 | | | | | | | | | | | 4 |
| **TOTAL:** | 3 | 22 | 21 | 0 | 4 | 3 | 0 | 0 | 2 | 5 | 8 | 5 | 73 |

# COMPLAINTS & CASES

## JANUARY

In January the Managed Care Ombudsman Program worked on complaints from 40 individual members. Out of the 30 active cases, 9 are newly opened. The top complaint from managed care members in January was in regard to Access to Services/Benefits (17 members). Additional complaints include:

All open cases:
Case Management (6 members) Access to Services/Benefits (16 members) Services reduced, denied or terminated (9 members) CCO & CDAC (9 members) Transition services/coverage gap, inadequate or inaccessible (5 members) Other/residence issues (2 member) Member Rights (7 members) Level of Care (7 members) NOD, Appeals, Fair Hearing (7 members) Complaints against provider (4 members) Eligibility & Enrollment (2 members) Care Planning (5 members) Access to durable medical equipment and medications (7 members) Discharge (2 members) Transportation (4 members) Home and vehicle modifications (5 members) Member Relations & Grievances (5 members) Guardianship (0 members) Exception to Policy (6 members) Prior Authorization (2 members) Network Adequacy (1 members) COVID-19 (7 members)

Closed cases:
Case Management (0 members) Access to Services/Benefits (1 members) Services reduced, denied or terminated (0 members) CCO & CDAC (3 members) Transition services/coverage gap, inadequate or inaccessible (0 member) Other/residence issues (0 members) Member Rights (2 member) Level of Care (1 members) NOD, Appeals, Fair Hearing (0 members) Complaints against provider (0 member) Eligibility & Enrollment (0 members) Care Planning (2 members) Access to durable medical equipment and medications (1 members) Discharge (0 members) Transportation (1 members) Home and vehicle modifications (2 members) Member Relations & Grievances (0 member) Guardianship (0 member) Exception to Policy (0 member) Prior Authorization (0 member) Network Adequacy (0 members) COVID-19 (0 member)

## FEBRUARY

In February the Managed Care Ombudsman Program worked on complaints from 48 individual members. Out of the 24 active cases, 7 are newly opened. The top complaint from managed care members in February was in regard to Access to Services/Benefits (21 members). Additional complaints include:

All open cases:
Case Management (6 members) Access to Services/Benefits (12 members) Services reduced, denied or terminated (8 members) CCO & CDAC (7 members) Transition services/coverage gap, inadequate or inaccessible (5 members) Other/Member charged improper cost sharing/eviction (2 member) Member Rights (3 members) Level of Care (5 members) NOD, Appeals, Fair Hearing (9 members) Complaints against provider (6 members) Eligibility & Enrollment (2 members) Care Planning (2 members) Access to durable medical equipment and medications (6 members) Discharge (2 members) Transportation (5 members) Home and vehicle modifications (3 members) Member Relations & Grievances (6 members) Guardianship (0 member) Exception to Policy (4 members) Prior Authorization (1 members) Network Adequacy (1 members) COVID-19 (5 members)

# COMPLAINTS & CASES

Closed cases:
Case Management (7 members) Access to Services/Benefits (9 members) Services reduced, denied or terminated (4 members) CCO & CDAC (7 members) Transition services/coverage gap, inadequate or inaccessible (4 members) Other/Member charged improper cost sharing/eviction (2 member) Member Rights (5 members) Level of Care (3 member) NOD, Appeals, Fair Hearing (4 members) Complaints against provider (5 member) Eligibility & Enrollment (2 members) Care Planning (6 members) Access to durable medical equipment and medications (1 member) Discharge (1 member) Transportation (3 members) Home and vehicle modifications (1 member) Member Relations & Grievances (5 members) Guardianship (0 members) Exception to Policy (0 members) Prior Authorization (2 member) Network Adequacy (0 members) COVID-19 (1 member)

## MARCH

In March the Managed Care Ombudsman Program worked on complaints from 43 individual members. Out of the 27 active cases, 5 are newly opened. The top complaint from managed care members in March was in regard to Access to Services/Benefits (22 members). Additional complaints include:

All open cases:
Case Management (6 members) Access to Services/Benefits (14 members) Services reduced, denied or terminated (13 members) CCO & CDAC (11 members) Transition services/coverage gap, inadequate or inaccessible (4 members) Other/Member charged improper cost sharing/eviction (2 members) Member Rights (4 members) Level of Care (4 members) NOD, Appeals, Fair Hearing (9 members) Complaints against provider (6 members) Eligibility & Enrollment (1 member) Care Planning (3 members) Access to durable medical equipment and medications (9 members) Discharge (3 members) Transportation (5 members) Home and vehicle modifications (4 members) Member Relations & Grievances (5 members) Guardianship (0 members) Exception to Policy (6 members) Prior Authorization (2 members) Network Adequacy (1 members) COVID-19 (6 members)

Closed cases:
Case Management (4 members) Access to Services/Benefits (8 members) Services reduced, denied or terminated (3 members) CCO & CDAC (3 members) Transition services/coverage gap, inadequate or inaccessible (1 member) Other/Member charged improper cost sharing/eviction (1 member) Member Rights (5 members) Level of Care (2 members) NOD, Appeals, Fair Hearing (0 members) Complaints against provider (6 members) Eligibility & Enrollment (3 members) Care Planning (3 members) Access to durable medical equipment and medications (1 member) Discharge (2 members) Transportation (1 member) Home and vehicle modifications (1 member) Member Relations & Grievances (1 member) Guardianship (1 member) Exception to Policy (1 member) Prior Authorization (0 members) Network Adequacy (0 members) COVID-19 (1 member)

# MANAGED CARE OMBUDSMAN PROGRAM TRENDS

In addition to tracking member issues on a monthly basis, the Managed Care Ombudsman Program documents and tracks trends discussed by members. Issues and trends identified this quarter included:

1. Transition Services. Issues with transition services were a trend again this quarter. Without adequate transition services members can experience a disruption in the continuity of care that creates a gap in services.

2. Services Reduced, Denied or Terminated. Members report reductions or denials in their HCBS waiver services.

3. Transportation. Transportation issues created challenges for many members trying to attend regularly scheduled medical appointments or access specialty healthcare.

*A Health and Disability Waiver member and their caregiver were in need of respite services. The Managed Care Ombudsman advocated for the member and assisted the family with an appeal and request for an exception to policy. The member was approved for an exception to policy allowing for the use of respite services in their home.*

## ADDITIONAL MATERIALS

The Managed Care Ombudsman Program maintains a website with information regarding the program's services, informational materials and links to other resources. Electronic versions of communications materials and tools can be found at the Managed Care Ombudsman website. Additionally, How to Be Your Own Best Advocate: A Guide on How to Navigate Managed Care In Iowa is a resource for members.

Managed Care
OMBUDSMAN PROGRAM
*A Division of the Office of the State Long-Term Care Ombudsman*

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**TO:** Iowa Department of Human Services

**CC:** Centers for Medicare and Medicaid Services

**FROM:** Brian Majeski, Interim State Long-Term Care Ombudsman

**SUBJECT:** Managed Care Ombudsman Program Monthly Report for April 2021

**DATE:** Wednesday, May 19, 2021

The Office of the State Long-Term Care Ombudsman reports data from the Managed Care Ombudsman Program on a monthly basis. Attached is the April 2021 Report.

The Managed Care Ombudsman Program serves as the independent advocate for Medicaid managed care members receiving care in a health care facility as well as members enrolled in one of the seven home and community-based services (HCBS) waivers.

**Cases and Complaints:**
During the month of April 2021, the Managed Care Ombudsman Program received 45 new complaints from the managed care members we serve. The complaints resulted in new investigations and advocacy for 19 managed care members during the month of April. The top three complaints addressed in April were:

1. Services reduced, denied or terminated
2. Access to Services/Benefits
3. CCO/CDAC

**Medicaid Programs:**
Most of the complaints received from the managed care members were related to the Intellectual Disability Waiver, Health and Disability Waiver and the Elderly Waiver.

Additional information can be found in the attached April 2021 Report. For further information, please contact the Managed Care Ombudsman Program, by phone at 866-236-1430 or email managedcareombudsman@iowa.gov.

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# Managed Care Ombudsman Program Monthly Report

DATE: 04/2021

| | | |
|---|---|---|
| **Members per MCO** in process April 2021 | Amerigroup Iowa | 33 |
| | Iowa Total Care | 10 |
| | Fee for Service | 2 |
| **Referrals per Entity**[1] | Department of Human Services | 3 |
| | Department of Inspections and Appeals | - |
| | Disability Rights Iowa | 3 |
| | Iowa Compass | - |
| | Iowa Legal Aid | - |
| | LifeLong Links | - |
| | MCO | - |
| | Medicaid Fraud Control Unit | - |
| | Provider | - |
| | Senior Health Insurance Information Program | - |
| | State Ombudsman Office | 1 |
| | Other | - |
| **Grievances/Appeals/Fair Hearings** | Grievance assistance | 1 |
| | Appeals assistance | 6 |
| | Fair Hearing assistance | 2 |

## Complaints by Member

In April the Managed Care Ombudsman Program worked on complaints from 45 individual members. Out of the 34 active cases, 14 are newly opened. The top complaint from managed care members in April was in regard to Services reduced, denied or terminated (17 members). Additional complaints include:

All open cases:

Case Management (8 members)
Access to Services/Benefits (13 members)
Services reduced, denied or terminated (13 members)
CCO & CDAC (10 members)
Transition services/coverage gap, inadequate or inaccessible (5 members)
Other/(2 members)
Member Rights (2 members)
Level of Care (7 members)
NOD, Appeals, Fair Hearing (8 members)
Complaints against provider (7 members)
Eligibility & Enrollment (1 member)
Care Planning (3 members)
Access to durable medical equipment and medications (5 members)
Discharge (4 members)
Transportation (4 members)
Home and vehicle modifications (6 members)
Member Relations & Grievances (4 members)
Guardianship (1 member)
Exception to Policy (5 members)
Prior Authorization (2 members)
Network Adequacy (0 member)
Covid-19 (4 members)

Closed cases:

Case Management (0 members)
Access to Services/Benefits (3 members)
Services reduced, denied or terminated (4 members)
CCO & CDAC (3 members)
Transition services/coverage gap, inadequate or inaccessible (0 members)
Other/(0 members)
Member Rights (3 members)
Level of Care (0 members)
NOD, Appeals, Fair Hearing (5 members)
Complaints against provider (2 members)
Eligibility & Enrollment (0 members)
Care Planning (0 members)
Access to durable medical equipment and medications (3 members)
Discharge (0 members)
Transportation (0 members)
Home and vehicle modifications (1 member)
Member Relations & Grievances (0 members)
Guardianship (1 member)
Exception to Policy (2 members)
Prior Authorization (0 members)
Network Adequacy (1 member)
Covid-19 (1 member)

[1] *Referrals per Entity:* Referrals made to external organizations that provide services beyond the scope of the program.

## Complaint(s) Resolution by Program Type

| Amerigroup Iowa | Fully or partially resolved to Member's satisfaction | Not resolved to Member's satisfaction | No action needed or appropriate | Open | Total |
|---|---|---|---|---|---|
| AIDS/HIV Waiver | | | | | |
| Brain Injury Waiver | 2 | | | 5 | 7 |
| Children's Mental Health Waiver | | | | | |
| Dental | | | | | |
| Duals | | | | | |
| Elderly Waiver | 1 | | | 4 | 5 |
| Habilitation | | | | | |
| Health & Disability Waiver | | | | 4 | 4 |
| HIPP | | | | | |
| Institutional Care | | | | | |
| Iowa Health & Wellness | | | | | |
| Intellectual Disability Waiver | 1 | | | 9 | 10 |
| Medicare | | | | | |
| PACE | | | | | |
| Physical Disability Waiver | 6 | | | | 6 |
| QMB or SLMB | | | | | |
| Traditional Medicaid | | | | | |
| Other | | | 2 | 4 | 6 |
| N/A | | | | | |
| Unknown | | | | | |
| **TOTAL:** | 10 | 0 | 2 | 26 | 38 |

| Fee for Service | Fully or partially resolved to Member's satisfaction | Not resolved to Member's satisfaction | No action needed or appropriate | Open | Total |
|---|---|---|---|---|---|
| AIDS/HIV Waiver | | | | | |
| Brain Injury Waiver | | | | 2 | 2 |
| Children's Mental Health Waiver | | | | | |
| Dental | | | | | |
| Duals | | | | | |
| Elderly Waiver | | | | | |
| Habilitation | | | | | |
| Health & Disability Waiver | | | | | |
| HIPP | | | | | |
| Institutional Care | | | | | |
| Iowa Health & Wellness | | | | | |
| Intellectual Disability Waiver | | | | | |
| Medicare | | | | | |
| PACE | | | | | |
| Physical Disability Waiver | | | | | |
| QMB or SLMB | | | | | |
| Traditional Medicaid | | | | | |
| Other | | | | | |
| N/A | | | | | |
| Unknown | | | | | |
| **TOTAL:** | 0 | 0 | 0 | 2 | 2 |

## Complaint(s) Resolution by Program Type

| Iowa Total Care | Fully or partially resolved to Member's satisfaction | Not resolved to Member's satisfaction | No action needed or appropriate | Open | Total |
|---|---|---|---|---|---|
| AIDS/HIV Waiver | | | | | |
| Brain Injury Waiver | | | | | |
| Children's Mental Health Waiver | | | | | |
| Dental | | | | | |
| Duals | | | | | |
| Elderly Waiver | | | | | |
| Habilitation | 4 | | | | 4 |
| Health & Disability Waiver | 8 | | | | 8 |
| HIPP | | | | | |
| Institutional Care | | | | | |
| Iowa Health & Wellness | | | | | |
| Intellectual Disability Waiver | | | | 1 | 1 |
| Medicare | | | | | |
| PACE | | | | | |
| Physical Disability Waiver | 4 | | | 1 | 5 |
| QMB or SLMB | | | | | |
| Traditional Medicaid | | | | | |
| Other | 1 | | | 1 | 2 |
| N/A | | | | | |
| Unknown | | | | | |
| **TOTAL:** | 17 | 0 | 0 | 3 | 20 |

**TO:** Iowa Department of Human Services

**CC:** Centers for Medicare and Medicaid Services

**FROM:** Angela Van Pelt, State Long-Term Care Ombudsman

**SUBJECT:** Managed Care Ombudsman Program Monthly Report for May 2021

**DATE:** Wednesday, June 16, 2021

The Office of the State Long-Term Care Ombudsman reports data from the Managed Care Ombudsman Program on a monthly basis. Attached is the May 2021 Report.

The Managed Care Ombudsman Program serves as the independent advocate for Medicaid managed care members receiving care in a health care facility as well as members enrolled in one of the seven home and community-based services (HCBS) waivers.

**Cases and Complaints:**
During the month of May 2021, the Managed Care Ombudsman Program received 26 new complaints from the managed care members we serve. The complaints resulted in new investigations and advocacy for 9 managed care members during the month of May. The top three complaints addressed in May were:

1. Access to Services/Benefits
2. Services reduced, denied or terminated
3. CCO/CDAC

**Medicaid Programs:**
Most of the complaints received from the managed care members were related to the Intellectual Disability Waiver, Elderly Waiver and the Physical Disability Waiver.

Additional information can be found in the attached May 2021 Report. For further information, please contact the Managed Care Ombudsman Program, by phone at 866-236-1430 or email managedcareombudsman@iowa.gov.

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# Managed Care Ombudsman Program Monthly Report

DATE: 05/2021

| | | |
|---|---|---|
| **Members per MCO** in process May 2021 | Amerigroup Iowa | 34 |
| | Iowa Total Care | 7 |
| | Fee for Service | 2 |
| **Referrals per Entity**[1] | Department of Human Services | - |
| | Department of Inspections and Appeals | - |
| | Disability Rights Iowa | 1 |
| | Iowa Compass | - |
| | Iowa Legal Aid | - |
| | LifeLong Links | - |
| | MCO | - |
| | Medicaid Fraud Control Unit | - |
| | Provider | - |
| | Senior Health Insurance Information Program | - |
| | State Ombudsman Office | 1 |
| | Other | - |
| **Grievances/Appeals/Fair Hearings** | Grievance assistance | 2 |
| | Appeals assistance | 1 |
| | Fair Hearing assistance | 1 |

## Complaints by Member

In May the Managed Care Ombudsman Program worked on complaints from 43 individual members. Out of the 27 active cases, 6 are newly opened. The top complaint from managed care members in May was in regard to Access to Services/Benefits (21 members). Additional complaints include:

All open cases:

Case Management (8 members)
Access to Services/Benefits (14 members)
Services reduced, denied or terminated (10 members)
CCO & CDAC (5 members)
Transition services/coverage gap, inadequate or inaccessible (5 members)
Member Rights (3 members)
Level of Care (3 members)
NOD, Appeals, Fair Hearing (6 members)
Complaints against provider (8 members)
Eligibility & Enrollment (2 members)
Care Planning (3 members)
Access to durable medical equipment and medications (5 members)
Discharge (5 members)
Transportation (6 members)
Home and vehicle modifications (4 members)
Member Relations & Grievances (3 members)
Guardianship (2 members)
Exception to Policy (4 members)
Prior Authorization (0 members)
Covid-19 (3 members)

Closed cases:

Case Management (2 members)
Access to Services/Benefits (7 members)
Services reduced, denied or terminated (3 members)
CCO & CDAC (5 members)
Transition services/coverage gap, inadequate or inaccessible (1 member)
Member Rights (1 member)
Level of Care (3 members)
NOD, Appeals, Fair Hearing (5 members)
Complaints against provider (3 members)
Eligibility & Enrollment (0 members)
Care Planning (0 members)
Access to durable medical equipment and medications (2 members)
Discharge (0 members)
Transportation (1 member)
Home and vehicle modifications (4 members)
Member Relations & Grievances (1 member)
Guardianship (1 member)
Exception to Policy (1 member)
Prior Authorization (1 member)
Covid-19 (1 member)

[1] *Referrals per Entity:* Referrals made to external organizations that provide services beyond the scope of the program.

## Complaint(s) Resolution by Program Type

| Amerigroup Iowa | Fully or partially resolved to Member's satisfaction | Not resolved to Member's satisfaction | No action needed or appropriate | Open | Total |
|---|---|---|---|---|---|
| AIDS/HIV Waiver | | | 2 | | 2 |
| Brain Injury Waiver | 3 | | | | 3 |
| Children's Mental Health Waiver | | | | | |
| Dental | | | | | |
| Duals | | | | | |
| Elderly Waiver | 6 | | | 5 | 11 |
| Habilitation | 3 | | | 3 | 6 |
| Health & Disability Waiver | 6 | | | | 6 |
| HIPP | | | | | |
| Institutional Care | | | | | |
| Iowa Health & Wellness | | | | | |
| Intellectual Disability Waiver | 8 | | | 4 | 12 |
| Medicare | | | | | |
| PACE | | | | | |
| Physical Disability Waiver | 9 | 2 | | 3 | 14 |
| QMB or SLMB | | | | | |
| Traditional Medicaid | | | | | |
| Other | 5 | | | | 5 |
| N/A | | | | | |
| Unknown | | | | | |
| **TOTAL:** | 40 | 2 | 2 | 15 | 59 |

| Fee for Service | Fully or partially resolved to Member's satisfaction | Not resolved to Member's satisfaction | No action needed or appropriate | Open | Total |
|---|---|---|---|---|---|
| AIDS/HIV Waiver | | | | | |
| Brain Injury Waiver | | | | | |
| Children's Mental Health Waiver | | | | | |
| Dental | | | | | |
| Duals | | | | | |
| Elderly Waiver | | | | | |
| Habilitation | | | | | |
| Health & Disability Waiver | | | | | |
| HIPP | | | | | |
| Institutional Care | | | | | |
| Iowa Health & Wellness | | | | | |
| Intellectual Disability Waiver | | | | | |
| Medicare | | | | | |
| PACE | | | | | |
| Physical Disability Waiver | | | | | |
| QMB or SLMB | | | | | |
| Traditional Medicaid | | | | | |
| Other | | | | | |
| N/A | | | | | |
| Unknown | | | | | |
| **TOTAL:** | 0 | 0 | 0 | 0 | 0 |

## Complaint(s) Resolution by Program Type

| Iowa Total Care | Fully or partially resolved to Member's satisfaction | Not resolved to Member's satisfaction | No action needed or appropriate | Open | Total |
|---|---|---|---|---|---|
| AIDS/HIV Waiver | | | | | |
| Brain Injury Waiver | | | | | |
| Children's Mental Health Waiver | | | | | |
| Dental | | | | | |
| Duals | | | | | |
| Elderly Waiver | | | | | |
| Habilitation | | | | | |
| Health & Disability Waiver | 4 | | | 10 | 14 |
| HIPP | | | | | |
| Institutional Care | | | | | |
| Iowa Health & Wellness | | | | | |
| Intellectual Disability Waiver | | | | | |
| Medicare | | | | | |
| PACE | | | | | |
| Physical Disability Waiver | | | | | |
| QMB or SLMB | | | | | |
| Traditional Medicaid | | | | | |
| Other | 1 | | | 1 | 2 |
| N/A | | | | | |
| Unknown | | | | | |
| **TOTAL:** | 5 | 0 | 0 | 11 | 16 |

**TO:** Iowa Department of Human Services

**CC:** Centers for Medicare and Medicaid Services

**FROM:** Angela Van Pelt, State Long-Term Care Ombudsman

**SUBJECT:** Managed Care Ombudsman Program Monthly Report for June 2021

**DATE:** Thursday, July 22, 2021

The Office of the State Long-Term Care Ombudsman reports data from the Managed Care Ombudsman Program on a monthly basis. Attached is the June 2021 Report.

The Managed Care Ombudsman Program serves as the independent advocate for Medicaid managed care members receiving care in a health care facility as well as members enrolled in one of the seven home and community-based services (HCBS) waivers.

**Cases and Complaints:**

During the month of June 2021, the Managed Care Ombudsman Program received 33 new complaints from the managed care members we serve. The complaints resulted in new investigations and advocacy for 16 managed care members during the month of June. The top three complaints addressed in June were:

1. Access to Services/Benefits
2. Services reduced, denied or terminated
3. CCO/CDAC

**Medicaid Programs:**

Most of the complaints received from the managed care members were related to the Elderly Waiver, Intellectual Disability Waiver, and the Health and Disability Waiver.

Additional information can be found in the attached June 2021 Report. For further information, please contact the Managed Care Ombudsman Program, by phone at 866-236-1430 or email managedcareombudsman@iowa.gov.

Managed Care
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# Managed Care Ombudsman Program Monthly Report

DATE: 05/2021

| | | |
|---|---|---|
| **Members per MCO** in process May 2021 | Amerigroup Iowa | 34 |
| | Iowa Total Care | 7 |
| | Fee for Service | 2 |
| **Referrals per Entity**[1] | Department of Human Services | - |
| | Department of Inspections and Appeals | - |
| | Disability Rights Iowa | 1 |
| | Iowa Compass | - |
| | Iowa Legal Aid | - |
| | LifeLong Links | - |
| | MCO | - |
| | Medicaid Fraud Control Unit | - |
| | Provider | - |
| | Senior Health Insurance Information Program | - |
| | State Ombudsman Office | 1 |
| | Other | - |
| **Grievances/Appeals/Fair Hearings** | Grievance assistance | 2 |
| | Appeals assistance | 1 |
| | Fair Hearing assistance | 1 |

## Complaints by Member

In May the Managed Care Ombudsman Program worked on complaints from 43 individual members. Out of the 27 active cases, 6 are newly opened. The top complaint from managed care members in May was in regard to Access to Services/Benefits (21 members). Additional complaints include:

All open cases:

Case Management (8 members)
Access to Services/Benefits (14 members)
Services reduced, denied or terminated (10 members)
CCO & CDAC (5 members)
Transition services/coverage gap, inadequate or inaccessible (5 members)
Member Rights (3 members)
Level of Care (3 members)
NOD, Appeals, Fair Hearing (6 members)
Complaints against provider (8 members)
Eligibility & Enrollment (2 members)
Care Planning (3 members)
Access to durable medical equipment and medications (5 members)
Discharge (5 members)
Transportation (6 members)
Home and vehicle modifications (4 members)
Member Relations & Grievances (3 members)
Guardianship (2 members)
Exception to Policy (4 members)
Prior Authorization (0 members)
Covid-19 (3 members)

Closed cases:

Case Management (2 members)
Access to Services/Benefits (7 members)
Services reduced, denied or terminated (3 members)
CCO & CDAC (5 members)
Transition services/coverage gap, inadequate or inaccessible (1 member)
Member Rights (1 member)
Level of Care (3 members)
NOD, Appeals, Fair Hearing (5 members)
Complaints against provider (3 members)
Eligibility & Enrollment (0 members)
Care Planning (0 members)
Access to durable medical equipment and medications (2 members)
Discharge (0 members)
Transportation (1 member)
Home and vehicle modifications (4 members)
Member Relations & Grievances (1 member)
Guardianship (1 member)
Exception to Policy (1 member)
Prior Authorization (1 member)
Covid-19 (1 member)

[1] *Referrals per Entity:* Referrals made to external organizations that provide services beyond the scope of the program.

**Complaint(s) Resolution by Program Type**

| Amerigroup Iowa | Fully or partially resolved to Member's satisfaction | Not resolved to Member's satisfaction | No action needed or appropriate | Open | Total |
|---|---|---|---|---|---|
| AIDS/HIV Waiver | | | | | |
| Brain Injury Waiver | 3 | | | | 3 |
| Children's Mental Health Waiver | | | | | |
| Dental | | | | | |
| Duals | | | 2 | | |
| Elderly Waiver | 6 | | | 5 | 11 |
| Habilitation | 3 | | | 3 | 6 |
| Health & Disability Waiver | 6 | | | | 6 |
| HIPP | | | | | |
| Institutional Care | | | | | |
| Iowa Health & Wellness | | | | | |
| Intellectual Disability Waiver | 8 | | | 4 | 12 |
| Medicare | | | | | |
| PACE | | | | | |
| Physical Disability Waiver | 9 | | | 1 | 14 |
| QMB or SLMB | | | | | |
| Traditional Medicaid | | | | | |
| Other | 5 | | | | 5 |
| N/A | | | | | |
| Unknown | | | | | |
| **TOTAL:** | 40 | 0 | 2 | 17 | 59 |

| Fee for Service | Fully or partially resolved to Member's satisfaction | Not resolved to Member's satisfaction | No action needed or appropriate | Open | Total |
|---|---|---|---|---|---|
| AIDS/HIV Waiver | | | | | |
| Brain Injury Waiver | | | | | |
| Children's Mental Health Waiver | | | | | |
| Dental | | | | | |
| Duals | | | | | |
| Elderly Waiver | | | | | |
| Habilitation | | | | | |
| Health & Disability Waiver | | | | | |
| HIPP | | | | | |
| Institutional Care | | | | | |
| Iowa Health & Wellness | | | | | |
| Intellectual Disability Waiver | | | | | |
| Medicare | | | | | |
| PACE | | | | | |
| Physical Disability Waiver | | | | | |
| QMB or SLMB | | | | | |
| Traditional Medicaid | | | | | |
| Other | | | | | |
| N/A | | | | | |
| Unknown | | | | | |
| **TOTAL:** | 0 | 0 | 0 | 0 | 0 |

## Complaint(s) Resolution by Program Type

| Iowa Total Care | Fully or partially resolved to Member's satisfaction | Not resolved to Member's satisfaction | No action needed or appropriate | Open | Total |
|---|---|---|---|---|---|
| AIDS/HIV Waiver | | | | | |
| Brain Injury Waiver | | | | | |
| Children's Mental Health Waiver | | | | | |
| Dental | | | | | |
| Duals | | | | | |
| Elderly Waiver | | | | | |
| Habilitation | | | | | |
| Health & Disability Waiver | 4 | | | 10 | 14 |
| HIPP | | | | | |
| Institutional Care | | | | | |
| Iowa Health & Wellness | | | | | |
| Intellectual Disability Waiver | | | | | |
| Medicare | | | | | |
| PACE | | | | | |
| Physical Disability Waiver | | | | | |
| QMB or SLMB | | | | | |
| Traditional Medicaid | | | | | |
| Other | 1 | | | 1 | 2 |
| N/A | | | | | |
| Unknown | | | | | |
| **TOTAL:** | 5 | 0 | 0 | 11 | 16 |