



**Hawki Board Meeting Minutes**

**Monday, February 20, 2023**

<b>Hawki Board Members</b>	<b>Iowa Medicaid</b>
Mary Nelle Trefz, Chair – present	Julie Lovelady
Mary Scieszinski, Vice Chair – present	Tashina Hornaday
Angela Burke Boston – present	Joanne Bush
Jim Donoghue – present	Heather Miller
Mike Stopulos – present	Dr. William Jagiello
Angela Doyle Scar – present	
Shawn Garrington –	<b>Guests</b>
Senator Nate Boulton –	John Hedgecoth, Amerigroup
Senator Mark Costello –	Kristin Pendegraft, ITC
Representative Shannon Lundgren –	Gretchen Hageman, DDIA
	Melissa Ellis, HHS
	Lindsay Paulson, Maximus
	Mikki Stier, ChildServe
	Dr. Timothy Gutshall, Molina

**CALL TO ORDER AND ROLL CALL**

Hawki Board chair Mary Nelle Trefz called the meeting to order at 12:30 PM. Mary Nelle called the roll and a quorum was achieved.

**APPROVAL OF MEETING MINUTES**

Mary Nelle called for a motion to approve minutes from the December 19, 2022, meeting. The motion carried and the minutes were approved.

## **PUBLIC COMMENT**

There was no public comment.

## **NEW BUSINESS**

Mike Stopulos mentioned a letter he had received from a member and asked if other Board members had received it or were aware of it. Jim Donoghue stated that he had received it. The letter referenced an incident involving a member and a provider, and the letter's author raised concerns over the provider still seeing patients. The Board decided that the matter would best be handled through the member's managed care organization (MCO), and Mary Nelle said the Board would follow up to ensure the letter is sent through the appropriate channels.

## **MEMBER REASSIGNMENT**

Joanne Bush, Iowa Medicaid, presented on member reassignment. The presentation focused on Molina onboarding ahead of the MCO's July 1, 2023, start date. Joanne discussed the rationale behind member reassignment and Iowa Medicaid's methodology behind successful onboarding and reassignment processes. She highlighted two goals of member reassignment: 1) Maintain continuity of care to the best extent possible, and 2) Facilitate and oversee equitable member reassignment to ensure all MCOs have the same membership proportion and no MCO shoulders the most critical populations. Approximately 67% of Medicaid members will remain with their current MCOs, and the redistribution will keep family units together. Members will have the opportunity to choose an MCO during the open enrollment period scheduled for March 1, 2023, through May 18, 2023. This includes members who were reassigned to Molina. After Molina begins offering Medicaid services on July 1, 2023, members will once again have a window of 90 days to change MCOs. Joanne then walked through a timeline from January 1, 2023, to July 1, 2023, highlighting important events and milestones, such as when key mailings will go out to members and when member redistribution will occur. Mary Nelle asked about returned mail and members who do not have current addresses on file. Joanne stated that Iowa Medicaid is working with the MCOs to update as many member addresses as possible. Angie Doyle Scar asked about the number of members who will undergo eligibility reviews, and the number of members who will be discontinued at the end of the public health emergency (PHE). Joanne said that she will reach out to eligibility for those numbers.

## **OVERALL HEALTH OF HAWKI MEMBERS AND HAWKI MEMBERS WITH SPECIAL HEALTHCARE NEEDS**

Tashina Hornaday, Iowa Medicaid, presented on these topics. She briefly discussed Hawki members with special healthcare needs and the need to identify that population through diagnoses, while also considering current benefits and eligibility status. Appropriateness and quality of healthcare also factor in, and Iowa Medicaid continues its focus on this area with more information coming at a later date.

Tashina then presented a slide deck covering the health of Hawki members. She offered Hawki data collected during calendar year 2022, including monthly enrollment averages, overall claims, claims as individual billing codes and primary diagnosis codes, and claims by age. The data also covered diagnosis categories, claims within those categories, percentage of those claims that were reviewed, and member emergency room visits and diagnoses. Tashina also touched on Hawki dental statistics over calendar year 2022. Angie asked about the increase in teenage members utilizing Hawki services and suggested that it could be related to mental health. Jim Donoghue suggested that teenage sports physicals may contribute to the increase.

## DIRECTOR'S UPDATE

Julie Lovelady, deputy Medicaid director, provided an update. She began with the end of the continuous coverage requirement which will occur on April 1, 2023. She noted that the HHS website has information regarding the end of the requirement, including an eligibility dashboard. She then offered a brief history of the continuous coverage requirement going back to March 2020. Most members will go through a redetermination process during the 12-month unwinding process. Julie stressed the importance of having correct member addresses on file and that members must respond to all requests for information. Additionally, Julie emphasized that the end of the continuous coverage requirement is not the same as the end of the PHE. Mary Nelle asked if there had been any lessons learned from members who have recently aged out of the Hawki program, and Julie reiterated that members have access to information through call centers and the HHS website should they have questions about eligibility. In addition to these resources, Iowa Medicaid will begin holding two member town hall events per month. This is to ensure continued information flow between Iowa Medicaid and members throughout the unwinding process.

Julie briefly talked about the community-based services evaluation (CBSE) report released on January 31, 2023. The report contains HHS's strengths and weaknesses in administering the Iowa Medicaid program and lays out a road map for the next phase of the waiver transformation. It also contains clear and actionable guidance for Iowa Medicaid's community-based services program. Iowa Medicaid will develop a transformational plan that will include the framework for implementation of the recommendations. Julie stated that stakeholder feedback will be critical over the next year as Iowa Medicaid works to implement the new and improved system.

Julie added that Director Matney is presenting to the HHS budget committee on the CBSE; Iowa Medicaid's plan to implement regular rate reviews; dental request for proposals (RFP); and the continuous coverage requirement unwind.

## MCO UPDATES – WELL-CHILD VISITS

John Hedgecoth, Amerigroup, provided an update. John discussed Healthcare Effectiveness Data and Information Set (HEDIS) measures and how they are used to evaluate performance

in terms of clinical quality and customer service. Using HEDIS, MCOs are able to provide Iowa Medicaid with quality monthly reports. John noted some advantages and disadvantages of using the system. He then covered some well-child visit statistics as scored by certain HEDIS measures, including visits by age, lead screening, and weight assessment and counseling for nutrition and physical activity for children and adolescents (WCC). John noted that WCC statistics are generally moving in the wrong direction from year to year. Other statistics included childhood immunizations and adolescent immunizations. Additionally, John outlined Amerigroup's outreach efforts and strategies to influence children's HEDIS quality measures. Outreach includes texting and calling campaigns, and Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) outreach. Providers also receive monthly/quarterly missed opportunity reports on members eligible for services. John concluded by briefly discussing some of Amerigroup's internal efforts to enhance performance in these areas.

Kristin Pendegraft, Iowa Total Care (ITC), provided an update. She presented childhood and adolescent immunization statistics based on HEDIS measures. She noted that ITC is exceeding national averages in most vaccination categories. Kristin presented well-child visit, well-care visit, and WCC data, emphasizing that wellness exams can be performed during sick visits. She further broke down WCC visits in terms of body mass index (BMI) percentage; and physical activity and nutrition counseling. BMI percentage is determined through medical record review, while the National Committee for Quality Assurance (NCQA) requires specific medical record documentation to determine if a program is in compliance. To engage with the population, ITC focuses on partnering with providers across the state, reaching out to and educating members through text, call, and mail campaigns, and collaborating with health and wellness organizations and programs, such as the American Cancer Society, Mary Greeley Medical Center, diabetes prevention programs, and community gardens.

#### **OUTREACH UPDATE**

Melissa Ellis, HHS, introduced herself to the Board. Jean Johnson has accepted another position within the department, and Melissa will be filling the outreach coordinator position temporarily.

**Meeting adjourned at 2:03 PM.**

**The next meeting will be Monday, April 17, 2023.**

**Submitted by John Riemenschneider**

**Recording Secretary**

**jr**