Hawki
Iowa HHS

Elizabeth Matney, Medicaid Director **Healthy and Well Kids in Iowa (Hawki)**

Hawki Board of Directors Meeting

Monday, April 17, 2023

Hawki Board Members	Iowa Medicaid
Mary Nelle Trefz, Chair – present	Elizabeth Matney, Director
Mary Scieszinski, Vice Chair – present	Julie Lovelady
Angela Burke Boston – present	Tashina Hornaday
Jim Donoghue – present	Joanne Bush
Mike Stopulos – present	Heather Miller
Angela Doyle Scar – present	Dr. William Jagiello
Shawn Garrington –	Kurt Behrens
Senator Nate Boulton – present	Emily Eppens
Senator Mark Costello –	
Representative Shannon Lundgren –	**Guests**
	Anita Cardwell, NASHP
	Maureen Hensley-Quinn, NASHP
	John Hedgecoth, Amerigroup
	Dr. Timothy Gutshall, Molina
	Anthony Carroll, Molina
	Gretchen Hageman, DDIA
	Eric Richardson, Legislative Services
	Sam Billingsley
	Rene Canales
	Richard Hearon
	Sabrina Johnson

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 February 20, 2023, meeting. The motion carried and the minutes were approved.

PUBLIC COMMENT

There was no public comment.

NEW BUSINESS

There was no new business.

OVERVIEW OF CHIP AND CHIP PROGRAMS

Maureen provided an introduction to the National Academy for State Health Policy (NASHP), a nonpartisan organization dedicated to developing and advancing state health policy innovations. She emphasized the importance of state flexibility in shaping health policies and the role of NASHP in supporting state officials through information sharing, implementation support, and cross-sector collaboration.

Anita provided a comprehensive overview of CHIP, highlighting its purpose as an affordable coverage option for children and families with incomes above Medicaid eligibility but unable to afford private coverage. She explained that CHIP operates on a block grant model and is not an entitlement program. Anita discussed the different program designs available to states, including a separate CHIP, Medicaid expansion CHIP, or a combination of both.

Anita specifically addressed Iowa's CHIP (Hawki) and its unique features. She mentioned that Iowa has a combination CHIP, utilizing both a separate CHIP and a Medicaid expansion CHIP. The state exercises flexibility in program design, including the option to require premiums, enrollment fees, and cost-sharing. Iowa also implements a waiting period and offers coverage for dependents of state employees. Anita highlighted Iowa's decision to provide coverage to lawfully residing immigrant children and the availability of 12-month continuous coverage for CHIP families.

Anita provided further details on health services initiatives (HSI) in Hawki. She explained that the state utilizes CHIP administrative funds for these initiatives, contributing to enhanced healthcare services for Hawki beneficiaries. The specific initiatives and their impact were discussed in detail, emphasizing Iowa's commitment to improving healthcare access and outcomes for children.

Anita discussed the flexibility that states have in setting the upper income eligibility levels for CHIP. She mentioned that the range varies from 170% to 400% of the federal poverty level,

with a median upper income level of approximately 255% of the federal poverty level. She also noted that most states have set their upper income levels at 200% or above.

She then shared a table displaying the income eligibility ranges for Medicaid expansion CHIPs and separate CHIPs, broken down by age. She emphasized that states have the option to provide CHIP-funded pregnancy coverage either through a state plan option or an existing Section 1115 waiver. She highlighted that the unborn child option allows states to extend CHIP coverage to the unborn child, regardless of the person's immigration status, thereby providing prenatal care.

Anita provided an overview of the historical evolution of CHIP. She mentioned that in 1998, there were 23 approved CHIP plans, with the majority of states opting for Medicaid expansion CHIPs. By 2005, more states had shifted to separate CHIPs or combination programs. Enrollment had also increased significantly, with over 6 million children enrolled by that time.

She presented the current status of CHIPs and enrollment. She mentioned that approximately 8.6 million children were enrolled in CHIPs in Fiscal Year (FY) 2021. She discussed program features such as premiums, cost-sharing, waiting periods, and coverage for dependents. She noted that the majority of states have premiums, copayments, and dependent coverage. Only a few states have waiting periods, including Iowa. She noted that 12-month continuous coverage will become a mandatory policy in CHIP and Medicaid from January of next year.

She explained health services initiatives (HSIs) and their funding. She mentioned that HSIs are designed to directly improve the health of children eligible for Medicaid and CHIP. The funding for HSIs comes from a portion of the state's CHIP administrative funds, with administrative expenditures limited to no more than 10% of the state's total CHIP spending. The federal share of HSI funding is based on the state's CHIP match rate.

She provided examples of HSIs implemented by states, such as public health initiatives, school health services, home visiting services, behavioral health services, and early childhood development programs. She mentioned that 71 HSIs were approved by CMS in 2019 across various states. She shared a map and a detailed report on HSIs for reference.

Anita provided an overview of the current status and key information about CHIP. She discussed the flexibility of states in setting income eligibility levels and highlighted the varying levels across different states. Anita also mentioned that CHIP provides pregnancy coverage, primarily through the CHIP unborn child option.

Anita presented a brief history of CHIP, highlighting its initial setup in 1998 and subsequent changes over the years. She mentioned that initially, most states opted for Medicaid expansion CHIPs, but over time, many shifted to separate CHIPs or a combination of both. Anita also noted the increase in enrollment and the expansion of income eligibility levels in various states.

Anita provided an overview of the current state of CHIPs, focusing on enrollment numbers, premiums, cost sharing, waiting periods, and dependent coverage. She mentioned that while the majority of states have premiums and copayments, lockout periods and waiting periods are less common. She also highlighted Iowa's waiting period and its continuous coverage policy for 12 months, which will become mandatory in January of next year.

Anita explained that HSIs are designed to improve the health of children eligible for Medicaid and CHIP. She mentioned that these projects can serve children of all income levels and are funded through a portion of the state's CHIP administrative dollar. Anita also discussed the federal share of HSI projects and mentioned some examples of projects implemented by states, such as public health initiatives, school health services, and early childhood development programs.

Maureen presented current and future trends in CHIP. She mentioned the focus on the unwinding of Medicaid continuous coverage requirements, which began on April 1. Maureen highlighted the importance of presumptive eligibility in helping families maintain coverage during the renewal process. She also mentioned the trend of states transitioning from separate CHIPs to Medicaid expansion programs, citing reasons such as pregnancy coverage and the desire to avoid potential funding challenges. Maureen further discussed the removal of premiums and cost sharing during the pandemic and the challenges states face in reinstating them, noting the possibility of scams and confusion. She also mentioned the federal requirement for 12-month continuous eligibility and the expansion of postpartum coverage pursued by several states.

Following the presentation, there was an open discussion among the attendees. They shared their insights and concerns regarding the current and future trends in CHIP, including the impact of the Medicaid unwind process on families, the need for effective messaging, and the variations in states' approaches to continuous eligibility and postpartum coverage.

QUARTERLY MANAGED CARE ORGANIZATION (MCO) REPORT

Kurt Behrens presented the quarterly MCO report, focusing on State Fiscal Year (SFY) 2023, Quarter 1 (July to September reporting period). Kurt discussed the plan to convert the PDF format into an online dashboard, which would be launched in a few months. He explained the features of the dashboard, such as clickable objects and filtering options. Additionally, he mentioned the inclusion of fee for service data and the ability to filter by MCO and dental. Kurt highlighted the market share distribution between Amerigroup and Iowa Total Care, emphasizing the balance between the two before the upcoming onboarding with Molina.

Kurt shared screenshots of the current dashboard under testing and explained its functionality. He showcased the homepage, data visualization options, enrollment breakdown, historical trends, county maps, claims data, and substance use disorder information. He mentioned that

the dashboard would provide more dynamic and detailed insights, allowing users to filter data based on various criteria and compare different time periods.

Mary Nelle thanked Kurt for his comprehensive presentation and insights into the upcoming dashboard launch. She encouraged the attendees to provide any suggestions for improvement.

BOARD DISCUSSION – MCO WELL-CHILD VISIT PRESENTATIONS

Board members were reminded of the purpose of the discussion, which was to reflect on the presentations from the February meeting. MCOs presented on well-child visits and provided an overview of the health status of the Hawki population.

The Board had previously identified the need for deeper dives into specific educational topics as part of their strategic plan. The presentations were intended to inform the upcoming annual report and provide recommendations to the legislature and governor. Board members were encouraged to share their reflections, bright spots, areas of improvement, and any topics they wanted to explore further. Jim Donoghue was the first to share his reflections. He mentioned the importance of supporting coding opportunities and education for total care, particularly in adolescent immunizations, which exceeded the national average. However, child and adolescent well-care visits were below average. Jim expressed hope for improvement in this area. He also highlighted the need for weight assessment and counseling improvements.

Jim further suggested working with professional associations, such as the National Association of Social Workers (NASW) Iowa Chapter and the Iowa Psychological Association, for a review of cognitive behavioral therapy for anxiety disorders. He offered to assist any interested MCO personnel in understanding this suggestion.

Mary Scieszinski echoed Jim's focus on mental health and emphasized the need for more mental health professionals in Iowa. She proposed offering incentives to attract professionals to the state. Mary also expressed interest in data related to access delays for mental health visits and how the Board could recommend increasing availability of trained staff for Medicaid and Hawki members.

Angie Doyle Scar brought attention to the utilization data, specifically emergency room visits by 16-year-olds, which were as frequent as well-child visits. Angie suggested discussing ways to help individuals balance their use of primary care and emergency rooms. Additionally, Angie highlighted the prevalence of mental health diagnoses among 16-year-olds and called for a deeper discussion on the topic.

Angie also mentioned a surprising finding that adolescents had a high incidence of left and right knee issues, even surpassing ADHD. This discovery prompted an interest in exploring knee-related problems further. Furthermore, Angie expressed concern about the lack of

attendance by 19- and 20-year-olds at dental and medical appointments. Suggestions to incentivize this age group were raised.

Mary noted the discrepancy between body mass index (BMI) assessments and counseling for nutrition and physical activity. She sought clarification on the differences and expressed interest in similar data on mental health and developmental screenings.

Mary Nelle expressed her plan to compile the reflections and observations shared during the meeting. She requested any additional notes from Board members to ensure accuracy. She also recommended a deeper dive presentation on behavioral health and suggested that the MCOs give joint presentations to allow for better cross-section analysis and identification of trends.

Dr. Jagiello shared information about new guidelines from the American Academy of Pediatrics regarding screening interventions for childhood obesity and provided a link for reference. Mary Nelle acknowledged the significance of these guidelines.

DIRECTOR'S UPDATE

Elizabeth Matney, Medicaid director, provided an update. Liz began by discussing the continuous coverage unwind. She mentioned processing 50,000 redetermination applications per month, expressing appreciation for the eligibility workers managing the increased caseload. Liz emphasized the preference for online form submission to save time and encouraged individuals to update their information electronically. She mentioned that around 169,000 individuals were flagged for holding eligibility due to the continuous coverage requirements. Almost half of them had private insurance, while 13,000 had Medicare. Liz assured the group that losing Medicaid coverage did not mean complete loss of healthcare, as alternative coverage options are available. The disenrollment process will start on May 1, allowing a 90-day grace period for members to update or submit their paperwork to maintain eligibility without coverage gaps. Liz thanked the managed care partners for their assistance and mentioned ongoing efforts to gather feedback from stakeholders for community-based service evaluation recommendations. She noted upcoming feedback sessions and encouraged participation in those sessions.

Liz also mentioned regular interactions with legislative partners and ongoing budget discussions. Liz shared details about the provider rate review and expressed the intention to prioritize mental health and substance use services due to increased demand. Dental services were also a focus area, with efforts to incentivize preventative services and address access gaps. Liz mentioned collaboration with Jim on school-based services and welcomed support in aligning recommendations with educational priorities. She also touched on the importance of consistent and accurate messaging during the unwinding and disenrollment processes.

COMMUNICATIONS UPDATE

Emily Eppens, Iowa Medicaid, stated that she has been working on some public health emergency (PHE) materials as well as the communications plan for the end of the continuous coverage requirement. The main focus currently is ensuring these and other resources are available and accessible in anticipation of the May 11, 2023, PHE end date. Emily emphasized that, while they have quite a bit of overlap, the end of the continuous coverage requirement and the end of the PHE are separate processes.

OUTREACH UPDATE

Melissa Ellis, who is filling the role of Hawki outreach coordinator, was not able to attend. Jim stated that he did connect with Melissa regarding the school nurse organization conference on April 28. Melissa agreed to provide Jim with handouts and other materials for the conference.

Meeting adjourned at 2:30 PM.
The next meeting will be Monday, June 19, 2023.

Submitted by John Riemenschneider
Recording Secretary
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