



**Hawki Board Meeting Materials**  
**Monday, April 18, 2022**

1. April 18, 2022, Hawki Board Meeting Agenda
2. February 28, 2022, Hawki Board Meeting Minutes
3. Hawki Outreach Success Stories



**AGENDA**  
**Hawki Board Meeting**  
**Monday, April 18, 2022**  
**Time: 12:30 – 2:30 PM**

**Virtual Meeting via Zoom**

<https://www.zoomgov.com/j/1606866672?pwd=TUo3M1NUdGtzQVRvZTdqQ0h0bHJqQT09>

**Meeting ID: 160 686 6672**

**Passcode: 048053**

- 12:30 PM Roll Call – **Mary Nelle Trefz**
- 12:35 PM Approval of Minutes – **Mary Nelle Trefz**
- Monday, February 28, 2022 – BOARD ACTION REQUIRED
- 12:40 PM Public Comments
- 12:45 PM New Business
- 12:50 PM Strategic Planning Discussion – **Shelley Horak**
- 1:45 PM PHE Unwind Update – **Amela Alibasic**
- 2:00 PM Updates – **various presenters**
- Director's update
  - MCO updates
  - Outreach update
  - Communications update
- 2:30 PM Adjourn

For more information, contact John Riemenschneider at [jriemen@dhs.state.ia.us](mailto:jriemen@dhs.state.ia.us) or Michael Kitzman at [mkitzma@dhs.state.ia.us](mailto:mkitzma@dhs.state.ia.us).

**Note:** Times listed for specific items on the agenda are approximate and may vary depending on the length of discussion for preceding items. Please plan accordingly.



**Hawki Board Meeting Minutes  
February 28, 2022**

<b>Hawki Board Members</b>	<b>Iowa Medicaid</b>
Mary Nelle Trefz, Chair – present	Elizabeth Matney, Director
Angela Burke Boston – present	Julie Lovelady
Jim Donoghue – present	Paula Motsinger
Mike Stopulos – present	Amela Alibasic
Angela Doyle Scar – present	Jennifer Steenblock
Mary Scieszinski – present	Heather Miller
Shawn Garrington – present	Tashina Hornaday
Senator Nate Boulton –	Katie McBurney
Senator Mark Costello –	Kurt Behrens
Representative Shannon Lundgren –	Dr. William Jagiello
	Shelley Horak
	Carrie Malone
	Anna Casteel
	Allison Scott
	<b>Guests</b>
	Gretchen Hageman, DDIA
	John Hedgecoth, Amerigroup
	Jean Johnson, IDPH
	Sarah Smith, WCPH
	Jennifer Findlay, ITC
	Sandi Hurtado-Peters, Dept. of Management
	Tia Siegwarth, SCPH

**Call to Order and Roll Call**

Board Chair Mary Nelle Trefz called the meeting to order at 12:00 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 a motion to approve the minutes from the December 13, 2021, meeting. The motion carried and the minutes were approved.

**Public Comment**

There were no public comments.

**New Business**

Jim Donoghue noted that at the recent Medical Assistance Advisory Council (MAAC) meeting, Eric Kohlsdorf was still listed as the designee from the Hawki Board, and that the Board should designate someone to be the new Hawki Board representative to the MAAC. Chair Trefz suggested that the discussion about the relationship between MAAC and the Hawki Board be added to the Board's strategic planning discussion.

Chair Trefz asked that Iowa Medicaid provide an update on the disenrollment freeze at the April Board meeting. Julie Lovelady said that Iowa Medicaid would have that update ready and would present it at the April meeting.

### **Five-Year Iowa Administrative Rule Review Process**

Jennifer Steenblock provided an update. She began by explaining that state law requires every state agency conduct a comprehensive review of all administrative rules every five years. Reviews were conducted in 2012 and 2017, and another must be conducted in 2022. The goal of this review is to identify and eliminate any rules that are determined to be outdated, redundant, or inconsistent with current statutes or other rules and regulations, including new legislation and/or laws, rules, or regulations at the federal level. As an example, Jennifer said that there are three chapters of Iowa Medicaid administrative rules that have been repealed within Iowa Code, and therefore must be removed. All changes must be identified by mid-April and submitted to the departments and the Bureau of Policy Coordination by July 31, 2022. Angie Doyle Scar asked if the Hawki Board is responsible for reviewing Hawki administrative rules. Chair Trefz and Jennifer said that, yes, the Board reviews Hawki rules, but they don't foresee any changes to those rules.

### **Action Plan Discussion**

Shelley Horak led this portion of the meeting. She began with a review of the Hawki Board's strategic planning discussion from the October 2021, Board meeting. She discussed defining the Board's vision, reviewing the Board's charges, and identifying opportunities for change. Shelley presented three key questions the Board had discussed at the October meeting: 1) What should be created or defined by the Board? 2) How should the Board change or support the conditions experienced by covered children? and 3) How should the Board's current strategies change or grow? This discussion allowed the Board to develop next steps: Define a shared vision for the future; identify opportunities to increase engagement with the Clinical Advisory Committee (CAC), MAAC, contracts, and benchmarks; develop an educational platform; and supply recommendations for consideration by stakeholders. Shelley then discussed the process of reviewing the Board's charges, including how the Board can identify charges from administrative code and how those charges change over time. She also touched on reporting, the Board's role in making recommendations to the governor, and approvals. Shelley then presented the model for strategic planning. Chair Trefz asked how the Hawki Board's next steps might tie in with the five-year administrative rule review, and Jennifer made a point of distinguishing between administrative rules and Iowa Code, noting that Iowa Code must be changed through legislation. The rule review is more of a technical cleanup, rather than a way to address potential changes to policy.

Shelley concluded her presentation and transitioned to a discussion about the Board's vision and mission. She explained that the mission is the who, what, why, and for whom;

while the vision represents the group's guide, or "north star." Shelley had Board members think of where they see the Hawki Board 1-2 years from now, including the ideal state of the Board, what the Board looks like, what the Board has accomplished, and how the Board works together. Jim noted that the Board has benefitted from public input in the past, whether from providers or parents, and recommended that the Board encourage further public input through Director Matney's town hall events. Shawn Garrington recommended that the Board clearly define metrics for success, so that they can more accurately determine what a success story is and what is not; or, if something is a success story, or simply an organization attempting to improve their statistics. Mike Stopulos suggested that the Board engage the Managed Care Organizations (MCOs) and providers regarding mental health, so that MCOs and providers understand the big picture; and the Board, MCOs, and providers can establish a shared vision. Angie Doyle Scar proposed using social determinants of health (SDOH) as a framework for action, allowing the Board to have a greater impact on health outcomes. Mary Scieszinski said she would like to see the Board focus more on mental health and take a more holistic approach to members' health and assessing health outcomes. Angela Burke Boston said that, as an insurance regulator, she would like to see a scenario where the Hawki program is not necessary, explaining that insurance companies aren't willing to take on the risk of insuring children, which makes the Hawki program necessary. Chair Trefz added that the Board should keep in mind the scope of the Hawki program as it develops its mission and vision.

Shelley then asked Board members to focus on what specifically the Hawki Board will do 1-2 years from now. Chair Trefz said the Board will ensure children who are eligible for the program are able to access the services that they need to grow up and be healthy. Angela Burke Boston said that the Board will be accountable and accessible to the public. Angie Doyle Scar agreed, saying that the Board should be transparent and accountable to the public, stakeholders, and other programs. Mary Scieszinski suggested the Board look into their role in reviewing contracts, and Angie Doyle Scar added that the Board should focus on outcomes to ensure the Hawki program is serving members' needs. Shawn Garrington agreed that the Board should focus on outcomes and be able to translate those outcomes into recommendations for change.

Shelley asked who the Hawki Board should target, and Chair Trefz said that, while the Board makes recommendations to the governor and legislature, the Board should target children who qualify for Hawki benefits, as well as their families and caregivers. Shawn and Angie added that the Board should target lowans and the general public.

Shelley then asked Board members why they want to serve on the Hawki Board. Shawn said he wants to make a difference in children's lives; Mary said she wants to ensure that families are aware of the programs available to children; Angie said that she is a public servant, and she wants to be of service to lowans; Jim said he has a general interest in public sector healthcare.

Shelley asked how the Board would accomplish these tasks. Chair Trefz suggested restructuring Hawki Board meetings. Jim recommended that the Board continue to monitor MCO and Iowa Medicaid initiatives. Mary and Shawn emphasized the importance of collaboration with stakeholders and other agencies. Shelley concluded by saying that she would take her discussion notes back and produce a vision and mission for the next Board meeting.

### **Director's Update**

Director Matney began her update by discussing the current legislative session. She mentioned the public assistance oversight bill package, which consists of several bills broken off from a larger bill. Iowa Medicaid has worked with legislators on some of the points of those bills to find workable solutions for all parties, with the goal being to create a reliable and more automated system. She noted a bill that will address behavioral health issues, including long emergency department stays for members as they wait for inpatient bed placement, and a maternal health bill that would extend postpartum coverage up to 12 months.

Director Matney encouraged Board members to attend the monthly Iowa Medicaid town halls. She also offered a brief recap of the topic-specific listening sessions held over the previous two months, noting that the topics of those listening sessions were determined based on feedback from the town halls. Director Matney said that Iowa Medicaid will likely hold these listening sessions again.

Director Matney stated that the public health emergency (PHE) will likely end in July 2022, and Iowa Medicaid will begin the redetermination process again. The process will take place over the course of several months, and Iowa Medicaid will ensure a warm handoff for members who no longer qualify for the program. A timeline for restarting the redetermination process is forthcoming. Director Matney concluded by saying that Iowa Medicaid will re-evaluate its PHE-specific programs once the PHE has been lifted to determine which elements should be phased out and which should remain in place.

### **MCO Updates**

John Hedgecoth, Amerigroup Iowa, Inc. (Amerigroup), offered an update. Amerigroup is offering a \$100 Amazon voucher for health and wellness products as a self-care transition benefit for members ages 17 to 21 who are exiting foster care. Amerigroup is also offering caregiver tool kits to licensed caregivers in the child welfare system. John mentioned the health equity population health plan, which includes a focus on access to and coordination of pre- and postpartum care. He added that Amerigroup has partnered with the Iowa Department of Public Health (IDPH) on an initiative aimed at training black doulas. Amerigroup has also partnered with ChildServe to develop Spanish language behavioral health services.

Jennifer Findlay, Iowa Total Care (ITC), offered an update. Jennifer said that ITC has an internal SDOH dashboard which they use to target specific members and connect them with medical, employment, and housing services. They also use SDOH to determine broader trends, where to focus outreach and resource awareness campaigns, and the relationship between SDOH and chronic conditions. Jennifer mentioned that ITC is using SDOH to allocate funds for transportation, education, childcare, food, and clothing programs. She concluded by saying that ITC has shared data with providers to begin tracking a small cohort of members and determine how these interventions have affected member outcomes.

Gretchen Hageman, Delta Dental of Iowa (DDIA), provided an update. She noted that DDIA is focusing their Hawki outreach on Cavity Free Iowa, a program for children ages 0 to 3. They have also been reaching out to pregnant women to promote home visiting programs, and adolescents who have not received dental care within the past 12 months. Gretchen added

that the Delta Dental Foundation has provided the Eastern Iowa Health Center with \$500K to expand dental operations.

**Outreach Update**

Jean Johnson, IDPH, provided an update on outreach efforts. Jean stated that they are preparing new brochures that will address Hawki eligibility and the new federal poverty guidelines that will go into effect April 1, 2022. Additionally, Hawki outreach coordinators continue to work with school nurses and local providers to focus on special populations. Jean also noted that outreach coordinators have been working with Afghan refugees to educate them about and enroll them in Medicaid programs.

**Next Meeting**

Meeting adjourned at 1:56 PM.

The next meeting will be Monday, April 18, 2022.

Submitted by John Riemenschneider

Recording Secretary

jr

## Hawki Outreach Success Story

<b>Agency (Name)</b>	Johnson County Public Health		
<b>Character(s)</b> (who this happened to)	Scott (French-speaking man) and his family. Myself, coworker Mathe, and student family advocate		
<b>Setting</b> (where and when this took place)	Over the phone, texting, and at the WIC office. HOC received an email from a student family advocate from a local school stating she was working with a family without health insurance, and she would like to refer them to me.		
<b>Conflict</b> (obstacle, barrier, or problem)	Co-worker Mathe and I tried to text message, call family multiple times to get them into our clinic to show check stubs so we could verify if the children would be eligible for Medicaid or Hawki.		
<b>Action</b> (what happened)	After 7 months and multiple attempts over the months by myself, coworker, and the student family advocate, the father, Scott walked into our clinic and was able to talk with HOC's French speaking co-worker and explain who lived in his household, the income for him and his wife and HOC and co-worker were able to determine family was eligible for Hawki program. Scott was off that week, which was why he was able to come in the next day and bring check stubs, everyone's social security cards, and passports.		
<b>Outcome(s)</b> (measurable or concrete evidence of change)	The HOC was able to complete the presumptive eligibility application and send all the needed information to DHS so approval was a very smooth and quick process for the family. The first day the family was at the clinic happened to be the day our dental program was offering services, so the children were able to see our dental team, and HOC's French-speaking co-worker was able to talk to client and call a local medical provider in the area and establish care for the family so the children could get their needed immunizations and WCCs.		
<b>Relevance</b> (how this story demonstrates need or measures success)	This story shows that by having a great relationship with community partners, we can assist clients that need help and that sometimes it takes persistence and time for a client to be able to get the help they need. In this case, Scott worked a lot of hours, and his wife did not speak English, so he was unable to come to the office before the day he came to get the help his family needed. The client stated he has been back to our clinic a few times and has stated each time how appreciative they are for the help we were able to give them.		
<b>Other info</b>		<b>Submitter Name &amp; Date</b>	Amber Gorvin 04.14.22

## Hawki Outreach Success Story

<b>Agency (Name)</b>	Lee County Health Department (LCHD)		
<b>Character(s)</b> (who this happened to)	Service area resident called agency seeking information on how to obtain Hawki insurance for children.		
<b>Setting</b> (where and when this took place)	Resident called agency via phone; also provided email address to receive additional information.		
<b>Conflict</b> (obstacle, barrier, or problem)	Resident was originally seeking insurance for newborn who was currently on Medicaid. A hospital representative had shared information with the resident about Hawki insurance and said to call her local health department. After discussing Hawki insurance, resident thought her other child may possibly qualify as well.		
<b>Action</b> (what happened)	LCHD provided information on cost based on income, along with state contact information.		
<b>Outcome(s)</b> (measurable or concrete evidence of change)	Several follow-up contacts were made to see if additional information was needed, and to see if insurance was obtained. At this point, the resident has not returned correspondence.		
<b>Relevance</b> (how this story demonstrates need or measures success)	Our outreach efforts provided the information that was shared with the resident via the hospital, and they encouraged resident to reach out to their local public health department. As stated above, we are unsure if resident was able to get connected with Hawki insurance; however, we will continue to reach out.		
<b>Other info</b>		<b>Submitter Name &amp; Date</b>	Emily Biddenstadt, Lee County Health Dept. Community Health Program Manager Rachel Heidbreder, Lee County Health Dept. Hawki Outreach Coordinator 04.01.2022

## Hawki Outreach Success Story

<b>Agency (Name)</b>	Siouxland District Health Department.		
<b>Character(s)</b> (who this happened to)	K. H. (mom) – L. H. (client)		
<b>Setting</b> (where and when this took place)	Over the phone. HOC received a phone call from K, client's mom. She stated that she was newly divorced, her child had insurance coverage through her employer but had very minimum coverage for her child's needs. but she was requiring testing and different types of therapies. Mom was desperately looking for help since she could not afford all the out-of-pocket cost		
<b>Conflict</b> (obstacle, barrier, or problem)	Mom was desperately looking for help. Her child was referred to have some developmental testing along with several types of therapy of which none were covered by her insurance. Mom had been looking into buying a more extensive insurance but was not able to afford all the premiums and out of pocket expenses that her treatment would require. Mom was given Hawki information by her child's therapist, and they asked her to contact the HOC for Woodbury County to see if her child would qualify for it and finally be able to receive the medical care that she desperately needed.		
<b>Action</b> (what happened)	Mom contacted the HOC, who advised mom of the possibility of applying for her child's Hawki. The HOC explained to mom that she could transition her child once she was able to change her coverage status during her open enrollment.		
<b>Outcome(s)</b> (measurable or concrete evidence of change)	The HOC was able to assist mom with the presumptive eligibility application, and through the transition from private insurance to Hawki, this prevented the child to have a lapse in coverage. The child was able to start her testing and therapies immediately after receiving the presumptive eligibility benefits. Mom was extremely grateful with the HOC who helped her, but mainly with the Hawki program because it gave her child the opportunity to receive the testing and care that she otherwise would not be able to receive, it gave Mom the ability to provide proper health care for her child.		
<b>Relevance</b> (how this story demonstrates need or measures success)	<p>Unfortunately, this story is more common than we would like. Parents have the ability to provide health insurance for their kids but are unable to pay out-of-pocket expenses that the insurance brings, resulting in poor quality of care. No parent should be forced to watch their kids suffer without their basic medical needs being met, and to carry the guilt of not being able to afford the extra expenses, bringing more stress to an already stressful situation.</p> <p>Because of Hawki a lot of children are receiving a fair chance at a healthy and happy childhood.</p> <p>Thank you!!!!</p>		
<b>Other info</b>		<b>Submitter Name &amp; Date</b>	Rosa Downs Lupercio, Woodbury County Hawki Outreach Coordinator, 4.13.2022

## Hawki Outreach Success Story

<b>Character(s)</b> (who this happened to)	Shannon McManus ISC, Tara Foit CHS Nurse		<b>Contact Info:</b>	
<b>Setting</b> (where and when this took place)	By phone and email.			
<b>Conflict</b> (obstacle, barrier, or problem)	Tara called to see if a student had Medicaid and if not, then could I do a presumptive eligibility application with him. I agreed and looked up the student for her. The student in question was already covered by Medicaid but we started talking about how one of the school's counselors was interested in learning how to be presumptive certified. She gave me their contact information.			
<b>Action</b> (what happened)	I reached out to my contact at IMEP and asked if this could be done. They emailed back stating yes, and to have the counselor follow the instructions given. I thanked them and forwarded this information to the counselor.			
<b>Outcome(s)</b> (measurable or concrete evidence of change)	Both Tara and I feel that having a person inside the school with the ability to sign families up for Medicaid is a huge achievement. This allows families another opportunity to get the services they need in a place they trust.			
<b>Relevance</b> (how this story demonstrates need or measures success)	I reached out to other school counselors and family resource officers to see if they would also be interested in having the ability to help families in need.			
<b>Other info</b>	Only one other counselor was interested, but I will continue to encourage and recommend.	<b>Submitter Name &amp; Date</b>	Shannon McManus RDH – 3.17.22	