



**Hawki Board Meeting Minutes**  
**April 18, 2022**

<b>Hawki Board Members</b>	<b>Iowa Medicaid</b>
Mary Nelle Trefz, Chair – present	Elizabeth Matney, Director
Angela Burke Boston – present	Paula Motsinger
Jim Donoghue – present	Amela Alibasic
Mike Stopulos – present	Heather Miller
Angela Doyle Scar – present	Tashina Hornaday
Mary Scieszinski – present	Katie McBurney
Shawn Garrington – present	Emily Eppens
Senator Nate Boulton –	Dr. William Jagiello
Senator Mark Costello –	Shelley Horak
Representative Shannon Lundgren –	Carrie Malone
	Anna Casteel
	Allison Scott
	<b>Guests</b>
	Gretchen Hageman, DDIA
	John Hedgecoth, Amerigroup
	Lindsay Paulson, Maximus
	Jean Johnson, IDPH
	Sarah Smith, WCPH
	Kristin Pendegraft, ITC
	Chaney Yeast, Blank Children’s Hospital
	Tia Siegwarth, SCPH
	Alesia Houser, AHFA
	Kelli Soyer
	Lynh Patterson
	Olga Esparza

**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 the list above reflects the attendance. A quorum was established.

**Approval of the Hawki Board Meeting Minutes**

Chair Trefz called for a motion to approve the minutes from the February 28, 2022, meeting. The motion carried and the Board approved the minutes.

## **Public Comment**

There were no public comments.

## **New Business**

There was no new business.

## **Strategic Planning Discussion**

Shelley Horak began this portion of the meeting by naming three objectives of the discussion: 1) reviewing, modifying, and accepting the vision and mission; 2) discussing engagement of advisory councils and committees; and 3) creating a plan to incorporate educational opportunities into Board meetings. Shelley briefly discussed a slide with elements of the Hawki benefit package, then broke the vision into three areas: purpose, focus, and stakeholder engagement, with each area defined based on previous input from Board members. Shelley presented a definition for each area, and Board members discussed if those definitions accurately stated the Board's roles and overarching goals. Chair Trefz reminded the Board that the scope of the Hawki program is relatively narrow and to consider that when defining these areas. Shelley compiled the Board's input and said she would take it back and update the language to reflect the Board's recommendations.

The discussion transitioned to the mission. To create the Board's mission, Shelley presented four questions: 1) What does the Board do? 2) Who are the Board's target audiences? 3) Why does the Board do this work? And 4) How does the Board do this work? With regard to what the Board does, Mike Stopulos suggested specific language emphasizing that the Hawki program is strictly a healthcare program. Chair Trefz proposed that the target audience be narrower than "all lowans" and Mary Scieszinski suggested that program transparency is important for all lowans, but the general public does not necessarily constitute a target audience. Angela Burke Boston recommended that the Board add providers to the list of target audiences. Angie Doyle Scar proposed adding stakeholders as a target audience, and Jim Donoghue added that the Managed Care Organizations (MCOs) should be on the target audience list as well. Regarding how the Board does this work, Angie suggested the language contain more actionable words, and Chair Trefz proposed combining the statement about monitoring programmatic activities with the statement about sharing recommendations.

Shelley turned the meeting over to Chair Trefz to discuss Hawki Board council and committee engagement. The Board's charge states that the Board works in consultation with the Clinical Advisory Council (CAC) and the Medical Assistance Advisory Council (MAAC). Chair Trefz noted that the Hawki Board is able to leverage the expertise and knowledge base of the pediatricians who sit on the CAC. She mentioned that the Hawki Board can work with the CAC to develop metrics that will assess member outcomes. She then recognized Angie Doyle Scar as the Hawki Board representative to the MAAC and suggested that future MAAC meetings include a Hawki program update. Angie asked the group what should be included in a Hawki Board update to the MAAC. Jim stated that it would be helpful to know what recommendations the MAAC is making to the state. Angie said that she would note any recommendations made during the MAAC meeting and would bring those back to the Hawki Board. Chair Trefz briefly touched on the idea of a committee overseeing Children with Special Healthcare Needs, and suggested that this is a fairly narrow slice of what the Hawki Board does, and it may be more worthwhile to simply establish channels of communication with entities that provide services to this population.

Shelley then transitioned to a discussion of the Hawki Board's educational opportunities. She broke educational opportunities into five categories: 1) data: quality and outcomes; 2) outreach activities and results; 3) demographic and enrollment information; 4) financial information; and 5) member feedback. She also presented four questions to help guide the Board in determining topics: 1) What topics interest you? 2) What more do you want to learn? 3) What subpopulations do you want to explore? And 4) Who should provide this information? She also encouraged Board members to consider length and frequency of presentations, and how the information should be captured. Jim suggested that the Board would benefit from learning about costs and how they relate to certain diagnoses and services. Chair Trefz stated that it would be beneficial for the Board to have a better understanding of Hawki reimbursement rates and how they affect access. Mary Scieszinski suggested the Board gain a better understanding of outreach relating to school nurses. Angie recommended that the Board look at data from other states. Shelley and Mary proposed mental health as an educational topic, and Mary Nelle agreed that it is worth looking at the nuances of behavioral healthcare delivery for children. Mary Nelle added that it would be beneficial to look at ways to improve the completeness and accuracy of demographic data, and explore the concept of pediatric medical necessity and how it relates to the unique needs of children. Jim recommended that the MCOs present a snapshot of services that require prior authorization compared with services that do not require it, and how it relates to access. Angie proposed that the Board look at "big picture" health of children in the Hawki program and how it compares with the health of children outside the program. Shelley then asked the Board about who should present on these topics. Mary suggested inviting a presenter for children's behavioral health, and Mary Nelle proposed having more Hawki family members share their stories with the Board.

### **Public Health Emergency (PHE) Unwind Update**

Amela Alibasic provided an update on the PHE unwind. She began by stating that the PHE is expected to end July 15, 2022, and that Health and Human Services (HHS) will give notice 60 days out from the expected end date, or mid-May in this case. She shared that Iowa is ahead of the curve in terms of planning mainly because the Department of Human Services (DHS) has conducted eligibility determinations and redeterminations throughout the PHE. She emphasized the importance of communication during this process and that it is essential to have a robust communications plan in place to keep members and stakeholders informed, and noted that the state of Iowa's unwinding process should have minimal impact on budget and IT systems. Additionally, most members who have maintained eligibility during the PHE will be disenrolled 2-4 months after the PHE ends, and eligibility determinations and disenrollments will be more in line with pre-PHE procedures approximately six months after the PHE ends. When planning for a return to normal operations, DHS identified eight areas of focus: communication, monthly renewals/redeterminations, state fair hearings, updating member contact information, premiums, IT changes, Centers for Medicare and Medicaid Services (CMS) data reporting, and other medical and long-term services and supports (LTSS) flexibilities. Amela also discussed the unwinding timeline. CMS has given states three options for beginning their unwinding period: one month prior to the month in which the PHE ends; the month in which the PHE ends; or the month after the month in which the PHE ends. DHS has chosen to begin the unwinding period one month prior to the month in which the PHE ends. Amela stressed that the unwinding period can begin only after HHS has issued the 60-day notice.

She added that DHS will follow a process designed to stay within budget parameters at the state level.

**MCO/Outreach/Communications Updates**

In consideration of time, Chair Trefz asked that presenters provide their updates to the Board via email.

**Director's Update**

Director Matney stated that DHS will roll out a new webpage specific to the PHE unwinding process. The webpage will have information on eligibility and service and program flexibilities, and is scheduled to go live in May. Director Matney also discussed the issue of timing when communicating these processes and finding the best window of time to engage with members. She took a moment to introduce the new communications manager Emily Eppens, and mentioned that Emily is working on a new Medicaid website while also creating a more robust social media presence. Director Matney reminded the Board of the monthly town hall events, and noted the results of a recent survey that said people find the town halls helpful. She concluded by saying that Medicaid is in a procurement period and bids are due May 11.

**Next Meeting**

Meeting adjourned at 2:30 PM.

The next meeting will be Monday, June 20, 2022.

Submitted by John Riemenschneider

Recording Secretary

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