



Hawki Board of Directors Meeting

Monday, June 19, 2023

Hawki Board Members	Iowa Medicaid
Mary Nelle Trefz, Chair – present	Elizabeth Matney, Director
Mary Scieszinski, Vice Chair – present	Rebecca Curtiss
Shawn Garrington – present	John Riemenschneider
Angela Burke Boston – present	Joanne Bush
Angie Doyle Scar – present	Heather Miller
Mike Stopulos –	Dr. William Jagiello
Jim Donoghue –	Amela Alibasic
Senator Janice Wiener – present	Emily Eppens
Senator Nate Boulton – present	Lindsay Paulson Bagniewski
Senator Mark Costello – present	Guests
Representative Shannon Lundgren –	Gretchen Hageman, DDIA
	John Hedgecoth, Amerigroup
	Kristin Pendegraft, ITC
	Dylan Keller, Senate Republican Caucus
	Eric Richardson
	Dr. Gutshall, Molina
	Stephanie Mays
	Vonda Sickles
	Sabrina Johnson
	Morgan Tackett
	Jacob Appel
	James Olson

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 April 17, 2023, meeting. Angela motioned to approve the minutes, and Angie seconded the motion. The motion carried and the minutes were approved.

PUBLIC COMMENT

There was no public comment.

NEW BUSINESS

Mary Nelle opened the floor for new business. She took the opportunity to thank board members for providing feedback via the survey sent out at the end of last week. The feedback was appreciated, and the strategic planning process led to the identification of key topics for discussion. The presentations provided valuable insights that would inform the board's annual report and recommendations to the legislature and governor.

There was no new business.

MCO ENGAGEMENT: DENTAL CARE AND ORAL HEALTH

Gretchen Hageman from Delta Dental provided an overview of the historical involvement of Delta Dental in the Hawki dental benefits. She highlighted the innovation model used for Hawki's development and compared the benefits offered by Hawki and Medicaid kids' dental programs.

Gretchen shared data on member outreach, care coordination, and engagement strategies. She discussed the role of Hawki outreach coordinators in educating families and increasing access to dental and medical insurance. Gretchen also explained the dental services provided by Delta Dental and shared insights into member utilization and experiences. She discussed the percentage of enrolled dentists in the network, access to providers within specific time and distance limits, and the focus on enhancing access points in rural counties.

After the presentation, Mary Nelle opened the floor for questions and discussion from the board members. Several members had questions about access, provider networks, and member experiences.

Angie Doyle Scar asked about the number of individuals who reached the \$1,000 annual benefit max. Gretchen clarified that the federal regulation excludes emergency cases from counting towards the annual benefit max, but other dental services do contribute to the max. She estimated around 3,000 members reached the annual benefit max in state fiscal year 2023.

Mary Scieszinski inquired about the status of mobile units for I-Smile clinics in schools. Gretchen confirmed that many I-Smile Title Five agencies have mobile units or chairs that go to schools and other locations to provide dental services.

Angie Doyle Scar then raised a question regarding instances where medical providers also submit dental claims. Gretchen explained that when a medical provider takes a member to the operating room for dental procedures, the medical MCO covers medical codes associated with the procedure, while dental claims are processed by Delta Dental. Similarly, in cases where a member presents at the emergency room for dental issues, medical MCOs may process dental claims under specific circumstances.

Mary Nelle commented on the value of I-Smile's efforts in identifying high-risk oral health situations among children. She also suggested exploring the possibility of comparing data between Hawki and Medicaid oral health services to assess outcomes and access, potentially involving the MAAC committee.

MONTHLY EDUCATIONAL PRESENTATION: TELEHEALTH

Rebecca Curtiss, Iowa Medicaid, provided an update on telehealth services, discussing coverage changes, utilization, quality, and safety considerations. The discussion highlighted the increase in telehealth utilization for behavioral health and physical therapy services, with a focus on ensuring safety for complex therapy needs.

She began by acknowledging that these decisions involved numerous variables and considerations, including guidance from the Centers for Medicare and Medicaid Services (CMS). She highlighted that the state aimed to ensure that all relevant codes, especially those opened by CMS during the public health emergency (PHE) and within the 181 days following the end of the PHE, were included in the evaluation process. Rebecca urged providers to communicate feedback on the covered telehealth codes to ensure access for members, particularly in rural areas.

Rebecca explained that the team extensively analyzed utilization patterns and the frequency of telehealth services being employed. Some services that CMS recommended to be permanently available were scrutinized for their actual utilization. The team examined whether certain codes had been utilized significantly or sparingly. This data was crucial in guiding the decision-making process.

Furthermore, Rebecca noted that costs were considered, but not solely determinative. The team assessed the cost implications of various procedures, although this did not carry as much weight as utilization patterns and safety considerations. Safety, in particular, emerged as a significant factor. When assessing the inclusion of certain services in telehealth, the team evaluated the medical best practices and whether a telehealth setting would provide safe and effective care. Physical therapy services, especially for complex cases, were frequently

conducted through telehealth. However, the team was cautious about certain aspects. For instance, while ongoing, complex physical therapy sessions seemed to work well via telehealth, initial assessments and therapy for children with complex needs raised safety concerns. The team aimed to strike a balance between accessibility and safety, particularly for pediatric members who required specialized care.

Liz Matney shared a slide providing a visual aid for factors considered in Iowa Medicaid's analysis of these codes, such as usage, date of initial availability, virtual vs. in-person efficacy, and comparison with private insurance coverage. Feedback from subject matter experts (SME), Medicaid councils, MCOs, and stakeholders were also factored heavily.

One standout result that emerged from this analysis was the substantial utilization of behavioral health services through telehealth. This was seen as a positive outcome, as it enabled more members to access the necessary services during the pandemic. Behavioral and mental health services saw a significant uptick in usage, which reinforced the importance of continuing to offer such services via telehealth. Addressing pediatric-specific considerations, Rebecca highlighted that many pediatric members were accustomed to electronic communication methods, making telehealth a natural fit for behavioral health and mental health services. Children's familiarity with technology made telehealth interactions more comfortable and effective.

Liz added that individual choice played a crucial role in determining the modality of care. Members should have the freedom to choose the format that best suited their needs and circumstances. While telehealth might be a convenient option, the choice between telehealth and in-person visits should be based on the member's preferences and requirements.

Angie Doyle Scar inquired about the presence of reimbursement codes for individuals who facilitate telehealth services, such as case managers or community health workers. Liz and Rebecca clarified that the reimbursement structure includes payments for both the originating and distance sites in telehealth. While there aren't specific codes for community health workers, if they are integrated into a healthcare provider's existing infrastructure, they could be part of the reimbursement process.

In conclusion, the discussion shed light on the meticulous process of assessing telehealth services for Hawki members. The team carefully reviewed utilization, safety, and other considerations to ensure that the telehealth offerings met the needs of the members while upholding medical best practices. The emphasis on individual choice and the ongoing willingness to consider feedback were key takeaways from this segment of the meeting.

MCO ENGAGEMENT: DENTAL CARE AND ORAL HEALTH, CONTINUED

Heather Miller provided an update on the Request for Proposals (RFP) process for dental services. The RFP was released in May, followed by a bidders conference on June 5. Four

letters of intent were received from Delta Dental, MCNA, DentaQuest, and Abasis. Questions have been received and are being addressed, with two minor amendments identified. The next round of questions and answers is due in July, and the applications are due on July 14. The RFP covers both the Dental Wellness Plan program for adults and children and the Hawki program. It emphasizes the need for a secure provider network and quality measures, while also encouraging collaboration between the medical and dental sides. Liz highlighted the shift from the previous open contract model to a competitive bid process for dental contracts, aligning with MCO processes.

CHILDREN WITH SPECIAL HEALTH CARE NEEDS ON HAWKI

Tashina Hornaday prepared an update regarding the status of identifying and understanding children with special health care needs on Hawki. Due to a family emergency, the update was postponed to the next meeting. Mary Nelle urged board members to send any ideas or questions they have on this topic.

DIRECTOR'S UPDATE

Elizabeth Matney, Medicaid director, provided updates on the MCOs transition, highlighting member engagement, dental health, and the importance of data sharing. The potential impact of telehealth on patient experience and the alignment of dental contracts with managed care contracts were also discussed.

Director Matney provided the board with an update on the COVID Unwind progress, stating that the Medicaid program is back to quasi-normal operations after a few months of continuous coverage unwind. They are now conducting redeterminations for Medicaid eligibility. Disenrollment numbers are currently higher due to the ongoing redeterminations process. Most disenrollments are seen in the Iowa health and wellness programs, particularly for single adults below 133% of the Federal Poverty Level (FPL). Liz emphasized the need for individuals to submit their paperwork to maintain their coverage and mentioned efforts to move eligible individuals to appropriate coverage groups during the redetermination process.

Director Matney highlighted the option of passing data to the federal government for individuals who no longer qualify for Medicaid but might meet criteria to purchase coverage from the marketplace. Subsidies are making marketplace coverage affordable for many individuals. Liz discussed the importance of tracking data related to call centers, appeals, and re-enrollments within the 90-day grace period. This data helps identify areas that might require process adjustments.

Director Matney emphasized the importance of returning paperwork via US mail or online portal to avoid gaps in coverage. Flyers will be sent to healthcare providers with an emphasis on pharmacies.

The federal government passed a bill to avoid default, ensuring the continuation of federal funding for the Medicaid program. Liz mentioned proposed rule changes from the CMS related to managed care access and oversight, as well as general access to services. Liz acknowledged the complexity of implementing these changes while aligning with other initiatives.

Updates to mental health rates were discussed, including investments in therapy and substance use treatment rates. There's also a focus on rates lagging behind the benchmark, with updates effective from July 1.

Liz mentioned ongoing work in community-based service transformation and invited attendees to join regular provider and member town halls for updates.

Mary Nelle asked Liz to elaborate on Iowa's procedural disenrollments compared to other states. Ongoing conversations with CMS about collection and publishing of data. Might be inflated due to an initial misunderstanding of disenrollment categories. Medicare recipients, out of state, deceased. The eligibility team is looking for additional context for procedural disenrollments due to nonresponse.

COMMUNICATIONS UPDATE

Emily Eppens, Iowa Medicaid, discussed various communications initiatives, including a pharmacy campaign to reach the low-income population, a new dashboard release, public notices, premium research communications, social media, and newsletters.

OUTREACH UPDATE

James Olson, serving as interim outreach coordinator, provided updates on title five agencies' outreach efforts, upcoming changes in income guidelines for brochures, interviews for the Hawki outreach coordinator position, and the release of the title five RFA.

Mary Nelle encouraged attendees to complete a survey for feedback on previous meetings and announced an upcoming educational presentation about the Medicaid dashboard.

Meeting adjourned at 1:46 PM.

The next meeting will be Monday, August 21, 2023.

Submitted by Nell Bennett

Recording Secretary

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