



**Hawki Board Meeting Materials  
Monday, August 22, 2022**

1. August 22, 2022, Hawki Board Meeting Agenda
2. June 20, 2022, Hawki Board Meeting Minutes
3. Hawki Outreach Success Stories



**AGENDA**  
**Hawki Board Meeting**  
**Monday, August 22, 2022**  
**Time: 1:00 – 3:00 PM**

**Virtual Meeting via Zoom**

<https://www.zoomgov.com/j/1617699086?pwd=M3pyb3dlYzVrUnZkWEITaIZiTkRtQT09>

**Meeting ID: 161 769 9086**

**Passcode: 144365**

- 1:00 PM Roll Call – **Mary Nelle Trefz**
- 1:05 PM Approval of Minutes – **Mary Nelle Trefz**
- Monday, June 20, 2022 – BOARD ACTION REQUIRED
- 1:10 PM Public Comments
- 1:15 PM New Business
- 1:20 PM Hawki Board Annual Report – **Tashina Hornaday**
- 1:35 PM Strategic Planning Discussion – **Shelley Horak**
- 2:15 PM Updates – **various presenters**
- Director's update
  - MCO updates
  - Outreach update
  - Communications update
- 3:00 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  
June 20, 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	Julie Lovelady
Mike Stopulos –	Kurt Behrens
Angela Doyle Scar –	Heather Miller
Mary Scieszinski – present	Tashina Hornaday
Shawn Garrington – present	Katie McBurney
Senator Nate Boulton – present	Emily Eppens
Senator Mark Costello –	Dr. William Jagiello
Representative Shannon Lundgren –	Shelley Horak
	Eric Richardson
	<b>Guests</b>
	Gretchen Hageman, DDIA
	John Hedgecoth, Amerigroup
	Lindsay Paulson, Maximus
	Jean Johnson, IDPH
	Sarah Smith, WCPH
	Jennifer Findlay, ITC
	Peter Schumacher
	Abby Less
	Kelli Soyer

**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 April 18, 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.

## **SFY 2022, Quarter 2 Report and Executive Summary**

Kurt Behrens, Iowa Medicaid, offered a brief synopsis of the report and executive summary. Current Managed Care Organization (MCO) enrollment is 775,507 members, which represents an increase of 1.21% between quarter 1 (Q1) and quarter 2 (Q2). Disenrollment stabilized between Q1 and Q2 because open enrollment ended, and the Department of Human Services (DHS) resumed some eligibility processes currently suspended under the public health emergency (PHE). Kurt touched on the financial summary, noting that third party liability (TPL) decreased by \$2.9M, or 5.35%, between Q1 and Q2. The final medical loss ratio (MLR) reconciliation for State Fiscal Year (SFY21) data is projected to be complete by September 2022. Additionally, Iowa Total Care (ITC) increased and rededicated staff to address the pharmacy prior authorization workload and prevent insufficient staffing. ITC also conducted member outreach for the flu vaccine as a value-added service. Lastly, Kurt covered call center performance metrics, specifically the non-emergency medical transport (NEMT) helpline. Both Amerigroup and ITC improved from October to November, bringing their metrics to required levels.

## **Strategic Planning Discussion**

Shelley Horak, Iowa Medicaid, lead the discussion. Shelley stated the objectives for the discussion: 1) Review all strategic planning up to this point and identify educational opportunities, and 2) have a brief planning session around conditions and outcomes, focusing on identifying opportunities to engage with the MCOs, providing recommendations to the governor's office and legislature, and updating the narrative within Iowa code that establishes the Hawki Board. Shelley then presented what the Board developed in previous strategic planning discussions as its key priorities, and shared the vision statement, which says that the Hawki Board is a group of leaders that supports standards for pediatric coverage that result in a high performing program that prioritizes positive outcomes for children. This also defines the scope of the program, which includes the range of medical, dental, and mental health services available to accomplish its goals. Additionally, the Board maintains engagement with the MCOs, the Medical Advisory Assistance Council (MAAC), and the Clinical Advisory Council (CAC). A shared vision, along with the steps for achieving it, guide these partnerships. Robust engagement with the public is also critical. The lifespan perspective and social determinants of health are guiding frames of reference for the Board's approach.

The Board articulated several reasons for fulfilling their charge, including improving the lives of members, supporting a bridge between Medicaid and private insurance, and promoting system development. Shelley presented several mechanisms for accomplishing these objectives, including building action-oriented agendas, learning from partners including Medicaid and the MCOs, supporting outcomes for children through assessment of programmatic activities and developing recommendations, engaging with outreach activities and existing initiatives, and providing a link between decision makers and the public. The Board reiterated the importance of collaboration with other oversight entities such as the MAAC and CAC, and stressed the value of using data to form and guide an advisory group focused on children with special healthcare needs.

The Board then shifted to the topic of an educational platform. Shelley noted that pursuing these educational opportunities can help fulfill the relevant duties in the Board's charge. The Board would need to decide topics, formats, and presenters. Shelley also mentioned some possible educational topics, including data outreach activities, demographic and enrollment information, financial enrollment, and member feedback. The Board discussed prioritizing these learning opportunities when developing a long-term educational calendar. The Board will examine similar programs in other states and discuss these examples in future meetings.

### **Director's Update**

Julie Lovelady, Iowa Medicaid, provided an update. She began by reminding the Board that the next town hall event is on June 30, 2022. The previous town hall covered Medicaid 101, and Iowa Medicaid received positive feedback regarding the topic. She also reminded the Board that recordings of the town hall meetings are available on the DHS website. Julie mentioned that there are several new staff who will be introduced at the next Hawki Board meeting. The accompanying updated organizational chart will also be available at that time. Additionally, Iowa Medicaid is developing implementation plans for legislature-approved appropriations. Julie then discussed the timeline for ending the PHE. The PHE will not end in July, as previously thought, but will likely continue through October and into calendar year 2023. Julie concluded by stating that federal Health and Human Services (HHS) personnel will be coming to Iowa for a two-day discussion about behavioral health statistics and how to brace the system for an increase in behavioral health needs.

### **MCO/Outreach/Communications Updates**

John Hedgecoth from Amerigroup provided an update. John said that with the extension of the PHE, Amerigroup has time to plan and implement processes regarding flexibilities, and ways to address those flexibilities when the PHE eventually ends. Amerigroup also reminded providers about the third round of American Rescue Plan Act (ARPA) funds and encouraged them to apply. In anticipation of Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC) approval of a COVID-19 vaccine for children, Amerigroup is developing a COVID-19 vaccine campaign directed toward parents of children up to five years of age. Amerigroup is also addressing healthcare disparities through their vaccine campaigns. Amerigroup recently rolled out a new social determinants of health (SDOH) training series available through the provider training academy portal. John concluded by briefly mentioning that there is an active work group addressing the issue of pediatric child welfare case management.

Jennifer Findlay from ITC provided an update. ITC is focusing on literacy by partnering with Raising Readers in Story County, which provides children with quality, age-appropriate books. They are also partnering with the Iowa Alliance for Healthy Kids to provide tools for improving the social and emotional well-being of Iowa children. Jennifer noted that there are resources on the Iowa Alliance for Healthy Kids website as well as the ITC website. ITC also partners with food pantries to promote healthy eating and distribute tote bags with healthy recipe cards and educational materials and offers healthy cooking classes with Hy-Vee dietitians. Jennifer then briefly discussed ITC's collaboration with the Refugee Alliance of Central Iowa to provide health education; meeting with the West Des Moines school intercultural outreach coordinator; and partnering with the National Council on Independent Living to support provider practice accessibility improvements.

Gretchen Hageman from Delta Dental of Iowa (DDIA) provided an update. DDIA continues to focus their outreach on members who have received prior dental services but have not been seen during the fiscal year, as well as members who have had no prior service. Currently, 62% of members have had preventative service during the fiscal year. DDIA has partnered with Amerigroup to promote the COVID-19 vaccine for children ages 1-5. DDIA is also working with the Refugee Alliance of Central Iowa to find dental homes for refugees new to Iowa.

Jean Johnson, Iowa Department of Public Health (IDPH) provided an update. Jean briefly discussed the 2022 Hawki parent brochure and encouraged Board members to review it. IDPH outreach continues to focus on schools, school nurses, medical and dental providers, faith-based organizations, and vulnerable populations. Jean stated the Hawki outreach coordinators distribute brochures and other materials in communities around the state to raise awareness for programs that may be available to those populations. Jean also noted that the outreach program has recently added several new outreach coordinators, and a main focus will be new-employee and refresher trainings. Jean added that summer is a busy time for outreach coordinators, who regularly participate in traditional summer events, such as vacation bible schools and county fairs. Finally, she stressed the importance of collecting data so the program can make informed decisions.

Emily Eppens, Iowa Medicaid, provided a brief update. She mentioned that work continues on the Department's new website and the use of the term "Iowa Health Link" will be discontinued. She also noted that open choice letters continue to go out to members.

**Next Meeting**

Meeting adjourned at 2:05 PM.

The next meeting will be Monday, August 22, 2022.

Submitted by John Riemenschneider

Recording Secretary

jr

## Hawki Outreach Success Story

<b>Agency (Name)</b>	HACAP – Hawkeye Area Community Action Program – Cedar Rapids, IA – Michele Canfield		
<b>Character(s)</b> (who this happened to)	Female Support Staff member at a local Cedar Rapids High School		
<b>Setting</b> (where and when this took place)	HACAP offices in Cedar Rapids. With no previous health concerns, her husband passed away. He had carried the health care coverage at his place of employment. When Mom returned to work, she shared her concerns with coworkers. She had only days and the children would have no coverage.		
<b>Conflict</b> (obstacle, barrier, or problem)	With no previous health concerns, client’s husband unexpectedly passed away. He had carried the health care coverage at his place of employment. When Mom returned to work, she shared her concerns with coworkers. She had only days and the children would have no healthcare coverage.		
<b>Action</b> (what happened)	The price of adding her children to her work coverage was more than she could afford. Her coworkers were quick to recommend Hawki/Medicaid. Many of the teachers and support staff, at this school, utilize Hawki for themselves and are great advocates when their students and families are in need. Health staff shared contact information to Mom and called the Hawki Outreach Coordinator. She already had great information from her coworkers and was relieved to learn about Hawki.		
<b>Outcome(s)</b> (measurable or concrete evidence of change)	Children received healthcare coverage. A Presumptive Eligibility was completed the day the children no longer had coverage. Mom was tearfully ecstatic. One less thing to worry about, at a time when there were plenty of other things requiring her attention.		
<b>Relevance</b> (how this story helps us demonstrate need or measure success)	Partnerships between the schools and the Hawki Outreach Coordinator are essential. Because of this established relationship, this family was able to obtain medical coverage and care in a timely manner. Mom stated she was very appreciative of our assistance.		
<b>Other info</b>		<b>Submitter Name &amp; Date</b>	Michele Canfield, HACAP Hawki Outreach Coordinator – 8-8-22

HACAP Family & Community Health Alliance Outreach Event – August 5, 2022

Sierra Dougherty, in photo from HACAP



Student Outreach Event at Cornell College, Mount Vernon, IA

August 9, 2022 – Michele Canfield, Hawki Outreach Coordinator

Cornell College move in day for student athletes and their families. Many families had multiple service and activities stations to visit. One of those stations were the college health services one and along with that, HACAP. We provided information and enrollment for our state products, Hawki and Medicaid.

In photo: Karen Mohwinkle, Clinic Coordinator, Cornell College





### Webster County Health Department

July 21 at 3:09 PM · 🌐



WCHD I-Smile™ and Hawki programs partnered to provide new mothers with a “Welcome Baby” gift at Trinity Birthing Center in Fort Dodge. All delivering mothers will receive an insulated cooler filled with essential oral health care items, educational information and resources available through Webster County Public Health.



👍❤️ Jessica Plathe Ash, Meredith Mickelson and 35 others

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## Hawki Outreach Success Story

<b>Agency (Name)</b>	Trinity Muscatine Public Health – Savanna Helm, Hawki Outreach Coordinator		
<b>Character(s)</b> (who this happened to)	The WIC coordinator contacted me about benefits ending for a Vietnamese family because the father had obtained a job, but was unable to afford the family premiums for the healthcare coverage.		
<b>Setting</b> (where and when this took place)	At the WIC office, the father came in while Hawki Outreach Coordinator was completing outreach and told story of new position and substantial cost of care he was going to have to obtain for his two children, wife, and self.		
<b>Conflict</b> (obstacle, barrier, or problem)	With the new insurance coverage options, the family thought they would lose, their Medicaid altogether and they did not know how they were going to afford the family premium to maintain insurance.		
<b>Action</b> (what happened)	The client was able to contact Medicaid to update job status and inform them of the situation.		
<b>Outcome(s)</b> (measurable or concrete evidence of change)	Medicaid allowed them to easily transition to Hawki, so the family was never without insurance, while the adults were enrolled into the new employer's plan.		
<b>Relevance</b> (how this story helps us demonstrate need or measure success)	This is important as it shows that by having a good relationship with community partners and the ability to conduct outreach in their facilities to mend gaps in coverage and knowledge, this family was able to quickly remedy an incredibly stressful and financially serious situation with ease or the burden of not knowing what to do next.		
<b>Other info</b>	This story also shows how helpful the local DHS partners can be and the impact of having strong connections within the company	<b>Submitter Name &amp; Date</b>	Savanna Helm 08/11/2022

## Hawki Outreach Success Story

<b>Agency (Name)</b>	New Opportunities, Inc – Carroll, Iowa – Amber Schon		
<b>Character(s)</b> (who this happened to)	Client called our office after an outreach event at local faith-based congregation.		
<b>Setting</b> (where and when this took place)	Over the phone, HOC and client did an online application. She asked many questions through the process and HOC was able to assist with those questions		
<b>Conflict</b> (obstacle, barrier, or problem)	The client had been waiting to get her kids in for a Well-Child visit and timing was particularly important because back-to-school was approaching fast and wanted to make sure her children got into the doctor's office.		
<b>Action</b> (what happened)	The HOC was able to talk to client over the phone to get the information needed for the application.		
<b>Outcome(s)</b> (measurable or concrete evidence of change)	Family was able to get healthcare coverage and critical referrals and care coordination to medical and dental providers in area were valuable to the parent.		
<b>Relevance</b> (how this story helps us demonstrate need or measure success)	This story shows that by doing critical outreach to faith-based organizations and having a great relationship with community partners, we can assist clients that need help fast. The client stated that she was so happy to have that done and by talking to me about other providers and information in the area.		
<b>Other info</b>		<b>Submitter Name &amp; Date</b>	Amber Schon, Hawki Outreach and 1 <sup>st</sup> Five Site Coordinator

## Hawki Outreach Success Story

<b>Agency (Name)</b>	Kelsey Marmon, Warren County Health Services		
<b>Character(s)</b> (who this happened to)	Nicole, mom; Brooklyn, baby		
<b>Setting</b> (where and when this took place)	Local WIC Clinic. Mom and baby were routed to see the child health nurse for a developmental screening as part of a routine infant health update WIC appointment. Prior to completing the developmental screening, it was discovered the infant did not have any health insurance.		
<b>Conflict</b> (obstacle, barrier, or problem)	Nicole stated Brooklyn has never had health insurance, she is 7 months old. Mom shared she'd been paying out of pocket for baby's medical care and immunizations while she waits for open enrollment to add Brooklyn to her insurance through her employer. Mom also shared she and her older children both of have Medicaid, but she never received anything for Brooklyn.		
<b>Action</b> (what happened)	Mom was very worried about paying for child's upcoming well-baby exam and immunizations out of pocket because she has had to reduce her hours at work due to her own health concerns. Child health nurse, also the HOC, completed a presumptive eligibility application for the family prior to completing the developmental screening.		
<b>Outcome(s)</b> (measurable or concrete evidence of change)	Brooklyn's PE application was approved, and she received full Medicaid coverage a few weeks later. In the meantime, while the application was being processed, Brooklyn was able to see her medical provider for a well-baby exam and received immunizations at the local public health office. Brooklyn's mom was relieved from a financial burden and has been able to further reduce her hours at work to focus on her own health.		
<b>Relevance</b> (how this story helps us demonstrate need or measure success)	Partnerships between WIC programs and the Title V programs are essential! Because of this established relationship, this family was able to obtain medical coverage and care in a timely manner. Nicole stated she was very appreciative of our assistance.		
<b>Other info</b>		<b>Submitter Name &amp; Date</b>	Kelsey Marmon, RN Warren County Health Services 08/08/2022