



Hawki Board Meeting Materials
Monday, October 17, 2022

1. October 17, 2022, Hawki Board Meeting Agenda
2. August 22, 2022, Hawki Board Meeting Minutes
3. Hawki Outreach Success Stories



AGENDA
Hawki Board Meeting
Monday, October 17, 2022
Time: 12:30 – 2:30 PM

Virtual Meeting via Zoom

<https://www.zoomgov.com/j/1612679752?pwd=TVdYaEoySS82d2M4OUplOUhENlFHdz09>

Meeting ID: 161 267 9752

Passcode: 003385

- 12:30 PM Roll Call – **Mary Nelle Trefz**
- 12:35 PM Approval of Minutes from August 22, 2022 – **Mary Nelle Trefz**
- **Board Action Required**
- 12:40 PM Public Comments
- 12:50 PM New Business
- 1:00 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 or Michael Kitzman at 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

Monday, August 22, 2022

Hawki Board Members	Iowa Medicaid
Mary Nelle Trefz, Chair – present	Elizabeth Matney, Director
Angela Burke Boston – present	Amela Alibasic
Jim Donoghue – present	Julie Lovelady
Mike Stopulos –	Rebecca Curtiss
Angela Doyle Scar – present	Lynh Patterson
Mary Scieszinski – present	Tashina Hornaday
Shawn Garrington – present	Emily Eppens
Senator Nate Boulton –	Shelley Horak
Senator Mark Costello –	
Representative Shannon Lundgren –	
	Guests
	Addie Trueblood, DDIA
	John Hedgecoth, Amerigroup
	Kristin Pendegraft, ITC
	Jean Johnson, IDPH
	Lindsay Paulson, Maximus
	Kelli Soyer
	Eric Richardson
	Josh Carpenter, IDA
	Becki Wedemeier
	Mikki Stier
	LaBridgette Tensley
	Chaney Yeast, Blank Children’s Hospital

Call to Order and Roll Call

Board Chair Mary Nelle Trefz called the meeting to order at 1:00 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 June 20, 2022, meeting. The motion carried and the Board approved the minutes.

Public Comment

There were no public comments.

New Business

Chair Trefz asked how the Hawki Board and connected agencies can assist the state with the unwinding of the public health emergency (PHE). Amela Alibasic, Iowa Medicaid, stated that Iowa Medicaid is developing communications tool kits for members and providers that will assist with this process.

Hawki Board Annual Report

Tashina Hornaday, Iowa Medicaid, provided a summary of the report. She briefly touched on each section of the report, including a summarized history, key characteristics of the program, budget, COVID-19, outreach, structure of the board of directors, and several attachments, including the program organizational chart, information on referral sources, and current budget data. Chair Trefz asked the Board to weigh in on the annual report itself, and if any sections could be removed or moved to another document. Chair Trefz suggested that the history portion be removed, as it does not change annually, and that a section be added addressing the Board's charge of providing recommendations to the governor and legislature. Angie Doyle Scar suggested keeping a brief high-level history in the report to provide context, and adding testimonials to the outreach portion. Jim Donoghue recommended that the history portion be moved to the program website as it's a natural place for people to turn to look for resources. Chair Trefz added that it's important to capture the work the Board has done over the past year, which would include the vision, mission, and areas of focus. Angie added that it may be advantageous to include geographically localized data for policymakers and other stakeholders, as well as generalized data that focuses on health outcomes and metrics. Mary Scieszinski proposed a statement in the report for those not familiar with the program stating that Iowa's Children's Health Insurance Program (CHIP) is known as Hawki.

Strategic Planning Discussion

Shelley Horak, Iowa Medicaid, lead this portion of the discussion. Shelley shared a document based on Board feedback that communicates the Board's strategic plan. She also offered a brief outline of the Board's strategic discussions over the last several months and how they lead to the creation of the document. Shelley touched on major areas including managed care organization (MCO) relations, recommendations to the governor and legislature, educational opportunities, and guiding principles for assessing conditions and outcomes. Shelley also proposed a new meeting format that would incorporate these new topics into future meetings. She then asked for the Board's feedback in determining a list of potential educational topics for 2023, presenting a list of suggested topics and asking Board members to prioritize them. Angie, Jim, and Angela Burke Boston suggested that the Board could benefit from learning more about childhood mental illness and associated conditions,

such as depression and anxiety. Other topics the Board prioritized include developmental screenings, well child visits, autism, speech and language conditions, immunizations, and oral health.

Shelley then discussed presenting these topics within the context of educational platforms: data and data-driven practices, describing the population, and enhancing the program model. She asked Board members for additional educational topics that would fall in these categories. Chair Trefz proposed a look at behavioral health, Mary suggested an analysis of telehealth, and Jim recommended the Board look at a snapshot of the volume of dollars/unique lives for different service types, codes, and diagnoses. Jim and Angie suggested the Board take a look at CHIP programs in other states, specifically states that have similar demographics to Iowa, while Angela proposed discussing Iowa's enrollment and demographics.

Director's Update

Director Matney provided an update. She reminded Board members of the upcoming August provider and member townhall events. Iowa Medicaid will give a presentation at these townhall events that draws from multiple publicly available reports and will provide a picture of how Iowa's Medicaid program is performing and the program's metrics compared to other states. Director Matney briefly mentioned that the PHE will extend beyond October. Regardless of when the PHE is lifted, Medicaid is developing a comprehensive PHE unwind plan that will focus on communicating with members, provider, and stakeholders in the most effective ways, taking care not to overwhelm them with information, but also making them aware of coming events. Director Matney also mentioned the newly formed Iowa Department of Health and Human Services (HHS) and that people should expect to see rebranded communications and a combined website soon, with a full website redesign further down the line. Additionally, Director Matney walked the Board through the dashboards on the Iowa Medicaid website and demonstrated how they can be used to access data. Director Matney concluded by noting that Iowa Medicaid is working on multiple home- and community-based services (HCBS) projects that will ultimately be funded by the American Rescue Plan Act (ARPA), and implementation of legislative appropriations, many of which went into effect July 1, 2022.

MCO/Outreach/Communications Updates

John Hedgecoth, Amerigroup, provided an update. Amerigroup continues to prepare for the PHE unwinding process, having biweekly meetings with Iowa Medicaid to discuss flexibilities, processes, enrollments, and redetermination, with a focus on operational flexibilities and gathering data to determine the effectiveness of those flexibilities during the PHE. John briefly mentioned Amerigroup's COVID-19 vaccination efforts, specifically for children under the age of 5. Amerigroup waited 30 days after the release of the 5-and-under vaccine before contacting families and encouraging them to get vaccinated, focusing on those who were still undecided. Amerigroup also has a pediatric case management initiative with the goal of determining roles and responsibilities of all case management entities and standardizing processes. Amerigroup continues to focus on health equity, hosting their first health equity task force internal advisory body in August. John also touched on the housing stability initiative which has helped more than 600 members avoid eviction or transition out of homelessness, and reiterated that Amerigroup is

committed to expanding other social determinants of health (SDOH) initiatives.

Kristin Pendegraft, Iowa Total Care (ITC), provided an update. ITC continues to promote health equity measures, focusing on programs that increase physical activity and improve mental and behavioral health. ITC reached out to approximately 140 members who are due for wellness visits and assisted them in making appointments for an upcoming clinic event. ITC also hosted a back-to-school bash at the John R. Grubb YMCA and distributed backpacks to approximately 700 attendees. Additionally, ITC remains focused on overall member and provider satisfaction, and has assembled a satisfaction task force that will promote initiatives and engagement. The housing and resource team is looking at a proposal that would address youth homelessness in Linn and Johnson Counties. Finally, ITC is developing a proposal that would address mental health in kids transitioning from 8th grade to high school.

Addie Trueblood, Delta Dental of Iowa (DDIA), provided an update. DDIA continues to reach out to members who have not accessed DDIA services recently, and to those who are newly eligible for the program, ensuring members are aware of the benefits available to them. DDIA reports a 56% utilization rate for Hawki members accessing services during state fiscal year (SFY) 2022. Additionally, over 2,600 Hawki members received dental screenings and over 12,000 services were provided through the I-Smile Dental Home Initiative program in SFY 22, with more than half of those members being connected with services from a dental home. Addie also stated that DDIA recently participated in an outreach event in Waterloo and conducted outreach at the Iowa State Fair.

Outreach

Jean Johnson, HHS, provided an update. Jean said that Hawkeye outreach coordinators remained busy over the summer with health fairs and back-to-school events, and referred Board members to the accompanying success stories and photos in the materials packet. Jean mentioned collaborating with HHS and developing outreach to mark the 25th anniversary of the Hawki program. Jean then briefly spoke about a request for proposals (RFP) period coming to an end and that HHS is currently reviewing proposals. Outreach efforts continue to focus on smaller employers and others with close ties to their communities to increase awareness of the Hawki program.

Communication

Emily Eppens, Iowa Medicaid, informed the Board that HHS would be publicly releasing the department's new branding later in the week.

Next Meeting

Meeting adjourned at 2:38 PM.

The next meeting will be Monday, October 17, 2022.

Submitted by John Riemenschneider
Recording Secretary

jr

Hawki Outreach Success Story

Agency	Scott County Health Department
Character(s) (who this happened to)	Clients are two siblings, age 3 and age 9, HOC was working on concern with mother. Original family contact was a referral to HOC by I-Smile.
Setting (where and when this took place)	Over the phone and email with mom. HOC originally received a referral from I-Smile with mom's contact information last year for one of the three children to cancel private insurance and to cancel Medicaid/Hawki insurance for urgent dental treatment at the University of Iowa. Mom independently contacted HOC December 2021 by phone to discuss Hawki insurance for two siblings.
Conflict (obstacle, barrier, or problem)	The two clients had private health insurance (United Healthcare) through dad's work. Dad's health insurance was to lapse on December 31st, 2021. Mom explained that health insurance and healthcare have been a burden financially for their household. Additionally, based on family income, the client would be eligible for Hawki, and as the children would not have other health insurance coverage after December 31st, 2021, a Presumptive Eligibility application could be done. The 3 year old client was also scheduled for extensive dental treatment, including general anesthesia, at the University of Iowa Dentistry.
Action (what happened)	The HOC spoke to mom by phone and e-mail, as mom's preference for communication, to confirm the cancellation of the clients' private health insurance on 12/31/21 and to schedule a Presumptive Eligibility Application appointment on January 3rd, 2022. Mom already had a copy of the family's health insurance, showing the two children's coverage ended 12/31/22. Presumptive Eligibility applications were completed and approved for both clients.
Outcome(s) (measurable or concrete evidence of change)	Mom contacted HOC and explained that she needed to try to get affordable health insurance for two of her children. The HOC had helped mom with private insurance cancellation, a PE application, and authorized urgent dental treatment, including anesthesia with approved Hawki coverage in the previous program year. Mom shared that private health insurance was not financially feasible, and the youngest client also needed urgent dental treatment at the University of Iowa Dentistry, including anesthesia. Mom already had documentation showing that the private health insurance (UHC) of the two clients would end 12/31/21. The HOC scheduled a phone appointment for Presumptive Eligibility. Mom declined a video call to apply for insurance coverage for clients. Mom and HOC completed the Presumptive Eligibility application by phone on January 3, 2022, and the insurance coverage was approved. Mom signed the PE application verbally in accordance with the COVID-19 exception in March 2020, and was sent an application copy along with a Notice of Action showing coverage from 1/3/22-2/28/22 by the HOC. New insurance coverage details were given to the University of Iowa in time for pre-operative appointments in March. After a follow-up call with mom on 2/23/22, she said the family had received insurance paperwork as ongoing Hawki insurance was approved. The I-Smile Coordinator also followed up with mom on 4/13/22 to assist with final details before the dental treatment appointment on 4/14/22. The youngest sibling/client successfully received dental treatment.

<p>Relevance (how this story helps us demonstrate need or measure success)</p>	<p>Hawki is invaluable to families with income above Medicaid eligibility, but private insurance is too expensive or private insurance has care gaps. This story shows how Hawki, Presumptive Eligibility and a great MCAH team can build great relationships with families. We will continue to be a touchstone for questions, support and resources to access affordable healthcare. Both children had their Presumptive Eligibility applications approved and subsequent Hawki insurance established. The client with the necessary dental treatment, which required anesthesia, was completed. Mom was glad she worked again with the HOC and continued to see how helpful Hawki, Presumptive Eligibility, I-Smile and other MCAH services were. Mom stated she was so grateful for all the hard work and time the HOC spent with her going through the steps and working through any problems as they reached the successful conclusion-healthy and happy clients and family.</p>		
<p>Other info</p>		<p>Submitter Name & Date</p>	<p>Tia Siegwarth, MPH 9/30/22</p>

Hawki Outreach Success Story

Agency	Warren County Health Services; Indianola, Iowa		
Character(s) (who this happened to)	Clients: Janie and children Tommy and Chelsea		
Setting (where and when this took place)	Over the phone. HOC received a phone call from the school nurse. She stated that she had a new family in her district from out of state. School nurse shares one of the children has significant medical needs and the family is struggling financially to obtain needed medications.		
Conflict (obstacle, barrier, or problem)	Janie (mom) stated she was having difficulties navigating the DHS portal to apply for benefits for Tommy. She shared Tommy takes a prescription injection and she was running low on the medication and supplies, but she can't afford to pay for them out of pocket. She had been working with his medical provider out of state to taper down the medications in the time being. Janie is needing to establish a primary care provider and many specialists for Tommy here so he can continue his treatment regimen.		
Action (what happened)	Janie was very upset and worried about the financial burdens their family was facing. After speaking with the school nurse, the family was referred to the HOC for presumptive eligibility.		
Outcome(s) (measurable or concrete evidence of change)	The HOC was able to talk to Janie over the phone to get the information needed for the application. Copies of the application, NOA, and a signature page were then mailed to Janie with a return envelope for the signature form. Over the phone, HOC discussed with mom the various pediatric providers and specialists in the area and shared a list of dental providers. Janie, her husband, and both her children were approved for full Medicaid. During the presumptive period, Janie was able to take Tommy to see a specialist and obtain his needed medications to continue his treatment plan. She is in the process of establishing both children with a primary care provider that is part of the same health system as Tommy's specialist.		
Relevance (how this story helps us demonstrate need or measure success)	This story shows that by having a great relationship with community partners, we can assist clients that need help fast! The school nurse knew that the HOC was able to do Presumptive Eligibility applications quickly and help Janie obtain the medical care and medications her child needed. Janie stated that she was so happy and appreciative to have these services available for her family and moving here was a good choice for their family.		
Other info		Submitter Name & Date	Kelsey Marmon, RN 10/11/2022

Hawki Outreach Success Story

Agency	Webster County Health Department – Fort Dodge, IA		
Character(s) (who this happened to)	A family with three children		
Setting (where and when this took place)	Webster County Health offices		
Conflict (obstacle, barrier, or problem)	Hawki Coordinator received an email from a mom that was seeking information regarding Hawki for her three children. She just recently switched jobs from one that paid for family insurance to a teaching job that only pays for single insurance and her husband works independently for a farmer. Family insurance through her employer was \$962 a month and they could not afford this payment. Hawki Coordinator informed Mom of how the application process worked and what services were offered with Hawki. Then was directed to the DHS portal to apply for Medicaid and to reach back out if further assistance was needed.		
Action (what happened)	HOC reached back out to mom 2 weeks later to follow up and she had not received a determination. HOC reached out to the local DHS office to verify that application was filed correctly. DHS stated that they were missing financial information and that they reached out to family via USPS. We then requested information be emailed to mom as that was the best way to contact her. HOC followed up with mom the next day to confirm she received information from DHS, she stated that she did and would send the required documentation.		
Outcome(s) (measurable or concrete evidence of change)	HOC contacted mom again to see if she received a determination and she stated that she was unsure of how to get her husband's information to DHS as he does not receive paystubs. HOC suggested that she reach out to our local DHS and gave her a contact person to talk to directly to walk her through the process.		
Relevance (how this story helps us demonstrate need or measure success)	It took several attempts to get the family connected, but in the end it was the partnerships between the local DHS offices and local public health agency was invaluable. 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. The Hawki Outreach Coordinator also was able to do several referrals for the family i.e. access to local food pantry.		
Other info		Submitter Name & Date	Erica Loertz, Webster County Public Health Hawki Outreach Coordinator – 10-8-22