# Managed Care Organization (MCO) Report: SFY 2023, Quarter 3

(Jan-Mar 2023)

## Executive Summary

The SFY23 Q3 report is a comprehensive review of key metrics focused on consumer protection, outcome achievement, and program integrity.

**Member Summary (p. 4-5)**:

- **Enrollment**:
  - Current MCO enrollment is 833,203 members
  - Enrollment has increased by **13,351** members or **1.63%** between Q2 & Q3 (819,852 to 833,203)

**Claims Summary (Non-Pharmacy) p.10**:

- Iowa Total Care increase in claims (474,842 for Q2 to 710,163 for Q3)
  - ITC Response: Increased utilization is common and expected at the beginning of the year. The increase in claims for March is associated with the general increase in utilization we see around these times.

**Prior Authorization Summary (p.14):**

- Trending increase in Iowa Total Care PAs:
  - ITC Response:
    - For Non-pharmacy - The increase in authorization requests is related to the increase in membership which resulted in the overall higher utilization of services and inpatient admissions.
    - For Pharmacy – Membership has increased, but also, ITC is seeing a large uptick in requests for Dupixent for both Asthma and Eczema. Also, Iowa Medicaid changed Ozempic to "preferred" status with PA, and this drug, along with Trulicity and Mounjaro, has seen a very steep increase in both requests and utilization.

**Grievances and Appeals (p.15)**:

- Trending increase in Amerigroup Grievances:
  - AGP Response: In looking back over the previous quarters there are two areas that continue to increase quarter over quarter: voluntary disenrollment and balance billing. The drivers for disenrollment were covered employer and change of plan for enrollment. For billing, members receiving services out of network and provider balance billing are contributing to the increases.

**Provider Network Access Summary (p.30)**

- Iowa Total Care drop in total Provider Counts: Iowa Medicaid is currently introducing a new reporting template for network access.  Iowa Medicaid confirmed with ITC that drop in provider counts in not a loss of providers, but rather an alignment to the new reporting after updating provider logic and methodology.

# Managed Care Organization (MCO) Quarterly Performance Report

SFY2023, Quarter 3

(January - March 2023)

Published June 2023

# Contents

This report is based on requirements of **2016 Iowa Acts Section 1139**. The legislature grouped these reports into three main categories: Consumer Protection, Outcome Achievement, and Program Integrity.

The Department grouped the managed care reported data in this publication as closely as possible to **House File 2460** categories but has made some alterations to ease content flow and data comparison. This publication content flows as follows:


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# Executive Summary

This report is based on Quarter 3 of State Fiscal Year (SFY) 2023 and includes the information for the Iowa Medicaid Managed Care Organizations (MCOs): Amerigroup (AGP) and Iowa Total Care (ITC)

**Notes about the reported data**:

- This quarterly report is focused on key descriptors and measures that provide information about the managed care implementation and operations.
- The reports are largely based on managed care claims data. Because of this, the data will not be complete until a full 180 days has passed since the period reported. However, based on our knowledge of claims data this accounts for less than 15% of the total claim volume for that reporting period.
- Data pulled on other dates may not reflect the same numbers due to reinstatements and eligibility changes.
- The Medical Loss Ratio information is reflected as directly reported by the MCOs.
- The Department validates the data by looking at available fee-for-service historical baselines, encounter data, and by reviewing the source data provided by the MCOs.
- Providers and members can find more information on the IA Health Link program at: https://hhs.iowa.gov/iahealthlink
- These reports are due to be replaced by a dashboard that is currently under development. Once completed, the dashboard will provide both medical and dental Medicaid data to the public.

**Mission/Vision Statement**: Iowa Medicaid is committed to ensuring that all members have access to high quality services that promote dignity, removing barriers to increase health engagement, and improving whole person health. Our vision is operating a sustainable Medicaid program that improves the lives of its members through effective internal and external collaboration, innovative solutions to identified challenges, and data driven program improvement.

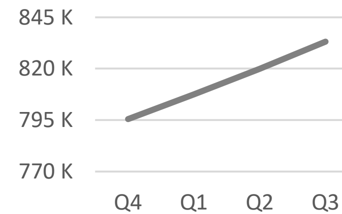
# MCO Member Summary - All MCO Counts

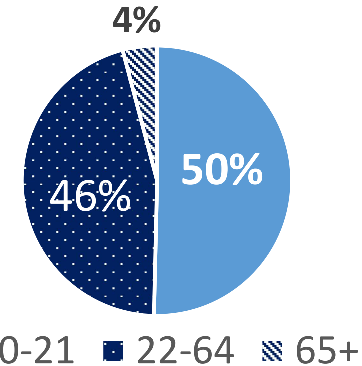
Managed Care Organizations (MCOs) offer health insurance benefits for those adults and families that qualify for the IA Health Link (Medicaid) and the Healthy and Well Kids in Iowa (Hawki) programs.

In Iowa, almost 95% of the Medicaid population is covered by an MCO. Populations not covered by MCOs are provided coverage through the state's Fee-For-Service (FFS) program.

All MCO Members

833,203




■ 0-21 ■ 22-64 ▨ 65+

+ 13,351 Members

1.63% Increase

All MCO Enrollment (by Age)

**Data Notes**: March 2023 data as of May 2023. The "Distinct" column represents the total number of unique individuals appearing at least once during the past four-quarters.

| | SFY22 Q4 | SFY23 Q1 | SFY23 Q2 | SFY23 Q3 | Average | Distinct |
|---|---|---|---|---|---|---|
| **MCO Member Summary** - *Overall Counts* | 795,507 | 807,413 | 819,852 | **833,203** | 813,994 | **863,190** |
| 0-21 | 407,098 | 411,121 | 414,784 | 419,670 | 413,168 | 432,907 |
| 22-64 | 356,845 | 363,817 | 371,787 | 379,544 | 367,998 | 392,399 |
| 65+ | 31,564 | 32,475 | 33,281 | 33,989 | 32,827 | 37,884 |
| **Fee-For-Service (FFS)** - *Non MCO Enrollees* | 46,896 | 47,940 | 49,363 | **50,689** | 48,722 | **53,819** |

**Significant Change in Data**? (+/-) No [x] Yes [ ]

*If Yes, explain:*

**Iowa Medicaid Population** **917,009**

1 year distinct count

o MCO Market Share > All new members are being assigned to Iowa Total Care prior to Molina implementation

# MCO Member Summary

| Amerigroup | SFY23 Q2 | SFY23 Q3 |
|---|---|---|
| **All Members** - *by MCO* | 453,029 | 452,811 |
| Traditional Medicaid | 281,378 | 281,612 |
| Wellness Plan - IHAWP/Expansion | 129,484 | 129,852 |
| M-CHIP - Expansion | 9,649 | 9,594 |
| Healthy and Well Kids in Iowa (Hawki) | 32,518 | 31,753 |
| MCO Member Market Share | 55.3% | 54.3% |
| Disenrolled | 925 | 882 |

| Amerigroup | SFY23 Q2 | SFY23 Q3 |
|---|---|---|
| **Long-Term Service & Support (LTSS)** | 21,061 | 20,279 |
| HCBS Waivers | 68.5% | 70.7% |
| Facility Based Services | 28.8% | 29.3% |
| **HCBS Waivers** [1] | 14,431 | 14,344 |
| - Reference p. 23-24 for HCBS waiver and service plan enrollment | | |
| **Facility Based Services** [2] | 6,068 | 5,935 |
| ICF/ID [3] | 776 | 752 |
| Mental Health Institute (MHI) | 34 | 36 |
| Nursing Facilities (NF) | 4,924 | 4,808 |
| Nursing Facilities for Mentally Ill | 57 | 55 |
| Skilled | 87 | 89 |
| PMIC [4] | 190 | 195 |

| Iowa Total Care | SFY23 Q2 | SFY23 Q3 |
|---|---|---|
| **All Members** - *by MCO* | 366,823 | 380,392 |
| Traditional Medicaid | 225,474 | 232,769 |
| Wellness Plan - IHAWP/Expansion | 120,162 | 126,643 |
| M-CHIP - Expansion | 7,097 | 7,240 |
| Healthy and Well Kids in Iowa (Hawki) | 14,090 | 13,740 |
| MCO Member Market Share | 44.7% | 45.7% |
| Disenrolled | 731 | 732 |

| Iowa Total Care | SFY23 Q2 | SFY23 Q3 |
|---|---|---|
| **Long-Term Service & Support (LTSS)** | 15,328 | 15,840 |
| HCBS Waivers | 64.8% | 64.1% |
| Facility Based Services | 35.2% | 35.9% |
| **HCBS Waivers** [1] | 9,937 | 10,159 |
| - Reference p. 23-24 for HCBS waiver and service plan enrollment | | |
| **Facility Based Services** [2] | 5,391 | 5,681 |
| ICF/ID [3] | 447 | 435 |
| Mental Health Institute (MHI) | 26 | 36 |
| Nursing Facilities (NF) | 4,696 | 4,953 |
| Nursing Facilities for Mentally Ill | 34 | 38 |
| Skilled | 66 | 77 |
| PMIC [4] | 122 | 142 |

[1] Home- and Community-Based Service (HCBS) totals listed above exclude Habilitation (Hab) enrollment; however, member participation in Hab services is captured on pages 23-24. [2] Facility Based Services listed above only include the institutional groups where members are most likely to have an option to transition to an HCBS setting. Excluded institution types include Hospice (AGP 431; ITC 426). [3] Intermediate Care Facilities for the Intellectually Disabled (ICF/ID). [4] Psychiatric Medical Institutions for Children (PMIC)

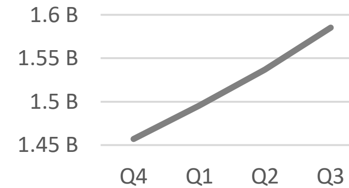
# **MCO Financial Summary** - All MCO Counts

The MCOs receive capitation payments from the State for members' medical services. Capitation payments are made whether or not a provider files a claims with the MCO for services provided to a member.

The MCOs are responsible for recovering Medicaid dollars when it is determined that other insurance coverage is available (e.g. health, auto, worker's comp, or even Medicare). This process is known as Third Party Liability (TPL). The MCO retains all recovered TPL funds: however, these funds are then used to develop future capitation rates.

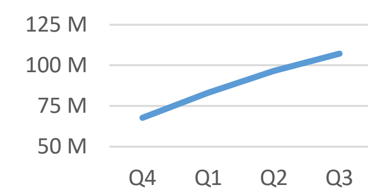
All Capitation Payments

$1.59 Billion




Third Party Liability

$107.3 Million




**+ $48.8 Million**
3.17% Increase

**+ $ 10.9 Million**
11.3% increase

**Data Notes**: March 2023 data as of May 2023. All Third Party Liability (TPL) data reported above is self-reported by MCOs. The "Average" column below represents a four-quarter rolling average while the "Total" column represents the sum of the past four-quarters.

| | SFY22 Q4 | SFY23 Q1 | SFY23 Q2 | SFY23 Q3 | Average | Total |
|---|---|---|---|---|---|---|
| **Financial Summary** | | | | | | |
| Capitation Payments | $1.46 B | $1.5 B | $1.54 B | **$1.59 B** | $1.52 B | $6.07 B |
| Third Party Liability (TPL) Recovered | $67.7 M | $83.1 M | $96.4 M | **$107.3 M** | $88.6 M | $354.5 M |

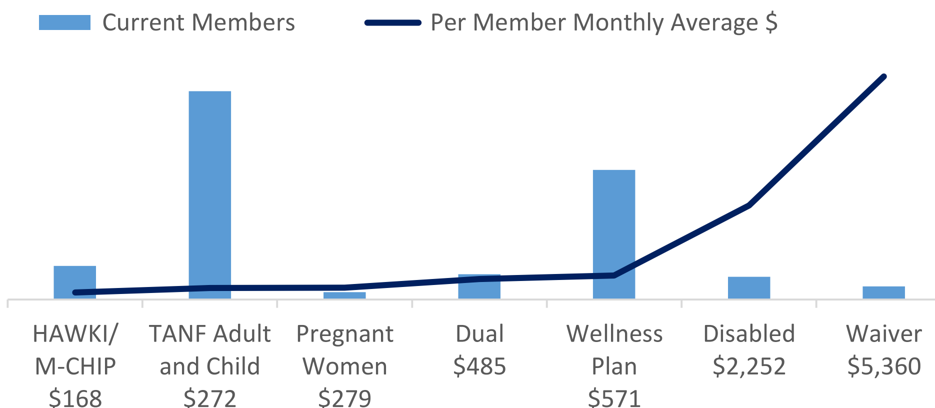
**Significant Change in Data**? (+/-) No [x] Yes [ ]

*If Yes, explain:*

# MCO Financial Summary

Per member Medicaid capitation is determined by program eligibility. Medicaid capitation expenditures vary based on member eligibility group size and per member capitation rate. In Iowa, about 50% of all capitation expenditures are allocated to supporting the disabled & waiver eligibility groups.

Medical loss ratios (MLR) capture how much money is spent on medical claims and quality measures versus administrative expenses and profits. By contract, MCOs are required to spend a certain percentage of their capitation payments on claims annually or risk having to return the difference.



| | SFY23 Q2 | SFY23 Q3 |
|---|---|---|
| **Capitation Totals** | $857.74 M | **$864.42 M** |
| Adjustments | $1.74 M | $14.29 M |
| Current | $845.29 M | $839.18 M |
| Retro | $10.71 M | $10.95 M |
| **Third Party Liability (TPL)** | $23.9 M | **$20.8 M** |
| **Financial Ratios** | | |
| Medical Loss Ratio (MLR) | 95.2% | **96.7%** |
| Administrative Loss Ratio (ALR) | 6.1% | 3.6% |
| Underwriting Ratio (UR) | -1.3% | -0.3% |
| **Unreconciled SFY MLR [5]** | | 94.9% |
| **Reported Reserves** | | |
| Acceptable Quarterly Reserves per Iowa Insurance Division (IID) | Y | **Y** |

| | SFY23 Q2 | SFY23 Q3 |
|---|---|---|
| **Capitation Totals** | $678.99 M | **$721.06 M** |
| Adjustments | $2.81 M | $12.15 M |
| Current | $647.12 M | $671.86 M |
| Retro | $29.07 M | $37.06 M |
| **Third Party Liability (TPL)** | $72.5 M | **$86.5 M** |
| **Financial Ratios** | | |
| Medical Loss Ratio (MLR) | 97.1% | **97.6%** |
| Administrative Loss Ratio (ALR) | 5.3% | 5.9% |
| Underwriting Ratio (UR) | -2.4% | -3.5% |
| **Unreconciled SFY MLR [5]** | | 96.1% |
| **Reported Reserves** | | |
| Acceptable Quarterly Reserves per Iowa Insurance Division (IID) | Y | **Y** |

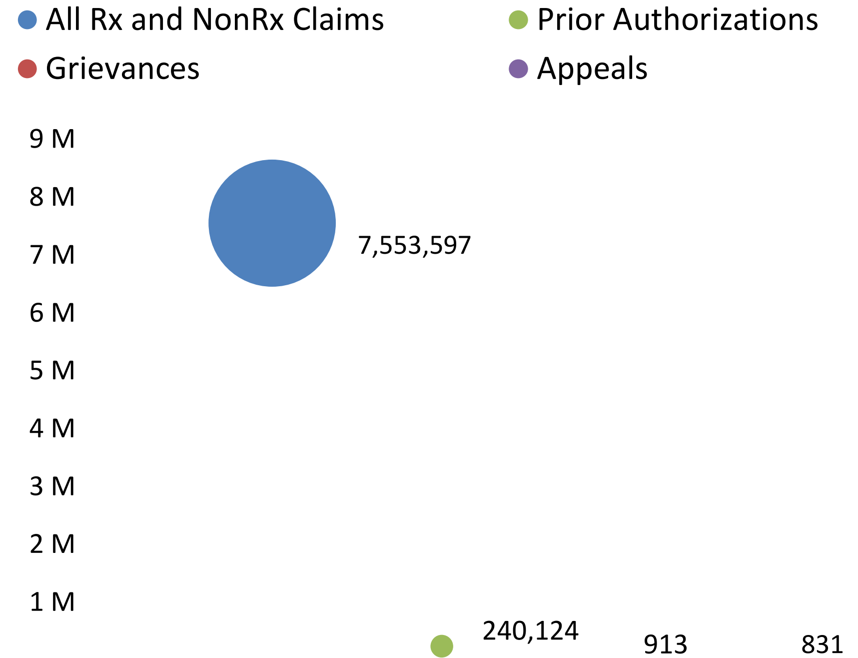
[5] MLR is unaudited and is now reported to include changes with additional quarters of information during the SFY. Primary drivers that influence changes in the MLR include: 1) estimates for unpaid claims liability, 2) estimates for the impact of the risk corridor and 3) financial review process that may result in expenditure reclassifications.

# MCO Claims Universe - All MCO Counts

This illustration provides context to the volume of the following actions in comparison to the overall claims universe:

- Some benefits may require **Prior Authorization** before service
- Members may elect to file a **Grievance** to express general plan dissatisfaction
- Members or Providers may **Appeal** a filed claim based on a reduction in benefits or an outright rejection

| | % of Claims Universe |
|---|---|
| Prior Authorizations | 3.18% |
| Grievances | 0.01% |
| Appeals | 0.01% |

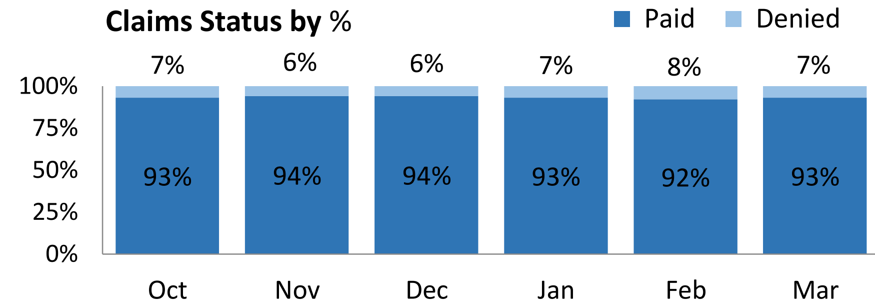


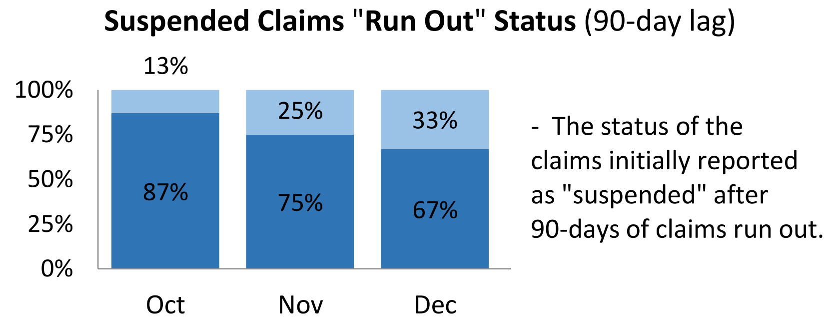

| | SFY22 Q4 | SFY23 Q1 | SFY23 Q2 | SFY23 Q3 | Average | Total |
|---|---|---|---|---|---|---|
| **Claim Counts - All Paid** & **Denied** (p. 9-12) | 7.4 M | 7.4 M | 7.5 M | **7.6 M** | 7.5 M | 29.8 M |
| Non-Pharmacy | 4.4 M | 4.2 M | 4.3 M | 4.3 M | 4.3 M | 17.3 M |
| Pharmacy | 3.0 M | 3.1 M | 3.1 M | 3.3 M | 3.1 M | 12.5 M |
| **Prior Authorization Summary** (p. 13-14) | 193,729 | 197,872 | 222,695 | **240,124** | 213,605 | 854,420 |
| Non-Rx - Standard PAs Submitted | 142,964 | 146,847 | 169,055 | 179,963 | 159,707 | 638,829 |
| Pharmacy - Standard PAs Submitted | 50,765 | 51,025 | 53,640 | 60,161 | 53,898 | 215,591 |
| **Grievances** & **Appeals Summary** (p. 15-16) | | | | | | |
| Standard Grievances | 761 | 766 | 765 | **913** | 801 | 3,205 |
| Standard Appeals | 752 | 770 | 772 | **831** | 781 | 3,125 |

# Claims Summary (Non-Pharmacy)

**2.44 Million**
Claims Paid & Denied

| | Jan | Feb | Mar |
|---|---|---|---|
| **All Claims** | | | |
| Paid | 775,646 | 728,554 | 766,743 |
| Denied | 56,150 | 61,532 | 55,046 |
| Suspended | 186,852 | 181,396 | 183,762 |
| **Clean Claims Processed** | | | |
| in 30-days (Requirement 90%) | 97% | 97% | 95% |
| in 45-days (Requirement 95%) | 98% | 97% | 96% |
| **Average Days to Pay** | 8 | 8 | 8 |
| **Provider Adjustment Requests & Errors Reprocessed in 30-days** | 100% | 100% | 100% |



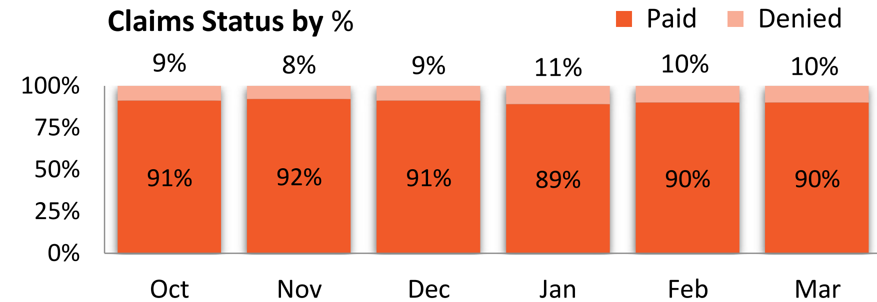

- The status of the claims initially reported as "suspended" after 90-days of claims run out.

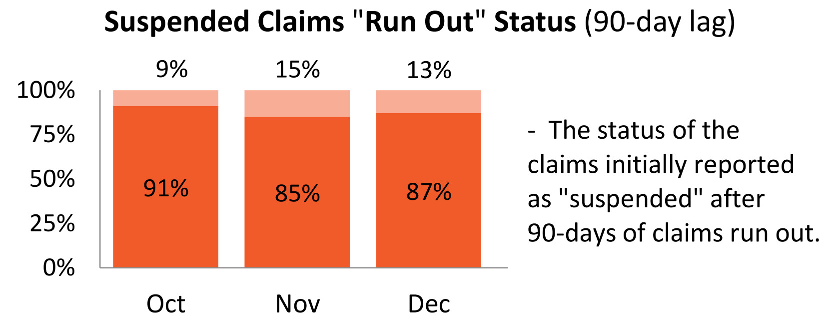
| | % | Top 10 Reasons for Claims Denials (Non-Pharmacy) |
|---|---|---|
| 1. | 13% | Duplicate claim/service |
| 2. | 12% | Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement |
| 3. | 9% | The impact of prior payer(s) adjudication including payments and/or adjustments. |
| 4. | 8% | Expenses incurred after coverage terminated |
| 5. | 8% | Claim/service lacks information or has submission/billing error(s) - primary payer information required |
| 6. | 7% | Service not payable per managed care contract |
| 7. | 6% | Attachment/Other Documentation Required |
| 8. | 5% | Precertification/authorization/notification absent |
| 9. | 5% | Missing/incomplete/invalid type of bill |
| 10. | 4% | Prior Processing information appears incorrect |

## Claims Summary (Non-Pharmacy)

**1.86 Million**
Claims Paid & Denied

| | Jan | Feb | Mar |
|---|---|---|---|
| **All Claims** | | | |
| Paid | 486,754 | 474,842 | 710,163 |
| Denied | 59,794 | 51,036 | 76,163 |
| Suspended | 150,469 | 188,721 | 114,121 |
| **Clean Claims Processed** | | | |
| in 30-days (Requirement 90%) | 97% | 99% | 98% |
| in 45-days (Requirement 95%) | 98% | 100% | 100% |
| **Average Days to Pay** | 8 | 9 | 8 |
| **Provider Adjustment Requests & Errors Reprocessed in 30-days** | 99% | 100% | 100% |



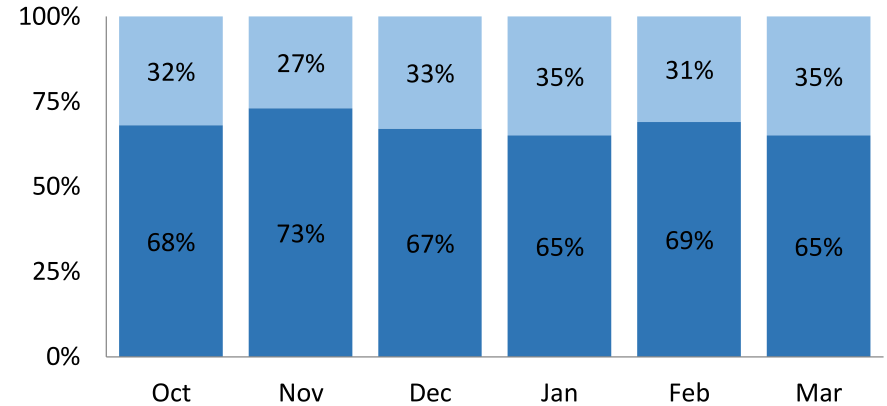

- The status of the claims initially reported as "suspended" after 90-days of claims run out.

| | % | Top 10 Reasons for Claims Denials (Non-Pharmacy) |
|---|---|---|
| 1. | 16% | Bill primary insurer first; resubmit with explanation of benefits (EOB) |
| 2. | 10% | Duplicate claim/service can not be combined with other service on same day |
| 3. | 9% | Service can not be combined with other service on same day Bill primary insurer first; resubmit with explanation of benefits (EOB) |
| 4. | 5% | Service is not covered |
| 5. | 5% | No authorization on file that matches service(s) billed |
| 6. | 4% | Billing NPI not registered with IA DHHS/IA Medicaid |
| 7. | 3% | ECI diagnosis invalid or requires additional digit |
| 8. | 3% | Void Adjustment |
| 9. | 3% | Diagnosis code incorrectly coded per ICD10 manual |
| 10. | 2% | Time Frame for filing a Claim reconsideration has expired |

# Claims Summary (Pharmacy)

**1.76 Million**
Claims Paid & Denied

| | Jan | Feb | Mar |
|---|---|---|---|
| **All Claims (Pharmacy)** | | | |
| Paid | 343,268 | 366,868 | 460,028 |
| Denied | 187,713 | 162,916 | 243,504 |
| **Clean Claims Processed** | | | |
| in 30-days (Requirement 90%) | 100% | 100% | 100% |
| in 45-days (Requirement 95%) | 100% | 100% | 100% |
| **Average Days to Pay** | 10 | 11 | 11 |



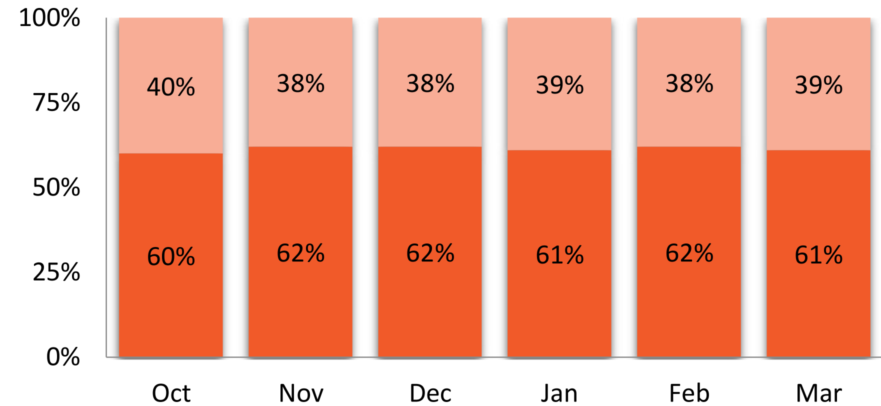

| | % | Top 10 Reasons for Claims Denials (Pharmacy) |
|---|---|---|
| 1. | 31% | Refill too soon |
| 2. | 20% | M/I other coverage code |
| 3. | 12% | Prior authorization required |
| 4. | 11% | Submit bill to other processor or primary payer |
| 5. | 6% | National Drug Code (NDC) not covered |
| 6. | 6% | Plan limitations exceeded |
| 7. | 3% | M/I other payer reject code |
| 8. | 3% | M/I processor control number |
| 9. | 1% | Prescriber is not enrolled in State Medicaid program |
| 10. | 1% | Filled after coverage terminated |

## Claims Summary (Pharmacy)

**1.49 Million**
Claims Paid & Denied

| | Jan | Feb | Mar |
|---|---|---|---|
| **All Claims (Pharmacy)** | | | |
| Paid | 306,638 | 283,621 | 322,738 |
| Denied | 193,490 | 175,568 | 204,822 |
| **Clean Claims Processed** | | | |
| in 30-days (Requirement 90%) | 100% | 100% | 100% |
| in 45-days (Requirement 95%) | 100% | 100% | 100% |
| **Average Days to Pay** | 10 | 10 | 10 |

**Claims Status by %**




| | % | Top 10 Reasons for Claims Denials (Pharmacy) |
|---|---|---|
| 1. | 27% | Refill too soon |
| 2. | 12% | Prior authorization required |
| 3. | 8% | National Drug Code (NDC) not covered |
| 4. | 5% | Submit bill to other processor or primary payer |
| 5. | 5% | Plan limitations exceeded |
| 6. | 2% | Product not covered - non-participating manufacturer |
| 7. | 2% | Discrepancy - other coverage code & other payer amount paid |
| 8. | 2% | Drug Utilization Review (DUR) reject error |
| 9. | 2% | Drug not covered for patient age |
| 10. | 1% | Prescriber is not enrolled in State Medicaid program |

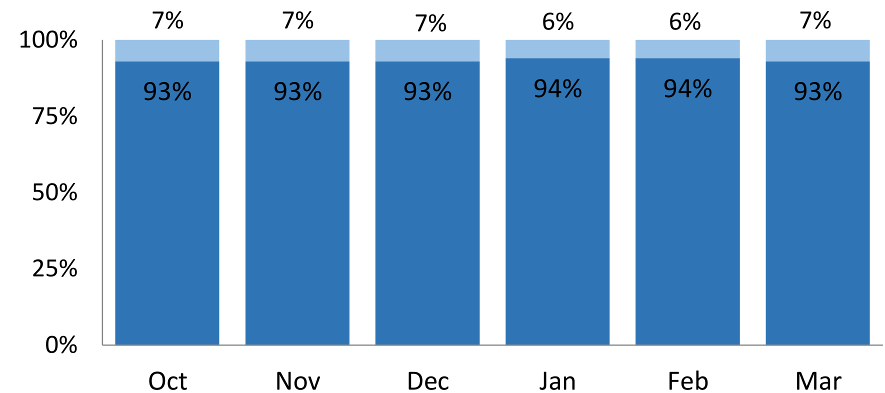
# Prior Authorization Summary

**92,377**
All PAs Submitted [6]

## Non-Pharmacy

| | Jan | Feb | Mar |
|---|---|---|---|
| **Standard Prior Authorizations (PAs)** | | | |
| Approved | 17,048 | 18,349 | 21,758 |
| Denied | 1,125 | 1,204 | 1,592 |
| Modified | 0 | 0 | 0 |
| Average Days to Process | 3 | 4 | 5 |
| **Standard PAs Completed** in 14-days (Requirement 99%) | 100% | 100% | 100% |
| **Expedited PAs Completed** in 72-hours (Requirement 99%) | 100% | 100% | 100% |

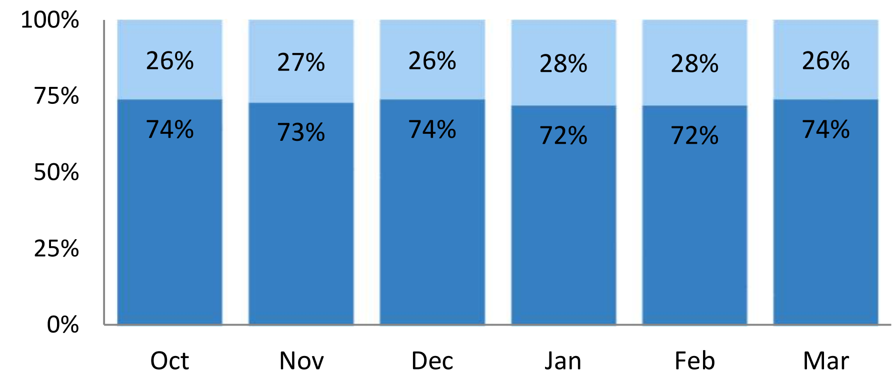
## Non-Pharmacy by Percentage




## Pharmacy

| | Jan | Feb | Mar |
|---|---|---|---|
| **Prior Authorizations** | | | |
| Approved | 7,726 | 6,797 | 8,161 |
| Denied | 2,986 | 2,673 | 2,918 |
| **PAs Completed** in 24-hours (Requirement 100%) | 100.0% | 99.9% | 100.0% |

## Pharmacy by Percentage




[6] Totals capture all standard non-pharmacy and pharmacy PA counts. In addition to approved, denied, or modified the submitted totals will also include PA's received, but not yet processed.

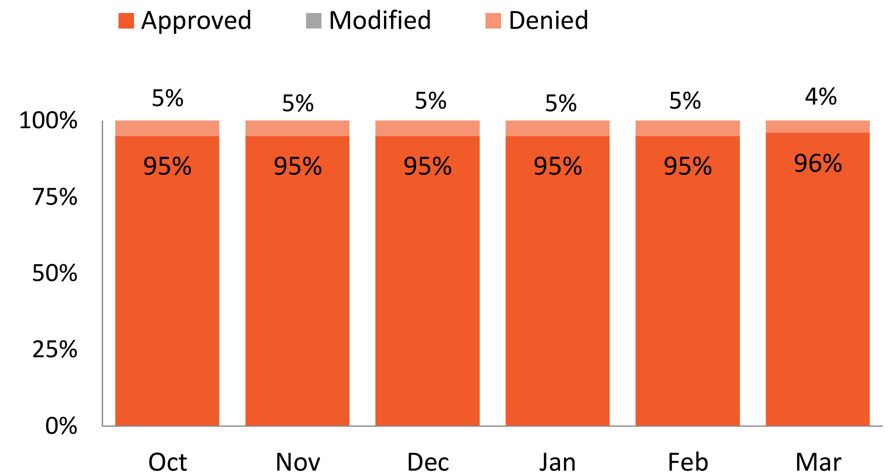
## Prior Authorization Summary

**147,747**
All PAs Submitted [6]

### Non-Pharmacy

| | Jan | Feb | Mar |
|---|---|---|---|
| **Standard Prior Authorizations (PAs)** | | | |
| Approved | 35,466 | 35,279 | 41,886 |
| Denied | 1,849 | 2,021 | 1,763 |
| Modified | 0 | 0 | 0 |
| Average Days to Process | 2 | 2 | 2 |
| **Standard PAs Completed** in 14-days (Requirement 99%) | 100% | 100% | 100% |
| **Expedited PAs Completed** in 72-hours (Requirement 99%) | 100% | 99% | 99% |

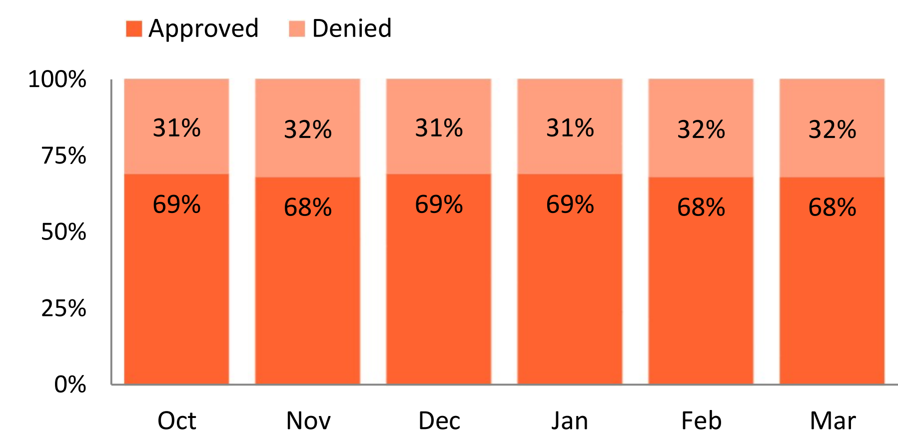
### Non-Pharmacy by Percentage




### Pharmacy

| | Jan | Feb | Mar |
|---|---|---|---|
| **Prior Authorizations** | | | |
| Approved | 5,838 | 5,530 | 6,569 |
| Denied | 2,632 | 2,629 | 3,035 |
| **PAs Completed** in 24-hours (Requirement 100%) | 100.0% | 100.0% | 99.9% |

### Pharmacy by Percentage

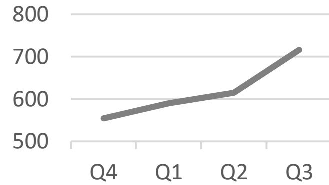



[6] Totals capture all standard non-pharmacy and pharmacy PA counts. In addition to approved, denied, or modified the submitted totals will also include PA's received, but not yet processed.

# Grievances and Appeals

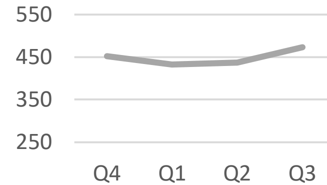
Standard Grievances

716



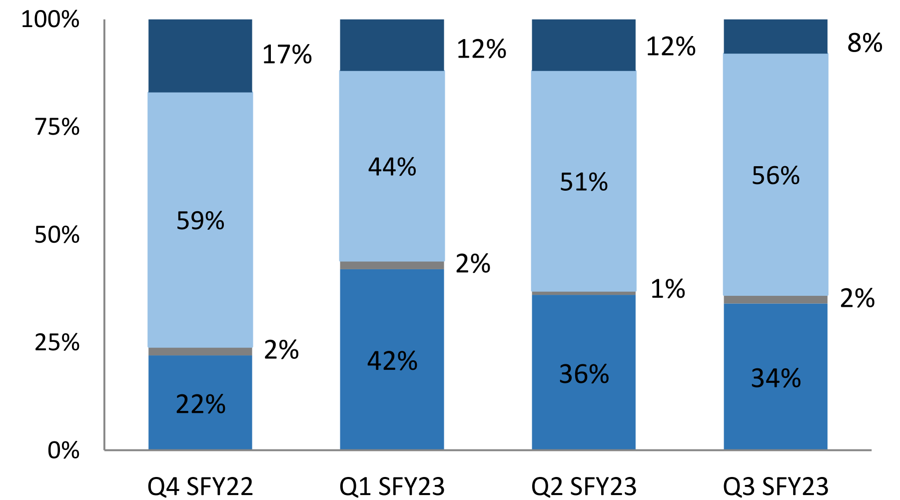

Standard Appeals/ 1st Level Review

473




Standard Appeal Outcome %

| Resolved in 30-days | Resolved in 30-days |
|---|---|
| 100% | 100% |




| | % | Top 10 Reasons for Grievances [7] |
|---|---|---|
| 1. | 26% | Voluntary Disenrollment |
| 2. | 17% | Provider balance billed |
| 3. | 8% | Provider Dissatisfaction |
| 4. | 5% | Treatment Dissatisfaction |
| 5. | 4% | Transportation - Driver Delay |
| 6. | 3% | Inadequate benefit access |
| 7. | 2% | Continuity of Care |
| 8. | 2% | Inadequate member materials |
| 9. | 2% | Provider refusal to treat |
| 10. | 2% | Too many phone inquiries |

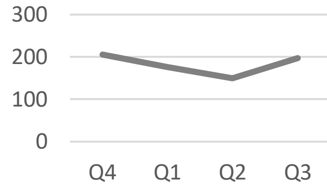
| % | Top 10 Reasons for Appeals [7] |
|---|---|
| 28% | Pharmacy - Non Injectable |
| 18% | DME |
| 13% | Pharmacy - Injectable |
| 12% | Outpatient Services - Medical |
| 6% | Surgery |
| 4% | Inpatient - Medical |
| 3% | Therapy OT/PT |
| 3% | Radiology |
| 3% | Pain Mgmt |
| 2% | BH - Inpatient |

[7] Top 10 reasons for grievances and appeals includes both standard and expedited counts. All percentages listed are based on quarterly totals.

# Grievances and Appeals

Standard Grievances

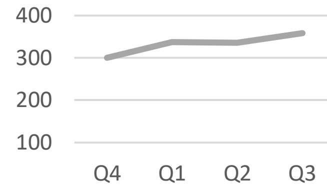
197




**Resolved in 30-days**
**99%**

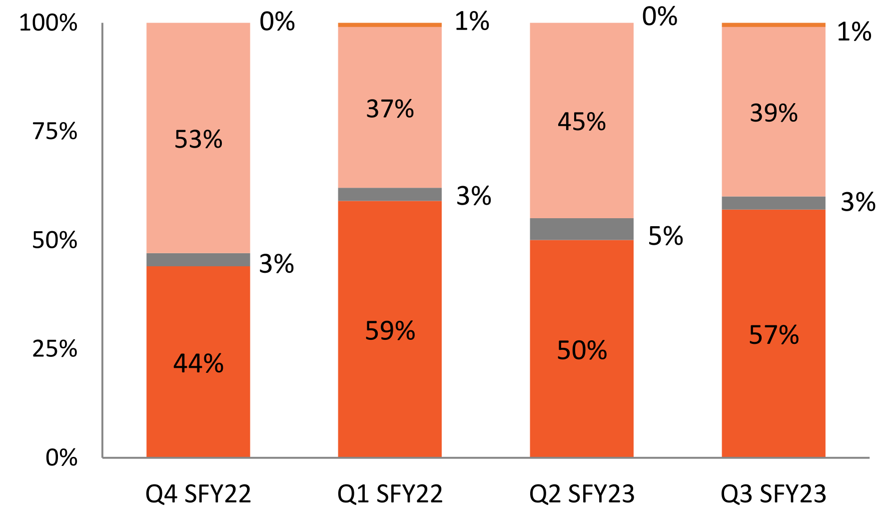
Standard Appeals/ 1st Level Review

358




**Resolved in 30-days**
**100%**

Standard Appeal Outcome %




| | % | Top 10 Reasons for Grievances [7] |
|---|---|---|
| 1. | 15% | Provider Not in Network |
| 2. | 14% | Transportation - General Complaint Vendor |
| 3. | 12% | Unhappy with Benefits |
| 4. | 11% | Transportation - Driver did not show |
| 5. | 6% | Transportation - Missed Appointment |
| 6. | 6% | Lack of Caring/Concern |
| 7. | 5% | Transportation - Late Appointment |
| 8. | 4% | Transportation - General Complaint Vendor CSR |
| 9. | 3% | Transportation - Other |
| 10. | 3% | Inappropriate Payment Demand(par) |

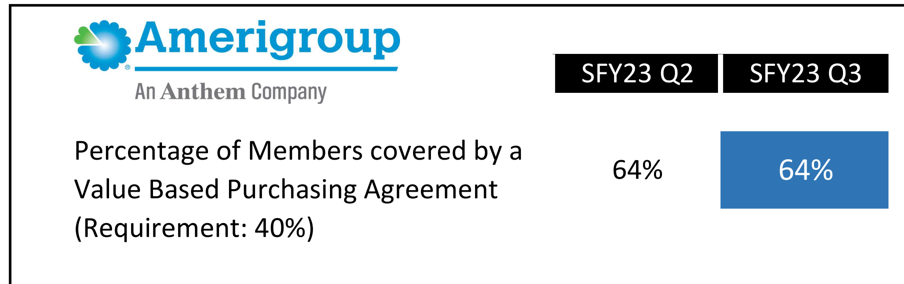
| % | Top 10 Reasons for Appeals [7] |
|---|---|
| 26% | RX - Does Not Meet Prior Auth Guidelines |
| 6% | DME - Wheelchair - NotMedically Necessary |
| 5% | Rehabilitation/Therapy - Physical Therapy |
| 3% | Injection - Self Injectibles - Not Medically Necessary |
| 2% | Therapy - Occupational Therapy - Not Medically Necessary |
| 2% | Diagnostic - MRI - Not Medically Necessary |
| 2% | DME - Other - Not Medically Necessary |
| 2% | Other - Mental Health Service |
| 2% | Injections - Epidural Injections -Not Medically Necessary |
| 1% | DME - Blood Glucose Monitor - Not Medically Necessary |

[7] Top 10 reasons for grievances and appeals includes both standard and expedited counts.  All percentages listed are based on quarterly totals.

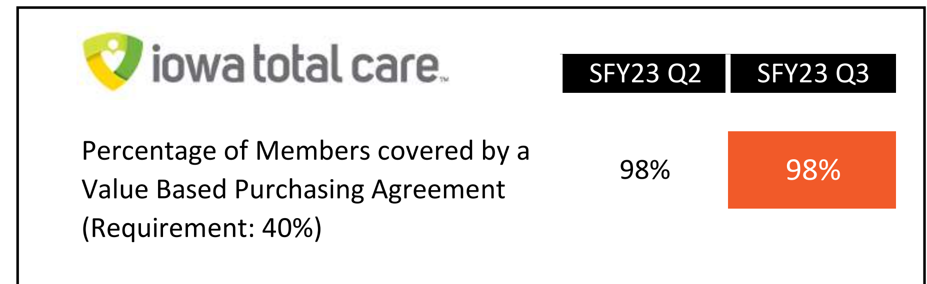
# MCO Care Quality and Outcomes

## Value Based Purchasing (VBP) Agreement

Value Based Purchasing (VBP) Agreement: An agreement that holds health care providers accountable for both the cost and quality of care they provide by providing payment to improved performance.




| | SFY23 Q2 | SFY23 Q3 |
|---|---|---|
| Percentage of Members covered by a Value Based Purchasing Agreement (Requirement: 40%) | 64% | 64% |




| | SFY23 Q2 | SFY23 Q3 |
|---|---|---|
| Percentage of Members covered by a Value Based Purchasing Agreement (Requirement: 40%) | 98% | 98% |

## Top 5 - Value Added Services (VAS)

Value Added Services (VAS) are optional benefits provided by the MCOs outside of the standard Medicaid benefit package. MCOs use value added services as an incentive to attract members to their plan. A complete listing by each MCO can also be found here: https://dhs.iowa.gov/sites/default/files/Comm504.pdf

Amerigroup
An Anthem Company

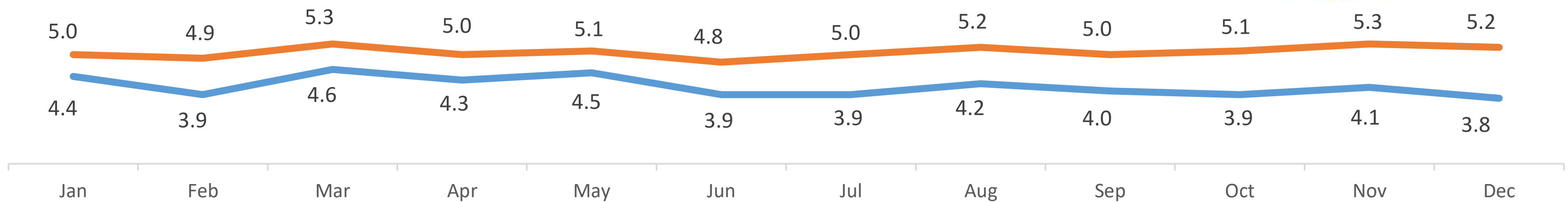
| | SFY23 Q2 | SFY23 Q3 |
|---|---|---|
| Healthy Rewards | 6,574 | 10,158 |
| Taking Care of Baby and Me | 2,145 | 2,130 |
| Community Resource Link | 1,977 | 1,587 |
| SafeLink Mobile Phone | 2,613 | 1,050 |
| Dental Hygiene Kit | 514 | 568 |

iowa total care

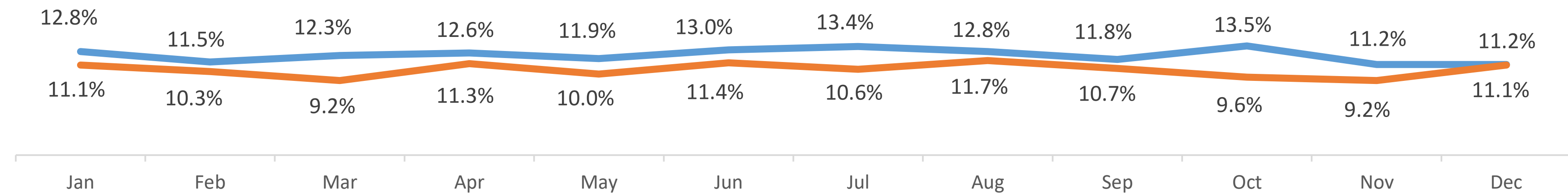
| | SFY23 Q2 | SFY23 Q3 |
|---|---|---|
| My Health Pays Program | 12,676 | 9,596 |
| The Flu Program | 14,212 | 6,132 |
| Mobile App | 1,831 | 2,080 |
| Start Smart for Your Baby | 1,743 | 2,000 |
| SafeLink Phones | 662 | 1,198 |

## MCO Care Quality and Outcomes

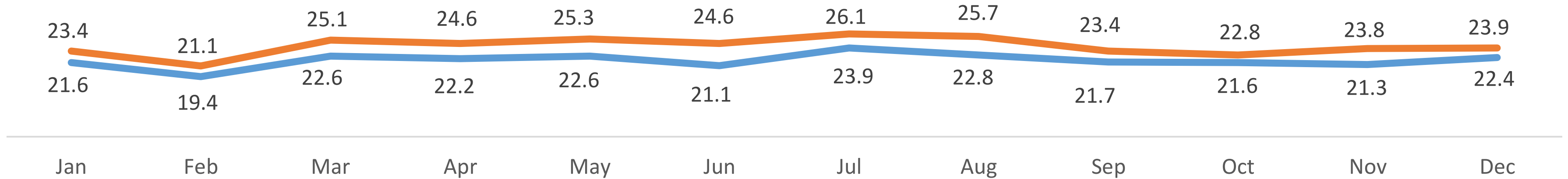
### Inpatient Admissions per 1,000 Members per Month (90-day lag)




### All Cause Readmissions within 30-days (90-day lag) [8]




### Adult Non-Emergent Use Per 1,000 ED Visits (90-day lag) [9]



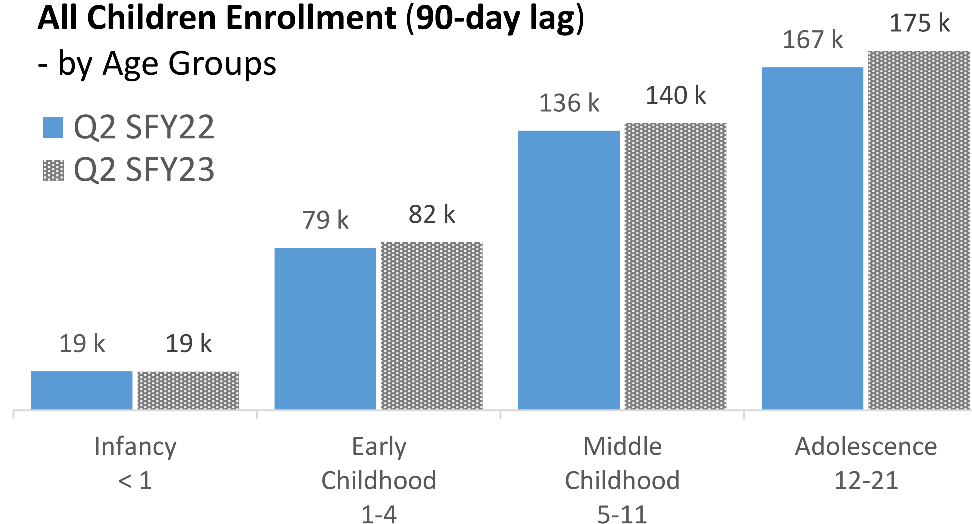

[8] *This measure requires 12 months of continuous enrollment with the MCO.*

[9] *Effective January 1, 2020, the list of emergent diagnosis codes used to determine this measure was updated.*

# MCO Children Summary

Medicaid-eligible children either qualify for Traditional Medicaid or CHIP (Children's Health Insurance Program). Which eligibility group children qualify for is based on household income status and other factors. In Iowa, CHIP is offered through the Healthy and Well Kids in Iowa (Hawki) program or M-CHIP (Medicaid expansion for kids).

Children (ages 0-21) make up over half of the enrolled MCO population. Of this population, 80% of children are Traditional Medicaid eligible. 20% of MCO enrolled children are CHIP eligible (Hawki/M-CHIP).



| | SFY22 Q2 | SFY23 Q2 |
|---|---|---|
| **Member Enrollment** | 237,998 | 238,257 |
| Infancy < 1 | 9,842 | 8,810 |
| Early Childhood 1 - 4 | 46,275 | 45,215 |
| Middle Childhood 5 - 11 | 81,778 | 81,767 |
| Adolescence 12 - 21 | 100,103 | 102,465 |
| **Well Child Exams** (Preventive Visits) | 39,572 | 43,034 |
| Infancy < 1 | 11,043 | 11,232 |
| Early Childhood 1 - 4 | 11,242 | 12,037 |
| Middle Childhood 5 - 11 | 8,865 | 10,298 |
| Adolescence 12 - 21 | 8,422 | 9,467 |
| **Lead Screenings** | 3,445 | 3,771 |
| Infancy < 1 | 77 | 129 |
| Early Childhood 1 - 4 | 3,059 | 3,348 |
| Middle Childhood 5 - 11 | 269 | 251 |
| Adolescence 12 - 21 | 40 | 43 |

| | SFY22 Q2 | SFY23 Q2 |
|---|---|---|
| **Member Enrollment** | 162,215 | 176,527 |
| Infancy < 1 | 9,062 | 9,974 |
| Early Childhood 1 - 4 | 32,560 | 36,469 |
| Middle Childhood 5 - 11 | 54,062 | 57,849 |
| Adolescence 12 - 21 | 66,531 | 72,235 |
| **Well Child Exams** (Preventive Visits) | 35,030 | 36,532 |
| Infancy < 1 | 11,829 | 12,504 |
| Early Childhood 1 - 4 | 9,811 | 10,348 |
| Middle Childhood 5 - 11 | 7,064 | 7,022 |
| Adolescence 12 - 21 | 6,326 | 6,658 |
| **Lead Screenings** | 3,264 | 3,741 |
| Infancy < 1 | 123 | 147 |
| Early Childhood 1 - 4 | 2,847 | 3,283 |
| Middle Childhood 5 - 11 | 258 | 263 |
| Adolescence 12 - 21 | 36 | 48 |

# MCO Children Summary

| | SFY22 Q2 | SFY23 Q2 |
|---|---|---|
| **Hearing Screenings** | 2,200 | 2,165 |
| Infancy < 1 | 172 | 162 |
| Early Childhood 1 - 4 | 1,111 | 1,048 |
| Middle Childhood 5 - 11 | 660 | 676 |
| Adolescence 12 - 21 | 257 | 279 |
| **Vision Screenings** | 1,871 | 2,358 |
| Infancy < 1 | 47 | 13 |
| Early Childhood 1 - 4 | 854 | 838 |
| Middle Childhood 5 - 11 | 626 | 948 |
| Adolescence 12 - 21 | 344 | 559 |
| **Vaccination Totals** | 80,580 | 70,221 |
| COVID-19 Dose 1 | 2,212 | 513 |
| COVID-19 Dose 2 or Single-Dose (J&J) | 2,031 | 447 |
| DTaP (Diphtheria, Tetanus, Pertussis) | 9,220 | 8,248 |
| Influenza (FLU) | 31,194 | 27,677 |
| HepA (Hepatitis A) | 4,027 | 3,763 |
| HepB (Hepatitis B) | 878 | 466 |
| Haemophilus Influenza Type B (Hib) | 4,786 | 4,090 |
| Human Papillomavirus (HPV) | 2,656 | 2,635 |
| Meningococcal ACWY (MenACWY) | 2,714 | 2,666 |
| Meningococcal B - (MenB) | 1,216 | 1,273 |
| MMR (Measles, Mumps, Rubella) | 3,687 | 3,658 |
| Pneumococcal (PCV13) | 7,090 | 6,540 |
| Pneumococcal (PPSV23) | 57 | 45 |
| Polio (IPV) | 239 | 291 |
| RV (Rotavirus) | 4,696 | 4,151 |
| Tetanus and diphtheria (Td) | 29 | 26 |
| TDAP (Tetanus, Diphtheria, Pertussis) | 1,949 | 1,889 |
| Varicella Virus Vaccine (VAR) | 1,899 | 1,843 |

| | SFY22 Q2 | SFY23 Q2 |
|---|---|---|
| **Hearing Screenings** | 1,377 | 1,526 |
| Infancy < 1 | 172 | 150 |
| Early Childhood 1 - 4 | 664 | 761 |
| Middle Childhood 5 - 11 | 388 | 437 |
| Adolescence 12 - 21 | 153 | 178 |
| **Vision Screenings** | 1,450 | 1,720 |
| Infancy < 1 | 40 | 9 |
| Early Childhood 1 - 4 | 732 | 639 |
| Middle Childhood 5 - 11 | 491 | 672 |
| Adolescence 12 - 21 | 187 | 400 |
| **Vaccination Totals** | 64,089 | 59,488 |
| COVID-19 Dose 1 | 1,823 | 14 |
| COVID-19 Dose 2 or Single-Dose (J&J) | 1,723 | 454 |
| DTaP (Diphtheria, Tetanus, Pertussis) | 8,050 | 7,830 |
| Influenza (FLU) | 22,087 | 19,904 |
| HepA (Hepatitis A) | 3,328 | 3,537 |
| HepB (Hepatitis B) | 769 | 574 |
| Haemophilus Influenza Type B (Hib) | 4,399 | 4,141 |
| Human Papillomavirus (HPV) | 1,911 | 1,970 |
| Meningococcal ACWY (MenACWY) | 1,853 | 1,990 |
| Meningococcal B - (MenB) | 801 | 868 |
| MMR (Measles, Mumps, Rubella) | 3,088 | 3,054 |
| Pneumococcal (PCV13) | 6,455 | 6,722 |
| Pneumococcal (PPSV23) | 66 | 39 |
| Polio (IPV) | 204 | 446 |
| RV (Rotavirus) | 4,338 | 4,507 |
| Tetanus and diphtheria (Td) | 35 | 30 |
| TDAP (Tetanus, Diphtheria, Pertussis) | 1,430 | 1,609 |
| Varicella Virus Vaccine (VAR) | 1,729 | 1,799 |

# MCO Children Summary - Behavioral/Mental Health Treatment & Services

| Substance Use Disorder (SUD) Summary | SFY22 Q2 | SFY23 Q2 |
|---|---|---|
| **Total Visits** - *As 1st or 2nd Diagnosis* | 6,530 | 6,489 |
| Alcohol | 1,263 | 1,300 |
| Cannabis | 2,810 | 2,958 |
| Cocaine | 60 | 108 |
| Nicotine | 712 | 774 |
| Opioid | 515 | 442 |
| Other | 64 | 40 |
| Other Psychoactive | 305 | 333 |
| Other Stimulant | 476 | 449 |
| Sedative | 325 | 85 |

| Severe Emotional Disturbance (SED) for Children Summary | SFY22 Q2 | SFY23 Q2 |
|---|---|---|
| **Total Visits** - *As 1st or 2nd Diagnosis* | 208,917 | 197,251 |
| ADHD [10] | 46,141 | 44,528 |
| Anxiety | 38,611 | 38,593 |
| Bipolar | 3,231 | 2,938 |
| Conduct Disorder | 20,894 | 19,795 |
| Depression | 29,504 | 27,237 |
| Obsessive Compulsive Disorder | 765 | 717 |
| Other | 14,964 | 13,098 |
| Post-traumatic Stress Disorder | 54,357 | 50,036 |
| Tourette Syndrome | 450 | 309 |

| Substance Use Disorder (SUD) Summary | SFY22 Q2 | SFY23 Q2 |
|---|---|---|
| **Total Visits** - *As 1st or 2nd Diagnosis* | 4,019 | 4,272 |
| Alcohol | 752 | 1,009 |
| Cannabis | 2,051 | 1,951 |
| Cocaine | 40 | 36 |
| Nicotine | 66 | 132 |
| Opioid | 339 | 376 |
| Other | 43 | 15 |
| Other Psychoactive | 210 | 268 |
| Other Stimulant | 457 | 417 |
| Sedative | 61 | 68 |

| Severe Emotional Disturbance (SED) for Children Summary | SFY22 Q2 | SFY23 Q2 |
|---|---|---|
| **Total Visits** - *As 1st or 2nd Diagnosis* | 113,801 | 114,460 |
| ADHD [10] | 22,782 | 22,930 |
| Anxiety | 21,866 | 23,241 |
| Bipolar | 1,590 | 1,690 |
| Conduct Disorder | 11,703 | 10,707 |
| Depression | 16,633 | 16,197 |
| Obsessive Compulsive Disorder | 419 | 338 |
| Other | 7,355 | 7,655 |
| Post-traumatic Stress Disorder | 31,263 | 31,504 |
| Tourette Syndrome | 190 | 198 |

**Data Notes**: All counts listed above reflect claims activity with a 90-day lag. Counts are populated every time a claim is identified as having a 1st or 2nd SUD or SED diagnosis reason for children ages 5 to 21. [10] Attention Deficit/Hyperactivity Disorder (ADHD)

# **MCO Children Summary** - Behavioral/Mental Health Treatment & Services

| | SFY22 Q2 | SFY23 Q2 |
|---|---|---|
| **Mental Health Assessments** | 10,438 | 8,957 |
| Middle Childhood 5 - 11 | 3,660 | 3,435 |
| Adolescence 12 - 21 | 6,778 | 5,522 |
| **Therapy/Counseling** - Individual | 74,462 | 69,149 |
| Middle Childhood 5 - 11 | 30,738 | 28,412 |
| Adolescence 12 - 21 | 43,724 | 40,737 |
| **Therapy/Counseling** - Group & Family | 8,917 | 7,985 |
| Middle Childhood 5 - 11 | 3,134 | 2,871 |
| Adolescence 12 - 21 | 5,783 | 5,114 |
| **Behavioral Intervention Services** | 18,922 | 19,629 |
| Middle Childhood 5 - 11 | 11,430 | 11,877 |
| Adolescence 12 - 21 | 7,492 | 7,752 |
| **Applied Behavior Analysis** (ABA) | 4,059 | 3,651 |
| Middle Childhood 5 - 11 | 3,642 | 3,121 |
| Adolescence 12 - 21 | 417 | 530 |
| **Residential Treatment** | 666 | 484 |
| Middle Childhood 5 - 11 | 221 | 111 |
| Adolescence 12 - 21 | 445 | 373 |
| **M/H** & **Substance Abuse B3 Services** [11] | 5,632 | 5,415 |
| Middle Childhood 5 - 11 | 1,502 | 1,530 |
| Adolescence 12 - 21 | 4,130 | 3,885 |

| | SFY22 Q2 | SFY23 Q2 |
|---|---|---|
| **Mental Health Assessments** | 6,165 | 5,865 |
| Middle Childhood 5 - 11 | 2,215 | 2,203 |
| Adolescence 12 - 21 | 3,950 | 3,662 |
| **Therapy/Counseling** - Individual | 42,933 | 43,865 |
| Middle Childhood 5 - 11 | 18,721 | 18,380 |
| Adolescence 12 - 21 | 24,212 | 25,485 |
| **Therapy/Counseling** - Group & Family | 5,085 | 5,521 |
| Middle Childhood 5 - 11 | 2,005 | 2,294 |
| Adolescence 12 - 21 | 3,080 | 3,227 |
| **Behavioral Intervention Services** | 10,704 | 10,906 |
| Middle Childhood 5 - 11 | 6,651 | 6,543 |
| Adolescence 12 - 21 | 4,053 | 4,363 |
| **Applied Behavior Analysis** (ABA) | 971 | 1,078 |
| Middle Childhood 5 - 11 | 839 | 942 |
| Adolescence 12 - 21 | 132 | 136 |
| **Residential Treatment** | 375 | 506 |
| Middle Childhood 5 - 11 | 101 | 181 |
| Adolescence 12 - 21 | 274 | 325 |
| **M/H** & **Substance Abuse B3 Services** [11] | 3,087 | 3,126 |
| Middle Childhood 5 - 11 | 940 | 847 |
| Adolescence 12 - 21 | 2,147 | 2,279 |

**Data Notes**: All claims data is reported on a 90-day lag. Quarters listed by MCO compare same quarter 1-year apart (e.g., SFY21 Q1 vs. SFY22 Q2).

[11] *"B3" services are mental health and substance abuse services available to MCO members.*

# **Long Term Services** - Care Quality and Outcomes

## Non-LTSS Care Coordination and HCBS Case Management

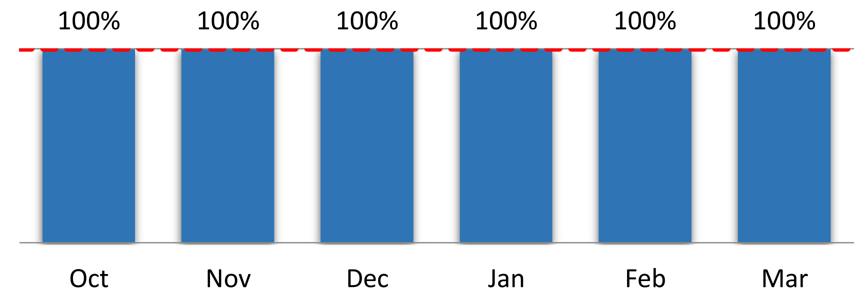
| **Average Number of Contacts Per Month** | SFY23 Q2 | SFY23 Q3 |
|---|---|---|
| by Care Coordinators | 2.0 | **2.0** |
| by Case Managers | 1.0 | **1.0** |
| **"Members to" Ratios** | | |
| Members to Care Coordinators | 12 | **15** |
| HCBS Members to Case Managers | 76 | **67** |

## Iowa Participant Experience Survey (IPES)

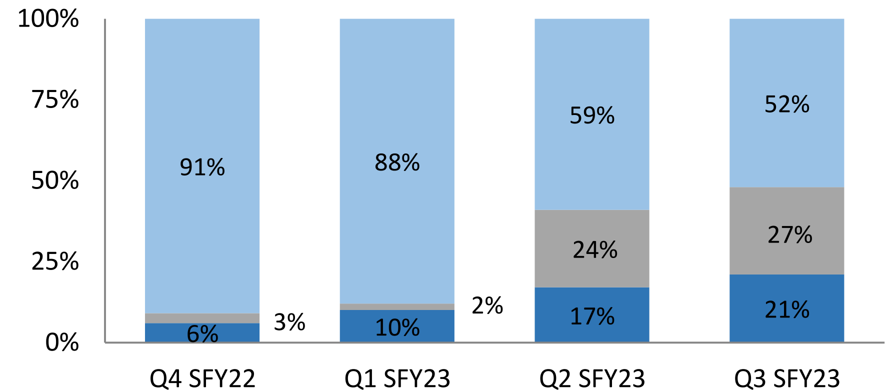
| Waiver members reporting… | | SFY23 Q2 | SFY23 Q3 |
|---|---|---|---|
| They were part of service planning. | I don't know | 0.0% | 0.5% |
| | No | 0.0% | 0.0% |
| | Sometimes | 0.0% | 0.0% |
| | **Yes** | 100.0% | 99.5% |
| They feel safe where they live. | I don't know | 0.0% | 0.0% |
| | No | 0.0% | 0.0% |
| | Sometimes | 0.0% | 0.0% |
| | **Yes** | 100.0% | 100.0% |
| Their services make their lives better. | I don't know | 0.0% | 1.0% |
| | No | 0.0% | 0.0% |
| | Sometimes | 0.0% | 1.4% |
| | **Yes** | 100.0% | 97.6% |

There are no current MCO contract standards for ratios of members to care coordinators or community based case managers. However, MCO contracts do state that members are to be visited in their residence face-to-face by their care coordinator at least quarterly with an interval of at least 60 days between visits.

## Percentage of Level of Care (LOC) Reassessments Completed Timely




## Waiver Service Plan Outcomes



# **Long Term Services** - Care Quality and Outcomes

## Non-LTSS Care Coordination and HCBS Case Management

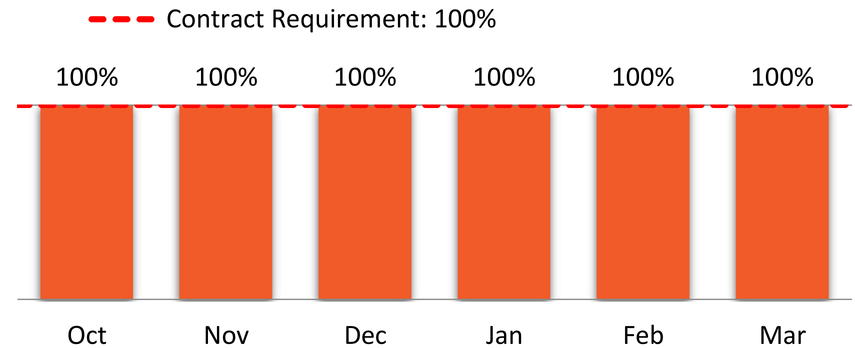
| Average Number of Contacts Per Month | SFY23 Q2 | SFY23 Q3 |
|---|---|---|
| by Care Coordinators | 1.0 | **1.0** |
| by Case Managers | 1.0 | **1.0** |
| **"Members to" Ratios** | | |
| Members to Care Coordinators | 44 | **51** |
| HCBS Members to Case Managers | 44 | **46** |

## Iowa Participant Experience Survey (IPES)

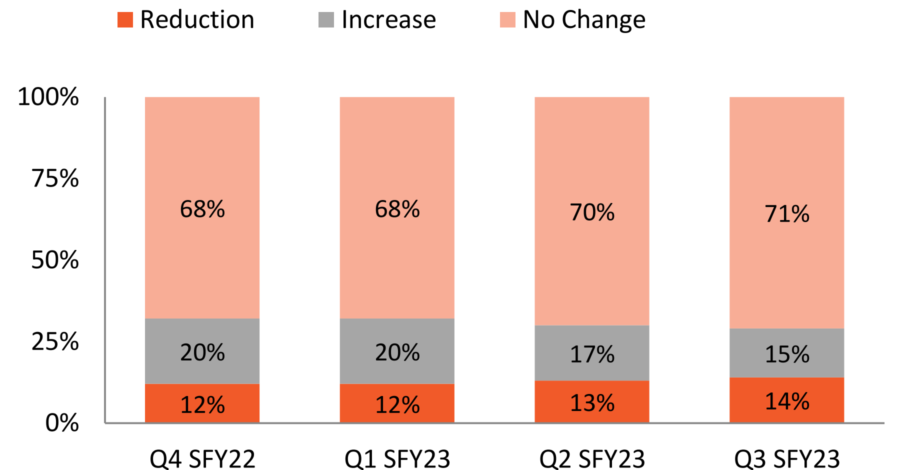
| Waiver members reporting… | | SFY23 Q2 | SFY23 Q3 |
|---|---|---|---|
| They were part of service planning. | I don't know | 2.1% | 1.4% |
| | No | 3.5% | 0.0% |
| | Sometimes | 1.1% | 2.8% |
| | **Yes** | 92.2% | 95.8% |
| They feel safe where they live. | I don't know | 0.4% | 0.0% |
| | No | 5.7% | 5.6% |
| | Sometimes | 2.1% | 2.8% |
| | **Yes** | 91.5% | 91.7% |
| Their services make their lives better. | I don't know | 1.8% | 0.0% |
| | No | 3.5% | 4.2% |
| | Sometimes | 4.2% | 1.4% |
| | **Yes** | 90.1% | 94.4% |

MCO contracts also state that community based case managers shall contact HCBS waiver members either at least monthly in person or by telephone with an interval of at least 14 calendar days between contacts. All Level of Care (LOC) and functional need assessments must be updated annually or as a member's needs change

## Percentage of Level of Care (LOC) Reassessments Completed Timely




## Waiver Service Plan Outcomes



# **Long Term Services** - Waiver Service Plan Participation

Home- and Community-Based Services (HCBS) programs are available for eligible members with disabilities or older Iowans that would otherwise require care in a medical institution. The following information captures the Top 5 services used by members with "active" waiver service plans.

## Top 5 Waiver Services
- by Member Usage

| Service | SFY23 Q2 | SFY23 Q3 |
|---|---|---|
| **AIDS/HIV** - Waiver Member Count | 25 | 26 |
| Home Delivered Meals | 18 | 18 |
| CDAC (agency) by 15 minute units | 1 | 2 |
| Financial Management Services | 2 | 2 |
| Adult Day Care Services - full day | 1 | 2 |
| CDAC (individual) by 15 minute units | 3 | 1 |
| **Brain Injury (BI) Waivers** | 755 | 755 |
| Supported Community Living (by unit) | 199 | 205 |
| Financial Management Services | 199 | 200 |
| Personal Emergency Response | 171 | 171 |
| Respite (by 15 minute units) | 151 | 153 |
| Supported Community Living (daily) | 115 | 119 |
| **Children's Mental Health (CMH)** | 799 | 797 |
| Respite (by 15 minute units) | 445 | 456 |
| Respite (Hos/NF) - 15 minute units | 236 | 235 |
| Family and Community Support | 193 | 187 |
| Respite (Resident Camp) by units | 21 | 19 |
| Home Delivered Meals | 2 | 3 |
| **Elderly Waivers** | 4,027 | 3,925 |
| Personal Emergency Response | 2,746 | 2,692 |
| Home Delivered Meals | 2,724 | 2,627 |
| CDAC (agency) by 15 minute units | 345 | 334 |
| Assisted Living Services | 317 | 316 |
| Personal Emergency Response (install) | 251 | 221 |

| Service | SFY23 Q2 | SFY23 Q3 |
|---|---|---|
| **Habilitation (Hab)** | 4,076 | 4,148 |
| Home-based Habilitation | 3,381 | 3,389 |
| Long Term Job Coaching | 386 | 389 |
| Day Habilitation (units by day) | 333 | 326 |
| Day Habilitation (by 15 minute units) | 157 | 161 |
| Individual Supported Employment | 204 | 122 |
| **Health & Disability (HD)** | 1,357 | 1,349 |
| Respite (by 15 minute units) | 397 | 419 |
| Financial Management Services | 347 | 338 |
| Personal Emergency Response | 321 | 322 |
| Home Delivered Meals | 312 | 308 |
| Respite (Hos/NF) - 15 minute units | 57 | 61 |
| **Intellectual Disability (ID)** | 6,899 | 6,930 |
| Supported Community Living (by unit) | 1,822 | 1,855 |
| Supported Community Living (RCF) | 1,514 | 1,525 |
| Day Habilitation (units by day) | 1,321 | 1,322 |
| Supported Community Living (daily) | 1,193 | 1,211 |
| Financial Management Services | 1,150 | 1,115 |
| **Physical Disability (PD)** | 569 | 562 |
| Personal Emergency Response | 320 | 314 |
| CDAC (individual) by 15 minute units | 37 | 58 |
| CDAC (agency) by 15 minute units | 42 | 53 |
| Personal Emergency Response (install) | 29 | 29 |
| Financial Management Services | 30 | 25 |

# **Long Term Services** - Waiver Service Plan Participation

All eligible members receive service coordination and a customized individual service plan. For additional information on the HCBS waiver program to include wait list information and a full list of available services, reference: https://hhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/waivers.

## Top 5 Waiver Services

- by Member Usage

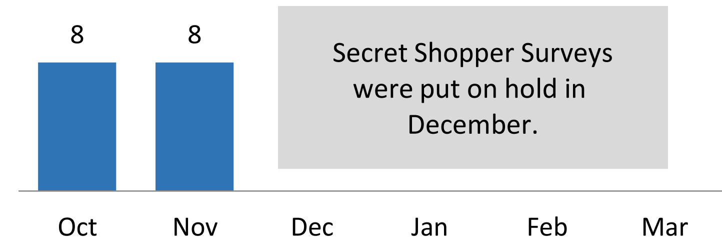
| | SFY23 Q2 | SFY23 Q3 |
|---|---|---|
| **AIDS/HIV** - Waiver Member Count | 8 | 8 |
| Home Delivered Meals | 8 | 7 |
| CDAC (agency) by 15 minute units | 3 | 3 |
| CDAC (individual) by 15 minute units | 0 | 1 |
| **Brain Injury (BI) Waivers** | 519 | 529 |
| Supported Community Living (by unit) | 214 | 199 |
| Personal Emergency Response | 150 | 143 |
| Supported Community Living (daily) | 121 | 120 |
| Transportation (1-way trip) | 87 | 91 |
| Respite (by 15 minute units) | 87 | 85 |
| **Children's Mental Health (CMH)** | 385 | 388 |
| Respite (by 15 minute units) | 243 | 255 |
| Respite (Hos/NF) - 15 minute units | 163 | 159 |
| Family and Community Support | 113 | 106 |
| Mental Health Service | 0 | 46 |
| Respite (Resident Camp) by units | 14 | 13 |
| **Elderly Waivers** | 3,569 | 3,687 |
| Personal Emergency Response | 2,650 | 2,723 |
| Home Delivered Meals | 2,621 | 2,718 |
| CDAC (agency) by 15 minute units | 1,343 | 1,404 |
| Homemaker (by 15 minute units) | 720 | 727 |
| CDAC (individual) by 15 minute units | 612 | 652 |

| | SFY23 Q2 | SFY23 Q3 |
|---|---|---|
| **Habilitation (Hab)** | 2,410 | 2,500 |
| Home-based Habilitation | 1,908 | 1,936 |
| Day Habilitation (by 15 minute units) | 373 | 394 |
| Day Habilitation (units by day) | 298 | 311 |
| Long Term Job Coaching | 271 | 275 |
| Individual Supported Employment | 134 | 132 |
| **Health & Disability (HD)** | 587 | 597 |
| Respite (by 15 minute units) | 201 | 196 |
| Home Delivered Meals | 152 | 158 |
| Personal Emergency Response | 139 | 144 |
| CDAC (individual) by 15 minute units | 97 | 100 |
| CDAC (agency) by 15 minute units | 96 | 94 |
| **Intellectual Disability (ID)** | 4,466 | 4,527 |
| Day Habilitation (by 15 minute units) | 1,691 | 1,695 |
| Supported Community Living (by unit) | 1,716 | 1,676 |
| Day Habilitation (units by day) | 1,550 | 1,541 |
| Supported Community Living (RCF) | 1,195 | 1,200 |
| Supported Community Living | 942 | 930 |
| **Physical Disability (PD)** | 403 | 423 |
| Personal Emergency Response | 225 | 231 |
| CDAC (agency) by 15 minute units | 176 | 175 |
| CDAC (individual) by 15 minute units | 126 | 129 |
| Transportation (1-way trip) | 42 | 48 |
| Personal Emergency Response (install) | 30 | 33 |

# Call Center Performance Metrics

| | Jan | Feb | Mar |
|---|---|---|---|
| **Member Helpline** | | | |
| Service Level (Requirement 80%) | 99.36% | 98.68% | 95.55% |
| Abandonment Rate - Must be 5% or less | 0.20% | 0.31% | 0.28% |
| **Member Pharmacy Helpline** | | | |
| Service Level (Requirement 80%) | 97.29% | 97.42% | 99.63% |
| Abandonment Rate - Must be 5% or less | 0.08% | 0.30% | 0.00% |
| **Provider Helpline** | | | |
| Service Level (Requirement 80%) | 98.15% | 95.25% | 89.36% |
| Abandonment Rate - Must be 5% or less | 0.12% | 0.17% | 0.52% |
| **Provider Pharmacy Helpline** | | | |
| Service Level (Requirement 80%) | 94.60% | 93.60% | 92.94% |
| Abandonment Rate - Must be 5% or less | 0.06% | 0.15% | 0.43% |
| **Non-Emergency Medical Transportation (NEMT) Helpline** | | | |
| Service Level (Requirement 80%) | 82.28% | 86.51% | 89.22% |
| Abandonment Rate - Must be 5% or less | 2.76% | 0.85% | 0.77% |

**Secret Shopper Scores**
- Member Helpline




**Secret Shopper Scores**
- Provider Helpline

**Data Notes**: Top 5 Call Reasons are captured during the last month of the reporting period.

| | Top 5 Call Reasons (Member Helpline) | Top 5 Call Reasons (Provider Helpline) |
|---|---|---|
| 1. | Benefit Inquiry | Benefit Inquiry |
| 2. | ID Card Request or Inquiry | Claim Status |
| 3. | Enrollment Information | Authorization Status |
| 4. | Transportation Inquiry | Claim Payment Question or Dispute |
| 5. | Claim Inquiry | Enrollment Inquiry |

# Call Center Performance Metrics

| | Jan | Feb | Mar |
|---|---|---|---|
| **Member Helpline** | | | |
| Service Level (Requirement 80%) | 91.56% | 92.48% | 90.96% |
| Abandonment Rate - Must be 5% or less | 3.06% | 3.05% | 3.57% |
| **Member Pharmacy Helpline** | | | |
| Service Level (Requirement 80%) | 86.48% | 91.62% | 90.63% |
| Abandonment Rate - Must be 5% or less | 0.89% | 1.36% | 0.98% |
| **Provider Helpline** | | | |
| Service Level (Requirement 80%) | 90.68% | 92.41% | 92.70% |
| Abandonment Rate - Must be 5% or less | 0.82% | 0.84% | 0.79% |
| **Provider Pharmacy Helpline** | | | |
| Service Level (Requirement 80%) | 91.65% | 90.36% | 91.28% |
| Abandonment Rate - Must be 5% or less | 0.50% | 0.47% | 0.51% |
| **Non-Emergency Medical Transportation (NEMT) Helpline** | | | |
| Service Level (Requirement 80%) | 84.30% | 91.84% | 90.02% |
| Abandonment Rate - Must be 5% or less | 1.39% | 0.57% | 0.59% |

## Secret Shopper Scores
- Member Helpline

## Secret Shopper Scores
- Provider Helpline

**Data Notes**: Top 5 Call Reasons are captured during the last month of the reporting period.

| | Top 5 Call Reasons (Member Helpline) |
|---|---|
| 1. | Benefits and Eligibility for Member |
| 2. | Update Preference for Member |
| 3. | Coordination Of Benefits for Member |
| 4. | Update PCP |
| 5. | Member Rewards for Member |

| Top 5 Call Reasons (Provider Helpline) |
|---|
| Benefits and Eligibility for Provider |
| Coordination Of Benefits for Provider |
| Claims Inquiry |
| Coordination of Benefits |
| View Authorization for Provider |

# Provider Network Access Summary

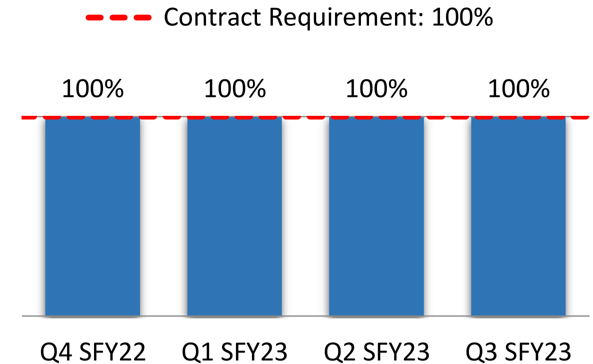
## Primary Care Providers (PCP)

| | SFY22 Q4 | SFY23 Q1 | SFY23 Q2 | SFY23 Q3 |
|---|---|---|---|---|
| **Adults PCP** | | | | |
| Provider Count | 6,893 | 7,093 | 7,374 | 6,966 |
| Members with Access | 237,584 | 238,093 | 237,553 | 237,034 |
| Average Distance (Miles) | 1.8 | 1.8 | 1.8 | 2.0 |
| **Pediatric PCP** | | | | |
| Provider Count | 6,924 | 7,124 | 7,405 | 6,997 |
| Members with Access | 214,390 | 213,457 | 212,349 | 211,612 |
| Average Distance (Miles) | 1.9 | 1.9 | 1.9 | 2.2 |

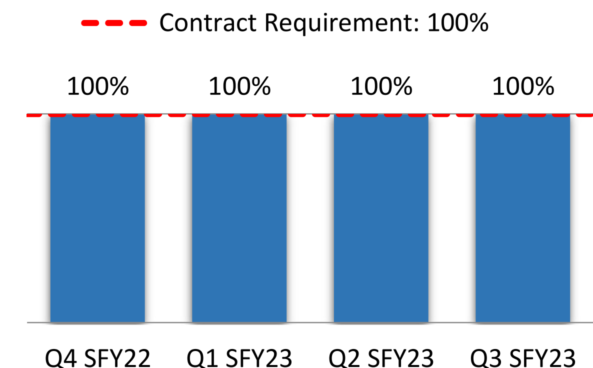
## Specialty Care & Behavioral Health (BH)

| | SFY22 Q4 | SFY23 Q1 | SFY23 Q2 | SFY23 Q3 |
|---|---|---|---|---|
| **OB/GYN Adult** | | | | |
| Provider Count | 423 | 440 | 462 | 487 |
| Members with Access | 154,186 | 154,298 | 154,103 | 154,071 |
| Average Distance (Miles) | 5.5 | 5.5 | 5.4 | 5.3 |
| **Outpatient - Behavioral Health** | | | | |
| Provider Count | 4,543 | 4,679 | 4,880 | 5,314 |
| Members with Access | 451,974 | 451,550 | 449,902 | 448,646 |
| Average Distance (Miles) | 2.2 | 2.2 | 2.2 | 1.9 |
| **Inpatient - Behavioral Health** | | | | |
| Provider Count | 51 | 53 | 56 | 56 |
| **Rural Members** | | | | |
| Members with Access | 184,359 | 184,040 | 183,139 | 182,392 |
| Average Distance (Miles) | 21.0 | 18.8 | 18.8 | 26.4 |
| **Urban Members** | | | | |
| Members with Access | 267,615 | 267,510 | 266,763 | 266,254 |
| Average Distance (Miles) | 5.8 | 5.7 | 5.5 | 5.7 |

**Adult PCP - Standards**
30 minutes or 30 miles




**Pediatric PCP - Standards**
30 minutes or 30 miles




**Link to Geo Access Reports**:

https://hhs.iowa.gov/ime/about/performance-data-geoaccess

# Provider Network Access Summary

## Primary Care Providers (PCP)

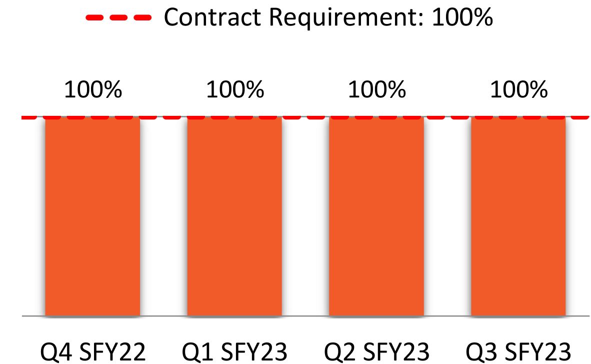
| | SFY22 Q4 | SFY23 Q1 | SFY23 Q2 | SFY23 Q3 |
|---|---|---|---|---|
| **Adults PCP** | | | | |
| Provider Count | 9,894 | 9,894 | 9,894 | 7,771 |
| Members with Access | 189,029 | 196,756 | 206,246 | 216,380 |
| Average Distance (Miles) | 2.0 | 2.0 | 2.0 | 2.2 |
| **Pediatric PCP** | | | | |
| Provider Count | 10,658 | 10,658 | 10,658 | 8,375 |
| Members with Access | 147,665 | 151,411 | 155,500 | 160,395 |
| Average Distance (Miles) | 2.1 | 2.1 | 2.1 | 2.3 |

## Specialty Care & Behavioral Health (BH)

| | SFY22 Q4 | SFY23 Q1 | SFY23 Q2 | SFY23 Q3 |
|---|---|---|---|---|
| **OB/GYN Adult** | | | | |
| Provider Count | 1,298 | 1,298 | 1,298 | 751 |
| Members with Access | 123,122 | 127,515 | 133,013 | 138,628 |
| Average Distance (Miles) | 5.4 | 5.3 | 5.3 | 6.1 |
| **Outpatient - Behavioral Health** | | | | |
| Provider Count | 9,688 | 9,688 | 9,688 | 5,114 |
| Members with Access | 336,694 | 348,179 | 361,746 | 376,790 |
| Average Distance (Miles) | 2.5 | 2.5 | 2.4 | 3.0 |
| **Inpatient - Behavioral Health** | | | | |
| Provider Count | 36 | 36 | 36 | 26 |
| **Rural Members** | | | | |
| Members with Access | 241,452 | 249,950 | 259,591 | 270,380 |
| Average Distance (Miles) | 24.5 | 24.4 | 24.4 | 21.9 |
| **Urban Members** | | | | |
| Members with Access | 95,242 | 98,229 | 102,155 | 106,410 |
| Average Distance (Miles) | 8.4 | 8.4 | 8.4 | 3.6 |

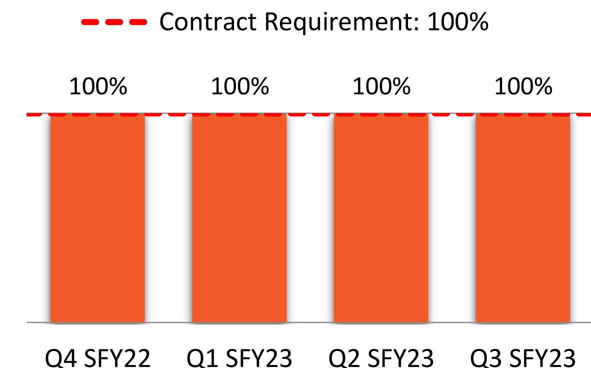
**Adult PCP - Standards**

30 minutes or 30 miles




**Pediatric PCP - Standards**

30 minutes or 30 miles




**Link to Geo Access Reports**:

https://hhs.iowa.gov/ime/about/performance-data-geoaccess

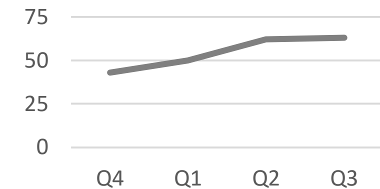
# MCO Program Integrity

Program integrity (PI) encompasses a number of activities to ensure appropriate billing and payment. The main strategy for eliminating fraud, waste and abuse is to use state-of-the art technology to eliminate inappropriate claims before they are processed. This pre-edit process is done through sophisticated billing systems, which have a series of edits that reject inaccurate or duplicate claims. Increased program integrity activities will be reported over time as more claims experience is accumulated by the MCOs, medical record reviews are completed, and investigations are closed.

The billing process generates the core information for program integrity activities. Claims payment and claims history provide information leading to the identification of potential fraud, waste, and abuse. Therefore MCO investigations, overpayment recovery, and referrals to MFCU listed in this chart would be considered pending until final determinations are made.

Total Investigations Opened in SFY23 Q3

63




6 Total Cases Referred to MFCU Q3

| | SFY22 Q4 | SFY23 Q1 | SFY23 Q2 | SFY23 Q3 | Average | Total |
|---|---|---|---|---|---|---|
| Investigations opened | 25 | 36 | 41 | 47 | 37 | 149 |
| Overpayments identified | 10 | 14 | 8 | 25 | 14 | 57 |
| Member concerns referred to IME | 4 | 2 | 2 | 3 | 3 | 11 |
| Cases referred to the Medicaid Fraud Control Unit (MFCU) | 2 | 3 | 9 | 6 | 5 | 20 |

| | SFY22 Q4 | SFY23 Q1 | SFY23 Q2 | SFY23 Q3 | Average | Total |
|---|---|---|---|---|---|---|
| Investigations opened | 18 | 14 | 21 | 16 | 17 | 69 |
| Overpayments identified | 6 | 19 | 21 | 5 | 13 | 51 |
| Member concerns referred to IME | 4 | 4 | 4 | 3 | 4 | 15 |
| Cases referred to the Medicaid Fraud Control Unit (MFCU) | 0 | 2 | 6 | 0 | 2 | 8 |

# Appendix: Glossary

**Abandonment Rate**: Percentage of unanswered calls abandoned by the caller after 30 seconds of the call entering the queue. (E.g., caller hangs up before speaking to anyone after waiting more than 30 seconds in a queue.)

**Administrative Loss Ratio** (**ALR**): See Financial Ratios

**Adult Day Care**: An organized program of supportive care in a group environment. The care is provided to members who need a degree of supervision and assistance on a regular or intermittent basis in a day care setting.

**All Cause Readmissions**: This measure looks at the rate of provider visits within 30 days of discharge from an acute care hospital per 1,000 discharges among beneficiaries assigned.

**AIDS/HIV Waiver**: A HCBS waiver that offers services for those who have been diagnosed with AIDS or HIV.

**Appeal**: An appeal is a request for a review of an adverse benefit determination. Actions that a member may choose to appeal:

- Denial of or limits on a service.
- Reduction or termination of a service that had been authorized.
- Denial in whole or in part of payment for a service.
- Failure to provide services in a timely manner.
- Failure of the MCO to act within required time-frames.
- For a resident of a rural area with only one MCO, the denial of services outside the network

A member or a member's authorized representative (e.g., provider or lawyer) may file an appeal directly with the MCO (a.k.a. first level review) or with the department (HHS). If filed with the MCO, the MCO has 30-days to try and resolve. If the member and/or provider is not happy with the outcome of the first level review, they may request a State Fair Hearing. See https://hhs.iowa.gov/appeals

**Brain Injury** (**BI**) **Waiver**: A HCBS waiver that offers services for those who have been diagnosed with a brain injury due to an accident or an illness.

**Capitation Expenditures**: Medicaid payments the Department makes on a monthly basis to the MCOs for member health coverage. MCOs are paid a set amount for each enrolled person assigned to that MCO, regardless of whether services are used that month. Capitated rate payments vary depending on the member's eligibility.

- **Adjustments**: Monetary only payments/adjustments that can occur within the paid month for same month or prior months. Example: Program Integrity requests recoupments/adjustments based on their data pulls (date of death, incarceration based on DOC file, etc.). Those requests would process through MMIS and would either make the pay-out amounts higher or lower depending on if they were recoupments or adjustments.

**Capitation Expenditures** (continued...):

- **Current**: Payments that occur within the paid month for same month
- **Retro**: Monthly mass adjustment processes look at the last 12 months and adjust capitation claims based on any eligibility changes (gender, DOB, MCO removal, Cap group changes) the member had in that timeframe. Capitation would either be adjusted or recouped and that would make the pay-out amounts higher or lower depending on if they were recoupments or adjustments.

**Care Coordinator**: A person who helps manage the health of members with chronic health conditions.

**Case Manager**: See Community Based Case Management (CBCM)

**Centers for Medicare and Medicaid Service** (**CMS**): A federal agency that administers the Medicare program and works in partnership with state governments to administer Medicaid standards.

**Children's Mental Health** (**CMH**) **Waiver**: A HCBS waiver that offers services for children up to age 18, who have been diagnosed with a serious emotional disturbance.

**Children's Health Insurance Program** (**CHIP**): A federal program administered by state governments to provide health care coverage for children and families whose income is too high to qualify for Medicaid, but too low to afford individual or work-provided health care.

**Claims**: What providers submit to the MCOs or the Department in order to receive payment for services rendered.

- **Paid**: Claim is received and the provider is reimbursed for the service rendered
- **Denied**: Claim is received and services are not covered benefits, duplicate, or other substantial issues that prevent payment
- **Suspended**: Pending internal review for medical necessity and/or additional information must be submitted for processing
- **Run Out**: Additional time for providers to submit claims for services rendered
- **Provider Adjustment Requests and Errors Reprocessed**:
    - Claims where the provider may request a reopening to fix clerical errors or billing errors
    - Claims identified by the MCOs as erroneously paid or denied which are corrected

**Clean Claims**: The claim is on the appropriate form, identifies the service provider that provided service sufficiently to verify, if necessary, affiliation status, patient status and includes any identifying numbers and service codes necessary for processing.

**Community**: A natural setting where people live, learn, work, and socialize.

**Community Based Case Management** (**CBCM**): Helps LTSS members manage complex health care needs. It includes planning, facilitating and advocating to meet the member's needs. It promotes high quality care and cost effective outcomes. CBCMs make sure that the member's care plan is carried out. They make updates to the care plan as needed.

**Consumer Directed Attendant Care** (**CDAC**): Helps people do things that they normally would for themselves if they were able. CDAC services may include unskilled tasks such as bathing, grocery shopping, household chores or skilled tasks such as medication management, tube feeding, recording vital signs. CDAC providers are available through an agency or from an individual such as a family member, friend, or neighbor that meets eligibility requirements.

**Denied Claims**: See Claims

**Department of Human Services** (**DHS**): See Health and Human Services (HHS)

**Disabled**: Group descriptions include: Age Blind Disabled (ABD), Residential Care Facility (RFC), Nursing Facility (NF), Hospice, Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF), State Mental Health Hospital, and Children in Psychiatric Mental Institutions (PMIC).

**Disenrollment**: Refers to members who have chosen to change their enrollment with one MCO to an alternate MCO.

**Dual**: Members who have both Medicare and Medicaid benefits.

**Durable Medical Equipment** (**DME**): Reusable medical equipment for use in the home. It is rented or owned by the member and ordered by a provider.

**Elderly Waiver**: A HCBS waiver that offers services for elderly persons. An applicant must be at least 65 years of age.

**Financial Ratios**: The Affordable Care Act requires insurance companies to spend at least 80% or 85% of premium dollars on medical care. In Iowa, the Medical Loss Ratio (MLR) for MCOs is contractually set at 88%.

- **Administrative Loss Ratio** (**ALR**): The percent of capitated rate payments an MCO spends on administrative costs.
- **Medical Loss Ratio** (**MLR**): The percent of capitated rate payments an MCO spends on claims and expenses that improve health care quality of Medicaid members.
- **Underwriting Ratio** (**UR**): If total expenses exceed capitated rate payments, an underwriting loss occurs. If total capitated rate payments exceed total expenses, an underwriting profit occurs.

**Grievance**: Members have the right to file a grievance with their MCO. A grievance is an expression of dissatisfaction about any matter other than a decision. The member, the member's representative or provider who is acting on their behalf and has the member's written consent may file a grievance. The grievance must be filed within 30 calendar days from the date the matter occurred. Examples include but are not limited to:

- Member is unhappy with the quality of your care
- Doctor who the member wants to see is not in the MCO's network
- Member is not able to receive culturally competent care
- Member got a bill from a provider for a service that should be covered by the MCO

**Grievance** (continued…):

- Rights and dignity
- Any other access to care issues

**Habilitation (Hab) Services**: A program that provides HCBS for Iowans with the functional impairments typically associated with chronic mental illnesses.

**Health** & **Disability** (**HD**) **Waiver**: A HCBS waiver that offers services for those persons who are blind or disabled. An applicant must be less than 65 years of age for this waiver.

**Healthy and Well Kids in Iowa** (**Hawki**): In Iowa, CHIP is offered through the Hawki program. Hawki offers health coverage, through a MCO, for uninsured children of working families. A family who qualifies for Hawki may have to pay a monthly premium.

**Health and Human Services** (**HHS**): On June 14, 2022, House File 2578 was signed by Iowa Governor Reynolds, creating a Department of Health and Human Services by merging Public Health (IDPH) and Human Services (DHS) into one, single, department.

**Home Delivered Meals**: Meals that are prepared outside of the member's home and delivered to the member.

**Homemaker Services**: Services provided when the member lives alone or when the person who usually performs these functions for the member needs assistance. Homemaker service is limited to essential shopping, limited house cleaning, and meal preparation.

**Home and Community Based Services** (**HCBS**): Types of person-centered care delivered in the home and community. A variety of health and human services can be provided. HCBS programs address the needs of people with functional limitations who need assistance with everyday activities, like getting dressed or bathing. HCBS are often designed to enable people to stay in their homes, rather than moving to a facility for care.

**Inpatient Admissions**: A member has formally been admitted to a hospital to receive care.

**Intellectual Disability** (**ID**) **Waiver**: A HCBS waiver that offers services for persons who have been diagnosed with an intellectual disability.

**Intermediate Care Facilities for the Intellectually Disabled** (**ICF**/**ID**): The ICF/IID benefit is an optional Medicaid benefit. The Social Security Act created this benefit to fund "institutions" (4 or more beds) for individuals with intellectual disabilities, and specifies that these institutions must provide "active treatment," as defined by the Secretary. Currently, all 50 States have at least one ICF/IID facility. This program serves over 100,000 individuals with intellectual disabilities and other related conditions. Most have other disabilities as well as intellectual disabilities. Many of the individuals are non-ambulatory, have seizure disorders, behavior problems, mental illness, visual or hearing impairments, or a combination of the above. All must qualify for Medicaid assistance financially.

**Iowa Health and Wellness Plan** (**IHAWP**): The Iowa Health and Wellness Plan covers Iowans, ages 19-64, with incomes up to and including 133 percent of the Federal Poverty Level (FPL). The plan provides a comprehensive benefit package and is part of Iowa's implementation of the Affordable Care Act or Medicaid expansion.

**Iowa Insurance Division** (**IID**): The state regulator which supervises all insurance business transacted in the state of Iowa.

**Iowa Medicaid**: The division of Health and Human Services (HHS) that administers the Iowa Medicaid Program.

**Iowa Participant Experience Survey** (**IPES**): A survey tool developed for use with HCBS programs that asks members about the services they receive, and where the service is provided.

**Level of Care** (**LOC**): Members asking for HCBS waivers or facility care must meet Level of Care criteria. These must be consistent with people living in a care facility such as a nursing facility. Level of Care is determined by an assessment approved by DHS.

**Long Term Services and Supports** (**LTSS**): Medical and/or personal care and supportive services needed by individuals who have lost some capacity to perform activities of daily living, such as bathing, dressing, eating, transfers, and toileting, and/or activities that are essential to daily living, such as housework, preparing meals, taking medications, shopping, and managing money.

**M-CHIP**: Refers to Medicaid CHIP, or Medicaid expansion. M-CHIP provides coverage to children ages 6-18 whose family income is between 122 and 167 percent of the Federal Poverty Level (FPL), and infants whose family income is between 240 and 375 percent of the FPL.

**Managed Care Organization** (**MCO**): A health plan contracted with DHS to provide Iowa Medicaid members with comprehensive health care services, including physical health, behavioral health, and LTSS.

**Medicaid**: Provides medically necessary health care coverage for financially needy adults, children, parents with children, people with disabilities, elderly people and pregnant women. Also known as Title XIX under the Social Security Act.

**Medicaid Expansion**: See Iowa Health and Wellness Plan (IHAWP) and/or M-CHIP

**Medicaid Fraud Control Unit** (**MFCU**): A division within the Iowa Department of Inspections & Appeals whose primary goal is to prevent abuse of taxpayer resources through professional investigation of criminal activity. MFCU staffs experienced criminal investigators, auditors, and attorneys to achieve this goal.

**Medical Loss Ratio** (**MLR**): See Financial Ratios

**Mental Health Institute** (**MHI**): Provide short term psychiatric treatment and care for severe symptoms of mental illness. Iowa has two MHIs located in **Cherokee** and **Independence**. The services at each MHI vary.

**Monthly Capitation Expenditures**: See Capitation Expenditures

**Nursing Facility** (**NF**): Provide 24-hour care for individuals who need nursing or skilled nursing care.

**Non-Emergent Use**: Illnesses or injuries that are generally not life-threatening and do not need immediate treatment at an Emergency Department.

**Non-Emergency Medical Transportation** (**NEMT**): Services are for members with full Medicaid benefits, who need travel reimbursement or a ride to get to their medical appointments.

**Physical Disability** (**PD**) **Waiver**: A HCBS waiver that offers services for persons who are physically disabled. An applicant must be at least 18 years of age, but less than 65 years of age.

**Prior Authorization** (**PA**): Some services or prescriptions require approval from the MCO for them to be covered. This must be done before the member gets that service or fills that prescription. Prior Authorizations for pharmaceuticals are becoming more complex and may require more specific data for approval.

**Primary Care Provider** (**PCP**): A physician, a physician assistant or nurse practitioner, who directly provides or coordinates member health care services. A PCP is the main provider the member will see for checkups, health concerns, health screenings, and specialist referrals.

**Program Integrity** (**PI**): Program Integrity (PI) is charged with reducing fraud, waste and abuse in the Iowa Medicaid program.

**Provider Adjustment Requests and Errors Reprocessed**: See Claims

**Provider Network Access**: Each MCO has a network of providers across Iowa who their members may see for care. Members don't need to call their MCO before seeing one of these providers. Before getting services from providers, members should show their ID card to ensure they are in the MCO network. There may be times when a member needs to get services outside of the MCO network. If a needed and covered service is not available in-network, it may be covered out-of-network at no greater cost to the member than if provided in-network.

**Psychiatric Medical Institute for Children** (**PMIC**): Institutions which provide more than 24-hours of continuous care involving long-term psychiatric services to three or more children in residence. The expected periods of stay for diagnosis and evaluation are fourteen days or more and for treatment the expected period of stay is 90-days or more.

**Reported Reserves**: Refer to an MCO's ability to pay their bills and the amount of cash they have on hand to do so.

**Service Level** (**SL**): In relation to call centers, service level is defined as the percentage of calls answered within a predefined amount of time.

**Service Plan**: Plan of services for HCBS members. A member's service plan is based on the member's needs and goals. It is created by the member and their interdisciplinary team to meet HCBS Waiver criteria.

**Skilled Nursing Care**: See Nursing Facility

**Suspended Claims**: See Claims

**Temporary Assistance for Needy Families** (**TANF**) **Adult and Child**: A program to help needy families achieve self-sufficiency.

**Third-Party Liability** (**TPL**) **Recovered**: Third party payments include recoveries from health insurance coverage, settlements or court awards for casualty/tort (accident) claims, product liability claims (global settlements), medical malpractice, worker's compensation claims, etc. This means all other available TPL resources must meet their legal obligation to pay claims for the care of an individual eligible for Medicaid. By law, Medicaid is generally the payer of last resort, meaning that Medicaid only pays claims for covered items and services if there are no other liable payers.

**Underwriting Ratio** (**UR**): See Financial Ratios

**Value Added Services** (**VAS**): Optional benefits provided by the MCOs outside of the standard Medicaid benefit package. MCOs use value added services as an incentive to attract members to their plan. The following VAS examples, captured from each MCO's handbook, provide a description of their most active services offered. A complete listing by each MCO can also be found here: https://hhs.iowa.gov/sites/default/files/Comm504.pdf

- **Taking Care of Baby and Me®** (**AGP**): It's very important to see your primary care provider (PCP), obstetrician or gynecologist (OB/GYN) for care when you're pregnant. This kind of care is called prenatal care. It can help you have a healthy baby. Prenatal care is always important even if you've already had a baby. With our program, members receive health information and rewards for getting prenatal and postpartum care.

- **My Health Pays** (**ITC**): This program rewards members who engage in healthy behaviors with predetermined nominal dollar amounts. Members who complete plan determined healthy behaviors will receive a reloadable Visa card. This Visa card can only be used at participating retailers, such as Walmart and for additional options such as transportation, utilities, phone bills, education costs, child care and rent. This card does not allow for the purchase of tobacco, firearms, or alcohol. In addition to this, members may utilize this card for medical cost share. Should a member incur a copay for a non-emergent emergency department visit, they may use the card to pay for this copay.

**Value Based Purchasing** (**VBP**) **Agreement**: An agreement that holds health care providers accountable for both the cost and quality of care they provide by providing payment to improved performance.

**Waivers**: See Home and Community Based Services (HCBS) or reference by individual waiver descriptions (Elderly, Physical Disability, Health and Disability, AIDS/HIV, Brian Injury, Intellectual Disability, or Children's Mental Health)

**Waiver Service Plan**: See Service Plan

## **Appendix: Oversight Entities** - Healthy and Well Kids in Iowa (Hawki) Board

The Hawki Board is a group of people and directors of other state agencies who are appointed by the Governor or who are members of the Legislature. The Hawki Board was established to provide direction to the Iowa Department of Health and Human Services (HHS) on the development, implementation, and ongoing administration of the Hawki program. The Hawki Board is required by law to meet at least six times per year and usually meets on the third Monday of every other month. Anyone may attend and observe a Board meeting. During the meeting, there is time for the public to make comments and ask questions.

See DHS website for all future and historical meeting information: https://hhs.iowa.gov/hawki/hawkiboard

### Hawki Board of Directors Member List

**Public Members**
- MaryNelle Trefz, Chair
- Mary Scieszinski, Vice Chair
- Shawn Garrington
- Mike Stopulos

**Statutory Members**

**Iowa Insurance Division**
- Doug Ommen - Commissioner
- Angela Burke Boston - Designee

**Iowa Department of Education**
- Dr. Ann Lebo - Director
- Jim Donoghue - Designee

**Iowa Department of Health and Human Services (HHS)**
- Kelly Garcia - Director
- Angie Doyle Scar - Designee

**Iowa Medicaid**
- Elizabeth (Liz) Matney - Director

**Legislative Members - Ex Officio**
- Senator Nate Boulton
- Senator Mark Costello
- Representative Shannon Lundgren

# **Appendix: Oversight Entities** - Medical Assistance Advisory Council (MAAC)

The purpose of the Medical Assistance Advisory Council (MAAC) is to "Advise the Director about health and medical care services under the medical assistance program." The Council is mandated by federal law and further established in Iowa Code. MAAC meets quarterly.

See DHS website for all future and historical meeting information: https://hhs.iowa.gov/ime/about/advisory_groups/maac

**MAAC Council Member List**

**Co-Chairpersons**
- Angela Doyle-Scar, Health and Human Services (HHS)
- Jason Haglund, Voting Public Member

**Voting Members**: Public Representatives
- John Dooley, Public Member
- Dee Sandquist, Public Member
- Amy Shriver, Public Member
- Marcie Strouse, Public Member

**Voting Members**: Professional and Business Entities
- Casey Ficek, Iowa Pharmacy Association
- Erin Cubit, Iowa Hospital Association
- Brandon Hagen, Iowa Health Care Association
- Shelly Chandler, Iowa Association of Community Providers
- Dennis Tibben, Iowa Medical Society

**Members of the General Assembly**
- Senator Bolkcom
- Senator Mark Costello
- Representative John Forbes
- Representative Ann Meyer

**Professional and Business Entities**
- Angela Van Pelt, Iowa Department of Aging
- Cynthia Pedersen, Long-Term Care Ombudsman
- Jennifer Harbison, University of Iowa College of Medicine
- VACANT, Des Moines University-Osteopathic Medical Center
- Anthony Carroll, AARP
- Doug Cunningham, the ARC of Iowa
- Kristie Oliver, Coalition for Family and Children's Services in Iowa
- Wendy Gray, Free Clinics of Iowa
- Mary Nelle Trefz, Hawki Board
- David Carlyle, Iowa Academy of Family Physicians
- Patricia Hildebrand, Iowa Academy of Nutrition and Dietetics
- Maria Jordan, Iowa Adult Day Services Association
- Dan Royer, Iowa Alliance in Home Care
- Helen Royer, Iowa Hearing Association
- Cheryll Jones, Iowa Association of Nurse Practitioners
- Edward Friedmann, Iowa Association of Rural Health Clinics
- Di Findley, Iowa CareGivers
- Flora Schmidt, Iowa Behavioral Health Association
- Tom Scholz, Iowa Chapter of the American Academy of Pediatrics
- Denise Rathman, Iowa Chapter of the National Association of Social Workers

**Continued**…

**MAAC Council Member List** continued...

**Professional and Business Entities**

Molly Lopez, Iowa Chiropractic Society
Laurie Traetow, Iowa Dental Association
Carlyn Crowe (or Brooke Lovelace - back-up), Iowa Developmental Disabilities Council
Sue Whitty, Iowa Nurses Association
Sherry Buske, Iowa Nurse Practitioner Society
Steve Bowen, Iowa Occupational Therapy Association
Gary Ellis, Iowa Optometric Association
Leah McWilliams, Iowa Osteopathic Medical Association
Kate Walton, Iowa Physical Therapy Association
Kevin Kruse, Iowa Podiatric Medical Society
Aaron Todd, Iowa Primary Care Association
Sara Stramel Brewer, Iowa Psychiatric Society
Dave Beeman, Iowa Psychological Association
Barbara Nebel, Iowa Speech-Language-Hearing Association
Deb Eckerman Slack, Iowa State Association of Counties
Matt Blake, Leading Age Iowa
Matt Flatt, Midwest Association for Medical Equipment Services
Peggy Huppert, National Alliance on Mental Illness
Joe Sample, Iowa Association of Area Agencies on Aging
VACANT, Opticians Association of Iowa
VACANT, Iowa Coalition of HCBS for Seniors
VACANT, Iowa Council of Health Care Centers
Marc Doobay, Iowa Physician Assistant Society

# **Appendix: Oversight Entities** - Council on Human Services

There is created within the Department of Human Services a council on human services which shall act in a policymaking and advisory capacity on matters within the jurisdiction of the department. The council shall consist of seven voting members appointed by the governor subject to confirmation by the senate. Appointments shall be made on the basis of interest in public affairs, good judgement, and knowledge and ability in the field of human services. Appointments shall be made to provide a diversity of interest and point of view in the membership and without regard to religious opinions or affiliations. The voting members of the council shall serve for six-year staggered terms.

See DHS website for all future and historical meeting information: https://hhs.iowa.gov/about/dhs-council

**Council on Human Services Member List**

**Iowa Council on Human Services Members**

Rebecca Peterson, Clive - Chair
Kimberly Kudej, Swisher - Vice Chair
Sam Wallace, Des Moines
Skylar Mayberry-Mayes, Des Moines
John (Jack) Willey, Maquoketa
Kay Fisk, Mt. Vernon, IA
Monika Jindal, Tiffin, IA

**Legislative Members - Ex Officio**

Senator Amanda Ragan
Senator Mark Costello
Representative Joel Fry
Representative Timi Brown-Powers

# **Appendix: Oversight Entities** - IA Mental Health & Disability Services (MHDS) Commission

The Iowa Mental Health and Disability Services (MHDS) Commission is the state policy-making body for the provision of services to persons with mental illness, intellectual disabilities or other developmental disabilities, or brain injury. It is authorized by Section 225C.5 of the Code of Iowa.

The Commission currently consists of eighteen voting members appointed by the Governor and confirmed by a two-thirds vote of the Senate. Commission members are appointed on the basis of interest and experience in the fields of mental health, intellectual disabilities or other developmental disabilities, and brain injury, and to ensure adequate representation from persons with disabilities and individuals who have knowledge concerning disability services. The Commission is required to meet at least four times year. Meetings are open to the public.

See MHDS Commission website for all future and historical meeting information: https://hhs.iowa.gov/about/mhds-advisory-groups/commission

**MHDS Commission Member List**

**Voting Members**:

- Sarah Berndt, CPC Administrator
- Teresa Daubitz, Service Advocate (Unity Point)
- Sue Gehling, Provider of Children's MHDD Services
- Janee Harvey, DHS Director's Nominee
- Don Kass, County Supervisor
- June Klein-Bacon, Advocate – Brain Injury
- Jack Seward, County Supervisor
- Jeff Sorensen, County Supervisor
- Cory Turner, DHS Director's Nominee
- Dr. Kenneth Wayne, Veterans
- Russell Wood, Regional Administrator
- Richard Whitaker, Community Mental Health Center (Vera French)
- Lorrie Young, Substance Abuse Service Provider; Behavioral Health Association
- Betsy Akin , Parent or Guardian of an Individual Residing at a State Resource Center
- Diane Brecht, ID/DD Providers – Iowa Association of Community Providers

**Non-Voting Members**:

- Senator Jeff Edler, Senate Majority Leader
- Representative Dennis Bush, Speaker of the House
- Senator Sarah Trone Garriott, Senate Minority Leader
- Representative Lindsay James, House Minority Leader

## **Appendix: Oversight Entities** - Office of the State Long-Term Care Ombudsman (OSLTCO)

The Office of the State Long-Term Care Ombudsman (OSLTCO) is an independent entity of the **Iowa Department on Aging**. Its mission is to protect the health, safety, welfare, and rights of individuals residing in long-term care by investigating complaints, seeking resolutions to problems, and providing advocacy with the goal of enhancing quality of life and care.

Operating within the Long-Term Care Ombudsman is a specific **Managed Care Ombudsman Program** (**MCOP**). The MCOP advocates for the rights and needs of Medicaid managed care members in Iowa who live or receive care in a health care facility, assisted living program or elder group home, as well as members enrolled in one of Medicaid's seven home and community-based services (HCBS) waiver programs (AIDS/HIV, Brain Injury, Children's Mental Health, Elderly, Health and Disability, Intellectual Disability and Physical Disability).

Unlike other oversite entities the MCOP does not hold public board or council meetings; however, the program does publish reports and executive summaries highlighting high-level complaint case data received from managed care members (e.g., opened cases by complaint type: access to services, member rights, etc.). See https://iowaaging.gov/state-long-term-care-ombudsman/managed-care-ombudsman-program

**For more information, contact:**

**Managed Care Ombudsman**
510 E 12th St., Ste. 2
Des Moines, IA 50319
(866) 236-1430
ManagedCareOmbudsman@iowa.gov

STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

# Medicaid Managed Care Oversight Quarterly Meeting Minutes

SFY2023, Quarter 2

## Meeting Date Range:

July - September 2022

Published December 2022

## Meeting History (July - September 2022)

This report consolidates meeting minutes on a quarterly basis from each of the following committees: Healthy and Well Kids in Iowa (Hawki) Board, Medical Assistance Advisory Council (MAAC), and the Iowa Council on Human Services Members (or DHS Council).

All information contained in this report is also available online.

**Hawki Board**: Also reference https://dhs.iowa.gov/hawki/hawkiboard
August 22, 2022

**MAAC**: Also reference https://dhs.iowa.gov/ime/about/advisory_groups/maac
August 18, 2022

**DHS Council**: Also reference https://dhs.iowa.gov/about/dhs-council
July 14, 2022
August 11, 2022
September 14, 2022

**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

# Medical Assistance Advisory Council

## MEETING MINUTES
## AUGUST 19, 2022

## CALL TO ORDER AND ROLL CALL

MAAC Chair Angie Doyle Scar, Division of Public Health, called the meeting to order at 1:00 p.m.. Angie called the roll, attendance is reflected in the separate roll call sheet and a quorum was achieved.

## APPROVAL OF PREVIOUS MEETING MINUTES

Angie called for a motion to approve minutes from the May 19, 2022, meeting. Shelly Chandler, Iowa Association of Community Providers, motioned to approve, Brett Barker, Iowa Pharmacy Association, seconded the motion, the minutes were approved.

## MANAGED CARE ORGANIZATION (MCO) QUARTERLY REPORT QUARTER 3 STATE FISCAL YEAR 2022

Kurt Behrens, Iowa Medicaid, reviewed the MCO Quarterly Report for Q3 SFY 22. Kurt began by reviewing MCO enrollment, which stood at 787,187 members, an increase of 11,680 or 1.51 percent between Q2 and Q3 of SFY 22. Moving on to the financial summary of the report, Kurt noted that Amerigroup Iowa, Inc. (Amerigroup) had increased their third-party liability (TPL) claims recovery by $6.4 million, a 38.76 percent increase. Amerigroup attributes this recovery to a rise in the number of major medical claims from the previous quarter, which in turn resulted in more recovered dollars. Kurt then discussed pharmacy prior authorizations (PAs), which have a federal requirement for all such PAs to be completed within 24 hours. Iowa Total Care (ITC) met this requirement for two out of the three months of the quarter, missing one PA in February, completing 6,789 of 6,790 Pharmacy PAs for that month. Amerigroup performed similarly, missing one PA in January, completing 9,593 of 9,594 for that month, and three Pharmacy PAs in February, completing 9,240 of 9,243. Call center performance metrics were reviewed next, Kurt highlighted the performance of both MCOs non-emergency medical transportation (NEMT) helplines. Amerigroup and ITC both contract with Access2Care for their NEMT helplines; for the past several quarters Access2Care has had difficulty meeting the required 80 percent service level threshold due to staffing issues. This quarter both MCOs NEMT Helplines operated by Access2Care exceeded the 80 percent service level threshold for all three months.

Brandon Hagen, Iowa Health Care Association, asked about Value Based Purchasing (VBP) metrics, specifically what constitutes VBP. Kurt answered that several factors go into it, and he'd be happy to send Brandon the specific data definitions via email, but generally the measure presented in the report is the percentage of members that interact with a VBP contract negotiated by their MCO. Director Elizabeth Matney added that the number in the report reflects the number of members covered under a

VBP agreement and is not the number of contracted services, but the number of their members that can access a VBP contracted service. Shelly asked to receive the VBP data definitions from Kurt as well.

Jason Haglund, public member, and co-chair, asked about network access metrics, specifically measuring differences between access in urban and rural areas. Kurt answered that many different layers of data analysis go into evaluating the difference in access between urban and rural settings, and that the quarterly report does not show this difference for every type of service, and it does not make sense to ask this question for some specialty services. Director Matney added that Exhibit B of the managed care contract contains the network adequacy standards broken down by provider type. Most of these standards do not differentiate between rural and urban settings. For primary care physician access, the standard is 30 minutes or 30 miles from the person's place of residence. Hospital and emergency services standards are slightly different. Director Matney quoted Exhibit B for hospitals:

> "Transport time shall be the usual and customary, not to exceed 30 minutes or 30 miles, except in rural areas where access time may be greater. If greater, the standard needs to be the community standard for accessing care, and exceptions shall be justified and documented to the State based on community standards."

Director Matney noted that community standards means that the members' access to services must be the same whether they were on Medicaid or not.

Jason stated he was curious how workforce issues were affecting member's access to care. Director Matney agreed that is an issue but noted a silver lining of the Public Health Emergency (PHE) has been the rapid deployment of telehealth which should help bridge some gaps for members, especially in rural areas.

Kurt showed the council the Iowa HHS' Access and Quality Reporting tool, which measures access and quality by provider type. The tool shows the ratio of members to providers, how many units of service were performed, and how many claims went through each MCOs provider network versus how many were processed from providers outside their networks. Director Matney offered to share the Access and Quality Reporting template with anyone that is interested.

Shelly commented that the information on network adequacy and standards in rural versus urban settings was interesting, but currently the larger issue is whether providers are willing to accept members into service because of workforce shortages; stating whether a member can access care because of a provider's waitlist is a different question than traditional network adequacy. Director Matney agreed with Shelly, and said Iowa HHS is working on ways to measure this issue, part of this effort ties into Iowa Medicaid's modernization efforts.

Brandon asked about non-pharmacy claims denials, specifically the category "charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement". Brandon stated that pharmacy providers follow a billing practice wherein they bill customary amounts for services and receive back a payment at the contracted amount, and if this is the case for non-pharmacy providers, why would a provider receive a denial for billing this way no matter how much the provider submitted for their customary charges? Kurt answered that he would investigate and get a summary for the MAAC. John McCalley, Amerigroup, said he'd have to take the question back as well.

Brandon asked if there is any way to look at the appropriateness of claims denials, from a provider perspective there are many denials received that are inaccurate. Kurt answered that such an analysis would require Iowa HHS to evaluate claims denials on a case-by-case basis, but that he would ask Amerigroup and ITC to look into putting together such a summary.

Angie highlighted the inclusion of mental health and behavioral health data provided on the report, noting that Dr. Shriver and Dr. Beeman had previously called for the presentation of this data. Angie invited Dr. Beeman to comment on the mental and behavioral health data in the report. Dr. Beeman said he was excited to see the inclusion of this data and has plans to review and track this data from quarter to quarter.

Dee Sandquist, public member, asked to make a comment: Dee sits on the Regions Mental Health Board for Southeast Iowa and at their last meeting a comment was made that the local Coordinator of Disability Services (CDS) had a client who was a case manager/parent. They couldn't figure out all the systems and services and the bottom line of the comment was a request to simplify the systems, specifically the systems associated with child mental health. Angie asked if the parent was having trouble accessing the providers or the benefits. Director Matney asked Dee to send her the parents contact information, and she would follow up with the parents.

Marcie Strouse, public member, commented that she also loved having the mental and behavioral health data for children but asked if this data was available for adults. Kurt said there are no current plans to share this data in the MCO Quarterly Report, but that this data could be added to dashboards available on Iowa HHS' website. Director Matney praised Kurt for his work building out reporting projects for Iowa HHS, specifically a project that translates data provided in quarterly reports into a live dashboard on the agency's website. Marcie added that the data for mental health is going to be especially important once the legislature is in session, citing an ongoing and increased need for mental health services around the state.

## MEDICAID DIRECTOR'S UPDATE

Director Matney began her update by discussing the re-alignment of the Iowa Department of Public Health and the Department of Human Services into one agency known as the Department of Health and Human Services (HHS) effective July 1, 2022. Director Matney stated that uniting the two agencies into one organization will allow for improved collaboration, data sharing, increased efficiencies and better collaboration between the two departments. Branding for the new agency will be released shortly along with tables outlining Iowa HHS' new organization.

The PHE has not ended and is currently extended through the middle of October, however, the Centers for Medicare and Medicaid Services (CMS) has not given notice that it will end in October, which indicates it will likely be extended again through the rest of the calendar year. Communications regarding plans for the unwinding process for the PHE are being developed. Iowa Medicaid is in the process of evaluating which flexibilities, such as telehealth flexibilities, implemented during the PHE will stay in place, and which flexibilities will end.

Once the PHE ends, Iowa Medicaid will be required to redetermine the eligibility of most members. When the PHE ends, members who have had an eligibility redetermination within the last 12 months will not need to have their eligibility re-examined until a further 12 months have passed. Iowa Medicaid has created work plans for these eligibility processes. Currently staff are focusing on ensuring members have their current address updated in the system, as eligibility redetermination forms will be mailed to affected members.

Iowa Medicaid will be awarding a contract for the recent managed care request for proposal (RFP) at the end of the month.

Mathematica is still working on the Community-Based Services Evaluation (CBSE). Liz said Iowa Medicaid is hoping to have this evaluation in hand for the next legislative session, as some issues may only be resolved through legislation.

Related to eligibility redetermination, Brandon Hagen noted that 180,000 members were added during the PHE and asked how many of these members Iowa Medicaid expects to stay on once the PHE ends. Liz said this is a difficult question to answer, but some organizations that study this topic estimate roughly 15 to 20 percent of members enrolled during the PHE will remain enrolled once the PHE ends, and eligibility redetermination processes have concluded. Iowa Medicaid has begun eligibility redetermination reviews and of the members reviewed so far, staff are reporting that this estimate of fifteen to twenty percent appears to be accurate.

Maribel Slinde asked about the onboarding of a new MCO. Liz said the managed care RFP is in evaluation and will have an announcement and letter of award at the end of this month.

## UPDATES FROM THE MCOS

**Amerigroup Iowa, Inc.**

John McCalley, Amerigroup, began his update by noting the ongoing work collaborative efforts between Amerigroup and Iowa Medicaid to prepare for the end of the PHE. Amerigroup meets regularly with Iowa Medicaid and ITC to discuss these plans.

Amerigroup continues to collaborate with Iowa Medicaid, the State Resource Centers, and ITC to come into compliance with the Department of Justice transition of the State Resources Centers (SRCs). Amerigroup is looking to transition Glenwood Resource Center (GRC) members to Home-and Community-Based Services (HBCS) providers. These efforts include working with providers to build capacity. Capacity to accept new members requires training staff and as well as providing capital to develop infrastructure. Amerigroup has contracted with four intensive residential service homes (IRSH) providers, which complies with legislation requirements passed in 2019.

Amerigroup continues to implement health equity plans discussed at previous meetings, with a new partnership with private organizations to  conduct outreach to high-risk members through a vendor named MedAware. This outreach will begin in Polk County, focusing on 446 members identified with high needs. Amerigroup plans to expand this outreach and case management work to other counties in both urban and rural areas in coming months.

Amerigroup has partnered with Reach Out and Read, providing a grant to purchase 3,000 books, and supporting programming to the Community Health Center of Southeast Iowa, located in Des Moines County. Amerigroup partnered with Reach Out and Read on this project in hopes of incentivizing well child visits on the part of Medicaid members, as Des Moines County has one of the lowest well child visit rates in the state.

Amerigroup continues its work on social determinants of health (SDOH) with their Champ Housing Stability Initiative. The initiative has served more than 650 Amerigroup members. Some of these members were at risk of eviction; others were houseless and in search of stable housing. John ended with a member story highlighting the impact of this program. One member working with the obstetrics (OB) case management team, was experiencing a high-risk pregnancy and a recent transplant to the area. The member was fully employed but found herself 27 weeks pregnant and homeless. She was living in her car, suffering from severe anxiety and behavioral disorders. Amerigroup found her transition housing in a hotel and within a week found an apartment for her. She only needed help with the deposit and could afford the rent. Amerigroup later received a note from her explaining the dire medical situation she was in when she began working with the case management team saying, "you have saved two lives".

**Iowa Total Care**

Stacie Maass gave an update for ITC. Stacie began by discussing the collaboration between ITC, Iowa Medicaid and Amerigroup, highlighting the ongoing work to plan the transition out of the PHE. ITC is working on implementing the rate increases passed during the spring legislative session. ITC is

collaborating with Iowa Medicaid to distribute American Rescue Plan Act (ARPA) funds to providers. ITC continues to participate in regular meetings discussing operational and strategic ways to improve the Medicaid program, address work force issues and members access to services. Stacie discussed the work of ITC's quality team, both internally and in public facing settings. A major goal of the quality team is to improve member health outcomes. Part of this work is ITC's focus on health equities and SDOH. ITC is analyzing the impact of existing programs and searching for new ways to connect with members.

ITC continues to support community events such as the Special Olympics. ITC uses community events as an opportunity to reach out to providers in the community and perform outreach and education to members on SDOH barriers such as transportation, food, rent and utilities. ITC has uses geographical data to target events, looking for areas where there is high concentration of members or potential members. ITC participated in Des Moines University's back to school events, providing free back to school physicals, along with information on free programs and other offerings.

ITC has been participating in the Iowa Stops Hunger Program, statewide initiative to combat food insecurity in Iowa. Launching a program working with women ages 21 to 24 who are food insecure, ITC is planning to provide 30 days of meals to those identified in the program.

ITC has bilingual staff who appear quarterly on Spanish speaking radio shows to highlight programs and information.

ITC has a new Doula offering piloting in three counties: Polk, Muscatine, and Johnson. The program sets up new mothers with a doula who can help identify barriers, provide birth support before after and during a pregnancy and work with care managers on other needs.

ITC had a health equity intern over the summer who was passionate about rugby. ITC and the intern partnered with community providers in Iowa City to hold a "Rugby Sports Clinic" for children ages six to 14. The event was designed to increase physical activity, improve mental health and support Iowa's healthiest state initiative. Stacie extended thanks to the members of the University of Iowa women's rugby team who made up most of the volunteers for the event.

ITC's quality team, in addition to direct member outreach, is meeting face-to-face with providers to talk about ways ITC can be more collaborative, inclusive of provider needs and discuss providers' thoughts on how ITC could better serve their members. Stacie said that providers have given feedback on what reporting they find useful and how ITC can tailor reports specific to each provider. One provider had had significant gaps in immunizations, and ITC developed a report to assist that provider with making operational changes to improve immunization.

ITC continues to run several successful texting campaigns for members. Currently ITC has around 200,000 phone numbers they send texts to. ITC is developing the capacity to focus these campaigns, partnering with specific providers to tailor messages members will be more likely to respond to. When they began their text campaigns, ITC targeted specific services one at a time. ITC is developing campaigns that look at the member, piloting a campaign based on women's health and an array of services rather than just one service.

ITC has recently launched new pay-for-performance measures with behavioral health providers. ITC is starting to see data returns from this behavioral health pay-for-performance measure and anticipates

developing further measures including providing incentives for: housing insecurity, homelessness, employment, and follow up after hospitalization for mental illness. Stacie said ITC will work with providers to see how they can help members together.

Stacie ended her update with a member story. This particular member has issues with balance. After multiple conversations with the member, over a period of months, ITC staff made the recommendation to find member a three wheeled bike. Staff found a provider who was willing to offer a donated bike. After biking and being able to spend more time with family, the member is exploring new places, has lost weight, and gained new confidence. The member recently gained a new driver's license to operate a specially-modified car.

Barb Niebel, Iowa Speaking and Hearing Association, commented that during the last meeting of the council she had informed Stacie of several issues that speech, occupational and physical therapists were having with pediatric prior authorizations. The National Imaging Associates (NIA) became involved to help facilitate PAs. Barb stated that NIA involvement has improved the situation, largely by providing education to providers on how to submit PA documentation. However, Barb noted, that there are still issue with PAs in this area. Stacie said she would circle back with Barb and her team.

### MCNA

Sabrina Johnson, MCNA Dental, provided an update. Summer is a busy time for dental appointments in addition to a new contract period that began July 1, 2022. With the new contract period MCNA is in the process of reviewing updated language, working closely with Iowa Medicaid to ensure MCNA follows the new contract and expectations. MCNA recently completed an external quality review (EQR) audit, a contractual managed care requirement. Sabrina said the audit went well.

MCNA Provider Relations has been gearing up to do site contacts, MCNA likes to complete site contacts at least once a year, if not more. During the site contact MCNA updates and verifies information in their provider portal is accurate, reviews contact information, hours of operation and access and availability. MCNA also reviews whether the provider is accepting new members, this is reflected in MCNA's provider locator tool.

MCNA is adding information to the provider locator tool, which will now provide information on member accommodations, such as whether the location's bathroom has handrails and other accommodations.

MCNA has deployed a practice site performance summary (PSPS) over the last year. The PSPS is available to facilities that have seen 50 or more members in the last 12 months. The PSPS reviews various performance measures and is shared with the provider along with examples from comparative providers to allow providers to make changes to improve their performance. MCNA has increased the number of facilities receiving the PSPS from 76 at the beginning of this year to 125.

MCNA works closely with the Iowa Medicaid Communications team, participating in weekly calls to ensure information and updates for members are in line with Iowa Medicaid. In the last call it was discussed how the meeting could be beneficial for both the dental and medical plans. MCNA will provide the medical plans with information on what dental resources MCNA has available, and how to navigate MCNA's member and provider websites so that the medical plans can relay that to members and

providers as necessary. A self-equity assessment has been developed in partnership between MCNA, Delta Dental, Iowa Medicaid and a company called PreVisor. Each question on the survey provides an opportunity for MCNA to contact their members regarding the survey, for every answer there is an action MCNA must take. The assessment includes questions that were mentioned by ITC; assessing if the member needs resources or help with food insecurity or transportation.

As part of the new contract period MCNA is working to update their fee schedule, currently the new feed schedule is being reviewed by MCNA leadership, once this final review is completed the fee schedule will be sent to Iowa Medicaid for review and approval.

### Delta Dental of Iowa (DDIA)

Gretchen Hageman, DDIA, provided an update, starting by noting that DDIA has been part of the managed care plan for the Iowa Dental Wellness Program (DWP) and the Hawki program for several years. DDIA began administering the Hawki program dental contract in 2008. Gretchen provided outcome data related to DDIA's reports, noting that Iowa Medicaid is developing a quarterly dashboard. DDIA has about 29 percent of adults that have had a dental service in Iowa. There are roughly a thousand providers under their network, and 69 percent of these providers are seeing 10 or more members. DDIA has a partnership with I-Smile, run through local title five agencies.They serve as infrastructure for care coordination and some direct services for members. Through this partnership 900 members have had a service through I-Smile.

Regarding quality measures for their adult population, DDIA has developed a risk assessment for members. Members fill out the assessment identifying various risk factors such as diabetes. Members are then provided with oral hygiene kits. DDIA works with members that haven't had any services and focuses their outreach and care coordination to get them into a dental home. DDIA is also working to formalize a partnership that would identify members requiring a dental service where the need was identified in an emergency room. This would allow the member to be referred to a dentist to perform the service within a specific timeframe.

DDIA is examining geographic data to identify areas where members have low access rates to dental services, looking for ways to get more members in these areas into the dentist. As far as DWP kids, roughly 47 percent of them have had a dental service. DDIA has contracted with around 1,000 providers to see DWP kids. 72 percent of these providers are seeing 10 or more members. I-Smile infrastructure has provided 15,000 DWP kids with around 70,000 services through clinics. DDIA has developed head start sealant clinics at the school childcare center to provide dental sealant services to children and identify high-risk members.

56 percent of Hawki members have had a dental service in the past year. The focus area for Hawki is adolescents with no dental services. DDIA is excited to have the risk assessment Sabrina mentioned in her update as well, looking forward to having additional data related to SDOH and using that data as they work with members. DDIA's efforts around providers have been focused on continuing to address access issues, particularly in certain geographic areas, developing incentives for providers to rejoin the Medicaid system. Angie commented that she is a fan of the I-Smile program.

## OPEN DISCUSSION

Dr. David Beeman raised several concerns about the current composition of the council, specifically that he feels the current make-up of the council does not conform to state and federal regulations. Additionally, Dr. Beeman is concerned about the council's lack of diversity, being composed of primarily white middle class to upper middle-class members. Dr. Beeman is also interested in evaluating how well the council represents children and children's mental health. Dr. Beeman stressed that he does not want to raise these issues as an offense to anyone currently serving on the council.

Dr. Beeman's first concern regarding the composition of the council is that in his interpretation of the federal and state regulations, they require at least once council member to be a recipient of Medicaid. Dr. Beeman stated that he is unsure if this definition extends to family members, and that he is unaware of anyone on the council receiving Medicaid. Director Matney replied that it is her understanding of the code that it does include family members.

Dr. Beeman's second concern is that the Iowa Code, in the paragraph that outlines requirements for the five public members of the council, states "none of whom shall be members of, or practitioners of, or have a pecuniary interest in any of the professional or business entities specifically represented under paragraph "a". Paragraph "a" here refers to the list of 41 professional and business entities outlined in Iowa Code as being statutory non-voting members of the council. Dr. Beeman stated that the five public members currently serving on the council include two physicians and a dietician, which conflicts with the cited requirement. Dr. Beeman's next concern is that the cited requirement contradicts federal regulations which require at least one board-certified physician to serve on the council. Dr. Beeman's reading of the federal regulation and the Iowa code taken together is that a board-certified physician is required but must be elected from among the 41 professional and business entities, and not appointed as a public member. Dr. Beeman asked the council to consider whether his concerns are correct or not, and if they are valid, what course of action will be taken to remedy the conflicts with federal and state regulations, adding that regardless of the council's response he is still concerned about the lack of diverse representation.

Angie stated that in the past she and Gerd Clabaugh, former director of the Iowa Department of Public Health, compared federal and state regulations concerning the council. Part of that examination was looking at how other states had structured their analogous councils, and Iowa had the largest council membership of any state they looked at. At the time the council had 60 members. The council retains this high membership, but the majority are non-voting members. Angie stated that due to this large statutory membership it would be very challenging to find public representatives that do not fall under one of the umbrellas of the wide membership base. Jason Haglund added that he was serving on the council with Gerd when the council was restructured in 2019, and discussions like Dr. Beeman's concerns regarding the council's compliance with regulations were had then, and Jason and Gerd were satisfied with the council's compliance at that time. Jason added that Dr. Beeman's concerns about inclusion and equity are something that should be considered further. Jason asserted that there are current public members who have adult children who receive Medicaid and have experiences with the Medicaid system.

Dr. Beeman stated that even if the council composition conformed to state and federal regulations at the time of the restructuring of the council in 2019, he feels that does not mean the council currently

complies with regulations. Dr. Beeman stated that he believes the state regulations are clear about composition requirements and asserted his belief that the intent is to foster a conversation between recipients, providers, and the Department to improve the Medicaid program in Iowa. Addressing the idea that a family member of a person receiving Medicaid fulfills the federal regulations, Dr. Beeman questioned the boundaries of the term, stating he has a sister who receives both Medicare and Medicaid, but believes that he does not fit the requirements of the federal regulations.

Angie stated that currently and historically, finding applicants to serve as public members of the council has been a struggle. Angie encouraged members of the council to reach out to people in their communities to find others who are willing and able to take the time to sit on the council.

Kady Reese, Iowa Medical Society, stated she found the conversation on diversity and inclusion very interesting. Kady previously served as a patient and family engagement champion with CMS. Citing her experience with CMS Kady encouraged the council to consider how prospective public members would engage with the council, how they could be empowered to engage, how they would be equipped to engage. Kady said this may be an opportunity for the council to work with the Iowa Primary Care Association (PCA) and federally qualifying health center (FQHC) partners who, by nature of their type of health center, have consumers serve on their boards and committees. These members may have the experience and interest required to be effective public members of the council.

Director Matney added that the council should remember the Hawki board and encourage the two groups to consider how they could work together collaboratively, suggesting a standing agenda item in which a Hawki board member could present to the council and vice versa. Director Matney also raised concerns about expanding membership too broadly, as the previous iteration of the council had issues meeting quorum requirements. Angie said that she serves on the Hawki board and may be able to facilitate collaboration between both boards. Dr. Beeman stated he was not advocating to returning to the previous iteration of the council, agreeing with the concerns about meeting quorum.

## ADJOURNMENT

Meeting adjourned at 3:10 PM.

Submitted by,
Michael Kitzman
Recording Secretary
mk

**DHS Council Meeting Minutes**

**July 14, 2022**

| EXECUTIVE COMMITTEE MEMBERS | DEPARTMENT OF HUMAN SERVICES |
|---|---|
| Rebecca Peterson - present | Director Kelly Garcia – present |
| Skylar Mayberry-Mayes – absent | Sarah Reisetter - present |
| Kimberly Kudej – present | Matt Highland – present |
| Sam Wallace – present | Sarah Ekstrand - present |
| Jack Willey – present | Faith Sandberg-Rodriguez-present |
| Monika Jindal - present | Nancy Freudenberg – present |
| Kay Fisk – present | Elizabeth Matney - present |
| | Vern Armstrong - present |
| | Cory Turner - present |
| | |

| EX-OFFICIO LEGISLATIVE MEMBERS |
|---|
| Representative Joel Fry – absent |
| Senator Mark Costello – absent |
| Senator Amanda Ragan – present |
| Representative Timi Brown-Powers – absent |

**Call to Order**
Chair Rebecca Peterson called the Council meeting to order at 10:00 a.m. via zoom teleconference.

**Roll Call**
Peterson, Fisk, Kudej, Willey, Wallace, and Jindal were present. Mayberry-Mayes was absent.
All ex-officio members were absent.

**Approval of Minutes**
A motion was made by Wallace and seconded by Willey to approve the minutes of the June 9, 2022, meeting.
**MOTION UNANIMOUSLY CARRIED**

**Rules**
**R-1 Amendments to Chapter 5, "Declatory Orders," Iowa Administrative Code.**
**(Align rules with current practice and the Iowa Code)**
This rule making makes changes to contact information and minor changes to wording for consistency throughout the rules. This review is part of the department's five-year rules review process.

A motion was made by Kudej to approve and seconded by Willey
**MOTION UNAMIMOUSLY CARRIED**

**R-2 Amendments to Chapter 47, "Diversion Initiatives," Iowa Administrative Code. (Aligns rules with current practice).**
This rule making updates the name of Iowa's food assistance program to the Supplemental Nutrition Assistance Program to be consistent with the name of the federal program and to alleviate confusion around food benefits in Division I. Division II relates to the Family Self-Sufficiency Grants Program. Rules are updated to clarify the Bureau of Refugee Services can provide PROMISE JOBS Services to refugees who have not yet obtained United States citizenship. This review is part of the department's five-year rules review process.

A motion was made by Jindal to approve and seconded by Kudej
**MOTION UNAMIMOUSLY CARRIED**

**R-3 Amendments to Chapter 158, "Foster Home Insurance Fund," Iowa Administrative Code. (Updates insurance fund to cover auto damage)**
This rule making updates the insurance coverage under the Foster Home Insurance Fund to include auto damage by foster care children as a covered expense. This rule making does not change the premium or the total costs the Department currently pays. This review is part of the department's five-year rules review process.

A motion was made by Willey to approve and seconded by Jindal
**MOTION UNAMIMOUSLY CARRIED**

**The following amendments to the administrative rules were presented as Noticed rules**.

**N-1 Amendments to Chapter 36, "Facility Assessments," Iowa Administrative Code. (Align rules with current practice and the Iowa Code).**
This rule making proposes technical changes to remove the word "enterprise" from Iowa Medicaid, removes form names and updates unit names and addresses. This review is part of the department's five-year rules review process.

**N-2 Amendments to Chapter 66, "Emergency Food Assistance," Iowa Administrative Code. (Align rules with current practice and the Iowa Code).**
This proposed rulemaking updates the name of the Division to Financial, Food and Work Supports. Additional information is provided on the Emergency Food Assistance Program (TEFAP) for additional guidance to consumers on how eligibility is determined for the program and how claims are established against TEFAP entities. This review is part of the department's five-year rules review process.

**N-3 Amendments to Chapter 79, "Other Policies Relating to Providers of Medical and Remedial Care," Iowa Administrative Code**. **(Amends documentation requirements for narrative service encounters).**
This proposed rule will positively impact direct care service providers by removing the requirement for narrative service documentation for each service encounter or shift and replace it with the requirements to provide a narrative only when the incident, illness, unusual or atypical event occurs during the service encounter. The proposed amendments will clarify that Medicaid providers must include all records and documentation to support the services provided to members and to allow accurate adjudication of the claim. In addition, documentation requirements must meet the professional standards pertaining to the service provided. Providers have requested the proposed rule amendments in response to the direct care workforce crisis.

**N-4 Amendments to Chapter 89, "Debts Due from Transfer of Assets," Iowa Administrative Code. (Align rules with current practice and Iowa Code).**
This rule making updates the effective date for transfers of assets that took place between July 1, 1993, and December 31, 2018. This portion of the program was suspended effective January 1, 2019, and there have not been any referrals to recover resources from anyone who received the transferred resources since then. This review is part of the department's five- year rules review process.

**N-5 Amendments to Chapter 91, "Medicare Drug Subsidy," Iowa Administrative Code. (Implements new child care ratio legislation, HF2198)**

Chapter 91 provides the framework for the Medicare Drug Subsidy program for Medicare Part D beneficiaries. This proposed rulemaking removes forms that have become obsolete, updates the rules and provides correct rules references as part of the department's five-year rules review process.

**N-6 Amendments to Chapter 170, "Child Care Services," Iowa Administrative Code (Implements HF 2252 from the 2022 legislative session).**

Previously for a parent to be eligible for child care assistance (CCA) a medical incapacity needed to be considered "temporary". Under HF 2252 the Code of Iowa requirements are changed and removal of this temporary requirement will allow a family with one permanently disabled parent to be CCA-eligible based upon the needs of the parent who is not disabled.

A motion was made by Kudej to approve and seconded by Fisk
**MOTION UNAMIMOUSLY CARRIED**

## HHS Alignment Update

Public Health Deputy Director Sarah Reisetter provided an update on Phase 1 of the HHS alignment work that has been taking place. Her team has also been actively planning for the Phase 2 portion. She stated that the team has worked extensively on developing a new table of organization for our new HHS agency and is currently mapping all employees to it. Town Halls are scheduled for July 29th for all employees, and where the table of organization will be introduced. Her team surveyed over 1400 employees and have used those results to develop a new mission, vision, and guiding principles for our new agency. We will also be unveiling the new branding during the Town Halls.

## Director's Report

Director Kelly Garcia followed up Sarah's update with more details regarding alignment. She shared that we have held 2 HHS Leadership retreats with over 90 team members in attendance. It was a great time to bring our vision to reality and to allow folks to get to know each other. Both retreats were a big success. Our new HHS agency went live on July 1st with a press release and much work continues including work on our new website which will launch in October.

Director Garcia informed the Council that have been 3 reported cases of monkeypox in Iowa. Public health team members have been working with local public health agencies to ensure contact tracing and vaccine administration are occurring. All 3 cases have gone as they should.

She also shared that beginning July 16th, the National Suicide prevention lifeline goes live. People experiencing thoughts of suicide can call 988 and reach an experienced counselor. The existing number will remain operational. HHS will issue a press release July 15th and has a social media campaign planned to ensure Iowans are aware of the new services and how to access them.

## Adjournment

A motion was made by Willey to adjourn the meeting and was seconded by Kudej

Meeting adjourned at 11:08 a.m.

Respectfully Submitted by:
Julie McCauley
Council Secretary

STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

Kim Reynolds
GOVERNOR

Adam Gregg
LT. GOVERNOR

Kelly Garcia
DIRECTOR

# Council on Human Services Meeting Minutes

AUGUST 11, 2022

| COUNCIL MEMBERS | HHS STAFF |
|---|---|
| Rebecca Peterson | Director Kelly Garcia |
| Skylar Mayberry-Mayes | Sarah Reisetter |
| Kimberly Kudej | Matt Highland |
| Sam Wallace | Sarah Ekstrand |
| Jack Willey | Faith Sandberg-Rodriguez |
| Monika Jindal | Nancy Freudenberg |
| Kay Fisk | Elizabeth Matney |

| EX-OFFICIO LEGISLATIVE MEMBERS |
|---|
| Representative Joel Fry |
| Senator Mark Costello |
| Senator Amanda Ragan |
| Representative Timi Brown-Powers |

## CALL TO ORDER

Chair Rebecca Peterson called the Council meeting to order at 10:00 a.m. via zoom teleconference.

## ROLL CALL

All Council members were present, all ex-officio members were absent.

## APPROVAL OF MINUTES

A motion was made by Willey and seconded by Wallace to approve the July 14, 2022, meeting minutes.

## PUBLIC HEARING PRESENTATIONS

Presentations were given verbally and in written from by the following stakeholders

- Iowa Healthcare Association

- Early Childhood Iowa
- Iowa Dental Association
- Iowa Behavioral Health Association

## RULES

**R-1. Amendments to Chapter 11, "Collection of Public Assistance Debts," Iowa Administrative Code. (Align rules with current practice and the Iowa Code)**
This rule making updates the name of the Food Assistance program to the Supplemental Nutrition Assistance Program (SNAP). Definitions are updated and references to forms are removed that are no longer used. This review is part of the department's five-year rules review process.

A motion was made by Wallace to approve and seconded by Kudej
**MOTION UNANIMOUSLY CARRIED**

**R-2. Amendments to Chapter 40, "Application for Aid," Chapter 41, "Granting Assistance," Chapter 46 "Overpayment Recovery," and Chapter 60, "Refugee Cash Assistance," Iowa Administrative Code. (Align rules with current practice, Iowa Code, and federal regulations)**
This rule making updates the name of Iowa's food assistance program to the Supplemental Nutrition Assistance Program (SNAP), removes incorrect or obsolete cross references, rescinds obsolete rules, adds information on the kinship caregiver program, updates the division name and adds clarifying language to rules. Time frames for refugee cash assistance have been updated for refugees who entered the country on or after October 1, 2021, to allow for 12 months of assistance based on federal regulations. Rules have also been added to provide information on different categories of Afghan immigrants. This review is part of the department's five-year rules review process.

A motion was made by Willey to approve and seconded by Mayberry-Mayes
**MOTION UNANIMOUSLY CARRIED**

**R-3. Amendments to Chapter 107, "Certification of Adoption Investigators," Iowa Administrative Code. (Align rules with current practice and the Iowa Code)**
Clarification on dependent adult abuse being part of the evaluation process for record checks was added to the administrative rules. Forms were updated to add dependent adult abuse as a category. Updated language to cover records checks and reports was also added. This review is part of the department's five-year rules review process.

A motion was made by Fisk to approve and seconded by Kudej
**MOTION UNANIMOUSLY CARRIED**

**R-4. Amendments to Chapter 109, "Child Care Centers," Iowa Administrative Code. (Implements new child care ratio legislation, HF2198; Adopt Emergency after Noticed)**

These rules allow an increased number of children to be served per staff person in the 2-year-old and 3-year-old age categories in licensed child care centers. The rules modify requirements for combining age groups and allows a staff person under the age of 18 to provide care to school age children, without being under the direct supervision of an adult. The rules also clarify that persons under the age of 18 shall not be the sole provider on the premises of a child care facility or transport children.

A motion was made by Kudej to approve and seconded by Wallace

**MOTION UNANIMOUSLY CARRIED**

**R-5. Amendments to Chapter 111, "Family Life Homes," Iowa Administrative Code (Align rules with current practice and the Iowa Code)**

These rules define the Family Life Home program administered through State Supplementary Assistance services. The names of the forms were removed to eliminate unnecessary future changes when form names change. This review is part of department's five-year rules review process.

A motion was made by Mayberry-Mayes to approve and seconded by Wallace

**MOTION UNANIMOUSLY CARRIED**

**R-6. Amendments to Chapter 130, "General Provisions," Iowa Administrative Code. (Align rules with current practice and the Iowa Code)**

This rule making revises outdated language and replaces it with current person-centered language. A link to poverty income guidelines is being used instead of using income charts that need to be updated annually. The term child abuse investigation is being updated to child abuse assessment. This review is part of the department's five-year rules review process.

A motion was made by Wallace to approve and seconded by Fisk

**MOTION UNANIMOUSLY CARRIED**

**R-7. Amendments to Chapter 131, "Social Casework," Iowa Administrative Code. (Align rules with current practice and the Iowa Code)**

The rule on adverse actions is being updated to specify the current rule reference. This review is part of the department's five-year rules review process.

A motion was made by Kudej to approve and seconded by Willey

**MOTION UNANIMOUSLY CARRIED**

**R-8. Amendments to Chapter 160, "Adoption Opportunity Grant Program," Iowa Administrative Code. (Rescinds chapter)**

The Adoption Opportunity Grant Program is not funded in Iowa. As a result, the chapter is no longer needed and is being rescinded. This review is part of the department's five-year rules review process.

A motion was made by Wallace to approve and seconded by Willey

**MOTION UNANIMOUSLY CARRIED**

**R-9. Amendments to Chapter 187, "Aftercare Services Program," Iowa Administrative Code. (Align rules with current practice and the Iowa Code)**
This rule making extends eligibility to youth ages 21 and 22 years, regardless of whether the youth participated in the aftercare program between the ages of 18 and 21 years old. It also extends eligibility to youth who participate in the Preparation for Adult Living (PAL) program, even if the youth did not spend six of 12 months in foster care prior to aging out of care. This change aligns the rules with Iowa Code. The meaning and intent of preservice has been clarified. Clarification on the payment of monthly stipends and treatment of income has also been added. This rule making is part of the department's five-year rules review process.

A motion was made by Fisk to approve and seconded by Wallace
**MOTION UNANIMOUSLY CARRIED**

**R-10. Amendments to Chapter 203, "Iowa Adoption Exchange," Iowa Administrative Code. (Align rules with current practice and the Iowa Code)**
These rules update definitions used in the program and clarifies the process for registering children in the Iowa Adoption Exchange. Children with special needs under state guardianship shall be registered on the Iowa Adoption Exchange within 60 days of termination of parental rights unless a deferral is granted. All children under state guardianship for whom an adoptive home is not available within 90 days of termination of parental rights shall be registered on the exchange. This rule making is part of the department's five-year rules review process.

A motion was made by Willey to approve and seconded by Wallace
**MOTION UNANIMOUSLY CARRIED**

**R-11. Amendments to Chapter 204, "Subsidized Guardianship Program," Iowa Administrative Code. (Align rules with current practice and the Iowa Code)**
These rules add additional clarification when a subsidized guardianship can continue to age 21. Language is also added to provide information on when a subsidy would be terminated. This rule making is part of the department's five-year rules review process.

A motion was made by Kudej to approve and seconded by Mayberry-Mayes
**MOTION UNANIMOUSLY CARRIED**

**The following amendments to the administrative rules are presented as Noticed rules**.

**N-1. Amendments to Chapter 54, "Facility Participation for RCFs," Iowa Administrative Code. (Align rules with current practice and the Iowa Code)**
This rule making aligns residential care facilities (RCFs) rules with existing policy. RCFs no longer use cost reporting, but instead have a set per diem that changes annually. Definitions are updated and references to forms are removed that are no longer used. This review is part of the department's five-year rules review process.

**N-2. Amendments to Chapter 79, "Other Policies Relating to Providers of Medical and Remedial Care – Documentation Requirements," Iowa Administrative Code.**
**(Provider documentation requirements)**
This rule making amends the documentation requirements for narrative service documentation for each service encounter and each shift for 24-hour services. This rule making removes the requirement for narrative service documentation for each service encounter or shift and replace it with the requirement to provide a narrative only when the incident, illness, unusual or atypical event occurs during the service encounter. The proposed rules clarify Medicaid providers must include records and documentation to substantiate the services provided to the member and all information necessary to allow accurate adjudication of the claim. In addition, documentation requirements must meet the professional standards pertaining to the service provided. Providers have requested the proposed amendments in response to the direct care workforce shortage.

**N-3. Amendments to Chapter 78, "Amount, Duration and Scope of Medical and Remedial Services- Updating HCBS Habilitation Eligibility Criteria," Iowa Administrative Code.** (**Meet federal requirements for HCBS Habilitation Program)**
The purpose of this proposed rulemaking is to amend the needs-based and risk-based eligibility criteria for the Home and Community Based Services (HCBS) Habilitation program. As a condition of approval for the American Rescue Plan Act (ARPA) - Section 9817, the Centers for Medicaid and Medicare (CMS) required states to meet maintenance of effort (MOE) requirements. States are also required to update their Medicaid state plan as a condition of approval due to the MOE requirements for ARPA. Under ARPA states are allowed enhanced FMAP for HCBS services, however, states may not impose stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021**.**

**N-4. Amendments to Chapter 79, "Other Policies Relating to Providers of Medical and Remedial Care – Cost Reporting Rules," Iowa Administrative Code. (Updating cost reports for HCBS providers)**
These proposed amendments were drafted in collaboration with a stakeholder workgroup in response to proposed legislation regarding utilization of generally accepted accounting principles in completing Home and Community-Based Services (HCBS) waiver cost reports. These amendments clarify which programs submit cost reports; remove the 20% limitation from all salary, benefits, and payroll tax expenses, change the mileage reimbursement use for personal vehicles to match the amount allowed by the IRS. The amendments also change the cost reporting period to align with the provider's fiscal year, set the maximum compensation allowed for top positions, and provide definitions for key terms. The rules also add language regarding rebasing for recalculation of rates every three years.

**N-5. Amendments to Chapter 93, "PROMISE JOBS," Iowa Administrative Code. (Align rules with current practice and the Iowa Code)**
Proposed changes are being made to clarify language, accurately reflect the jobs readiness, and job search activities and update case retention rules in the PROMISE JOBS program. These changes are technical in nature and do not impact caseloads or program costs. This review is part of the department's five- year rules review process.

**N-6. Amendments to Chapter 109, "Child Care Centers," Chapter 110, "Child Development Homes," and Chapter 120, "Child Care Homes," Iowa Administrative Code. (Implements new child care legislation, HF2589)**
Under Iowa Code 135 C persons defined as physicians may conduct well-child checks. This rule making expands that function to chiropractors, as well-child checks are within their scope of practice. These proposed rules also modify rules to allow regulatory reductions to licensed child care centers to ease burdens on licensed centers. Results are based on a survey that was conducted with licensed child care center directors in response to the Governor's Child Care Task Force. These amendments include modifications to written policies, changes in allowable points for directors and supervisors, updates in radon requirements, changes in training requirements for providers caring for school-age children, and changes in sharing information on completed record checks. (Implements HF 2589)

**N-7. Amendments to Chapter 116, "Licensing and Regulation of residential Facilities for children with an Intellectual Disability or Brain Injury," Iowa Administrative Code. (Align rules with current practice and the Iowa Code)**
This proposed rulemaking updates a cross-reference to the Iowa Code section that contains the definition of brain injury. Updating the cross reference makes it easier for a user to find the definition. This proposed rulemaking is part of the department's five-year rules review process.

**N-8. Amendments to Chapter 119, "Record Check Evaluation," Iowa Administrative Code. (Align rules with current practice and the Iowa Code)**
This rule making provides the form number of the document that must be submitted by a requesting party when submitting a request for a record check evaluation. The proposed amendment identifies the way the form and documentation may be submitted to include mail, electronic mail, and facsimile. This rule making is part of the department's five-year rules review process.

**N-9. Amendments to Chapter 168, "Child Care Expansion Programs," Iowa Administrative Code. (Rescind chapter)**
This chapter is being rescinded as it contains outdated rules no longer used for wrap-around child care programs and expansion of school-age child care programs. Funding has not been allocated for these programs for over ten years. This rule making is part of the department's five-year rules review process.

A motion was made by Wallace to approve and seconded by Mayberry-Mayes
**MOTION UNANIMOUSLY CARRIED**

## MCO QUARTERLY REPORT, SFY 2022, QUARTER 3

Kurt Behrens, Medicaid Management Analyst, presented an executive summary of the MCO quarterly report to the Council. Kurt reported that currently we have 787,187 members enrolled in Medicaid. Enrollment has increased by 11,680 members between quarter 2 and quarter 3.

## HHS BRANDING UPDATE

Sarah Ekstrand, HHS Public Information Officer, provided a preview of the new HHS Brand. She stated the overall goal with the new brand was wanting people to know we are the State of Iowa, and we are trusted and reliable. This brand is a fresh start for our new agency, and we have a comprehensive style guide with different variations that serve the needs of our teams. Sarah shared our color palette, adding it has rich and vibrant colors which tie into our Iowa roots. The look and feel of images we have chosen to convey a message of warmth, support, and inclusion.

## DIRECTOR'S REPORT

HHS Director Kelly Garcia shared that Dr. Robb Kruse, our new State Medical Director, has been meeting with team members on a bi-weekly basis. His start date is in October.

HHS is continuing to actively monitor suspected and confirmed cases of Monkeypox and will continue to adjust vaccine eligibility criteria based on local data, federal guidelines, and vaccine availability. Right now, there are 13 confirmed cases in Iowa, and we have posted a regional map on our IDPH website of where those cases are located. We are actively deploying vaccine as part of a targeted distribution for high-risk individuals.

Director Garcia informed the Council that she has been traveling around Iowa as part of a listening tour in partnership with Supreme Court Chief Justice Susan Christensen. We are hearing from our providers, team members, and families in the juvenile justice and child welfare space. It has been a wonderful effort in four cities around Iowa. There will be 12 visits through the end of October. This is in concert with significant work we are doing on our child welfare side, as we align the structures of our new agency. We will be launching a request for proposal, to hire an external entity to come in and help us access our child welfare work. The goal is to determine how many case workers we need, the right case index for them to hold, so we can ask for more resources.

HHS is beginning the budget development process for SFY24. The department will create a formal budget book which will be reviewed at the joint September 14th meeting with the DHS Council and State Board of Health.

Director Garcia introduced the new HHS Table of Organization and provided an overview of the new structure of the agency.

## ADJOURNMENT

A motion was made by Wallace to adjourn the meeting and was seconded by Fisk.

Meeting adjourned at 12:00 p.m.

Respectfully Submitted by:

Julie McCauley

Council Secretary

STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

Kim Reynolds
GOVERNOR

Adam Gregg
LT. GOVERNOR

Kelly Garcia
DIRECTOR

# Council on Human Services Meeting Minutes

SEPTEMBER 14, 2022

| COUNCIL MEMBERS | HHS STAFF |
| --- | --- |
| Rebecca Peterson | Director Kelly Garcia |
| Skylar Mayberry-Mayes | Sarah Reisetter |
| Kimberly Kudej | Matt Highland |
| Sam Wallace | Sarah Ekstrand |
| Jack Willey | Faith Sandberg-Rodriguez |
| Monika Jindal | Nancy Freudenberg |
| Kay Fisk | Elizabeth Matney |

| EX-OFFICIO LEGISLATIVE MEMBERS |
| --- |
| Representative Joel Fry |
| Senator Mark Costello |
| Senator Amanda Ragan |
| Representative Timi Brown-Powers |

## CALL TO ORDER

Chair Rebecca Peterson called the Council meeting to order at 10:00 a.m. via zoom teleconference.

## ROLL CALL

All Council members were present, all ex-officio members were absent.

## DIRECTOR'S REPORT

Director Kelly Garcia provided an update on the juvenile justice tour with Chief Justice Susan Christensen highlighting the topics of child welfare, bed capacity, and staffing. She stated that when Dr. Kruse joins our team, he will be participating in the listening sessions with community partners to help develop recommendations for the legislature.

Director Garcia announced on August 31st, two MCO contracts were awarded to Amerigroup and Molina. Iowa Total Care is on a separate contract cycle and more updates regarding ITC

will come later. She shared an update on Monkeypox cases in the state and stated we are doing well in policy and vaccine rollout procedures.

Director Garcia shared that some patients have been moved from our Glenwood facility to our Woodward facility successfully. A quality oversight position will be filled to help facilitate this transition as well as other transitions between facilities to the community in the future.

## HHS GOVERNANCE DISCUSSION

Rebecca led the discussion and provided a short overview outlining the differences in how the DHS Council and Board of Health are structured.

Rebecca stated that the intent is to merge the separate governing bodies into a single governing body for the newly formed Department of Health and Human Services. Membership should be an odd number for voting purposes. She asked if an 11-member governing body is appropriate or should there be less or more. Several members of both the boards agreed that having at least 11 members on the board would be needed given the complexities of the current boards. Many stated it was important to have representation from physicians, substance abuse providers, and the child welfare field. A few members mentioned 13 members might be more appropriate.

Rebecca asked the boards how long each term should last, and what is the maximum term limit that should be established for the new governing body.

Newer members of the board and council expressed interest in having a longer term given that the first year is a learning experience for many, especially as it pertains to the structure, education, and comprehension of duties and responsibilities. Three years was determined to be a minimum; however, members did wish the future governing board to have between four to five years as a term.

Rebecca then inquired what the critical qualifications should be for the respective board members. Should these qualifications be unique to each board position (i.e. each of the board members hold a unique qualification), or should there be multiple board members with similar qualifications (e.g. two members with public health, two members with family well-being, etc.)

Board and council members discussed the need to have varied representation of members with unique qualifications. Members expressed great interest in having multiple board members with similar qualifications and significant past experiences. Those with other committees or work history that falls within scope of the board duties are a great need along with professional experience.

Rebecca asked the board members about meeting frequency.
Most of the members of both boards suggested meeting monthly to avoid delays in rule making.

She then asked what our board members think is the role, responsibility, and duty of the new governing board.

Board and council members want to understand the shift of the new agency in strategic planning. Some members stated they would like both entities to remain separate. Other members proposed having advisory committees and other boards within the agency share updates and summaries to the larger board at rule making meetings.

Rebecca concluded the discussion by asking the members how they envision the relationship between the governing body and the various advisory bodies that support the agency.

Most of the members expressed interest in having more collaboration with other board members. They would like additional input from other committees to understand the reasons behind rule changes, policies, and how programs are conducting their work.

## APPROVAL OF MINUTES

A motion was made by Wallace and seconded by Willey to approve the August 11, 2022, meeting minutes.

## RULES

R-1. Amendments to Chapter 36, "Facility Assessments," Iowa Administrative Code. (Align rules with current practice and the Iowa Code). This rule making enacts technical changes to remove the word "enterprise" from Iowa Medicaid. Rules are updated to remove form names and provide current unit names and addresses. This review is part of the department's five-year rules review process.

A motion was made by Wallace to approve and seconded by Jindal
MOTION UNANIMOUSLY CARRIED

R-2. Amendments to Chapter 62, "Rent Reimbursement," Iowa Administrative Code. (Sets criteria for rent reimbursement program).
Iowa Code Chapter 425 provides for a property tax credit for low-income elderly and disabled Iowans. To provide parity for low-income elderly and disabled individuals who do not own property the law also establishes reimbursement for rent. Currently both the property tax credit and the rent reimbursement programs are administered by the Iowa Department of Revenue. Effective January 1, 2023, DHS takes over administration of the rent reimbursement

portion of the program. This rulemaking provides the criteria for filing and processing those claims.

A motion was made by Kudej to approve and seconded by Fisk
MOTION UNANIMOUSLY CARRIED

R-3. Amendments to Chapter 65, "Supplemental Nutrition Assistance Program Administration," Administrative Code. (Align rules with current practice, Iowa Code, and federal regulations).
This rule making updates the name of Iowa's food assistance program to the Supplemental Nutrition Assistance Program (SNAP), updates the name of the chapter and provides current definitions. Incorrect or obsolete cross references are removed, and obsolete rules are rescinded. Rules on application processing are also updated. This review is part of the department's five-year rules review process.

A motion was made by Wallace to approve and seconded by Mayberry-Mayes
MOTION UNANIMOUSLY CARRIED

R-4. Amendments to Chapter 66, "Emergency Food Assistance Program," Iowa Administrative Code. (Align rules with current practice and federal regulations).
This proposed rulemaking updates the name of the Division to Financial, Food and Work Supports. Additional information is provided on The Emergency Food Assistance Program (TEFAP) for additional guidance to consumers on how eligibility is determined for the program and how claims are established against TEFAP entities. This review is part of the department's five-year rules review process.

A motion was made by Wallace to approve and seconded by Kudej
MOTION UNANIMOUSLY CARRIED

R-5. Amendments to Chapter 79, "Other Policies Relating to Providers of Medical and Remedial Care," Iowa Administrative Code. (Implements new documentation requirements related to delivering services. Adopt Emergency after Noticed)
This rule making amends the documentation requirements for narrative service documentation for each service encounter and each shift for 24-hour services. This rule making removes the requirement for narrative service documentation for each service encounter or shift and replaces it with the requirement to provide a narrative only when the incident, illness, unusual or atypical event occurs during the service encounter. The rules clarify Medicaid providers must include records and documentation to substantiate the services provided to the member and all information necessary to allow accurate adjudication of the claim. In addition, documentation requirements must meet the professional standards pertaining to the service provided.

Providers have requested the proposed amendments in response to the direct care workforce shortage.

A motion was made by Fisk to approve and seconded by Jindal
MOTION UNANIMOUSLY CARRIED

R-6. Amendments to Chapter 89, "Debts Due from Transfer of Assets," Iowa Administrative Code. (Align rules with current practice and Iowa Code).
This rule making updates the effective date for transfers of assets that took place between July 1, 1993, and December 31, 2018. This portion of the program was suspended effective January 1, 2019, and there have not been any referrals to recover resources from anyone who received the transferred resources since then. This review is part of the department's five- year rules review process.

A motion was made by Willey to approve and seconded by Wallace
MOTION UNANIMOUSLY CARRIED

R-7. Amendments to Chapter 91, "Medicare Drug Subsidy," Iowa Administrative Code. (Align rules with current practice and federal law)
Chapter 91 provides the framework for the Medicare Drug Subsidy program for Medicare Part D beneficiaries. This rule making removes forms that have become obsolete, updates the rules, and provides correct rules references as part of the department's five-year rules review process.

A motion was made by Kudej to approve and seconded by Mayberry-Mayes
MOTION UNANIMOUSLY CARRIED

R-8. Amendments to Chapter 109, "Child Care Centers," Iowa Administrative Code. (Implements new child care ratio legislation, HF2198; Adopt Emergency after Noticed)
These rules allow an increased number of children to be served per staff person in the 2-year-old and 3-year-old age categories in licensed child care centers. The rules modify requirements for combining age groups and allows a staff person under the age of 18 to provide care to school age children, without being under the direct supervision of an adult. The rules also clarify that persons under the age of 18 shall not be the sole provider on the premises of a child care facility or transport children.

A motion was made by Fisk to approve and seconded by Willey
MOTION UNANIMOUSLY CARRIED

R-9. Amendments to Chapter 170, "Child Care Services," Iowa Administrative Code (Implements HF 2252 from the 2022 legislative session; Adopt Emergency after Noticed).
Previously for a parent to be eligible for child care assistance (CCA) a medical incapacity

needed to be considered "temporary". Under HF 2252 the Code of Iowa requirements are changed and removal of this temporary requirement will allow a family with one permanently disabled parent to be CCA-eligible based upon the needs of the parent who is not disabled. The following amendments to the administrative rules are presented as Noticed rules.

A motion was made by Kudej to approve and seconded by Wallace
MOTION UNANIMOUSLY CARRIED

N-1. Amendments to Chapter 61, "Refugee Services Program," Iowa Administrative Code. (Align rules with current practice and the federal code).
This proposed rule making updated the definition of "refugee" to match the definition in the federal regulations. References to federal agencies are updated to reflect the current name of those agencies. Services that are specifically designed to assist refugees with obtaining employment and improving the employability of work skills of the individual are revised to match federal regulations and clarify services that are available. The time frame to which services may be provided to newly arriving refugees is increased to five years after arrival in the United States to reflect the Department's current practices. Outdated processes are removed from the rules. This review is part of the department's five-year rules review process.

N-2. Amendments to Chapter 85, "Services in Psychiatric Institutions," Iowa Administrative Code. (Aligns rules with current practice and Iowa Code)
This rule making updates federal code references and cross references to other Department rule chapters. Obsolete form names were removed from the rules. The locations of the state mental health institutes were updated. This review is part of the department's five-year rules review process.

N-3. Amendments to Chapter 117, "Foster Parent Training," Iowa Administrative Code. (Aligns rules with current practice and Iowa Code)
Before a foster parent is licensed the individual must complete a variety of agency-approved training courses that teach foster parents how to support a child's overall well-being and emotional needs. This rule making allows in-service training to be provided whether face-to-face or through interactive virtual training when provided to a group or an individual foster family. Training requirements are updated. This review is part of the department's five-year rules review process.

N-4. Amendments to Chapter 133, "IV-A Emergency Assistance Program," Iowa Administrative Code. (Aligns rules with current practice and Iowa Code)

Definitions are being updated to match those used in other Department programs and to be consistent across programs. Services that are no longer available have been removed from the rules. A reference to the food assistance program is being updated to the Supplemental Nutrition Assistance Program (SNAP) to reflect the current program's name change. The list of specified relatives a child must be living with or has lived with in the past six months has been expanded to match current policy. This review is part of the department's five-year rules review process.

N-5. Amendments to Chapter 142, "Interstate Compact on the Placement of Children," Iowa Administrative Code. (Align rules with current practice and the Iowa Code).
Proposed changes are being made to reflect what appears in the Code. Cross-references to Iowa Code have been updated. A clarification is made that placement into Iowa from any location or from Iowa to another location may include to or from any state, territory or possession of the United States, the District of Columbia, the Commonwealth of Puerto Rico and with the consent of Congress, the government of Canada or any providence thereof. This review is part of the department's five-year rules review process.

N-6. Amendments to Chapter 143, "Interstate Compact on the Placement of Juveniles," Iowa Administrative Code. (Align rules with current practice and the Iowa Code)
The name of the governing body of the Interstate Compact on the Placement of Juveniles is updated to reflect the current name, the Interstate Commission for Juveniles. This Commission includes representatives from all 50 states, the District of Columbia and the US Virgin Islands who work together to preserve child welfare and promote public safety. Form names used to send a juvenile out of state under the commission are revised to reflect the current name. The proposed rulemaking clarifies the Department must pay for the return of any runaway, escapee, or absconder to the State of Iowa for whom the Department has legal custody or guardianship.

N-7. Amendments to Chapter 166, "Quality Improvement Initiative Grants," Iowa Administrative Code (Align rules with current practice and the Iowa Code).
Proposed rules are updated to align with federal regulations regarding the use of civil money penalties (CMP) imposed by the Centers for Medicare and Medicaid (CMS). These rules also update the Department's purposes for CMP emergency reserve fund grants. This proposed rulemaking is part of the department's five-year rules review process.

N-8. Amendments to Chapter 177, "In-Home Health-Related Care," Iowa Administrative Code. (Align rules with current practice and the Iowa Code).

Currently the In-Home Health-Related Care (IHHRC) Program requires a registered nurse to provide supervision of a client's care plan to receive services. Over the past several years the Department has experienced more nursing agencies opting out of providing supervision services for this program. Medicaid programs providing similar services under the home-and community-based programs do not require a supervising practitioner when the services being provided are considered unskilled or is for personal care services. These proposed amendments remove nursing supervision for unskilled personal care services and maintains nursing supervision for skilled services. Proposed amendments also identify how the program is implemented from the application process through termination if termination is required. This rule making is part of the department's five-year rules review process.

A motion was made by Mayberry-Mayes to approve and seconded by Willey
MOTION UNANIMOUSLY CARRIED

## ADJOURNMENT

A motion was made by Kudej to adjourn the meeting and was seconded by Mayberry-Mayes

Meeting adjourned at 12:00 p.m.

Respectfully Submitted by:

Julie McCauley

Council Secretary