

• Managed Care in Iowa

This profile reflects state managed care program information as of August 2014, and only includes information on active federal operating authorities, and as such, the program start date may not reflect the earliest date that a program enrolled beneficiaries and provided services. Some states report populations and services available to program participants under the federal authority (e.g. Section 1115 waiver), so these features cannot be easily distinguished for each program.

Overview of Current Managed Care Programs

In July 2011, over 90 percent of Medicaid beneficiaries in Iowa were enrolled in some form of managed care. Iowa first offered managed care in 1986 through a pilot program that contracted with a one managed care organization (MCO) in one county; in 1990, the pilot was transformed into a primary care case management program (PCCM), called **MediPASS**, serving seven counties. MediPASS has since expanded, now operating in 75 counties and provides pregnant women, children, and parents with a designated provider for primary care, case management services, and referrals to specialty services. Since March 2012, Iowa has also offered eligible beneficiaries the option of enrolling in a single managed care organization (MCO) instead of MediPASS to cover all primary, acute, and some specialty services; as of August 2013, the MCO option has been available in 19 counties.

Since 1999, Iowa's **Plan for Behavioral Health** has provided all inpatient and outpatient behavioral health and substance abuse services through a single pre-paid inpatient health plan to all Medicaid eligibles, including dual eligibles and non-dual aged groups, which are not covered under MediPASS. More recently, Iowa introduced (1) two **Programs of All-Inclusive Care for the Elderly**, which provide all Medicare and Medicaid services for individuals age 55 and over who require a nursing home level of care; and (2) a **Non-Emergency Medical Transportation** plan to provide transportation for all Medicaid beneficiaries.

In June 2012, Iowa launched a statewide health homes initiative, which in June 2013 was available in 25 counties, to coordinate care for adults and children with at least two chronic or behavioral health conditions (or one existing condition and at risk for another). MediPASS members that qualify for a health home and agree to participate are removed from MediPASS when they enroll in the health home.

Participating Plans, Plan Selection, and Rate Setting

Iowa contracts with two plans: **one for-profit, national plan** (Meridian Health Plan) that provides primary, acute, and specialty services; and **one for-profit, national plan** (Magellan) that provides behavioral health services. In addition, the state contracts with primary care physicians to manage care for Medicaid enrollees in the MediPASS program. Primary care providers are paid a monthly per-member case management fee in addition to the regular Medicaid fee-for-service reimbursement. Health homes, which can be primary care practices, federally qualified health centers, rural health centers, and community mental health centers, also receive a monthly per-member care management payment that is adjusted based on the risk of each patient. The state also contracts with one transportation broker (TMS management) to provide non-emergency transportation services. Transportation brokers are paid a flat rate based on the number of beneficiaries in the region they serve. The state does not publish information on how it selected its prepaid plan or how it sets their payment rates.

Quality and Performance Incentives

Iowa requires its managed care plans to submit performance indicators and HEDIS measures (some of which are modified to reflect the prepaid behavioral health care environment), as well as semi-annual consumer satisfaction surveys. The state does not currently tie managed care plan payment to quality measures. As of July 2013, it offered health home providers an incentive payment of up to 20 percent of total monthly patient management fees if they meet performance measures for preventive services, chronic disease control, behavioral health care and total cost of care.

Table: Managed Care Program Features, as of August 2014

Program Name	IA Medicaid Managed Health Care*		IA Plan for Behavioral Health	Program for the All-Inclusive Care for the Elderly (PACE)	Non-Emergency Medical Transportation
Program Type	PCCM	MCO*	MH/SUD PIHP	PACE	Transportation PAHP
Program Start Date	December 1986	March 2012*	January 1999	August 2008	October 2010
Statutory Authorities	1932(a)		1915(b)	PACE	1902(a)(70)
Geographic Reach of Program	Select Counties	Select Counties	Statewide	Select Regions	Statewide
Populations Enrolled (<i>Exceptions may apply for certain individuals in each group</i>)					
<i>Aged</i>			X	X	X
<i>Disabled Children & Adults</i>			X	X (age 55+)	X
<i>Children</i>	X	X	X		X
<i>Low-Income Adults</i>	X	X	X		X
<i>Medicare-Medicaid Eligibles ("duals")</i>			X (excludes partial duals)	X (age 55+)	X (excludes partial duals)
<i>Foster Care Children</i>			X		X
<i>American Indians/Alaska Natives</i>			X		X
Mandatory or Voluntary enrollment?	Mandatory	Voluntary*	Mandatory	Voluntary	Mandatory
Medicaid Services Covered in Capitation (<i>Specialized services other than those listed may be covered. Services not marked with an X are excluded or "carved out" of the benefit package.</i>)					
<i>Inpatient hospital</i>		X		X	
<i>Primary Care and Outpatient services</i>	X (case management only)	X	X	X	
<i>Pharmacy</i>				X	
<i>Institutional LTC</i>				X	
<i>Personal Care/HCBS</i>			X (home health only)	X	
<i>Inpatient Behavioral Health Services</i>			X	X	
<i>Outpatient Behavioral Health Services</i>			X	X	
<i>Dental</i>				X	
<i>Transportation</i>				X	X

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Participating Plans or Organizations	1. Medipass – participating primary care providers	1. Meridian*	1. Iowa Plan For Behavioral Health	1. Siouxland PACE 2. Immanuel Pathways**	1. TMS Management Group, Inc
Uses HEDIS Measures or Similar	X	X	X	NA	
Uses CAHPS Measures or Similar	X	X		NA	
State requires MCOs to submit HEDIS or CAHPS data to NCQA	NA		NA	NA	NA
State Requires MCO Accreditation	NA	X	NA	NA	NA
External Quality Review Organization	Iowa Foundation for Medical Care				
State Publicly Releases Quality Reports	Yes				

Sources: Centers for Medicare and Medicaid Services (CMS), National Summary of State Medicaid Managed Care Programs as of July 1, 2011.
Kaiser Commission on Medicaid and the Uninsured. Profile of Medicaid Managed Care Programs in 2010. September 2011.
National Committee on Quality Assurance. NCQA Medicaid Managed Care Toolkit 2012 Health Plan Accreditation Standards. State Use of Accreditation as of February 2012.

Notes: Managed Care Organization (MCO); Prepaid Inpatient Health Plans (PIHP); Prepaid Ambulatory Health Plan (PAHP); Mental Health/Substance Use Disorder (MH/SUD); Healthcare Effectiveness Data and Information Set (HEDIS); Consumer Assessment of Healthcare Providers and Systems (CAHPS).

Primary Care and Outpatient Services include physician services, hospice, laboratory, imaging, FQHC, and other specialty services delivered in outpatient offices and clinics. Institutional Long Term Care (LTC) includes Skilled Nursing Facilities (SNF) and/or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDD).

External Quality Review Organization activities are only required for MCOs, PIHPs, PAHPs, and other applicable entities with comprehensive risk contracts.

* As of March 2012, Medicaid Managed Health Care participants in select regions are given the option to enroll in an MCO (Meridian) to cover their acute, primary and specialty care services.

** As of June 2012, Immanuel Pathways provides PACE services in three counties. See http://www.dhs.state.ia.us/uploads/Comm_316_7-12%20Revised.pdf.