



**Iowa Health and Wellness Plan Annual Report
1115 Demonstration Waiver
January 1 – December 31, 2017**

April 2018

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I. EXECUTIVE SUMMARY

Enrollment in the Iowa Health and Wellness Plan (IHAWP) continues to grow for adults with income between 0 and 133% of the FPL.

In Calendar year 2017, there were three changes to the 1115 Demonstration Waiver, IHAWP. One of the changes was with the Dental Wellness Plan. This included a revision of the benefits that a member could receive and the adding of the adult Medicaid population to the Dental Wellness Plan. See page 8 for more information.

On August 2, 2017, Iowa, as directed by the legislature, submitted a request to Centers for Medicare and Medicaid Services (CMS) to eliminate retroactive eligibility for all Medicaid applicants. CMS approved Iowa's request to eliminate the three month retroactive eligibility period, except for pregnant women (and during the 60-day period beginning on the last day of the pregnancy) and infants under one year of age, for applications filed on or after November 1, 2017. See page 10 for more information.

The third change occurred on December 1, 2017. AmeriHealth Caritas Iowa, Inc. (AmeriHealth) withdrew from participation in the Iowa Medicaid program. All Medicaid members including Iowa Health and Wellness Program members that were enrolled with AmeriHealth were transferred to United Healthcare Plan of the River Valley or fee-for service.

II. SIGNIFICANT ACTIVITIES

A. Communications and Outreach

Member Outreach in 2017, focused on the continuation of education on the Healthy Behaviors Program. Monthly member mailings are sent to all Iowa Health and Wellness Plan (IHAWP) members. These include:

- IA Health Link Member Handbook that includes information about benefits, healthy behaviors and the managed care selection process. This is sent to new members;
- Healthy Behaviors Reminder Letters that remind members to complete their healthy behaviors to waive contributions for the next year; and
- IHAWP Contribution Statements are sent to those members who are required to pay monthly contributions.

There was also information sent to IHAWP members regarding the exit of AmeriHealth Caritas Iowa, Inc. from IA Health Link effective December 1, 2017.

1. First Quarter – January to March 2017

During the first quarter of 2017, monthly member mailings were sent to all IHAWP members as listed above. The Department of Human Services website content includes information on who qualifies, coverage programs, how to

apply, healthy behaviors, resources, frequently asked questions, and member's rights and responsibilities.

2. Second Quarter – April to June 2017

Medicaid e-News is sent to 4,000+ providers and stakeholders and includes important updates, links to member mailings, useful resources and informational letters. Updates during the second quarter announced changes to the Dental Wellness Plan (DWP).

3. Third Quarter – July to September 2017

Member monthly mailings and Medicaid e-News continued in the third quarter of 2017.

4. Fourth Quarter – October to December 2017

On December 1, 2017, AmeriHealth Caritas Iowa, Inc. (AmeriHealth) withdrew their participation in the IA Health Link managed care program. Prior to this withdrawal, all Medicaid members that were served by AmeriHealth, including those enrolled in the Iowa Health and Wellness Program, were notified of this change. Members enrolled in AmeriHealth were transitioned to United Healthcare Plan of the River Valley, Inc. (UHC). Members new to Medicaid were enrolled in UHC.

The Iowa Medicaid Enterprise (IME) website included information about the AmeriHealth withdrawal as well as information for both members and providers on how to access services and providers, and frequently asked questions.

B. Provider Outreach

1. First Quarter – January to March 2017

There was no targeted outreach to providers during the first quarter.

2. Second Quarter – April to June 2017

An informational letter was sent in May announcing the Medicaid adult dental program and re-design. A follow-up informational letter was issued in June reminding providers of the Medicaid adult dental program re-design.

3. Third Quarter – July to September 2017

There was no targeted outreach to providers during this quarter.

4. Fourth Quarter – October to December 2017

With the withdrawal of AmeriHealth, all AmeriHealth providers were notified of this change through the mailing of letters and also on the IME website.

C. Legislative Developments

1. First Quarter – January to March 2017

There was no legislative action regarding IHAWP this quarter.

2. Second Quarter – April to June 2017

During this quarter, the Iowa Legislature passed legislation that expanded the definition of medical home, added new definitions for personal provider, primary care provider and primary medical provider.

3. Third Quarter – July to September 2017

There was no legislative action regarding IHAWP this quarter.

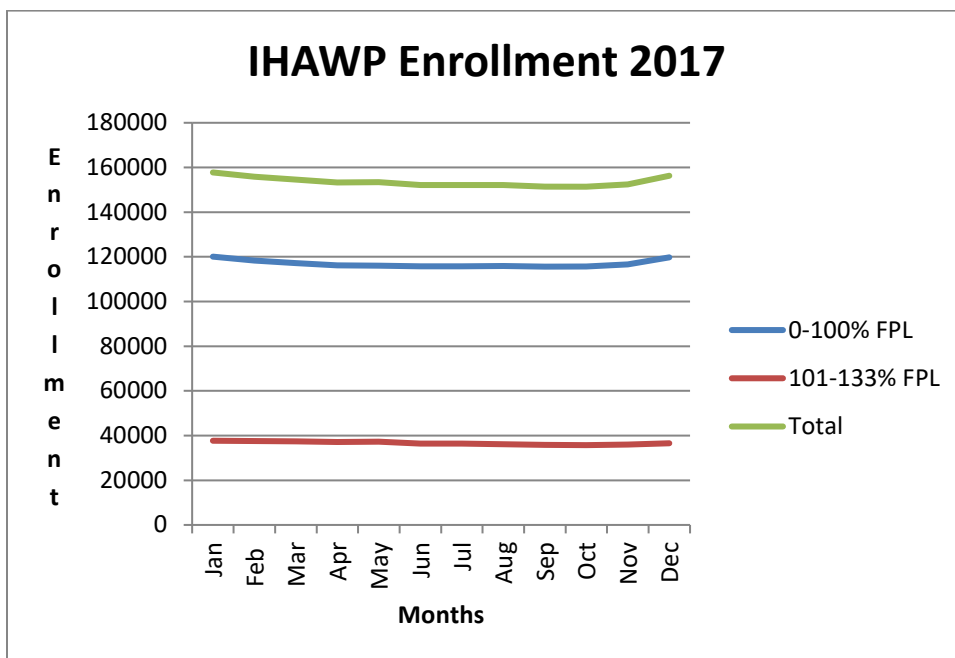
4. Fourth Quarter – October to December 2017

There was no legislative action regarding IHAWP this quarter.

III. ELIGIBILITY/ENROLLMENT

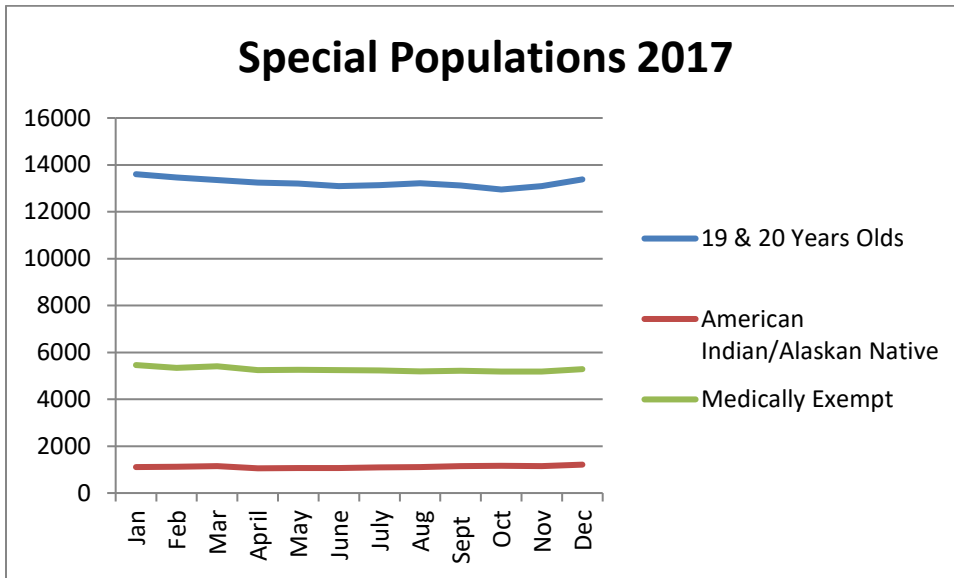
A. Enrollment

Enrollment in IHAWP increased by four percent from January to December 2017, with ending enrollment totaling 156,324. The chart below shows the trend of enrollment over the year. Monthly totals can be found in Attachment 1.



B. Special Population Groups

The state modifies specific population groups enrolled in the IHAWP to ensure their health care needs are met in accordance with the Special Terms and Conditions. These groups consist of: (1) nineteen and twenty year-olds, (2) American Indian/Alaskan Natives (AI/AN), and (3) the Medically Exempt. There was a seven percent increase in the total number of special populations. The increase per special population was nineteen percent for the AI/AN group, thirteen percent for the nineteen and twenty year old, and three percent for the Medically exempt. Below are the enrollment trends for each population per month for 2017. See Attachment 2 for the monthly enrollment numbers.



IV. ACCESS/DELIVERY

The MCOs are required to send an access and delivery of services report each quarter. This report shows the number and location of providers in the MCO's network. The latest report can be found at:

<https://dhs.iowa.gov/ime/about/performance-data-GeoAccess>

Please note: These reports are based on state fiscal year quarters. The first quarter of the state fiscal year begins July 1st.

V. COMPLAINTS/GRIEVANCES/APPEALS

A. Complaints/Grievances

IHAWP fee-for-service members contacted IME's Member Services Call Center to express concerns about the program. During 2017, the IME received a total of 159 complaints with the largest (98) being for benefits and services. Attachment 3 shows the categories of complaints and the number per month. There have been a total of 91 complaints with the DWP carriers since implementation of the program. Complaints and Grievances by MCO members were handled by the MCO.

B. Exceptions to Policy and Member Appeals

During calendar year 2017, a total of 0 requests for exceptions to Medicaid policy (ETP) were requested by IHAWP members.

Member appeals for 2017, for fee-for-service members totaled 166. The fourth quarter showed 39 appeals. Of these the results were:

Affirmed	2
Reversed	3
Dismissed	3

Withdrawn 16
Abandoned 15

VI. Budget Neutrality/Fiscal Issues

During calendar year 2017, the state did not encounter any significant financial issues related to the IWP. See Attachment 4 for a report of total expenditures for IHAWP population groups.

VI. Other Activities Summary

A. Dental Wellness Plan

1. First Quarter – January to March 2017

On December 13, 2016, a request for information was issued regarding the delivery of dental services for the DWP. From the results of the request for information, the Iowa Medicaid Enterprise provided the Centers for Medicare and Medicaid Services (CMS) with a draft waiver for the 1115 waiver amendment. This amendment would change the benefit structure of DWP with IHAWP and also include all adults on the fee-for-service program with the same dental benefits. .

2. Second Quarter – April to June 2017

Changes to the DWP were made to improve and simplify the adult dental programs. The movement of adult Iowa Medicaid members to the redesigned DWP will result in a more seamless experience for members and providers. The Dental Wellness Plan was redesigned to reduce administrative burdens.

Members in the DWP members must complete the required healthy behaviors during their first enrollment year. If members do not complete the healthy behaviors they would be subject to a monthly premium for the second year. When a member does not pay a premium for ninety 90, they will only receive basic benefits.

3. Third Quarter – July to September 2017

Effective July 1, 2017, adult Medicaid members, age 19 and older, were combined into a single, improved dental program. The movement of adult Iowa Medicaid members to the redesigned DWP is intended to ensure continuity of care as a member transitions between Medicaid eligibility categories.

4. Fourth Quarter – October to December 2017

During fourth quarter of calendar year 2017, Iowa Medicaid Enterprise (IME) continues to evaluate the strengths, weaknesses, and challenges, of the final year of the Dental Wellness Plan (DWP) 1.0.

In collaboration with the University of Iowa Public Policy Center, a summative review of year three is currently underway. Initial conclusions reveal that the DWP has provided dental coverage for a large number of low-income Iowa adults. However, the DWP member population is very transient, with half of the original members leaving within two years. This, in addition to overall low

utilization by members, made the goal of the earned benefit model (i.e.: more preventive care to reduce future treatment needs) challenging.

These findings support IME's decision to redesign the original DWP and create DWP 2.0 that became effective July 1, 2017. Now, adult Medicaid members, age 19 and older, are integrated into a single, unified adult dental program. The movement of adult Iowa Medicaid members to the redesigned DWP 2.0 is intended to ensure continuity of care as member's transition between Medicaid eligibility categories. All enrollees receive comprehensive dental benefits during their first year of enrollment.

IME has been working toward implementing the changes to DWP 2.0 as indicated in the 1115 Demonstration Amendment. Specifically, internal workgroups are developing ways to measure member compliance with obtaining healthy behaviors in addition to implementing the cost sharing of a monthly dental premium.

Member Healthy Behaviors and Premium:

The modified DWP requires members to complete healthy behaviors annually in order to maintain comprehensive dental benefits. The healthy behavior requirement includes completion of an oral health self-assessment and a preventive dental visit. IME has provided the dental plans with resources detailing member compliance. This allows plans to evaluate the number of members that have met the requirements and provide outreach and education to those that are at risk of having a monthly premium instated.

Completion of both healthy behaviors will waive a member's premium obligation for the following year. Members with a premium obligation who fail to make ongoing monthly premium payments will be eligible for reduced (emergency) dental benefits only. Ultimately, the redesigned DWP encourages members to engage in their oral health with a focus on prevention.

Providers and members were notified of these changes in May, 2017. Information on the carrier options for members and plan design, including the use of healthy behaviors and premiums were made available on the IME/DWP website: <https://dhs.iowa.gov/dental-wellness-plan>.

Please see Attachment 5 for fourth quarter activity by the two dental carriers.

B. Premium Monitoring and Healthy Behaviors Program

IHAWP members with incomes between 50 and 133 percent of the FPL are required to pay premiums (also known as contributions). Members can have their premiums waived if they participate in the healthy behaviors program. Members must complete a health risk assessment and either a medical or a dental visit. The premium is waived for the next year of eligibility.

Attachment 6 is the premium reporting the state is required to report for the fourth quarter.

C. Evaluation

There were four evaluation reports completed and finalized during calendar year 2017. These can be found at the websites located below.

HBI Disenrollment

<http://ppc.uiowa.edu/publications/healthy-behaviors-dis-enrollment-interviews-report-depth-interviews-iowa-health-and>

IHAWP Adequacy

<http://ppc.uiowa.edu/publications/evaluation-provider-adequacy-iowa-health-and-wellness-plan-during-second-year-0#overlay-context=search/google/Disenrollment%3Fquery%3DDisenrollment%26cx%3D013027064748900287319%253Apax5u7h5n84%26cof%3DFORID%253A11%26site%3D>

Chronic Conditions

<http://ppc.uiowa.edu/publications/outcomes-iowa-medicaid-chronic-condition-health-home-program-enrollees#overlay-context=publications/evaluation-provider-adequacy-iowa-health-and-wellness-plan-during-second-year-0>

IHAWP Interim Report

<http://ppc.uiowa.edu/publications/iowa-health-and-wellness-plan-evaluation-interim-report#overlay-context=publications/outcomes-iowa-medicaid-chronic-condition-health-home-program-enrollees>

D. Elimination of Retroactive Eligibility

On August 2, 2017, Iowa, as directed by the legislature, submitted a request to CMS to eliminate retroactive eligibility for all Medicaid applicants.

CMS has approved Iowa's request to eliminate the three month retroactive eligibility period, except for pregnant women (and during the 60-day period beginning on the last day of the pregnancy) and infants under one year of age, for applications filed on or after November 1, 2017. This includes initial applications and applications to add new household members. Medicaid applicants will continue to receive Medicaid coverage effective the first day of the month in which the Medicaid application was filed, or as otherwise applicable for the coverage group requested. The department updated the ABC system to reflect this change effective November 1, 2017. The ELIAS (eligibility system) could not yet be updated, however, workers have been trained that in ELIAS they should determine eligibility in the retroactive period for only pregnant women (and during the 60-day period beginning on the last day of the pregnancy) and children under the age of 1. The application has also been revised to reflect these changes. The department

has communicated this policy change via Provider Communications, Medicaid Newsletters, and provider training. The department continues to work on further communication methods to reach out to other stakeholders and the general public.

Attachment 1 Iowa Health and Wellness Monthly Enrollment

Population Group	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
0-100% FPL	120,088	118,386	117,175	116,194	116,078	115,745	115,789	115,940	115,683	115,678	116,572	119,835
101-133% FPL	37,685	37,488	37,456	37,082	37,324	36,429	36,384	36,157	35,770	35,717	35,909	36,489
Total	157,773	155,874	154,631	153,276	153,402	152,174	152,173	152,097	151,453	151,395	152,481	156,324

Attachment 2 Special Population Groups

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
19-20 year old	13,603	13,463	13,348	13,245	13,198	13,091	13,131	13,219	13,120	12,949	13,097	13,382
0-100% FPL	11,177	11,040	10,915	10,838	10,791	10,752	10,772	10,861	10,753	10,618	10,792	11,077
101-133% FPL	2,426	2,423	2,433	2,407	2,407	2,339	2,359	2,358	2,367	2,331	2,305	2,305
American Indian/Alaskan Native	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
0-100% FPL	860	878	910	839	855	856	869	882	914	940	932	979
101-133% FPL	250	243	233	216	215	217	222	228	230	221	220	233
Medically Exempt	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	5,460	5,338	5,411	5,243	5,253	5,238	5,229	5,190	5,221	5,183	5,183	5,290
0-100% FPL	3,139	3,030	3,072	2,983	2,978	2,989	3,012	2,972	3,019	2,979	2,994	3,076
101-133% FPL	2,321	2,308	2,339	2,260	2,275	2,249	2,217	2,218	2,202	2,204	2,189	2,214
Total	20,173	19,922	19,902	19,543	19,521	19,402	19,451	19,519	19,485	19,293	19,432	19,884

Attachment 3 Complaints and Grievances

Fee-For-Service Members

Month	Benefits and Services	Access	Substance Abuse/Mental Health Access	Quality of Care	Medical Provider Network	Premiums and Cost Sharing	Healthy Behaviors	Non-emergency Medical Transportation	EPSDT Services
Jan	9	1	0	0	0	0	4	0	0
Feb	10	0	0	0	1	0	6	0	0
Mar	7	0	0	0	0	0	2	0	0
Apr	4	0	0	0	0	0	0	0	0
May	1	0	0	0	0	0	0	0	0
Jun	1	0	0	0	0	0	0	0	0
Jul	3	0	0	0	0	2	1	0	0
Aug	5	0	0	0	1	0	0	0	0
Sep	1	0	0	0	0	0	0	0	0
Oct	1	0	0	0	0	0	0	0	0
Nov	0	0	0	0	0	0	0	0	0
Dec	2	0	0	0	1	1	0	0	0
Total	44	1	0	0	3	3	13	0	0

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Attachment 4 Total Expenditures Calendar Year 2017

IHAWP Total Expenditures - Calendar Year 2017

		3/31/2017	6/30/2017	9/30/2017	12/31/2017	Total
Wellness	Newly	28,148,313.00	19,201,379.00	17,677,138.00	32,107,800.00	97,134,630.00
	Not					
	Newly	3,747,615.00	2,706,796.00	2,223,451.00	4,058,029.00	12,735,891.00
		31,895,928.00	21,908,175.00	19,900,589.00	36,165,829.00	109,870,521.00
1915B	Newly	3,094,521.00	2,842,742.00	2,357,664.00	2,278,090.00	10,573,017.00
	Not					
	Newly	190,887.00	205,930.00	197,327.00	170,152.00	764,296.00
		3,285,408.00	3,048,672.00	2,554,991.00	2,448,242.00	11,337,313.00
Dental	Newly	10,601,308.00	10,553,814.00	10,762,096.00	(4,536,234.00)	27,380,984.00
	Not					
	Newly	890,894.00	840,405.00	75,125.00	(646,668.00)	1,159,756.00
		11,492,202.00	11,394,219.00	10,837,221.00	(5,182,902.00)	28,540,740.00
MCO	Newly	153,611,912.19	150,072,830.23	149,710,509.21	148,497,411.66	448,280,751.10
	Not					
	Newly	8,052,389.48	8,168,162.63	8,199,831.97	8,535,354.31	24,903,348.91
		161,664,301.67	158,240,992.86	157,910,341.18	157,032,765.97	473,184,100.01
Total Wellness		46,673,538.00	36,351,066.00	33,292,801.00	33,431,169.00	149,748,574.00
Market Place	Newly	17,357,817.00	200,813.00	281,368.00	2,798.00	17,842,796.00
	Not					
	Newly	388,224.00	3,431.00	6,914.00	139.00	398,708.00
Total Market Place		17,746,041.00	204,244.00	288,282.00	2,937.00	18,241,504.00

Admin					
Wellness	-	244,564.00	1,124,359.00	245,208.00	1,614,131.00
Market Place	-	77,103.00	354,471.00	77,305.00	508,879.00
Total Admin	-	321,667.00	1,478,830.00	322,513.00	2,123,010.00

Attachment 5 Iowa Dental Wellness Report 4th Quarter

Delta Dental (October-December 2017)

- **Activities/Results**
 - Customer Service: 6,442 member and 4,811 provider calls
 - Services Provided: 183,116 to 40,300 unique members
 - Completed Risk Assessments: 13,622

- **Claims**
 - Claims Processed Q4: 83,907
 - Processing Time (Average) Q4: 7.85 days
 - Total Paid Q4: \$12,683,189.37

- **Complaints**
 - Program to Date (5/1/2014): Received: 128 Resolved:127
 - This Quarter: Received 11, Resolved: 10

- **Appeals**
 - Program to Date (Since 5/1/2014): Received 25, Resolved 25
 - This Quarter: Received 3, Resolved 3

- **Network – Dentists seeing members in Q4**
 - General Dentists: 814
 - Oral Surgeons: 62
 - Periodontists: 4
 - Pedodontists: 31
 - Endodontists: 8
 - Prosthodontists: 8
 - Orthodontist: 1

Managed Care of North America (MCNA) 4th Quarter 2017

Activities/Results

Customer Service Calls received for quarter (members)	1596
Customer Service Calls received for quarter (providers)	255
Dental Services provided	4238
Unique members treated	736
Members who completed first time Risk Assessments	239
Members who completed second time Risk Assessments	2
Providing outreach and referral services to DWP members to increase awareness	6660 outbound calls to DWP members. To date, 30% of the members successfully contacted have accepted assistance with appointment scheduling

Claims

Processing Time (average days)	16.34
Payment for Claims	\$ 212,226.70

Complaints/Appeals

	Received	Resolved
Program to date complaints	2	1
Complaints during Quarter	2	1
Program to date appeals	1	1
Appeals during Quarter	1	1
Reports from members on not receiving timely services	0	

Network

Number of Dentists providing services during Quarter	
General Dentists	123
Oral Surgeons	2
Periodontists	0
Pedodontists	0
Endodontists	2

Prosthodontists	0
% of members received a Diagnostic and Prevention Service to date	95.32%
% of members received a Stabilization Service to date	15.60%
% of members received an Emergent Service to date	65.68%
% of members with qualifying service have earned Enhanced or Enhanced Plus benefits to date	17.94%

Attachment 6 Premium Monitoring and the Healthy Behaviors Program

In accordance with the STCs, the state is required to collect premium related data to monitor the effects of premiums on IWP members with incomes between 50 and 133 percent of the FPL.

	October 2017		November 2017		December 2017	
	50-100% FPL	Over 100% FPL	50-100% FPL	Over 100% FPL	50-100% FPL	Over 100% FPL
Members subject to premiums (non-exempt and past initial 13 month grace period)	25,374	15,190	25,616	15,318	26,530	15,753
Members who owe premiums (did not complete healthy behaviors)	19,958	10,449	20,309	10,694	21,366	11,255
Members who completed Healthy Behaviors (premiums waived)	5,416	4,741	5,307	4,624	5,164	4,498
Members who declared hardship (premiums waived)	1,417	1,053	1,398	1,037	1,430	1,069
American Indian/Alaskan Natives (exempt)	937	218	932	220	981	233
Medically Frail (exempt)	2,982	2,204	2,995	2,191	3,079	2,217
Members in the Health Insurance Premium Payment Program (exempt)	60	98	63	99	59	95
Members ineligible for IHAWP - churn (exempt)	1,540	633	2,584	1,064	2,129	812
Members with incomes below 50% FPL (exempt)	33,098	8	33,306	8	35,139	14
Members with debt sent to collections for failure to pay premiums within 90-day grace period	0	2,916	0	2,104	0	1,449
Members disenrolled for failure to pay premiums within 90-day grace period (FPL > 100%)		636		657		631
Members who reenrolled during the quarter		412		475		407
Members within initial 13 month grace period	54,020	18,421	53,637	18,462	53,711	18,526