



**Iowa Wellness Plan Quarterly Report  
1115 Demonstration Waiver  
April 1, 2014 – June 30, 2014**

**July 30, 2014**

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## **I. EXECUTIVE SUMMARY**

In December 2013, CMS approved the Iowa Health and Wellness Plan (IHAWP) as the state's approach to expand Medicaid under the Patient Protection and Affordable Care Act (ACA). The IHAWP is comprised of two distinct 1115 waiver programs. Individuals are eligible for a program based on standing relative to the Federal Poverty Level (FPL):

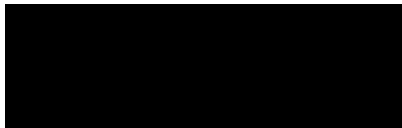
1. The Iowa Wellness Plan (IWP) – Covers individuals ages 19 through 64 with income up to and including 100 percent of the FPL. In this plan, coverage is administered directly through the state Medicaid agency, the Iowa Medicaid Enterprise (IME).
2. The Iowa Marketplace Choice Plan (MPC) – Also covers ages 19 through 64, but with income from 101 percent of the FPL up to 133 percent of the FPL. This plan employs premium assistance to purchase qualified health plans (QHP) from the Healthcare Marketplace established under the ACA. The current QHPs are Coventry Health Plan (Coventry) and CoOpportunity Health (CoOpportunity).

The IME continued to work closely with CMS for technical assistance and guidance on meeting requirements of the Special Terms and Conditions (STCs) for both plans. Despite ongoing challenges with administering a new program, the state accomplished several key activities in the second quarter of operation including:

- Implementation of the Dental Wellness Plan
- Established Accountable Care Organization (ACO) agreements with Broadlawns Medical Center, the University of Iowa Health Alliance, and UnityPoint Health Partners
- Implementation of the pilot for the Department of Corrections enrollment process
- Release of Request for Information to help develop the Request for Proposal to secure a vendor for the Healthy Behaviors Rewards Program
- Finalization of the core IHAWP evaluation designs
- Outreach to members and other community stakeholders to assist with IHAWP program awareness and education

Following this letter is a detailed report of key activities and statistics for the second quarter of the program's operation consistent with the STCs. Do not hesitate to contact me at 515-256-4621 or [jvermee@dhs.state.ia.us](mailto:jvermee@dhs.state.ia.us), or Deanna Jones at 515-256-4652 or [djones1@dhs.state.ia.us](mailto:djones1@dhs.state.ia.us) should you have any questions about this report or any other aspects of the new programs.

Sincerely,



Jennifer Vermeer  
Director  
Iowa Medicaid Enterprise

## **II. SIGNIFICANT ACTIVITIES OF THE QUARTER**

### **1. Transition and Implementation Activities**

#### **A. Member Engagement**

In the fall of 2013, the Iowa Medicaid Enterprise (IME) established a new Department of Human Services (DHS) Contact Center to specifically support the IHAWP enrollment and related ACA implementation inquiries. The call center responds to questions from internal department staff, such as field workers, as well as providing external customer support including enrollment applications and inquiries related to new and existing programs. Call center support continues to be helpful in providing guidance to individuals with the enrollment process.

Members continue to receive educational information about the Iowa Health and Wellness Plan through their initial welcome and enrollment packets. The packets contain information on the program, and information on available primary care providers, or health plans, based on the program for which the member is eligible. During second quarter, members began to receive materials specifically related to the Healthy Behaviors Program. Additionally, Iowa Medicaid began outreach on the Healthy Behaviors Program. All members received a letter and flyer announcing the program and explaining how to complete the activities. The information is now included in the enrollment packet for members new to the program (see Attachment 1).

#### **B. Provider Engagement**

During second quarter, the IME Provider Services Outreach Team began conducting annual provider training in various communities throughout the state (see Attachment 2 for the provider informational letter). The main topic was Managed Care which included education on the Iowa Health and Wellness Plan. Beginning June 11, the Outreach team has reached over 500 providers with the workshops held in the following cities:

- Waterloo
- Council Bluffs
- Cedar Rapids
- Marshalltown

### **2. Stakeholder Concerns**

Since the first quarter of 2014, the IME has received reports about the confusion over the delivery of benefits through two different waiver programs, the Wellness Plan or the Marketplace Choice Plan. The IME continued to address the confusion with the providers and stakeholder community through training sessions, webinars, provider-specific communications, and training documents.

### **3. Significant Events**

#### **A. Press Releases and Coverage**

- Press releases were distributed to explain the enrollment process and enrollment periods for the IHAWP in relation to the Health Insurance Marketplace through HealthCare.gov. Other releases provided information on ACO agreements, launch of the Dental Wellness Plan, and IHAWP enrollment (see Attachment 3).
- National news on the innovative design of the IHAWP continued in second quarter. Additionally, the program received press coverage about the Healthy Behaviors Program and enrollment growth of over 100,000 members in the month of May.

#### **B. Advocacy Groups and Community Outreach Activities**

Since January of 2014, the IME has distributed weekly email communications to update stakeholders on IHAWP activities. These communications contain new documents, member materials and key program developments. Approximately 700 individuals subscribe to the weekly updates.

In the second quarter, additional in-person or teleconference stakeholder educational sessions were held with the following organizations.

- Dental Wellness Plan educational sessions (8 in total, held across the state)
- Medical Assistance Advisory Council
- Council of Nephrology Social Workers
- Association of Insurance Compliance Professionals
- Free Clinics of Iowa
- Iowa Medicaid Clinical Advisory Committee
- Alliance of Community Mental Health Centers
- Safety Net Advisory Council
- Senior Health Insurance Information Program Specialists
- DSM Municipal Housing Agency
- Iowa Primary Care Association
- Patient-Centered Health Advisory Council
- Iowa Hospital Association
- Iowa Community Action Association
- Broadlawns Medical Center
- Primary Health Care (FQHC)

#### **C. Post Award Forum**

In accordance with the Special Terms and Conditions (STCs), the state held an open forum on May 21, 2014, to allow the public an opportunity to comment on the progress of the IHAWP. See Attachment 4 for minutes of the public forum and Attachment 5 for additional written comments from the public.

#### 4. Legislative Developments

There were no legislative activities during the second quarter of 2014. However, the state worked on drafting rule amendments to reflect requirements in the STCs that will become effective January 1, 2015.

### III. ELIGIBILITY/ENROLLMENT

#### 1. Quarterly Enrollment

The overall IHAWP population increased by 17 percent over second quarter. At the end of second quarter, IHAWP enrollment totaled 110,527; an increase of 32 percent since March 2014. The IWP component increased over the quarter by 15 percent with an ending total of 86,274.

When members are determined eligible for this coverage group, they initially receive services in the fee-for-service plan (FFS), and later have an opportunity to choose a primary care case manager or provider under the HMO (if available in that county). As of June 30, over 10,542 persons were enrolled with the HMO and over 49,358 were enrolled with a PCCM. The remaining members were in the process of selecting a provider or reside in a county without PCCM or HMO availability. IWP enrollment totals by county can be found at:

[http://dhs.iowa.gov/sites/default/files/IHAWPEnrollment%20Maps\\_June2014.pdf](http://dhs.iowa.gov/sites/default/files/IHAWPEnrollment%20Maps_June2014.pdf)

Additional enrollment information by demographic components will be provided in future quarterly reports when available.

Monthly enrollment totals for the IHAWP are shown below.

| Plan/Coverage Group | April  | May     | June    |
|---------------------|--------|---------|---------|
| Marketplace Choice  | 19,630 | 21,786  | 23,806  |
| Wellness            | 74,965 | 80,663  | 86,274  |
| Presumptive IHAWP*  | 435    | 454     | 447     |
| Total               | 95,030 | 102,903 | 110,527 |

\*Presumptive IHAWP – Members are defaulted to the Wellness Plan until plan/provider assignments are established.

#### 2. Targeted Populations

The state identifies specific population groups enrolled in the IHAWP to ensure their health care needs are met in accordance with the STCs. These groups consist of: (1) Nineteen and twenty year-olds, (2) American Indian/Alaskan Natives, and (3) the medically exempt (frail). Below are IWP enrollment totals for the targeted populations.

| Population Group | April | May   | June  |
|------------------|-------|-------|-------|
| 19-20 Year-old   | 2,573 | 3,356 | 4,182 |

|                                |       |       |        |
|--------------------------------|-------|-------|--------|
| American Indian/Alaskan Native | 818   | 912   | 963    |
| Medically Exempt               | 3,672 | 4,070 | 8,576  |
| Total                          | 7,063 | 8,338 | 13,721 |

## **A. Nineteen/Twenty Year-olds**

The IME conducts outreach to members and providers to ensure they are aware that all EPSDT services are covered for members under age 21; this is done under a contract with the Iowa Department of Public Health (IDPH), as with other Medicaid groups. At the end of June 2014, members in this age group totaled 4,182. All members in the IHAWP receive information about coverage for EPSDT services in their enrollment packets.

## **B. American Indian/Alaskan Natives**

Individuals identified as American Indian/Alaskan Natives (AI/AN) and meet eligibility for the IWP totaled 963 at the end of June 2014.

## **C. Medically Exempt**

Medically exempt (frail) individuals as defined by 42 CFR 440.315, represented 8,576 members in the IWP at the end of June 2014. The significant increase for this group in June was due to a large volume of provider referrals by Megellan Behavioral Care of Iowa. Exempt members will be enrolled in the Medicaid state plan and have the option to change coverage to the Alternative Benefit Plan known as the IWP. As of June 30, 2014, no members identified as medically exempt elected to enroll in the IWP. The state's methodologies for identifying these individuals are described below.

### **▪ Self-attestation**

Members who enroll through the regular application process will receive a survey to self-attest their medical conditions/status if they provided affirmative answers to either of two questions on the single-streamlined application regarding: (1) receipt of Social Security income (2) and/or having a physical, mental, or emotional health condition that causes limitations in activities of daily living.

A notice accompanies the survey explaining completion of the survey is voluntary and that a member's benefit plan may change as a result of their survey responses. The resulting survey score is based on a weighted algorithm that determines whether the member meets the criteria of an exempt individual. Members will remain in their assigned plan (IWP or MPC) if the completed survey is not returned. The IME's Member Services Unit is available to assist members with any questions about the medically exempt process.

#### ▪ **Provider Referrals**

The IME has also created a referral form to be used by providers or other entities that have a relationship with the member. The form is comprised of questions designed to assist with the process of medically exempt determinations. Completed forms are returned to the IME for review to determine if the member qualifies for medically exempt status.

To address confusion about the medically exempt concept, the IME educated providers and stakeholders about medically exempt coverage and the processes involved for determination. The IME will be available to provide education to specific groups as needed.

### **IV. ACCESS/DELIVERY**

As noted in the Healthy Behaviors Premium Protocols, the state's current standards for timely access to care under Medicaid managed care is mirrored in the IHAWP to ensure that the infrastructure for delivering access to members is appropriate. The state's access to care standards are described below.

#### **1. Access to Care Standards**

The state will ensure ninety-five percent of members reside in counties that meet timely access to care standards. The state will implement an alternative but similar set of measures that are currently in place in the managed care programs and will ensure the following access standards are met:

- Medical service delivery sites are located within 30 miles of enrolled recipients.
- Patients with urgent symptoms shall be seen within one day of contacting their primary care provider.
- Patients with persistent symptoms shall be seen within 48 hours of reporting of the onset of the symptoms.
- Patient routine visits shall be scheduled within four to six weeks of the date of the patient request the appointment.
- The provider shall provide or arrange for 24-hour, 7-day provider availability to enrolled recipients.

#### **2. NCQA Element 1B Standards**

In 2014, the state will ensure that 90 percent of IHAWP members either 1) live in a county that has at least 1 provider that has an NCQA Element 1B score of at least 50 percent or 2) live within 30 miles of a provider that has an NCQA Element 1B score of at least 50 percent. NCQA Element 1B standards are as follows:

- Providing access to routine and urgent-care appointments outside regular business hours
- Providing continuity of medical record information for care and advice when office is not open
- Providing timely clinical advice by telephone when the office is not open (critical factor)



- Providing timely clinical advice using a secure, interactive electronic system when the office is not open
- Documenting after hours clinical advice in patient records

### **3. Access to Care and NCQA Standards Reporting**

On a quarterly basis, the state will conduct a survey of at least 60 providers to capture the information detailed above in sections 2 and 3. The state will ensure that for a calendar year, 240 unique providers will be surveyed by identifying “new” providers each quarter: 1) Initially providers will be selected by the county in which they practice; this will ensure that at least one provider from each of Iowa’s managed care counties are surveyed. 2) Next, a random sampling will be performed across the state. The combination of steps 1 and 2 will help create a sample of rural and urban providers that is representative of Iowa’s Medicaid providers.

The state began conducting this survey process in the second quarter, which consisted of interviews with 62 active providers representing 46 counties. Each provider surveyed was an active patient manager with the IWP. Survey results were as follows:

- Access to Care - More than 98 percent of members are able to access care from providers who meet the access to care standards within the 46 counties surveyed. The survey found that providers met the standard in 45 of the 46 counties.
- NCQA 1B - More than 94 percent of members are able to access care from a provider who meets the standard within the 46 counties surveyed. The survey found providers met the standard in 36 of the 46 counties. Of the counties that did not meet all the required NCQA standards, all 10 met at least one standard.

See Attachments 6 - 8 for more information on the survey results for second quarter. The state continues to work with CMS to refine the survey process to incorporate biostatistics for future reporting.

### **4. Provider Network**

See Attachment 9 for maps that provide more details by county and PCCM (IWP Managed Care), HMO, or FFS.

## **V. COMPLAINTS/GRIEVANCES/APPEALS**

### **1. Complaints/Grievances**

IHAWP members have access to IME’s Member Services Call Center to express their questions or concerns about the program. During second quarter, the IME received a low number of complaints with the majority consisting of basic questions about IWP benefits. Call Center staff were able to resolve all issues with members during the calls. A summary of these complaints is provided below.

| Complaint Type                       | April | May | June |
|--------------------------------------|-------|-----|------|
| Benefits and Services                | 25    | 7   | 0    |
| Access                               | 6     | 2   | 4    |
| Substance Abuse/Mental Health Access | 0     | 0   | 0    |
| Quality of Care                      | 0     | 0   | 0    |
| Medical Provider Network             | 6     | 0   | 2    |
| Premiums and Cost Sharing            | 0     | 0   | 0    |
| Healthy Behaviors                    | 0     | 0   | 3    |
| Non-emergency Medical Transportation | 1     | 0   | 0    |
| EPSDT Services                       | 0     | 0   | 0    |

## 2. Appeals/Exceptions

During second quarter a total of 8 exceptions to Medicaid policy were requested by IWP members. Two of the exceptions were approved by the IME as being medically necessary services and covered under the IWP and 2 were withdrawn by IME as unnecessary. The remaining exceptions (4) involved non-covered services and were denied for consideration of payment.

## VI. Budget Neutrality/Fiscal Issues

During second quarter, the state did not encounter any financial issues related to the IWP.

The information below shows the total of “actual number of eligible member months” or the number of months (471,133) in which individuals (94,872) were able to receive services under the IWP from January 1, to June 30, 2014. *The state of Iowa certifies the accuracy of this information.*

|                 |             | Elig End Date |            |            |            |            |            | Grand Total |
|-----------------|-------------|---------------|------------|------------|------------|------------|------------|-------------|
|                 |             | 2014/01/31    | 2014/02/28 | 2014/03/31 | 2014/04/30 | 2014/05/31 | 2014/06/30 |             |
| Elig Begin Date | 2014/01/01  | 697           | 976        | 1,064      | 777        | 1,161      | 57,257     | 61,931      |
|                 | 2014/02/01  |               | 137        | 143        | 204        | 157        | 7,825      | 8,466       |
|                 | 2014/03/01  |               |            | 193        | 161        | 249        | 10,688     | 11,290      |
|                 | 2014/04/01  |               |            |            | 167        | 118        | 5,535      | 5,820       |
|                 | 2014/05/01  |               |            |            |            | 126        | 3,669      | 3,795       |
|                 | 2014/06/01  |               |            |            |            |            | 3,570      | 3,570       |
|                 | Grand Total | 697           | 1,113      | 1,400      | 1,309      | 1,811      | 88,543     | 94,872      |

|                 |             | Member months |            |            |            |            |            |             |
|-----------------|-------------|---------------|------------|------------|------------|------------|------------|-------------|
|                 |             | 2014/01/31    | 2014/02/28 | 2014/03/31 | 2014/04/30 | 2014/05/31 | 2014/06/30 | Grand Total |
| Elig Begin Date | 2014/01/01  | 697           | 1952       | 3192       | 3107       | 5805       | 343539     | 358,292     |
|                 | 2014/02/01  |               | 137        | 286        | 613        | 628        | 39124      | 40,788      |
|                 | 2014/03/01  |               |            | 193        | 322        | 746        | 42751      | 44,012      |
|                 | 2014/04/01  |               |            |            | 167        | 236        | 16604      | 17,007      |
|                 | 2014/05/01  |               |            |            |            | 126        | 7338       | 7,464       |
|                 | 2014/06/01  |               |            |            |            |            | 3570       | 3,570       |
|                 | Grand Total | 697           | 2,089      | 3,671      | 4,209      | 7,541      | 452,926    | 471,133     |

## VII. Future Planning

### 1. Dental Wellness Plan Implementation

On May 1, 2014, the state, in conjunction with Delta Dental of Iowa, implemented the Delta Wellness Plan (DWP) to provide dental coverage for IHAWP members under a prepaid ambulatory health plan structure. The following DWP related activities took place during second quarter.

- Since the program's inception, the DWP network grew to 663 providers at 813 locations throughout the state.
- Delta Dental processed a total of 13,663 claims. As of June 26, 2014, 9,656 unique members have received services and DWP providers have completed over 5,500 dental risk assessments.
- Delta Dental provided education to providers related to the plan design, which included details on emergency and stabilization criteria. Delta Dental will continue efforts to recruit additional providers during third quarter of 2014.
- Since the end of first quarter, Delta Dental conducted additional community member outreach meetings.
- Delta Dental continued work on the development of systems and operating processes and procedures, and staff recruitment.

### 2. Healthy Behaviors Program

On June 3, 2014, the state received CMS approval on the Healthy Behaviors Premiums Protocols that describes the state's plan for implementing Healthy Behavior Incentives and Premiums Protocols for year one (see Attachment 10). The state continues to work with CMS on provider access and completion of healthy behaviors for members who do not reside in counties that meet access to care standards. Additionally, in accordance with the STCs, the state worked on finalizing the Future Year Healthy Behaviors Incentives Standards and Premium Monitoring Protocols.

### **3. Evaluation Design**

On June 6, 2014, the state received CMS approval on the Evaluation Designs for the IHAWP demonstrations. In accordance with the STCs, the state posted the final designs on the IME website at: <http://dhs.iowa.gov/ime/about/iowa-health-and-wellness-plan/ihawp-fed-docs>. Additionally, during second quarter, the Iowa Public Policy Center received guidance from CMS on the evaluation designs for the healthy behaviors and dental components.

### **4. Department of Corrections Enrollment Process**

The DHS has partnered with the Department of Corrections (DOC) to streamline the enrollment process for offenders upon release. The new process is being piloted in several of the state correctional facilities to ensure that an offender eligible for Medicaid benefits has access to coverage at the time of their release. This initiative aims to connect offenders to necessary health care, and in many circumstances, needed mental health supports and services, with the goal of reducing recidivism. To date, the pilot process has been successful for many offenders. Over the next two quarters, DHS and DOC will look at a statewide rollout.

### **VIII. Additional Information**

Please contact Deanna Jones at 515-256-4652 or [djones1@dhs.state.ia.us](mailto:djones1@dhs.state.ia.us), if there are any other materials or suggestions CMS would like to see for IWP related activities during the second quarter 2014 or on future quarterly reports.

## **Attachments**

1. Healthy Behaviors Introduction Letter – IWP Members
2. Provider Outreach Informational Letter
3. IHAWP Press Releases
4. Post Award Forum – Meeting Minutes
5. Post Award Forum – Written Comments
6. Access Standards Survey Questions
7. Survey Results by County
8. Enrollment Map of Surveyed Counties
9. IHAWP Network Access Maps
10. Healthy Behaviors – Approved Premium Protocols Year 1

Current\_Date

Contact\_Name

Address

City, State Zip

Dear Member\_Name:

### **Welcome to the Healthy Behaviors Program!**

As a member of the Iowa Health and Wellness Plan (Iowa Wellness Plan or Iowa Marketplace Choice Plan) there are new ways for you to play a part in your health care. The new ways come through the Healthy Behaviors Program. It is important to have a good relationship with your primary care provider (PCP). This helps improve your health and helps you make healthy choices. The Healthy Behaviors Program will give you tools to get started.

Another benefit of the Healthy Behaviors Program is that you may not have to pay a contribution later. A contribution is an amount of money that members may pay each month for their health coverage. During the first year that you qualify for the Iowa Health and Wellness Plan there are no contributions. During the second year that you qualify, there may be a contribution if you choose not to take part in the Healthy Behaviors Program.

To be in the Healthy Behaviors Program and not pay a contribution in the second year you qualify, you need to:

- 1. Get a wellness exam or yearly check-up with your PCP and**
- 2. Complete a Health Risk Assessment (HRA) about your health.**

Learn more about the Healthy Behaviors Program from the flyer included with this letter. You can start by scheduling a wellness exam. Then fill out a health risk assessment by following the steps in the flyer.

If you have more questions about the Healthy Behaviors Program, please call Member Services at 1-800-338-8366 or locally in the Des Moines area at 515-256-4606 between 8:00 a.m. and 5:00 p.m., Monday through Friday.

*Para solicitar este documento en español, comuníquese con Servicios al Afiliado al teléfono 1-800-388-8366, de lunes a viernes desde las 8:00 a.m. hasta las 5:00 p.m.*



Care on  
*your*  
terms

## *Be Healthy, Stay Healthy*

To continue receiving free coverage under the Iowa Wellness Plan, you must complete the following Healthy Behaviors:

### 1. Health Risk Assessment (HRA)

1. Go online to [AssessMyHealth.com](https://www.assessmyhealth.com).
2. You will need to enter a five-digit code. You can get this code from your provider. This will let your provider see your results. If your provider does not have a code, enter **MBR11**.
3. Complete the assessment. When done, enter your Medicaid member ID number. Select 'yes' to share your results with your provider. You must enter your member ID to get credit for the Healthy Behavior.
4. Take your results to your wellness exam.

### 2. Wellness Exam

1. Call your primary care provider and schedule your check-up.
2. Talk to your provider about completing the health risk assessment. Your provider might be able to help.
3. Keep your appointment and work with your provider to stay healthy.

### Questions?

Call Iowa Medicaid Member Services at 1-800-338-8366, or 515-256-4606 in the Des Moines area, 8:00 a.m. - 5:00 p.m., Monday-Friday.





health link

## Healthy Behaviors

Care on  
*your*  
terms

### Need help completing your HRA?

1. Complete the assessment from any computer.
2. Talk to your provider. Some providers may be able to help you complete the assessment in their office.
3. Contact local resources in your community like public libraries, public health departments, and community resource centers. Computers may be available to the public.
4. Complete the survey over the phone. To complete the survey over the phone, call Iowa Medicaid Member Services at 1-800-338-8366, or 515-256-4606 in the Des Moines area. Surveys can be taken from 8:00 a.m. - 5:00 p.m., Monday-Friday.

### Questions?

Call Iowa Medicaid Member Services at 1-800-338-8366, or 515-256-4606 in the Des Moines area, 8:00 a.m. - 5:00 p.m., Monday-Friday.







# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

## INFORMATIONAL LETTER NO.1384

**DATE:** May 8, 2014

**TO:** All Iowa Medicaid Providers

**FROM:** Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

**RE:** Annual Provider Training 2014

**EFFECTIVE:** Upon Receipt

The IME would like to invite all Iowa Medicaid providers to the Annual Provider Training for 2014. The IME is pleased to offer workshops in 11 different communities throughout the state.

In an effort to present the most up to date information, all day workshops containing three training seminars have been developed to further educate all participating Iowa Medicaid providers. To meet the continuing demand for information, the **same workshop will be offered twice** in each community where it is presented.

**1. Iowa Medicaid-Beyond the Basics:** A discussion of various topics for all providers ranging from the importance of the Provider Agreement to understanding provider resources.

- Provider Agreement
- Program Integrity Reviews
- Understanding Remittance Advice
- Confirming Member Eligibility
- Prior Authorization
- Provider Communication

**2. Iowa Medicaid-Managed Care:** This discussion is intended to educate providers about the various programs that encompass Managed Care including the new programs in 2014. This will cover the following topics:

- Marketplace Choice Plan
- Iowa Wellness Plan
- Accountable Care Organizations
- Dental Wellness Plan
- MediPASS
- Meridian HMO
- Program of All Inclusive Care for the Elderly (PACE)

**3. Iowa Medicaid-Innovations and Initiatives:** An overview of recent, upcoming, and ongoing initiatives that affect all providers. Topics include:

- ICD-10
- Affordable Care Act (ACA) Expansion
- State Innovation Model (SIM)
- Adult Quality Measures
- Health Information Technology (HIT)
- Payment Error Rate Measurement (PERM) Reviews

**Registration:** The IME is using an online registration tool to prevent overbooking of the workshops and to simplify the sign-in process at each venue. Providers will be able to register for each full day workshop or select which individual seminar they would like to attend.

- If you are unable to register because a session is fully booked, please review the schedule of the site sessions for a different location near your community.
- Please plan on attending your selected workshop at the date and time requested. You will *only* be contacted by the IME if we are unable to accommodate your request.
- If you are unable to complete the online registration form for any reason please contact the IME Provider Services Unit at the number or email address shown below and a representative will complete a form on your behalf.

Actual seminar end times will be dependent on the need of each particular session. The time frames provided are an estimate and we ask you to plan accordingly. There is no cost to attend these sessions.

**How to Register:**

All providers are encouraged to attend the workshop all day, but may select the seminar that best suits them. Please go to the IME [Training Sessions 2014](http://www.ime.state.ia.us/Providers/ATRegistration.html)<sup>1</sup> webpage to access the online Training Registration form.

**Site Information:**

Listed below are the dates, times, and locations of the Annual Training 2014 workshops.

**Seminar Schedule**

| 10:00am-12:00pm            | 1:00pm-2:15pm                    | 2:30pm-4:00pm                              |
|----------------------------|----------------------------------|--|
| Iowa Medicaid Managed Care | Iowa Medicaid: Beyond the Basics | Iowa Medicaid: Innovations and Initiatives |

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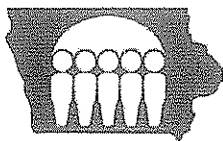
<sup>1</sup> <http://www.ime.state.ia.us/Providers/ATRegistration.html>

**Session times may vary depending on attendee participation**  
**Schedule and Location Information**

| <b>Venue</b>          | <b>Dates</b>            | <b>Address/Location</b>  | <b>Additional Information</b>   |
|-----------------------|-------------------------|--|---|
| <b>Waterloo</b>       | <b>June 11 &amp; 12</b> | <b>Hawkeye Community College<br/>1501 East Orange Road<br/>Waterloo, IA 50704</b>                | <b>Room 102<br/><br/>Visitor Parking</b>  |
| <b>Council Bluffs</b> | <b>June 17 &amp; 18</b> | <b>Iowa Western Community College<br/>2700 College Road<br/>Council Bluffs, IA 51503</b>         | <b>Looft Hall Auditorium<br/><br/>Visitor Parking</b>                                 |
| <b>Cedar Rapids</b>   | <b>June 24 &amp; 25</b> | <b>Kirkwood Community College<br/>7725 Kirkwood Boulevard SW<br/>Cedar Rapids, IA 52404</b>      | <b>The Hotel at Kirkwood<br/>Ballroom B &amp; C<br/><br/>Visitor Parking</b>          |
| <b>Marshalltown</b>   | <b>July 1 &amp; 2</b>   | <b>Iowa Valley Community College<br/>3702 S Center Street<br/>Marshalltown, IA 50158</b>         | <b>Rooms 608, 610, 612<br/><br/>Visitor Lot</b>                                       |
| <b>Burlington</b>     | <b>July 7 &amp; 8</b>   | <b>Catfish Bend Inn &amp; Spa<br/>3001 Winegard Drive<br/>Burlington, IA 52601</b>               | <b>Pzazz Convention and Event Center<br/>Hall B<br/><br/>Event Center Parking Lot</b> |
| <b>Mason City</b>     | <b>July 15 &amp; 16</b> | <b>North Iowa Area Community College<br/>500 College Drive<br/>Mason City, IA 50401</b>          | <b>Conference Center<br/>Rooms 10 D, E, F<br/><br/>Visitor Parking</b>                |
| <b>Davenport</b>      | <b>July 22 &amp; 23</b> | <b>Scott Community College<br/>2950 North Fairmount<br/>Davenport, IA 52804</b>                  | <b>Rooms A, B, &amp; C<br/><br/>Visitor Lot</b>                                       |
| <b>Fort Dodge</b>     | <b>July 29 &amp; 30</b> | <b>Iowa Central Community College-Triton East<br/>2031 Quail Avenue<br/>Fort Dodge, IA 50501</b> | <b>Triton Room<br/><br/>Visitor Parking</b>   |
| <b>Dubuque</b>        | <b>August 5 &amp; 6</b> | <b>Northeast Iowa Community College<br/>680 Main Street<br/>Dubuque, IA 52001</b>                | <b>Rooms 106A &amp; B<br/><br/>Parking Ramps &amp; Meters</b>                         |

|                   |                           |   |  |
|-------------------|---------------------------|---|--|
| <b>Sioux City</b> | <b>August 19 &amp; 20</b> | <b>Western Iowa Tech Community College<br/>4647 Stone Avenue<br/>Sioux City, IA 51106</b> | <b>Cargill Auditorium (D103)</b><br><br><b>Visitor Parking</b>                         |
| <b>Des Moines</b> | <b>August 26 &amp; 27</b> | <b>Wallace Building<br/>502 East 9th Street<br/>Des Moines, IA 50309</b>                  | <b>Main Auditorium</b><br><br><b>Parking Ramps (down the street) or Street Parking</b> |

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, locally in Des Moines at 515-256-4609 or by email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

For Immediate Release  
April 4, 2014

## ***Providers Sign ACO Agreements with Medicaid Program Will Encourage Healthy Behaviors for Iowans***

(DES MOINES, Iowa) - The State of Iowa has signed agreements with two large accountable care organizations (ACOs) to encourage healthy behaviors and improve health outcomes for thousands of Iowans covered by the Iowa Health and Wellness Plan.

ACOs are groups of doctors, hospitals, and other health care providers, who have agreed to provide integrated care to patients. The goal is to achieve better health results for Iowans, as well as foster accountability in their care.

Under these agreements, health care providers assume financial risk to deliver high-quality outcomes of a defined patient population - in this case, Iowa Wellness Plan members. The two major entities, University of Iowa Health Alliance LLC and UnityPoint Health Partners, have signed up to be accountable for the Iowa Wellness Plan population effective April 1, 2014. The State of Iowa is engaged in discussions with other providers who may sign up soon.

"This is an exciting step in helping Iowans complete healthy behaviors," said IME Director Jennifer Vermeer. "By coordinating care for Wellness Plan members, we are working to ensure that patients get the right care at the right time, with the goal of spending health care dollars wisely and with better outcomes."

The State of Iowa has aligned its ACO approach with Iowa's major commercial health insurance payor, Wellmark Blue Cross and Blue Shield. This spreads value-based reimbursements across payors, allowing providers to make achievable, sustainable changes. In addition, the federal Medicare program currently operates ACOs in Iowa, further aligning new payment strategies.

ACOs are incentivized by quality bonuses that align with the Iowa Health and Wellness Plan's Healthy Behaviors program. Under that program, members' monthly contributions are waived if they complete a risk assessment and annual physical. If the activities are completed in 2014, the monthly contributions would be waived in 2015.

To date, more than 84,000 individuals have signed up for the Iowa Health and Wellness Plan. Of those enrolled, more than 17,000 have a primary care provider affiliated with either the University of Iowa Health Alliance LLC or UnityPoint Health Partners.

The ACOs:

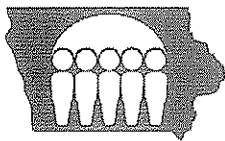
- **University of Iowa Health Alliance LLC** is comprised of health systems, county hospitals, RHCs, and Federally Qualified Health Centers across Iowa and include systems like, Genesis Health System, Mercy Health Network, and the University of Iowa Health System.
- **UnityPoint Health Partners** is comprised of UnityPoint Clinic, Trimark Physicians Group (Fort Dodge), Central Iowa Hospital Corporation (Blank Children's) and St. Luke's Health Resources (Sioux City).

For more information

Amy Lorentzen McCoy

[amccoy@dhs.state.ia.us](mailto:amccoy@dhs.state.ia.us)

515-281-4848



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

May 16, 2014

## ***Iowa Health and Wellness Plan Enrollment Tops 100,000 State Launches Dental Wellness Plan***

(Des Moines, Iowa) - The Iowa Department of Human Services announced Monday that more than 100,000 Iowans have signed up for the Iowa Health and Wellness Plan.

Enrollment continues year-round for both options under the bi-partisan-approved plan, which is based on a commercial model and rewards members for taking part in wellness activities.

"The Iowa Health and Wellness Plan provides comprehensive benefits, local access to care and incentives for healthy behaviors," Director Charles M. Palmer said. "Iowa is a leader in health care assistance, implementing this innovative plan in under a year."

As of Monday, about 79,000 Iowans ages 19 to 64 had signed up for the Wellness Plan (0-100 percent FPL), and more than 21,000 were enrolled in the Marketplace Choice Plan (101-133 percent FPL). Together, these programs make up the Iowa Health and Wellness Plan.

Its benefits include:

- Minimal cost-sharing where members can either pay a contribution of \$5 to \$10 per month, or have their premiums waived by participating in healthy behaviors. There are no deductibles or co-payments in either plan.
- Access to a statewide network of providers, which allows members to find a doctor close to home.
- Choice in who delivers care from thousands of participating providers.
- Enrollment open year-round, and no cap on the number of eligible Iowans who can sign up.

Earlier this month, DHS launched the Dental Wellness Plan for Iowa Health and Wellness members. The commercial plan provides comprehensive dental benefits through Delta Dental.

"Members are offered incentives for completing preventive services that promote good oral health, which supports greater overall health," said Iowa Medicaid Enterprise Director Jennifer Vermeer. "In addition, providers have better reimbursement rates and their own incentives for providing quality care."

More details are available at <http://www.ime.state.ia.us/iowa-health-and-wellness-plan.html>

For more information  
Amy Lorentzen McCoy  
[amccoy@dhs.state.ia.us](mailto:amccoy@dhs.state.ia.us)  
281-4848



# Iowa Department of Human Services

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Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

## Iowa Health and Wellness Public Comment Forum

**May 21, 2014**

### **Mercy Hospital-Des Moines**

#### **In Attendance by phone:**

Kelly O'Neil- Mercy Hospitals  
Donna Ford  
Genesis Senior Living  
Iowa Department of Public Health (IDPH)  
Judy Stark- CoOpportunity  
Broadlawns Hospital  
Judy Ernst  
Don Welken  
Stephanie Rutherford- Eagle View Health Center  
Larry Carl – Iowa Dental Association  
Sandy Hurtado-Peters – Department of Management  
Dr. Jason Kessler – Iowa Medicaid Enterprise (IME)  
Sarah Dixon-Gale – Iowa Primary Care Association

#### **Attendance in person:**

Jennifer Vermeer- IME  
Lindsay Buechel- IME  
Maggie Reilly- IME  
Bob Schlueter- IME  
Julie Lovelady- IME  
Sean Bagniewski- IME  
Bryan Dempsey- IME  
Deanna Jones- IME  
Rick Shannon- Iowa Developmental Disabilities Council  
Tiffany Roberts- Preferred Care Partners Management Group (PCPMG)  
Erin Davison-Rippey- Planned Parenthood of the Heartland  
Gretchen Hageman- Delta Dental of Iowa  
Diana Reyes- Primary Health Care  
Gisel Valdez- Primary Health Care  
Roy Pura- GlaxoSmithKline  
Dennis Tibben- Iowa Medical Society (IMS)  
Susan Zalenski- Johnson & Johnson  
Mary Nelle Trefz- Child and Family Policy Center



Deb Kazmerzak- Iowa Primary Care Association  
Angie Doyle Scar- IDPH  
Abby Less- IDPH  
Jess Benson- LSA  
Patty Funaro- LSA  
Shelly Karr- Care Initiatives  
Anthony Carroll- AARP  
Heather Miller- Delta Dental of Iowa  
Leah McWilliams- Iowa Osteopathic Medicine Association  
Susan Fenton- LS2 Group  
Zaun Yates- Centene  
Sara Eide- Mercy Health Network  
Dan Royer- Iowa Hospital Association

Jennifer Vermeer (JV) presented on the Iowa Health and Wellness Plan and Lindsay Buechel gave an update on Healthy Behaviors.

Gretchen Hageman from Delta Dental gave a presentation on the Dental Wellness Plan.

#### **Questions:**

Bob Schlueter (IME) - Can you explain why we thought it was necessary to go with the Dental Wellness Plan approach and the tiered benefit?

JV- The legislation required that we provide a comprehensive dental benefit to the members, which we think is great. In Medicaid we have problems ensuring that people have access to dental care because we don't have a lot of dentists that participate or accept very many Medicaid patients. This is for a number of reasons but one of them is our low reimbursement rate. When we found out we'd be adding about 150,000 Iowans to the program we were concerned it would be difficult for members to gain access to dentists at Medicaid rates so we started talking to Delta Dental because we also use them in our *hawk-i* program and they are a commercial plan with better access to providers. We wanted to insure our members had access to a dentist and could receive oral health benefits.

Audience Member- Can you talk about the Healthy Behaviors program after year one and what the menu of options might look like?

JV- In the first year it's just getting a Health Risk Assessment and getting the medical exam, and if you do this then the premiums for the entire next year are waived. For the 2<sup>nd</sup> year we haven't yet designed what that is going to look like. The other piece we are looking at is the payment of incentives to members; the program design has the idea that in the second year we would be providing some kind of reward to members for completing their Healthy Behaviors. We've issued a Request for Information (RFI) asking for information from vendors or stakeholders to run that program.

Jeanne Moody (Iowa Public Health Association) - Kudos for considering Healthy Behaviors. My questions are more for next year. We know that about 10% of our health is determined by access to health care, and about

20% is environment and genetics, and about 15% is healthy behaviors. We don't know what the impact of incentivizing these healthy behaviors would be. Our public health departments are really well positioned to do community care coordination and help members on the plans access these services. We'd like to see tobacco cessation, immunizations, physical activity, nutrition, and alcohol and drug use as part of the HRA. We would like to be a part of this discussion.

JV- Were you aware of the RFI that is out? I hope you will send those comments to us.

Medicaid Member-I've been trying to get a list of primary care physicians since this program was implemented, but all I've been able to get is a list of the mental health physicians. I would like to know where to find this list other than on the computer. What is the federal poverty level? What is medically exempt, I don't understand this? Also, I am on the Health and Wellness plan and everything my doctor has prescribed for me has been denied.

JV- You can call Member Services at any time to get a list of Physicians or what available providers might be in your area. You can also select your primary care physician then. The federal poverty level for the Wellness Plan is \$11,670 for a family of one, and \$15,730 for a family of two. The income amount for the household goes up with the number of members in the household. Marketplace Choice goes up to \$15,521 for a family of one and \$20,920 for a family of two. These are the income levels for the Iowa Health and Wellness Program which is for adults and for people who are not otherwise eligible for Medicaid. An adult might be eligible for Medicaid apart from this program. The federal poverty level changes with what group you are in, it could be different if you have a disability, are a parent, or are a pregnant woman. Prior to the Health and Wellness Plan you had to fit into one of these categories, and each of them had a different income level pursuant to federal law. The Iowa Health and Wellness Plan made all adults eligible under 133% FPL, so when you apply the system checks to determine if you are eligible for one of those categories that existed before and it will check to determine if you are eligible for the Health and Wellness plan. Medically exempt means that an individual can enroll in the Iowa Health and Wellness plan and still have the regular Medicaid benefit package, which is a little more robust than the Iowa Health and Wellness Plan. Where there is the most difference in the benefit package between the Iowa Health and Wellness Plan and Medicaid is really around mental health and substance abuse services. There also is a difference in medical transportation, non-emergent transportation would be covered if you are Medically Exempt, and also there can be a difference in the different types of therapies, such as speech and physical therapy. If you think you might be medically exempt, you can call Member Services and they will conduct an assessment over the phone with you. We will get you in touch with the right people.

Audience Member- Are the individuals that are medically exempt also expected to do the healthy behaviors and pay premiums?

JV- No, they are exempt from the co-payments that are in regular Medicaid and also paying the premiums.

Audience Member- I have couple questions regarding the hardship. If someone doesn't complete it for the month, and now has a debt, can they go back and claim a hardship for those months?

JV- No. The hardship is very easy, you get a self-addressed envelope and you just mark the box. The only thing you have to do is send it in by the due date. We don't verify that you couldn't afford it but you do have to send it in by the due date.

Audience Member- What does the debt collection piece of it look like if the member has a \$40 debt? How would you recoup that?

JV- I don't think we have fully developed that yet, I know that there were debt collection processes set up for IowaCare but I don't think we've really developed that yet. I would love it if every single person did their Healthy Behaviors and didn't have to pay a premium. I know that won't happen, but that's what we're focusing on right now, is making sure people have the information and getting them to complete those two simple things so they won't have to worry about any of those things.

Dennis Tibben (Iowa Medical Society) - We have written comments also, but have some general feedback from our Physician members. On the Wellness Plan they are experiencing some significant administrative financial burdens up front, specifically they are struggling to identify which of the coverage options the patients have because the cards they are coming in with are not matching up with the coverage they think they have. Part of the confusion that we're seeing is that folks are getting their Medicaid card before they get their Coventry or CoOpportunity card and mistakenly believing that they have full Medicaid benefits, and when our offices are going through they are finding out that many members who think they have full benefits end up not having them. It would be nice if the insurance cards were different and showed which plan each member is on. A lot of our doctors are thinking they are in-network for CoOpportunity and Coventry, but are then finding out they are out-of-network for the Marketplace Choice Plan. This is leading towards lengthy waits at the offices trying to figure out which plan the members are on. There are also a lot of doctors who were not previously in a Wellmark ACO so they are not familiar with the Value Index Score, so that is creating some angst because they feel like they are not fully aware of what it is. Finally, there are a lot of people are coming in with significant health issues, and those visits are proving costlier, but the physicians have been impressed with those patients when they come back and are in better health.

JV- We would like a way to communicate with the physicians so we can go over these things with them. This is all brand new and we would love to spend time with them to figure out these issues. The card issue we understand, there is only one card for all of them. At first they will just have their Medicaid cards, and then they receive their CoOpportunity cards or Coventry cards if they are in the Marketplace Choice Plan. For the issue of not being in-network for the Marketplace Choice plan, that is probably a QHP issue. We will need to have a meeting with IMS, us, and the QHP to get this figured out.

Jon Wilken (Refugee Services) - I'm concerned about our clients who are all limited English and Spanish speakers, how are they going to negotiate and participate in the Healthy Behaviors.

JV- They can always call and do the HRA on the phone through Member Services, we have a language line. We'd love to work with you on some targeted information or supplementary things that we could do on the populations you work with. We've looked at populations who are non-English and non-Spanish speaking. We will contact you to set up a time to meet.

Stephanie (Eagle View Health Center) - We have quite a few people who were on Iowa Medicaid and have switched over to the Dental Wellness Plan. They were seen in January-February for their initial exam, and they want to know how that's going to count towards their wellness.

Gretchen Hageman (Delta Dental) – We've been talking about this, a member would have been seeing a provider already. Delta is working on what we're going to do. Right now how it is playing out is that May 1<sup>st</sup> was the beginning of the plan. The member would have to go for that preventative visit during that six month time then they could be eligible for the Enhanced benefits. We do not go back and look at member visits during that January-April 30<sup>th</sup> time frame to see if they had a preventative visit.

JV- We were not paying for preventative visits during that time period, we were only paying for emergency visits. Between January and May individuals may have received some dental services but they were really emergency sort of stabilization and emergency situations.

Audience Member- I would like to talk about the skilled nursing facility coverage that is available in both programs. We have had trouble getting our claims to go through related to the case activity reports not matching the dates that we have them in our facilities because they are not being put in the system. Are we still supposed to be faxing those in rather than mailing them in? The other thing is that when they are in a skilled nursing facility and receive some kind of rehab therapy, does that go against their 60 PT/OT and speech visits that they're going to have? Lastly, can facilities also refer for the medical exemption when they are in the facilities? We are finding that when these people come in they should have already been in a facility and they aren't going to get well enough to go home. Can we make the referral immediately or do we have to wait the entire 120 days to determine that?

JV- We will connect you with Sean Bagniewski (Provider Services) to answer these claims payment/claims activity questions and whether it counts against the 60 days. We would like you to make the referral for Medically Exempt ASAP so they don't run out of days. The coverage is capped at 120 days.

Lindsay -On the medically exempt issue, we'd like you to do it right away because of when it would become effective. It doesn't become effective until the first of the next month.

Audience Member- With the medically exempt for the skilled nursing facility to they have to meet the disability criteria?

JV- No, they do not have to be disabled, that is just one of the criteria. If you have a serious mental illness diagnosis, you can be medically exempt. For a complex medical condition that can be any diagnoses but you have to have a limitation in activities of daily living.

JV- You can always ask questions anytime and provide comments any time you want. You don't have to wait for a public comment forum.

Adjourn 2:20 pm.

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May 21, 2014

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*Des Moines*

Charles Palmer, Director  
Iowa Department of Human Services  
Hoover State Office Building  
Des Moines, Iowa 50319

Dear Director Palmer:

The Iowa Medical Society (IMS), on behalf of our almost 6,800 Iowa physician and medical student members, thanks the Department for the opportunity to provide comments regarding initial implementation of the Iowa Health and Wellness Plan.

Over the past year, IMS has engaged physicians and practice managers from throughout the state to ensure that Iowa providers understand the details of the Health and Wellness Plan and how this new program will impact their practices and their patients. Since the two coverage options went live January 1, 2014, physician practices have been in regular contact with IMS staff to seek further guidance and to make the Iowa Medical Society aware of issues they're encountering. These comments are based upon feedback from physicians and staff in a number of practice settings across the state.

**1. The Iowa Health and Wellness Plan, especially the Marketplace Choice Plan, is administratively burdensome on practices.**

Practices report lengthy waits during initial visits as administrative staff determine the coverage type new patients have and whether their practice is part of the provider network for the commercial plans of the Marketplace Choice Plan. Patients arrive unsure what type of coverage they possess, often presenting insurance and Medicaid member cards inconsistent with the coverage they believe they have. Practice staff are unable to easily identify coverage based upon insurance cards, as being a member of the Coventry or CoOpportunity provider network alone has proven to be an inaccurate indicator of whether or not a clinic is in-network for individual insurance plans under the Marketplace Choice Plan. Practices report inconsistent responses from both companies; IMS is aware of instances where practices were initially determined by an insurer to be in-network, only to be told after providing services that they are in fact an out-of-network provider for that Marketplace Choice insurance plan.

Similarly, practices report inconsistent information from IME Provider Services. Staff report instances of contacting Provider Services multiple times with the same question about a component of the Iowa Health and Wellness Plan, and receiving

confusing, sometimes contradictory responses. At times, practices receive no response at all from Provider Services, as call center staff have not yet been trained on a new component of the program.

IMS recommends that the Department work with Coventry and CoOpportunity to develop clear, easily accessible provider network listings. In addition, both companies should be encouraged to develop patient insurance cards that easily identify the coverage option the patient is enrolled in. IMS also recommends that IME more thoroughly train Provider Services staff prior to implementing new components of the Health and Wellness Plan.

## **2. Patient and provider education efforts must be strengthened.**

IMS recognizes the herculean effort necessary to implement a program as complex as the Iowa Health and Wellness Plan in the compressed timeframe necessary to begin providing coverage January 1, 2014. We applaud the Department for its work in rising to this challenge, however, in the rush to timely implementation of the two coverage options, critical patient and provider education efforts were missed. Providers were not always sufficiently briefed before program components were implemented and, as was previously noted, could not always rely on Provider Services to answer their questions.

Similarly, practices report that patients are often confused about their coverage under the Iowa Health and Wellness Plan. Marketplace Choice Plan members who receive their Medicaid member card prior to receiving their Coventry or CoOpportunity insurance card mistakenly believe they have traditional Medicaid, which leads to confusion and agitation when they first attempt to see a physician. Wellness Plan patients do not always understand that they must have the approval of their Patient Manager prior to seeking care from another provider.

IMS recommends that the Department improve patient and provider education. Steps such as adding information on the Marketplace Choice and Wellness Plans to the Annual Medicaid Provider Trainings is a good start. IME should also continue efforts to make its website more user-friendly, and ensure that provider resources and information are easy to find and accessible in a timely manner.

## **3. Provider capacity and access to specialty care is still lacking.**

The Iowa Medical Society is proud of the rapid manner in which so many physicians signed up to serve as Wellness Plan Patient Managers. Despite the financial risk of taking on additional patients at current, insufficient Medicaid rates, Iowa physicians remain a dedicated partner of the Medicaid program. They understand they must be closely involved with both the Wellness Plan and the Marketplace Choice Plan if the programs are to be successful. However, provider

capacity and patient access to specialty care continue to be significant challenges. IMS is aware of instances where a patient who resides in a county in which IME has reported sufficient Wellness Plan Patient Manager capacity was assigned to a Patient Manager in another county. We are also aware of situations where patients see their local Patient Manager, but need additional specialty care not locally available. Patient Managers are facing a problem similar to that experienced under IowaCare: they must refer patients to a specialist multiple hours away as a local provider is not available.

IMS recognizes the challenges associated with physician workforce shortages in our state and continues to advocate for common sense public policy solutions to address the issue. We know that coverage alone does not guarantee access to care. Without meaningful steps to address Iowa's physician shortage, all Medicaid members, not just Health and Wellness Plan members, will continue to struggle to access timely care in their local communities.

IMS recommends that the state aggressively continue efforts to enroll primary and specialty physicians for the Medicaid program. A part of these efforts must be a commitment from the Department to address a long-standing barrier to greater physician participation in Medicaid – the program's historically low payment rates. Medicaid physician rates today are lower than they were in the year 2000, while physicians' costs for providing care have risen by over 27%. The Iowa Medical Society stands ready to work with the Department and the legislature to find a solution to this disparity.

#### **4. Iowa Health and Wellness Plan patients have significant health care needs.**

Despite the challenges and issues Iowa physicians and their staff have encountered with the initial implementation of the Iowa Health and Wellness Plan, the Iowa Medical Society is pleased to report that the program is working. Physicians report seeing patients who have not sought care in years and who have multiple, significant health care needs. Initial visits with these patients can be challenging as patients become familiar with the health care system, as well as the new healthy behaviors expectations of the Iowa Health and Wellness Plan. In addition, these visits are more costly as physicians work to address the multitude of existing medical conditions that have gone unchecked, in some instances, for many years. However, once these patients and their physicians have developed a care plan to address underlying conditions, they can move forward with the proactive, preventative care – ensuring that patients are better engaged in their own care and take steps to prevent potential health issues in the future.

As providers, patients, and the Department move forward with this new program, IMS is confident that these issues can be resolved and the program strengthened. Iowa physicians remain committed to the success of the Iowa Health and Wellness

Charles Palmer, Director  
May 21, 2014  
Page 4

Plan. We encourage the Department to continue the open, transparent manner in which it is implementing the various components of the program.

Thank you again for the opportunity to provide comment on the initial implementation for the Iowa Health and Wellness Plan.

Sincerely,

A solid black rectangular box used to redact the signature of Jeff Maire.

Jeff Maire, DO, FACOS, FACS  
President



**Iowa Health and Wellness Plan Implementation:  
Iowa Olmstead Consumer Taskforce Comments  
May 21, 2014**

Thank you for this opportunity to comment on implementation of the Iowa Health and Wellness Plan. My name is Geoffrey Lauer. I am the Chair of the Iowa Olmstead Consumer Taskforce, and the Executive Director of the Brain Injury Alliance of Iowa. As you know, the Taskforce and the Brain Injury Alliance have taken an active part in the public dialogue on healthcare reform in our state. The positions of disability advocates have not always been adopted, but we appreciate the frequent solicitation of public comment over the past year, and the presence of DHS representatives at meetings such as this.

I can think of few issues more important to Iowans with mental illness or other disabilities than access to adequate healthcare, and I want to thank you for your hard work to make that a reality. Your vision extends beyond simply insuring the uninsured; clearly I-HAWP is a component of a broader strategy to improve healthcare delivery, and to help Iowans live healthier lives. Many of the people we represent have multiple diagnoses and complex needs. Current initiatives to coordinate care and incentivize health systems to focus on outcomes hold out the promise of improved quality of life.

Many of the comments I'm about to make specifically about I-HAWP have been made before, but they remain important, and we are committed to seeing that them addressed.

1. Non-Emergency Medical Transportation Services (NEMT). Iowa's enabling legislation for I-HAWP, which specifies the benefits to be made available, did not include NEMT. This continues to be a major concern. As we have pointed out several times before, Section 1115 demonstration waivers are intended to test strategies that expand coverage or eligibility, or test delivery systems that improve care, increase efficiency and reduce costs. The department's own data collected prior to the establishment of the transportation brokerage showed that many people experience problems in access to healthcare due to lack of transportation, and national research bears this out. NEMT services help people get the care they need, on time, which would support the state's focus on prevention and ultimately, healthcare cost control. The lack of transportation will almost certainly constitute a barrier to many I-HAWP members trying to take advantage of the Healthy Behaviors financial incentives. The Taskforce will continue to make the case for the inclusion of NEMT services, both with the Legislature and with the Secretary of Health and Human Services.

2. Healthy Behaviors Financially-Based Rewards Program. The Taskforce supports the creation of meaningful incentives for people to engage in healthy behavior. The incentive payments to providers in the first year of coverage under I-HAWP will help to ensure that people get basic physical exams and complete health risk assessments, with additional incentives in future years for yet to be determined activities to improve personal health. However, we are concerned that many of the people whose interests

we represent will encounter barriers due to the factors such as those identified in the department's March 2014 White Paper on the rewards program: low literacy skills, language complications (which might include the lack of information in alternative formats), reduced access to the internet, and perhaps a lack of basic understanding of how to routinely manage their healthcare. Depending on what healthy behaviors are incentivized, lack of access to childcare or transportation services could also constitute barriers. The White Paper rightly points out that part of an effective strategy for educating members would include a partnership with providers and stakeholders to promote the program. Effective consumer education will be critically important. Clearly the purpose of the program is not punitive, but it can seem so to people who are not being adequately supported in efforts to understand and achieve the objectives. We believe an effort should be made to identify members who do need that support in carrying out such tasks as completing online or paper forms, communicating with providers, and securing and taking medications that will help them manage conditions. Many advocacy organizations would be anxious to work with the department on this important effort. We suggest active collaboration with a stakeholder workgroup to work on outreach, consumer education and barrier removal.

3. Use of Qualified Health Plan Formulary to Define the Prescription Drug Benefit. The Taskforce supports mental health advocates calling for unrestricted access to the medications they need. Restricting access to the QJP formulary poses the risk of cutting off access to medications critically needed by many individuals with mental health needs, putting them at risk of negative incidences such as hospitalization or incarceration. Since premiums for qualified health plans are paid for by Medicaid, prescription drug benefits on a par with Medicaid should be required.

4. I-HAWP in the Context of Mental Health and Disability Services Redesign. The Iowa Health and Wellness Plan is, overall, well-designed and competently administered. However, it operates in a larger context. Expansion of Medicaid under the Affordable Care Act was once touted as a potential boon to the mental health and disability service system because it could significantly augment the funds available for services statewide. I-HAWP and the redesigned system were expected to operate in parallel, in a complementary relationship. However, there are major financing issues in both systems that work in concert to aggravate the challenges that Iowans with disabilities face in accessing healthcare. For example, under the Iowa Marketplace Choice Plan, Coventry's low reimbursement levels for mental health services are leading providers to refuse to provide services to Coventry policy holders, thus reducing access to the mental health services previously accessed by non-Medicaid eligible individuals. On the other side, in the regional service system, the Medicaid clawback requirement, under which, beginning in 2015, counties will be required to repay the state 80% of savings in service expenditures due to Medicaid expansion, leaves an already under-resourced system incapable of developing the "core plus" services. The Taskforce has consistently spoken out in favor of eliminating the clawback, freeing up funds for core and core plus services, and we will continue to do so.

Thank you again for the opportunity to share these comments about I-HAWP and its impact on people with disabilities and mental illness.



## Iowa Wellness Plan Patient Access Survey

|  |                        |
|--|------------------------|
| <b>Provider Name:</b>                      | <b>NPI:</b>            |
| <b>Specialty:</b>                          | <b>County Name:</b>    |
| <b>Telephone Number:</b>                   | <b>County Number:</b>  |
| <b>Current # of Iowa Wellness Members:</b> | <b>Enrollment Cap:</b> |

|  |  |
|--|--|
| 1. Contact name? (Who answered these questions?)   |  |
| 2. How long have you been operating at this practice?  |  |
| 3. Are you currently accepting new Iowa Wellness Plan patients?  |  |
| 4. If calling today to schedule a routine service, would the patient be scheduled within 4-6 weeks?                                    |  |
| 5. If calling today with a persistent medical situation, would the patient be seen within 48 hours?                                    |  |
| 6. If calling today with an urgent medical situation, would the patient be seen within 24 hours?                                       |  |
| 7. Do you leave openings each day for members who are ill and wish to be seen that same day?   |  |
| 8. Which staff member usually makes the determination that a member should be seen the same day they call?                             |  |
| 9. What do you usually do if your schedule is full and you have a member who you feel needs to be seen as soon as possible?            |  |
| 10. Does your office/clinic provide access to routine and urgent care appointments outside of regular business hours?                  |  |
| 11. Does your office provide continuity of medical record information for care and advice when office is not open?                     |  |
| 12. Does your office provide timely clinical advice by telephone such as a Nurse line or On Call provider when the office is not open? |  |
| 13. Does your office provide timely clinical advice using a secure, interactive electronic system when the office is not open?         |  |
| 14. Does your office document after hours clinical advice in patients records?   |  |
| 15. Does your office utilize Electronic Health Records (EHR)?  |  |
| 16. Is there any question you would like to ask me regarding the Iowa Wellness Plan or the IME Managed Care program?                   |  |

Thank you for taking time to talk with me and for provider for his/her participation in the Iowa Wellness Plan. If you have any questions, please feel free to contact the IME Provider Services Unit at 515-256-4609 or 1-800-338-7909.

## Iowa Wellness Plan Survey Results-QE 063014

## Final

| County Name   | Co # | Meet at least 50% NCQA | Meets less than 50% NCQA | Meets Access to Care (Y/N) |
|---------------|------|------------------------|--------------------------|----------------------------|
| ALLAMAKEE     | 03   | Y                      |                          | Y                          |
| APPANOOSE     | 04   | Y                      |                          | Y                          |
| AUDUBON       | 05   |                        | Y                        | Y                          |
| BLACK HAWK    | 07   | Y                      |                          | Y                          |
| BOONE         | 08   |                        | Y                        | Y                          |
| BREMER        | 09   | Y                      |                          | Y                          |
| BUENA VISTA   | 11   |                        | Y                        | Y                          |
| CARROLL       | 14   |                        | Y                        | Y                          |
| CERRO GORDO   | 17   | Y                      |                          | Y                          |
| CHICKASAW     | 19   | Y                      |                          | Y                          |
| CLARKE        | 20   | Y                      |                          | Y                          |
| CLAY          | 21   | Y                      |                          | Y                          |
| CLAYTON       | 22   | Y                      |                          | Y                          |
| DALLAS        | 25   | Y                      |                          | Y                          |
| DAVIS         | 26   | Y                      |                          | Y                          |
| DECATUR       | 27   | Y                      |                          | Y                          |
| DUBUQUE       | 31   | Y                      |                          | Y                          |
| EMMET         | 32   | Y                      |                          | Y                          |
| GREENE        | 37   | Y                      |                          | Y                          |
| GUTHRIE       | 39   |                        | Y                        | Y                          |
| HAMILTON      | 40   | Y                      |                          | Y                          |
| HARDIN        | 42   | Y                      |                          | Y                          |
| HUMBOLDT      | 46   | Y                      |                          | Y                          |
| IOWA          | 48   | Y                      |                          | Y                          |
| JACKSON       | 49   | Y                      |                          | Y                          |
| JASPER        | 50   | Y                      |                          | Y                          |
| JEFFERSON     | 51   |                        | Y                        | Y                          |
| JOHNSON       | 52   | Y                      |                          | Y                          |
| KEOKUK        | 54   | Y                      |                          | Y                          |
| LINN          | 57   | Y                      |                          | Y                          |
| MADISON       | 61   | Y                      |                          | Y                          |
| MARSHALL      | 64   |                        | Y                        | Y                          |
| OSCEOLA       | 72   | Y                      |                          | Y                          |
| PAGE          | 73   | Y                      |                          | Y                          |
| POLK          | 77   | Y                      |                          | Y                          |
| POTTAWATTAMIE | 78   | Y                      |                          | Y                          |
| POWESHIEK     | 79   |                        | Y                        | Y                          |
| SCOTT         | 82   | Y                      |                          | Y                          |
| SIOUX         | 84   |                        | Y                        | Y                          |
| STORY         | 85   | Y                      |                          | N                          |
| WAPELLO       | 90   | Y                      |                          | Y                          |
| WARREN        | 91   | Y                      |                          | Y                          |
| WASHINGTON    | 92   | Y                      |                          | Y                          |
| WAYNE         | 93   |                        | Y                        | Y                          |
| WOODBURY      | 97   | Y                      |                          | Y                          |
| WORTH         | 98   | Y                      |                          | Y                          |

## Access to Care Standards

[illegible]

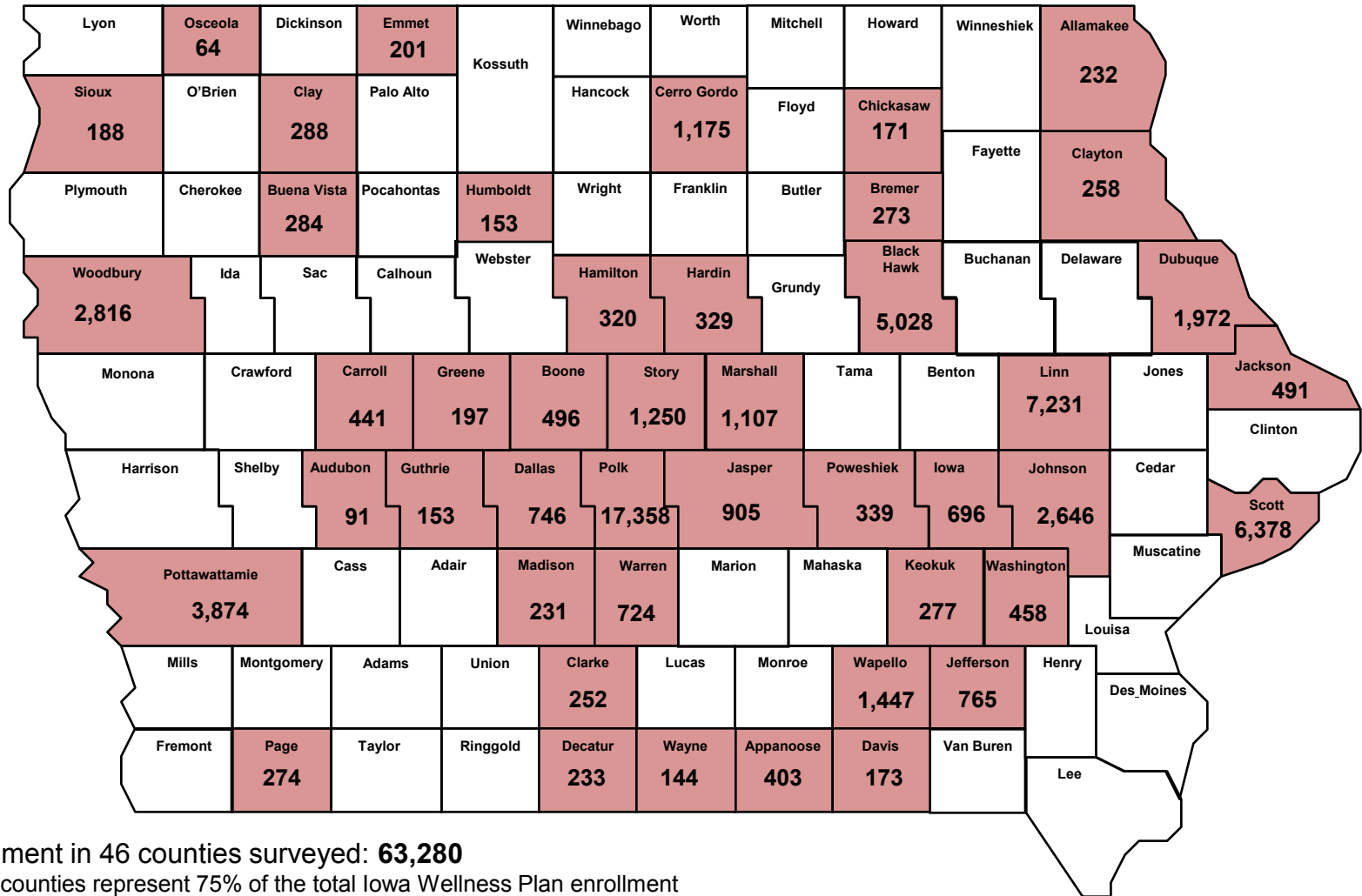
## NCQA 1B Standards

| Access to routine and urgent care appointments outside of regular business hours | Access to continuity of medical record information for care and advice when office is not open | Provide timely clinical advice by telephone such as a Nurse line or On Call when the office is not open | Provide timely clinical advice using a secure, interactive electronic system when the office is not open | Document after hours clinical advice in patients records |
|--|--|---|--|--|
| X  | X  | X   | X  | X  |
| X  | X  | X   |  | X  |
| X  |  |   |  |  |
| X  | X  | X   | X  | X  |
| X  |  | X   |  |  |
| X  | X  | X   |  | X  |
| X  |  |   | X  |  |
| X  |  |   |  |  |
|  | X  | X   |  | X  |
| X  | X  | X   |  | X  |
| X  | X  | X   | X  | X  |
| X  | X  | X   |  |  |
| X  | X  | X   |  | X  |
| X  | X  | X   | X  | X  |
|  | X  | X   |  | X  |
| X  |  | X   | X  | X  |
| X  |  | X   |  | X  |
| X  | X  | X   |  | X  |
|  | X  | X   | X  | X  |
| X  |  |   |  |  |
| X  |  | X   | X  |  |
| X  | X  | X   |  |  |
| X  | X  | X   |  | X  |
| X  | X  | X   |  | X  |
| X  | X  | X   |  | X  |
|  | X  |   |  |  |
|  |  | X   | X  | X  |
|  | X  | X   | X  | X  |
|  | X  | X   | X  |  |
| X  | X  | X   |  | X  |
| X  | X  | X   |  | X  |
| X  | X  | X   | X  | X  |
|  | X  | X   | X  | X  |
| X  |  |   |  |  |
| X  | X  | X   | X  | X  |
| X  | X  |   |  |  |
|  | X  | X   |  | X  |
|  | X  | X   |  | X  |
|  | X  | X   |  | X  |
| X  | X  | X   |  |  |
| X  | X  | X   | X  | X  |
|  |  |   |  |  |
| X  | X  | X   |  | X  |
| X  | X  | X   |  | X  |
|  | X  | X   |  | X  |
|  | X  | X   |  | X  |
| X  | X  | X   |  |  |
| X  | X  | X   | X  | X  |



# Iowa Department of Human Services

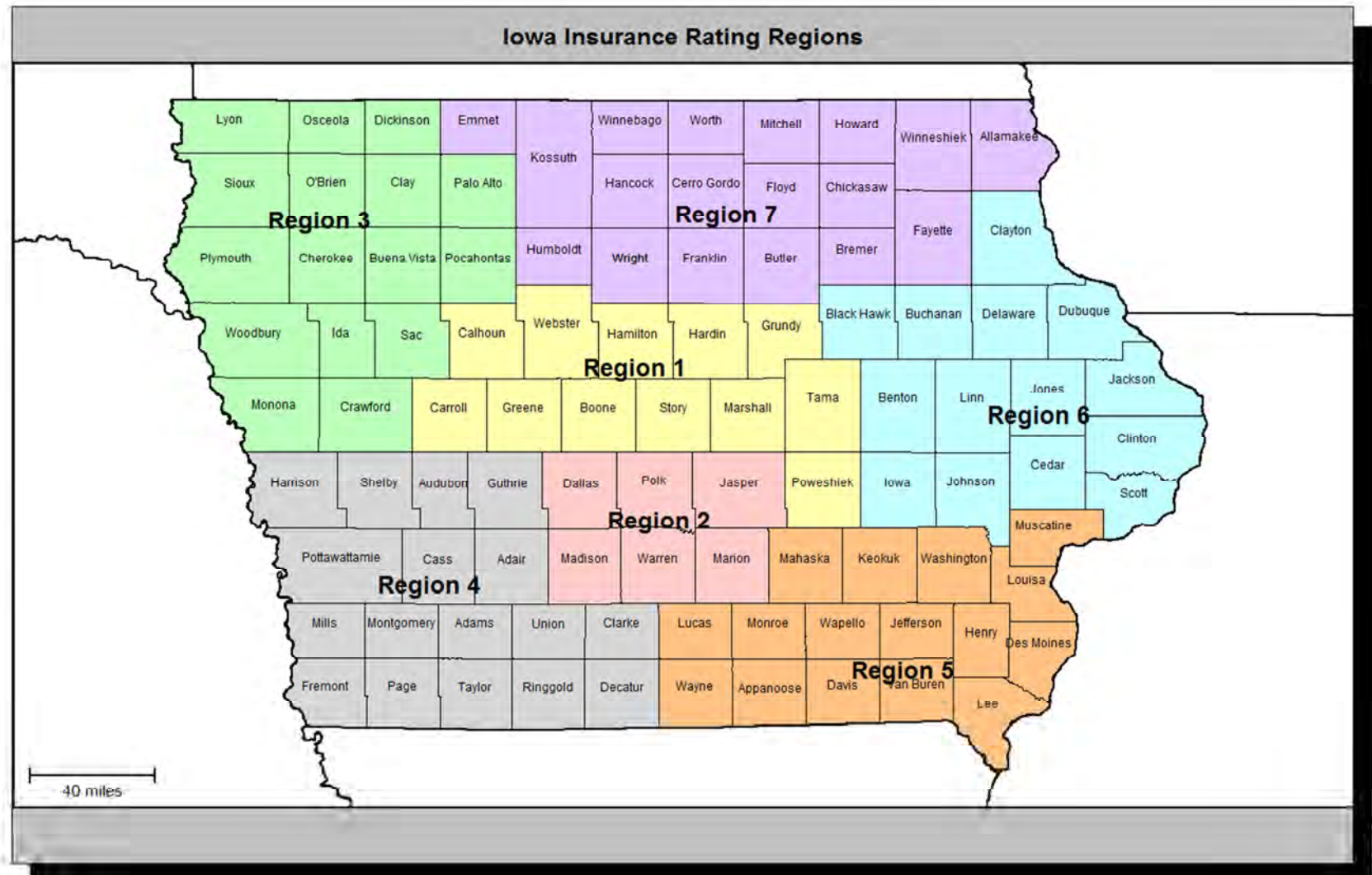
## Iowa Wellness Plan Access Standards: Counties Surveyed for Q2



Total enrollment in 46 counties surveyed: **63,280**

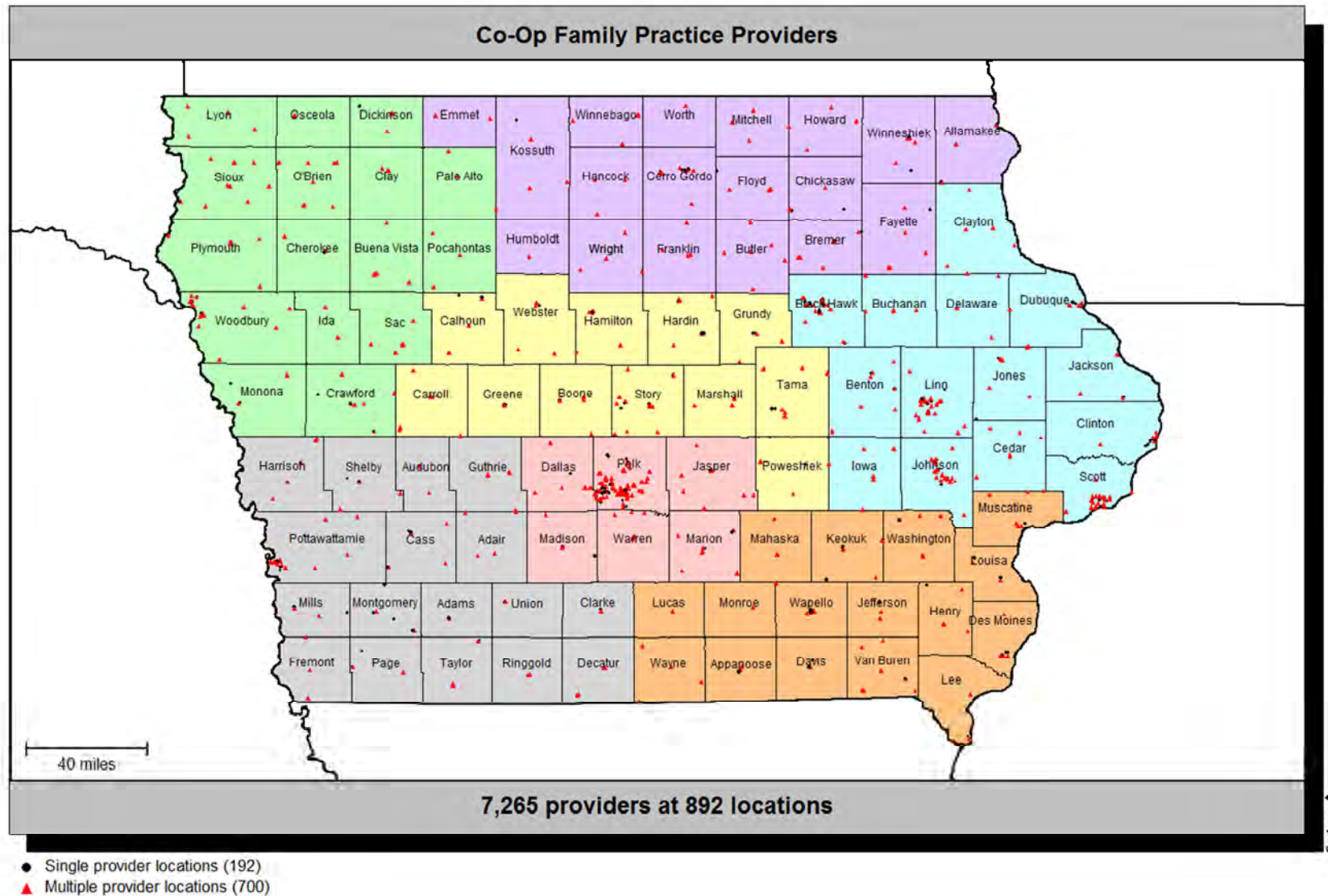
- These 46 counties represent 75% of the total Iowa Wellness Plan enrollment

## Overview of Regions



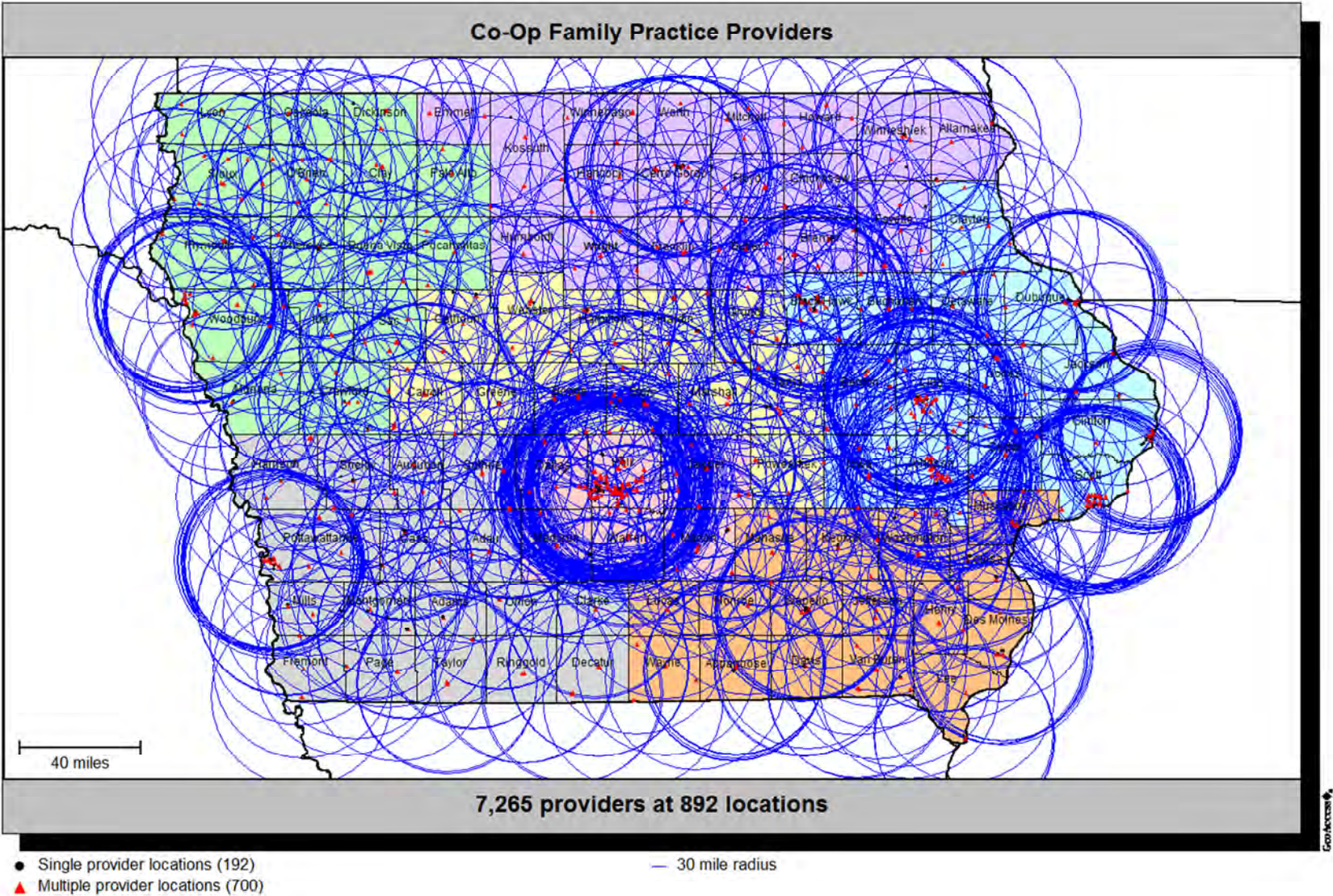


## Provider locations

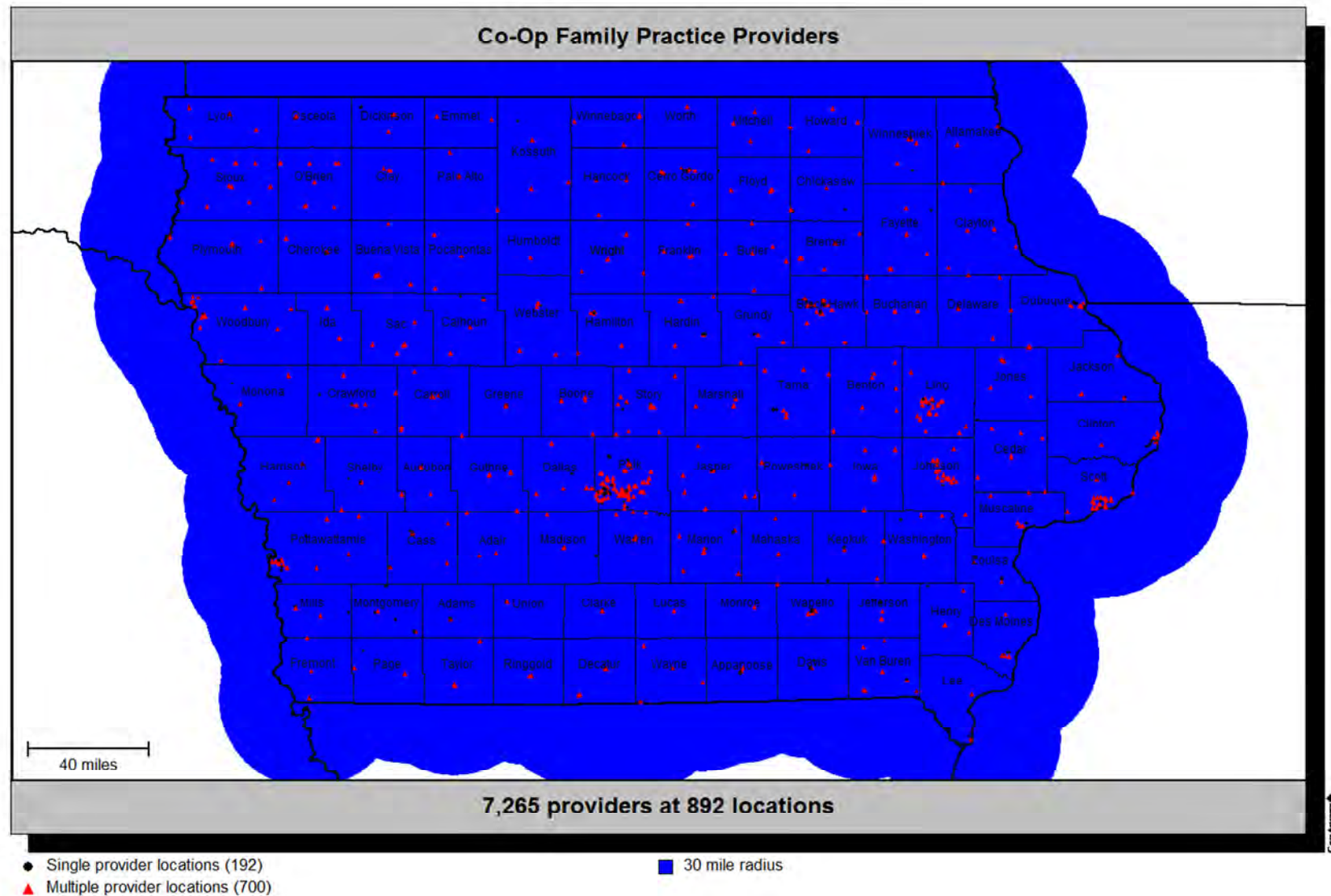




Provider locations with 30-mile radius

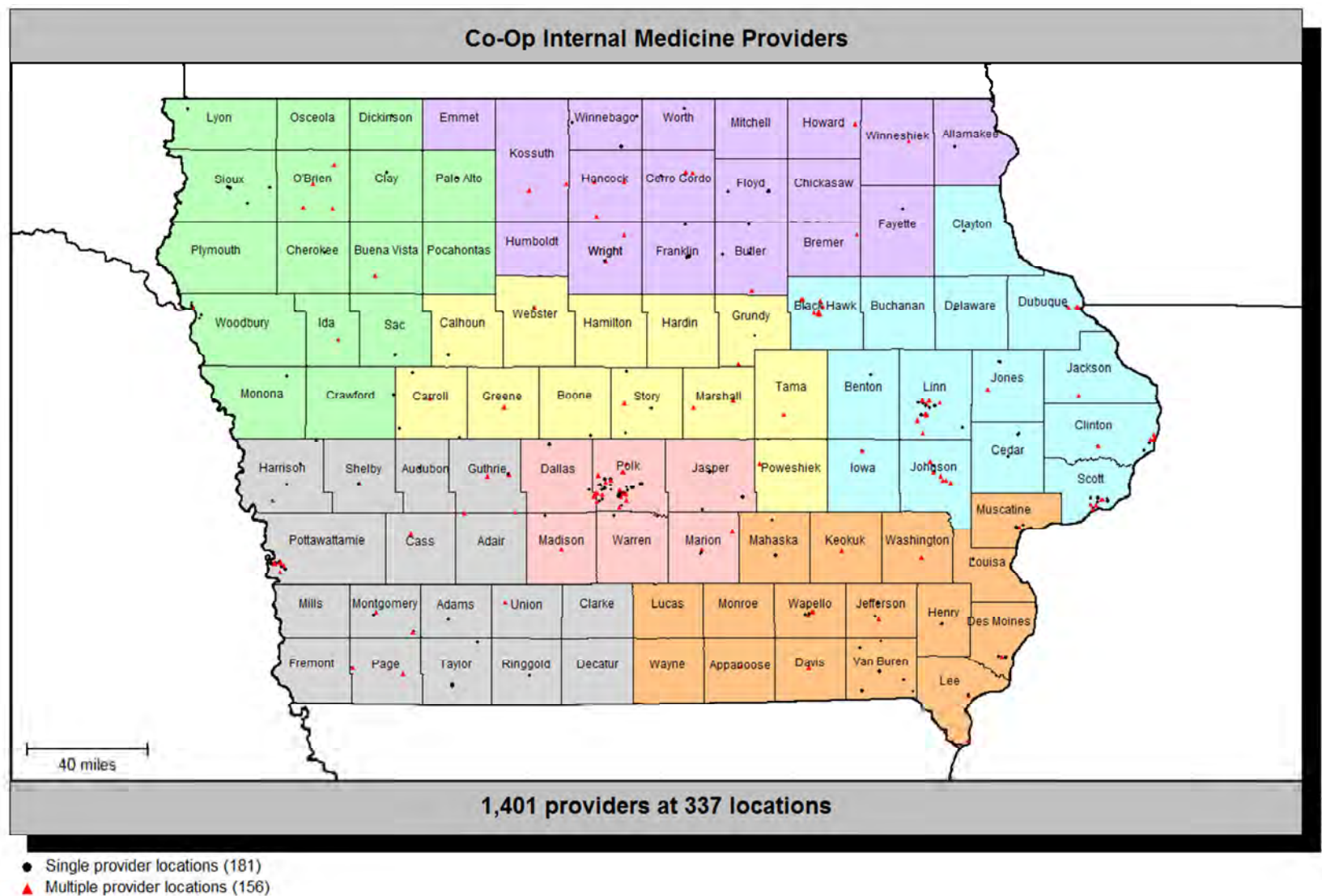


## Provider coverage/penetration

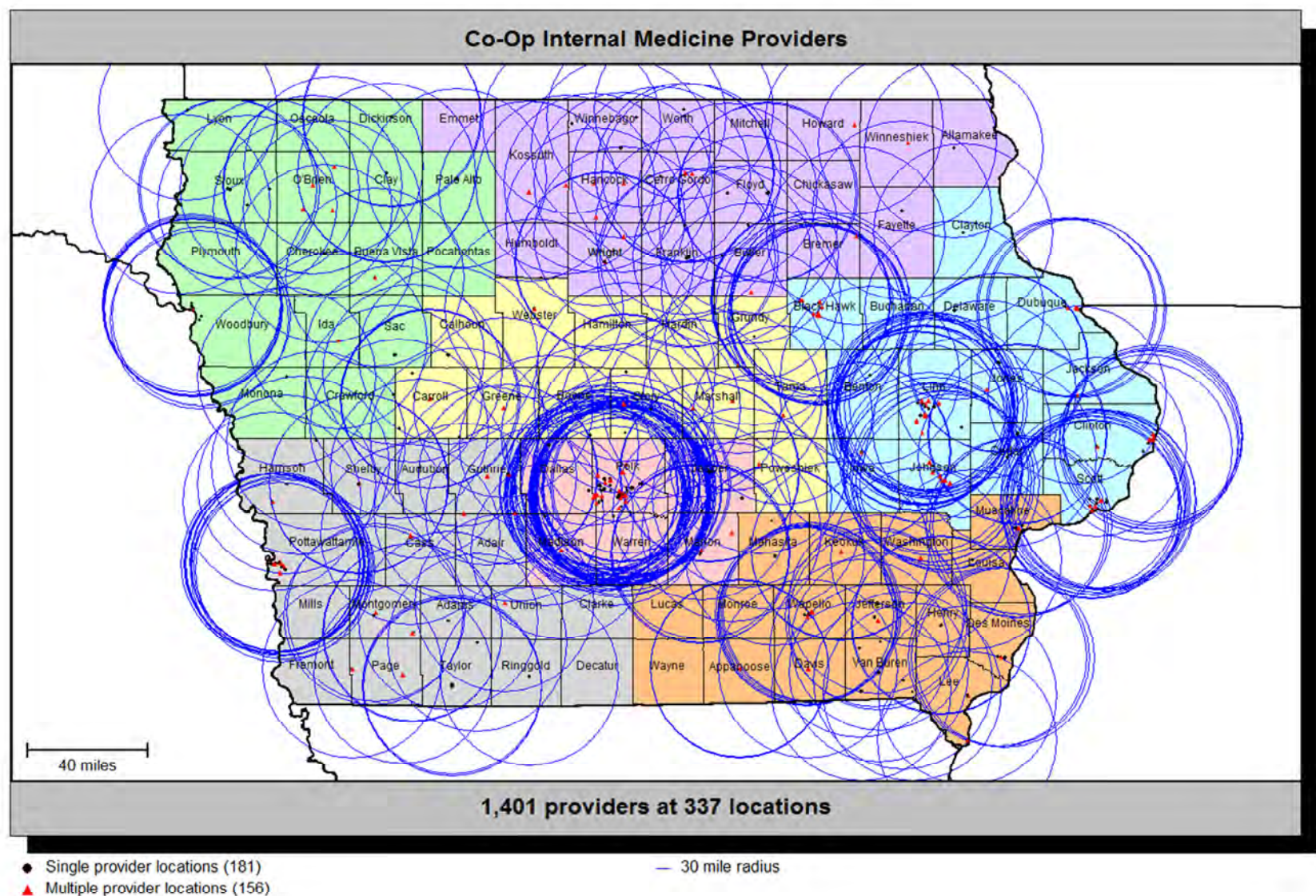




## Provider locations

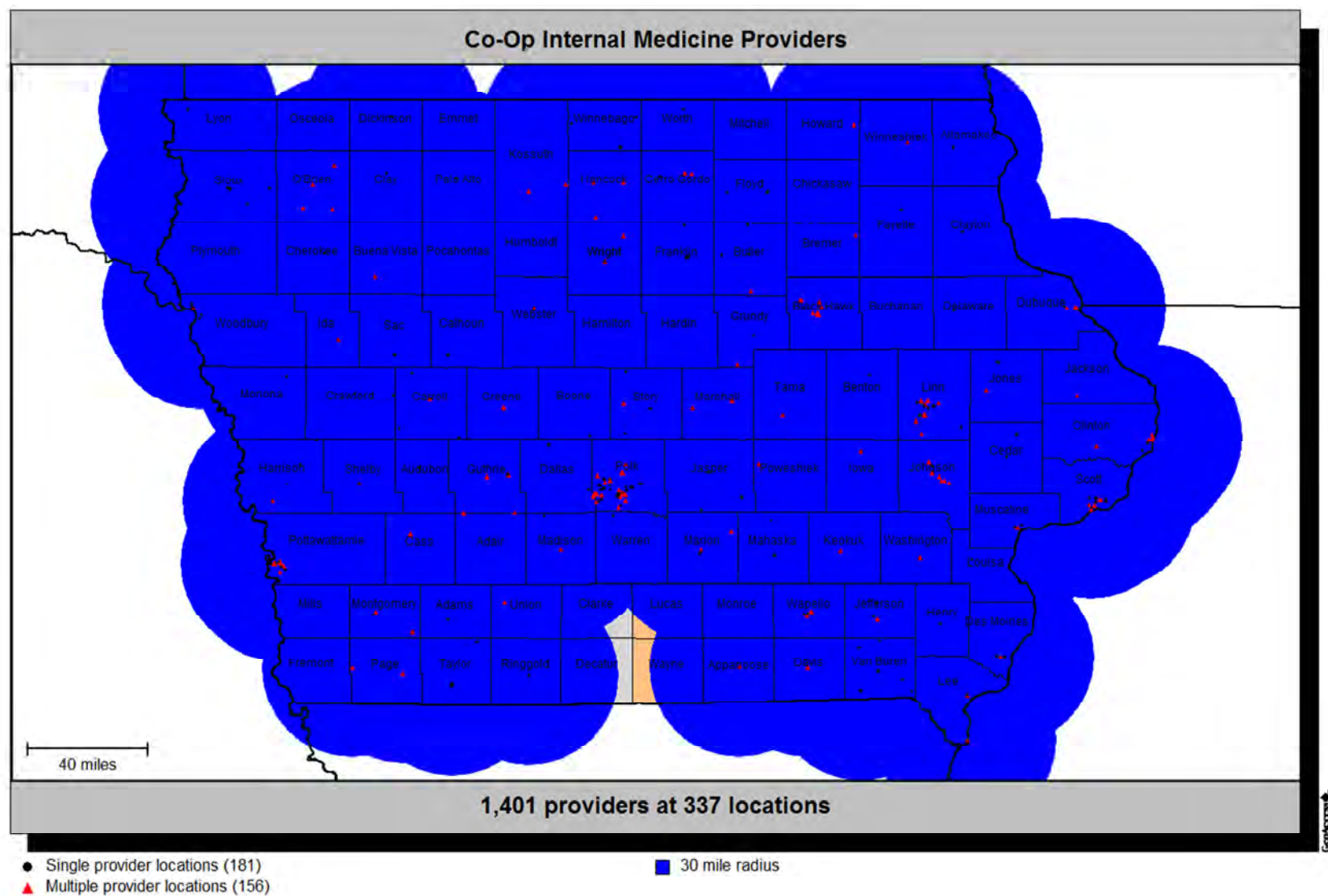


## Provider locations with 30-mile radius

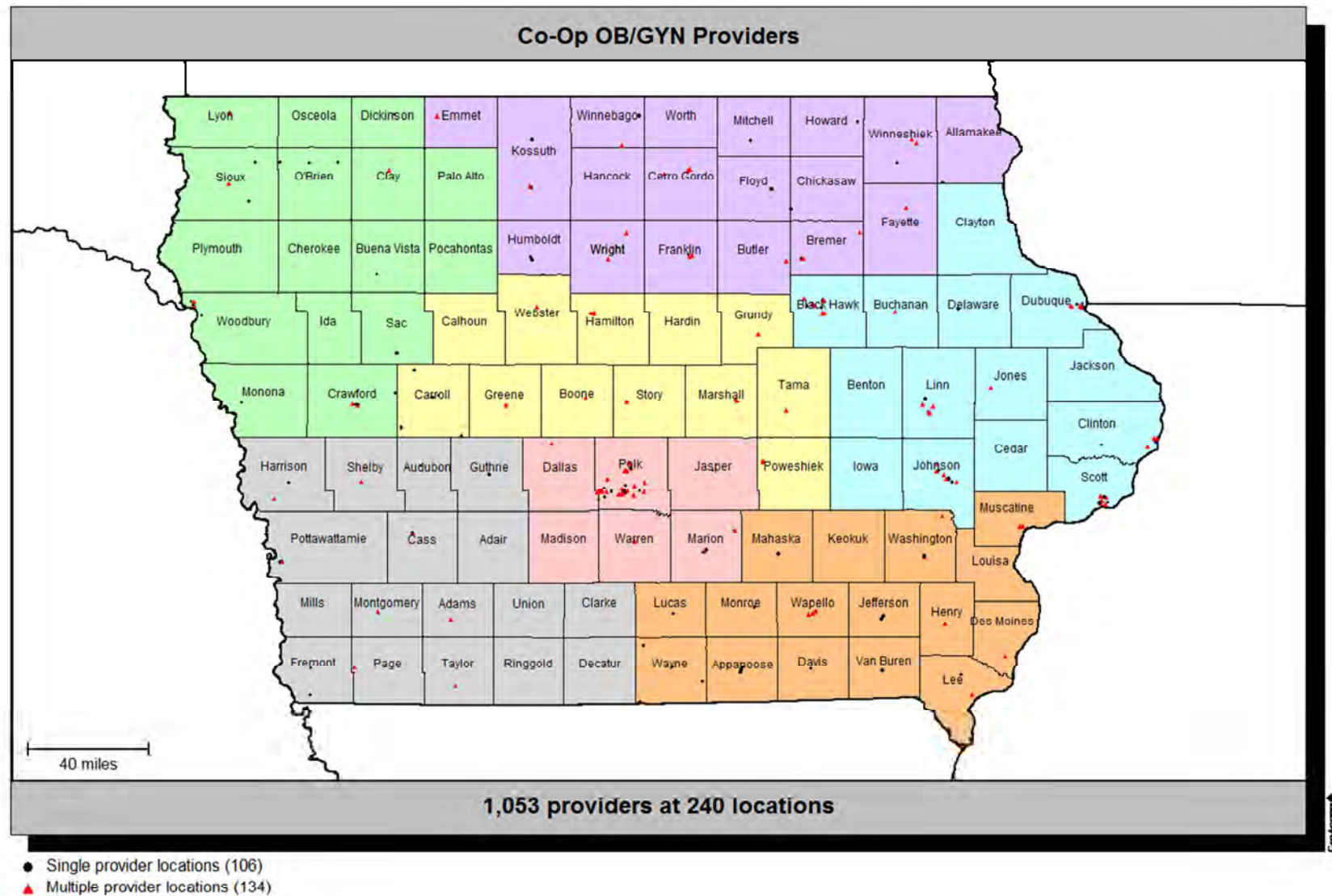




## Provider coverage/penetration

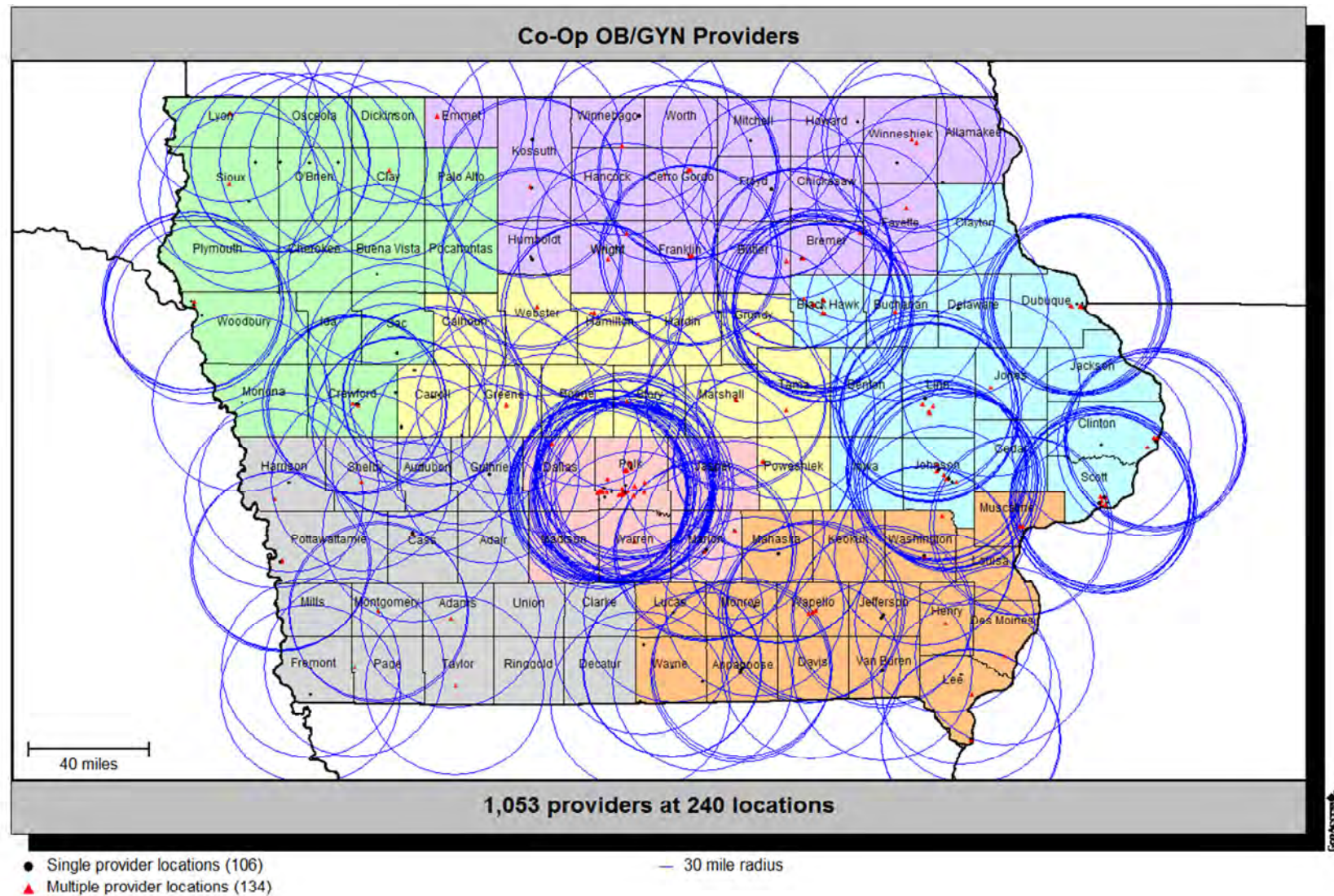


## Provider locations

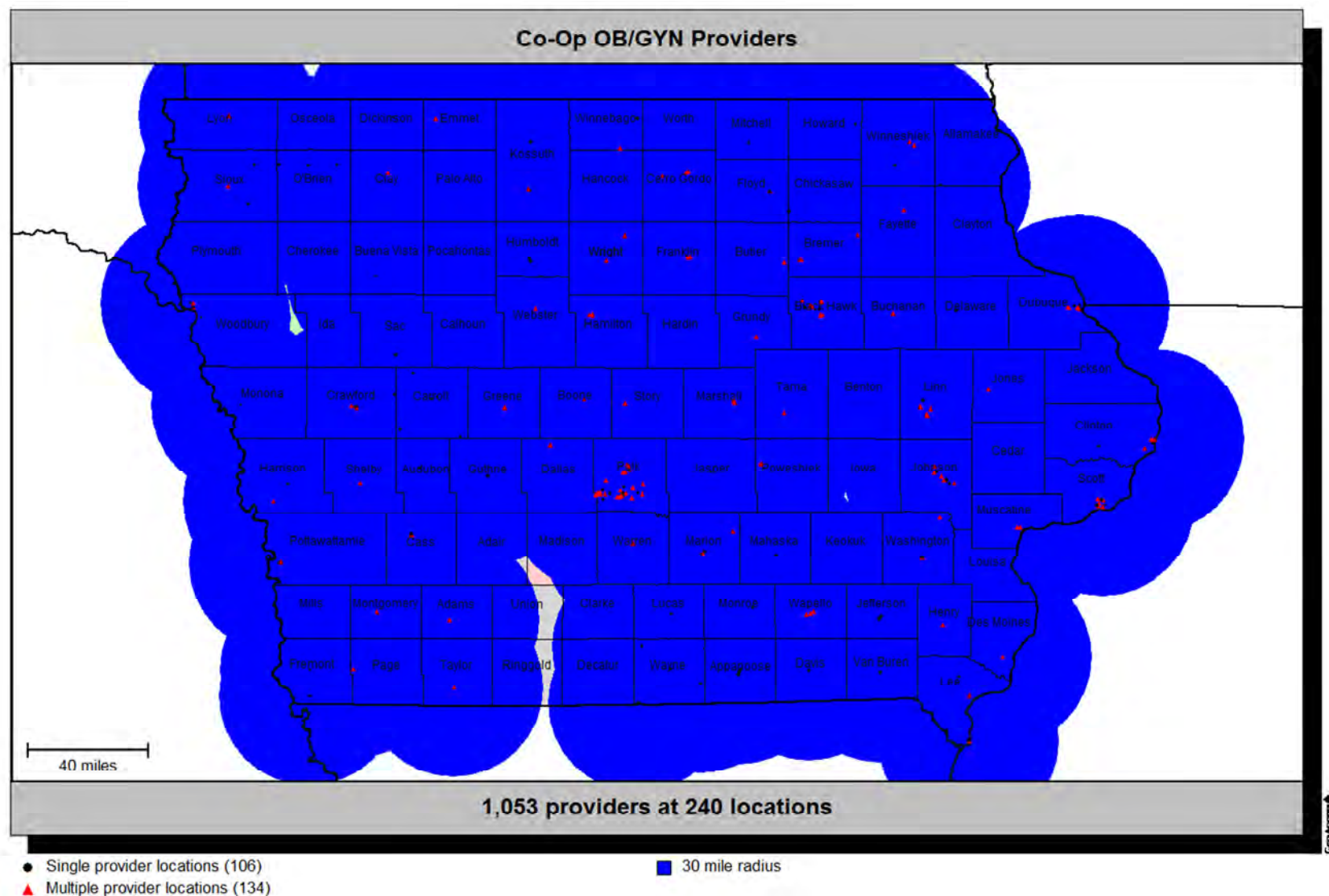




## Provider locations with 30-mile radius

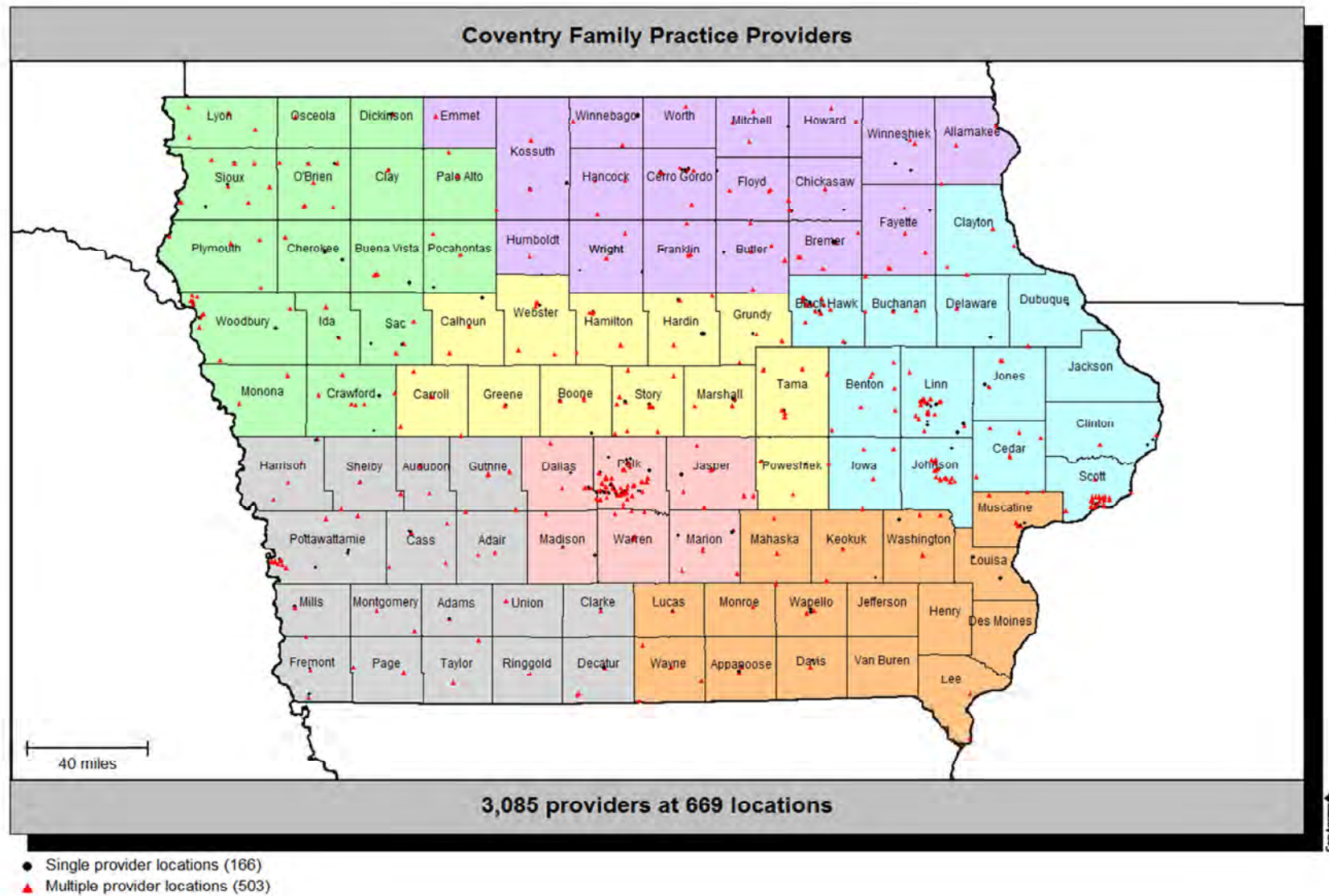


## Provider coverage/penetration

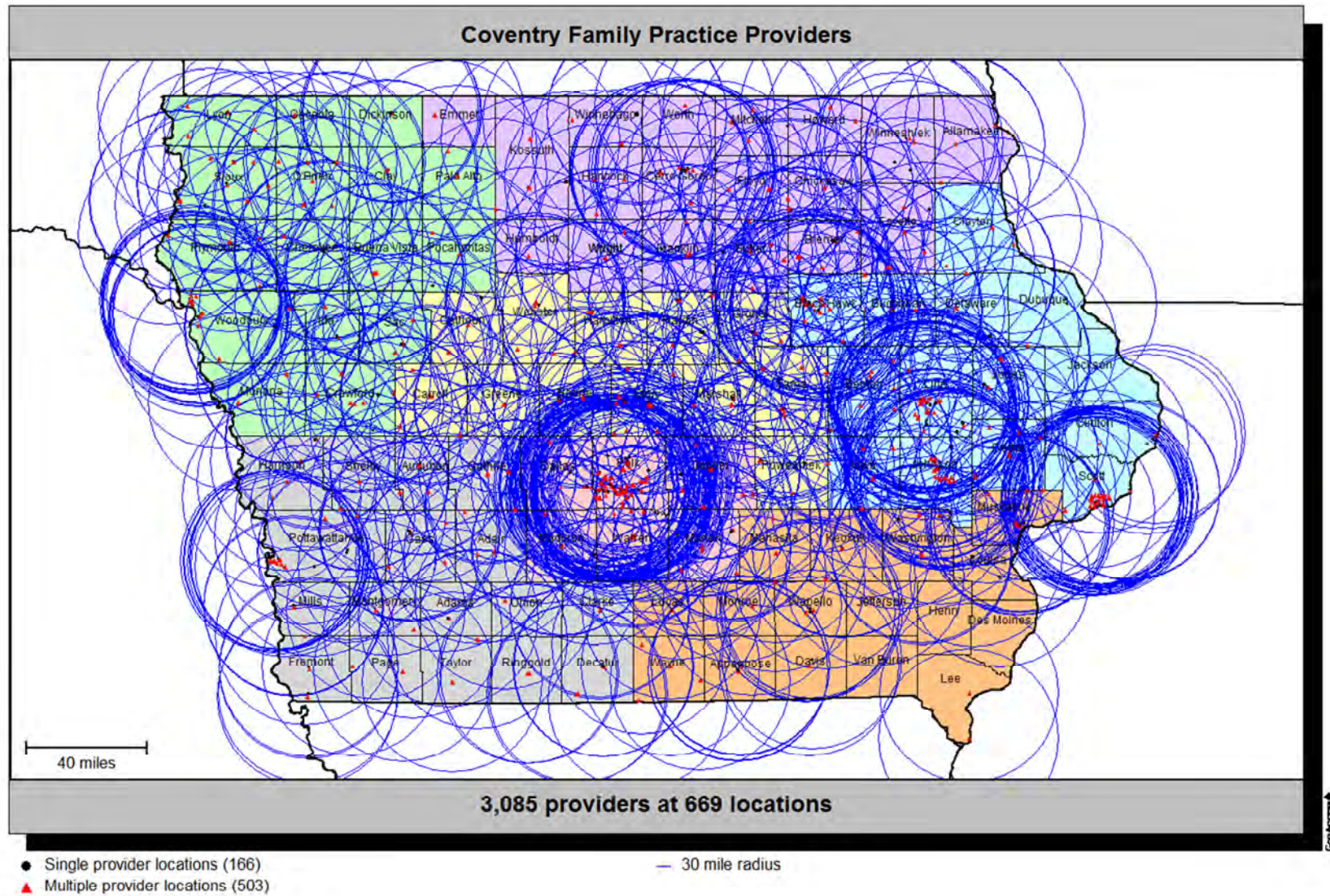




## Provider locations

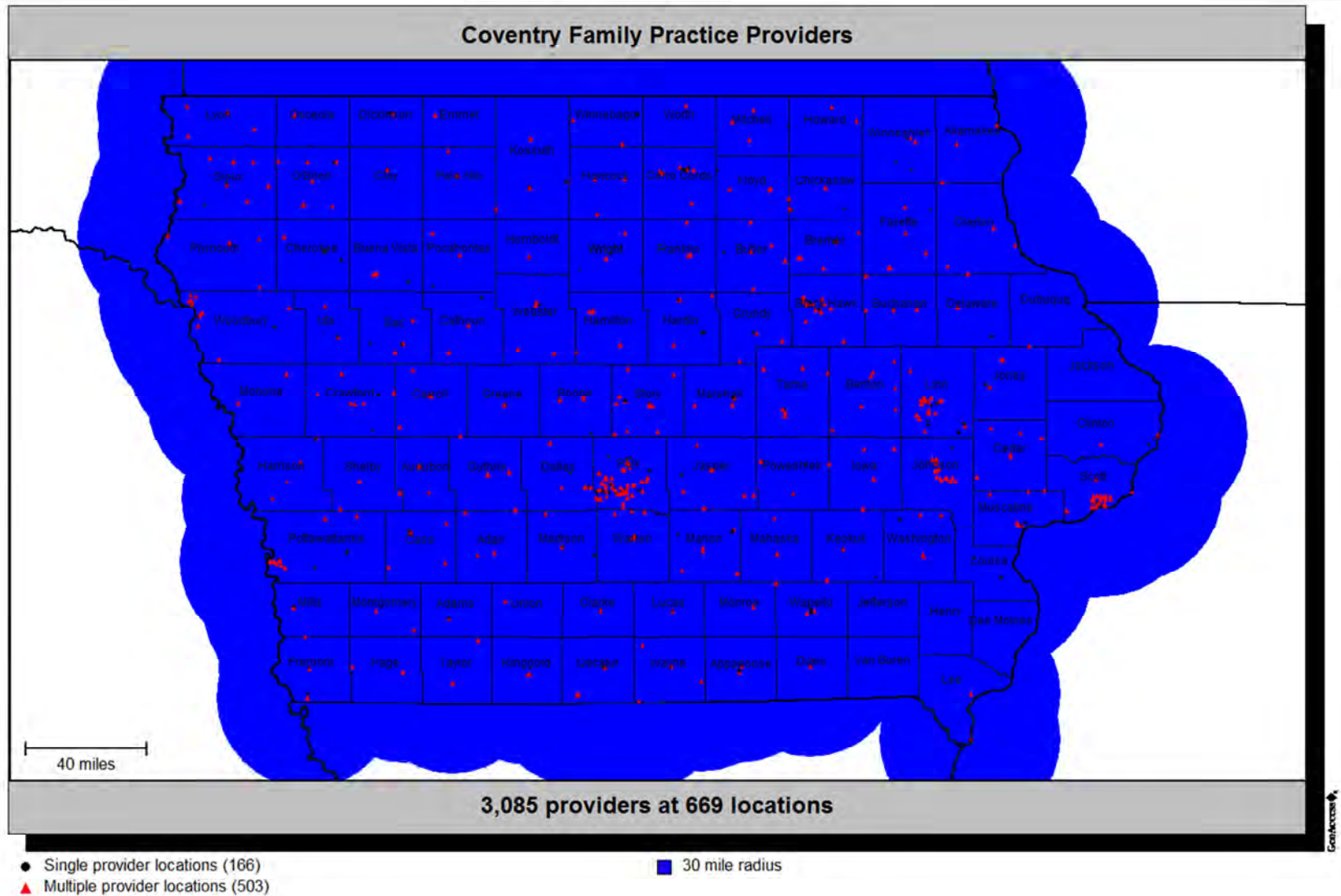


## Provider locations with 30-mile radius

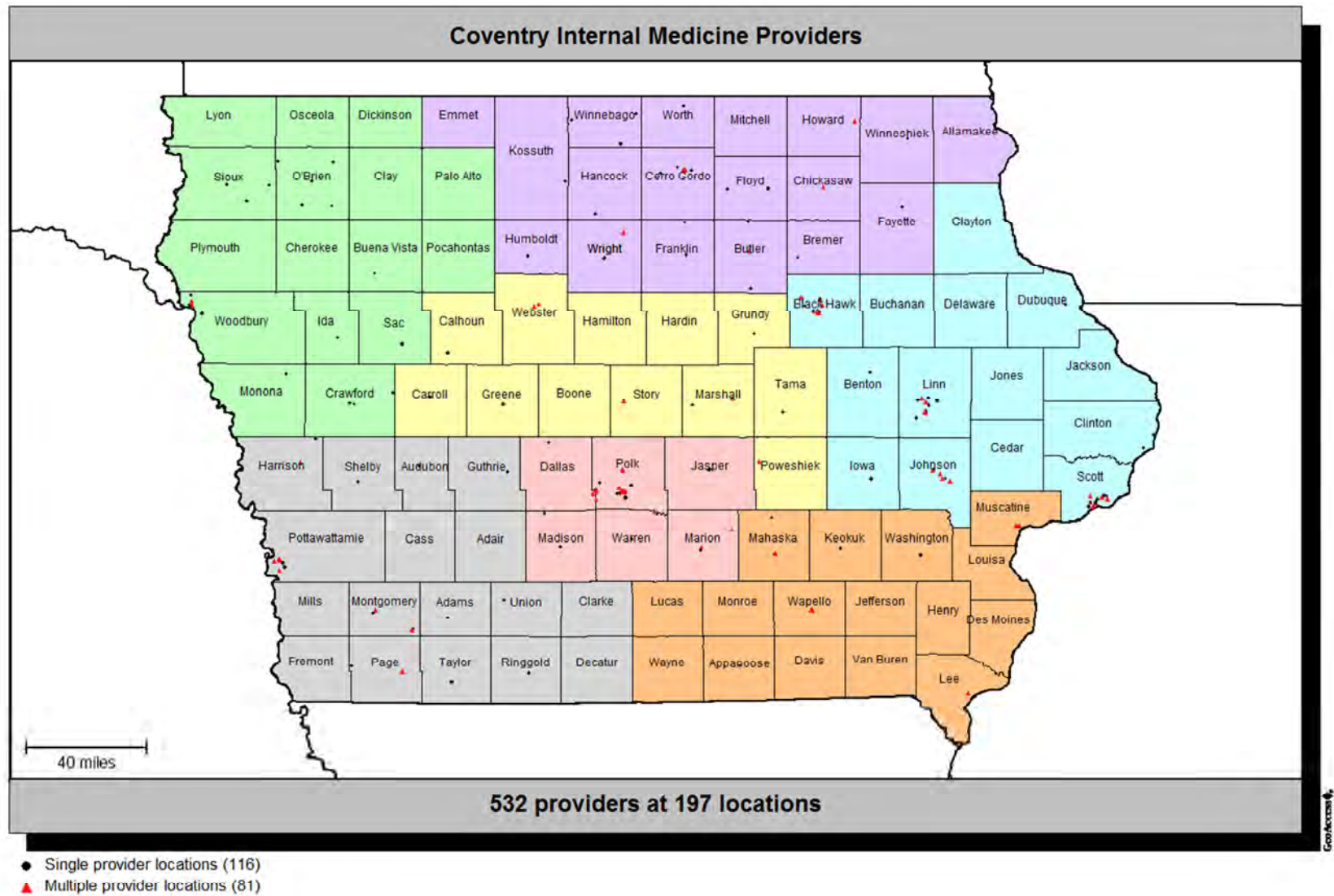




## Provider coverage/penetration

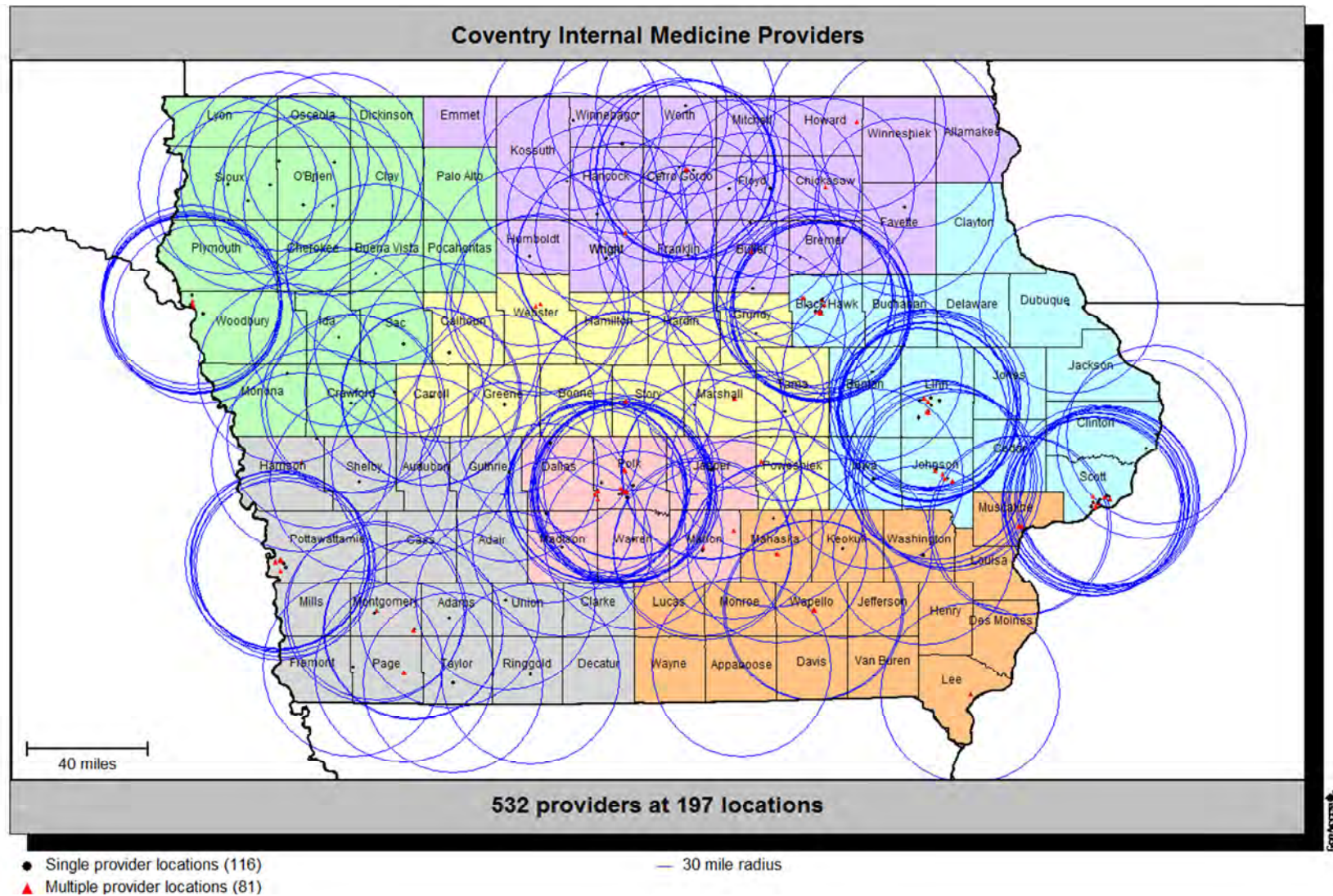


## Provider locations

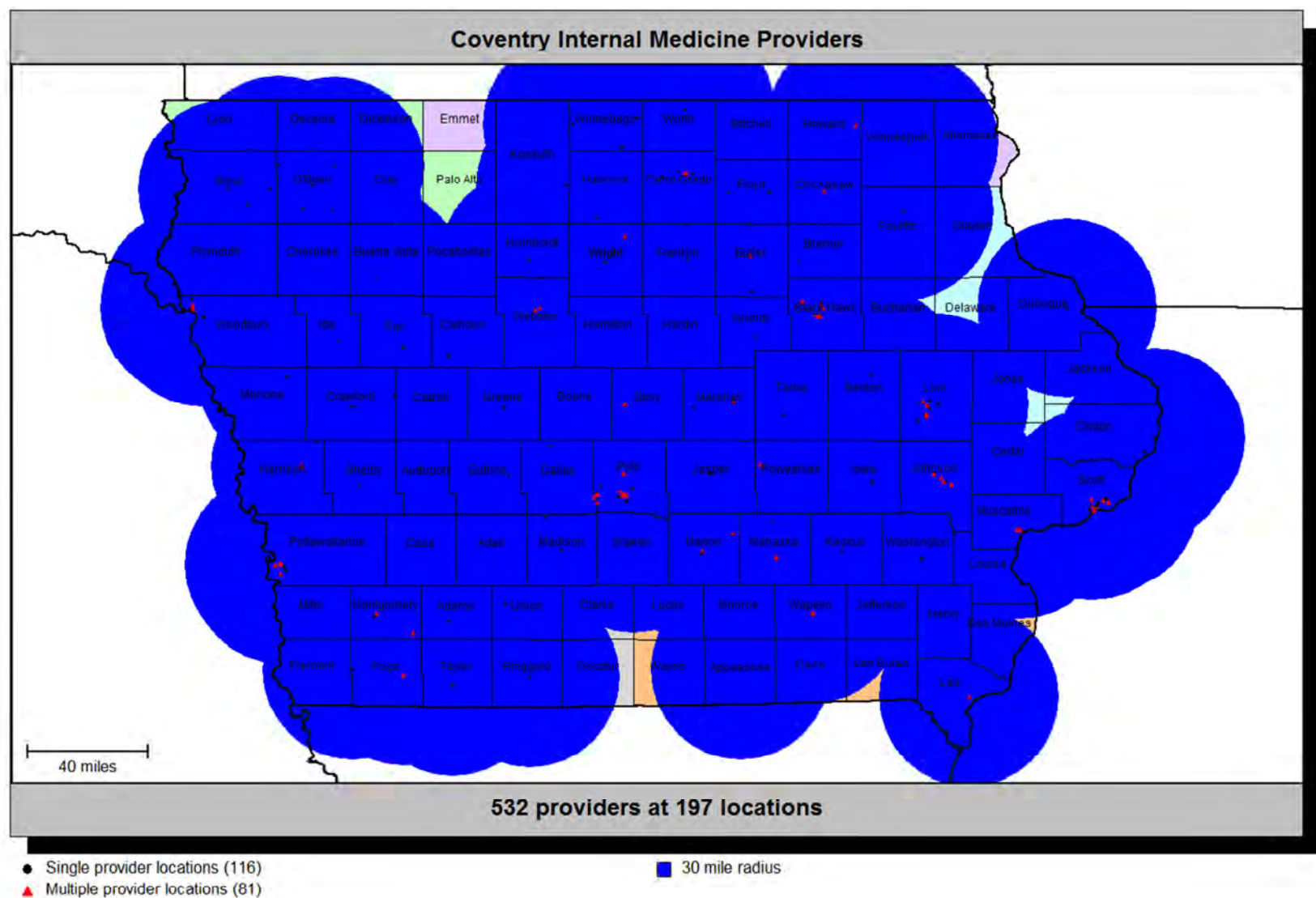




## Provider locations with 30-mile radius

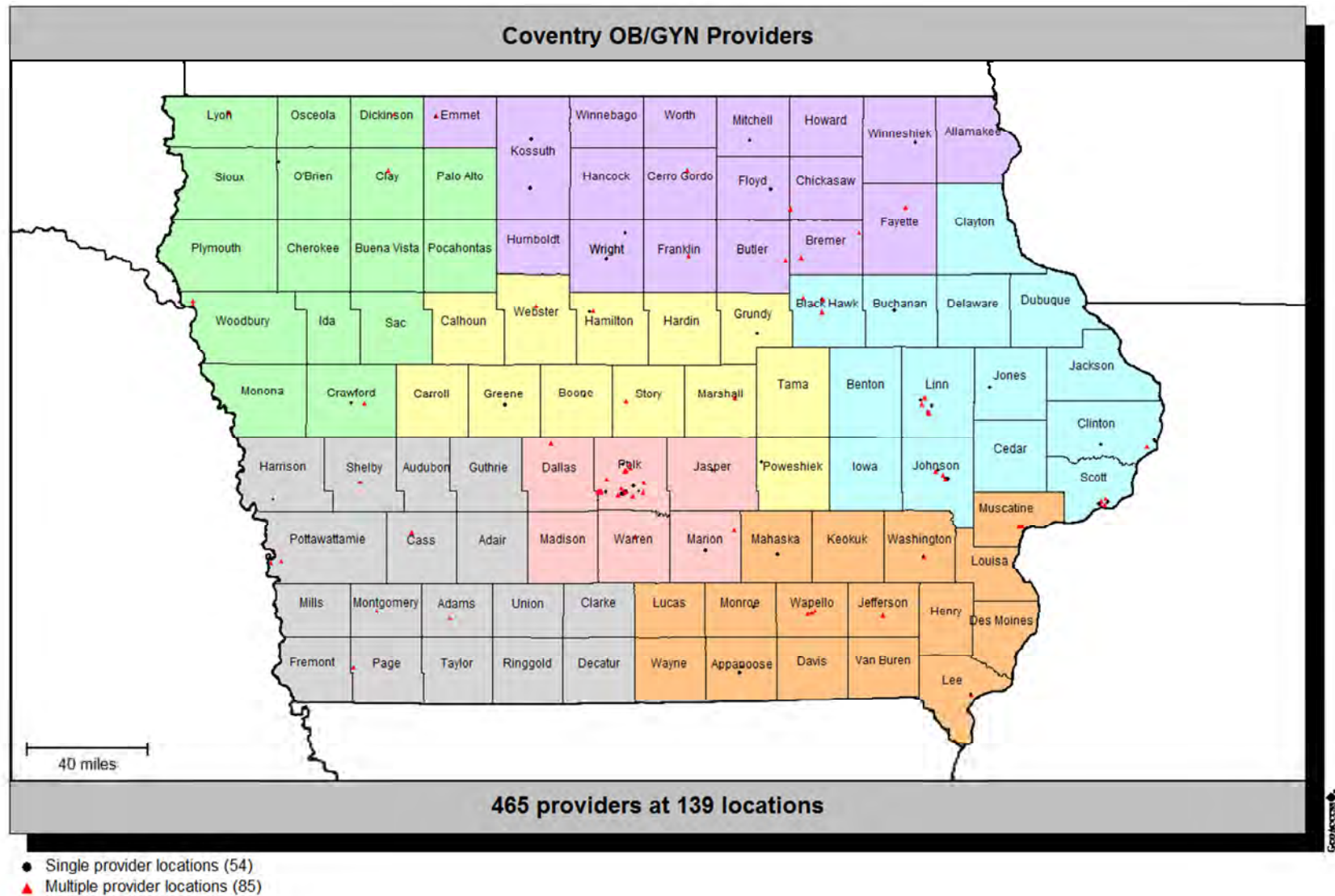


## Provider coverage/penetration

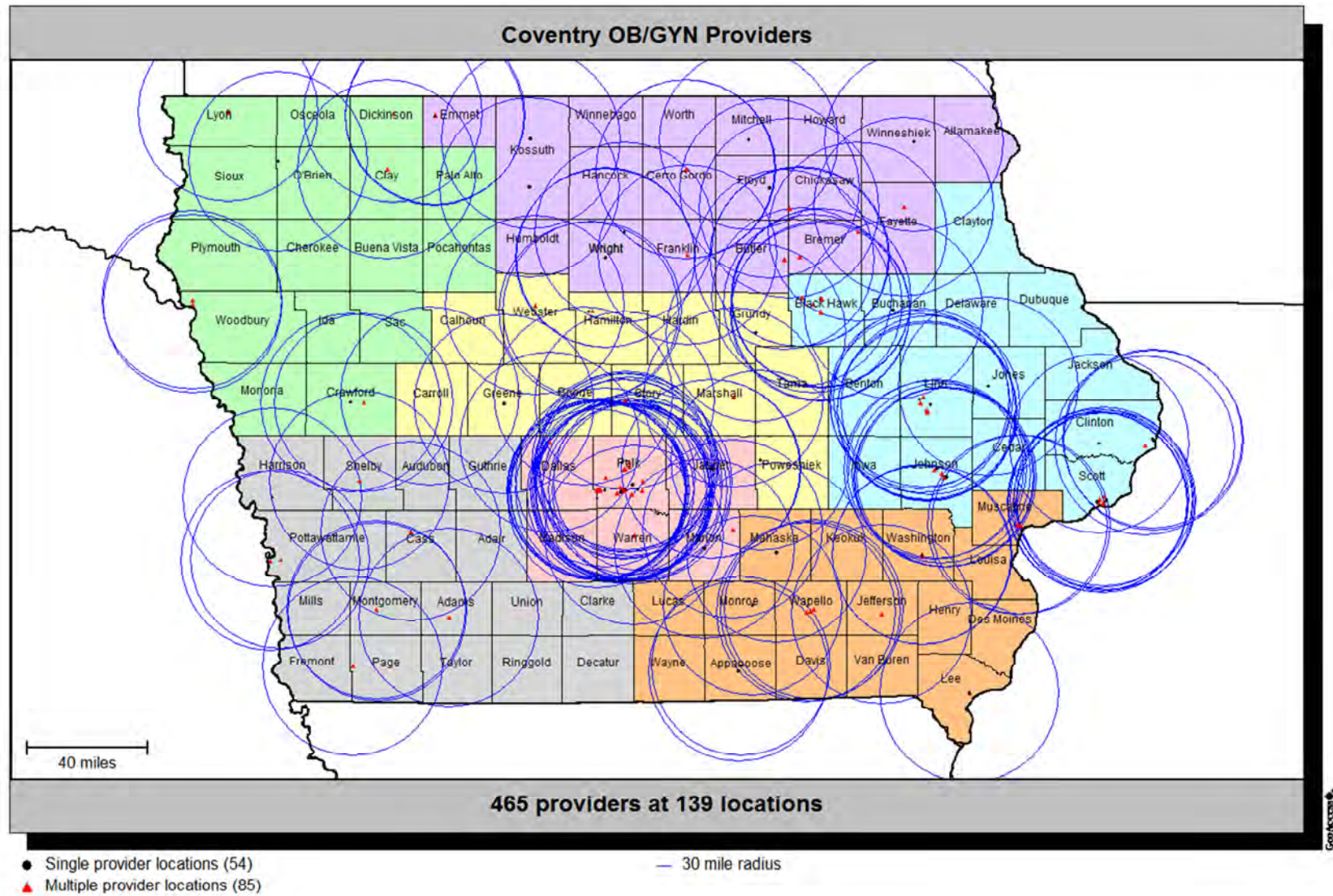




## Provider locations

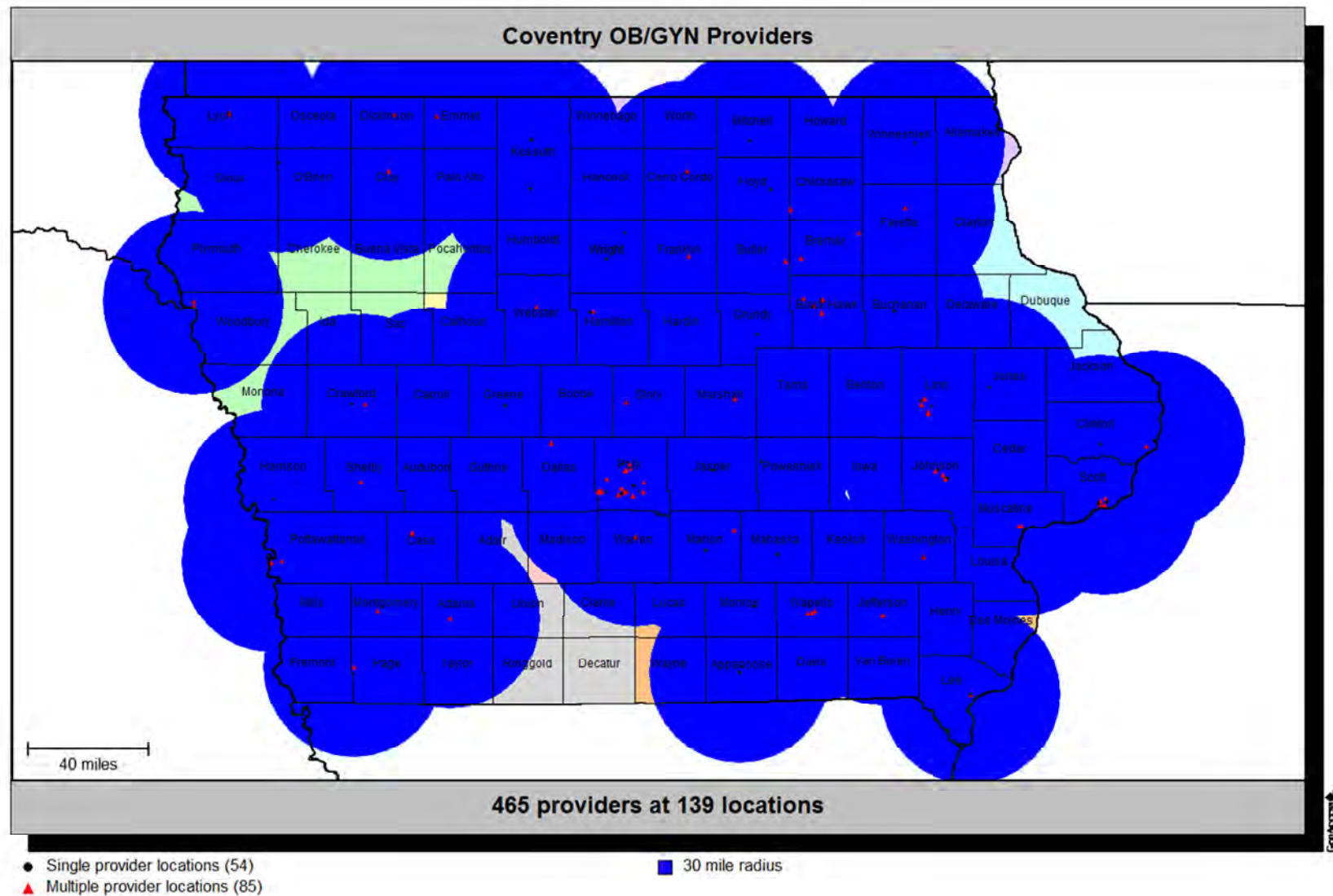


## Provider locations with 30-mile radius

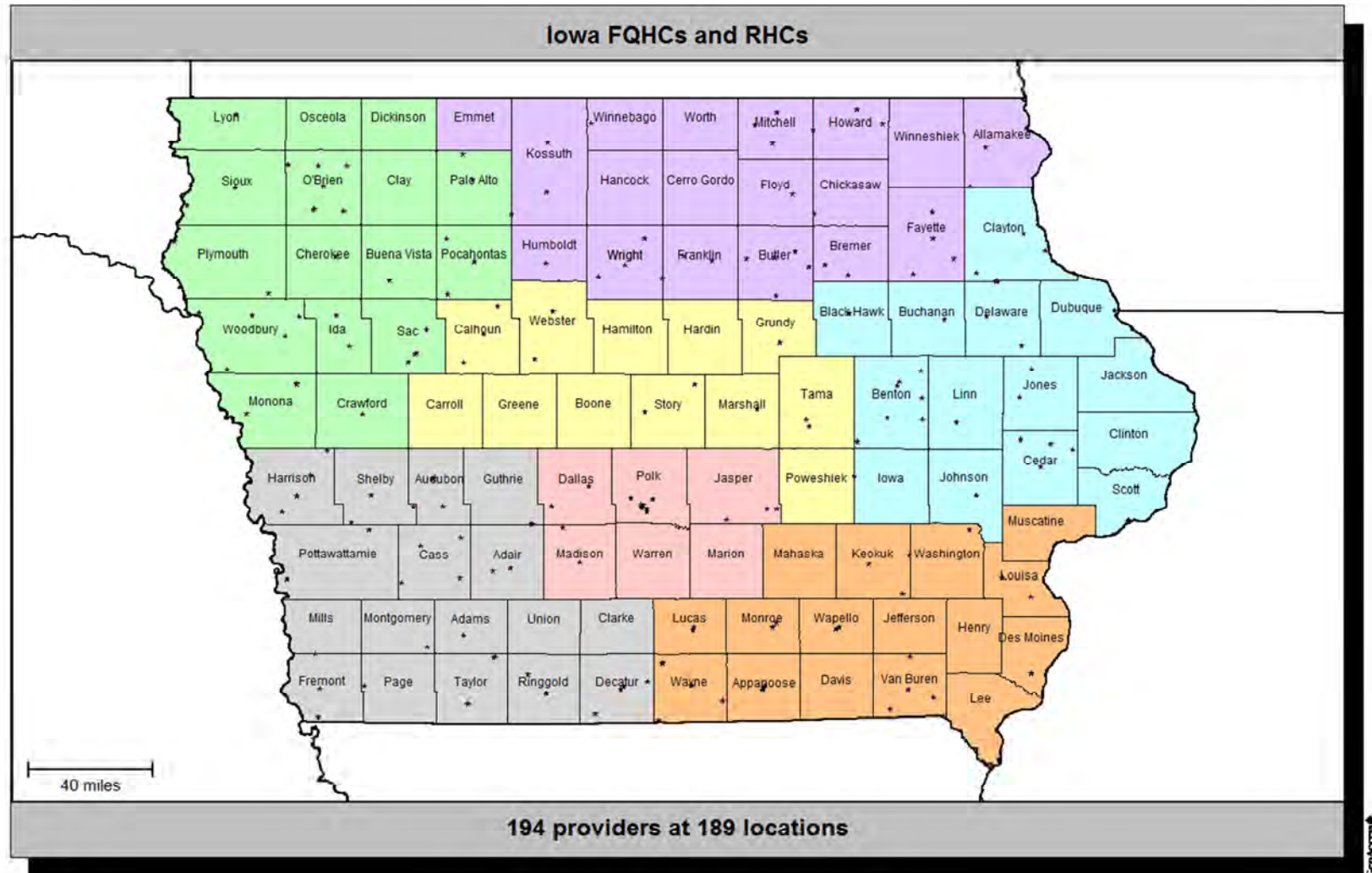




## Provider coverage/penetration



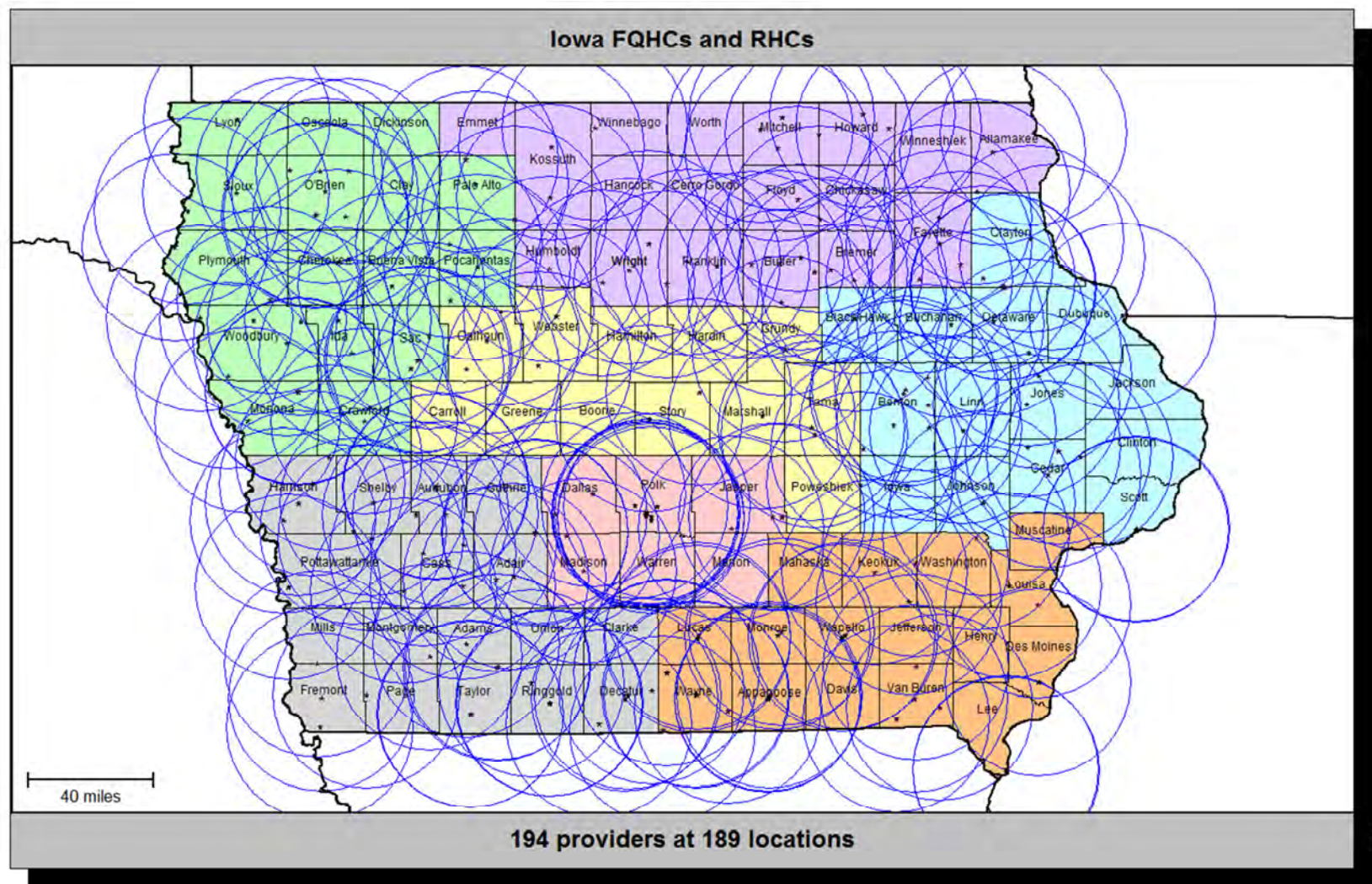
## Provider locations



- ★ Wellness Plan FQHCs (43)
- ★ Wellness Plan RHCs (143)



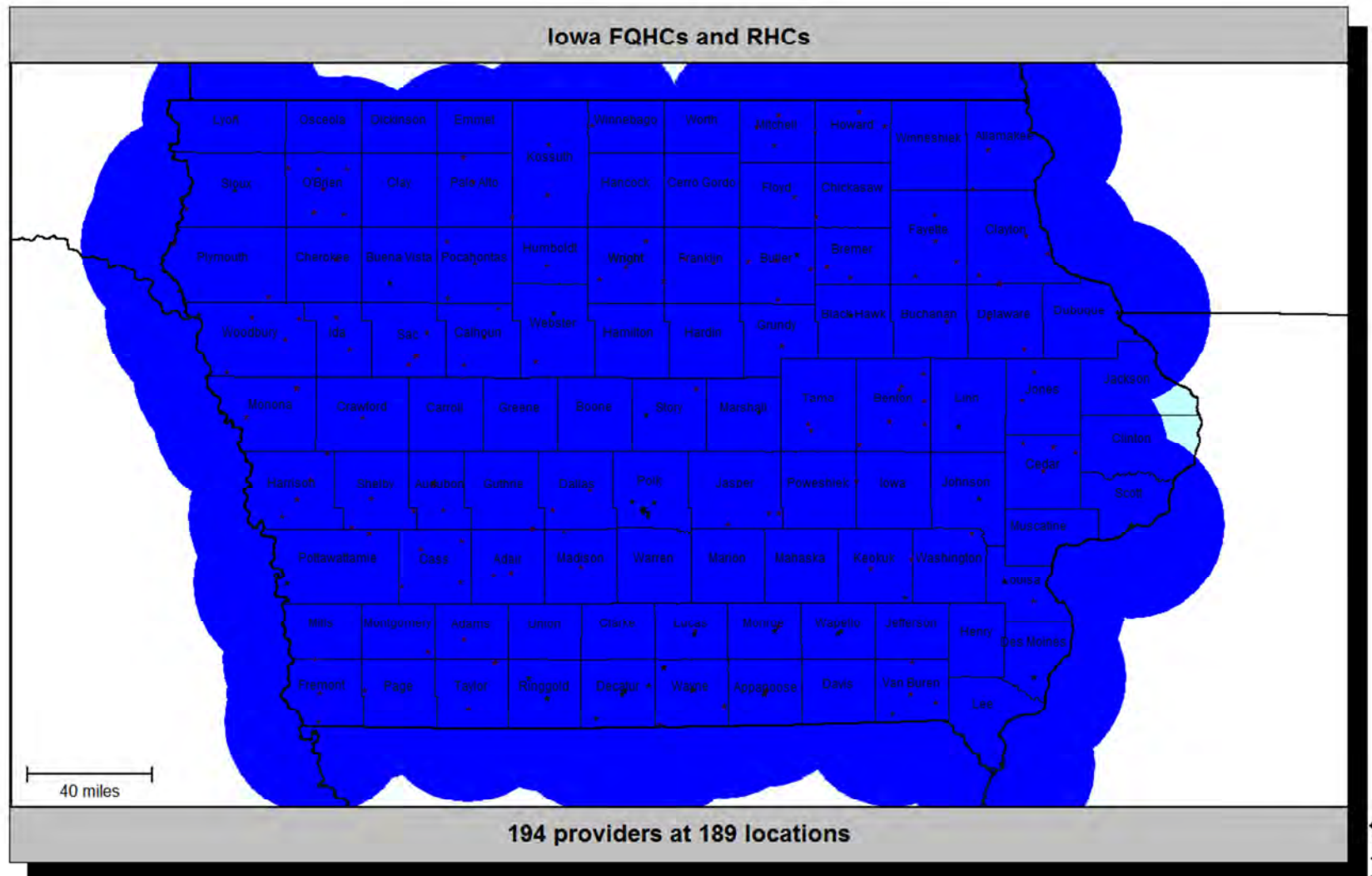
## Provider locations with 30-mile radius



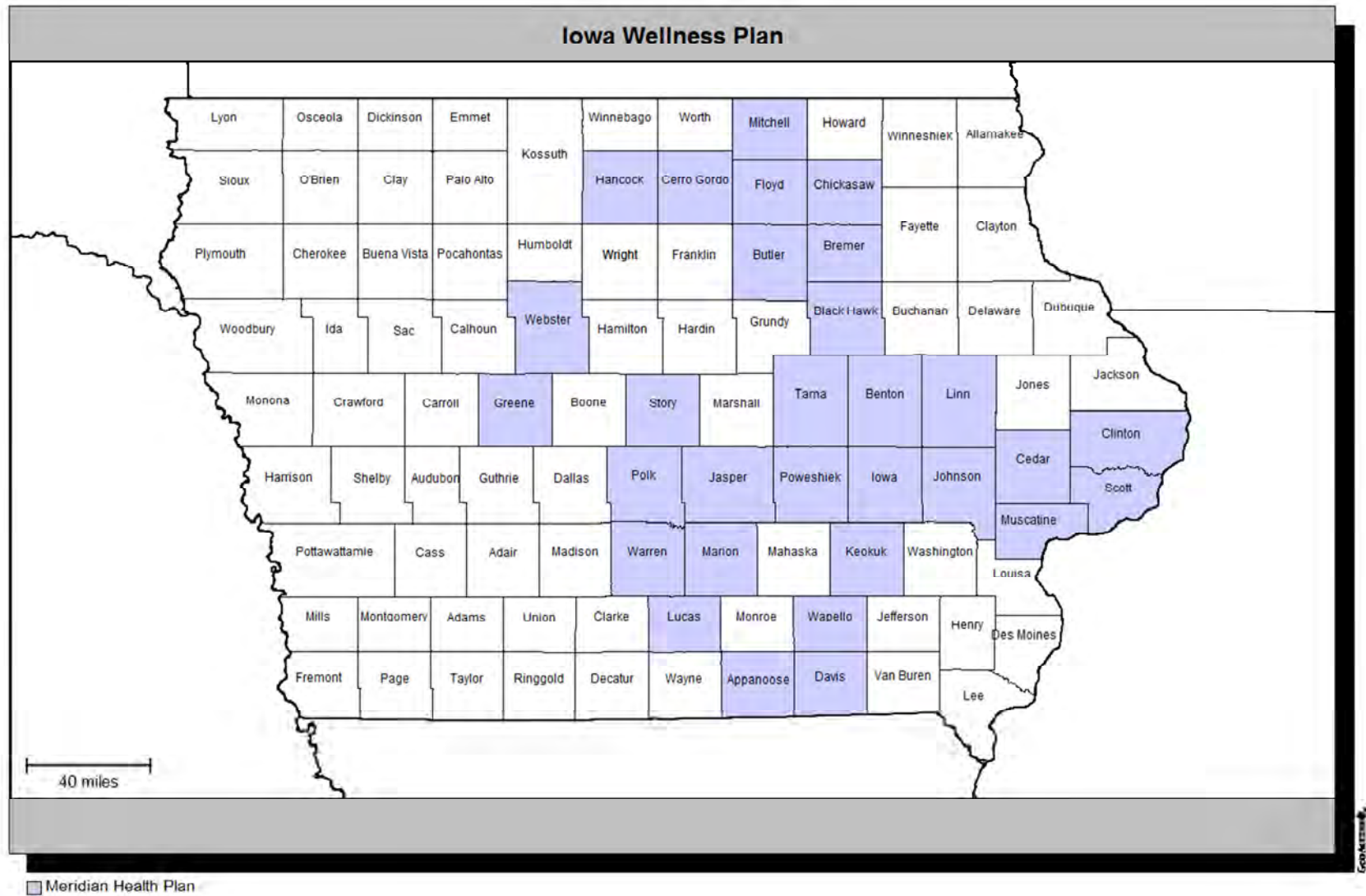
- ★ Wellness Plan FQHCs (43)
- ★ Wellness Plan RHCs (143)

— 30 mile radius - ALL

## Provider coverage/penetration

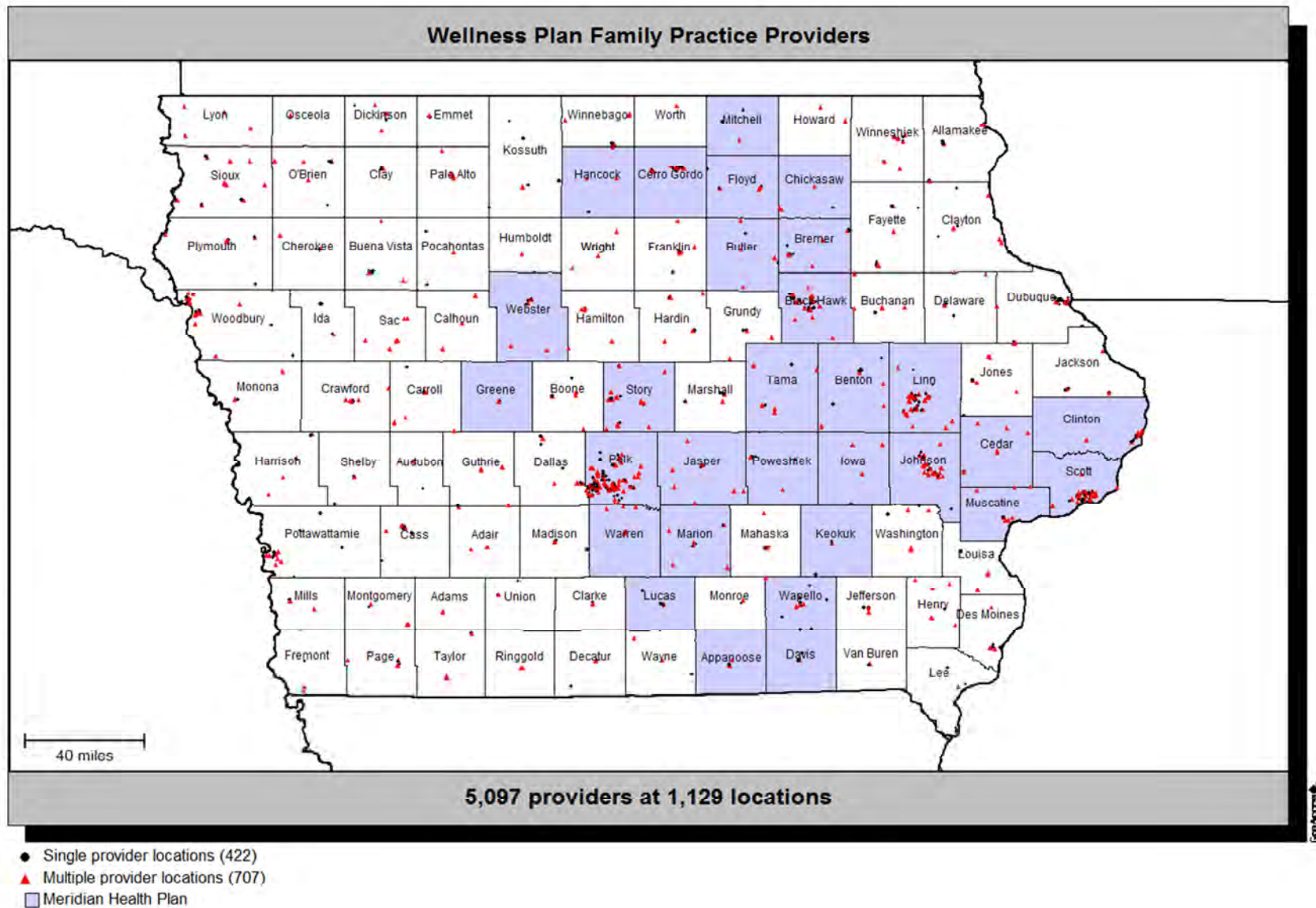


## Geographic overview

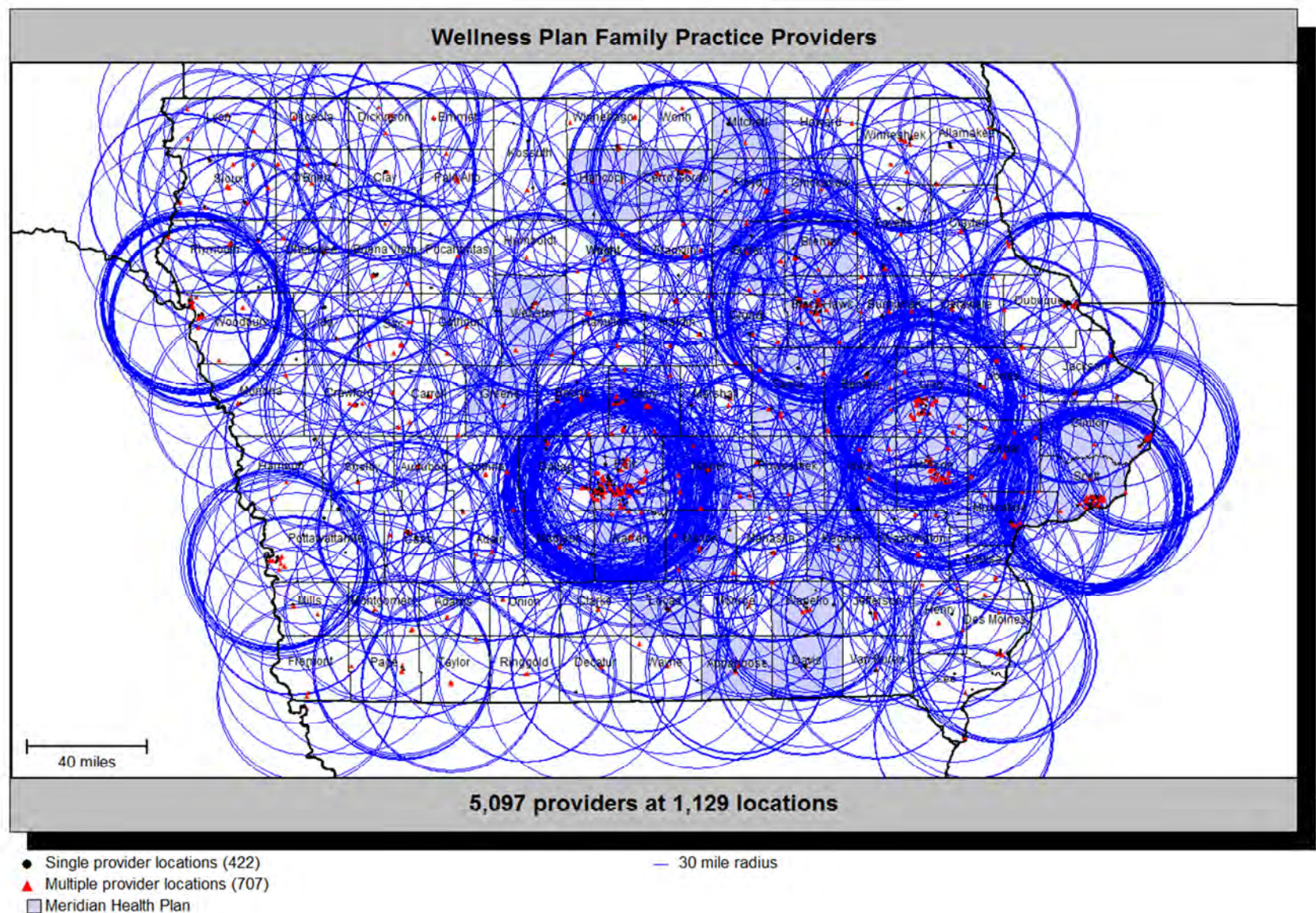




## Provider locations

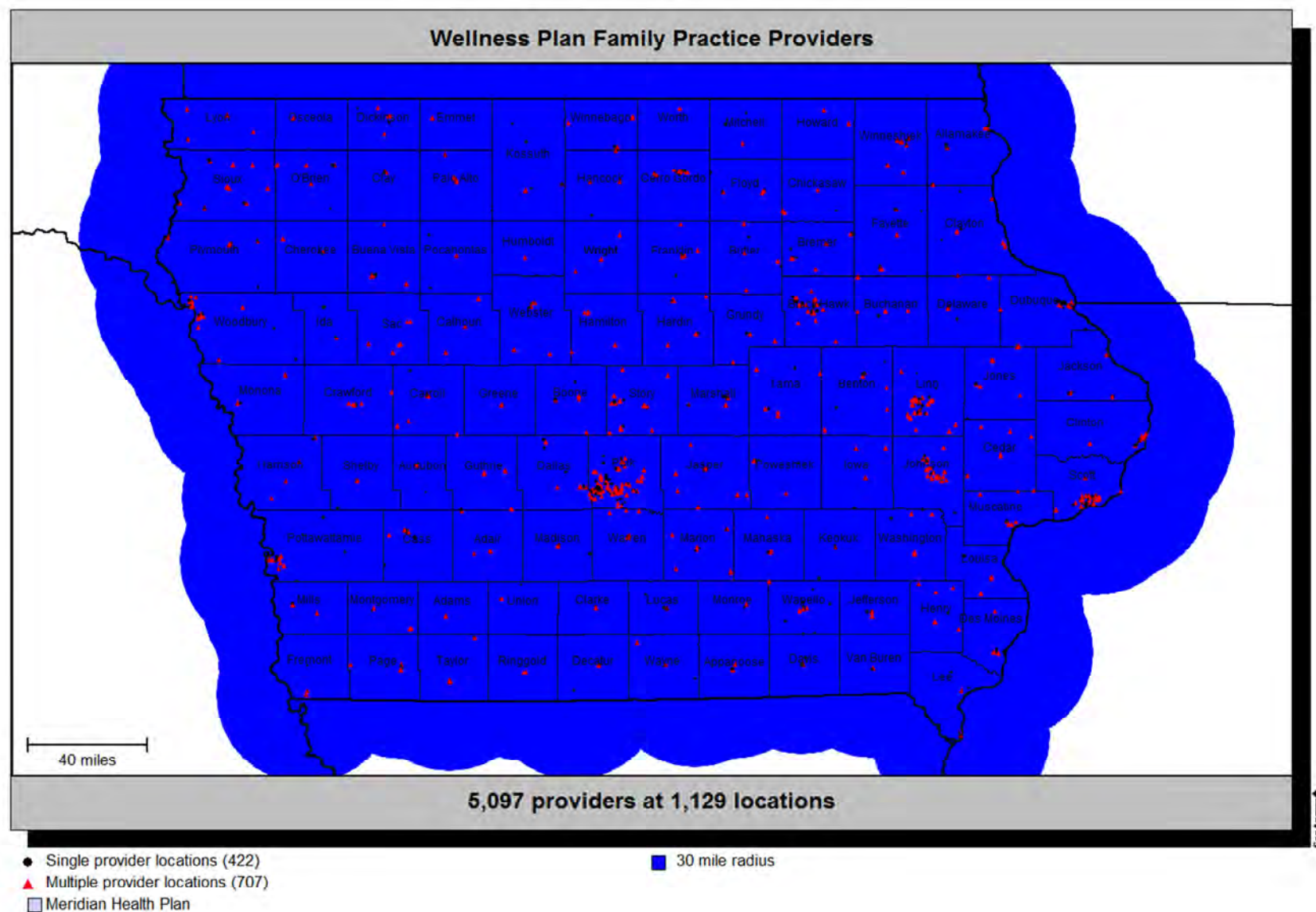


## Provider locations with 30-mile radius



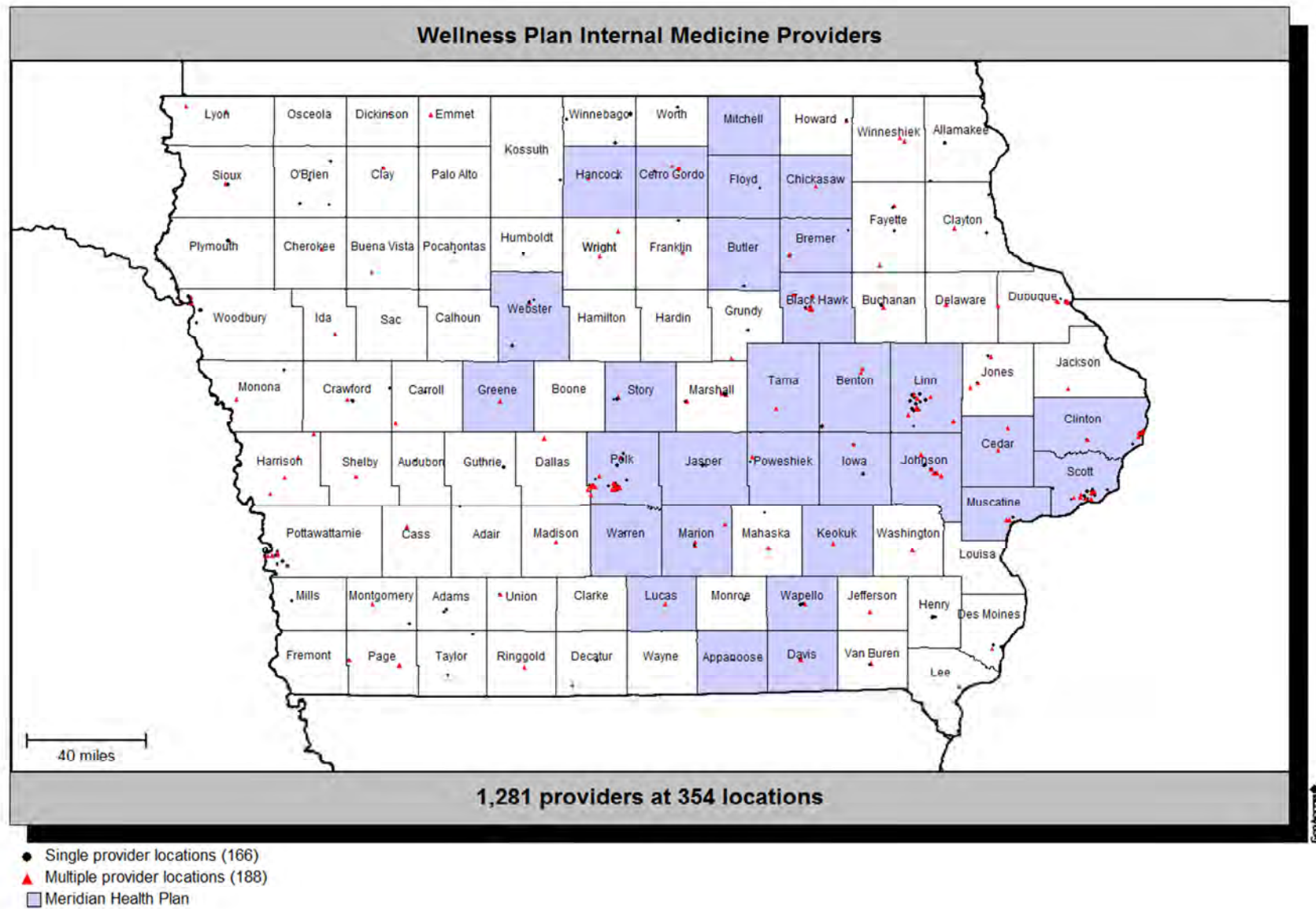


## Provider coverage/penetration

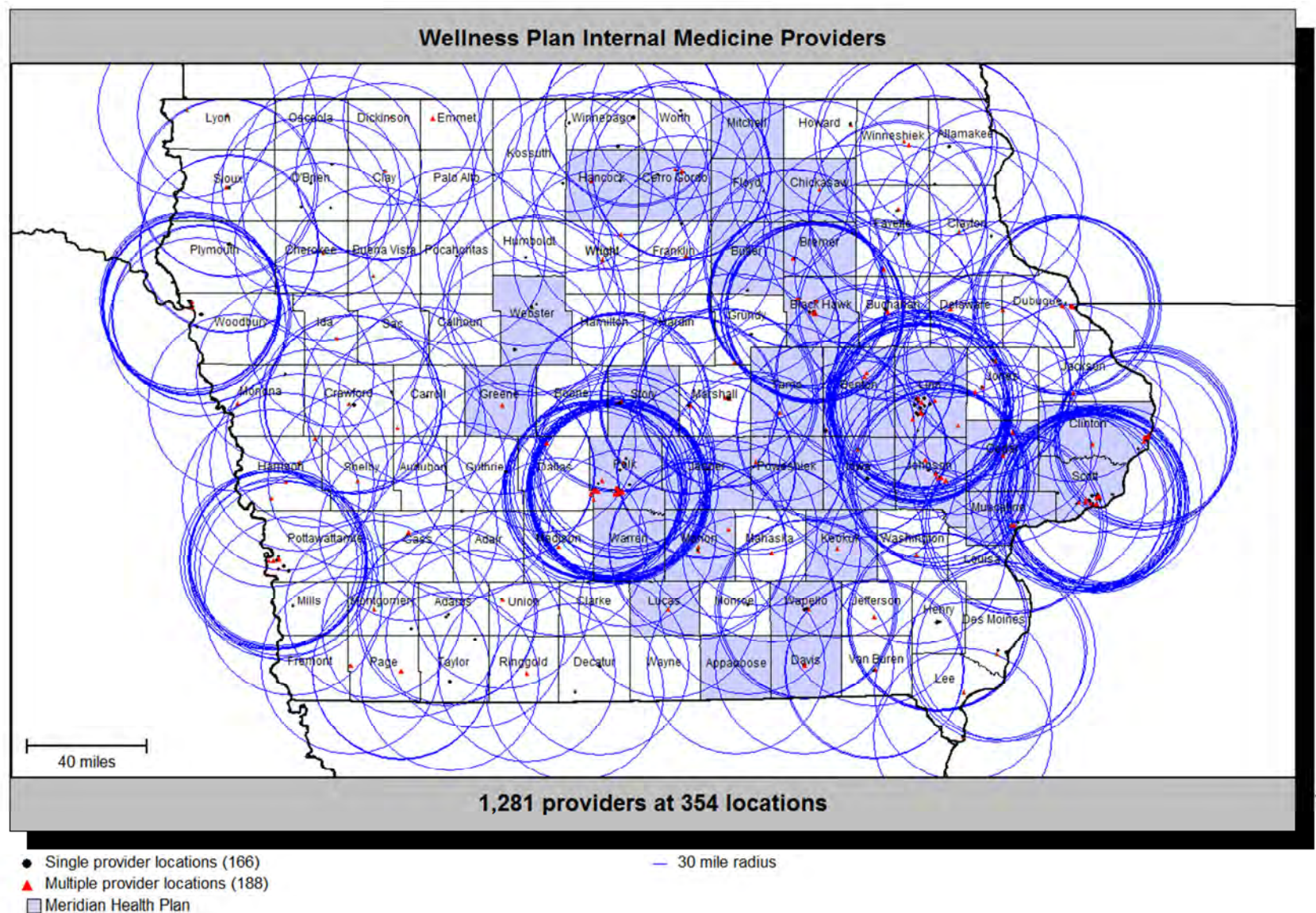




## Provider locations

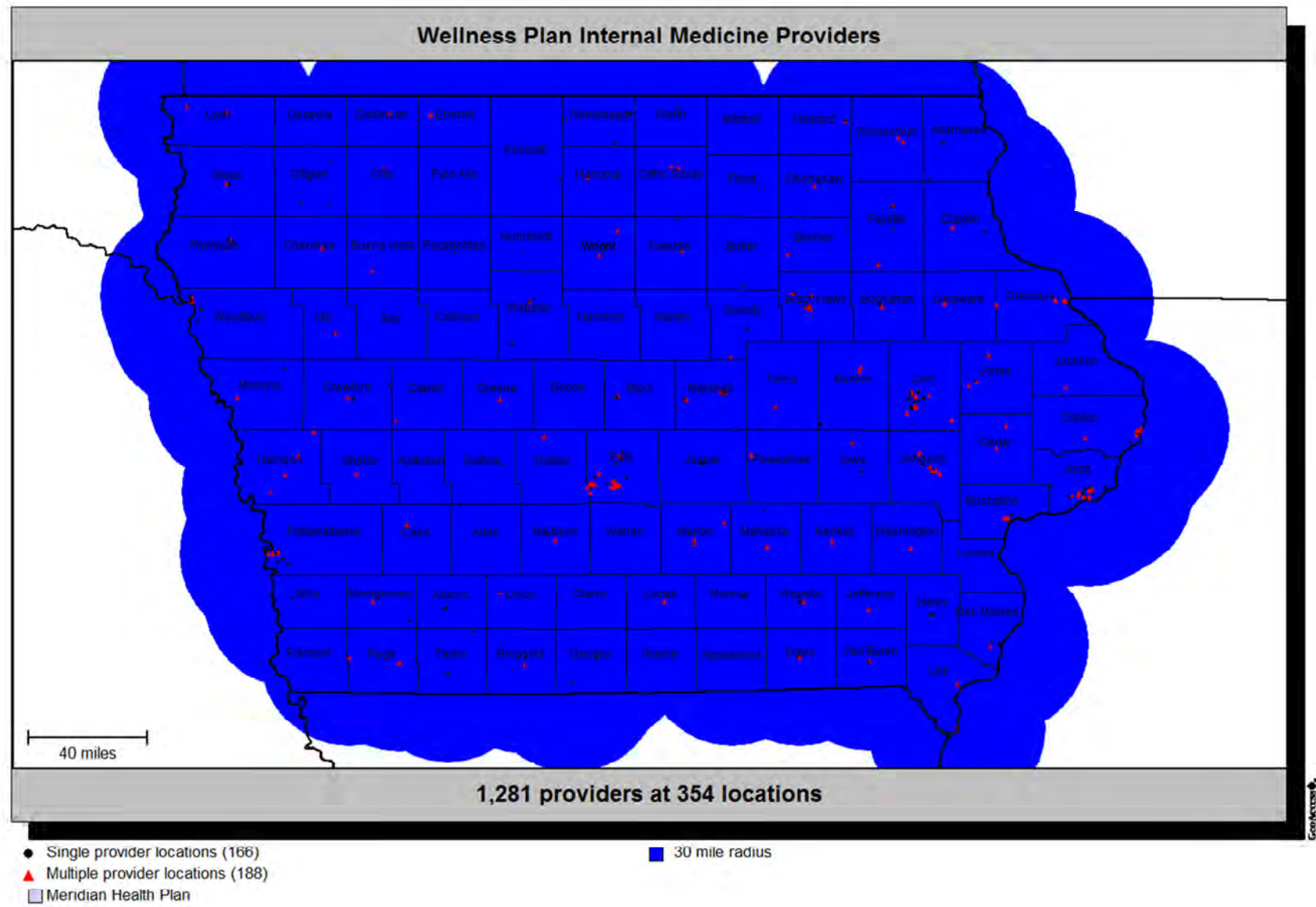


## Provider locations with 30-mile radius

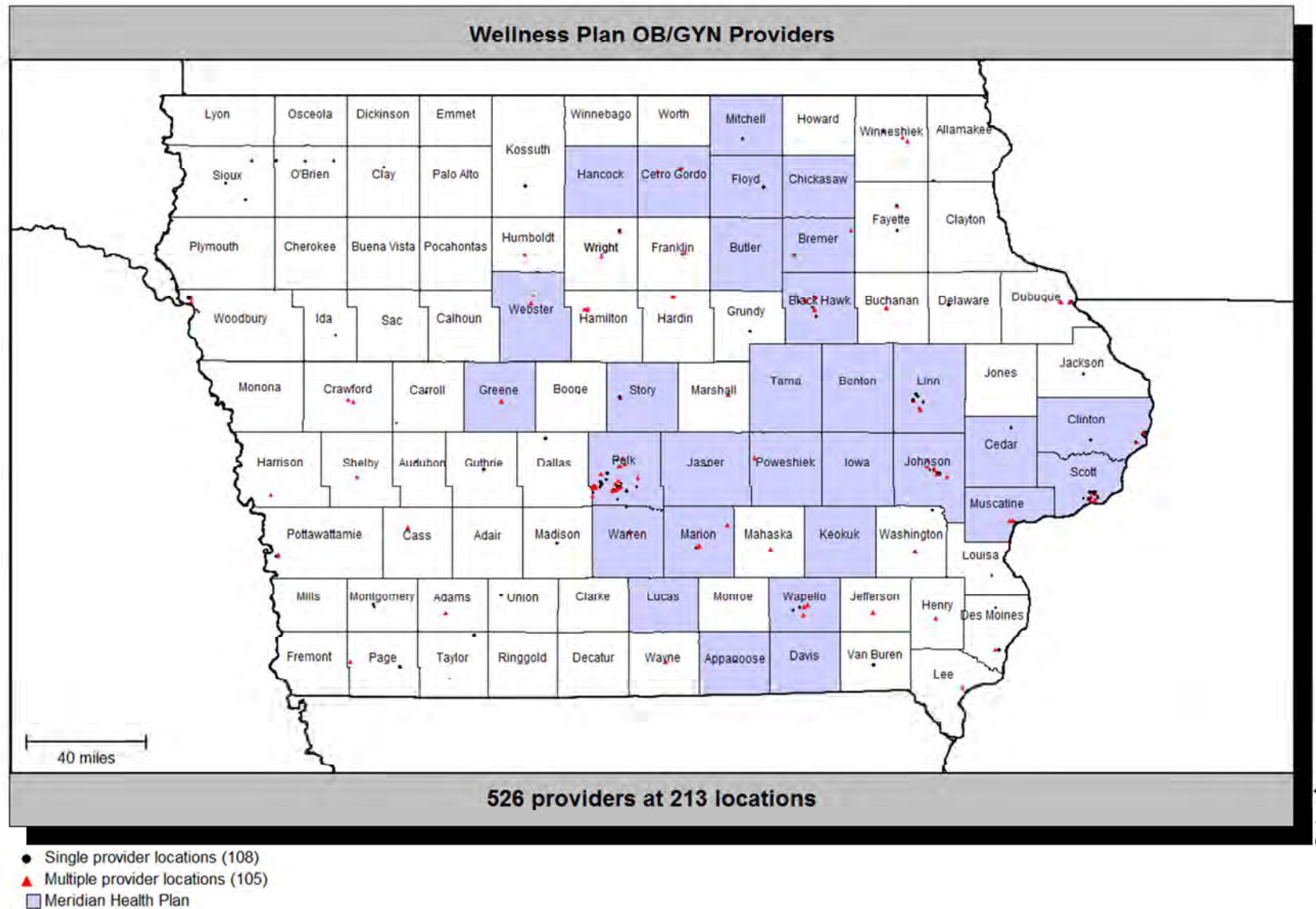




## Provider coverage/penetration

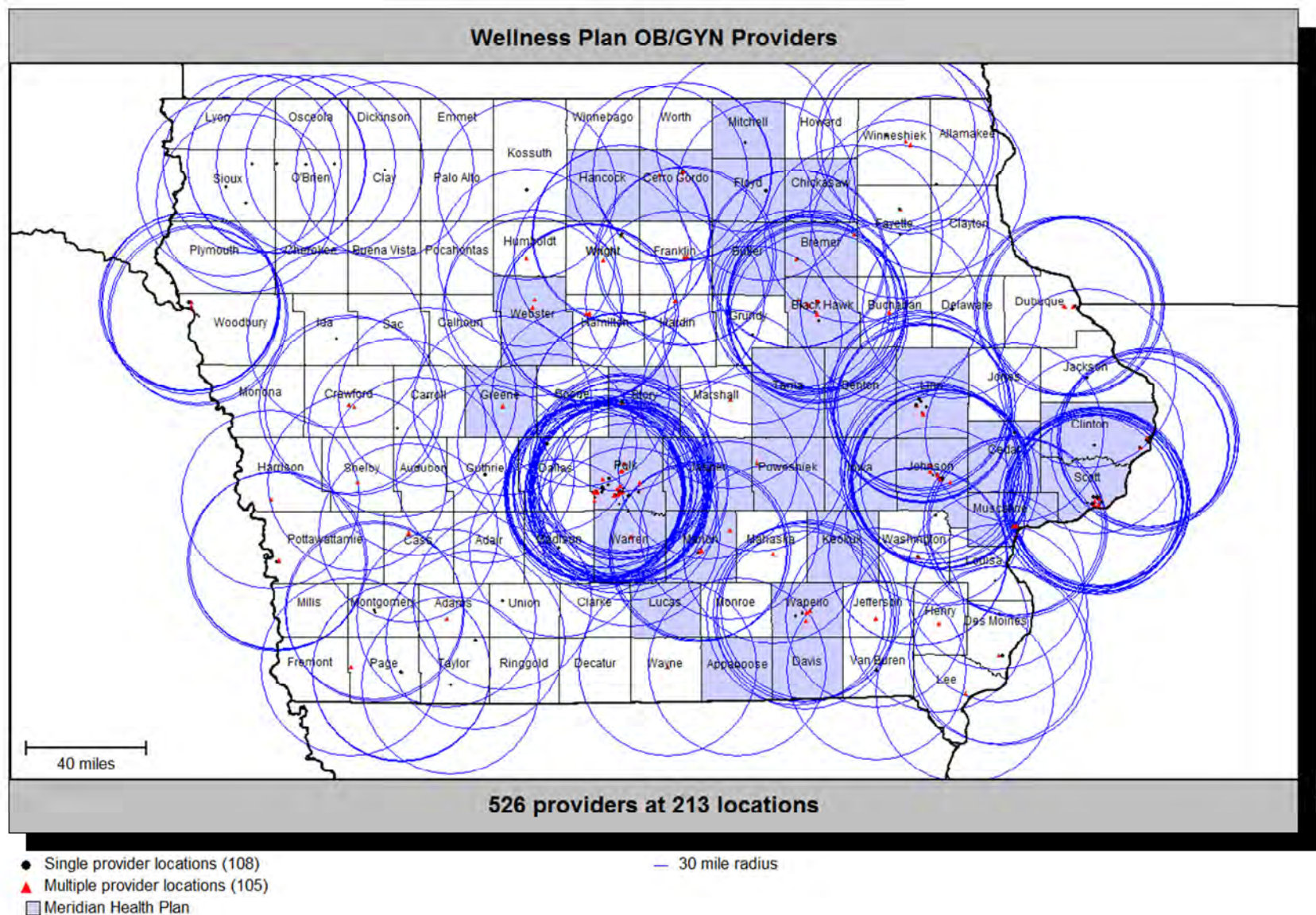


## Provider locations

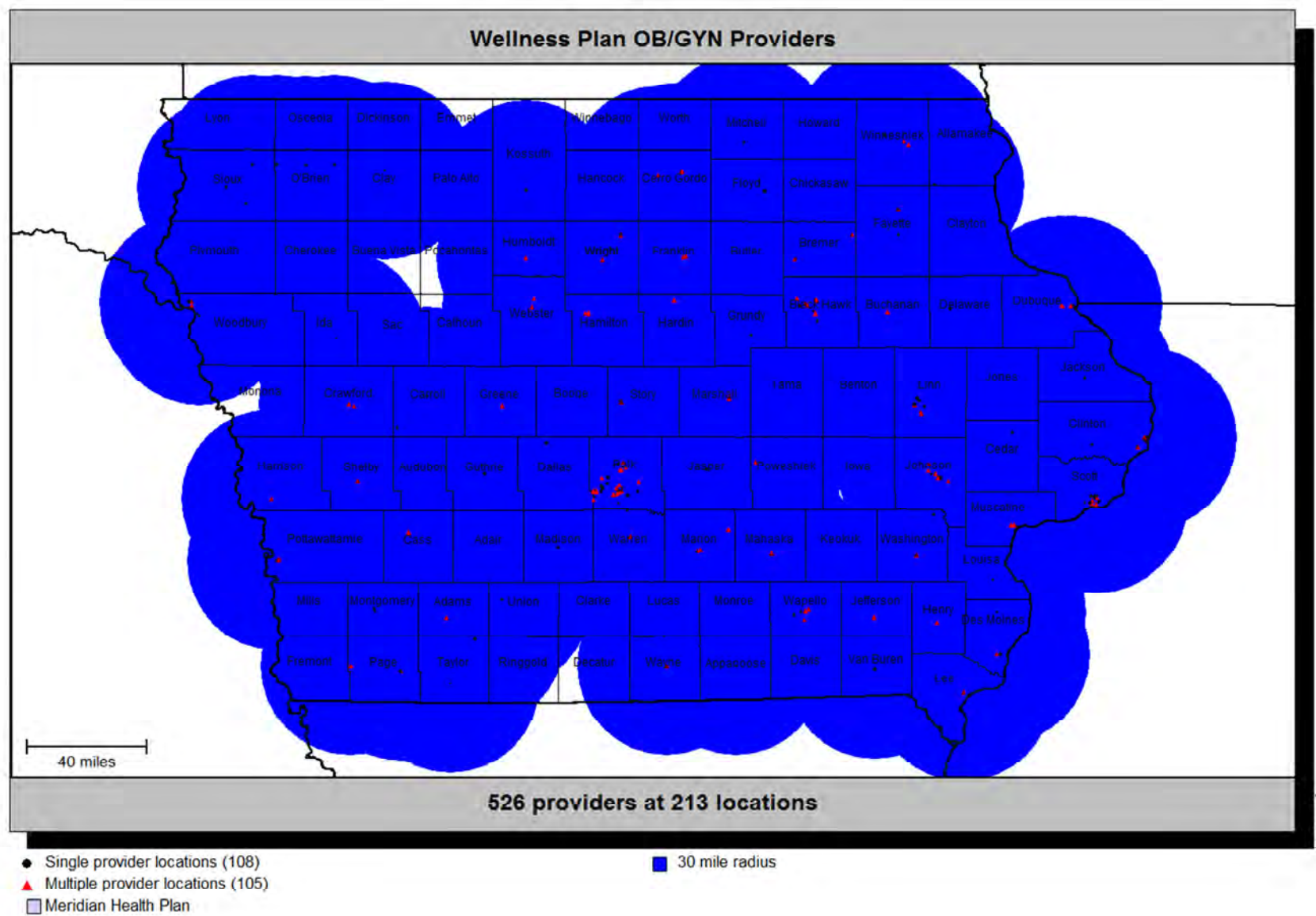




## Provider locations with 30-mile radius



## Provider coverage/penetration



## IOWA MEDICAID HEALTHY BEHAVIORS PROGRAM AND PREMIUM MONITORING PROTOCOLS

### **EXECUTIVE SUMMARY**

On May 23, 2013, the Iowa Legislature enacted the “Iowa Health and Wellness Plan” that was signed into law by Iowa Governor Terry Branstad. The legislation was crafted into two separate 1115 demonstration waivers that were finalized between the state and the Centers for Medicare & Medicaid Services (CMS) on December 30, 2013. Coverage began on January 1, 2014. The Iowa Health and Wellness Plan represents Iowa’s unique approach to Medicaid expansion, covering Iowans age 19-64 with income up to 133 percent of the Federal Poverty Level. The two plans provide a comprehensive benefit package and provider network, along with important program innovations. Beyond providing access to coverage for this population, the goal is to drive quality care and lower cost by establishing an outcomes-based reimbursement methodology, leveraging private health plans and encouraging personal responsibility. The Healthy Behaviors Program is a key component of the strategy for achieving this goal. This document describes the Healthy Behaviors Program and Premium/Contribution Protocols that will be applied to the members of the Iowa Wellness Plan and the Marketplace Choice Plan (MPC).<sup>1</sup>

### **HEALTHY BEHAVIORS PROGRAM PROTOCOLS**

Iowa’s Healthy Behaviors Program is designed to influence how consumers interact with their health care system, emphasizing primary care access and utilization. The Healthy Behaviors Program is designed to reward members through 1) encouraging completion of healthy behaviors by rewarding them with waiver of contributions (premiums) in subsequent enrollment periods and 2) encouraging completion of additional healthy behaviors by rewarding them with financially-based rewards.<sup>2</sup> Correspondingly, providers will be encouraged to assist members in completion of specific healthy behaviors through related financial incentives described below. Iowa has identified the following goals of the Healthy Behavior Program (HBP) in 2014:

- Empower members to make healthy behavior changes.
- Establish future member healthy behaviors and rewards.
- Begin to integrate HRA data with providers for clinical decisions at or near the point of care.
- Encourage members to take specific proactive steps in managing their own health and provide educational support.

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<sup>1</sup> Note to CMS: Information that is specific to the Iowa Wellness Plan or the Marketplace Choice Plan is italicized/underlined to indicate that the info. is specific to that particular waiver.

<sup>2</sup> Financially-based rewards are described in ‘Member Rewards for the Healthy Behavior Program’ section below.

- Encourage providers to engage member in completion of the healthy behaviors by offering incentive payments.
- Comply with CMS requirements for Healthy Behaviors Program.

### **Contribution Waiver for Healthy Behaviors Program**

Iowa has designated completion of a Health Risk Assessment (HRA) and a wellness exam as the 2014 healthy behaviors that will qualify members for waiver of their contributions in their subsequent enrollment period.<sup>3</sup>

#### **Healthy Behavior 1: Completion of a Health Risk Assessment**

In an effort to improve patient outcomes and engage members in their health care, the Iowa Medicaid Enterprise (IME) has selected an HRA tool called How's Your Health (HYH), that uses a set of patient assessment tools developed by Dartmouth Medical School.<sup>4</sup> HYH has been heavily researched and has generated numerous peer-reviewed publications in major journals. Also appealing to Iowa, is that HYH has been specifically tested with Safety Net providers on the low income population.<sup>5</sup>

HYH covers a wide range of health-related domains including: experience of care, socioeconomic status, functional capacity, confidence with self-management, health habits (smoking, exercise), burden of pain and emotional problems, and community/family support among other factors. HYH is an online tool in English and Spanish written at the eighth grade reading level. A person with computer access can take the assessment in 15 minutes (if healthy), but in some cases it may take up to 40 minutes, if a person has very high needs and low computer literacy. The assessment may expand based on specific responses: e.g. if someone identifies themselves as having diabetes, they are asked an additional series of questions about that condition.

*In the Iowa Wellness Plan, when a member completes the survey, the response is distilled into a one-page report that the member receives and may also be provided automatically and securely to that member's primary care provider. In the MPC, when a member completes the survey, the response is distilled into a one-page report that the member receives and that they may share with their primary care provider.* Providers will be able to use this tool to address the member's self-identified needs such as the need for help to quit smoking or how to begin a weight-loss program. Providers will also be able to address other risk determinants including lack of adequate family/social support, functional limitations, chronic condition management, and the member's potential for emotional or substance abuse disorders. The use of HYH will give providers meaningful information that will improve interactions with the people they serve.

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<sup>3</sup> All members who enroll in IHAWP in 2014 will have these Healthy Behaviors. So, if a member enrolls in December 2014, they will need to complete an HRA and wellness exam. Consistent with CMS guidelines, Iowa will select future year Healthy Behaviors by August 1, 2014.

<sup>4</sup> IME developed a Health Risk Assessment white paper that is available at:  
[http://www.dhs.state.ia.us/uploads/HRA%20Whitepaper\\_03122014\\_Final.pdf](http://www.dhs.state.ia.us/uploads/HRA%20Whitepaper_03122014_Final.pdf)

<sup>5</sup> John H. Wasson, MD and Regina Benjamin, MD, MBA, "Health Disparity and Collaborative Care," Journal of Ambulatory Care Management 29:3 (July-September 2006): 235-237



The IME is developing a training methodology for providers to ensure their understanding of the HYH tool.

Iowa Wellness Plan providers can earn an additional, one-time payment of \$25 to utilize the results of HYH in the course of the member's care, such as during creation of the member's care plan or at the time of a wellness exam.<sup>6</sup> This payment is valid for the HYH tool only and is being offered for the first year of operation. Additional details around how to submit a claim for this additional reimbursement are still being developed.

At a future point for the Iowa Wellness Plan, the IME plans to use HYH by examining the broad domains of need identified through HYH to obtain a sophisticated understanding of population needs. The IME can help medical practices and Accountable Care Organizations (ACOs) identify the number of people in their practice within these domains of need. This enables providers to develop a planned-care management strategy tailored to the population they serve. Smaller practices can collaborate on shared resources based on aggregate needs.

Although members are encouraged to use HYH, any qualified HRA tool will help members achieve their Healthy Behaviors. As part of the Healthy Behaviors notifications members will receive (discussed below in 'Member Notification and Education' section) information about any additional qualified HRAs that may be available for completion.<sup>7</sup> A qualified HRA tool must comply with the following:

- Provide members with a health summary report;
- Report member completion information to the IME; and
- Report basic health data points identified by the IME, such as smoking status

The IME will ensure members are aware of their HRA tool options through the notice and education efforts described in the 'Member Notification and Education' section below.

To ensure members are not charged contributions in their second year of enrollment, the IME will monitor individuals who have completed an HRA and wellness exam. The IME will monitor member completion of the HRA either through reports received from the HYH vendor or through the submission of reports from a provider entity that has been qualified by IME. IME anticipates receiving this information on a monthly basis and will report it to CMS through the Quarterly Progress Reports. Members will be given their enrollment year and an additional 30-day grace period to qualify to have their contributions waived in their subsequent enrollment year. During this grace period, members will also be given the opportunity to self-report completion of the HRA.

## Healthy Behavior 2: Completion of a Wellness Exam

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<sup>6</sup> This payment is only available to the Wellness Plan provider network.

<sup>7</sup> Added per CMS request on 03.24.14 call that IME identify 'monitoring' activities.

Members are encouraged to complete an annual preventive wellness exam as part of an emphasis on pro-active healthcare management. *Wellness: IME is also encouraging primary care providers to engage members in their healthcare through offering an annual incentive payment when at least 50 percent of their patients complete an annual wellness exam.*<sup>8</sup> Wellness exam have been defined by the following codes:

| New Patient CPT Codes |                           | Established Patient CPT Codes |                           |
|-----------------------|---------------------------|-------------------------------|---------------------------|
| 99381                 | Less than 1 year of age   | 99391                         | Less than 1 year of age   |
| 99382                 | 1-4 years of age          | 99392                         | 1-4 years of age          |
| 99383                 | 5-11 years of age         | 99393                         | 5-11 years of age         |
| 99384                 | 12-17 years of age        | 99394                         | 12-17 years of age        |
| 99385                 | 18-39 years of age        | 99395                         | 18-39 years of age        |
| 99386                 | 40-64 years of age        | 99396                         | 40-64 years of age        |
| 99387                 | 65 years of age and older | 99397                         | 65 years of age and older |

*Iowa Wellness Plan providers received Informational Letter (IL) NO.1337 on December 19, 2013, to provide further clarification to providers about how to bill for a wellness exam. The IL is available at:*

*<http://www.dhs.state.ia.us/uploads/1337%20Billing%20a%20Wellness%20Exam%20and%20a%20Sick%20Visit%20Revised.pdf>*

As mentioned above, IME will ensure members who have completed their healthy behaviors are not charged contributions in their second year of enrollment. IME will monitor member completion of the wellness exam through analysis of the claims data submitted (including claims data from the managed care organization and Qualified Health Plans). IME anticipates receiving this information on a monthly basis and will report it to CMS through the Quarterly Progress Reports. Members will be given their enrollment year and an additional 30-day grace period to qualify to have their contributions waived in their subsequent enrollment year. During this grace period, members will also be given the opportunity to self-report completion of the wellness exam.

### **Member Financially-Based Rewards for the Healthy Behaviors Program**

National studies indicate a positive correlation between specific incentives and reduced health care costs over time. Findings also show rewards for wellness visits result in more favorable outcomes than rewards that involve lifestyle changes such as quitting smoking or weight loss.<sup>9</sup> The reward program will be designed to increase individual responsibility for personal health and support healthier behaviors. The long-term goal is to reduce health care costs for preventable conditions.

<sup>8</sup> The Wellness Exam incentive payment is further described in the Medical Home Bonus Value Index Score (VIS) Document located at: <http://www.ime.state.ia.us/iowa-health-and-wellness-plan.html>

<sup>9</sup> Kane, et al. Economic Incentives for Preventive Care. Evidence Reports/Technology Assessments, No. 101. Rockville: Agency for Healthcare Research and Quality, August 2004.

The IME intends to implement a healthy behaviors reward benefit in 2015 to further drive the quality of member health and ultimately reduce unnecessary costs. Beyond the potential to earn a waiver of contributions, IME intends to layer the ability for all Iowa Health and Wellness Plan members to earn Financially-Based Rewards consistent with program goals. These rewards are intended to be available only after the waiver of contributions has been earned (if applicable: as those below 50 percent FPL or who have a Medically Exempt status will have no contributions to waive). IME will contract with a vendor to assist with the administration of the reward benefits. Essential functionality for this program includes:

- Interface with IME to determine members eligible for rewards
- Production and issuance of rewards cards
- Tracking of account balances as rewards are added and benefits spent
- Respond to replacement cards
- Open, maintain and close accounts
- Regular reporting on account activity
- Call center/customer service for card services support

Members under 50 percent of FPL and those who are deemed 'Medically Exempt' are able to participate in the Healthy Behaviors program. Because these individuals will not be assessed monthly contributions, beginning in 2015, they will be able to receive the financially-based rewards for completion of their healthy behaviors. Participating in the program will encourage increased responsibility for personal health and support healthier behaviors consistent with the goals of the program.

### Rewards

Rewards will be based on completion of a 'menu-style' of preventive, health-related activities such as completion of a smoking cessation program, annual dental exam, or obtaining chronic disease management education.<sup>10</sup> Members will be eligible to receive rewards after completion of their Healthy Behaviors that exempt them from contributions in their subsequent year of enrollment. Rewards will be financial in nature and will be tied to health care or healthy activities such as over-the counter pharmacy products, tobacco cessation supplies, dental supplies, gym memberships, and weight loss programs. At minimum, reward amounts will equal the annual contribution amounts in the Iowa Wellness Plan (\$60) and in the Marketplace Choice Plan (\$120).

To gain additional information about the functionality of this type of program, Iowa recently issued a Request for Information (RFI). Responses will be permitted until June 11, 2014. The RFI has been included as Attachment A.

### **Stakeholder Engagement in Protocol Development**

Iowa began engaging stakeholder input for the Iowa Health and Wellness Plan by holding public hearings and education sessions. Each hearing included initial details regarding the Healthy

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<sup>10</sup> Per STC requirements, these activities will be more fully detailed in the 'Future Year Health Behaviors Incentive Standards' document due to CMS on 08.01.14

Behaviors Program, with the specific activities added into the discussion once finalized. Two public hearings were held in July 2013. Thereafter, another six public hearings were held statewide in conjunction with the State Innovation Model grant outreach. Each session was attended by a variety of community members, providers and stakeholder organizations.

Iowa has also undertaken an extensive and comprehensive stakeholder approach as part of the State Innovation Model (SIM) Design Grant project in the summer and fall of 2013. A broad spectrum of stakeholders were involved, including providers, payers, physicians, practitioners, managed care organizations, and state agencies like Iowa Department of Public Health and Iowa Department on Aging. Iowa also sought consumer input through two specific Consumer Focused workgroups and a series of public meetings called Listening Sessions. One workgroup was tasked with identifying goals and approaches to engaging members in their own health care and encouraging them to be active participants in becoming healthier. All workgroups discussed the importance of member engagement strategies and specifically the Healthy Behaviors Program for the Iowa Health and Wellness Program.

The SIM stakeholder process, a list of stakeholder participants, meeting agendas, meeting minutes, workgroup summaries and the State Healthcare Innovation Plan are all available at: <http://www.ime.state.ia.us/state-innovation-models.html>.

Iowa also sought input from the Patient-Centered Health Advisory Council and presented the 2014 Healthy Behavior Program for Iowa Health and Wellness Plan at the November 15, 2013 meeting.

Additional stakeholder feedback has been received throughout the fall of 2013 with a variety of organizations. A special meeting of the Medical Assistance Advisory Council (MAAC) was held on August 15, 2013. This session focused on details on the Iowa Health and Wellness Plan, and included a discussion on the Healthy Behavior programs. On November 21, 2013, the Healthy Behaviors were again discussed with the full MAAC membership. The meeting was open to the public. The Healthy Behaviors, including member outreach and education, will be a key topic of the upcoming MAAC Executive Committee meeting in April 2014, and the next full council meeting in May 2014.

Other key stakeholder organizations have held meetings on the Iowa Health and Wellness Plan, all meetings including discussion of the Healthy Behaviors Program. Some of the organizations include:

- Iowa Hospital Association
- Iowa Mental Health Planning Council
- Epilepsy Foundation
- Coalition for Family and Children's Services
- Iowa Behavioral Health Association
- Iowa Primary Care Association
- Visiting Nurse Services of Iowa
- Iowa Safety Net Providers
- Iowa State Association of Counties

- Susan G. Komen Foundation, Iowa Chapter
- Family Development and Self Sufficiency Program
- Iowa Rural Health Association
- AmeriCorps

Further, Iowa has accepted written comments from the Child and Family Policy Center.

Specifically related to the HRA requirement, the IME decided to use the HYH tool after meeting with various stakeholders including the following:

|   |                   |
|---|-------------------|
| Coventry Health Care of Iowa            | November 26, 2013 |
| CoOpportunity Health                    | December 5, 2013  |
| University of Iowa Public Policy Center | December 6, 2013  |
| The University of Iowa Alliance         | December 17, 2013 |
| UnityPoint Health                       | December 19, 2013 |
| Meridian Health Plan                    | December 19, 2013 |
| Treo Solutions                          | December 24, 2013 |

From the stakeholders who are provider entities, the IME learned that, if the entity uses an HRA, it is to gauge their members' health status and to subsequently implement incentives to encourage healthier behaviors with the long-term goal of reducing health care costs.<sup>11</sup>

The University of Iowa Public Policy Center provided HRA research consistent with the information presented by the provider entities. The research showed that HRA are helpful to engage patients in their care and help primary care practices and patients work in close cooperation.<sup>12</sup> Additionally, the IME found that HRAs have been widely used in employer sponsored plan for a number of years as a means to control costs.

The IME has additional stakeholder engagement activities planned wherein the progress of both 1115 waivers, including the Healthy Behaviors Program, will be discussed. On April 9, 2014, the IME will hold the Medical Assistance Advisory Committee (MAAC) Executive Committee meeting. Also during the month of April, the IME will collaborate with Delta Dental to hold eight public meetings throughout the state.<sup>13</sup> Finally, on (or near) May 21, 2014, the IME will hold a MAAC meeting that will be open to the public.<sup>14</sup>

### **Member Notification and Education**

Iowa has taken an active role in informing members that contributions will not be charged in 2014. The State has also communicated to stakeholders that a Healthy Behaviors program is

<sup>11</sup> This information was used in development of Iowa's Positive Incentive/Healthy Behaviors Reward Benefit

<sup>12</sup> Wasson, J. H., Godfrey, M. M., Nelson, E. C., Mohr, J. J., & Batalden, P. B. **Microsystems in health care: Part 4. Planning patient-centered care.** *Joint Commission Journal on Quality Safety*, 2003 29, 227–237.

<sup>13</sup> Although the main focus of these meetings will be the Dental Wellness Plan, the IME will present an overview of both 1115 waivers and the Healthy Behaviors Program.

<sup>14</sup> This meeting will serve as IME's 'post award forum' to comply with STC requirement 10 in both 1115 waivers.

under development and will be used as a mechanism to waive member contributions. The State has contracted with communications firm LS2 Group to help with member outreach and education efforts. The State is working with LS2 Group to develop a communication plan to ensure members receive timely and pertinent information on the Healthy Behaviors Program.

Members are currently receiving information about how to select their primary care provider or Qualified Health Plan as part of the enrollment process.<sup>15</sup> Members will begin receiving messages about the Healthy Behaviors Program starting in spring of 2014. Mailings will continue throughout summer and fall. Fall and winter mailings will be targeted to those who have not completed Healthy Behaviors.<sup>16</sup> All messages will include information of how to contact the IME to self-report and appeal completion of Healthy Behaviors. Messages to members include but are not limited to the following:

- Traditional Member Letter Campaign
  - Members will receive two traditional letters. The first letter will be mailed in the month of April, providing members with detailed information about the Healthy Behaviors Program. The first letter will detail how the program benefits the member and how to complete each healthy behavior. The second letter will be mailed to the member in the month of October, serving as a reminder to complete each healthy behavior and emphasizing the possible contribution waiver.
- Member Postcard Campaign
  - Three postcards will be developed with information about the Iowa Health and Wellness Plan to encourage enrollment in the programs and promotion of healthy behaviors. The campaign will specifically be geared toward uninsured Iowans and Iowans enrolled in the Iowa Health and Wellness Plan. These direct mail postcards will also be made available to providers and other stakeholders to distribute as they deem appropriate. Distribution will begin in May, continuing over the summer and fall months.
- Member Newsletter
  - A quarterly newsletter will be developed to communicate directly with the member. Distribution of the newsletters will begin in the second quarter (spring) of 2014 and share with members details related to their Iowa Health and Wellness Plan benefits, the Healthy Behaviors Program, and the importance of playing a role in their health care.
- Website Promotion
  - The Iowa Medicaid Enterprise website ([www.ime.state.ia.us](http://www.ime.state.ia.us)) will have a webpage specifically targeted to members of the Iowa Health and Wellness

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<sup>15</sup> See attachments entitled, Sample WellnessPlan Enroll Packet and Sample Enrollment Packet MktplaceChoicePlan

<sup>16</sup> See attachment entitled, HBP member notification timeline



Plan. This page will share with members plan details, information on how to communicate with their provider about HRAs and other health concerns. The custom page will be available to members by May 2014.

- Member Email Campaign
  - Members who share an email address during their application process will receive recurring emails from the IME. Emails to members will include instructions on how to complete the HRA process, what to expect and how to prepare for their physical exam. Members will also be provided contact information for assistance with further questions. Member emails will begin during the month of May 2014.
- Social Media Promotion
  - A Facebook page will be created which meets members where they may spend a significant amount of time and increases the likelihood that they may share messaging across their networks.
    - Three Facebook ads will be created to target members and promote healthy behaviors. The ads will be released for public view during the months of June, September, and December.
    - Status updates relating specifically to the Healthy Behaviors Program will be shared with page followers at least twice per month. These posts may then be shared by providers, members, and stakeholders who have an interest in its message through their respective Facebook pages.

The IME will also outreach to stakeholders, providers and the community. Messages will include but are not limited to the following:

- Stakeholder and Provider Outreach
  - Education Toolkit
    - Healthy Behavior Program information and materials will be added to existing toolkits developed for providers, community organizations, and policymakers related to the Iowa Health and Wellness Plan. The toolkit will include a healthy behavior fact sheet/overview, contact information and instructions on how to complete the HRA, talking points for communication with members and clients, and social media suggestions. The toolkit will be released in April 2014.
  - Flyers
    - A total of three promotional flyers will be created with information on the Iowa Health and Wellness Plan and space allotted for contact information of the provider or stakeholder. The flyers are intended for providers and stakeholders to share with clients and community members who may have an interest in Iowa Health

and Wellness Plan eligibility. Flyers will be ready for release during the month of May 2014.

- HRA Reminder Cards
  - To complete the HYH HRA a provider code is needed. Business cards (2"x4"card) will be created to allow for providers to insert their HRA codes and leave with members as a reminder to complete their HRA. This card will also have simple instructions of how to complete the HRA online or over the phone. The card will be available for providers to download by May 2014.
- Posters
  - To complete one of the healthy behaviors, the HYH HRA, a provider code is needed from the member. One poster will be created, which shares information about the Iowa Health and Wellness Plan as well as a space allotted for providers to include their provider code. These posters can be hung in the provider office to serve as reference to members who will need the code when completing the HRA and staff who may be assisting the member. The poster will be made available to providers through the toolkit mentioned below by May 2014.
- Community Partnership Outreach
  - Newsletter Content
    - Template newsletter content will be made available for the stakeholders own communication. The newsletter content can be targeted toward Iowa Health and Wellness Plan members or providers. The content will be released as part of a stakeholder toolkit in April 2014.
  - Direct Mail Campaign
    - The three aforementioned postcards that will be developed and provided to members will also be made available to stakeholders and providers. These postcards will focus on member healthy behaviors and enrollment into the Iowa Health and Wellness Plan. Providers may distribute the postcards as they deem necessary. Distribution will begin in May, continuing over the summer and fall months.
  - ACO Outreach
    - Healthy behavior materials will be shared with ACOs through a toolkit. The toolkit will include a healthy behavior fact sheet/overview, contact information and instructions on how to complete the HRA, talking points for communication with members and clients, and social media suggestions. The information will be shared with ACOs as early as April 2014

To ensure IME effectively reaches members, when returned mail is received, the IME will cross reference the address with the MMIS system to see if there has been an update to the mailing address. If an address has been updated, the mail is repackaged and sent to the new address. Member Services also notifies the IM Call Center of the update address. IME is also exploring additional methods of address verification including: federal database checks, adding address update reminders on member notifications, and calling members if a phone number is available.

**Provider Access Standards** *(This section applies only to the Iowa Wellness Plan)* Iowa's current standards for timely access to care under Medicaid managed care will be mirrored in the Iowa Health and Wellness Plan to ensure that the infrastructure for delivering access to members is appropriate.

**Statewide or Regional Access Standards<sup>17</sup>**

Please see "Access to Care Standards..." below.

**Medicaid Network Slots to Member Ratio Standards**

Each county must meet provider access standards prior to launching the Wellness Plan Patient Manager Program. There must be a sufficient number of provider slots available, which is generally 1.5 times the number of potential enrollees. Once access standards are met, managed care may begin in the county. This information will be reported in the quarterly and annual reports that Iowa submits to CMS.

**Access to Care Standards Including Timeliness and Actual Primary Care Utilization**

Iowa will ensure ninety-five percent of members reside in counties that meet timely access to care standards as described below. Iowa will implement an alternative but similar set of measures that are currently in place in our managed care programs.<sup>18</sup> Through a random sampling of Wellness Plan providers, Iowa will ensure the following:

- Medical service delivery sites<sup>19</sup> are located within 30 miles of enrolled recipients.
- Patients with urgent symptoms shall be seen within one day of contacting their primary care provider.
- Patients with persistent symptoms shall be seen within 48 hours of reporting of the onset of the symptoms.

<sup>17</sup> Per CMS, STC #24(a)(ix)(1)(a), statewide or regional access standards, is met in the 'Access to Care Standards' section. Enrollment numbers for both plans are available at the following link:

[http://dhs.iowa.gov/sites/default/files/IHAWPEnrollment%20Maps\\_April2014.pdf](http://dhs.iowa.gov/sites/default/files/IHAWPEnrollment%20Maps_April2014.pdf)

<sup>18</sup> Iowa's managed care requirements are detailed in the Iowa Administrative Code 441 Chapter 88; Iowa intends to comply with most but not all these requirements as the NCQA criteria described below are slightly different than the managed care requirements. Iowa's Managed care rules are located at the following link:

<https://www.legis.iowa.gov/docs/ACO/chapter/05-28-2014.441.88.pdf>

<sup>19</sup> Medical service delivery sites are expressly defined in the Iowa Administrative Code 441 Sub-rule 88.7(2) and essentially mean all providers who meet the enrollment criteria for IME and therefore have a distinct legacy number in IME's MMIS.

- Patient routine visits shall be scheduled within four to six weeks of the date of the patient request the appointment.
- The provider shall provide or arrange for 24-hour, 7-day provider availability to enrolled recipients.

### NCQA Element 1B Standards

NCQA Element 1B standards are as follows:

1. Providing access to routine and urgent-care appointments outside regular business hours
2. Providing continuity of medical record information for care and advice when office is not open
3. Providing timely clinical advice by telephone when the office is not open (critical factor)
4. Providing timely clinical advice using a secure, interactive electronic system when the office is not open
5. Documenting after hours clinical advice in patient records

From our research the NCQA Element 1B after-hours access standards are not “pass/fail” but based on a range of percentage points depending on how many factors are met. In Element 1B, factor 3 must be met along with two other factors to receive a score of 50 percent. Achieving factor 3 with three other factors must be met to receive a score of 75 percent. Achieving all five factors receives a score of 100 percent.

Iowa is a rural state. People living in rural towns routinely drive 20-30 miles for employment, to get groceries, or to school; they may drive further to reach a hospital or larger health provider. Iowa has many counties with only one small health care provider that may only be open on a part-time basis and may not utilize electronic health records (EHR); Iowa also has counties without a hospital. Therefore a standard that requires ALL five NCQA Element 1B factors to be met in every county or almost every county is not feasible. Considering this, Iowa proposes the following reasonable alternative:

In 2014, Iowa will ensure that 90 percent of Iowa Health and Wellness Plan members either 1) live in a county that has at least 1 provider that has an NCQA Element 1B score of at least 50 percent or 2) live within 30 miles of a provider that has an NCQA Element 1B score of at least 50 percent.

### Reporting on Access to Care and NCQA Standards

On a quarterly basis, Iowa will select 60 providers to take part in a survey that will capture the information detailed above in the sections entitled ‘Access to Care Standards Including Timeliness and Actual Primary Care Utilization’ and ‘NCQA Element 1B Standards.’<sup>20</sup> During each quarter of the calendar year, Iowa will ensure that the providers selected for surveying are unique from those surveyed in previous quarters; this will ensure a total of 240 providers are surveyed annually. Providers will be first selected based on the county in which they practice; this will ensure that at least one provider from each of Iowa’s managed care counties are

<sup>20</sup> The Access to Care standard requiring medical service delivery sites be located within 30 miles of enrolled recipients will not be captured in the survey. Rather, Iowa will utilize geo access mapping to verify this standard.



surveyed. After all counties are surveyed, Iowa will conduct random sampling across the state. This will help create a sample of rural and urban providers that is representative of Iowa's Medicaid providers. Iowa will begin conducting this survey in the second quarter of calendar year 2014. Survey results will be reported in the quarterly and annual reports that Iowa submits to CMS.<sup>21</sup>

#### Data from Monitoring Member Complaints

IME Member Services tracks a variety of data from member phone calls, letters, and emails. IME will continue to track and categorize Iowa Health and Wellness Plan member complaints. Categories of 'Complaints' include:

- Benefits and Services
- Access
- Substance Abuse/Mental Health Access
- Quality of Care
- Medical Provider Network
- Cost Sharing/Contributions
- Healthy Behaviors
- NEMT
- EPSDT

When IME receives member 'complaints,' Member Services will assist the member with the appropriate resolution. IME will also report this information to CMS on the monthly Monitoring Calls and via the Quarterly Reports submitted to CMS.

#### Data from Consumer Surveys

Iowa will conduct a member survey each year modeled after CAHPS or other member experience surveys. The survey will be performed in an expedited manner to provide compiled survey data during Year 2 to monitor member experience of access as well as care issues.

*NOTE: Member experience via survey is also a component of the Value Index Score used in the medical home/ACO incentive program.*

#### **Premium/Contribution Protocols**

During their first year of eligibility, all members will be exempt from any contribution payments. This will permit the member the opportunity to 1) gain an understanding of the Healthy Behaviors Program and 2) to complete those Healthy Behaviors that will qualify the member for contribution waiver in the second year of eligibility. In each enrollment year that the member completes the Healthy Behaviors, the member will qualify to have their contributions waived in the subsequent year. During the 2014 enrollment year, members may complete an HRA and a wellness exam to qualify for contribution waiver in the subsequent year. The IME will monitor

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<sup>21</sup> This survey process will be conducted in conjunction with the current survey process Iowa has for its MediPASS program. As CMS is aware, the MediPASS survey results are also reported quarterly.

member completion of the 2014 Healthy Behaviors through analysis of reports sent from the HYH vendor or other provider entity and through analysis of the claims data.

Regardless of whether they complete their Healthy Behaviors, the following members will be exempt from contribution payments:

- Persons with income below 50 percent the FPL
- Persons with a Medical Exempt status
- American Indians/Alaska Natives

These members will, however, have the opportunity receive Healthy Behaviors Rewards for completion the 'menu-style' of preventive, health-related activities that will be further detailed in later reports to CMS.

Members who do not complete their Healthy Behaviors during the first year of enrollment will be subject to the contribution payments in their second year of enrollment. Contributions will be charged as follows:

- Persons with income from 50–100 percent of the FPL = \$5 monthly contribution
- Persons with income from 101-133 percent of FPL = \$10 monthly contribution

As part of the Healthy Behaviors notice and education, the IME will educate members about these monthly contribution requirements and opportunity to qualify for contribution waiver. More detail about IME's notice and education efforts is described above in the 'Member Notification and Education' section.

The IME will give members a 30 day grace period after their enrollment year to complete their Healthy Behaviors and qualify for contribution waiver. After that time, if the member has not qualified for contribution waiver, the IME will begin sending monthly billing statements including a hardship exemption request form. The billing statement will be mailed to the member prior to the first day of the month in which the contribution is due. Members will have until the last day of the contribution month to either mail in their contribution, or request a hardship exemption for the month. Members may pay by check or with cash. Directions of where to mail the contribution, how to pay in person, how to request a hardship exemption, and who to call with questions will be clearly detailed on the billing statement.

Unpaid contributions will be reflected on the member's next monthly billing statement. In the Iowa Wellness Plan, all unpaid contributions will be considered a debt owed to the State of Iowa but will not, however, result in termination from the Iowa Wellness Plan. If, at the time of re-enrollment, the member does not reapply for or is no longer eligible for Medicaid coverage, the member's debt will be forgiven. To further develop this process, policy decisions need to be made in consideration of the operation constraints.  
In the MPC, if a member fails to pay any monthly contributions for 90 days, the IME will terminate the member's enrollment status. The member's outstanding contributions will be considered a collectable debt and subject to recovery. A member whose Marketplace Choice

Plan benefits are terminated for nonpayment of monthly contributions, must reapply for Medicaid coverage. The IME will permit the member to reapply at any time, however, the member's outstanding contribution payments will remain subject to recovery.

The IME is currently developing the systems structure to effectively monitor the contributions protocols described above. As part of this development, IME will track member completion of each healthy behavior. The IME will ensure this system has the ability to accept healthy behavior completion from a review of claims data as well as through member's self-reporting. The IME will record this information so that it may be reported to CMS on a regular basis, such as through the monthly monitoring calls, quarterly reports, and as requested by CMS.<sup>22</sup> By August 1, 2014, the IME will provide more detailed information about the Future Year Health Behaviors and the Premium Monitoring Protocols as required by the Special Terms and Conditions.<sup>23</sup>

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<sup>22</sup> Added per CMS request on 03.24.14 call that IME identify 'monitoring' activities.

<sup>23</sup> See Wellness Plan STC 33 (p. 14, 15) and Marketplace Choice Plan STC 49 (p.18, 19).