



Iowa Wellness Plan Quarterly Report 1115 Demonstration Waiver

January 1, 2014 – March 31, 2014
April 30, 2014

Table of Contents

I.	EXECUTIVE SUMMARY	3
II.	SIGNIFICANT ACTIVITIES OF THE QUARTER.....	4
1.	Transition and Implementation Activities.....	4
2.	Stakeholder Concerns.....	4
3.	Significant Events.....	5
4.	Legislative Developments.....	6
III.	ELIGIBILITY/ENROLLMENT.....	6
1.	Quarterly Enrollment.....	6
2.	Targeted Populations	7
IV.	ACCESS/DELIVERY	9
V.	COMPLAINTS/GRIEVANCES/APPEALS	9
1.	Complaints/Grievances.....	9
2.	Appeals/Exceptions	10
VI.	BUDGET NEUTRALITY/FISCAL ISSUES.....	10
VII.	FUTURE PLANNING	10
1.	Dental Wellness Plan Planning and Implementation.....	10
2.	Healthy Behaviors Program.....	11
3.	Evaluation Design	11
4.	Department of Corrections Enrollment Process.....	11
VIII.	ADDITIONAL INFORMATION.....	11
	ATTACHMENTS.....	12

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.

In the months leading up to the January 1, 2014 effective date of coverage, the IME worked closely with CMS and various stakeholders to craft, clarify and communicate details of the plans and submit the waivers for approval. During the first quarter of 2014, the state continued to receive guidance and technical assistance from CMS to assist with implementation efforts and satisfy the Special Terms and Conditions (STCs) for the plans. Despite the ongoing challenges of reconciling important legislative details with federal program constraints, the state marked several key achievements of the IHAWP program in the first quarter of operation including:

- Finalization of State Plan Amendments for the Alternative Benefit Plan
- Outreach to members and other community stakeholders to assist with IHAWP program awareness and education
- Collaboration with the two statewide QHPs available under the program: CoOpportunity Health and Coventry Health Care of Iowa, to finalize implementation activities
- Reporting of monthly monitoring activities to CMS
- Planning for future related projects details including: the Healthy Behaviors Reward Program, coordination with the Department of Corrections for IHAWP enrollment, program Evaluation Design, and the Dental Wellness Program

Following this letter is a detailed report of key activities and statistics for the first 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, or Deanna Jones at 515-256-4652 or 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 Transition

Former IowaCare members with verified incomes up to 133% of the FPL were administratively transferred to the appropriate coverage group within the IHAWP. This process was used to ensure a smooth transition for IowaCare members and avoid any interruption in healthcare coverage. Former IowaCare members with incomes above 133% (11,453 members) were notified of the expiration of the IowaCare program and advised how to seek coverage through the federal Health Insurance Marketplace. Attachment 1 contains the full IowaCare Transition Plan submitted to CMS, while attachment 2 details the administrative transfer numbers by county. Below is the distribution of IowaCare members transferred into an IHAWP coverage group effective for coverage on January 1, 2014:

Coverage Group	January 2014
Marketplace Choice	8,703
Wellness	42,968
Total	51,671

- In the fall of 2013, the Iowa Medicaid Enterprise (IME) established a new DHS Contact Center to specifically support the IHAWP enrollment and related ACA implementation issues. This support center responds to inquiries from internal department staff, such as field workers, as well as providing external customer support including phone based enrollment applications and inquiries about new and existing programs. The call center was instrumental in supporting many individuals through the transition process during the first quarter in 2014.

B. Provider Transition

In 2013, all contracted Medicaid network providers were informed about the phase out process of the IowaCare program. In addition, the state held a series of weekly meetings with the IowaCare Steering Committee to discuss details of the transition process, the transfer of IowaCare members to the IHAWP and trouble shoot. More information about these activities included in the transition plan (Attachment 1).

2. Stakeholder Concerns

The implementation of the IHAWP has brought about questions and raised issues from a variety of perspectives. In particular, the IME has seen confusion over the delivery of benefits through two different waiver programs, the Wellness Plan or the Marketplace Choice Plan. To address the confusion with the providers and other

stakeholders, IME developed and delivered numerous training sessions, webinars, communications, training documents and tool kits.

Another common concern raised has been eligibility verification and understanding of benefits. Providers have often been unsure of how benefits of the new plans may differ from other Medicaid programs. In response to these issues, the IME conducted extensive outreach and education to the provider community; that outreach will continue. The IME works daily with providers on various problems through inbound call center support and targeted outreach. Other concerns expressed from stakeholders in the form of public comments are listed below.

- Consideration for the inclusion of non-emergency medical transportation (NEMT) for future program years.
- Questions on the use of the QHP formularies for those enrolled in the MPC. Stakeholders wish to ensure members have access to a comprehensive formulary regardless of program enrollment.
- Concern about the contracting and reimbursement process for the QHPs. The IME does not play a role in this process as the QHPs are regulated by the Iowa Insurance Division (IID).
- Several concerns regarding the application of the estate recovery program to those enrolled in the IHAWP have been raised. The IME is applying the program in accordance with Iowa's estate recovery law for Iowa Medicaid members, established in 1994.

3. Significant Events

A. Member Transition

- The IHAWP has received press coverage from the inception of the program throughout the implementation process. Additionally, press releases have been drafted and distributed specifically addressing the enrollment process and enrollment periods (see Attachment 3 for sample release), as the IHAWP relates to the Health Insurance Marketplace.
- Specific elements of the IHAWP also received press coverage, such as the estate recovery program and enrollment through HealthCare.gov.
- National news attention has been achieved based on the innovative design of the IHAWP waivers as an option to Medicaid expansion.

B. Advocacy Groups and Community Outreach Activities

- The IME developed a communication plan to effectively inform stakeholders and community partners about activities related to the IHAWP. This plan includes weekly email communications for the purpose of sharing new documents and member materials, and update stakeholders on key developments. Approximately 700 individuals subscribe to the weekly updates.
- Since the fall of 2013, a wide variety of stakeholders and community partners have requested informational meetings, panels, and presentations about the IHAWP. The Iowa Department of Human Services has also participated and supported the IID on training grant recipients who focus on outreach and enrollment. In the first quarter of 2014, informational sessions, trainings, and public meetings related to the IHAWP have been held with the following entities:
 - Magellan Behavioral Health Providers

- Iowa Department of Human Rights, Refugee Services (multiple events)
- Iowa Community Action Agencies (events in multiple locations statewide)
- Proteus, Inc., Outreach and Enrollment Staff
- Iowa Hospital Association
- ISED Ventures
- One Iowa Education Fund
- Latino Forum of Des Moines
- AmeriCorps
- Linn County Outreach Partnership (monthly events)
- Broadlawns Medical Center Outreach and Enrollment Staff
- Iowa Caregiver's Association
- Primary Health Care Outreach and Enrollment Staff (multiple events)
- Iowa Primary Care Association (multiple events)
- Mercy Oncologists of Des Moines Outreach and Enrollment Staff
- Mental Health and Disability Services Regional Teams
- Iowa State Association of Counties
- Patient Centered Health Advisory Council
- Iowa County Supervisors

C. Advocacy Groups and Community Outreach Activities

Members continue to receive educational information about the IHAWP through their initial welcome and enrollment packets. The packets contain information on the program and available primary care providers or health plans, based on program enrollment (see Attachment 4 for IWP sample enrollment packet).

4. Legislative Developments

Legislative activities consisted of finalization of rules for the IHAWP, effective January 1, 2014. These rules include language consistent with the amended STCs for the Marketplace Choice and the Wellness Plans approved by CMS on February 26, 2014 (see Attachment 5). The state is in the process of drafting rule amendments to reflect additional requirements in the STCs including the new Dental Wellness Plan delivered through a prepaid ambulatory health plan (PAHP) framework scheduled for implementation on May 1, 2014.

III. ELIGIBILITY/ENROLLMENT

1. Quarterly Enrollment

The overall IHAWP population has grown significantly during the first quarter. The Iowa Wellness component increased over the quarter by 29 percent with an ending total of 66,707.

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 March 31, over 5,152 persons were enrolled with the HMO and over 37,434 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://www.dhs.state.ia.us/uploads/IHAWPEnrollment%20Maps_March2014.pdf
 Additional enrollment information by demographic components will be provided in future quarterly reports when available.

The large, initial enrollment numbers was primarily due to the administrative transfer of about 50,000 IowaCare members into the IHAWP coverage. Other contributing factors include successful stakeholder education and outreach and enrollment assistance through certified application counselors, navigators, and local Iowa Department of Human Services offices. Monthly enrollment totals for the IHAWP are shown below.

Plan/Coverage Group	January	February	March
Marketplace Choice	11,685	14,293	16,703
Wellness	51,672	59,162	66,707
Presumptive IHAWP*	388	425	458
Total	63,745	73,880	83,868

*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). IWP enrollment for these groups is indicated below.

Population Group	January	February	March
19-20 Year-old	44	457	1,519
American Indian/Alaskan Native	428	561	688
Medically Frail	2,536	2,803	3,189
Total	3,008	3,821	5,396

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 March 2014, members in this age group totaled 429. All members in the IHAWP receive information about coverage for EPSDT services in their enrollment packets (Attachment 4). Detailed information for

providers is available in an Informational Letter at:

<http://www.dhs.state.ia.us/uploads/1363%20Iowa%20Marketplace%20Choice%20and%20EPSDT%20Services.pdf>

B. American Indian/Alaskan Natives

Individuals identified as American Indian/Alaskan Natives (AI/AN) and meet eligibility for the IWP totaled 688 at the end of March 2014.

C. Medically Exempt

Medically exempt (frail) individuals as defined by 42 CFR 440.315, represented 3,189 members in the IWP at the end of March 2014. If an individual is determined by IME to be exempt, the member will be enrolled in the Medicaid state plan and will have the option to remain in the Alternative Benefit Plan known as the IWP. As of March 31, 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

All IowaCare members who were administratively transferred to the IHAWP received a survey allowing members to self-attest to their medical conditions/status. Members who enroll through the regular application process are also sent this self-attestation survey 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.

The notice indicates that completion of the survey is voluntary and their responses may result in a change of their benefits plan to best fit their coverage needs. Members are directed to the IME's Member Services Unit for any questions.

When the member completes and returns the questionnaire, their responses will be scored based on a weighted scoring algorithm to determine if the member meets the criteria of an exempt individual. The member can return this form at any time for a determination of their status. The member will remain in their assigned plan (Iowa Wellness or Marketplace Choice plan) if the form is not returned.

▪ 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 will ask for attestation of the conditions that qualify a person as an exempt individual. Upon receipt of this form, it is reviewed by the IME to determine whether the individual meets the criteria for medical exempt status. A copy of this form is available online at:

http://www.dhs.state.ia.us/uploads/Medically%20Exempt%20Attestation%20and%20Referral%20Form_FINAL_12092013.pdf

During the first quarter of 2014, the IME educated providers and stakeholders around the basis for the medically frail/exempt coverage and the processes for that determination as the concept had initially caused some confusion. The IME created a tool kit to assist in training and program understanding, including supporting educational materials. Education continues for specific groups and the IME plans to perform additional outreach as needed. See educational resources below.

Medically Exempt toolkit:

<http://www.dhs.state.ia.us/uploads/Medically%20Exempt%20Toolkit.pdf>

Webinar Presentation:

http://www.dhs.state.ia.us/uploads/IHAWP_MedExempt_ToolkitTrainingWebinar.pdf

FAQ from Webinar:

http://www.dhs.state.ia.us/uploads/Medically%20Exempt_FAQ_March2014.pdf

The table below shows the count of IWP members who were determined to be medically exempt beginning November 2013 through March 2014.

Method of Determination	January	February	March
Member Survey	2,391	2,487	2,858
Provider Referral	145	316	331
Total	2,536	2,803	3,189

IV. ACCESS/DELIVERY

Access/Delivery – Members in the IWP have access to a state-wide provider network. See Attachment 6 for maps that provide more details by county and PCCM (Wellness Plan 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 concerns about the program. This call center provides assistance with questions or concerns members have about their coverage. During first quarter, the IME received a low number of complaints with the majority consisting of basic questions about MPC 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	January	February	March
Benefits and Services	0	10	11

Access	0	0	1
Substance Abuse/Mental Health Access	0	0	0
Quality of Care	0	0	0
Medical Provider Network	0	0	5
Premiums and Cost Sharing	0	0	0
Healthy Behaviors	0	0	0
Non-emergency Medical Transportation	0	0	0
EPSDT Services	0	0	0

2. Appeals/Exceptions

During first quarter a total of 6 exceptions to Medicaid policy were requested by IWP members. Three of the exceptions were approved by the IME as being medically necessary services and covered under the IWP. The remaining exceptions involved non-covered services and were denied for consideration of payment.

VI. Budget Neutrality/Fiscal Issues

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

VII. Future Planning

1. Dental Wellness Plan Planning and Implementation

The state worked with Delta Dental of Iowa to develop the Dental Wellness Program (DWP), under a prepaid ambulatory health plan (PAHP) structure which is expected to become effective May 1, 2014. The following DWP related activities took place during first quarter.

- Development of the Benefit Design – The IME, the Iowa Dental Association, and a group of dental providers collaborated to finalize a set of core benefits that include preventive, stabilization and emergency services. Members can earn enhanced benefits if they have an initial exam and a follow-up visit within six to twelve months. Enhanced benefits include services such as restorations, root canals, non-surgical gum treatment and some oral surgery. A member can earn enhanced plus benefits if they have a second recall visit within six to twelve months after the first recall visit. Enhanced plus benefits include crowns, tooth replacements (bridge and partials) and gum surgery.
- Provider recruitment – Delta Dental began provider recruitment and as of March 21, 2014, had 265 signed contracts.
- Member and Community Outreach – Delta Dental collaborated with the state and submitted an outreach and implementation plan. A presentation was given to both Iowa House and Senate Human Resource Committees on March 5, 2014. Community stakeholder meetings began March 31, 2014.

- Operations and Staffing – Delta Dental continues work on the development of systems and operating processes and procedures, and staff recruitment

2. Healthy Behaviors Program

The state continues work on the Healthy Behaviors Program and conducted planning activities to release a Request for Information for availability to vendors interested in developing a rewards incentive system. In accordance with STC 24, the IME submitted the Healthy Behaviors Premiums Protocols (see Attachment 7) that describes the state's plan for implementing Healthy Behavior Incentives and Premiums Protocols. See Attachment 8 to view the Healthy Behaviors Rewards White Paper that outlines the state's approach for the program.

3. Evaluation Design

The University of Iowa Public Policy Center (UIPPC) was chosen by the state to deliver the evaluation of the IHAWP. During first quarter the state and the UIPPC received guidance from CMS on the requirements of the Evaluation Design as outlined in the STCs. On February 28, 2014, the IME submitted the draft Evaluation Design to CMS for review and comment. In the second quarter, the IME will submit a final Evaluation Design based upon CMS responses. A separate evaluation design for the DWP will be necessary as well.

4. Department of Corrections Enrollment Process

The state and the Department of Corrections have formed workgroups to assist individuals transitioning out of the corrections system to obtain access to health care. This interagency team is developing a special process that will allow individuals to apply for Medicaid while still incarcerated. The goal is to have as many individuals enrolled so they are able to access health care services upon release. This includes an emphasis on identification of medically exempt, as many in this population need the more robust mental health and substance abuse benefit available under that designation. A pilot for this project is anticipated to begin on April 28, 2014.

VIII. Additional Information

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

Attachments

1. IowaCare Transition Plan
2. IowaCare Transfers to IHAWP
3. Sample Press Release
4. Sample IWP Enrollment Packet
5. IHAWP Iowa Administrative Rule 2014
6. IHAWP Network Access
7. Healthy Behaviors – Premium Protocols
8. Healthy Behaviors Program – Rewards White Paper

Iowa Department of Human Services



Iowa 1115 Demonstration Waiver IowaCare Transition Plan

Amended November 18, 2013

A. Summary and Overview

The goal of the IowaCare program was to expand access to health care services for low income uninsured Iowans who did not qualify for Medicaid under traditional eligibility categories. During the eight years since implementation, this 1115 Demonstration Waiver has provided coverage to over 172,000 individuals who would otherwise have no access to health care.

The IowaCare 1115 Medicaid Demonstration Waiver was implemented in July 2005 and covered non-categorically eligible adults ages 19-64 with incomes at or below 200 percent of the Federal Poverty Level (FPL) who did not otherwise meet eligibility requirements of the Medicaid State Plan, and pregnant women with income at or below 300 percent of the FPL who had incurred family medical expenses resulting in a reduction of their family income to 200 percent of the FPL.

The IowaCare program has a limited benefit package (inpatient/outpatient hospital, physician, and limited dental) and a limited provider network. The provider network was initially comprised of two providers; 1) Broadlawns Medical Center (BMC) in Des Moines for Polk County residents; and 2) the University of Iowa Hospitals and Clinics (UIHC) in Iowa City for the remainder of the member population.

In 2010, a phased-in approach to add a limited number of Federally Qualified Health Centers (FQHCs) to the provider network was initiated to support a growing population that exceeded 66,000 in 2013. The member population is currently served by the following six FQHCs and the two originally participating hospitals.

1. Community Health Center of Fort Dodge
2. Crescent Community Health Center - Dubuque
3. Peoples Community Health Clinic - Waterloo
4. Primary Health Care - Marshalltown
5. All Care Community Health Center - Council Bluffs
6. Siouxland Community Health Center – Sioux City
7. Broadlawns Medicaid Center- Des Moines
8. University of Iowa Hospitals and Clinics- Iowa City

The Iowa legislature did not authorize continuation of the existing 1115 Demonstration Waiver which will expire December 31, 2013. On January 1, 2014, Iowa intends to implement the new Iowa Health and Wellness Plan, subject to federal approval. The Iowa Health and Wellness Plan will provide coverage to individuals with income up to and including 133 percent of the FPL. Iowa will submit necessary State Plan Amendments to implement the Iowa Health and Wellness Plan, in addition to the two 1115 Demonstration Waivers previously submitted to CMS on August 23, 2013.

The Iowa Health and Wellness Plan consist of two components.

- The 'Iowa Wellness Plan' will provide coverage to individuals with income up to and including 100 percent of the FPL, through a state-run benefit plan that is consistent with commercial market Essential Health Benefit (EHB) plans and indexed to the State Employee Plan benefits.
- The 'Iowa Marketplace Choice Plan' will provide coverage to individuals with income from 101 percent to 133 percent of the FPL through a premium assistance model whereby the state pays the premium for the individual to access coverage through a Qualified Health Plan (QHP) participating in the Marketplace.
- Individuals who are determined to be medically frail/exempt, under both options above, will have the choice to be enrolled in either State Plan Medicaid coverage or the Iowa Wellness Plan, regardless of their income (0-133 percent of FPL).

It is believed that the majority of IowaCare members will qualify for coverage under the Iowa Health and Wellness Plan. Currently, 90 percent of IowaCare members are at or below 133 percent of the FPL. IowaCare has served as a bridge to the more comprehensive coverage that will be available beginning in 2014. Iowa has developed a comprehensive outreach plan for existing IowaCare members and participating IowaCare providers who will provide information and assistance to members as they transition to their new coverage.

B. Iowa's Approach to the Transition

In June 2013, CMS approved an amendment to the IowaCare 1115 Demonstration Waiver to cap enrollment in the program beginning July 1, 2013, and to suspend all renewals for IowaCare members between July 1 and December 31, 2013. In conjunction with the enrollment cap, CMS approved extending the eligibility period of enrollees to December 31, 2013, who would otherwise need redeterminations in the last six months of the IowaCare program between July 1 and December 31, 2013.

The purpose of the enrollment cap and renewal suspension was to eliminate confusion that would result by enrolling individuals or renewing coverage in IowaCare for only a few months before the program ended, while at the same time, conducting outreach to enroll them in new programs. In addition, the cap was intended to address concerns about provider capacity due to the continually growing enrollment. The last six months of the program will be used to conduct outreach, administratively transition eligible members into the Iowa Health and Wellness Plan, and provide assistance to IowaCare members who cannot be administratively transitioned with applying for the new coverage options in the Health Insurance Marketplace that will be available on January 1, 2014.

Applications that were received on or before June 30, 2013, were processed even if the eligibility determination was not completed until after June 30, 2013. If the applicant met all eligibility requirements they were approved for IowaCare with an effective date of June 1, 2013. Applications filed on or after July 1, 2013, were denied for IowaCare eligibility.

The department maintained a list of all denied applications and is conducting outreach activities in November 2013 to provide information about the Iowa Health and Wellness Plan and the availability of plans in the Health Insurance Marketplace effective January 1, 2014. The Iowa Medicaid Enterprise (IME) Member Services Unit is available to provide customer service and assist with application and enrollment as needed.

Notices and letters were sent to IowaCare members informing them of program changes, the new program, and how to get more information. Iowa has also collaborated with local partners to provide outreach and education to members.

C. Legislative and Rule Making Process

Senate File 446 SECTION 33 – Appropriations from IowaCare Account 249J.24 provides funding for the IowaCare Program only through the first six months of State Fiscal Year (SFY) 2014 in anticipation of the program ending December 31, 2013.

Senate File 446 SECTION 166 created a new chapter 249N in the Iowa Code authorizing the Iowa Health and Wellness Plan beginning January 1, 2014, that will replace the IowaCare 1115 Demonstration Waiver.

Amendments to the Iowa Administrative Code (IAC) have been promulgated to rescind Chapter 92, IowaCare, and create Chapter 74, Iowa Health and Wellness Plan and to implement the IowaCare enrollment cap.

Draft amendments to the IAC for the new Iowa Health and Wellness Plan have been posted to the DHS website and were filed in September.

D. Eligibility Appeals

IowaCare applications received on or after July 1, 2013, were issued a Notice of Decision (NOD) with a denial message that explains the legal basis for the denial that the program is closed for new members. The denial may be appealed, but no hearing will be held pursuant to the Iowa Administrative Code 441 7.5(2)(a)(1) and 92.15.

All IowaCare members who will be cancelled effective December 31, 2013, were issued a timely Notice of Decision that explained that their coverage is ending because the program will not be available after December 31, 2013. The cancellation may be appealed, but no hearing will be held pursuant to the Iowa Administrative Code 441 7.5(2)(a)(1) and 92.15.

E. Consumer Outreach

During the week of September 30, 2013, a “teaser” flyer was distributed to all enrolled IowaCare members announcing the end of IowaCare on December 31, 2013, and notifying members of upcoming healthcare options available on January 1, 2014. Mailings were staggered over five-six weeks and distributed based upon the member’s county of residence and associated medical home. Please see Appendix A for a sample of this mailing.

In the beginning of October, another letter was sent to members informing them of the administrative transfer process. The letter instructed members to wait for an eligibility determination to arrive prior to completing an application. Please see Appendix B for a sample of this mailing

During October and November 2013, a Notice of Decision (NOD) was mailed to all active IowaCare members informing them that their benefits will continue until the program ends on December 31, 2013. Inserts were enclosed with the NOD notifying members of the health care options available under the Iowa Health and Wellness Plan and the Health Insurance Marketplace beginning January 1, 2014. Communication included an eligibility determination, enrollment instructions and contact information for assistance. See Appendix F for sample mailings and the mailing schedule.

During November 2013, targeted outreach to assist with the application process will be provided to IowaCare members who submitted applications after June 30, 2013, and were denied coverage.

F. Member Transition

Beginning January 1, 2014, Iowa will provide Medicaid coverage to individual’s ages 19-64 with income up to and including 133 percent of the FPL under the Iowa Health and Wellness Plan. Iowa will make every effort to provide a seamless transition for eligible IowaCare members to the appropriate coverage groups through administrative transfers based on verified income. In October 2013, mailings were sent to IowaCare members whose incomes above 133 percent above FPL informing them of their health care options through the Health Insurance Marketplace.

Individuals determined eligible for either the Iowa Wellness Plan or the Marketplace Choice plan will be screened for medically frail/exempt status. Those identified as medically frail/exempt will be default enrolled in the State Plan and have the option to receive ABP coverage through the Iowa Wellness Plan. Additionally, eligible individuals with access to cost effective employer sponsored insurance (ESI) coverage will be covered through the Health Insurance Premium Payment (HIPP) program. ESI coverage will be the primary payer and the Iowa Wellness Plan will be used to provide wrap coverage for any benefits not covered by the ESI plan.

Individuals enrolled in the Iowa Wellness Plan will be provided with the choice to select a PCP or, if available in their location, an HMO. Those that select a PCP may have an independent PCP or have a PCP that is associated with an ACO. Enrollees who do not make a selection will have a PCP or HMO, as applicable, auto-assigned to them, according to the current auto-assignment logic in place in the regular Medicaid program.

The following case scenarios reflect enrollment processes for current IowaCare members:

Case Scenario 1: Coverage for those with verified income 0 to 100 percent of the FPL will be administratively transferred to the Iowa Wellness Plan effective January 1, 2014.

Case Scenario 2: Coverage for those with verified income 101 to 133 percent of the FPL will be administratively transferred the Marketplace Choice Plan effective January 1, 2014.

Case Scenario 3: Individuals who have serious and complex medical conditions and other defined conditions will be identified as medically frail/exempt. Regardless of their FPL level, these individuals will be able to choose to receive benefits through the Medicaid State Plan (regular Medicaid benefits) or the Iowa Wellness Plan. The members will be notified that more comprehensive services to meet their medical needs will be available in the State Plan.

Case Scenario 4: Individuals with income 134 to 200 percent of the FPL are not eligible for Medicaid coverage and were instructed to apply for coverage through the Health Insurance Marketplace by December 15, 2013, for coverage effective January 1, 2014.

Eligibility Category - Current Authority	Eligibility Category - 1/1/2014 Authority	Benefits	Delivery System
IowaCare up to and including 100% FPL	Iowa Wellness Plan	Iowa Wellness Plan Alternative Benefit Plan	PCCM
IowaCare 101% FPL up to and including 133% FPL	Marketplace Choice Plan	Qualified Health Plan (QHP) Essential Health Benefits	QHP

IowaCare up to and including 133% FPL and determined medically frail/exempt	Iowa Wellness Plan or Marketplace Choice Plan	Default to State Plan benefits, option for Iowa Wellness Plan	FFS
IowaCare 134% FPL up to and including 200% FPL	Marketplace Affordability Premium Tax Credits	QHP Essential Health Benefits	QHP

G. Other Communication

On July 1, 2013, notice was issued to all IowaCare medical homes and eligibility staff that an enrollment freeze was implemented effective July 1, 2013. Please see Appendix C.

Website

- The IME website, www.ime.state.ia.us will be updated continually to reflect program changes as decisions are made.
- The IowaCare transition plan will be posted on the IME website, www.ime.state.ia.us.
- Information on the Iowa Health and Wellness Plan will be posted on www.ime.state.ia.us/iowa-health-and-wellness-plan.html.
- Information for members will be posted on the IME website, www.ime.state.ia.us/iowaCare/index.html and on the Frequently Asked Questions (FAQ), www.dhs.state.ia.us/uploads/Comm248%2002%2027%2013.pdf.
- Members can verify eligibility status by contacting their local DHS office or contacting IME Member Services at 1-800-338-8366 or 515-256-4606 (Des Moines area).
- Providers can verify the status of member eligibility at <https://ime-ediss5010.noridian.com/iowaxchange5010/LogonDisplay.do?jsessionid=346FE6D7DD38A53E23C36E181A522D20> or 800-338-7752 Toll Free 515-323-9639 (Des Moines area) or by contacting the IME Provider Services Unit at 1-800-338-7909 Toll Free or 515-256-4609 (Des Moines area).

Provider Communication and Recruitment

The IME distributed information regarding IowaCare phase out and transition to all contracted network providers. Informational Letter (IL) 1258 announced the end of IowaCare effective December 31, 2013. IL 1312 gave providers billing instructions for the ending the IowaCare program. See Appendix D to fully review these letters.

After the Iowa Health and Wellness Plan legislation was passed, the IME began discussions at the monthly IowaCare Steering Committee meetings on the IowaCare transition. The frequency of these meetings was increased to weekly meetings to ensure all committee members were aware of the ongoing changes. In September 2013, the IME began actively recruiting and enrolling additional providers to participate in the Iowa Wellness Plan as Patient Managers. The outreach efforts included multifaceted approaches using email, phone, on-site recruitment, educational sessions, and coordinated communication with other state agencies and provider organizations. Providers with demonstrated patient capacity may enroll as Iowa Wellness Plan providers. To date, nearly 1,000 providers have enrolled, representing coverage for at least 85% of the Iowa Wellness plan population.

Educational sessions were announced through IL 1288 (Appendix G) on September 12, 2013. Sessions were scheduled in eight different communities throughout the state in an effort to reach all interested stakeholders. Locations and dates are as follows:

- Waterloo (October 8 - 9)
- Sioux City (October 10 - 11)
- Fort Dodge (October 22 - 23)
- Council Bluffs (October 24 -25)
- Cedar Rapids (November 5 - 6)
- Bettendorf (November 7 - 8)
- Burlington (November 19 -20)
- Des Moines (November 21 -22)

As of November 8, 2013, over 1,046 providers have participated in these sessions.

The Iowa Wellness Plan has also been discussed with other professional associations including the Iowa Medical Society, the Iowa Primary Care Association, and the Iowa Dental Association. The IME expanded communications to include potential accountable care organizations (ACOs). Those meetings were held as follows.

- Mercy – August 8
- Unity Point – August 8, August 28 and November 6
- University of Iowa – August 8
- Alliance – August 21
- Wheaton Francisco – October 14

Member Communication

The IME continues to work in conjunction with the IowaCare Steering Committee to develop and continually evolve the outreach plan for IowaCare members. The plan includes notification to community partners on how to support IowaCare member through the termination of the IowaCare program.

The IME is working with DHS eligibility staff to ensure members receive communication about alternative coverage options. In addition to the current IME Member Services call center, DHS has established a new call center to support general health care coverage questions. This call center supports referrals from the federal Health Insurance Marketplace call center and helps guide individuals to the correct source for information on health care coverage options.

Community Outreach

The Federally Qualified Health Centers (FQHCs) participating in the IowaCare program are also working on community outreach, in conjunction with the Iowa Insurance Division, DHS, and the Iowa Department of Public Health, with funding from a Health Resource Services Administration (HRSA) grant. Some FQHC's have employed representatives on site to distribute mailings and offer coaching. Please see Appendix E for the Safety Net Community Care Coordination Funding application.

DHS is partnering with other community based organizations, navigators, and certified application counselors who are providing information and assistance to Iowans seeking health care coverage. DHS is making available materials for use in their efforts about Medicaid, Children's Health Insurance Program, and the new Iowa Health and Wellness Plan. Contact information is provided on where to receive additional assistance.

Consideration of Public Comment on New Waiver(s)

On July 15, 2013, the department released drafts of the Iowa Plan 1115 Demonstration Waivers to the public. This information is available at www.ime.state.ia.us/iowa-health-and-wellness-plan.html.

Under 42 CFR Part 431 and the final rule under Part 431 in the February 27, 2012, issue of the Federal Register, 77 FR 11678-11700 notice of public hearing and public comment period was released on July 15, 2013, and closed on August 15, 2013, at 4:30 pm.

Public hearings were held on:

1. July 29, 2013, at 2:00 p.m. at River Place, Room 1 2309 Euclid Ave., Des Moines, IA 50310
2. July 30, 2013, at 11:30 a.m. at Iowa Western College, Looft Hall Auditorium 2700 College Rd., Council Bluffs, IA 51503

The public hearings offered a question and answer session in addition to the public comment period. Written comments were addressed to:

Maggie Reilly, Department of Human Services,
Iowa Medicaid Enterprise,
100 Army Post Road,
Des Moines, IA 50315.

Comments were also sent to the attention of: **DHS, Iowa Health and Wellness Plan** at DHSIMEHealthandWellnesPlan@dhs.state.ia.us through **August 15, 2013**.

The public was allowed to view all comments by contacting Maggie Reilly at the above address.

The IME considered all public comments in preparation for the two waiver requests that were submitted to CMS on August 23, 2013, to implement the Iowa Health and Wellness Plan. Based on preliminary discussions with CMS, the department does not anticipate major changes to the proposed waivers and is prepared to make any adjustments to align with the approved special terms and conditions.

H. Administrative Changes

Operations

Operational changes required to end the IowaCare program span across all units of the IME as well as other areas within DHS. System-wide coordination allows a smooth phase-out of the program.

Changes to the Information Technology (IT) System

DHS has not approved IowaCare applications filed on or after July 1, 2013, or later. IowaCare Aid Types utilized within the Medicaid Management Information System (MMIS) will stop on January 1, 2014.

No new IowaCare eligibility cards have been issued since the July 1, 2013 enrollment cap. Replacement cards are generated and mailed upon request for lost, stolen, or damaged eligibility cards through December 31, 2013.

Monthly IowaCare patient listings provided to each medical home will be discontinued after November 30, 2013. Medical home assignments will cease effective December 31, 2013.

Eligibility Verification System (ELVS) messages will be modified to reflect appropriate eligibility.

The claims system has been updated to process IowaCare inpatient claims in accordance with IL 1312 (See Appendix D). Claim edits will be enacted per Iowa Administrative Code Chapter 92.9(1), which states; *“to facilitate tracking of expenditures, clean claims for IowaCare services shall be submitted to the Iowa Medicaid Enterprise within 20 days from ending date of service”*.

Contracts

Contracts with current IowaCare providers will be terminated effective December 31, 2013. Contracts for other aspects of IowaCare administration, such as the IME Revenue Collections unit, will be amended to delete those provisions.

Manuals

Employee manuals will be updated to remove all IowaCare references. Provider manuals will be updated to remove references to the IowaCare program contained within the General Program Policies, Member Eligibility.

Appendix A

Changes for IowaCare Members

What's Happening

On December 31, 2013, IowaCare will end for all members. On January 1, 2014, there will be new health care choices for IowaCare members. You will be able to apply for this new program beginning in October 2013.

Is Anything Changing Now?

Between now and December 31, 2013, you should continue to go to your assigned IowaCare Medical Home for care.

If you have questions, please contact **Iowa Medicaid Member Services at 1-800-338-8366** or locally in the Des Moines area at 515-256-4606.

New Choices for Health Care

A new health insurance program called the Iowa Health and Wellness Plan will begin on January 1, 2014. Most people on IowaCare will be eligible for this new program.

Over the next few months, the Department of Human Services (DHS) will mail you information and instructions on how to apply for the new health insurance options.

Be sure to watch your mail for news and more details.

What You Need to Do

For now all you need to do is continue to report the following required changes to the Department of Human Services by calling this toll free number 1-877-347-5678:

- Address change
- If you obtain other health insurance coverage
- If you enter a nonmedical institution, including but not limited to jail or other penal institution.
- If you are required to pay a monthly premium, you must make the payment or declare a hardship on time every month. Failure to pay or declare a hardship on time could result in losing your benefits.

More Information

Visit us online at www.ime.state.ia.us/Members/index.html or visit the Health Insurance Marketplace at www.healthcare.gov.

Questions?

Contact Iowa Medicaid Member Services at 1-800-338-8366 or locally in the Des Moines area at 515-256-4606.

Appendix B



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

Member Name
Address
City, State Zip

IMPORTANT: Changes in Your IowaCare Coverage

Dear IowaCare Member,

On December 31, 2013, the IowaCare program will end for all members. However, you may be eligible for the new Iowa Health and Wellness Plan that starts on January 1, 2014.

At this time you do not need to do anything to apply for new health care that starts January 1, 2014.

You will be sent a letter explaining your next steps in late October.

The Department of Human Services will check to see if you can get coverage under the Iowa Health and Wellness Plan. You will get a letter telling you if you are eligible.

If we cannot determine if you are eligible for the Iowa Health and Wellness Plan based on the information we have, you will get a letter asking you to file an application for coverage. To file an application online, go to www.HealthCare.gov or call 1-800-318-2596.

IMPORTANT: In order to make sure we are able to contact you about these changes, please make sure to report your new address if you move by calling 1-877-347-5678 (toll free).

For now, you should still go to your assigned IowaCare Medical Home for care and keep paying your premium if you have one.

Questions? Call Member Services at **1-800-338-8366**, or locally in the Des Moines area at 515-258-4806 between 8:00 a.m. and 5:00 p.m., Monday through Friday. Member Services can also be reached by email at IMEMemberServices@dhs.state.ia.us.

Call or write the Member Services Call Center at:

PO Box 36510, Des Moines, Iowa 50315 – (800) 338-8366; (515) 725-1003 (local in the Des Moines area)

Please visit our website at www.ima.state.ia.us or e-mail us at IMEMemberServices@dhs.state.ia.us

Iowa Medicaid Enterprise – 100 Army Post Road - Des Moines, IA 50315

Appendix C

Subject: IowaCare changes effective July 1, 2013

Please share this message with all appropriate staff.

Subject: **1. IowaCare Enrollment Closed to New Members**
 2. IowaCare Current Certifications Extended to 12/31/13

Effective Date: July 1, 2013

1. Effective July 1, 2013, IowaCare enrollment will be closed to all **new** members.
 - *IowaCare Applications* received prior to July 1, 2013, will be processed as usual.
 - *IowaCare Applications* received on or after July 1, 2013:
 - First, screen for other Medicaid eligibility, including Medically Needy with a spend down.
 - If ineligible for any other Medicaid group, deny the IowaCare application – a new denial message #286 will be released prior to July 1, 2013:

“Your application for IowaCare has been denied because enrollment for IowaCare members has been closed effective July 1, 2013.
2. There will be no more *IowaCare Renewal* processing for certification periods ending July 31, 2013 or later.
 - *IowaCare Renewal* forms received prior to July 1, 2013, should be processed as usual. IowaCare members who meet the eligibility requirements will be assigned a new certification from July 1, 2013 through December 31, 2013, when renewal entries are made in IABC.
 - *IowaCare Renewal* forms will not be system issued to members who certifications were scheduled to end July 31, 2013 and later months. The certification period will be automatically extended to 12/31/13.

A training webinar will be released before June 28, 2013 for detailed instructions.

Please Note: Planning for the end of the IowaCare program is an ongoing process and information will be shared when it becomes available.

As always, if you have any IM System or Policy questions or problems, please call the SPIRS Help Desk at 281-3572 or 1-800-645-2987 or e-mail us at DHS, SPIRS Help Desk.

Appendix D

INFORMATIONAL LETTER NO.1258

DATE: July 2, 2013

TO: All Iowa Medicaid Providers

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: IowaCare Program Enrollment Cap Effective July 1, 2013

EFFECTIVE: July 1, 2013

IowaCare is a federally-authorized waiver program that provides limited medical care for low-income adults ages 19-64 who would not otherwise qualify for Medicaid. The IowaCare network is currently supported by designated Federally Qualified Health Centers (FQHC) across the state, Broadlawns Medical Center, and the University of Iowa Hospitals and Clinics (UIHC).

The IowaCare program will end on December 31, 2013. In order to phase out the program, beginning July 1, 2013, the IowaCare program will no longer approve new applications. Members currently enrolled in the program will continue to be eligible for services until the program ends, unless they are dis-enrolled for another reason (e.g. moving out of state or not paying the premium).

Applications filed prior to July 1, 2013, will be processed as usual. The IME will begin to educate IowaCare members and will reach out throughout the summer and fall to help members prepare for expected changes in 2014.

In the meantime, there will be no changes to the services offered to IowaCare members.

The IME appreciates your continued partnership as we work together to serve the needs of Iowa Medicaid members. 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.

INFORMATIONAL LETTER NO.1312

DATE: November 4, 2013

TO: Iowa Medicaid Hospitals, Physicians, Advanced Registered Nurse Practitioners, Intermediate Care Facilities, and Skilled Nursing Facilities

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

RE: IowaCare Transition Updates

EFFECTIVE: January 1, 2014

The IowaCare program will end effective December 31, 2013. On June 20, 2013, Senate File 446 was signed by Governor Branstad and established a new program, the Iowa Health and Wellness Plan which begins on January 1, 2014. This letter provides updates on several changes in the IowaCare program during the transition.

Iowa Administrative Code

Edits will be enacted per Iowa Administrative Code Chapter 92.9(1), which states; “*to facilitate tracking of expenditures, clean claims for IowaCare services shall be submitted to the Iowa Medicaid Enterprise within 20 days from ending date of service*”.

Providers will be able to submit clean claims for services rendered through December 31, 2013, for payment through January 20, 2014. Claims received on or after January 21, 2014, will be denied as untimely. Claims adjudicated timely that denied for supporting documentation or medical necessity will be accepted via the Provider Inquiry form, [470-3744](#) or electronically by attaching the Claim Attachment Control form, [470-3969](#). Both forms are found at <http://www.ime.state.ia.us/Providers/Forms.html>.

Completing the ACN Field on Electronic Claims

When completing the electronic claim, enter the word “IowaCare” and an Attachment Control Number (ACN) in the **Attachment Control Number (ACN)** field.

- If using PC-ACE Pro 32, the ACN box is located on the ***Institutional claim*** on the *Extended General tab*. Enter the word “IowaCare” in the box marked *Attachment Control Number*.
- ***Professional claim***, use the EXT Pat/Gen (2) tab. Enter the word “IowaCare” in the box marked *Attachment Control Number*.
- The ACN field is loop 2300 segment PWK05-06.

Use the drop down boxes to complete both the **Type** and **Trans** boxes:

- Type: "Operative Note" or OZ.
- Tran: "File Transfer" or FT.

Necessary claim corrections or adjustments will still be processed by the IME for 365 days following the adjudication date. Recoupments have no time limit.

Claim resubmissions, either electronic or paper will only be accepted through June 30, 2014.

Inpatient Claim Submission

Claims with inpatient stays that begin in 2013 and end with a discharge in 2014 will be handled according to the member's eligibility status.

- IowaCare inpatient claims for dates of service up through December 31, 2013, should be submitted with a Type of Bill 112 and status code 30. The IME will "special handle" the claims through a process that bypasses edits related to interim claims and/or concurrent care.
- Iowa Wellness Plan claims for inpatient stays in January 2014 will be processed as an interim claim and special handled by the IME to bypass edits related to interim claims and concurrent care.

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

Appendix E

Iowa Primary Care Association Letter of Intent to Apply For Safety Net Community Care Coordination Funding

As a result of funding from the Iowa Legislature, the Iowa Primary Care Association (Iowa PCA) in its role in convening the Iowa Collaborative Safety Net Provider Network (Network) is seeking letters of intent for application of funding available to support community care coordination initiatives. The goals of this funding are to meet the unique needs of high risk populations, deploy care coordination services to help support primary care practices, and to demonstrate the value of care coordination and linkages to community resources that can support the social and behavioral health needs of patients, improve quality, population health, decrease costs, and engage practices in quality improvement initiatives to meet the Institute for Healthcare Improvement's Triple Aim. The Iowa PCA is working in conjunction with the Iowa Department of Human Services to align this initiative with the health care delivery system model developed under the State Innovation Model grant from the Centers for Medicare and Medicaid Services.

The Network is comprised of Community Health Centers, Rural Health Clinics, Critical Access Hospitals, Family Planning Agencies, Behavioral Health providers, Free Clinics, County and Local Boards of Health and Maternal/Child Health Providers, Academic Partners, and other partners.

The mission of the Network is:

"Through collaboration, innovation, and advocacy, the Iowa Collaborative Safety Net Provider Network improves access to health services, quality of patient care, and the health of underserved patients in Iowa."

The goals of the Network are as follows:

- ❖ Increase underserved populations' access to health services.
- ❖ Increase health system integration and collaboration across the continuum of care with a focus on safety net services.
- ❖ Enhance the Iowa Collaborative Safety Net Provider Network's communications and education efforts

The Network requests that interested organizations develop and submit a letter of intent for available community care coordination funding. Community care coordination funding will provide two regions with approximately \$300,000 (per region) as well as statewide support focused on improving primary care providers' ability to manage the pharmaceutical and behavioral health needs of their high risk Medicaid and uninsured patients. The community care coordination funding should be used to build a team of care coordination resources to support primary care practices in becoming more patient centered. This initiative is intended to demonstrate the necessity and value of this type of care coordination infrastructure for safety net, rural, small, and independent providers and has the potential to play an import role in Iowa Medicaid Enterprise's State Innovation Model development.

Organizations submitting a letter of intent should address the following criteria in a response that is no longer than eight pages, single-spaced, using a 12-point font.

Appendix F

IowaCare Member Mailing Schedule

Mailing #1: IowaCare Members with Income Above Iowa Health and Wellness Eligibility

- Mailing Began: October 23, 2013
- Mailing Sent: Approximately 11,000 Individuals
- Mailing Included:
 - Notice of Decision (first text block in IowaCare_Transition_NOD_Messages.pdf)
 - Flyer (DHS_NotEligible_Final.pdf)

Mailing #2: IowaCare Members Eligible for Iowa Marketplace Choice Plan (101-133% FPL)

- Mailing Began: Week of October 28, 2013
- Mailing Sent: Approximately 8,700 Individuals
- Mailing Included:
 - Notice of Decision (third text block in IowaCare_Transition_NOD_Messages.pdf)
 - Flyer (DHS_Enroll_MktChoice_Final.pdf)

Mailing #3: IowaCare Members Eligible for Iowa Wellness Plan (0-100% FPL)

- Mailing Sent: Week of November 4, 2013
- Mailing Sent: Approximately 43,000 Individuals
- Mailing Included:
 - Notice of Decision (second text block in IowaCare_Transition_NOD_Messages.pdf)
 - Flyer (DHS_Enroll_Wellness_Final.pdf)

IowaCare Transition NOD Messages

September 27, 2013

Instead of the worker name, the NOD will show Medicaid Member Services and the toll-free number. For Polk County cases only, the DM local number will be used.

Group who are over income for IHAWP

287M Your IowaCare eligibility will end 12/31/13. You will be notified if you become ineligible before that date because of another reason, such as: turning 65, enrolling in Medicare, enrolling in other health insurance, or not paying your premium on time.

Because the IowaCare program is ending, your eligibility certification period will end on 12/31/13. This means that you will need to apply for other medical coverage to start 1/1/14. See the enclosed sheet about how to apply for other medical help.

You have the right to appeal this notice but may be denied a hearing based on 441 Iowa Admin. Code 7.5(2)(a)(1) and 92.15.

Legal reference: Code of Iowa 249J.26(2); 441 Iowa Admin. Code 92.6(5) (249A, 249J); Iowa Acts 2013 SF 446; EM 8-O, IowaCare Legal Basis.

Group who will be enrolled in the Iowa Wellness Plan

Your IowaCare eligibility will end 12/31/13. You will be notified if you become ineligible before that date because of another reason, such as: turning 65, enrolling in Medicare, enrolling in other health insurance, or not paying your premium on time.

Good News! You are eligible for the Iowa Wellness Plan beginning on 1/1/2014. This means that you DO NOT need to apply for other medical help after your IowaCare ends. Information about your healthcare choices will be mailed to you soon. See the enclosed flyer about the Iowa Wellness Plan you will have beginning 1/1/2014.

You have the right to appeal this notice but may be denied a hearing based on 441 Iowa Admin. Code 7.5(2)(a)(1) and 92.15.

Legal reference: Code of Iowa 249J.26(2); 441 Iowa Admin. Code 92.6(5) (249A, 249J); Iowa Acts 2013 SF 446; EM 8-O, IowaCare Legal Basis.

Group who will be enrolled in the Iowa Marketplace Choice Plan

Your IowaCare eligibility will end 12/31/13. You will be notified if you become ineligible before that date because of another reason, such as: turning 65, enrolling in Medicare, enrolling in other health insurance, or not paying your premium on time.

Good News! You are eligible for the Iowa Marketplace Choice Plan beginning on 1/1/2014. This means that you DO NOT need to apply for other medical help after your IowaCare ends. Information about your healthcare choices will be mailed to you soon. See the enclosed flyer about the Iowa Marketplace Choice Plan you will have beginning 1/1/2014.

You have the right to appeal this notice but may be denied a hearing based on 441 Iowa Admin. Code 7.5(2)(a)(1), 74.15 and 92.15.

Legal reference: Code of Iowa 249J.26(2); 441 Iowa Admin. Code 92.6(5) (249A, 249J), Iowa Acts 2013 SF 446; EM 8-O, IowaCare Legal Basis.

MEMBERS OVER 133 PERCENT OF FPL



Iowa Department of Human Services

Important Information About Your IowaCare Coverage

On December 31, 2013, your IowaCare benefits will end. If you want to get health care coverage after December 31, you will need to apply through the Health Insurance Marketplace. To ensure you have health care coverage starting on January 1, 2014, you must apply **no later than December 15, 2013.**

To apply, please follow these 3 easy steps:

- 1 Visit www.HealthCare.gov or call 1-800-318-2596**
- 2 Have the following information available to fill out the application about each person in your family:**
 - Personal information (names, birthdates, social security numbers, etc.)
 - The amount of income each person has (examples include earnings from a job or self-employment and social security benefits)
 - Current health insurance information
- 3 You will be notified of the health care plan you are eligible for, including:**
 - Insurance through the Health Insurance Marketplace and the amount of help you get to pay the premiums; or
 - The Iowa Health and Wellness Plan; or
 - Iowa Medicaid

www.HealthCare.gov 1-800-318-2596

MEMBERS 101 – 133 PERCENT OF FPL



Iowa Department of Human Services

The IowaCare program will end on December 31, 2013. However, based on the information in our records, we have determined that you are eligible for the new **Iowa Marketplace Choice Plan**. You have been automatically enrolled for coverage beginning on January 1, 2014. Under the Iowa Marketplace Choice Plan you will be able to choose between at least two health insurance plans for your coverage. You will have a wide range of benefits and be able to go to a provider in your community.

Important:

- You do not need to fill out an application. You have been automatically enrolled in the new plan.
- Please read the enclosed letter for more information.
- Under the **Iowa Marketplace Choice Plan** you will be able to choose which participating health plan you want.
- An enrollment packet will be mailed to you between November 19 and December 8 telling you what health plan you have been assigned to. **If you want to change to another health plan, follow the steps in the packet.**

To learn more about the Iowa Marketplace Choice Plan and the services that will be covered, go to **www.ime.state.ia.us** or call **1-800-338-8366** or in the Des Moines area **515-256-4606**.



Iowa Department of Human Services

The IowaCare program will end on December 31, 2013. However, based on the information in our records, we have determined that you are eligible for the new **Iowa Wellness Plan**. You have been automatically enrolled for coverage beginning on January 1, 2014. The Iowa Wellness Plan will provide you with a wide range of benefits and you will be able to go to a provider in your community.

Important:

- You do not need to fill out an application. You have been automatically enrolled in the new plan.
- Please read the enclosed letter for more information.
- An enrollment packet will be mailed to you between November 19 and December 8 telling you what provider has been chosen for you. You will be able to change to a different provider at that time. **If you want to choose a different provider, follow the steps in the packet.**

To learn more about the Iowa Wellness Plan and the services that will be covered, go to **www.ime.state.ia.us** or call **1-800-338-8366** or in the Des Moines area **515-256-4606**.

Appendix G



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

INFORMATIONAL LETTER NO.1288

DATE: September 12, 2013

TO: Iowa Medicaid Providers (Excluding Individual Consumer Directed Attendant Care)

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

RE: Iowa Health and Wellness Plan Education and Training

EFFECTIVE: Upon Receipt

In May 2013, the Iowa Legislature passed the Iowa Health and Wellness Plan. The Iowa Health and Wellness Plan is intended to replace the IowaCare 1115 Demonstration Waiver ending on December 31, 2013. Effective January 1, 2014, the Iowa Health and Wellness Plan will offer new coverage options to adults ages 19 through 64 with income up to and including 133 percent of the Federal Poverty Level (FPL). The IME is currently developing the new programs, and future informational letters will provide additional details.

The IME recognizes that provider education is critical in successfully implementing a new program. A live provider education module on the upcoming changes will be offered in eight different communities throughout the state this fall. In an effort to meet the anticipated demand for information, the **same training module will be offered twice** in each community where it is presented.

Iowa Health and Wellness Plan in 2014: The session is an overview of the program for new member populations within the Medicaid program. This session will cover the following topics:

- Background and Legislative Intent of the New Program
- Marketplace Choice Waiver
- Wellness Plan Waiver
- Provider Responsibilities and Contracting
- Member Program Eligibility
- IowaCare Transition

Registration: The IME is using an online registration tool to prevent overbooking of the training sessions and to simplify the sign-in process at each venue, just as we do for our Annual Provider Training sessions. Each individual session will have its own registration form. Each registration form offers a field to submit a question related to the Health and Wellness Program. Your questions will help us make the training as valuable and informative as possible.

Iowa Medicaid Enterprise – 100 Army Post Road - Des Moines, IA 50315

- If you are unable to complete the online registration form for any reason please contact the Provider Services Unit at 1-800-338-7909, locally 515-256-4609 or by email at imeproviderservices@dhs.state.ia.us and a representative will complete a form on your behalf.
- 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 session at the date and time requested. You will *only* be contacted by the IME if we are unable to accommodate your request. Actual session 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 welcome to attend both morning and afternoon sessions. Please go to our website at www.ime.state.ia.us/Providers/ATRegistration.html to complete the online Training Registration form.

Site Information: Listed below are the dates, times, and locations of the Provider Education Sessions:

If you are unable to attend these sessions, similar information will be available on our website in December; and based on feedback from the live sessions, a FAQ (Frequently Asked Questions) document will be developed and available online.

Schedule and Location Information

Venue	Dates	Time	Address/Location	Additional Information
Waterloo	Tuesday 10/8	1:00 PM- 3:30 PM*	Hawkeye Community College	Tama Hall; Rooms 107A & 107B
	Wednesday 10/9	9:00 AM- 11:30 AM*	1501 E. Orange Rd Waterloo, IA 50704	Visitor Parking
Sioux City	Thursday 10/10	1:00 PM- 3:30 PM*	Western Iowa Tech Community College	Cargill Auditorium (D103)
	Friday 10/11	9:00 AM- 11:30 AM*	4647 Stone Ave. Sioux City, IA 51106	Visitor Parking

Fort Dodge	Tuesday 10/22	1:00 PM- 3:30 PM*	Iowa Central Community College East Campus 2031 Quail Avenue Fort Dodge, IA 50501	Triton Room
	Wednesday 10/23	9:00 AM- 11:30 AM*		Visitor Parking
Council Bluffs	Thursday 10/24	1:00 PM- 3:30 PM	Iowa Western Community College 2700 College Rd Council Bluffs, IA 51503	Looft Hall Auditorium
	Friday 10/25	9:00 AM- 11:30 AM*		Visitor Parking
Cedar Rapids	Tuesday 11/5	1:00 PM- 3:30 PM*	Kirkwood Community College 7725 Kirkwood Blvd SW Cedar Rapids, IA 52404	The Hotel at Kirkwood Ballroom A & F
	Wednesday 11/6	9:00 AM- 11:30 AM*		Visitor Lot
Bettendorf	Thursday 11/7	1:00 PM- 3:30 PM*	Scott Community College 500 Belmont Rd. Riverdale, IA 52722	Student Life Center
	Friday 11/8	9:00 AM- 11:30 AM*		Visitor Parking
Burlington	Tuesday 11/19	1:00 PM- 3:30 PM*	Catfish Bend Inn & Spa 3001 Winegard Dr. Burlington, IA 52601	Pzazz Convention and Event Center
	Wednesday 11/20	9:00 AM- 11:30 AM*		Event Center Parking Lot
Des Moines	Thursday 11/21	1:00 PM- 3:30 PM*	Wallace Building 502 E. 9th St. Des Moines, IA 50319	Main Auditorium
	Friday 11/22	9:00 AM- 11:30 AM*		Parking: Ramps down the street or Visitor Lots.

*Session times may vary depending on attendee participation

If you have any questions please contact the IME Provider Services Unit at 1-800-338-7909, or locally at 515-256-4609 or email at imeproviderservices@dhs.state.ia.us.



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

March 20, 2014

March 31 Marks End of Open Enrollment for Marketplace, Medicaid Enrollment Continues Year-Round

DES MOINES, Iowa - The federal Health Insurance Marketplace open enrollment period ends on March 31, 2014. After this date, individuals wishing to purchase private health care coverage through the federal marketplace may not be able to do so until the next enrollment period (beginning November 15, 2014, unless there is a qualifying life event).

Medicaid enrollment will continue throughout the year. There is no open enrollment period for any Medicaid program, which means individuals may sign up all year long. This includes the new Iowa Health and Wellness Plan, which is a Medicaid program and follows Medicaid enrollment policies.

After the federal Health Insurance Marketplace open enrollment period has ended, individuals looking for Medicaid coverage may continue to apply through the Iowa Department of Human Services (DHS) website. Individuals may also apply via phone or in person at a local DHS office.

To apply with DHS:

- Go online: <https://dhsservices.iowa.gov/>
- Call the DHS Contact Center at 1-855-889-7985, 7a.m. – 6 p.m., Monday- Friday
- Visit a local DHS office

Anyone can apply to see if they qualify for medical assistance. Many programs are available to Iowans like Medicaid, *hawk-i*, and the new Iowa Health and Wellness Plan. Individuals will receive notice from DHS of their eligibility for any programs after their application is processed. Individuals can check on the status of a health care application submitted to DHS by calling the DHS Contact Center at 1-855-889-7985, 7 a.m.- 6 p.m., Monday- Friday.

For additional information about applying for **Medicaid**, please visit:
<http://www.ime.state.ia.us/Members/ApplicationProcess.html>.

For additional information about the **Health Insurance Marketplace** and enrollment periods, please visit: <https://www.healthcare.gov/>, or call 1-800-318-2596.

TITLE VIII

MEDICAL ASSISTANCE

CHAPTER 74

IOWA HEALTH AND WELLNESS PLAN

PREAMBLE

This chapter defines and structures the Iowa Health and Wellness Plan, effective January 1, 2014, and administered by the department pursuant to 2013 Iowa Acts, Senate File 446, sections 166 to 173 and 185 to 187. Implementation of the Iowa Health and Wellness Plan is subject to approval by the Secretary of the United States Department of Health and Human Services of any waivers of the requirements of Title XIX of the Social Security Act to provide for federal funding of the plan. This chapter shall be construed to comply with all requirements for federal funding under Title XIX of the Social Security Act or under the terms of any applicable waiver granted by the Secretary. To the extent this chapter is inconsistent with any applicable federal funding requirement under Title XIX or the terms of any applicable waiver, the requirements of Title XIX or the terms of the waiver shall prevail.

[ARC 1135C, IAB 10/30/13, effective 10/2/13]

441—74.1(249A,85GA,SF446) Definitions.

“Accountable care organization” means a risk-bearing, integrated health care organization characterized by a payment and care delivery model that ties provider reimbursement to quality metrics and reductions in the total cost of care for an attributed population of patients.

“Countable income” means “modified adjusted gross income” (MAGI) or “household income,” as applicable, determined pursuant to 42 U.S.C. § 1396a(e)(14).

“Department” means the Iowa department of human services.

“Enrollment period” means the 12-month period for which eligibility is initially established.

“Essential health benefits” means the essential health benefits defined by the Secretary of the United States Department of Health and Human Services pursuant to Section 1302(b) of the Patient Protection and Affordable Care Act, Public Law 111-148.

“Exempt individuals” shall be defined pursuant to 42 CFR § 440.315.

“Federal poverty level” means the poverty income guidelines revised annually and published in the Federal Register by the U.S. Department of Health and Human Services.

“Health insurance marketplace” or *“exchange”* means an American health benefit exchange established pursuant to 42 U.S.C. § 18031.

“Iowa Health and Wellness Plan” means the medical assistance program set forth in this chapter.

“Iowa wellness plan” means the benefits and services provided to Iowa Health and Wellness Plan members with countable income that does not exceed 100 percent of the federal poverty level.

“Marketplace choice plan” means the benefits and services provided to Iowa Health and Wellness Plan members with countable income between 101 percent and 133 percent of the federal poverty level.

“Member” means an individual who is receiving assistance under the Iowa Health and Wellness Plan described in this chapter.

“Minimum essential coverage” means health insurance defined in Section 5000A(f) of Subtitle D of the Internal Revenue Code.

“Modified adjusted gross income” means the financial-eligibility methodology prescribed in 42 U.S.C. § 1396a(e)(14).

“Qualified employer-sponsored coverage” shall be defined pursuant to 42 U.S.C. § 1396e-1(b).

“Qualified health plan” shall be defined pursuant to Section 1301 of the Patient Protection and Affordable Care Act, Public Law 111-152.

[ARC 1135C, IAB 10/30/13, effective 10/2/13]

441—74.2(249A,85GA,SF446) Eligibility factors. Except as more specifically provided in this chapter, Iowa Health and Wellness Plan eligibility shall be determined according to the requirements of

441—Chapter 75.

74.2(1) *Persons covered.* Subject to the additional requirements of this chapter and of 441—Chapter 75, medical assistance under the Iowa Health and Wellness Plan shall be available to persons 19 through 64 years of age who:

- a.* Are not eligible for medical assistance in a mandatory group under 441—Chapter 75;
- b.* Have countable income at or below 133 percent of the federal poverty level for their household size; and
- c.* Are not entitled to or enrolled in Medicare benefits under Part A or Part B of Title XVIII of the Social Security Act; and
- d.* Are not pregnant.

74.2(2) *Parents or caretakers of dependent children.* All dependent children under the age of 21 living with a parent or other caretaker relative must be enrolled in Medicaid, in the Children's Health Insurance Program (CHIP), or in other minimum essential coverage as a condition of the parent's or other caretaker relative's eligibility for Iowa Health and Wellness Plan benefits.

74.2(3) *Citizenship.* To be eligible for Iowa Health and Wellness Plan benefits, a person must meet the citizenship requirements in 441—Chapter 75.

[ARC 1135C, IAB 10/30/13, effective 10/2/13]

441—74.3(249A,85GA,SF446) Application. Medicaid application policies and procedures described in 441—Chapter 76 shall apply to applications for the Iowa Health and Wellness Plan.

[ARC 1135C, IAB 10/30/13, effective 10/2/13]

441—74.4(249A,85GA,SF446) Financial eligibility.

74.4(1) *Countable income.* Individuals are financially eligible for the Iowa Health and Wellness Plan if their countable income is no more than 133 percent of the federal poverty level, as of the date of a decision on initial or ongoing eligibility.

74.4(2) *Household size.* For financial eligibility purposes, household size shall be determined according to the modified adjusted gross income (MAGI) methodology.

[ARC 1135C, IAB 10/30/13, effective 10/2/13]

441—74.5(249A,85GA,SF446) Enrollment period.

74.5(1) Iowa Health and Wellness Plan eligibility shall be effective on the first day of the month following the month of application or the first day of the month all eligibility requirements are met, whichever is later. The enrollment period shall continue for 12 consecutive months unless the member is disenrolled in accordance with the provisions of rule 441—74.8(249A,85GA,SF446).

74.5(2) Care provided before enrollment. No payment shall be made for medical care received before the effective date of enrollment.

74.5(3) Reinstatement. Enrollment for the Iowa Health and Wellness Plan may be reinstated without a new application in accordance with 441—subrule 76.12(2).

[ARC 1135C, IAB 10/30/13, effective 10/2/13]

441—74.6(249A,85GA,SF446) Reporting changes.

74.6(1) *Reporting requirements.* As a condition of ongoing enrollment, a member shall report any of the following changes no later than ten calendar days after the change takes place:

- a.* The member enters a nonmedical institution, including but not limited to a penal institution.
- b.* The member abandons Iowa residency.
- c.* The member turns 65.
- d.* The member becomes entitled or enrolled in Medicare Part A or Part B or both.
- e.* The member's dependent child loses minimum essential coverage.
- f.* The member's countable income increases in a manner that must be reported according to the requirements of rule 441—76.15(249A).
- g.* The member is confirmed pregnant.

74.6(2) *Untimely report.* When a change is not timely reported as required by this rule, any program expenditures for care or services provided when the member was not eligible shall be considered an overpayment and be subject to recovery from the member in accordance with rule 441—75.28(249A).

74.6(3) *Effective date of change.* After enrollment, changes reported during the month that affect the member's eligibility shall be effective the first day of the next calendar month unless:

- a. Timely notice of adverse action is required as specified in 441—subrule 7.7(1); or
- b. The enrollment period has expired and the member is not eligible for a new enrollment period.

[ARC 1135C, IAB 10/30/13, effective 10/2/13]

441—74.7(249A,85GA,SF446) *Reenrollment.* A new eligibility determination is required for consecutive 12-month enrollment periods. The reenrollment process will follow the requirements in 441—subrule 76.14(2).

[ARC 1135C, IAB 10/30/13, effective 10/2/13]

441—74.8(249A,85GA,SF446) *Terminating enrollment.* Iowa Health and Wellness Plan enrollment shall end when any of the following occur:

1. The enrollment period ends and coverage for the next enrollment period has not been renewed.
2. The member becomes eligible for medical assistance in a mandatory coverage group under 441—Chapter 75.
3. The member is found to have been ineligible for any reason.
4. The member dies.
5. The member turns 65.
6. The member abandons Iowa residency.
7. The member becomes entitled or enrolled in Medicare Part A or Part B or both.
8. The member's dependent child loses minimum essential coverage.
9. The member's countable income exceeds 133 percent of the federal poverty level.
10. The member becomes pregnant.
11. The Iowa Health and Wellness Plan is discontinued according to the requirements in rule 441—74.14(249A,85GA,SF446).

[ARC 1135C, IAB 10/30/13, effective 10/2/13]

441—74.9(249A,85GA,SF446) *Recovery.* The department shall recover from a member all Medicaid funds incorrectly expended on behalf of the member in accordance with rule 441—75.28(249A).

74.9(1) The department shall recover Medicaid funds expended on behalf of a member from the member's estate in accordance with rule 441—75.28(249A).

74.9(2) Funds received from third parties, including Medicare, by a provider other than a state mental health institute shall be reported to the Iowa Medicaid enterprise, and an adjustment shall be made to a previously submitted claim.

[ARC 1135C, IAB 10/30/13, effective 10/2/13]

441—74.10(249A,85GA,SF446) *Right to appeal.* Decisions and actions by the department regarding eligibility or services provided under this chapter may be appealed pursuant to 441—Chapter 7. Coverage decisions and actions by participating marketplace choice plans shall be appealed through the plans' grievance and appeal processes. Members will not be entitled to an appeal hearing if the sole basis for denying or limiting services is discontinuance of the program pursuant to rule 441—74.14(249A,85GA,SF446).

[ARC 1135C, IAB 10/30/13, effective 10/2/13]

441—74.11(249A,85GA,SF446) *Financial participation.*

74.11(1) Copayment. Payment for nonemergency use of a hospital emergency department shall be subject to a \$10 copayment by the member, which shall be subtracted from the Iowa Health and Wellness Plan payment otherwise due to the provider. This copayment will be waived during the first year of the Iowa Health and Wellness Plan.

74.11(2) Reserved.

[ARC 1135C, IAB 10/30/13, effective 10/2/13]

441—74.12(249A,85GA,SF446) Benefits and service delivery. Covered benefits and the service delivery method shall be determined by the member's countable income and health status.

74.12(1) Iowa wellness plan services. Iowa Health and Wellness Plan members with countable income that does not exceed 100 percent of the federal poverty level shall be enrolled in the Iowa wellness plan unless the member is determined by the department to be an exempt individual. The department shall provide the member with a medical assistance eligibility card identifying the member as eligible for Iowa wellness plan services.

a. Covered Iowa wellness plan services are essential health benefits, all other benefits required pursuant to 42 U.S.C. § 1396u-7(b)(1)(B), prescription drugs and dental services consistent with 441—Chapter 78, and habilitation services consistent with rule 441—78.27(249A).

b. The Iowa Health and Wellness Plan provider network shall include all providers enrolled in the medical assistance program, including all participating accountable care organizations.

c. Members enrolled in the Iowa wellness plan shall be subject to enrollment in managed care, other than PACE programs, pursuant to 441—Chapter 88. In addition to reimbursement for managed care pursuant to 441—Chapter 88, the department may provide care coordination fees, performance incentive payments, or shared savings arrangements for medical homes and accountable care organizations serving members enrolled in the Iowa Health and Wellness Plan.

d. When the member does not choose a primary medical provider, the department shall assign the member to a primary medical provider in accordance with the Medicaid managed health care mandatory enrollment provisions specified in 441—subrule 88.3(7) for mandatory enrollment counties and in accordance with quality data available to the department.

74.12(2) Marketplace choice plan services. Iowa Health and Wellness Plan members with countable income between 101 percent and 133 percent of the federal poverty level shall be enrolled in a marketplace choice plan unless the member is determined by the department to be an exempt individual. Marketplace choice coverage shall be provided through designated qualified health plans available on the health insurance marketplace. Covered services not provided by the marketplace choice plan will be provided by the medical assistance program. Individuals who have been determined eligible for the marketplace choice plan, but who have not yet been enrolled in a marketplace choice plan, shall receive fee-for-service coverage under the Iowa wellness plan until they choose or are assigned to a marketplace choice plan.

a. Upon enrollment, a member shall choose a qualified health plan from those designated by the department to provide coverage to Iowa Health and Wellness Plan members.

b. When the member does not select a qualified health plan pursuant to notice of the need to do so, the department will select a plan, enroll the member, and notify the member of the assigned plan.

c. The department shall pay premiums to designated qualified health plans participating on the health insurance marketplace to buy coverage for eligible Iowa Health and Wellness Plan members. The department shall begin payment of the member's premiums for the first month of enrollment through the Iowa Health and Wellness Plan. The qualified health plan shall provide the member with an insurance card identifying the member as an enrollee of the plan. The department shall provide the member with a medical assistance eligibility card identifying the member as eligible for the marketplace choice plan.

d. Covered services are all benefits, including essential health benefits, provided by the designated qualified health plan on the health insurance marketplace, including prescription drugs. Dental services shall be provided through a contract with a commercial dental plan with covered services consistent with 441—Chapter 78. Services not covered by the qualified health plan, but covered pursuant to the marketplace choice 1115 waiver or the marketplace choice state plan will be covered by the Medicaid program.

74.12(3) Exempt individuals. An Iowa Health and Wellness Plan member who has been determined

by the department to be an exempt individual shall be given the choice of the benefits and service delivery method provided by the Iowa wellness plan or receiving benefits and services pursuant to 441—Chapter 78.

74.12(4) *Qualified employer-sponsored coverage.* An individual who has access to cost-effective employer-sponsored coverage shall be subject to enrollment in the health insurance premium payment program pursuant to 441—Chapter 75.

[ARC 1135C, IAB 10/30/13, effective 10/2/13]

441—74.13(249A,85GA,SF446) Claims and reimbursement methodologies.

74.13(1) *Claims for services not provided by a qualified health plan.* Claims for services provided under the Iowa wellness plan or for covered marketplace choice services not provided by the member's qualified health plan shall be submitted to the Iowa Medicaid enterprise as required by 441—Chapter 80.

74.13(2) *Payment for services not provided by a qualified health plan.* Payment for services provided under the Iowa wellness plan or for covered marketplace choice services not provided by the member's qualified health plan shall be provided in accordance with 441—Chapter 79 or as provided in a contract between the department and the provider.

74.13(3) *Payment for services provided by the marketplace choice plan.* Payment for services provided under the marketplace choice plan shall be made in accordance with the rates filed with the Iowa insurance division.

[ARC 1135C, IAB 10/30/13, effective 10/2/13]

441—74.14(249A,85GA,SF446) Discontinuance of program.

74.14(1) If the methodology for calculating the federal medical assistance percentage for eligible individuals, as provided in 42 U.S.C. § 1396d(y), is modified through federal law or regulation, in a manner that reduces the percentage of federal assistance to the state, or if federal law or regulation affecting eligibility or benefits for the Iowa Health and Wellness Plan is modified, the department may implement an alternative plan as specified in the medical assistance state plan or waiver for coverage of the affected population, subject to prior, statutory approval of implementation of the alternative plan.

74.14(2) If the methodology for calculating the federal medical assistance percentage for eligible individuals, as provided in 42 U.S.C. § 1396d(y), is modified through federal law or regulation resulting in a reduction of the percentage of federal assistance to the state below 90 percent but not below 85 percent, the medical assistance program reimbursement rates for inpatient and outpatient hospital services shall be reduced by a like percentage in the succeeding fiscal year, subject to prior, statutory approval of implementation of the reduction.

[ARC 1135C, IAB 10/30/13, effective 10/2/13]

441—74.15(249A,85GA,ch138) Enrollment for IowaCare members.

74.15(1) Subject to a waiver of the eligibility requirements of 42 U.S.C. § 1396a(e)(14)(A) by the federal Centers for Medicare and Medicaid Services, and notwithstanding any other provision of this chapter, an individual who is enrolled in the IowaCare program under 441—Chapter 92 on October 1, 2013, shall be enrolled without an application in the Iowa Health and Wellness Plan effective January 1, 2014, if department records show:

a. That the income of all household members considered in determining the individual's eligibility for IowaCare (other than child support income) does not exceed 138 percent of the federal poverty level for a household of that size, based on the following sources of income information, in the following order of priority:

(1) Income used to determine eligibility for food assistance for the individual and other IowaCare household members, pursuant to 441—Chapter 92;

(2) Income used to determine eligibility for medical assistance for other IowaCare household members, pursuant to 441—Chapter 75;

(3) Iowa workforce development unemployment insurance benefit data available to the department

pursuant to 441—paragraph 9.10(4) “c”;

(4) Iowa workforce development wage data available to the department pursuant to 441—paragraph 9.10(4) “c”;

(5) Income and eligibility verification system data available to the department pursuant to 441—paragraph 9.10(4) “c”; and

b. That the individual meets all eligibility requirements of the Iowa Health and Wellness Plan, pursuant to this chapter, other than income.

74.15(2) Individuals enrolled pursuant to this rule will thereafter be subject to all the provisions of this chapter, with no further application of this rule.

[**ARC 1214C**, IAB 12/11/13, effective 11/13/13; **ARC 1354C**, IAB 3/5/14, effective 4/9/14]

These rules are intended to implement 2013 Iowa Acts, Senate File 446, sections 166 to 173 and 185 to 187, and Iowa Code chapter 249A.

[Filed Emergency After Notice ARC 1135C (Notice ARC 0972C, IAB 8/21/13), IAB 10/30/13, effective 10/2/13]

[Filed Emergency ARC 1214C, IAB 12/11/13, effective 11/13/13]

[Filed ARC 1354C (Notice ARC 1213C, IAB 12/11/13), IAB 3/5/14, effective 4/9/14]

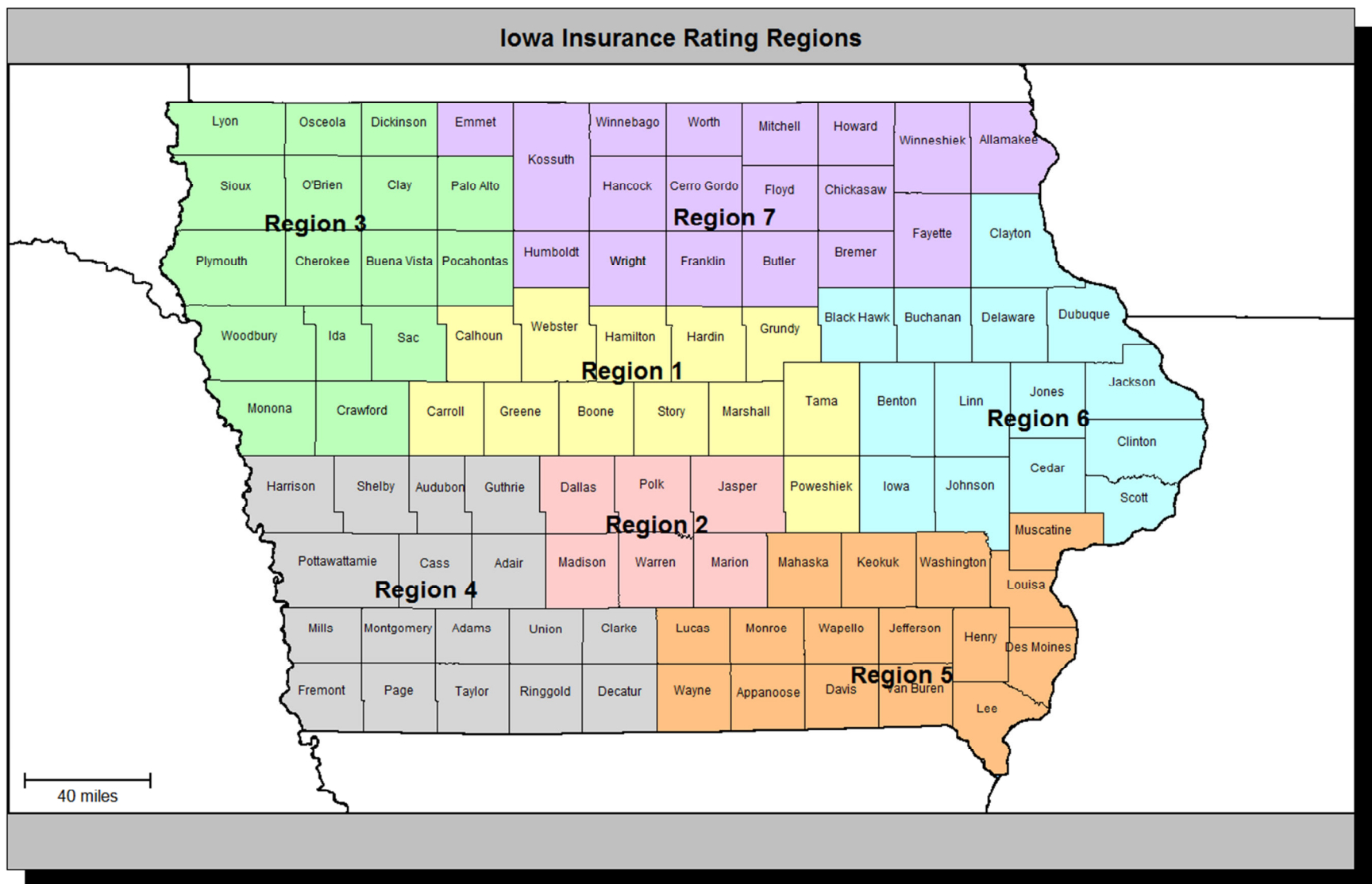
County Breakdown - Members Transitioned from IowaCare to the Iowa Health and Wellness Plan

County	Wellness	Marketplace	Over 133% (Ineligibles)
ADAIR	61	11	16
ADAMS	37	3	8
ALLAMAKEE	101	21	27
APPANOOSE	197	29	38
AUDUBON	43	4	5
BENTON	293	57	99
BLACK HAWK	2,434	448	614
BOONE	274	50	69
BREMER	156	33	55
BUCHANAN	235	68	82
BUENA VISTA	114	17	33
BUTLER	149	46	46
CALHOUN	109	35	25
CARROLL	98	21	28
CASS	99	17	31
CEDAR	204	47	94
CERRO GORDO	528	91	132
CHEROKEE	93	19	18
CHICKASAW	60	12	29
CLARKE	136	39	26
CLAY	158	38	29
CLAYTON	149	24	41
CLINTON	816	160	270
CRAWFORD	78	15	25
DALLAS	365	90	98
DAVIS	86	20	12
DECATUR	142	29	33
DELAWARE	120	35	33
DES MOINES	788	139	192
DICKINSON	99	31	24
DUBUQUE	1,154	288	319
EMMET	72	11	16
FAYETTE	233	46	71
FLOYD	174	35	50
FRANKLIN	83	19	24
FREMONT	48	6	6
GREENE	107	31	28
GRUNDY	71	36	19
GUTHRIE	61	12	12
HAMILTON	161	38	35
HANCOCK	57	12	21

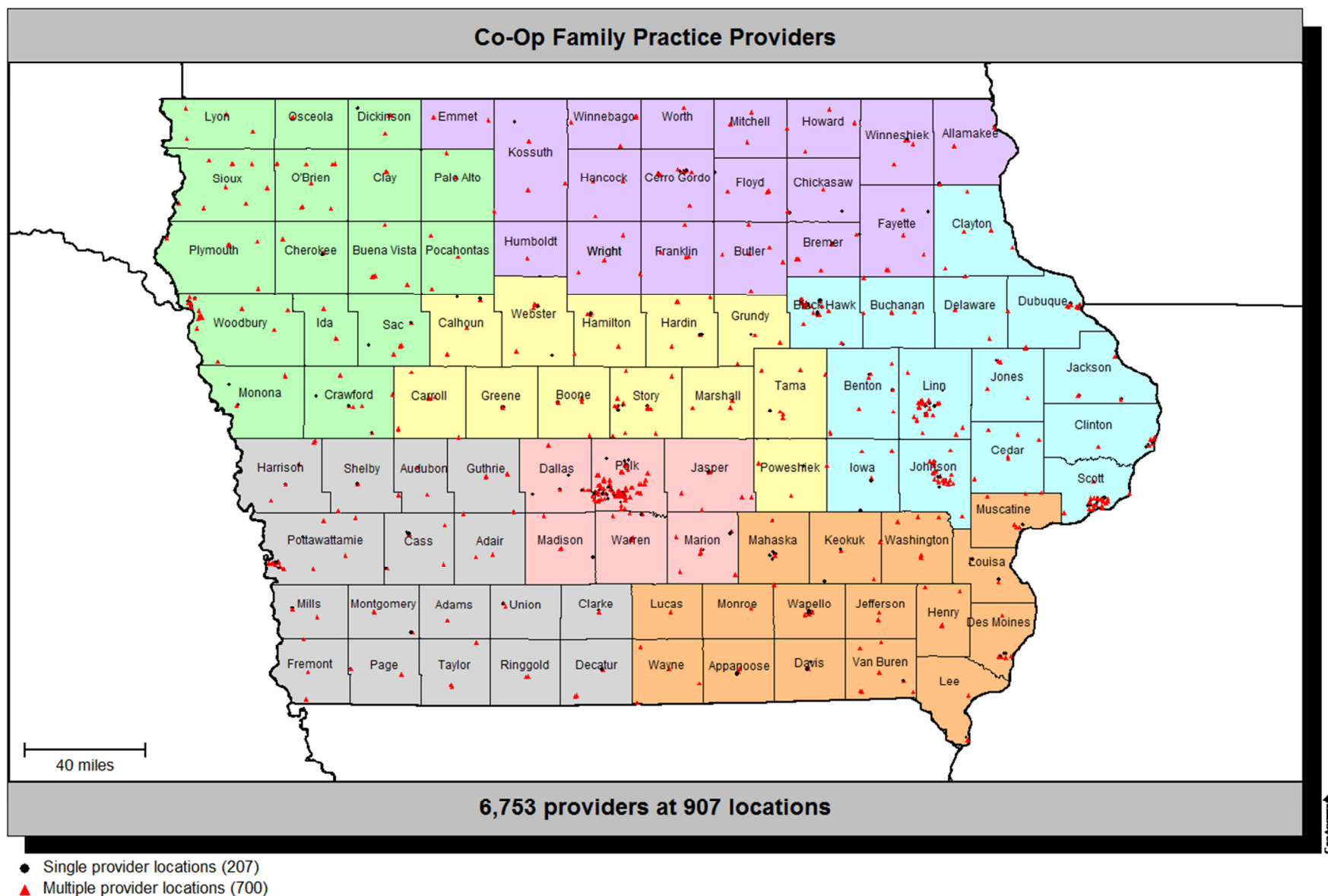
HARDIN	186	52	48
HARRISON	85	15	27
HENRY	351	76	130
HOWARD	77	13	19
HUMBOLDT	67	29	26
IDA	35	3	10
IOWA	170	60	86
JACKSON	241	52	56
JASPER	565	102	124
JEFFERSON	560	119	176
JOHNSON	1,988	454	641
JONES	182	48	46
KEOKUK	202	58	63
KOSSUTH	117	19	23
LEE	689	132	137
LINN	3,285	665	947
LOUISA	181	46	68
LUCAS	111	17	53
LYON	22	3	11
MADISON	124	28	35
MAHASKA	356	68	98
MARION	319	74	79
MARSHALL	745	156	206
MILLS	93	17	9
MITCHELL	63	25	18
MONONA	101	17	36
MONROE	77	11	15
MONTGOMERY	129	16	18
MUSCATINE	1,006	205	298
OBRIEN	69	16	20
OSCEOLA	19	4	15
PAGE	109	17	30
PALO ALTO	71	19	18
PLYMOUTH	91	11	24
POCAHONTAS	63	14	11
POLK	10,680	2,093	3,034
POTTAWATTAMIE	1,161	203	167
POWESHIEK	249	42	61
RINGGOLD	48	19	14
SAC	66	15	15
SCOTT	2,543	434	439
SHELBY	55	15	19
SIOUX	54	13	20
STORY	648	121	151
TAMA	326	56	73
TAYLOR	28	11	4
UNION	129	20	33

VAN BUREN	115	33	40
WAPELLO	813	171	198
WARREN	392	72	118
WASHINGTON	336	110	146
WAYNE	84	18	36
WEBSTER	879	155	207
WINNEBAGO	77	11	20
WINNESHIEK	94	19	25
WOODBURY	1,031	195	134
WORTH	44	10	7
WRIGHT	124	23	38
TOTAL	42,968	8,703	11,453

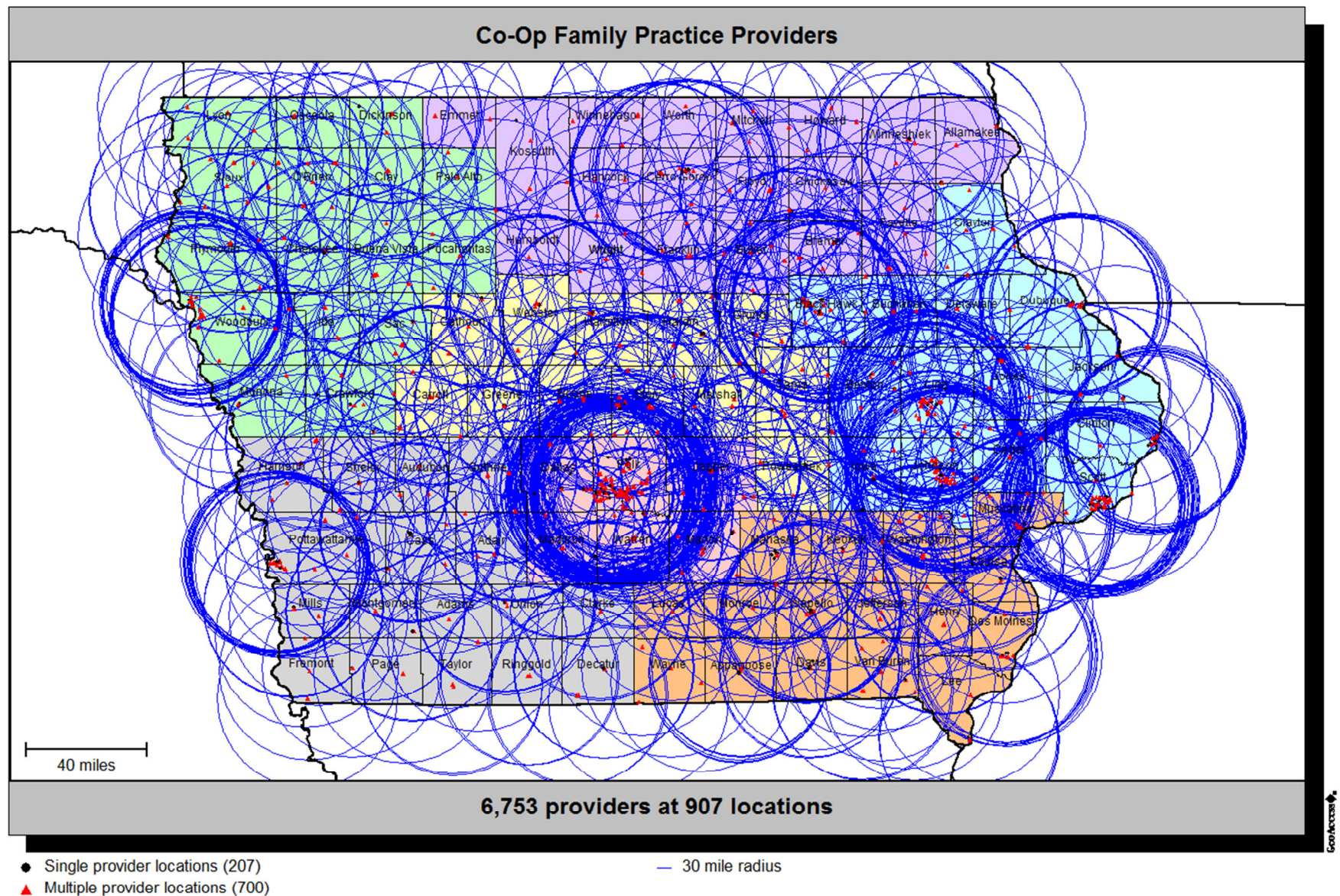
Overview of Regions



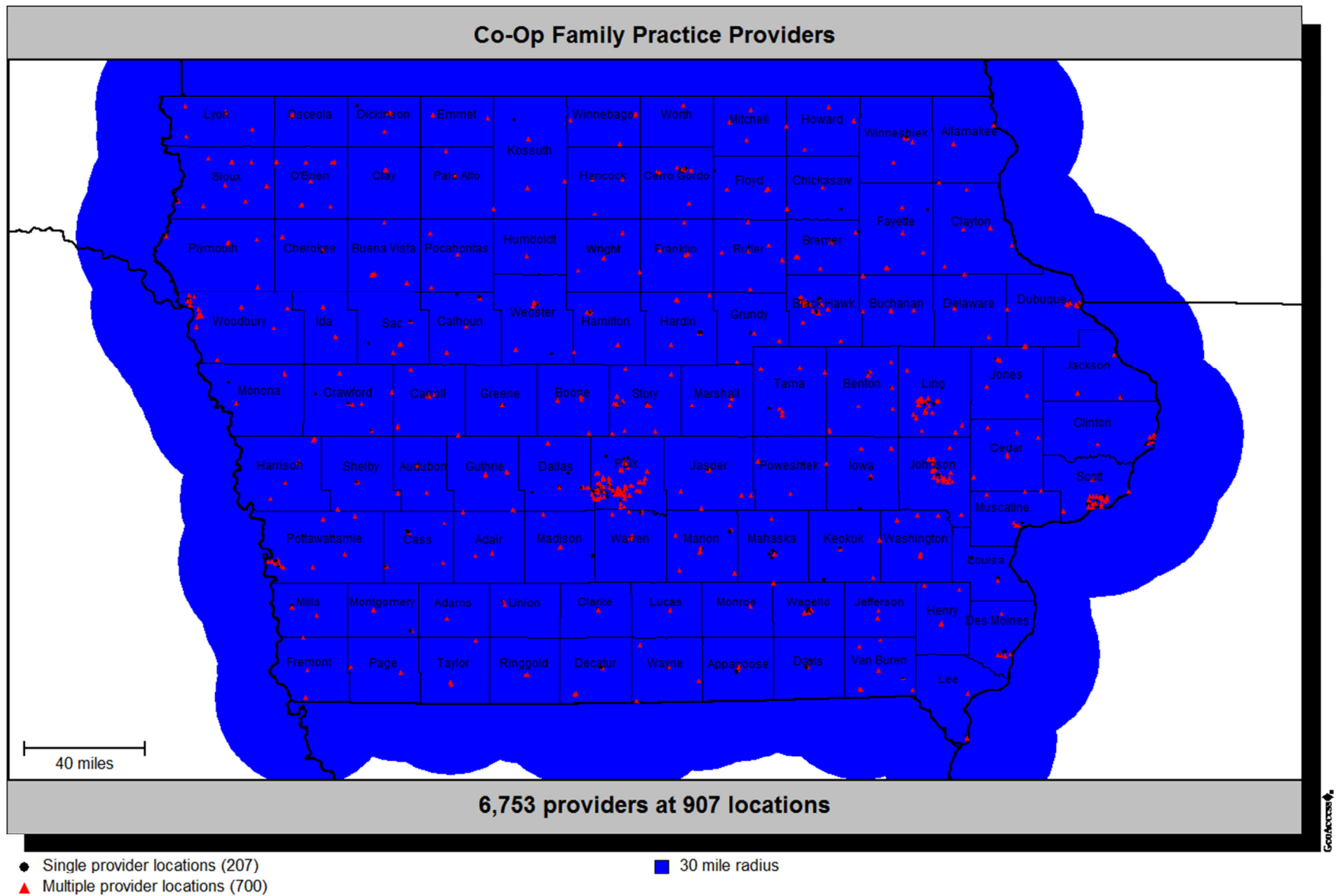
Provider locations



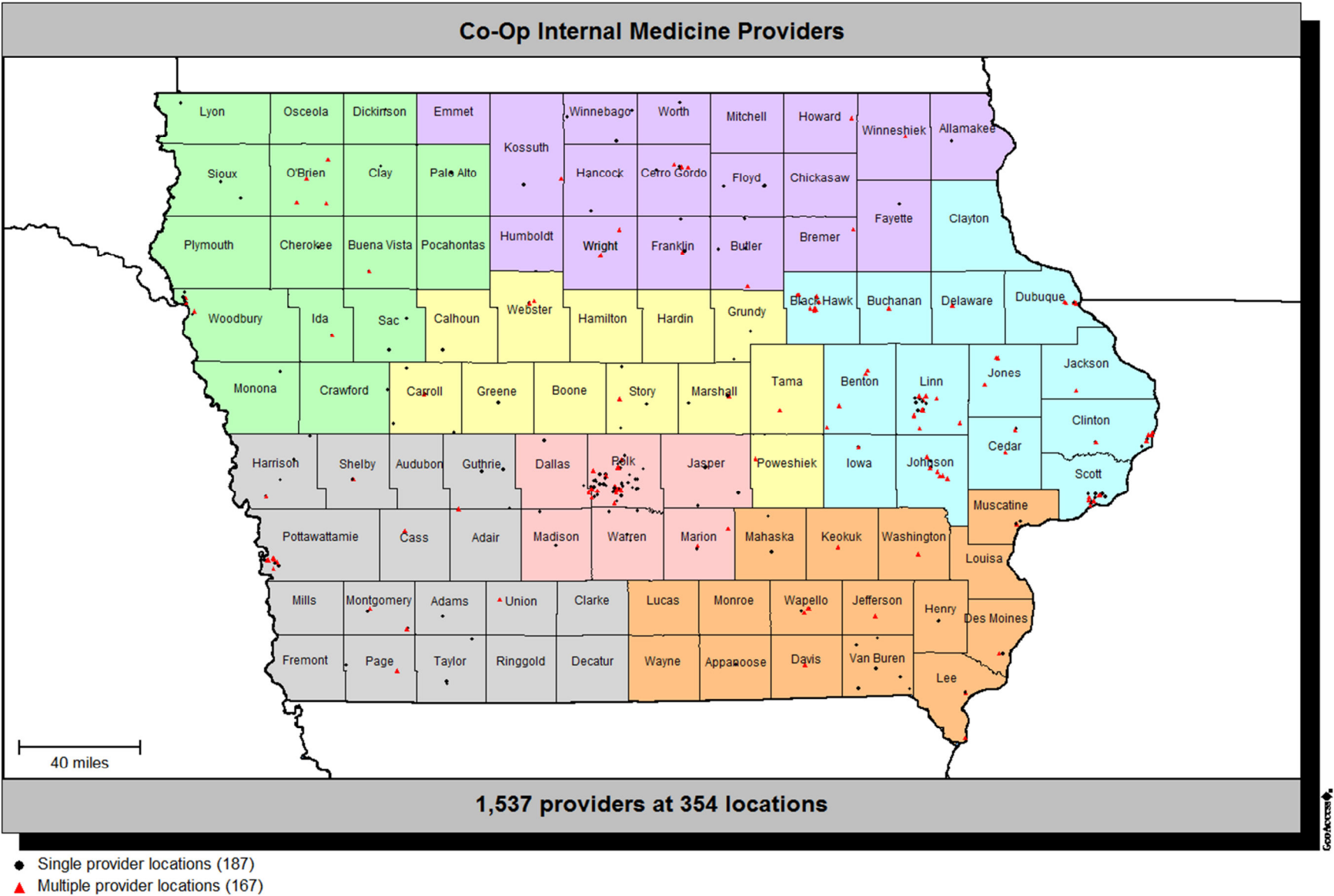
Provider locations with 30-mile radius



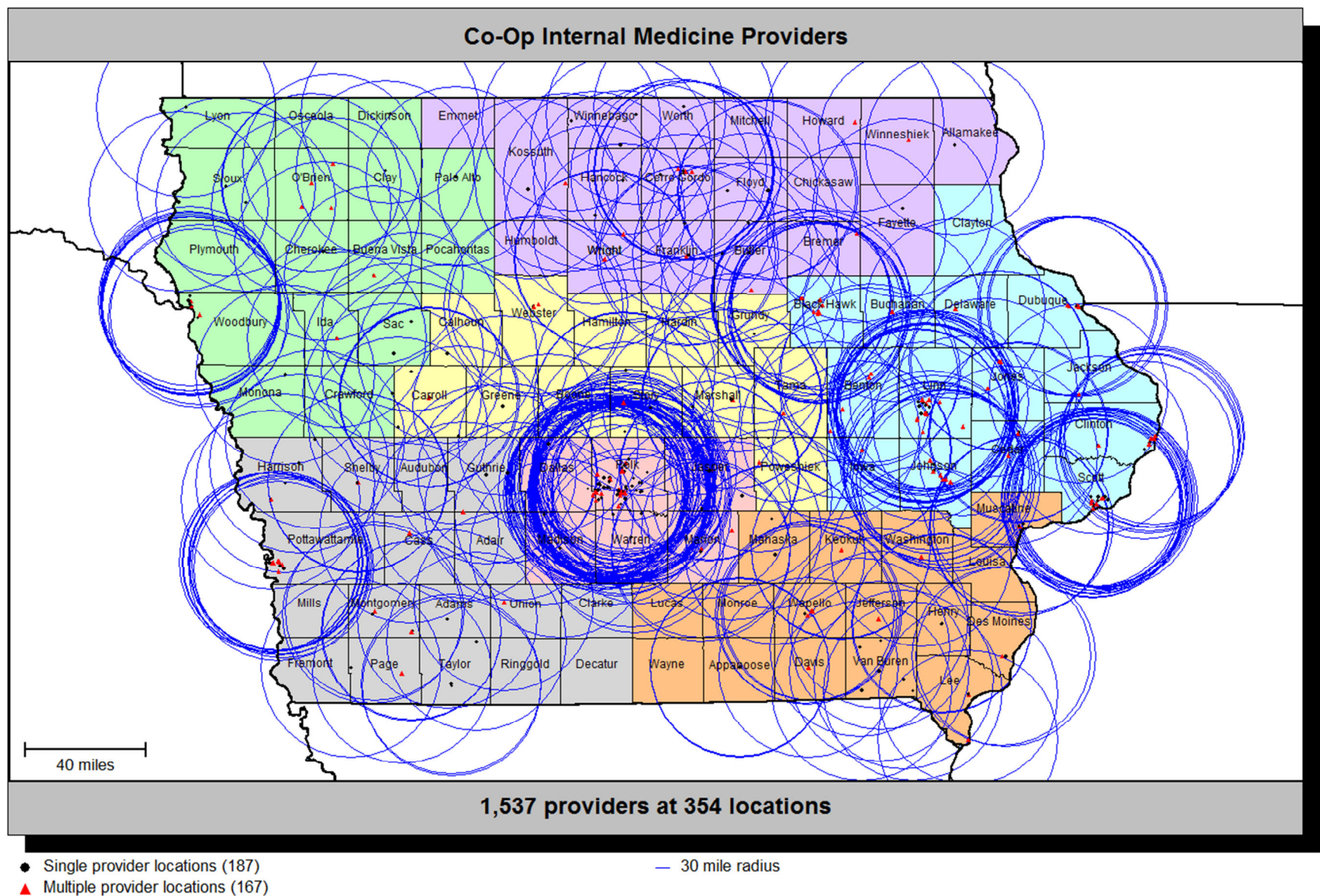
Provider coverage/penetration



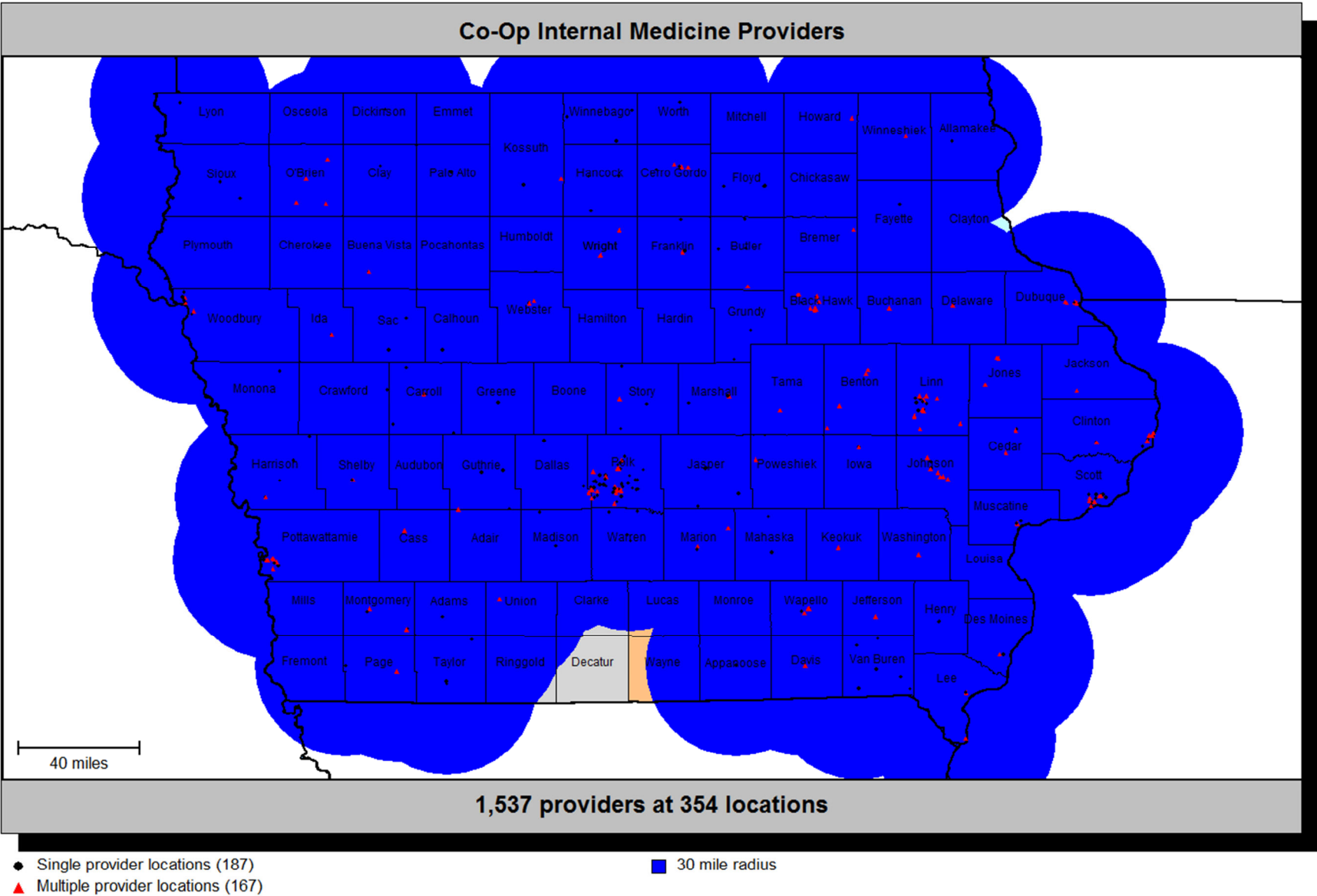
Provider locations



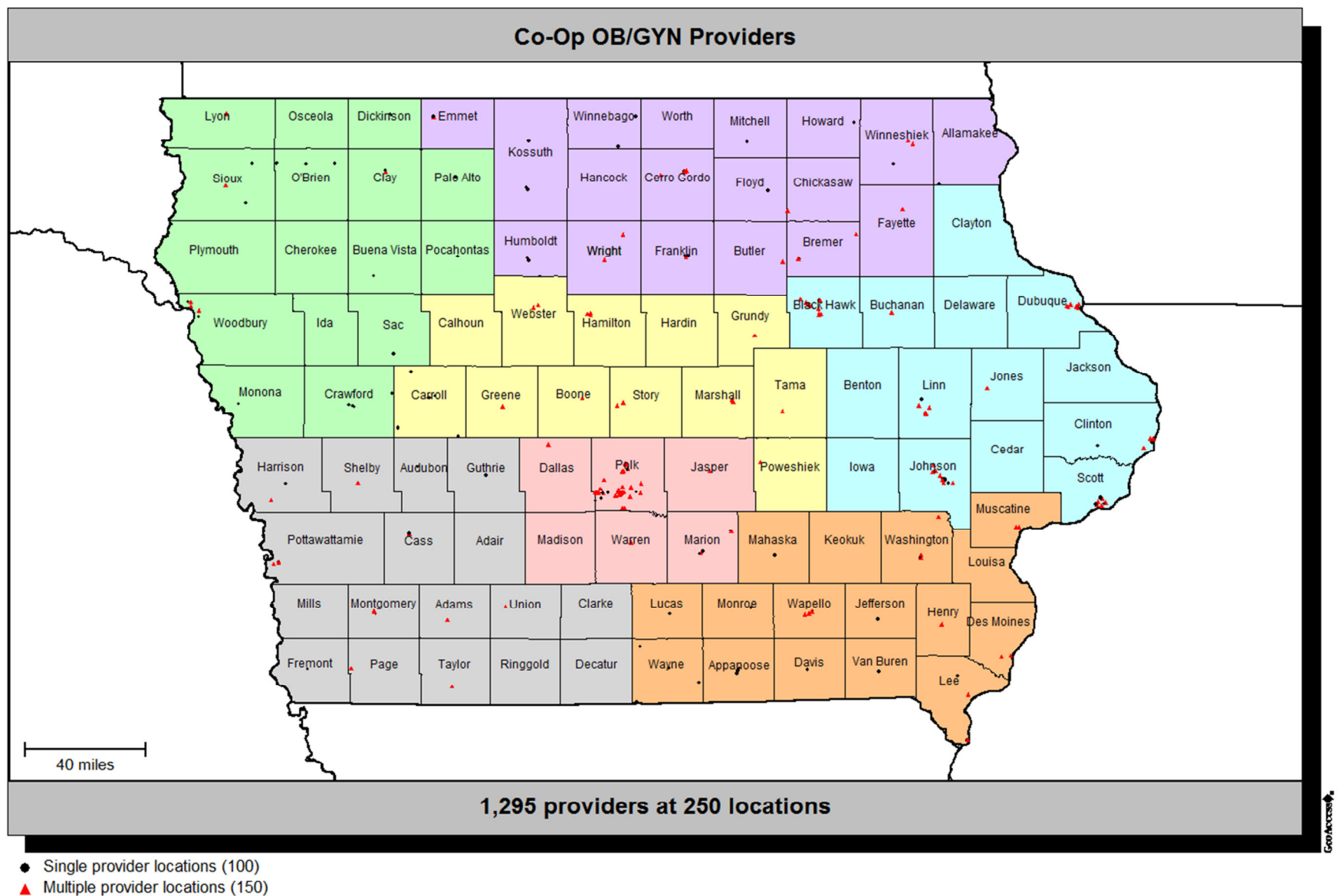
Provider locations with 30-mile radius



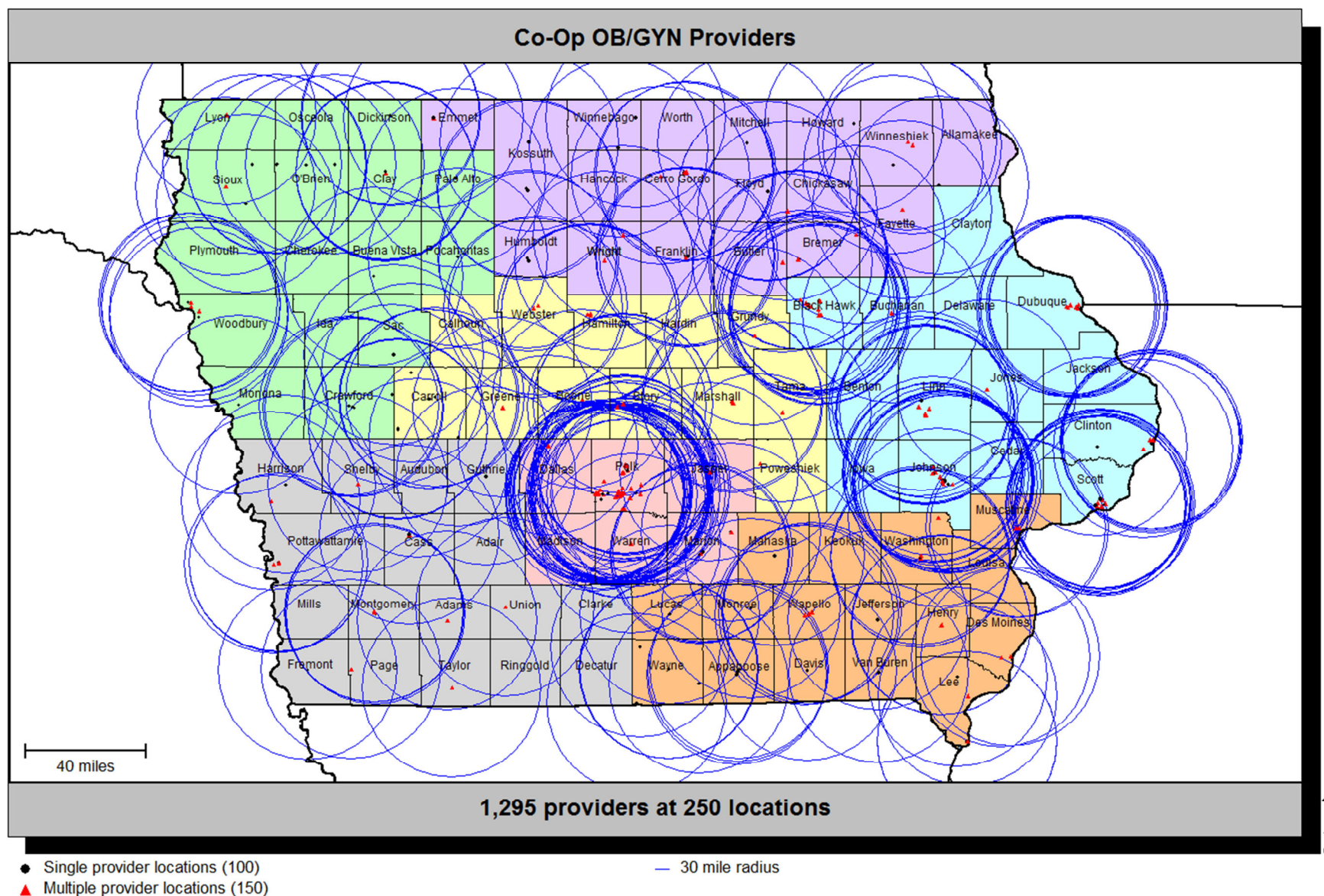
Provider coverage/penetration



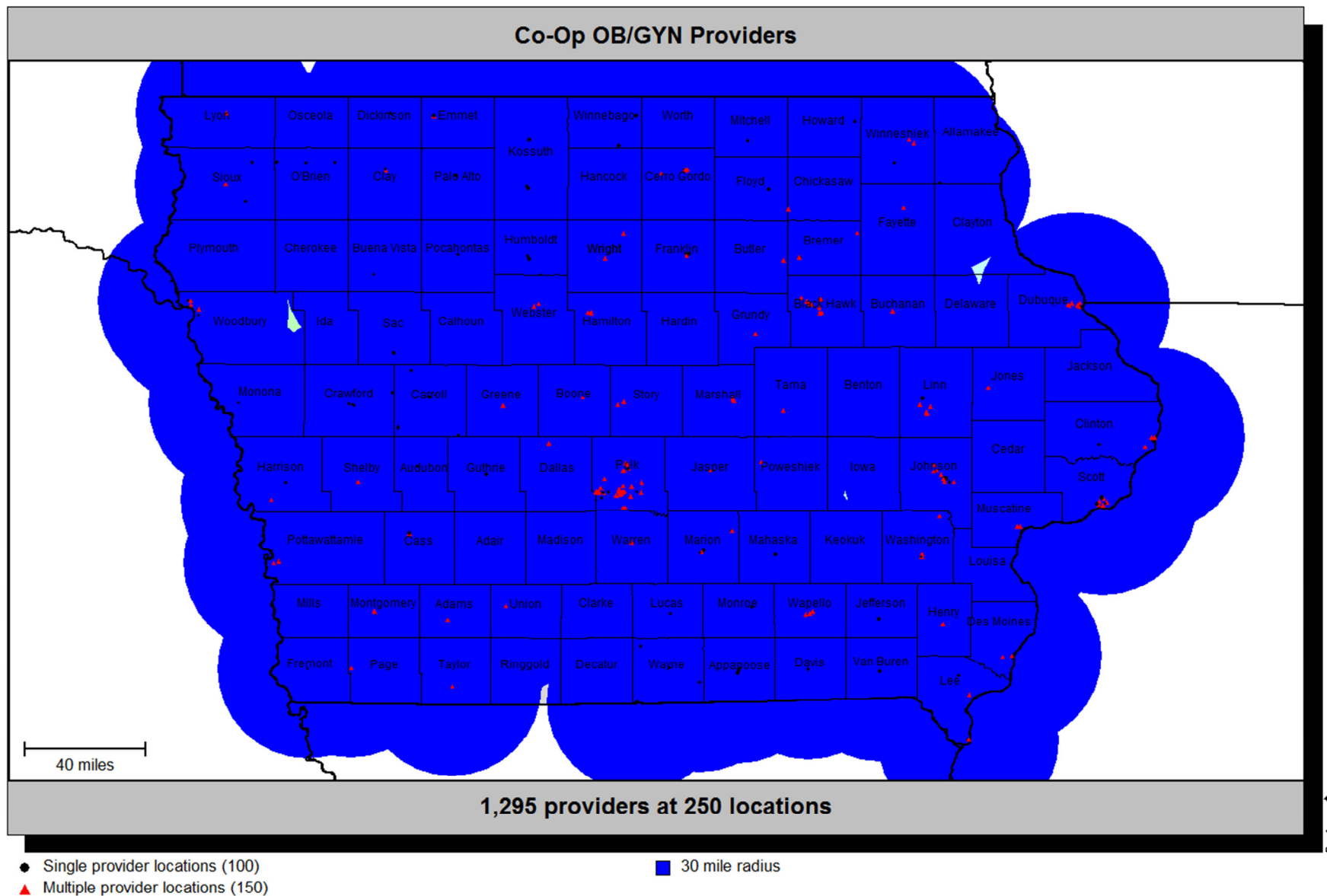
Provider locations



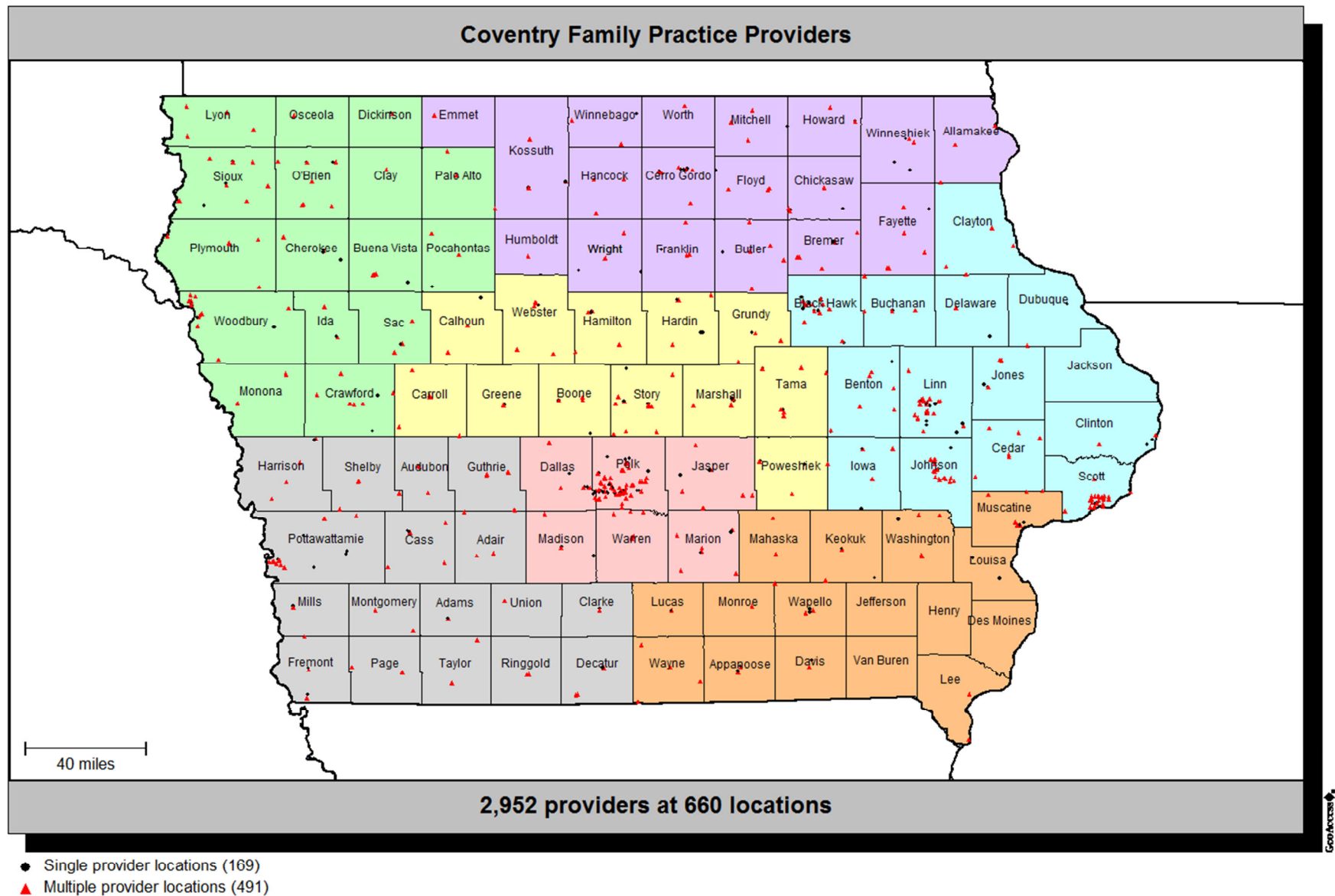
Provider locations with 30-mile radius



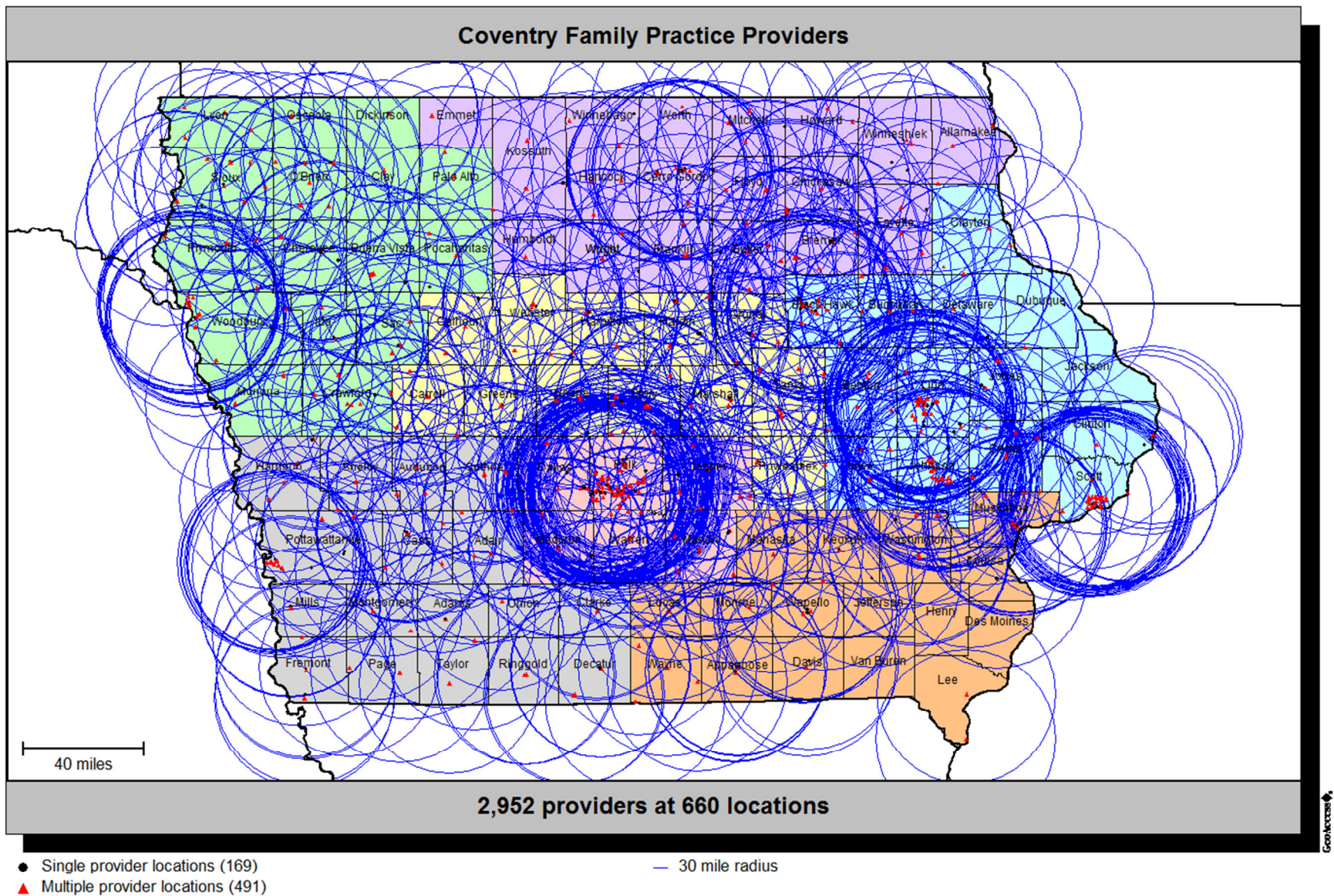
Provider coverage/penetration



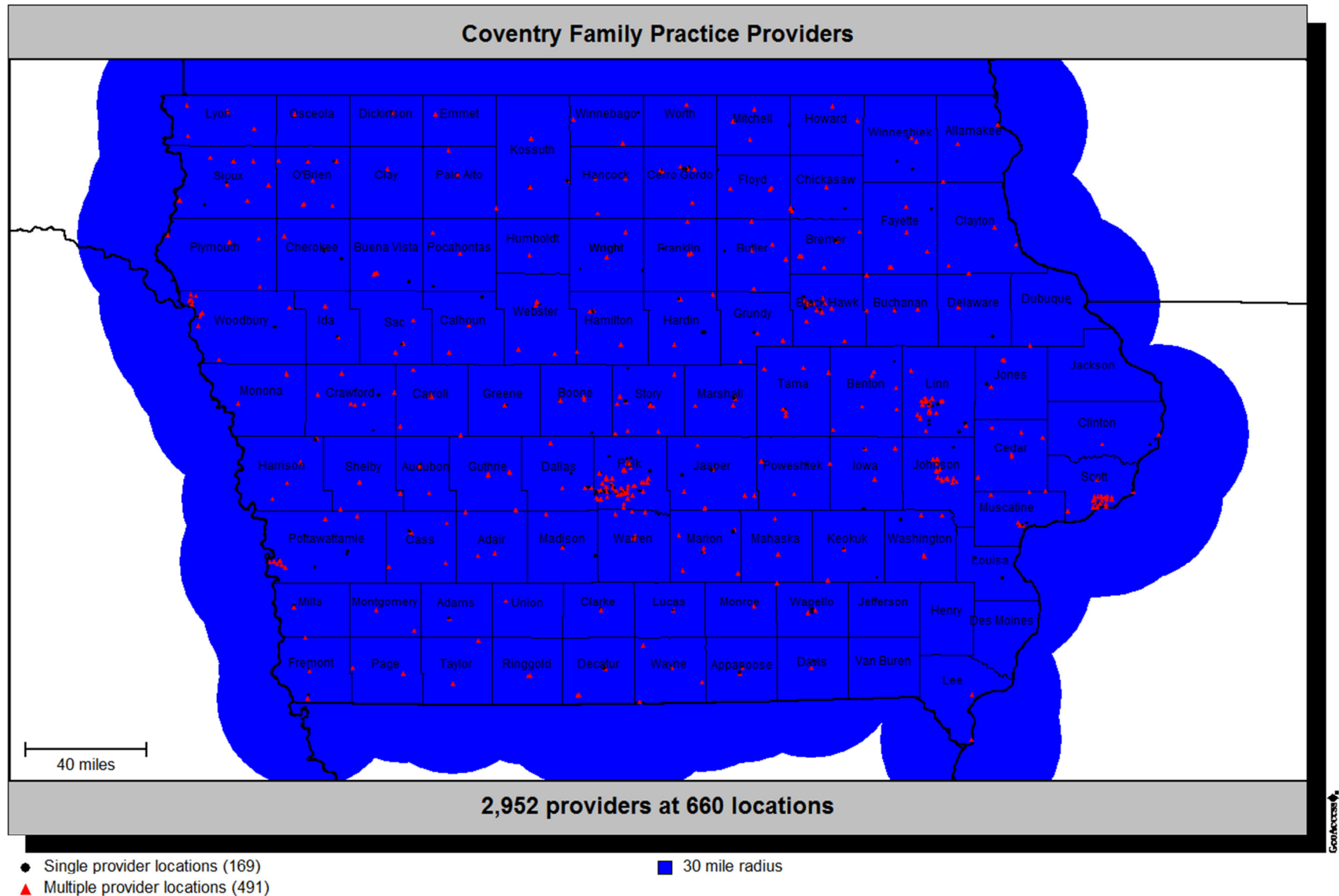
Provider locations



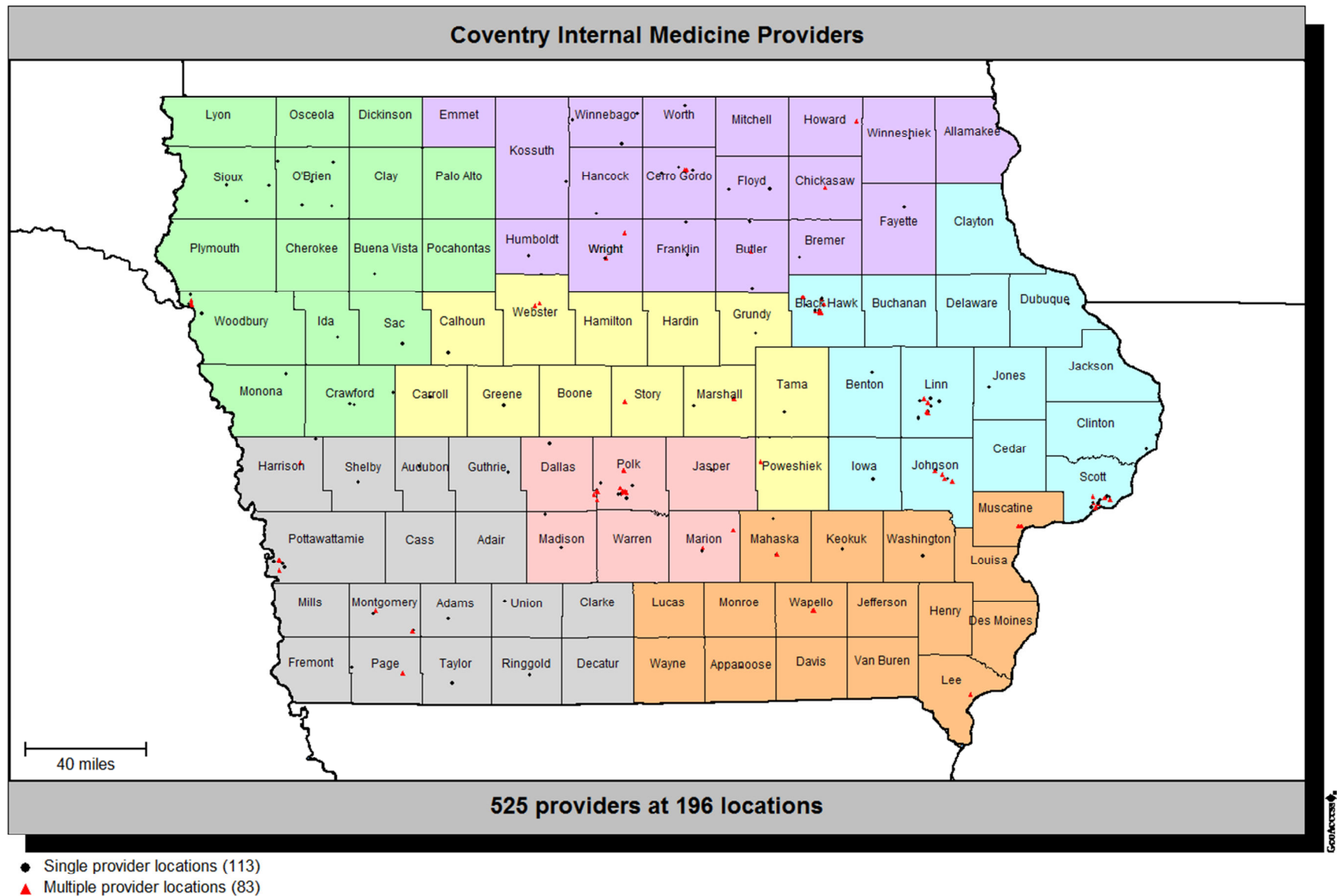
Provider locations with 30-mile radius



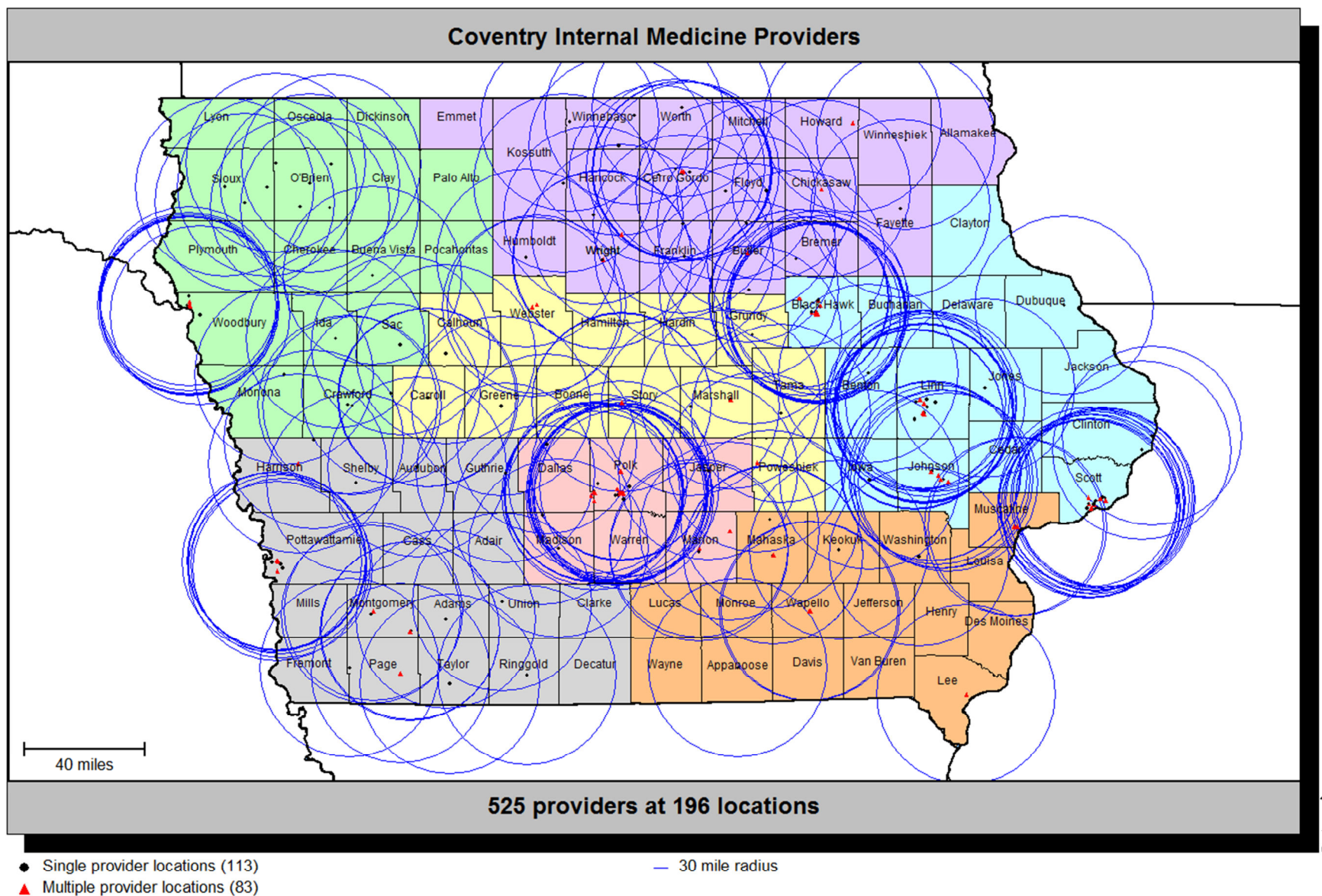
Provider coverage/penetration



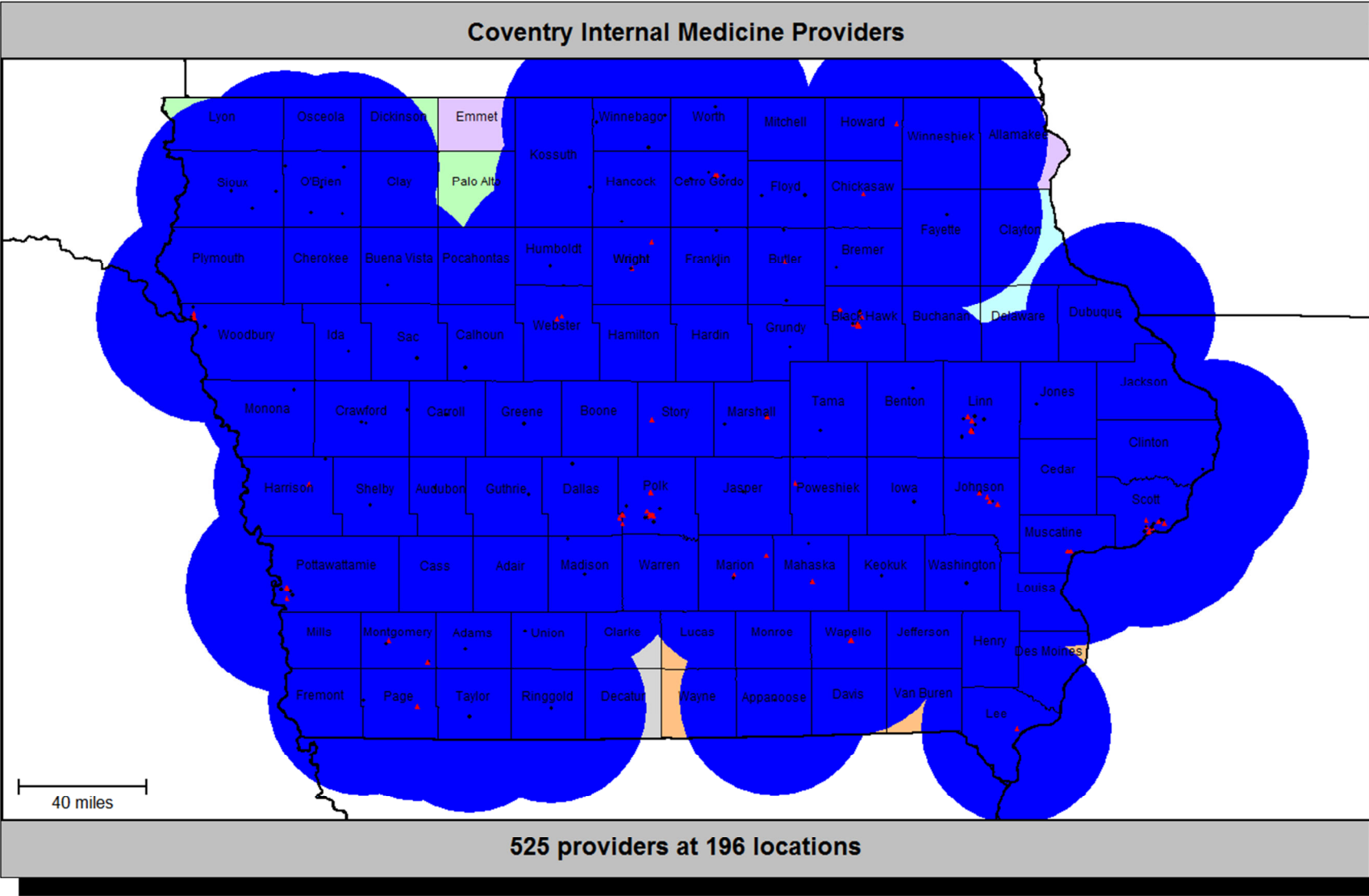
Provider locations



Provider locations with 30-mile radius

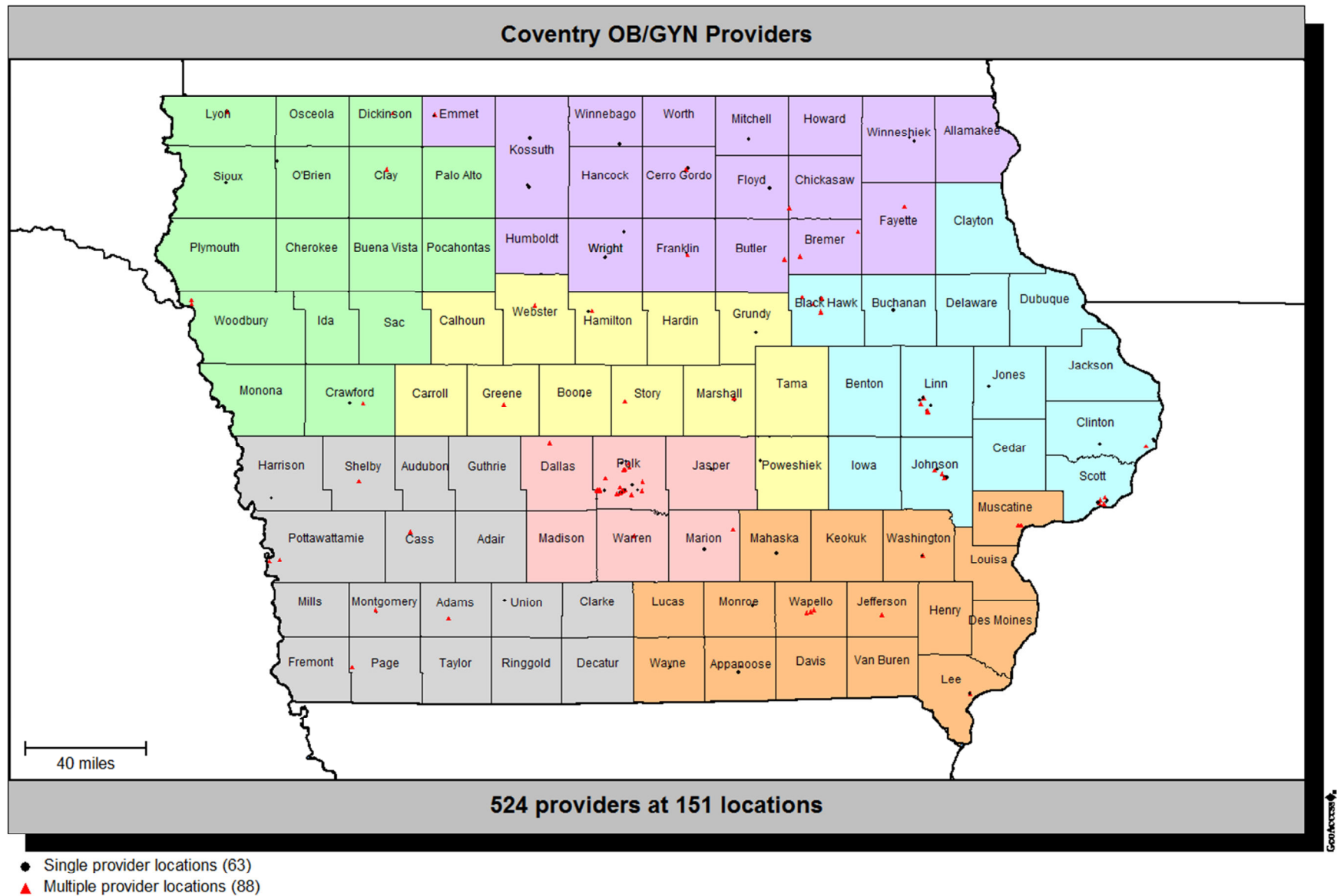


Provider coverage/penetration

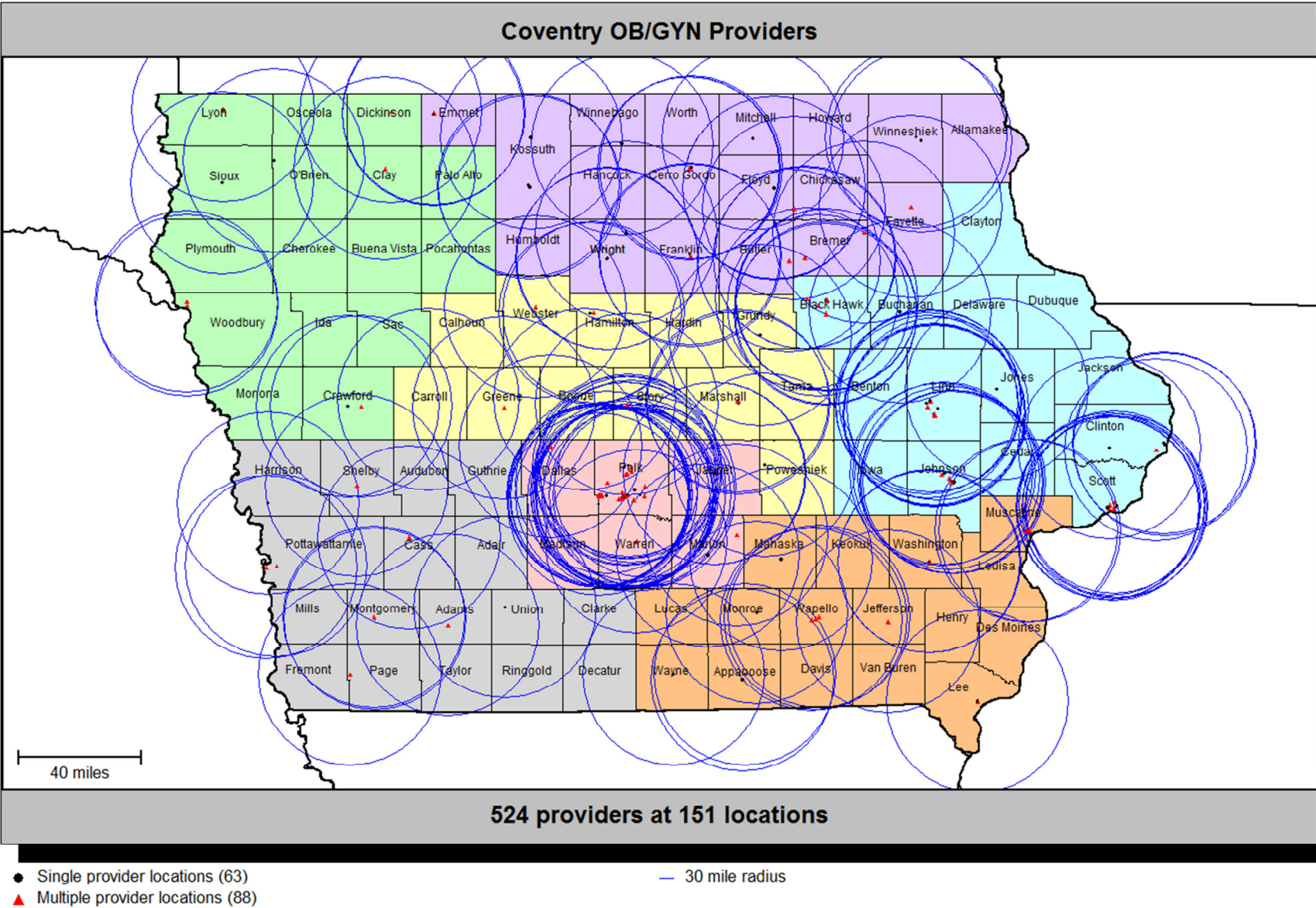


- Single provider locations (113)
- ▲ Multiple provider locations (83)
- 30 mile radius

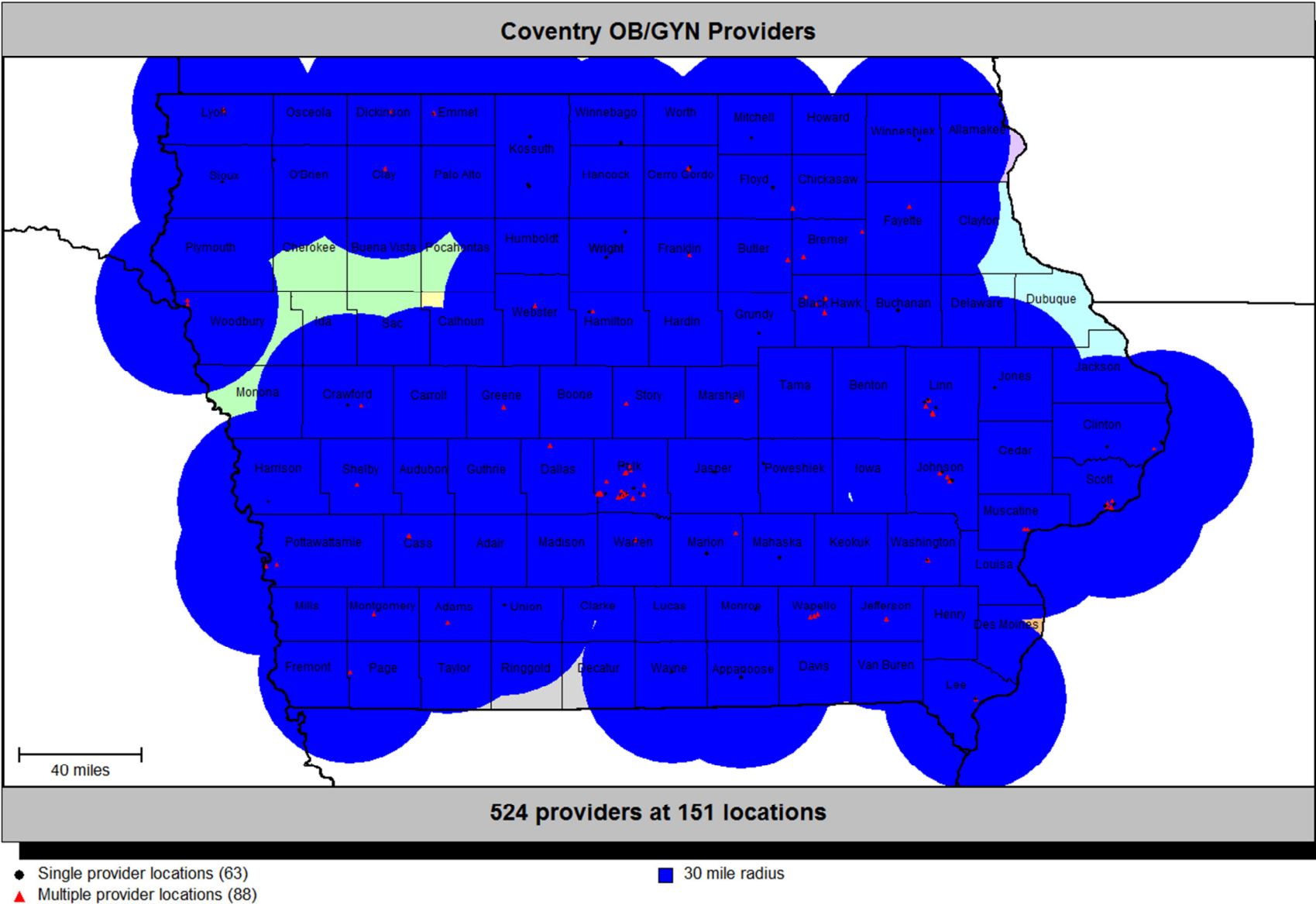
Provider locations



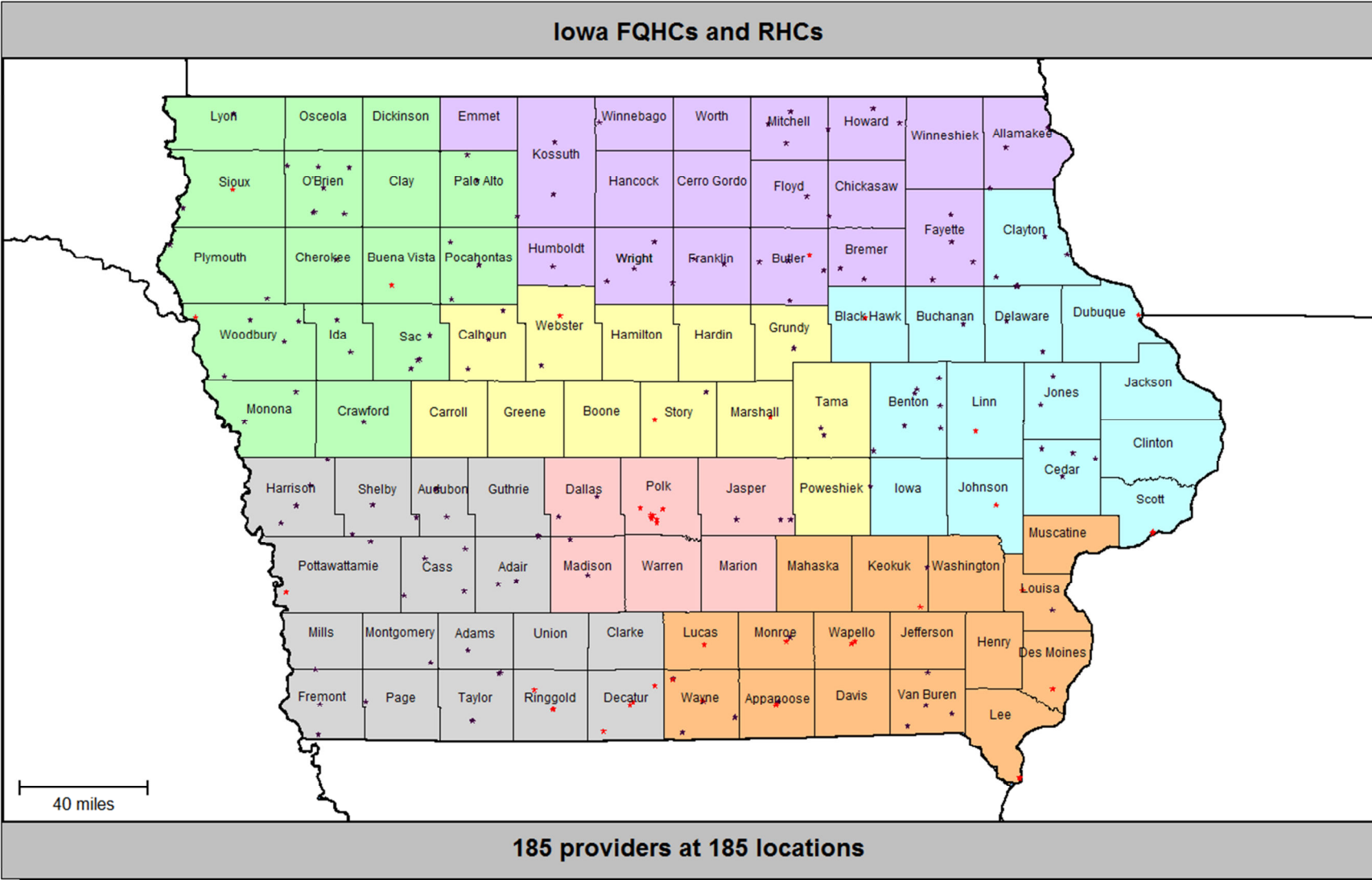
Provider locations with 30-mile radius



Provider coverage/penetration

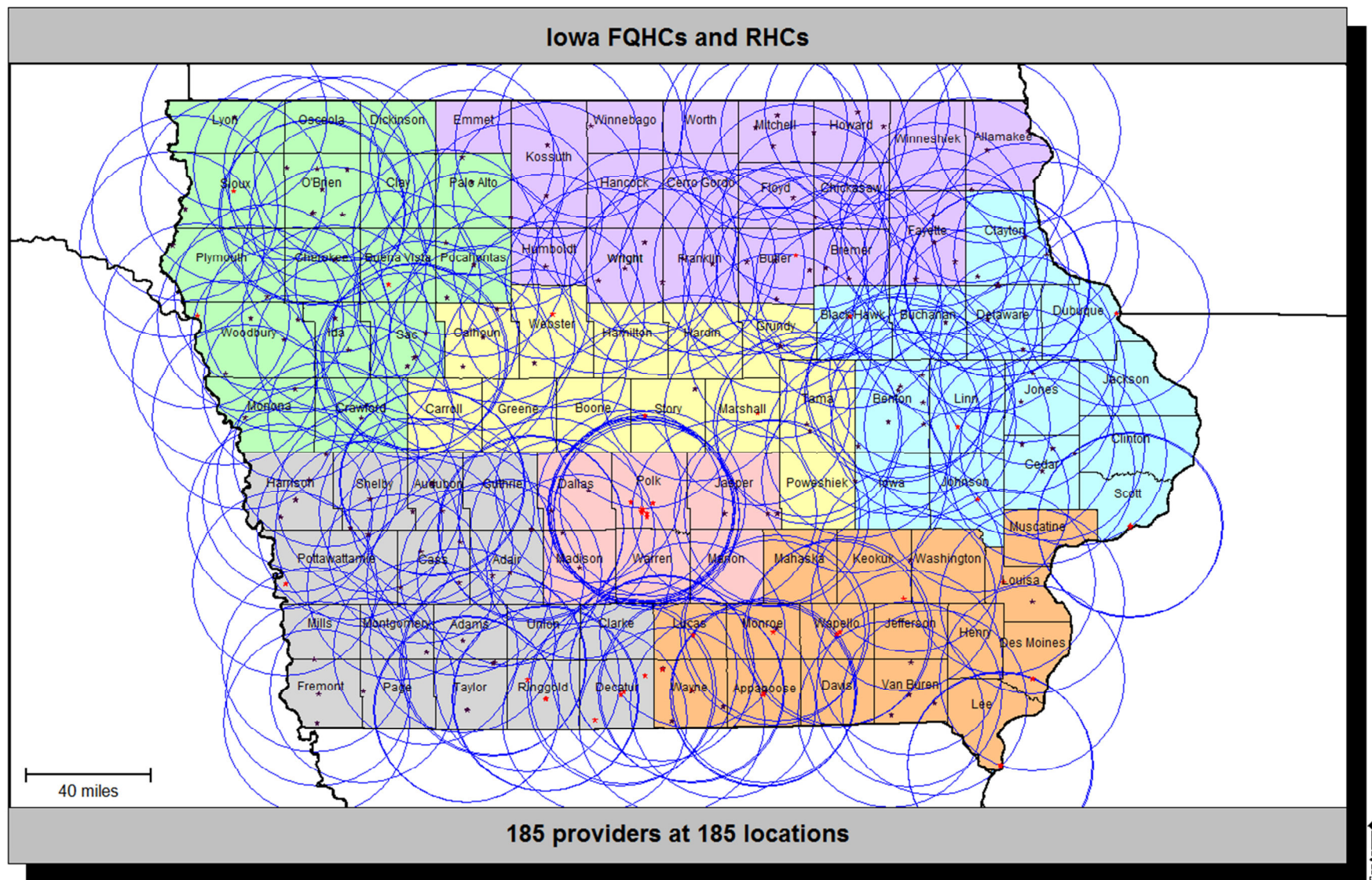


Provider locations



- ★ Wellness Plan FQHCs (43)
- ★ Wellness Plan RHCs (142)
- 30 mile radius - ALL

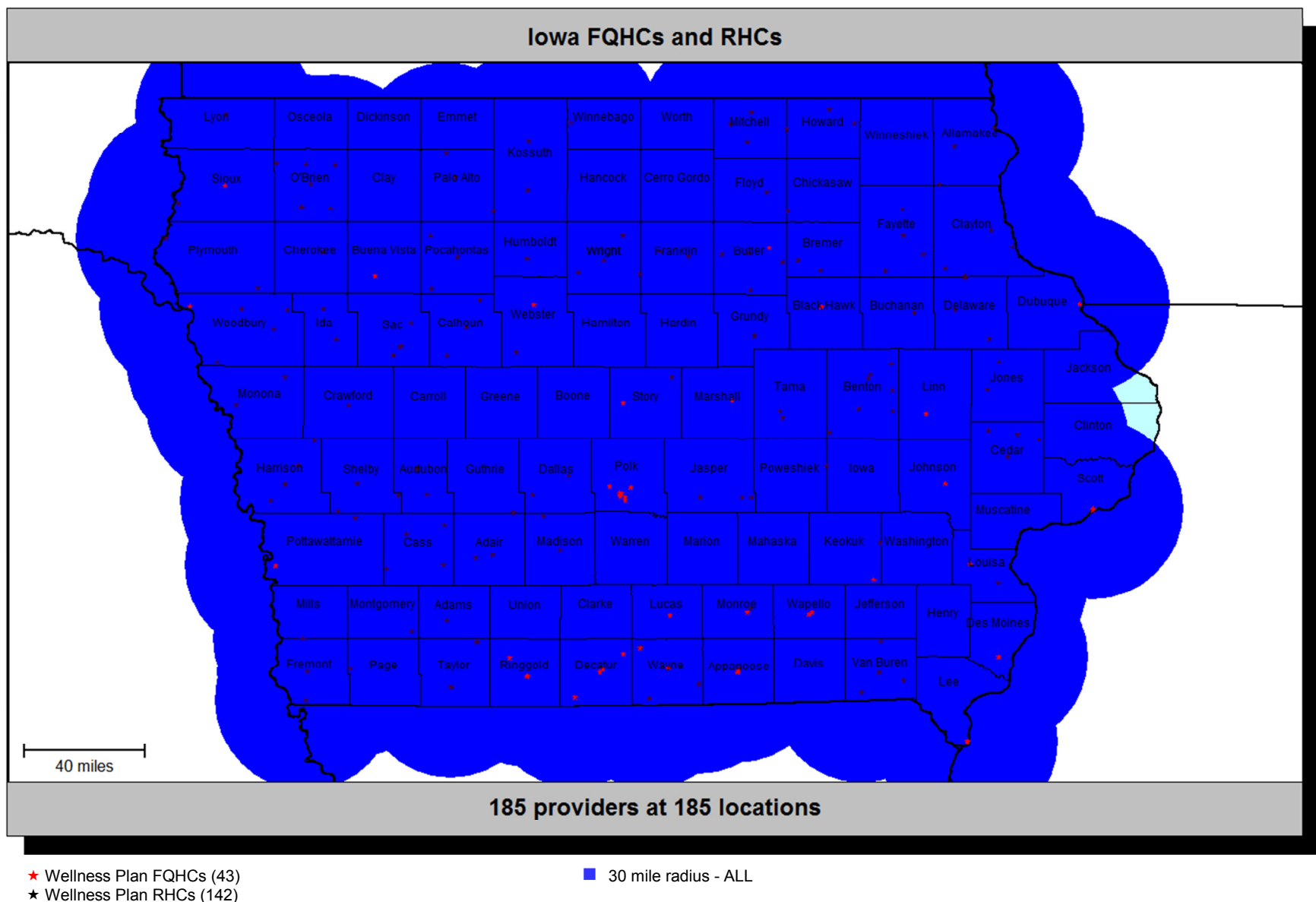
Provider locations with 30-mile radius



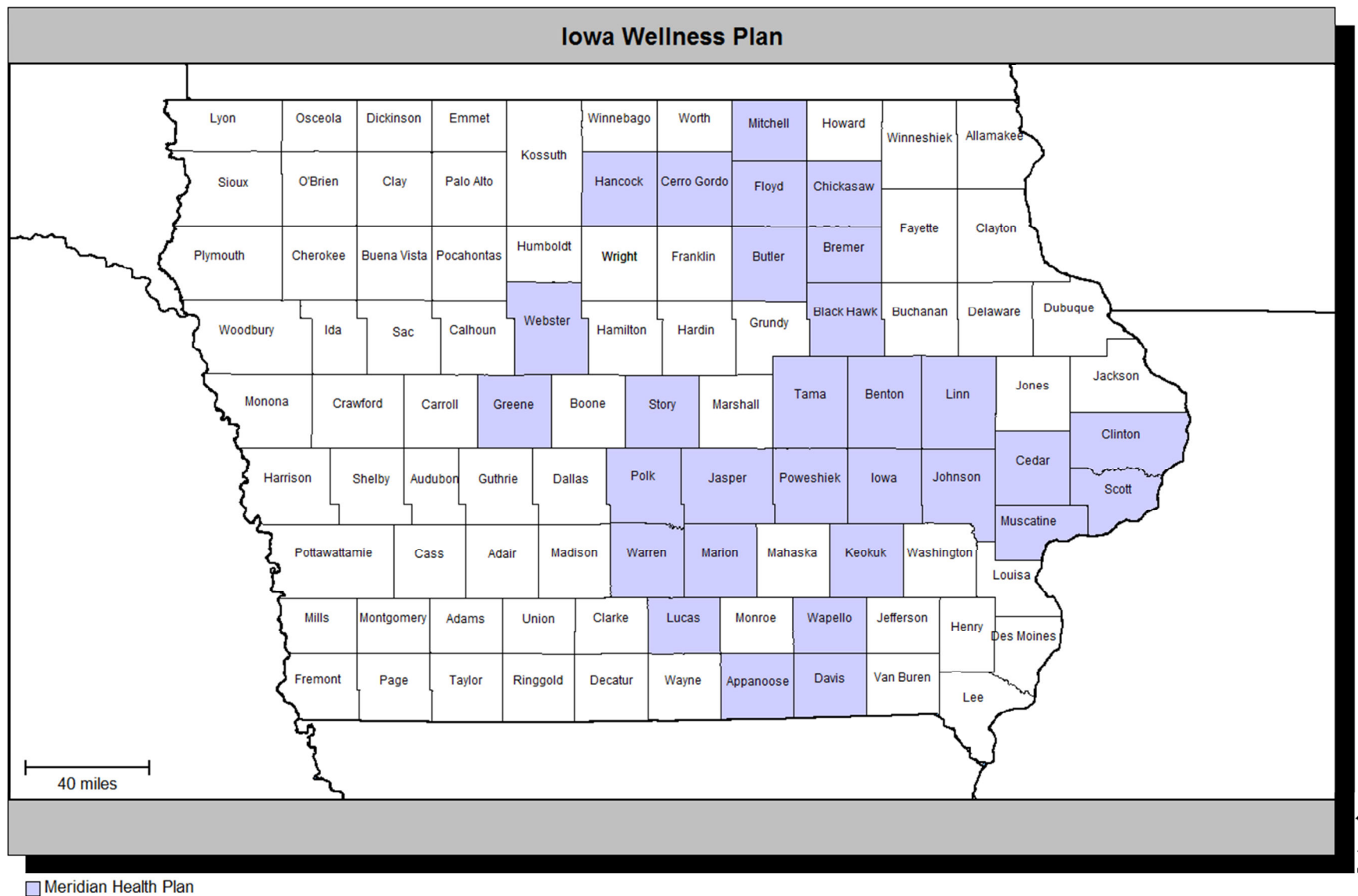
- ★ Wellness Plan FQHCs (43)
- ★ Wellness Plan RHCs (142)

— 30 mile radius - ALL

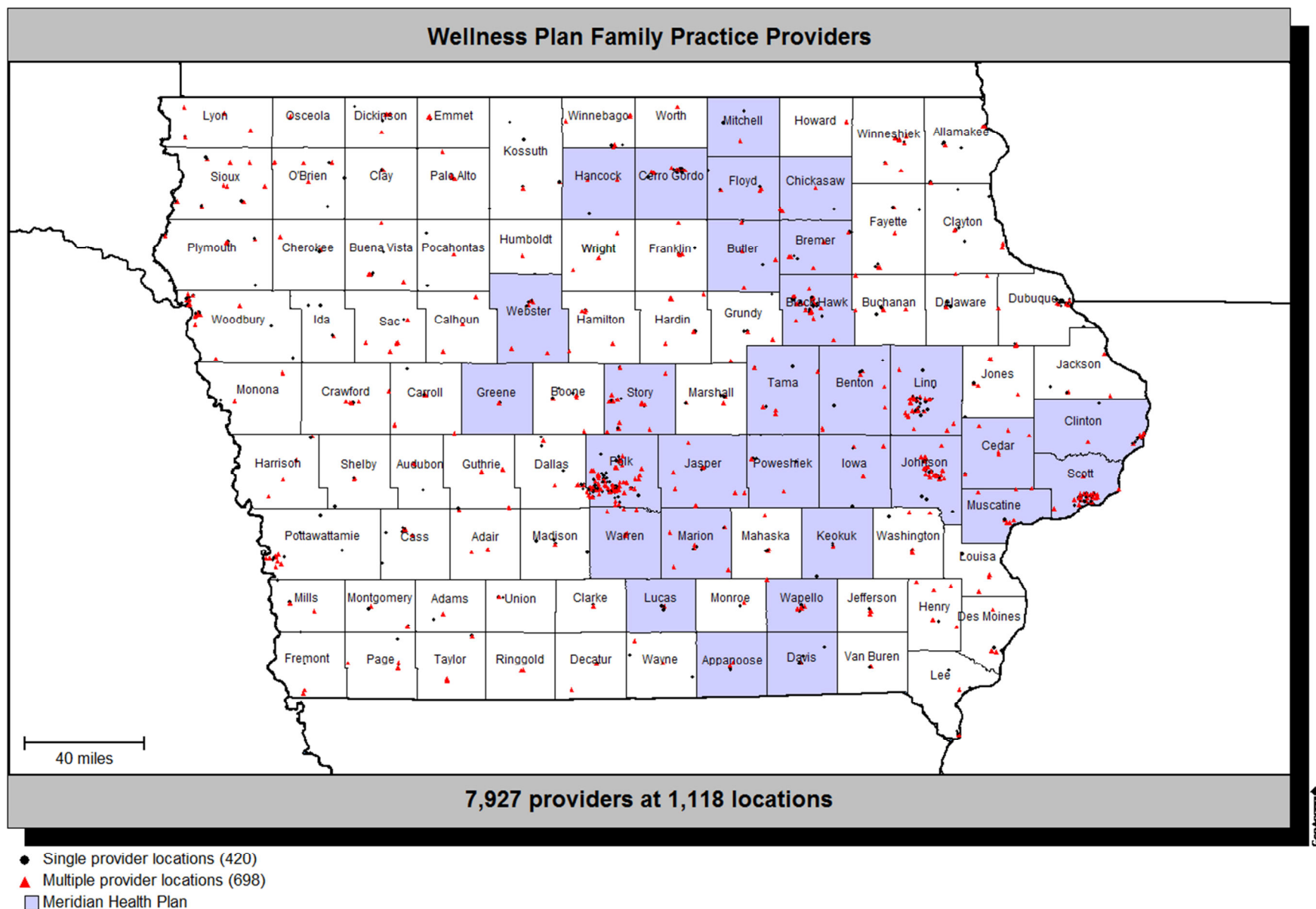
Provider coverage/penetration



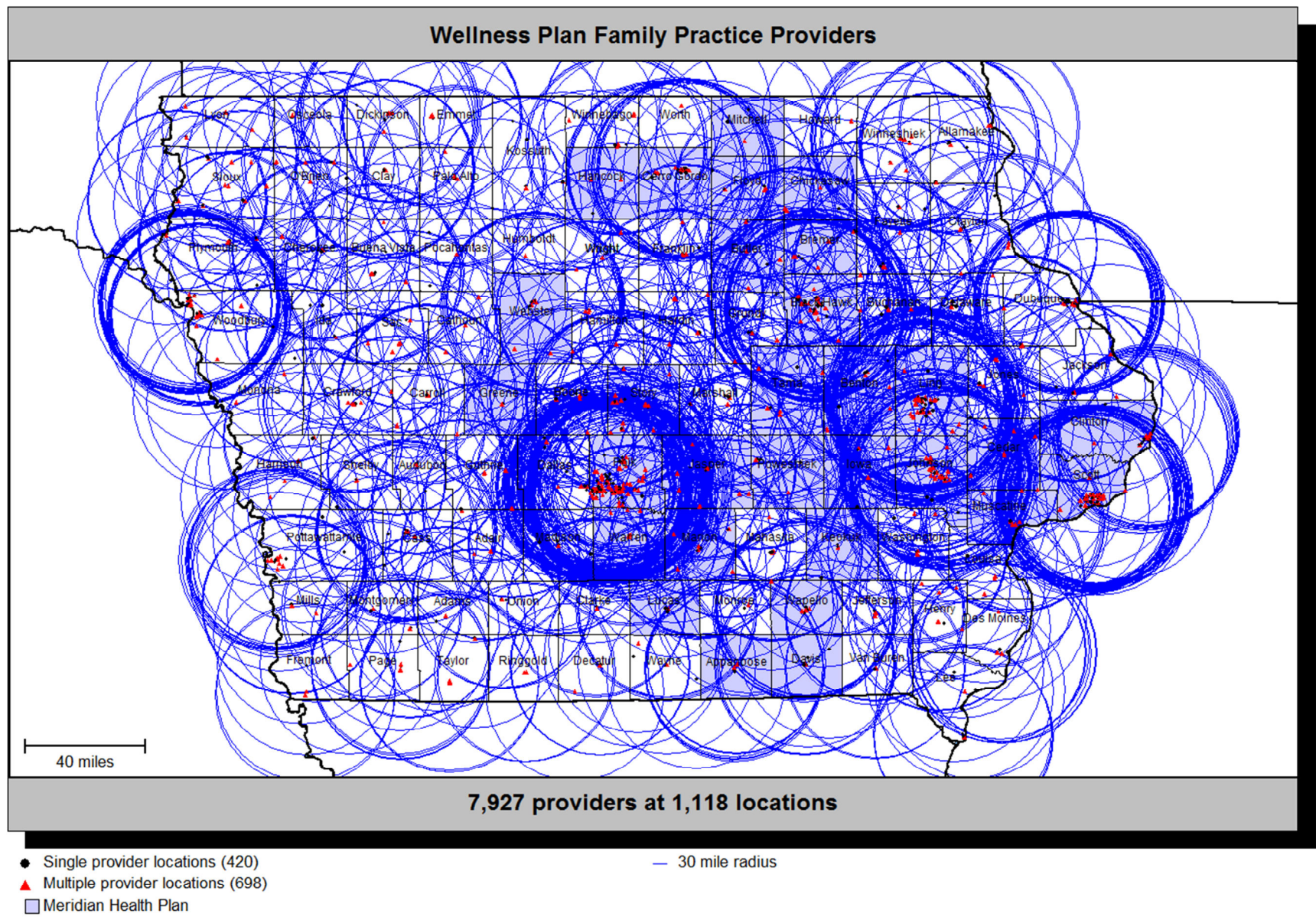
Geographic overview



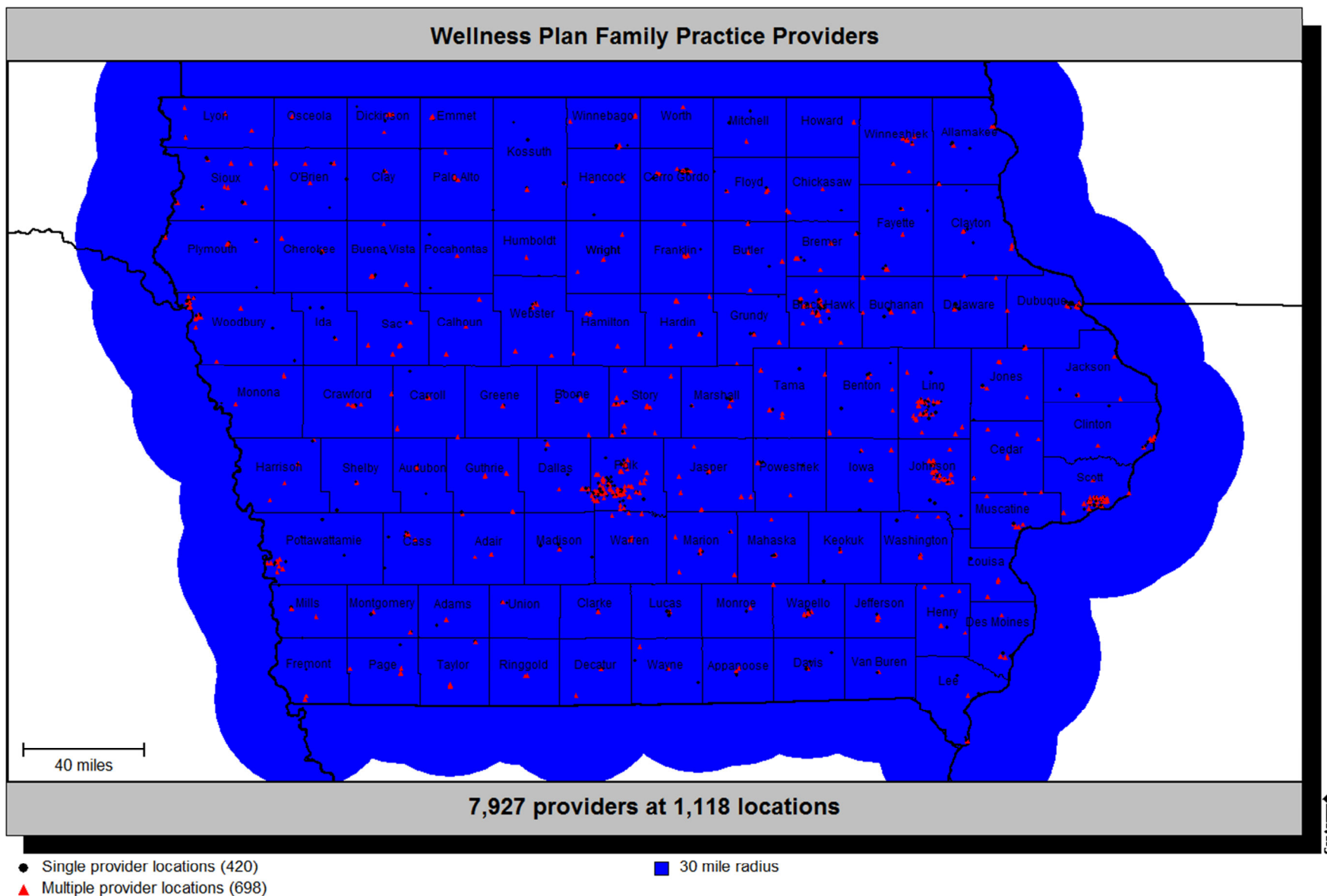
Provider locations



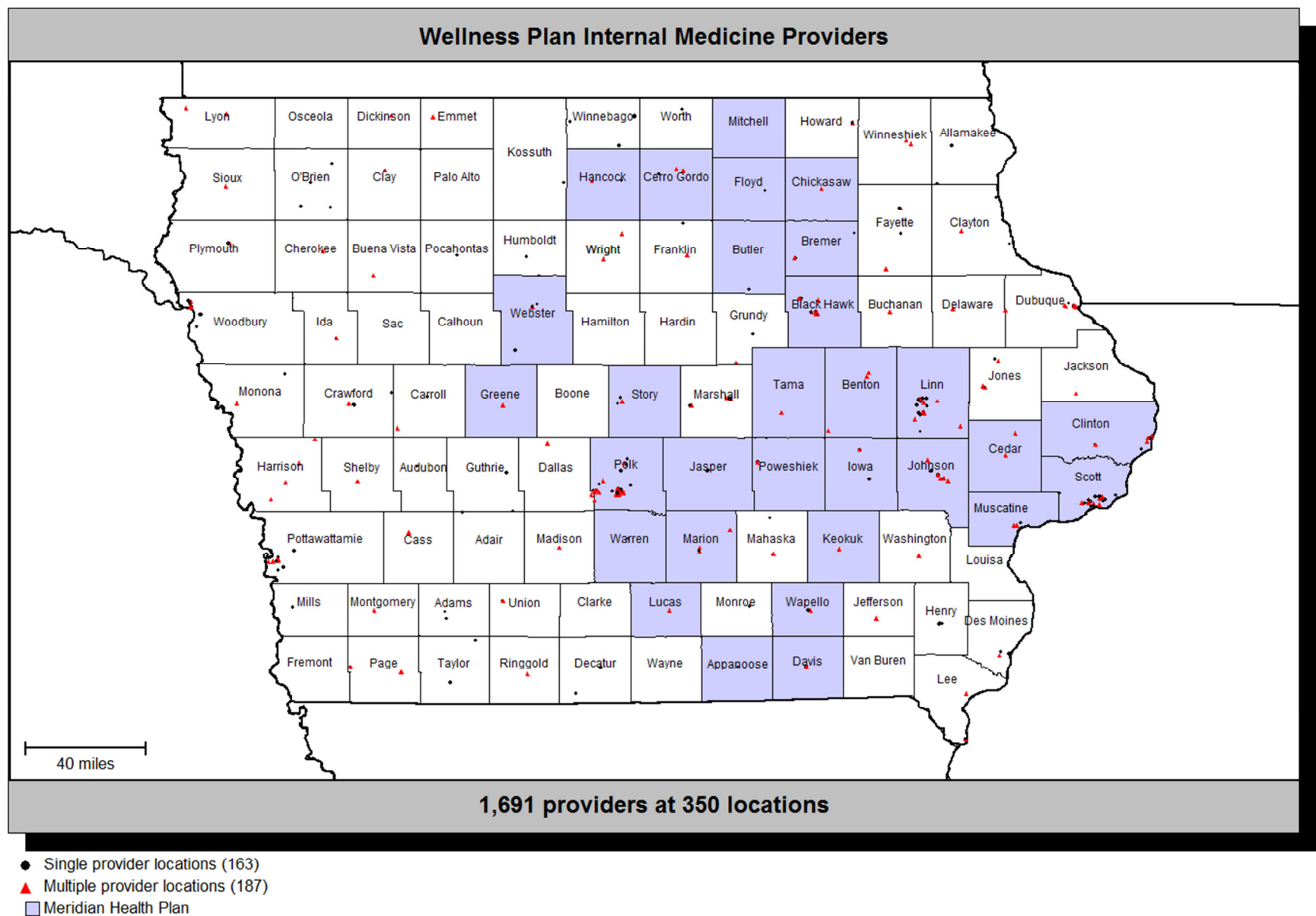
Provider locations with 30-mile radius



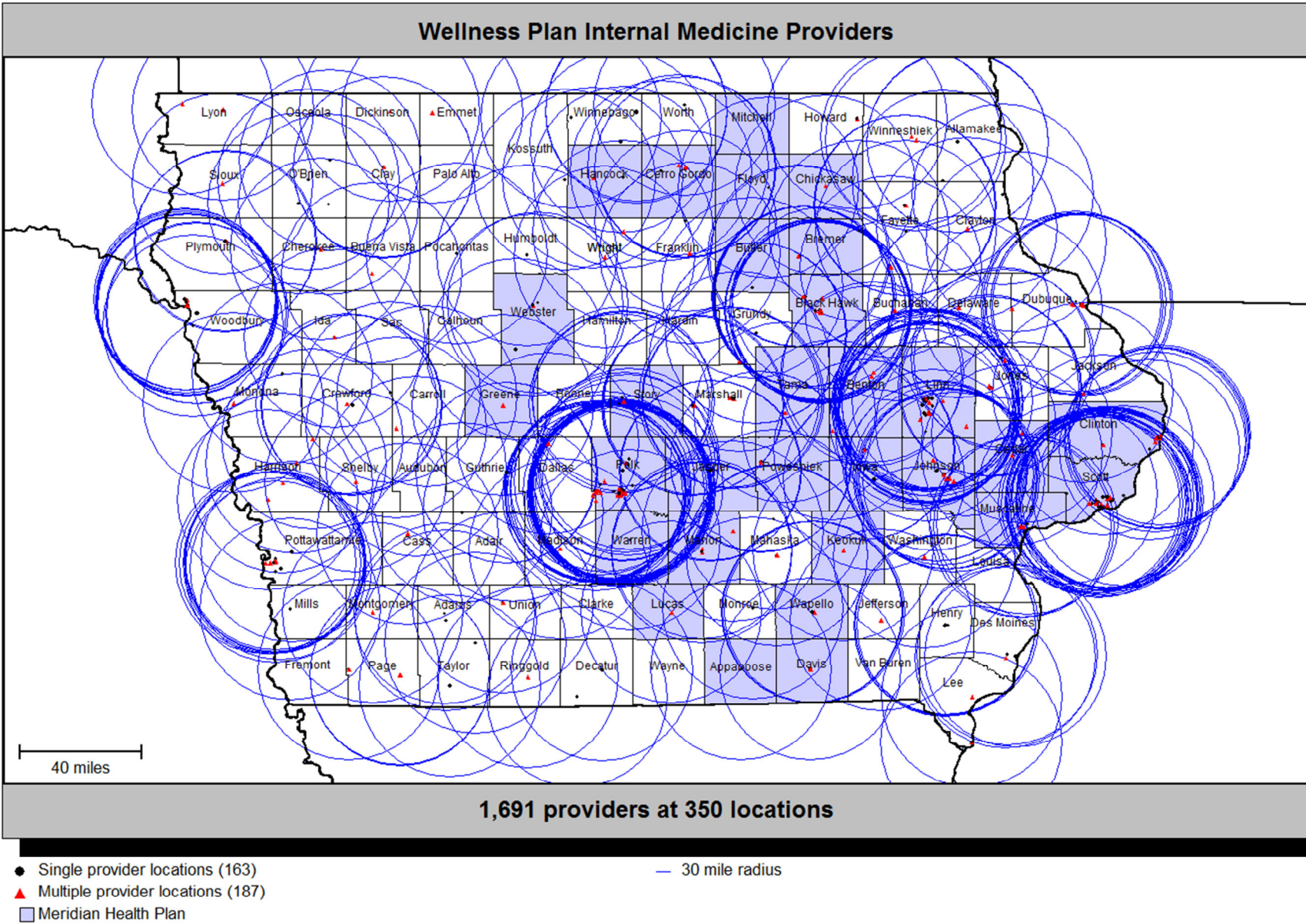
Provider coverage/penetration



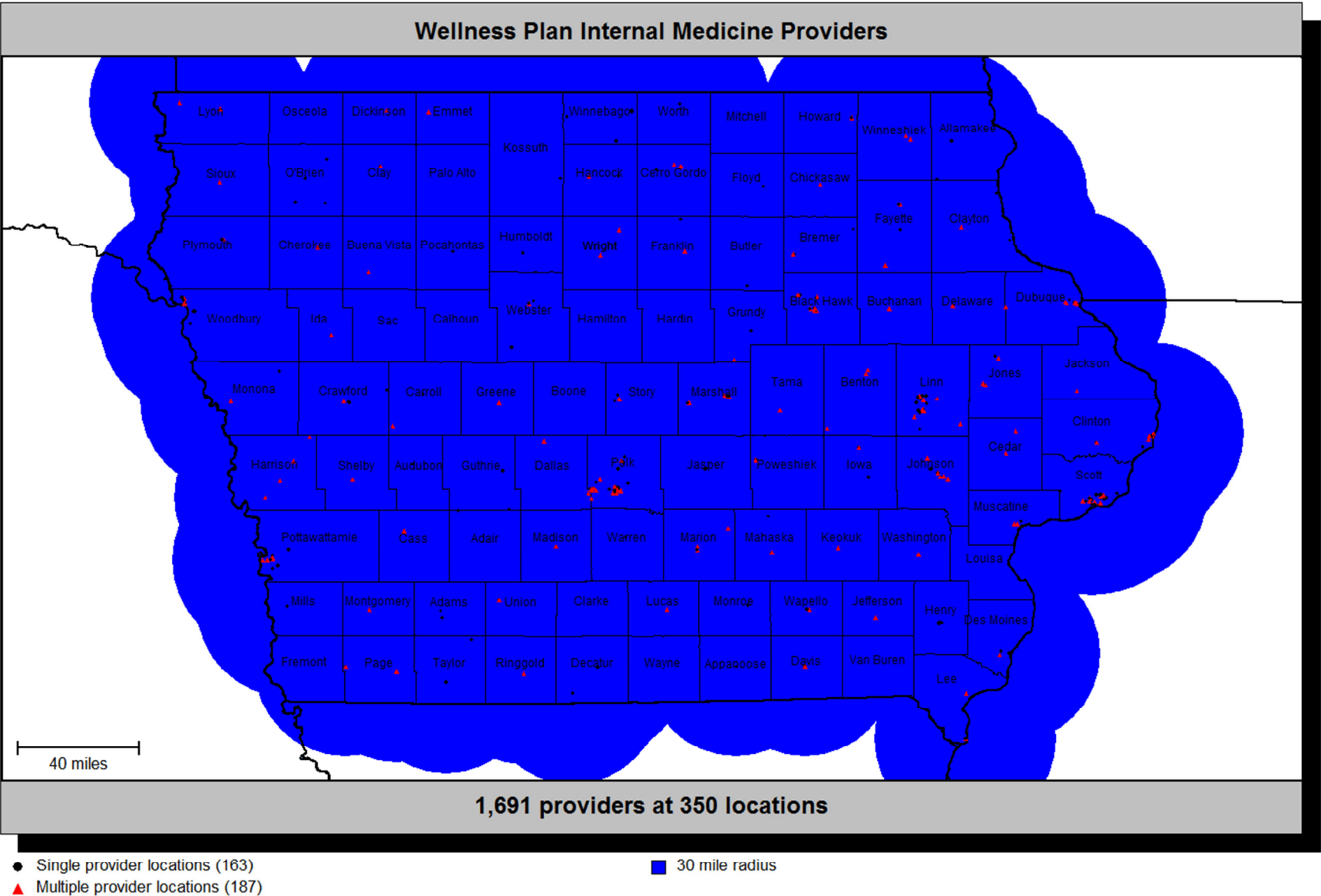
Provider locations



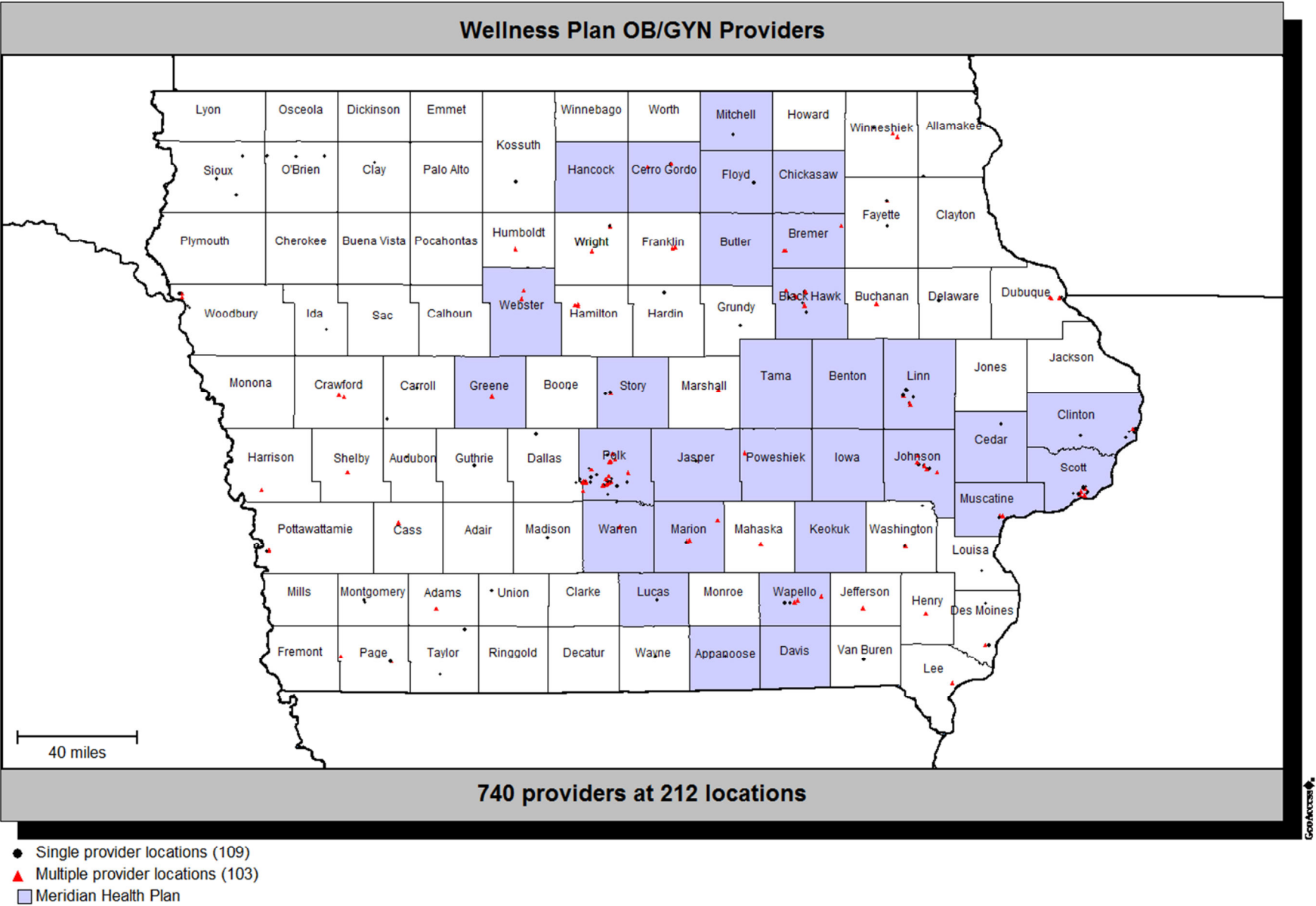
Provider locations with 30-mile radius



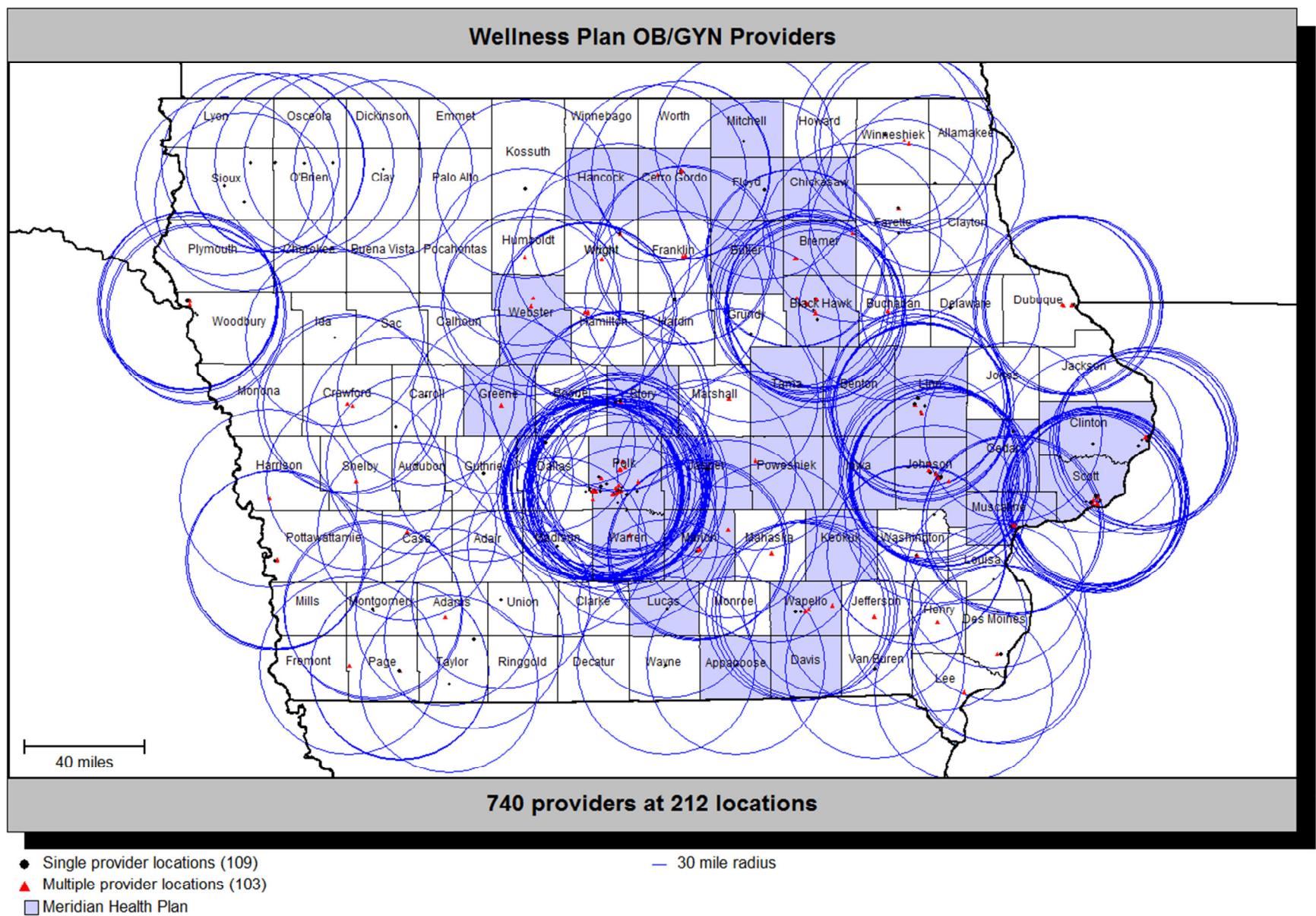
Provider coverage/penetration



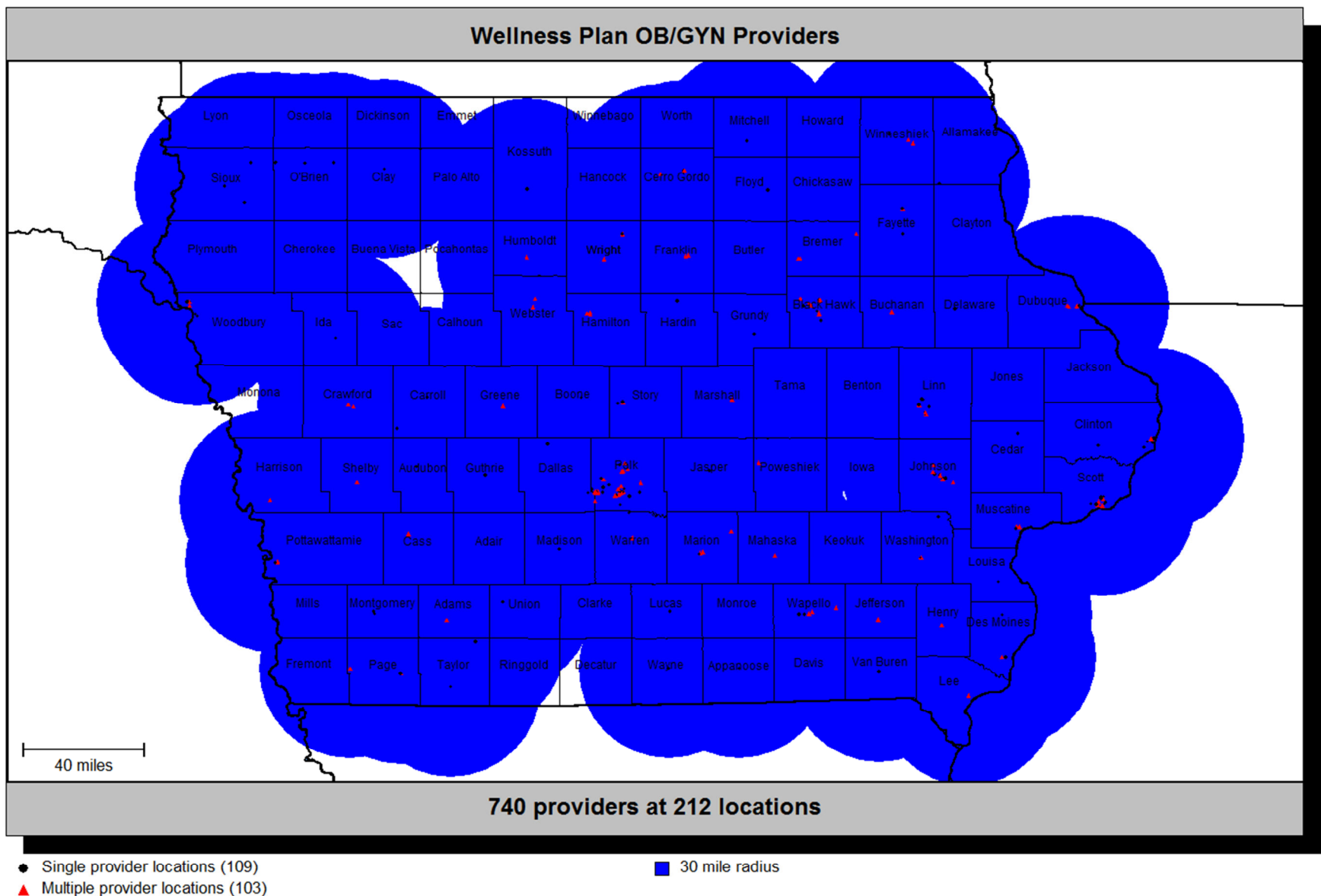
Provider locations



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).¹

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 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.² 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.

¹ 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.

² 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.³

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.⁴ 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.⁵

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 person completes the survey, the response is distilled into a one-page report that the person receives and may also be provided securely to that person's primary care provider. In the MPC, when a person completes the survey, the response is distilled into a one-page report that the person 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. The

³ 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.

⁴ IME developed a Health Risk Assessment white paper that is available at:
http://www.dhs.state.ia.us/uploads/HRA%20Whitepaper_03122014_Final.pdf

⁵ 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

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

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.

Iowa Wellness Plan providers who use HYH for members can earn an additional fee-for-service payment that is designed to reimburse provider offices for the time spent administering the HRA.⁶ This payment is valid for the HYH tool only and is being offered for the first year of operation. Details around how to submit a claim for this additional reimbursement are still being developed.

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.⁷ 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 that provider entity that has been qualified by IME. 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.

Healthy Behavior 2: Completion of a Wellness Exam

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*

⁶ This payment is only available to the Wellness Plan provider network.

⁷ Added per CMS request on 03.24.14 call that IME identify 'monitoring' activities.

payment when at least 50 percent of their patients complete an annual wellness exam.⁸ 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. 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.

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.⁹ 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.

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:

⁸ 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>

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

- 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.¹⁰ 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).

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 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

¹⁰ 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

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
CoOpportunity Health

November 26, 2013
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.¹¹

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.¹² 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.¹³ Finally, on (or near) May 21, 2014, the IME will hold a MAAC meeting that will be open to the public.¹⁴

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 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.¹⁵ 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

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

¹² 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.

¹³ 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.

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

¹⁵ See attachments entitled, Sample WellnessPlan Enroll Packet and Sample Enrollment Packet MktplaceChoicePlan

have not completed Healthy Behaviors.¹⁶ All messages will include information of how to contact the IME to self-report and appeal completion of Healthy appendixes Behaviors.¹⁷ 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) will have a webpage specifically targeted to members of the Iowa Health and Wellness 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

¹⁶ See attachment entitled, HBP member notification timeline

¹⁷ Added per CMS request on 03.24.14 call that IME identify 'monitoring' activities.

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 Standards¹⁸

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.

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. Iowa will implement an alternative but similar set of measures that are currently in place in out managed care programs. Iowa will ensure the following:

- Medical service delivery sites are located within 30 miles of and accessible from the personal residences 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.

NCQA Element 1B Standards

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:

¹⁸ Per CMS, STC #24(a)(ix)(1)(a), statewide or regional access standards, is met in the ‘Access to Care’ section that follows this section.

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 2) live within 30 miles of a county that has a provider that has an NCQA Element 1B score of at least 50 percent

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 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.¹⁹

¹⁹ Added per CMS request on 03.24.14 call that IME identify 'monitoring' activities.



Healthy Behaviors Program: Financially-Based Rewards

Under the Iowa Health and Wellness Plan

March 31, 2014

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 (FPL). The two plans provide a comprehensive benefit package and provider network, along with important program innovations.

Beyond providing access to healthcare coverage for this population, the program’s intent is to drive quality care by establishing an outcomes-based reimbursement methodology, leveraging private health plans and encouraging personal responsibility. In the new plans, members have a financial stake in their healthcare. The waivers are designed to drive appropriate consumer behavior in their use of the health care system by emphasizing primary care access and utilization, and encouraging healthy behaviors by waiving premium contributions for completing a wellness visit, health risk assessment, or other identified activities. Individuals with income below 50 percent of the FPL and those found to be medically exempt (frail) will not be subject to contributions, but they will be encouraged to participate in the healthy behaviors program. Beyond the ability to earn a waiver of premium contributions, the Iowa Medicaid Enterprise (IME) intends to offer financially-based rewards to Iowa Health and Wellness Plan members, providing positive incentives in 2015 consistent with program goals. This would provide an enticement for those at or below 50 percent FPL (with no contribution to waive), and a positive incentive to those above 50 percent FPL once the premium contribution waiver has been achieved with a goal to further drive population health engagement.

Background

National studies indicate a positive correlation between specific incentives and reduced health care costs over time.¹ An emerging body of research underscores the importance of patient engagement in their own health, including the Patient Activation Measure (PAM) showing those more activated have better experience of care and health outcomes; taking steps to build skills and confidence are a key to increasing activation.² Findings also show rewards for wellness visits (an annual physical) result in more favorable outcomes than rewards that involve lifestyle changes such as quitting smoking or weight loss.³ The rewards program will be designed to increase individual responsibility for personal health and support adoption of healthier behaviors. The long-term goal is to reduce health care costs for preventable conditions by improving overall health status and patient activation level. Core elements of Financially-Based Rewards for the Healthy Behaviors Program are:

- Establishing a positive reward (beyond the waiver of premium contributions) to motivate members to access preventative care and engage in healthy behaviors.
- Educating members, providers and other stakeholders on the program, its importance and alignment with overall goals.
- Monitor the program to determine if it is understood by members and driving results.

Program Structure

A key goal of the Healthy Behavior Program is to operate an evidence based incentive program for the Iowa Health and Wellness population. The program structure includes four distinct components necessary to implement and ensure success: the reward benefit itself, member outreach and education, engagement of partners and monitoring results.

1. Rewards

Several forms of rewards can be issued to members that meet qualification criteria. At minimum, it has been determined that reward amounts must equal the annual premium amounts in the Wellness Plan (\$60) and the Marketplace Choice (\$120)⁴. Rewards may be basic or enhanced based on the level or milestone achieved; minimum and maximum limits may be earned according to a payment schedule. For example, enrolling in a health program may result

¹ John Cummings. "Finding the ROI in Wellness Incentives." *Business Finance*. <http://businessfinancemag.com> August 11, 2008

² Judith Hibbard and Jessica Greene. "What the Evidence Shows About Patient Activation: Better Health Outcomes and Care Experiences; Fewer Data on Costs." *Health Affairs*. February, 2013.

³ Kane, et al. Economic Incentives for Preventive Care. Evidence Reports/Technology Assessments, No. 101. Rockville: Agency for Healthcare Research and Quality, August 2004.

⁴ Market PlaceChoice and Wellness Plan Special Terms and Conditions, Healthy Behaviors, Premiums and Cost Sharing.

in a “basic” benefit of \$25. Accomplishing a weight loss of 5 percent may result in an “enhanced” reward of an additional \$50. Rewards are intended to be available only after the waiver of premiums has been earned (if applicable; those below 50 percent FPL have no premiums). Examples of reward benefits include vouchers or debit cards that would limit purchases to health related items and allow participation with community programs, such as:

- a. Pharmacy over-the-counter medications
- b. Gym memberships and weight loss programs
- c. Sports equipment and registration fees
- d. Tobacco cessation supplies
- e. Fresh food purchases (such as farmer’s market)
- f. Childcare during health related activities
- g. Gas cards or bus passes for healthcare visits

IME intends to contract with a vendor to assist with the administration of Financially-Based Rewards. Essential functionality for this component includes:

- Evidence based incentive program design
- Implementation plan and work bread down structure
- Member and community partners communication plan, including integration with other program communication activities with IME and community partners
- Evaluation of results, including possible collaboration with other CMS incentive program evaluations or national groups
- Interface with IME to identify members eligible for rewards
- Production and issuance of rewards mechanism and related material such as benefit cards, vouchers and gift catalogs
- Tracking of account balances as rewards are added and benefits spent
- Regular reporting on account activity
- Call center/customer service for card services support
- Respond to requests for replacement cards
- Open, maintain and close accounts
- Capability to go live by January 1, 2015

2. Member Outreach and Education

Effective communication is essential because this is both a new feature for the Medicaid program and (generally) a new population to a fulsome Medicaid coverage. A successful incentive program is dependent upon how well members are informed, so marketing is critical to achieving results. Studies indicate that Medicaid rewards programs must be easily

understood, realistically achievable and attractive enough to motivate participation.⁵ Other findings reveal that rewards have a higher impact on simple behavior changes such as wellness visits and routine screenings, as opposed to sustaining complex behavior changes such as smoking cessation and weight loss.⁶

Challenges include the ability to reach members given known communication barriers for this population: lower access to the internet, low literacy skills and primary language complications. IME's existing Member Services infrastructure is already positioned to handle this type of effort. Strategies for educating members include:⁷

1. Trained staff for responding accurately to member questions about the program
2. A launch with educational mailings and dedicated website
3. Reminder contacts to reinforce the key components of the program
4. Partnership with providers and stakeholders to promote the program
5. Reduce confusion by separating healthy behavior communication from other program messaging

Targeted outreach could be identified through a health risk assessment,⁸ member surveys, or provider referrals.

3. Partnerships

Engaging the larger healthcare community is an important component of any strategy for improving health outcomes. IME will work with providers, ACO partners, participating HMOs, and marketplace health plans to promote the rewards program. Participating providers will be expected to offer educational materials and guidance on healthy behaviors to members. IME will educate and support these stakeholders on the program and ensure they are aware of any related performance requirements that may apply. IME will also ensure it is easy for providers to connect members to resources for further support and detail. IME communications to providers may include the following:

- Information about the program that rewards members for healthy behaviors and includes corresponding provider incentives
- Encouragement to provide preventive services and emphasize coordinating care with community services

⁵ Health Affairs Article: Medicaid Incentive Programs To Encourage Healthy Behavior Show Mixed Results To Date And Should Be Studied And Improved. <http://content.healthaffairs.org/content/32/3/497.abstract>

⁶ Adam Oliveris. "Do wellness incentives Work?" *Health Care Cost Monitor*. The Hastings Center. February 18, 2010.

⁷ Center for Health Care Strategies, Inc., *Medicaid Efforts to Incentivize Healthy Behaviors*, July 2007.

⁸ IME has a whitepaper on the Health Risk Assessment and how it will be used in the Iowa Health and Wellness program in March of 2014: http://www.dhs.state.ia.us/uploads/HRA%20Whitepaper_03122014_Final.pdf.

- Directives on motivating members to participate in changing behaviors
- Emphasize healthy behavior standards of accountability for providers⁹

Educating participating vendors that administer rewards may also be necessary depending on the final program design.

4. Monitoring Incentives

Tracking progress and assessing results will take several forms. Certain behaviors such as screenings and preventive visits can be tracked using CPT codes in Medicaid claims data.¹⁰ Some behaviors that result in improved outcomes involve lifestyle changes, such as participation in weight loss or smoking cessation programs, however these can be more administratively difficult to manage and track due to a dependency on manual processes such as requiring forms to be signed by a program representative. Surveys of participants might also be used to assess the program during year one to gather feedback and allow for adjustments during subsequent years. The Treo dashboard for Value Index Score (VIS) that is being utilized for tracking and communing patient outcome related incentives for providers will allow for some tracking of member engagement. In addition, the Iowa Public Policy Center will be consulted to assist with the overall reporting design as well.

Conclusion

IME understands there will be challenges engaging this population in a new rewards program, but the Iowa Health and Wellness Plan waivers are designed to overcome traditional barriers with a proactive philosophy seeking to further member engagement in their own health and improve utilization of the health care system. Positive outcomes can be achieved by implementing effective strategies. IME will design a program that offers attractive rewards, education for members, and collaboration with providers and partners. Additionally, IME will implement mechanisms for tracking quality and monitoring progress to inform future improvements to the program. In implementing Financially-Based Rewards, the IME will add a new, proven lever to increase the velocity of change in order to further drive member engagement, the quality of member health and ultimately reduce costs.

⁹ Centers for Medicare and Medicaid Special Terms and Conditions, Iowa Marketplace Choice Plan, VIII. Healthy Behaviors, Premiums and Cost Sharing, 40 (vii).

¹⁰ This is defined for Iowa Medicaid in provider Informational Letter 1337 from December 19, 2013. <http://www.dhs.state.ia.us/uploads/1337%20Billing%20a%20Wellness%20Exam%20and%20a%20Sick%20Visit%20Revised.pdf>.