



**Iowa Wellness Plan Quarterly Report  
1115 Demonstration Waiver  
January 1, 2016 – March 31, 2016**

**May 2016**

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## I. EXECUTIVE SUMMARY

The Iowa Health and Wellness Plan (IHAWP) has undergone major changes since it was implemented on January 1, 2014, to provide quality healthcare to individuals with incomes up to 133 percent of the federal poverty level (FPL). In 2015, the state requested program changes to the Marketplace Choice Plan (MPC) and Iowa Wellness Plan (IWP) due to the lack of qualified health plans (QHP) in Iowa. In addition, the state requested to the Centers for Medicare and Medicaid Services (CMS) to transition to a statewide managed care for the majority of the Medicaid population, including IHAWP members, effective January 1, 2016. The state's efforts to implement changes to the IHAWP program and delivery system are outlined below.

On September 3, 2015, the state submitted a request to CMS to amend the IWP demonstration. This request proposed to modify eligibility to include MPC members and establish a managed care delivery system for the IWP demonstration under concurrent 1915 (b) authority, effective January 1, 2016. In addition, the state requested to retain MPC authorities should the state determine the MPC is a viable option in the future.

On December 24, 2015, CMS approved the state's amendment request to allow members previously eligible for the MPC to be eligible for the IWP. CMS also granted the state to temporarily retain the MPC authorities through June 30, 2016, to allow the state time to decide whether the MPC would be renewed in 2017 with participating QHPs.

On January 1, 2016, the majority of the IHAWP population began receiving services through the IWP; however CMS determined it was necessary to delay the implementation of statewide managed care to April 1, 2016, to allow the state more time to meet transition readiness requirements. In the interim IWP members received services through the fee-for-service (FFS) Medicaid provider network.

In March 2016, the state submitted two State Plan Amendments to: (1) request changes to the MPC Alternative Benefit Plan for the inclusion of MPC members in the IWP; and (2) revise the delivery system through which the IWP Alternative Benefit Plan is delivered to reflect the move to managed care.

Other major activities or milestones that occurred during first quarter included the following:

- Member education and enrollment activities related to managed care;
- Provider education about managed care and impacts on the IWP;
- Temporary extension of the NEMT waiver to June 30, 2016; and
- Implementation of Dental Wellness Plan changes.

Following this letter is a detailed report of key activities and related statistics for the first quarter, consistent with the Special Terms and Conditions. Additional information on the IHAWP can be found at <http://dhs.iowa.gov/ime/about/iowa-health-and-wellness-plan>. Do not hesitate to contact me at 515-256-4621 or [mstier@dhs.state.ia.us](mailto:mstier@dhs.state.ia.us), or Deanna Jones at 515-256-4652 or [djones1@dhs.state.ia.us](mailto:djones1@dhs.state.ia.us) should you have any questions about this report.

Sincerely,

Mikki Stier  
Director  
Iowa Medicaid Enterprise

## II. SIGNIFICANT ACTIVITIES OF THE QUARTER

### 1. Member Outreach

During first quarter the state focused on member activities that supported the transition to managed care under the new IA Health Link Program. Below is an overview of member outreach activities that were completed to align with the managed care implementation process.

- Initially members were informed the IA Health Link Program would begin January 1, 2016, however, CMS determined more time was needed for the state to meet certain readiness requirements and gave approval to start the program on April 1, 2016. The state responded to this change by updating member mailings with information about the new timelines, which included dates members were allowed to make a health plan selection.
- Educational meetings were held by request between January 2016 and March 2016 to inform members of the transition to the IA Health Link Program. The state presented information about IA Health Link Program coverage and discussed new processes for receiving prescription medications and necessary health services. IA Health Link materials and program updates for members can be found at [IA Health Link](#).
- The state continued to educate members about the Healthy Behaviors Program to assure they were aware of the structure of the IHAWP and the requirements for completing healthy behaviors to receive premium waivers.
- On December 18, 2015, the contract with Wellcare of Iowa (Wellcare) was terminated, which left the state with three managed care organizations (MCO) under the IA Health Link Program. In February, members who were assigned to Wellcare received a “reassignment [letter](#)” that explained the change and available MCO options under the IA Health Link Program.
- The state and MCO representatives held informational sessions throughout the state, which covered an overview of the managed care delivery system, specific MCO information, and enrollment assistance for both providers and members. Additionally, public meetings were held to allow members and member representatives to ask questions or comment about the impacts of managed care on Medicaid programs.

### 2. Provider Outreach

During first quarter, the state worked with providers to assist with the transition to managed care. These efforts included the following activities:

- In January and February, provider training sessions were conducted across the state. Information about these sessions is provided in [Informational Letter 1600-MC](#). Webinars were made available for those not able to attend the live training.
- Providers received email communications about the status of the IA Health Link Program, which included member related information, and provider related resources and tools. Providers were made aware of the state’s [Informational Letters](#), which contain important policy and procedures related to managed care.

### 3. Public Relations

#### Press Release/Coverage:

- January 2106 – The state began sending a weekly newsletter, called “[e-News](#),” to interested members, providers, and stakeholders. These newsletters contain provider and member updates on the IA Health Link Program.
- February 2016 – A [special announcement](#) was released to provide information about CMS’ approval of an April 1, 2016, effective date for the transition to managed care.

#### Stakeholder Engagement:

During the quarter, the IME continued to provide bi-weekly newsletters via the IME Communications “e-News.” These updates provide stakeholders updates to the IA Health Link program as well as pertinent member and provider information

The Medical Assistance Advisory Council (MAAC) and other stakeholders continued to hold monthly and quarterly meetings to discuss member and provider concerns and potential recommendations to present to the IME and MCOs as appropriate.

### 4. Legislative Developments

In the fourth quarter of 2015, a final rules package for the implementation of managed care, pursuant to Senate File 505, section 12(24) was submitted through a formal review process. These rules were approved in January 2016, with an effective date of January 1, 2016.

## II. ELIGIBILITY/ENROLLMENT

### 1. Quarterly Enrollment

Over first quarter, the IWP population increased by 4 percent for an ending total of 143,365. Monthly enrollment totals by population group are shown below.

Population Group	January	February	March
0-100% FPL	103,957	107,083	107,641
101-133% FPL	33,696	35,272	35,465
Presumptive	538	360	259
Total	138,191	142,715	143,365

## 2. Special Population Groups

The state monitors specific population groups enrolled in the IHAWP to ensure their health care needs are met in accordance with the Special Terms and Conditions (STC). These groups are comprised of: (1) Nineteen and twenty year-olds, (2) American Indian/Alaskan Natives, and (3) the medically exempt (frail). Below are IWP enrollment totals for these groups during first quarter 2016.

Population Group	January	February	March
<u>19-20 Year-old</u>			
0-100% FPL	5,317	5,465	5,419
101-133%FPL	1,111	1,113	1,113
<u>American Indian/Alaskan Native</u>			
0-100% FPL	1,429	1,495	1,515
101-133%FPL	346	392	379
<u>Medically Exempt</u>			
0-100% FPL	15,189	14,726	14,424
101-133%FPL	3,082	2,993	2,964
Total	26,474	26,184	25,814

## III. ACCESS/DELIVERY

During the first quarter of 2016, IWP members had access to the Medicaid provider network under FFS. There were 24,741 physicians actively enrolled in the Medicaid network at the end of the quarter.

## IV. COMPLAINTS/APPEALS

### 1. Complaints

IHAWP members have access to IME's Member Services Call Center to express their questions or concerns about the program. During fourth quarter 2015, the IME received a low number of complaints that IME staff were able were resolved during the calls. The following chart provides a summary of complaints.

Complaint Type	January	February	March
Benefits and Services	6	12	14
Access	0	0	0

Substance Abuse/Mental Health Access	0	0	0
Quality of Care	0	0	0
Medical Provider Network	1	0	0
Premiums and Cost Sharing	2	6	6
Healthy Behaviors	1	3	3
Non-emergency Medical Transportation	2	0	0
EPSDT Services	0	0	0

## 2. Appeals and Exceptions

During first quarter IWP members/providers requested 86 exceptions to Medicaid policy and 53 requests for appeal hearings. See Attachment 1 for more details.

### VI. Budget Neutrality/Fiscal Issues

During first quarter, the state did not encounter any significant financial issues related to the IWP. See Attachment 2 for the actual number of member months for the IWP as of March 31, 2016.

### VII. Other Activities

#### 1. Dental Wellness Plan

Dental providers were notified of changes in claims submissions effective January 1, 2016. These changes involved DWP stabilization services criteria, emergency services criteria, member payment guidelines, and member benefit current medical terminology (CDT). Additionally, local public health agencies continued to provide outreach and referral services to DWP members and worked with the dental provider community providers on increasing program awareness. DWP updates for providers can be found at [Delta Dental DWP Updates](#). See Attachment 3 for an overview of operations and member benefit information.

#### 2. Premium Monitoring and the Healthy Behaviors Program

In accordance with the STCs, the state is required to collect premium related data to monitor the effects of premiums on IWP members with incomes between 50 and 133 percent of the FPL. This information is contained in Attachment 4.

#### 3. Non-Emergency Medical Transportation (NEMT)

The STCs of the original IWP and MPC 1115 demonstrations required the waiver of non-emergency medical transportation (NEMT) to sunset on December 31, 2014, with a possible waiver extension based on evaluation results of the impact on access to care. In September of 2014, the state proposed an amendment to extend the NEMT waiver because adequate data were not available to conduct a full evaluation within the allowed time period. In December 2014, CMS approved the state's request to extend the NEMT waiver through July 31, 2015, with additional time to present further data by May 31, 2015.

On May 29, 2015, the state submitted a second amendment with new evaluation results to CMS requesting continuation of the NEMT waiver through December 31, 2016, to maintain the state's original approach to Medicaid expansion within the 1115 demonstrations. In July 2015, CMS approved an extension of the waiver through March 31, 2016, with the expectation that the state complete additional surveys and analyses.

In January 2016, CMS approved the state's request to allow a temporary extension of the NEMT waiver to June 30, 2016. This approval allows the state to align with the timelines established for the extension of the 1115 demonstration IWP waiver, which is set to expire December 31, 2016. The state is planning to submit the application for the IWP extension to CMS in June 2016.

## **Attachments**

1. IWP Appeals and Exceptions Report
2. Financial Reporting - IWP Member Months
3. Dental Wellness Plan Report
4. Premium Monitoring Report

## IOWA WELLNESS PLAN - 1st QUARTER 2016

### EXCEPTION TO POLICY REQUESTS

MONTH	CATEGORY	STATUS	COUNT
January	Non-Covered Service	Approved	14
		Denied	6
	Pharmacy	Approved	1
		Denied	16
February	Non-Covered Service	Approved	4
		Denied	6
	Pharmacy	Approved	1
		Denied	14
March	Non-Covered Service	Approved	10
		Denied	7
	Pharmacy	Denied	7
<b>TOTAL EXCEPTIONS</b>			<b>86</b>

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### MEMBER APPEALS (Pending)

MONTH	CATEGORY	COUNT
January	Claim	14
	Pharmacy	1
	Contributions/Premiums	5
February	Claim	3
	Pharmacy	1
	Contributions/Premiums	9

March	Pharmacy	6
	Claim	4
	Contributions/Premiums	10
<b>TOTAL APPEALS</b>		<b>53</b>

Iowa Wellness Plan Member Months - 1st Quarter 2016

Income group: FPL below 50%

Managed Care/Patient Manager

Member Counts					
Elig End Date					
		1/31/2016	2/28/2016	3/31/2016	Grand Total
Elig Start Date	1/1/2016	0	0	0	0
	2/1/2016		0	0	0
	3/1/2016			0	0
	<b>Grand Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Member Months					
Elig End Date					
		1/31/2016	2/28/2016	3/31/2016	Grand Total
Elig Start Date	1/1/2016	0	0	0	0
	2/1/2016		0	0	0
	3/1/2016			0	0
	<b>Grand Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Medically Exempt

Member Counts					
Elig End Date					
		1/31/2015	2/28/2015	3/31/2015	Grand Total
Elig Start Date	1/1/2015	912	969	13695	15576
	2/1/2015		45	920	965

Elig Start	3/1/2015			915	915
	<b>Grand Total</b>	<b>912</b>	<b>1014</b>	<b>15530</b>	<b>17456</b>

Member Months					
Elig End Date					
		1/31/2015	2/28/2015	3/31/2015	Grand Total
Elig Start Date	1/1/2015	912	1938	41085	43935
	2/1/2015		45	1840	1885
	3/1/2015			915	915
	<b>Grand Total</b>	<b>912</b>	<b>1983</b>	<b>43840</b>	<b>46735</b>

### Fee-for-Service

Member Counts					
Elig End Date					
		1/31/2016	2/28/2016	3/31/2016	Grand Total
Elig Start Date	1/1/2016	7188	6222	74097	87507
	2/1/2016		608	9528	10136
	3/1/2016			15115	15115
	<b>Grand Total</b>	<b>7188</b>	<b>6830</b>	<b>98740</b>	<b>112758</b>
Member Months					
Elig End Date					
		1/31/2016	2/28/2016	3/31/2016	Grand Total
Elig Start Date	1/1/2016	7188	12444	222291	241923
	2/1/2016		608	19056	19664
	3/1/2016			15115	15115
	<b>Grand Total</b>	<b>7188</b>	<b>13052</b>	<b>256462</b>	<b>276702</b>

## Income group: FPL above 100%

### Medically Exempt

Member Counts					
Elig End Date					
		1/31/2016	2/28/2016	3/31/2016	Grand Total
Elig Start Date	1/1/2016	294	282	2525	3101
	2/1/2016		23	320	343
	3/1/2016			314	314
	<b>Grand Total</b>	<b>294</b>	<b>305</b>	<b>3159</b>	<b>3758</b>
Member Months					
Elig End Date					
		1/31/2016	2/28/2016	3/31/2016	Grand Total
Elig Start Date	1/1/2016	294	564	7575	8433
	2/1/2016		23	640	663
	3/1/2016			314	314
	<b>Grand Total</b>	<b>294</b>	<b>587</b>	<b>8529</b>	<b>9410</b>

### Fee-for-service

Member Counts					
Elig End Date					
		1/31/2016	2/28/2016	3/31/2016	Grand Total
Elig Start Date	1/1/2016	3295	2675	26002	31972
	2/1/2016		303	3251	3554
	3/1/2016			5162	5162
	<b>Grand Total</b>	<b>3295</b>	<b>2978</b>	<b>34415</b>	<b>40688</b>
Member Months					

Elig End Date					
		1/31/2016	2/28/2016	3/31/2016	Grand Total
Elig Start Date	1/1/2016	3295	5350	78006	86651
	2/1/2016		303	6502	6805
	3/1/2016			5162	5162
	<b>Grand Total</b>	3295	5653	89670	98618

## Iowa Dental Wellness Plan Report – 1st Qtr. 2016

<p>Operations</p>	<ul style="list-style-type: none"> <li>• Activities/Results <ul style="list-style-type: none"> <li>○ Customer Service calls received for quarter: 9,176</li> <li>○ 742,479 dental services provided to 77,475 unique members</li> <li>○ Completed Risk Assessments to date: 40,834 first time risk assessment and 8,200 second time risk assessment.</li> <li>○ 19 local Public Health Agencies are providing outreach and referral services to DWP members and working with community providers to increase awareness</li> </ul> </li> <li>• Claims <ul style="list-style-type: none"> <li>○ Processing Time (average): 7.81 days</li> <li>○ Payment for Claims: \$8,017,219.67</li> </ul> </li> <li>• Complaints/Appeals <ul style="list-style-type: none"> <li>○ 61 complaints, 61 resolved (program to date)</li> <li>○ 13 complaints, 13 resolved (1<sup>st</sup> quarter of 2016)</li> <li>○ 5 appeals, 5 resolved (program to date)</li> <li>○ 1 appeal, 1 resolved (1<sup>st</sup> quarter of 2016)</li> <li>○ No reports from members on not receiving timely services</li> </ul> </li> <li>• Network <ul style="list-style-type: none"> <li>○ Number of dentist providing services 1/1- 3/31, 2016:</li> <li>○ 653 General Dentists</li> <li>○ 47 Oral Surgeons</li> <li>○ 9 Periodontists</li> <li>○ 7 Pedodontists</li> <li>○ 7 Endodontists</li> <li>○ 6 Prosthodontists</li> </ul> </li> </ul>
<p>DWP Benefit Design and Related Data</p>	<ul style="list-style-type: none"> <li>• To date members that have received services <ul style="list-style-type: none"> <li>○ 97.4% received a Diagnosis and Prevention Service</li> <li>○ 44.6% received a Stabilization Service</li> <li>○ 32.3% received an Emergent Service</li> </ul> </li> <li>• Earned Benefits <ul style="list-style-type: none"> <li>○ 36.79% of members with qualifying service have earned Enhanced or Enhanced Plus benefits</li> </ul> </li> </ul>

<b>Premium Monitoring Report - 1st Qtr 2016*</b>							
	<b>JANUARY</b>		<b>FEBRUARY</b>		<b>MARCH</b>		
	FPL < 101%	FPL > 100%	FPL < 101%	FPL > 100%	FPL < 101%	FPL > 100%	
Members required to pay premiums (FPL > 49% FPL)	13,692	8,540	14,257	9,342	14,892	10,092	
Members who completed Healthy Behaviors (premiums waived)	4,731	3,236	4,066	2,971	3,867	2,857	
Members who completed Healthy Behaviors during 31-day grace period	4	5	13	13	13	28	
Members who declared hardship (premiums waived)	778	872	1259	1100	1343	1196	
American Indian/Alaskan Natives (exempt)	640	146	643	149	642	172	
Medically Frail (exempt)	2,955	2,162	2,916	2,161	2,938	2,219	
Members in the Health Insurance Premium Payment Program (exempt)	53	99	57	99	60	99	
Members ineligible for IHAWP - churn (exempt)	43	12	45	21	43	26	
Other exemptions - deceased members	6	4	7	1	1	4	
Members with incomes below 50% FPL (exempt)	32,888	NA	27,866	NA	30,058	NA	
Members with debt sent to collections for failure to pay premiums within 90-day grace period	5,098	667	5,367	704	5,569	679	
Members disenrolled for failure to pay premiums within 90-day grace period (FPL > 100%)	-	372	-	364	-	369	

\*Values represent monthly enrollment totals at a point in time