



**Iowa Wellness Plan Quarterly Report  
1115 Demonstration Waiver  
July 31, 2014 – September 30, 2014**

**October 30, 2014**

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## **I. EXECUTIVE SUMMARY**

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

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

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

- Established an additional Accountable Care Organization (ACO) agreement with Iowa Health+; this increases the number of ACO agreements to four. Last quarter the state secured agreements with Broadlawns Medical Center, the University of Iowa Health Alliance, and UnityPoint Health Partners.
- Progress on statewide implementation of the Department of Corrections enrollment process for offenders.
- Release of the Request for Proposal (RFP) to secure a contractor for the Healthy Behaviors Program.
- Finalization and CMS approval of the dental evaluation design addendum.
- Finalization and CMS approval of year 1 Healthy Behaviors and Premium Protocols.
- Outreach to members and other community stakeholders to assist with IHAWP program awareness and education.

Following this letter is a detailed report of key activities and statistics for the second quarter of the program's operation consistent with the STCs. Do not hesitate to contact me at 515-256-4644 or [jlovela@dhs.state.ia.us](mailto:jlovela@dhs.state.ia.us), or Deanna Jones at 515-256-4652 or [djones1@dhs.state.ia.us](mailto:djones1@dhs.state.ia.us) should you have any questions about this report or any other aspects of the new programs.

Sincerely,

Julie Lovelady  
Interim Director  
Iowa Medicaid Enterprise

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

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

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

In the fall 2013, the Iowa Medicaid Enterprise (IME) implemented the Department of Human Services (DHS) Contact Center to support the IHAWP enrollment and related ACA implementation inquiries. During third quarter, the center continued to respond to questions from state staff, such as field workers, and provided external customer support including enrollment applications and inquiries related to new and existing programs. There was a notable increase in the number of calls received from “Qualified Entities” (QEs) for assistance with the Medicaid Presumptive Eligibility Portal (MPEP). These QEs represent enrolled Iowa Medicaid providers certified by DHS and have authority to make presumptive eligibility determinations. MPEP support includes technical assistance with processing presumptive applications and assistance with policy questions.

Members continued to receive educational information about the IHAWP through their initial welcome and enrollment packets. The packets contain information on the program, and information on available primary care providers, or health plans, based on the program for which the member is eligible. Beginning second quarter, the IME began including information about the Healthy Behaviors program in the enrollment packets.

During third quarter, a variety of outreach materials about the IHAWP were created for the outreach events specifically mentioned below in section B. In August, the IME was able to share information on the new programs with more than 1,000 individuals at the Iowa State Fair.

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

The IME Provider Services Outreach team communicated information on the IWP to Iowa providers specifically targeting primary care providers to address patient needs. The number of participating primary care providers/ patient managers, increased from 1,504 to 1,530 over third quarter.

During third quarter, many community partners and provider associations requested informational meetings, panels, and presentations about the IHAWP. These sessions were held with the following entities:

- Mercy Hospital-Des Moines
- On with Life Conference
- Primary Care Association
- Iowa Medical Group Management Association
- American Association of Healthcare Administrative Management-Hawkeye Chapter
- Iowa Occupational Therapist Association

The IME conducted annual training for providers from June through August. The training focused mainly on managed care and the IHAWP. A total of 3,554 participants attended 66 sessions that were held in Sioux City, Davenport, Burlington, Mason City, Fort Dodge, Dubuque, and Des Moines.

## **2. Stakeholder Concerns**

Since the first quarter of 2014, the IME has received reports from providers and the stakeholder community about confusion of the benefit packages between the two different waiver programs (Wellness Plan or Marketplace Choice). By the end of third quarter, the confusion became less of an issue due to ongoing education through training sessions and other communications.

## **3. Significant Events**

A wide variety of outreach and education was conducted for various audiences related to the implementation of the IHAWP.

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

In the third quarter of 2014, the IHAWP continued to be highlighted in news articles related to health care coverage and the Affordable Care Act. Specifically, the DHS issued press releases related to the launch of the new member IHAWP website and the launch of another Accountable Care Organization agreement with Iowa Health+. More information on these press releases can be accessed from the following links:

[http://dhs.iowa.gov/sites/default/files/July032014\\_IHAWPUpdate.pdf](http://dhs.iowa.gov/sites/default/files/July032014_IHAWPUpdate.pdf)

[http://dhs.iowa.gov/sites/default/files/August112014\\_IHAWPUpdate.pdf](http://dhs.iowa.gov/sites/default/files/August112014_IHAWPUpdate.pdf)

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

The IHAWP has given the IME the opportunity to increase communication with stakeholders and community partners. A weekly email and distribution list is frequently used to share information. The weekly emails provide quick updates on the program, delivering information on a timely basis to interested individuals. The emails also serve as a way to share new documents, member materials, and update stakeholders on key developments. Close to 800 unique individuals subscribe to the weekly updates. In the third quarter, additional in-person or teleconference stakeholder educational sessions were held with a variety of organizations:

- Iowa Community Action Association
- Iowa Medical Society Roundtable Discussions
- Mercy North Iowa Population Health Staff
- Iowa Collaborative Safety Net Provider Network
- Visiting Nurse Services of Iowa
- Jump Start Polk County Health Fair
- Iowa State Fair (community outreach booth with Health Insurance Marketplace for all eleven days of the Fair)
- Easter Seals of Iowa
- African American Leadership Forum on Health Care

- Farm Progress Show (community outreach booth with Health Insurance Marketplace for all three days of the show)
- Iowa Legal Aid
- University of Iowa Health Care Benefits Staff
- Mercy Cedar Rapids
- Family Planning Council
- Genesis Healthcare
- Mercy Des Moines
- Mercy North Iowa

#### 4. Legislative Developments

Administrative rules for the IHAWP continued to move through the process to meet an effective date of January 1, 2015. During third quarter, the rules were submitted for public notice and comments, and subsequently sent to the Legislative Council for review.

#### ELIGIBILITY/ENROLLMENT

##### 1. Quarterly Enrollment

Over the third quarter, the overall IHAWP population increased by 4 percent for an ending total of 115,245. The IWP component increased over the quarter by 2 percent with an ending total of 87,893.

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 September 26, 13,445 persons were enrolled with the HMO and 47,827 were enrolled with a PCCM. The remaining enrollees were in the process of selecting a provider or reside in a county without PCCM or HMO availability. As of third quarter, 87 of the state's 99 counties have managed care access in the IWP.

IWP enrollment totals by county can be found at:

[http://dhs.iowa.gov/sites/default/files/IHAWPEnrollment%20Maps\\_September2014.pdf](http://dhs.iowa.gov/sites/default/files/IHAWPEnrollment%20Maps_September2014.pdf)

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

Monthly enrollment totals for the IHAWP are shown below.

Plan/Coverage Group	July	August	September
Marketplace Choice	24,527	25,329	26,535
Wellness	86,187	86,551	87,893
Presumptive IHAWP*	575	698	817
Total	111,289	112,578	115,245

\*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). At the end of third quarter, the total population for these groups was 15,151. Below are IWP enrollment totals for the targeted populations.

Population Group	July	August	September
19-20 Year-old	4,589	5,481	6,035
American Indian/Alaskan Native	1,020	1,016	1,031
Medically Exempt	8,678	8,374	8,085
Total	14,287	14,871	15,151

### 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. All members in the IHAWP receive information about coverage for EPSDT services in their enrollment packets. At the end of September 2014, members in this age group totaled 6,035.

### B. American Indian/Alaskan Natives

Individuals identified as American Indian/Alaskan Natives (AI/AN) and meet eligibility for the IWP totaled 1,031 at the end of September 2014.

### C. Medically Exempt

Medically exempt (frail) individuals as defined by 42 CFR 440.315, represented 8,085 members in the IWP at the end of September 2014. Exempt members will be enrolled in the Medicaid state plan and have the option to change coverage to the Alternative Benefit Plan known as the IWP. As of September 30, 2014, no members identified as medically exempt elected to enroll in the IWP. The state's methodologies for identifying these individuals are described below.

#### ▪ Self-attestation

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

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

▪ **Provider Referrals**

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

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

### **III. ACCESS/DELIVERY**

Provider access under the IWP follows similar standards that have proven to be effective for the state's Medicaid managed care population. This will ensure the infrastructure for the IWP is adequate for timely access to care for members. On July 3, 2014, CMS approved the state's Healthy Behaviors and Premium Protocols Year 1, which included the following standards.

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

The state will ensure that ninety-five percent of IWP members will reside in counties that meet the following timely access standards.

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

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

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



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

### **3. Monitoring Access and NCQA Standards**

The state will conduct a provider survey to monitor access standards stated above in sections 2 and 3. The IME has consulted with a biostatistician from the University of Iowa Public Policy Center (PPC) to develop a survey methodology that captures responses from rural, urban, and near-urban providers. The PPC methodology categorizes Iowa's 99 counties into four groups and applies a weighted scale to each group based on the population size. This will ensure the survey accurately reflects the ratio of providers to which members have access. For more details on monitoring standards see the draft of the Healthy Behaviors Program and Premium Monitoring Year 2 (Attachment 1).

Third quarter provider survey results revealed the required percentage of providers surveyed met the state's access and NCQA standards. See Attachment 2 for more information on survey results.

### **4. Provider Network**

See Attachment 3 for maps that show provider access by county for the IHAWP population.

## **IV. COMPLAINTS/GRIEVANCES/APPEALS**

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

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

Complaint Type	July	August	September
Benefits and Services	10	3	4
Access	8	4	6

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

## **2. Appeals/Exceptions**

During third quarter a total of 24 exceptions to Medicaid policy were requested by IWP members. Eleven requests were approved; ten due to miscellaneous IME errors and one for medically necessary services. Seven requests were withdrawn by IME as unnecessary and resulted in paid services. The remaining six exceptions involved non-covered services and were denied for consideration of payment.

## **VI. Budget Neutrality/Fiscal Issues**

During third quarter, the state did not encounter any financial issues related to the IWP. See Attachment 4 for the actual number of member months for the IHAWP as of September 30, 2014.

## **VII. Future Planning**

### **1. Dental Wellness Plan Implementation**

On May 1, 2014, the state, in conjunction with Delta Dental of Iowa, implemented the Delta Wellness Plan (DWP) to provide dental coverage for IHAWP members under a prepaid ambulatory health plan structure. See Attachment 5 for a status report of the DWP as of September 25, 2014.

### **2. Healthy Behaviors Program**

On July 3, 2014, the state received CMS approval on the Healthy Behaviors and Premiums Protocols that describes the state's plan for implementing healthy behavior incentives and premiums protocols for year 1. Additionally, in accordance with the STCs, the state worked on finalizing Healthy Behaviors Incentives Standards and Premium Monitoring Protocols in year 2 or subsequent years. In third quarter, the state released an RFP to secure a contractor for assistance with implementation of the healthy behaviors program.

### **3. Evaluation Design**

On September 29, 2014, the state received CMS approval on the Dental Wellness Plan Evaluation design addendum. In accordance with the STCs, the state posted

the final dental design on the IME website at: <http://dhs.iowa.gov/ime/about/iowa-health-and-wellness-plan/ihawp-fed-docs>. Additionally, the state and PPC received guidance from CMS on the healthy behaviors evaluation design addendum to assist with finalization of the first draft.

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

The DHS has partnered with the Department of Corrections (DOC) to streamline the enrollment process for offenders. The new process is being piloted in several of the state correctional facilities to ensure that an offender eligible for Medicaid benefits has access to coverage at the time of their release. This initiative aims to connect offenders to necessary health care, including mental health services to assist with reducing the recidivism rate. To date, the pilot process has been successful for many offenders. DOC and DHS continue work on implementing the enrollment process in additional DOC facilities with the goal of expanding statewide.

#### **VIII. Additional Information**

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

## **Attachments**

1. Draft Healthy Behaviors Program and Premium Monitoring Year 2
2. IWP Provider Survey Results
3. IHAWP Network Access Maps
4. Financial Reporting - IHAWP Member Months
5. Dental Wellness Plan Status Report

## **IOWA MEDICAID HEALTHY BEHAVIORS PROGRAM AND PREMIUM MONITORING PROTOCOLS FOR YEAR 2**

### ***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).

### **HEALTHY BEHAVIORS PROGRAM PROTOCOLS**

As described in the Iowa’s Healthy Behaviors Protocol for Year 1 approved by CMS on July 3, 2014, Iowa’s Healthy Behaviors Program is designed to influence how consumers interact with their health care system, emphasizing primary care access and utilization. The Healthy Behaviors Program is designed to reward members through 1) encouraging completion of healthy behaviors by rewarding them with waiver of contributions (premiums) in next enrollment periods and 2) encouraging completion of additional healthy behaviors by rewarding them with financially-based rewards. 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):

- 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.
- 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**

In Iowa's Healthy Behaviors Protocol for Year 1, Iowa defined the healthy behaviors, a wellness exam and a health risk assessment (HRA), as the behaviors a member must complete to qualify for waiver of contributions in their next enrollment period. As the definition and description of these healthy behaviors was provided in Iowa's Protocol for Year 1 document, further detail will not be provided in this document. Iowa's Healthy Behaviors Protocols for Year 1 is available at:

<http://dhs.iowa.gov/sites/default/files/FINALHealthyBehaviorsProgramProtocolYear1.pdf>

Based on stakeholder and provider feedback<sup>1</sup>, Iowa requests to expand the definition of a wellness exam to allow providers more flexibility to make prudent clinical decisions about what level of service is most appropriate for their individual patients. Essentially, providers will be able complete a routine medical examination in lieu of a more comprehensive annual physical depending on the needs of the individual. Allowing the definition of a wellness exam to be expanded retroactively will benefit both the provider and the member. Providers will benefit as they will have more flexibility in completing an appropriate exam for their patients and still receive the incentive for doing so. Members will benefit by having a greater chance to achieve their healthy behaviors and have their contributions waived in their next enrollment year. For more detailed information about the expanded definition of a wellness exam see *Attachment A* entitled IL – 1425 Wellness Exam Expanded.

With CMS approval, Iowa will begin using this expanded definition of a wellness exam with a January 1, 2014 effective date. This expanded definition of a wellness exam will be used for the healthy behaviors program in 2014, 2015, and beyond.

**Financially-Based Healthy Rewards for Healthy Behaviors Program (Healthy Rewards)**

The healthy rewards portion of the HBP will be designed to allow the member to receive financially-based rewards for completion of set of healthy behaviors defined by the Iowa Medicaid Enterprise (IME).<sup>2</sup> Only members who earn a waiver of contributions in their next enrollment year will be eligible to receive healthy rewards. The member will be encouraged to complete all behaviors simultaneously, but will not receive the finally-based rewards until completion of the wellness exam and HRA have occurred.<sup>3</sup> The behaviors that qualify for rewards will vary annually based on IME's aggregate findings of the HRA as well as input received from the accountable care organizations (ACOs) and the qualified health plans (QHPs). By allowing annual flexibility of the healthy rewards, the IME will be able to address the aggregate areas of need of the total population. Further, allowing flexibility of rewards will

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<sup>1</sup> The Iowa Medicaid Enterprise (IME) received requests to expand the definition of a wellness exam from several ACO's, including the University of Iowa Health Alliance, Unity Point and Broadlawns.

<sup>2</sup> The STC's require the rewards to at least be equal to the amount of premiums/contributions to which a member would be subject to pay. The HBP rewards will be at least \$120; the exact amount is yet to be determined.

<sup>3</sup> This standard will also apply to persons who are mandatorily exempt.

give IME the opportunity to explore whether incorporating healthy rewards for completion of social determinates of health activities will be beneficial to the population<sup>4</sup>.

In 2015, the healthy rewards behaviors will, at a minimum, consist of preventive behaviors that address smoking, diabetes and obesity.<sup>5</sup> The IME will work with a vendor to further develop the behaviors and rewards. The vendor will be responsible for developing a portal to: 1) facilitate member enrollment in the HBP, 2) track completion of healthy behaviors, and 3) to redeem rewards.

On April 24, 2014, the Iowa Medicaid Enterprise (IME) issued a Request for Information (RFI) to further develop the healthy rewards part of the HBP and to detail the role of the vendor. The HBP RFI is available at: [http://bidopportunities.iowa.gov/?pgname=viewrfp&rfp\\_id=10201](http://bidopportunities.iowa.gov/?pgname=viewrfp&rfp_id=10201). The IME accepted comments and input from interested stakeholders and vendors on the member healthy rewards design of the HBP. The IME also held a public meeting May 30, 2014, to allow all interested parties to provide input on the RFI and the healthy rewards of the HBP. Input received varied from suggestions regarding the types of behaviors that should qualify for rewards to the types of rewards that should be offered to the methods of managing the program. The majority of those who provided input stressed the need to keep the program simple enough to be understood by the Iowa Health and Wellness Plan population.

Through input from the RFI responses and comments received at the public meeting, the IME drafted a request for proposal (RFP) to solicit a vendor to manage the healthy rewards portion of the HBP. The vendor will design a rewards program that includes four distinct components necessary to implement and ensure success: the reward benefit itself, member outreach and education, engagement of partners and monitoring results. The RFP release and other pertinent dates are listed in the table below.

<b>Event</b>	<b>Date</b>
RFP Notice to Targeted Small Business Website (48 hours)	<b>July 30, 2014</b>
Agency Issues RFP to Bid Opportunities Website	<b>August 1, 2014</b>
Bidder Letter of Intent to Bid Due By	<b>August 29, 2014 3:00 p.m.</b>
<b>Bidder Proposals and any Amendments to Proposals Due By</b>	<b>October 27, 2014 3:00 p.m.</b>
Bidder Presentations of Bid Proposals will be held on the following dates via web conference	<b>November 19-21, 2014</b>
Agency Announces Apparent Successful Bidder/Notice of Intent to Award	<b>December 1, 2014</b>
Contract Negotiations and Execution of the Contract Completed	<b>December 22, 2014</b>

<sup>4</sup> The IME's HRA captures social determinates of health information and the ACOs are contractually required to address social determinates of health. The IME envisions having more info of the population's needs by calendar year of 2015.

<sup>5</sup> These preventive activities are activities used in Iowa's State Innovation Model (SIM) and of which the ACOs will be required to monitor. Using these activities helps align the SIM project with the population the ACOs are currently serving in the Iowa Health and Wellness plans.

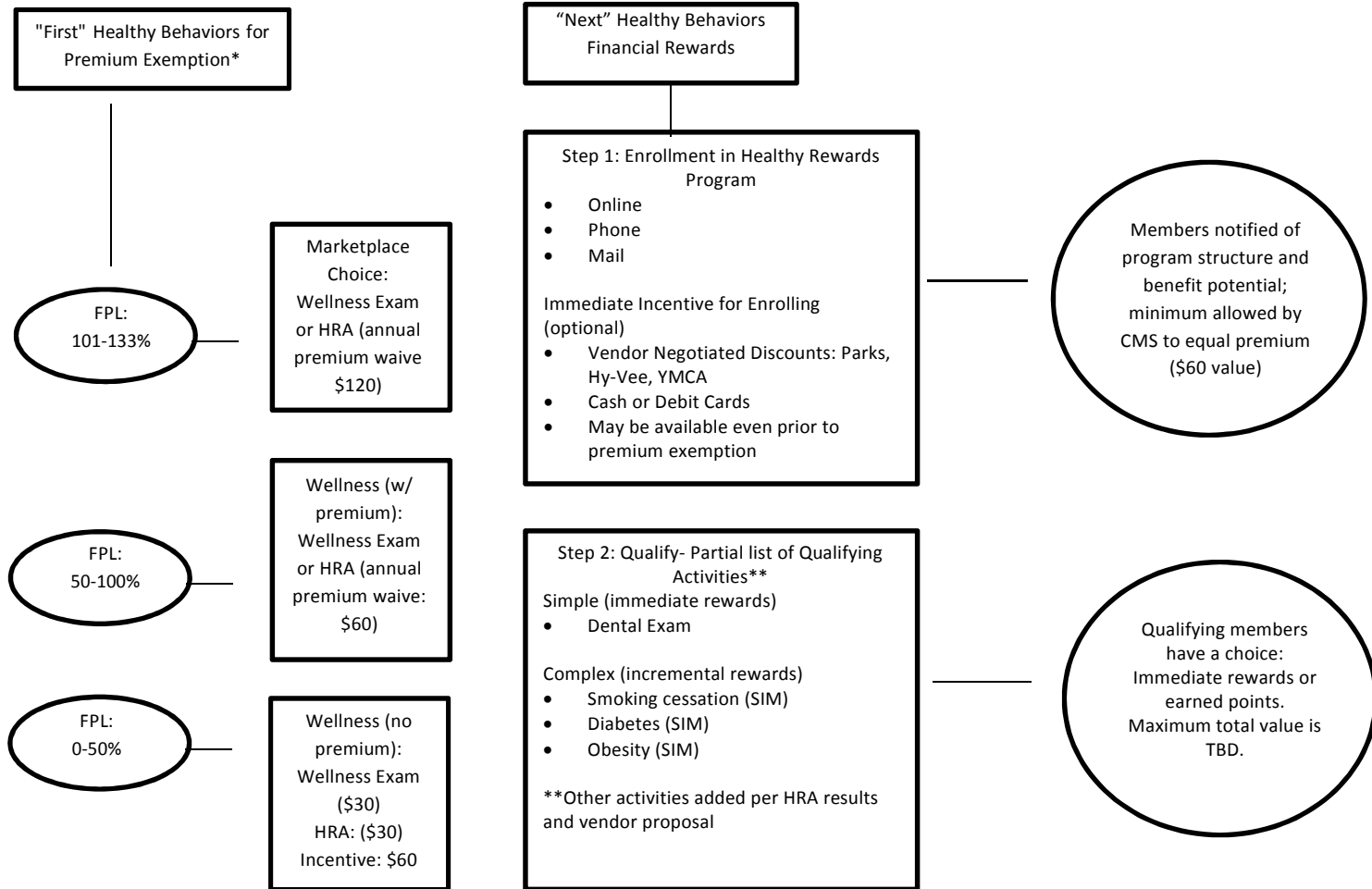
Anticipated Contract Start Date	<b>January 1, 2015</b>
Full program operations to begin no later than	<b>March 31, 2015</b>

The RFP may be accessed at: [http://bidopportunities.iowa.gov/?pgname=viewrfp&rfp\\_id=10201](http://bidopportunities.iowa.gov/?pgname=viewrfp&rfp_id=10201)

See the diagram on the following page for additional details.



## Healthy Behaviors Program Structure



### Key Vendor Requirements:

Assist with identification of types of rewards, final amounts  
Program administration including identification of eligibility and processing/tracking of member reward  
Member portal, communication/marketing, integration with the IME, including at least one on-site FTE

### **Healthy Behaviors Program Communication Campaign**

The IME has designed an extensive communications campaign to educate the members, providers, and stakeholders about the HBP. ***Member Outreach***

Members received an initial letter informing them of the HBP in May. That mailing is available at: [http://dhs.iowa.gov/sites/default/files/HealthyBehaviors\\_MemberComm\\_Wellness.pdf](http://dhs.iowa.gov/sites/default/files/HealthyBehaviors_MemberComm_Wellness.pdf).<sup>6</sup> A second mailing is scheduled to go out to members in early August; this mailing will be targeted to the individual member. The mailing will notify the member which healthy behavior(s) the member has completed (if any) and which healthy behavior(s) the member has yet to complete to avoid contribution payments in the member's subsequent enrollment period.

The IME is also planning to send the following correspondence on or near the dates listed below:

- September 1: Member HBP reminder postcard.
- September 15: Assessment of total HBP completed.
- October 15: Initial contribution notification (if applicable).
- November 15: Member HBP reminder postcard.
- December 15: Second premium notice that will include information the 30-day grace period and information on how to self-report completion of healthy behaviors (in the event that provider has not yet billed for the service).

On July 3, 2014, the IME launched a new website to provide information on the Iowa Health and Wellness Plan and the HBP. On this site, members can access information on benefits, plan details, enrollment information, news and announcements, member materials, and HBP toolkits. This website is accessible at: <http://www.iahealthlink.gov/>

When HBP vendor is selected, the IME will work with the vendor to develop messaging about the financially-based rewards associated with the HBP. This information will be incorporated into correspondence sent to the member and included on the new website. The IME will work with the vendor to develop communication strategies for a launch in January 2015.

### ***Provider and Stakeholder Outreach***

The IME recognizes the importance of engaging providers and stakeholders to assist in helping member complete their healthy behaviors. Pursuing the member through several different avenues will best ensure the member receives information about the HBP and knows where to go with questions.

To assist providers in engaging members, the IME has developed a 'Healthy Behaviors Program Toolkit for Providers' that describes the following:

- Why it is important for the member to complete their healthy behaviors;
- The financial incentives a provider may receive for assisting the member;

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<sup>6</sup> The first page of this document is the first mailing; the second and third pages are what was included on the double-sided post card sent in the second mailing.

- Specific details of how the provider needs to bill for the healthy behaviors’;
- Members FAQs; and
- Sample promotional information including newsletter content, social media posts, and flyers.

The provider toolkit is available on the IME website at:

[http://dhs.iowa.gov/sites/default/files/Provider%20Healthy%20Behaviors%20Toolkit\\_05092014\\_2.pdf](http://dhs.iowa.gov/sites/default/files/Provider%20Healthy%20Behaviors%20Toolkit_05092014_2.pdf)

To ensure Wellness plan providers and the managed care organization (MCO), Meridian Health Plan, have a thorough understanding of the HBP, the IME provider services unit is providing HBP information at its annual provider enrollment trainings. The IME is holding 22 training sessions in 11 cities located throughout the state. Trainings are being held from June 11, 2014 through August 27, 2014. To date over 1,600 providers have attended or have scheduled to attend trainings. Details about specific dates and training locations are available at: <http://dhs.iowa.gov/ime/Providers/tools-trainings-and-services/ATRegistration/APT>

Since April 2104, eleven formal ACO trainings, that emphasize HBP have been conducted to ACO provider groups across various Iowa locations. Over 130 ACO staff have participated in the trainings, representing senior leadership at a corporate and regional level for both hospital-based and physician group-based staff. The ACO trainings have taken a top-down approach to engage leadership in an effort to immediately implement processes at the clinic level that will ensure a successful HBP.

Additionally, numerous ad hoc trainings have been conducted for a variety of provider and stakeholder groups. See Attachment 1 – IHAWP Events Tracking Log for more details.

The IME is also providing financial incentives for primary care providers and ACOs who assist members in completing their healthy behaviors. Those incentive payments are described in the chart on the following page.

<u>Payment</u>	<u>Performance</u>	<u>Paid To</u>	<u>Purpose</u>
<u>\$4 Primary Care Case Management</u>	<u>Per Member Per Month (PMPM) Paid Monthly</u>	<u>Patient Manager (PM)</u>	<u>Ensures Access</u>
<u>\$10 Wellness Exam</u>	<u>Per Member annually if threshold achieved</u>	<u>PM or ACO</u>	<u>Aligns with Healthy Behaviors</u>
<u>\$25 HRA AssessMyHealth</u>	<u>To integrate results into member's plan of care</u>	<u>PM or ACO</u>	<u>Aligns with Healthy Behaviors</u>
<u>\$4 Medical Home VIS</u>	<u>PMPM – Paid quarterly if quality target achieved</u>	<u>PM or ACO</u>	<u>Aligns w/ multipayer SIM Strategy</u>
<u>\$4 ACO Member Engagement</u>	<u>PMPM for member engagement and access activities</u>	<u>ACO</u>	<u>Aligns with Healthy Behaviors &amp; Medicaid Waiver</u>

As of July 1, 2014, there were three ACO's enrolled with Iowa Medicaid: UnityPoint, the University of Iowa Health Alliance, and Broadlawns Medical Center. These three ACO's will facilitate services for over 26,000 members of the Iowa Wellness plan. The ACO's have a vested interest in ensuring their attributed members complete a wellness exam and HRA in that the \$4 ACO Member Engagement incentive payment (described above) is contingent upon the ACO achieving a healthy behaviors completion goal for at least fifty percent of their members. The goals are detailed in the chart below.

<b>Organization</b>	<b>Attributed Members</b>	<b>Completion Goal</b>
<b>UnityPoint ACO</b>	7,738	50% = 3,869 Members
<b>UI Health Alliance ACO</b>	11,142	50% = 5,571 Members
<b>Broadlawns Medical Center</b>	7,315	50% = 3,658 Members

The IME is targeting other high volume providers and health plans that do not have ACO affiliation to encourage that they also achieve a fifty percent completion goal. These providers do not have an incentive payment tied to this goal. These providers will, however, receive the incentive payments tied to completion of the wellness exam and HRA completion.

The health plans are actively working with their members to ensure they understand the HBP. Meridian Health Plan is sending letters and phoning members to ensure they complete Meridian's HRA. The QHPs that provide services to members of the MPC<sup>7</sup> are also engaged in informing their members about the HBP. When an MPC member calls the QHP call center, both call centers inform the members of their requirement to complete an HRA and wellness exam so they may continue to be exempt from monthly contributions. Both QHPs have also agreed to provide additional information about the HBP (when available) through their call centers. Both QHPs are also going to add HBP information into their enrollment packet that will be distributed in 2015.

The IME is also working with stakeholders to ensure Iowa Health and Wellness plan members are aware of the HBP. In conjunction with the United Way, the IME formed the Healthy Behaviors Community Partner Steering Committee. The committee will provide advice on community-level outreach, best practices, collaboration opportunities and progress of the HBP. Committee members include the following:

- Key leadership from the Department of Human Services, including Director Palmer;
- IME Communications Manager;
- The United Way;
- Polk County Health Department;
- Broadlawns Medical Center;
- Unity Point ACO;
- The University of Iowa Health Alliance ACO;
- Free Clinics of Iowa;
- The Iowa Department of Public Health; and
- The Iowa Primary Care Association
- Visiting Nurse Services

To ensure stakeholders have the tools to effectively engage member in completing their healthy behaviors, the IME has developed a toolkit that provides fact sheets, talking points, and sample media materials. More details about this toolkit are available at: <http://www.iahealthlink.gov/partner-toolkit>

To ensure providers and stakeholders have the most up-to-date information about the Iowa Health and Wellness plan, the IME sends weekly updates to an email distribution list of over 700 people. The weekly updates can be accessed at: <http://dhs.iowa.gov/ime/about/iowa-health-and-wellness-plan/Archives-Weekly-Iowa-Health-and-Wellness-Plan-Updates>

Additionally, all providers and stakeholders have access to the new website launched in July and described above. The website is available at: <http://www.iahealthlink.gov/>

## **ACCESS STANDARDS**

As discussed in the Healthy Behaviors Protocols for Year 1, the IME will ensure members of the Iowa Health and Wellness plan have sufficient access to providers so that they may complete the healthy

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<sup>7</sup> The QHPs are CoOpportunity Health and Coventry Health Care of Iowa.

behaviors required for contribution exemption. The IME will gauge member access through completion of a provider survey that gathers information about the access to care standards and NCQA Element B1 standards that were detailed (and approved by CMS) in Iowa's Healthy Behaviors Protocol for Year 1. The IME has consulted with a biostatistician from the University of Iowa Public Policy Center (PPC) to develop a survey methodology to capture responses from rural, urban, and near-urban providers. The PPC methodology will ensure the providers surveyed accurately reflect the ratio of providers to which members have access. The PPC methodology categorizes Iowa's 99 counties into four groups and applies a weighted scale to each group based on the population size. The IME will complete this survey by Oct 31, 2014 and report results to CMS at that time. For more details, see Attachment 2 – Iowa Physician Survey Methodology and Attachment 3 – Iowa Physician Survey County Groupings.

The NCQA and Access standards survey results will identify those counties that do and do not meet the access standards. Regarding counties that do not meet the standards, the IME member services call centers will target individual members in those counties through outbound calls to ensure members have an understanding of the HBP and premium waiver mechanism. The call centers will encourage wellness exam completion by ensuring the member is aware of the providers in his area and how to contact their provider to schedule an appointment. Additionally, if the member requests support in scheduling an appointment, the call centers will provide that support. The call centers will also facilitate HRA completion by assisting members in taking the survey over the phone.<sup>8</sup>

As another method of guaranteeing members of the Iowa Health and Wellness plan have sufficient access, the IME has a goal of ensuring at least forty percent of members with income above fifty percent of the Federal Poverty Level (FPL) and who were enrolled in the program on January 1, 2014, complete the healthy behaviors required for contribution exemption. To reach this goal, the IME must have at least 13,656 persons complete the wellness exam and HRA by December 31, 2014.<sup>9</sup>

### **PREMIUM MONITORING STANDARDS**

All Iowa Health and Wellness plan members are exempt from monthly contributions during their first continuous twelve months of enrollment. Some members will be mandatorily exempt from monthly contributions by virtue of having a Medically Exempt status, having income below fifty percent FPL, or by being an American Indian/Alaska Native.

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<sup>8</sup> The call centers are already supporting members in this manner. As of July 31, 2014, the calls centers have assisted over 2,300 members in completing their HRA.

<sup>9</sup> There were 78,148 persons enrolled in the Iowa Health and Wellness plan with an effective date of January 1, 2014. Of those persons, 34,139 had income about 50% FPL. Forty percent of 34,139 = 13,656. In capturing completion rates for this goal, the IME will measure the completion rate of all persons enrolled in the Iowa Health and Wellness plan, regardless of effective date or FPL rate. This will encourage providers to complete healthy behaviors for all their members without scrutiny as to effective date or FPL rate thus ensuring all members are treated equally.

A member who does not fit into a mandatorily exempt category will have twelve months of continuous enrollment to complete the healthy behaviors (a wellness exam and HRA) to be exempt from monthly contribution in the next enrollment period. In each enrollment period that the member completes a wellness exam and HRA, the member will be exempt from monthly contributions in the next enrollment period.

### ***Systems Monitoring***

The IME Medicaid management information system (MMIS) has been coded to detect all persons who are mandatorily exempt. The IME is also coded to capture those members who complete both a wellness exam<sup>10</sup> and an HRA during a twelve month period of continuous enrollment in the Iowa Health and Wellness plan. Ensuring a member has twelve months of continuous enrollment prior to being subject to monthly contributions will avoid any unintended harm to the member if the member's coverage options change periodically (aka churn). For example, there may be situations wherein the member loses Iowa Health and Wellness plan eligibility if they becomes eligible for another Medicaid program, gains access to employer sponsored insurance (ESI), or their economic situation improves such that they can access insurance through the Health Insurance Marketplace. If the member churns back to the Iowa Health and Wellness plan, the MMIS system will detect that the member had a break in coverage and has not had twelve months of continuous coverage in the Iowa Health and Wellness plan and will therefore not be subject to monthly contributions. Essentially, a break in the member's coverage will begin a new twelve month period during which the member will be exempt from contributions. See the examples below:

<p><b>Example: Member A</b></p> <ul style="list-style-type: none"> <li>• 01.01.14 enrolled in MPC</li> <li>• 07.01.14 gains access to ESI and is disenrolled from MPC</li> <li>• 09.01.14 loses access to ESI, applies for Medicaid and is determined eligible for MPC</li> </ul> <p>Member A did not have 12 months of continuous MPC eligibility. Member A will be exempt from monthly contributions during his enrollment period that begins 09.01.14. Member A will have 12 full months to complete a wellness exam and HRA to continue to be exempt from monthly contributions in the next enrollment year.</p>
<p><b>Example: Member B</b></p> <ul style="list-style-type: none"> <li>• 01.01.14 enrolled in Iowa Wellness plan</li> <li>• 12.31.14 Member B does not complete healthy behaviors; at re-enrollment she is determined eligible for Mothers and Children (MAC) program</li> <li>• 01.01.15 – 12.31.15 Member has MAC coverage</li> <li>• 01.01.16 Re-enrollment determines Member is eligible for Iowa Wellness plan.</li> </ul> <p>Although Member B had 12 months of Wellness plan coverage, there has been a 12</p>

<sup>10</sup> This coding is based on the definition of a wellness exam from the Protocols for Year 1 document. Pending CMS approval, the IME will expand the list of codes that count towards completion of a wellness exam.

month break in that coverage. Member B will be exempt from monthly contributions and have 12 full months to complete a wellness exam and HRA to continue to be exempt from monthly contributions in the next enrollment year.

### ***Member Experience***

After a member has been enrolled for ten months and if applicable, the IME will send a reminder notice of the need to complete a wellness exam and HRA to avoid monthly contributions in the subsequent year. A member will receive an initial contribution billing statement during his final month of enrollment. The billing statement will reflect the member's monthly premium amount and instructions on how to claim a hardship exemption. With this initial billing statement the member will also receive notification of the thirty day grace period he will be afforded to report healthy behaviors completion. Essentially, the member will have thirteen months to complete the healthy behaviors or to contact IME member services unit to self-report completion of the healthy behaviors if they were incorrectly recorded as incomplete. This situation could arise, for example, if a provider is not timely with billing a member's wellness exam. If the member completes or reports to be complete the healthy behaviors during this thirty day grace period, the member will be exempt from monthly contributions during the next enrollment year.

A member who is subject to monthly contributions will receive a billing statement before the first day of the month in which the payment is due. The payment or request for hardship exemption will be due by the end of the contribution month. The IME will, however, allow a grace period of five business days before the payment or hardships exemption request is considered past due. A member can pay the contribution by sending a check or money order in the postage paid, self-addressed envelope included with the billing statement. A member may claim a hardship exemption for the month in which the contribution is due by checking the appropriate box on the billing statement or calling the IME member services unit. Payments will be applied to the most outstanding month in which payment is due. Hardship exemption requests will be allowed for the current billing statement.

Member Situation	December 2014	January 2015	February 2015
H.B. complete	End of Dec, receives Jan billing statement and notice of 30-day grace period	Member self-reports H.B. complete, qualifies for exemption from contribution	No contributions due
H.B. NOT complete	Same as above	Member has Jan to pay contribution or claim hardship	Jan contribution or hardship request accepted for 5 business days

In the Wellness plan, members will not be disenrolled for past due contributions. The member will continue to accrue contributions until he goes through the re-enrollment process. If the member does



not re-enroll or is no longer eligible for coverage under the Iowa Health and Wellness plan, the IME will review the claims data associated with the member. If the member did not access services after the last contribution payment, the past due contributions will be forgiven. This will allow members who no longer wish to utilize Wellness plan services, perhaps because they have access to ESI, to avoid having outstanding debt with the State. A Wellness plan member who continues to utilize services, does not pay monthly contributions, and who does not re-enroll with the Iowa Health and Wellness plan, will have the unpaid contribution amount sent to the Iowa Department of ~~Investigations~~ Inspections and Appeals (DIA) for debt collection.

An MPC member who has unpaid contributions that are at least 90 days past due will have the unpaid contribution amount sent to the DIA for debt collection. An MPC member may also be disenrolled; he may, however, re-enroll at any time by completing a new application.

To appropriately monitor the premium process and member impact, the IME will report the information required by the Special Terms and Conditions in the Iowa Health and Wellness plan quarterly reports. This information will include but is not limited to the number of:

- Individuals subject to contribution/premiums requirements (i.e. number of nonexempt individuals);
- Individuals whose premiums have been waived due to compliance with healthy behaviors;
- Individuals exempt due to hardship;
- Individuals with overdue premiums including those with premiums past due less than and greater than 90 days;
- Information about the state's collection activities; and
- Individuals who have premiums that have become collectible debt.

## **Iowa Wellness Plan QE 9-30-14 Patient Access Survey Update**

### **Reporting on Access to Care and NCQA Standards**

Iowa's goal to ensure ninety-five percent of members reside in counties that meet timely access to care standards is supported by the results of quarterly surveys of the participating patient managers. Quarterly results will build upon each other until all 99 counties have been surveyed.

### **Quarter Ending September 30, 2014**

Iowa Medicaid Provider Services conducted telephonic interviews with approximately 160 providers representing 88 counties through the 3<sup>rd</sup> quarter of calendar year 2014 to obtain a sample. IME Provider Services developed a random sampling of Iowa Wellness Plan providers utilizing Urban Influence Codes (UIC) to ensure a weighted sample in proportion with the population size of each county.

Iowa Wellness Plan enrollment at the end of the third quarter was 82,249. The counties surveyed represent 94% of the total Iowa Wellness Plan Enrollment. Each provider surveyed was an active patient manager with the Iowa Wellness Plan.

For tracking purposes, the IME has assigned 4 categories to each of the UIC categories.

<b>IME code</b>	<b>U of I Categories Codes</b>	<b>Providers</b>	<b>Enrollees for Per U of I sampling</b>
1	2	709	28292
2	5,7	118	3837
3	6, 8	354	7995
4	9-12	177	2253

## 1. Access to Care Standards Including Timeliness and Actual Primary Care Utilization

Iowa is tracking the following measures:

- 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.
- Medical service delivery sites are located within 30 miles of enrolled recipients (*confirmed only through Geo-mapping with Medical Services*).

**83 of the 88 counties surveyed meet the access standards outlined above. This meets access standards for 95% of the eligible population represented in the sample. Iowa will be working with providers in the counties that did not meet access standards to encourage a change in business operations that will allow the provider to meet these standards in the future. Iowa will also target members from these counties to help facilitate completion of their Healthy Behaviors.**

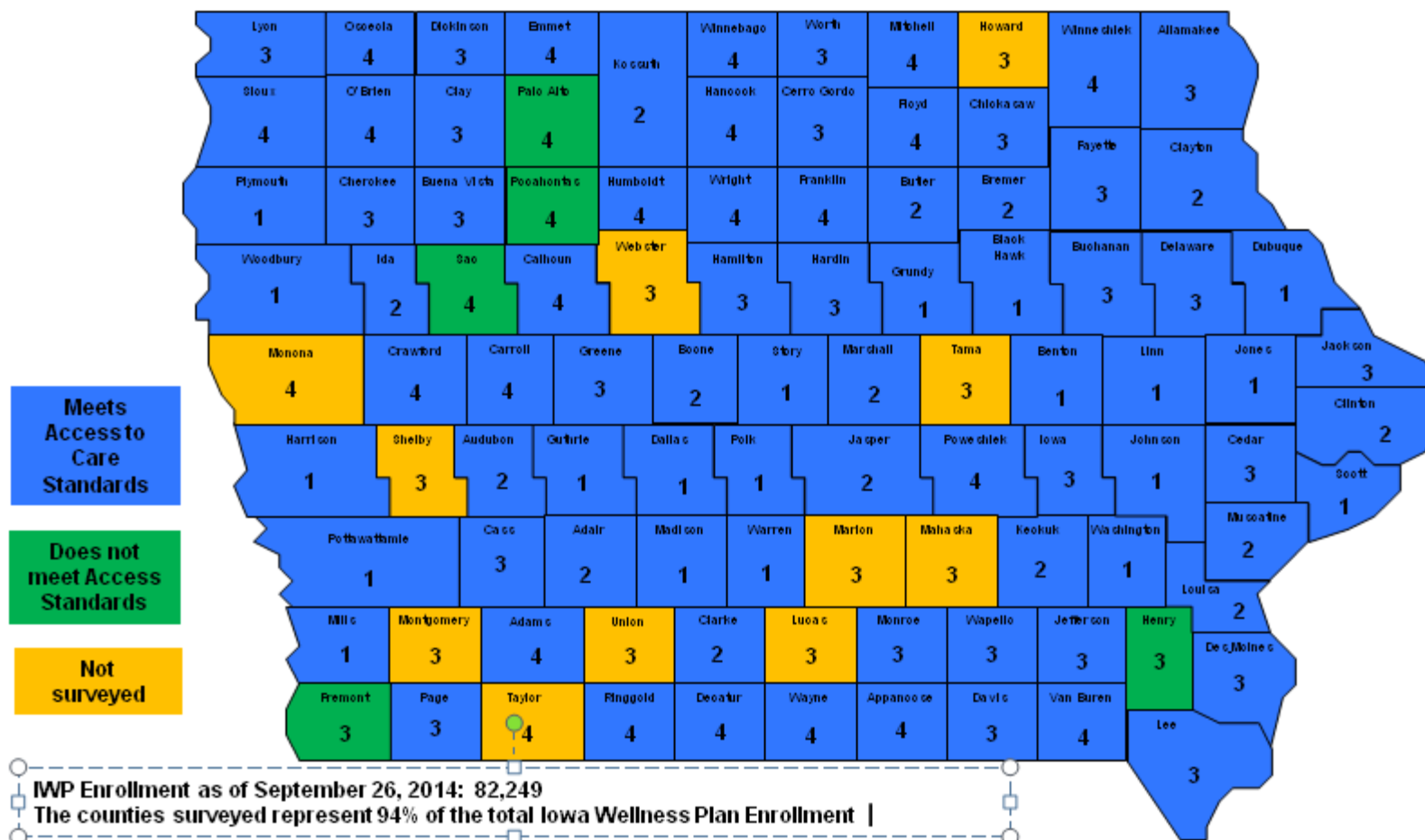
\*Numbers in each county represent the IME UIC category.

IME Category	Counties That Met Standards	U of I 'weighted average' based on county population	Application of U of I 'weighted average'	<b><u>TOTAL</u></b>  <b>98%</b>
1	21/21	0.67	0.67	
2	15/15	0.09	0.09	
3	26/28	0.19	0.176	
4	21/24	0.05	0.044	



# Iowa Department of Human Services

## Iowa Wellness Plan Access Standards Q2 & Q3 2014



## 2. NCQA 1B Standards

IME Provider Services developed a random sampling of Iowa Wellness Plan providers utilizing Urban Influence Codes (UIC) to ensure a weighted sample in proportion with the population size of each county. Iowa is tracking the following measures:

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

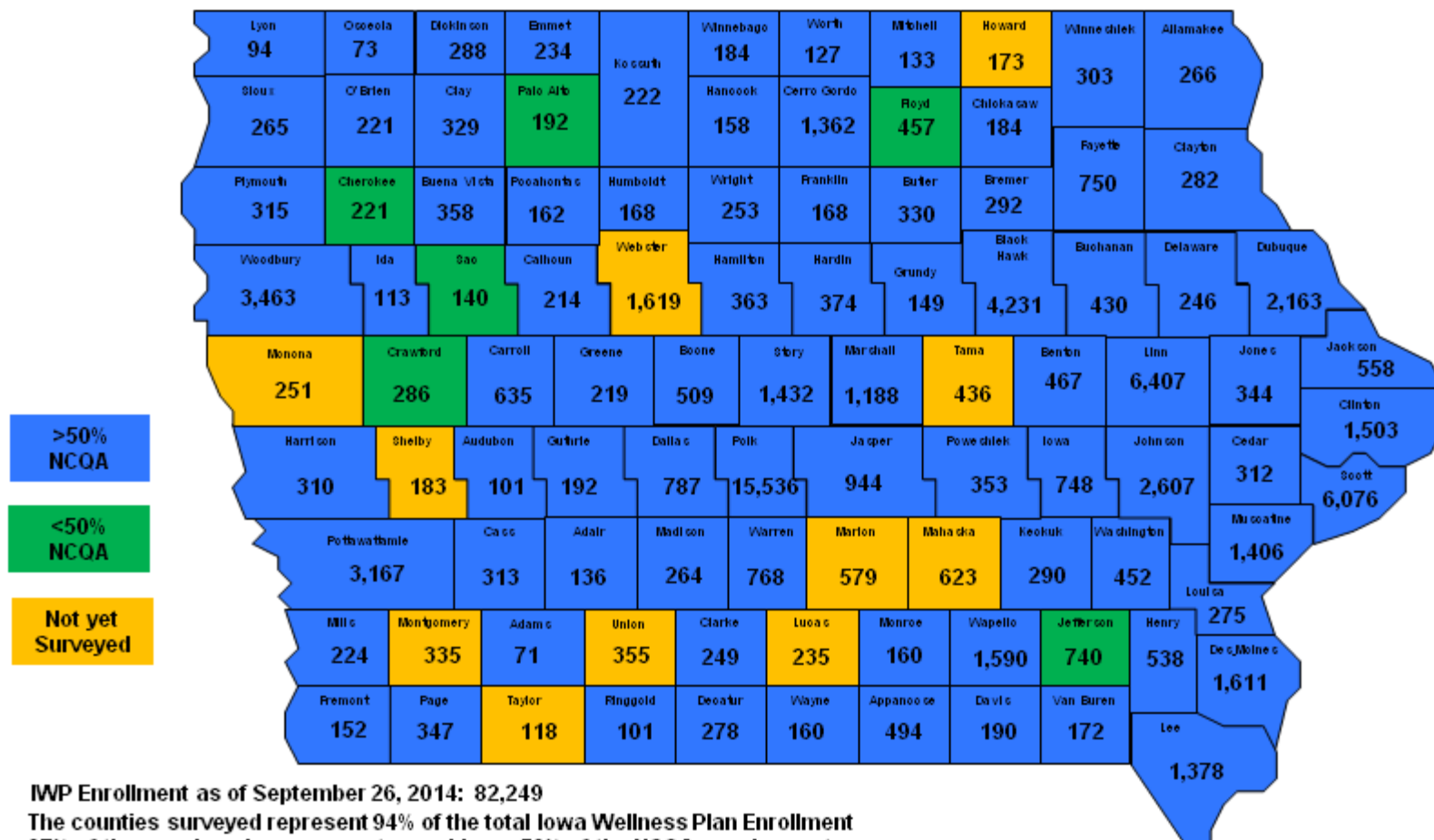
**82 of the 88 counties represented surveyed meet at least 3 of the 5 NCQA these standards tracked through Provider Services. This meets access standards for 97% of the eligible population represented in the sample. Iowa will be working with providers in the counties that did not meet access standards to encourage a change in business operations that will allow the provider to meet these standards in the future. Iowa will also target members from these counties to help facilitate completion of their Healthy Behaviors.**

\*Numbers in each county represent the number or Iowa Wellness Plan eligible by county.

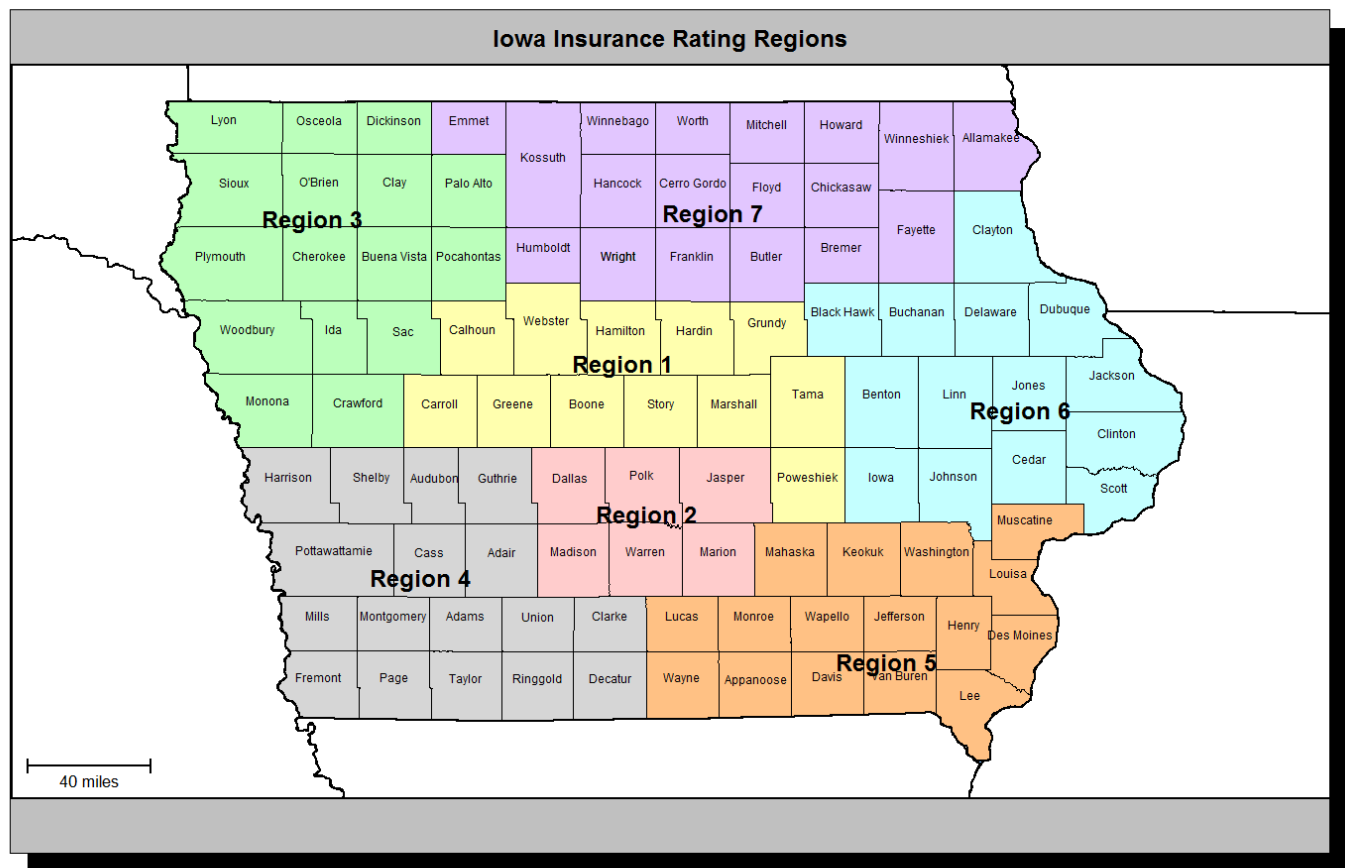


# Iowa Department of Human Services

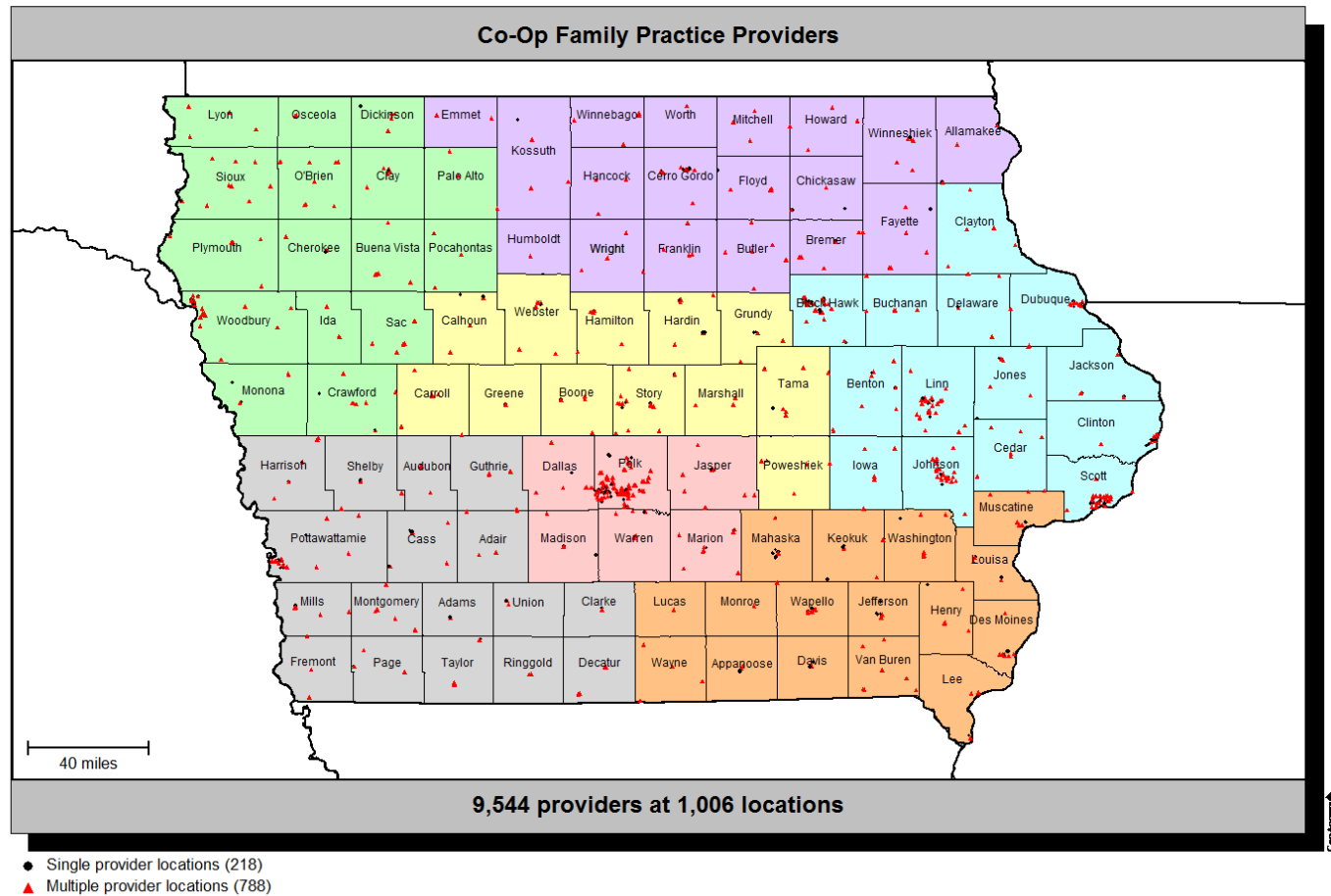
## NCQA 1B Standards Q2 & Q3 2014



## Overview of Regions

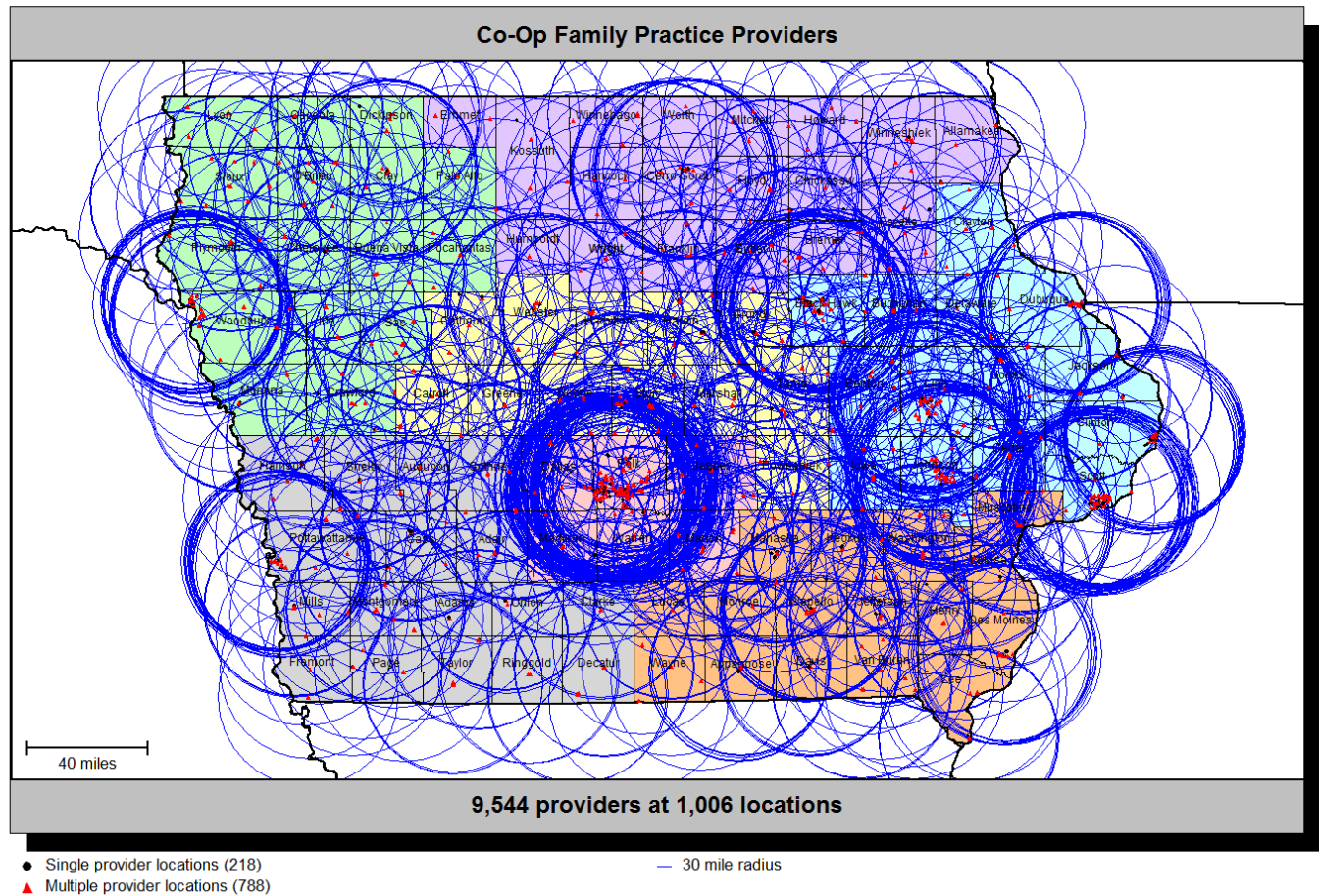


## Provider locations

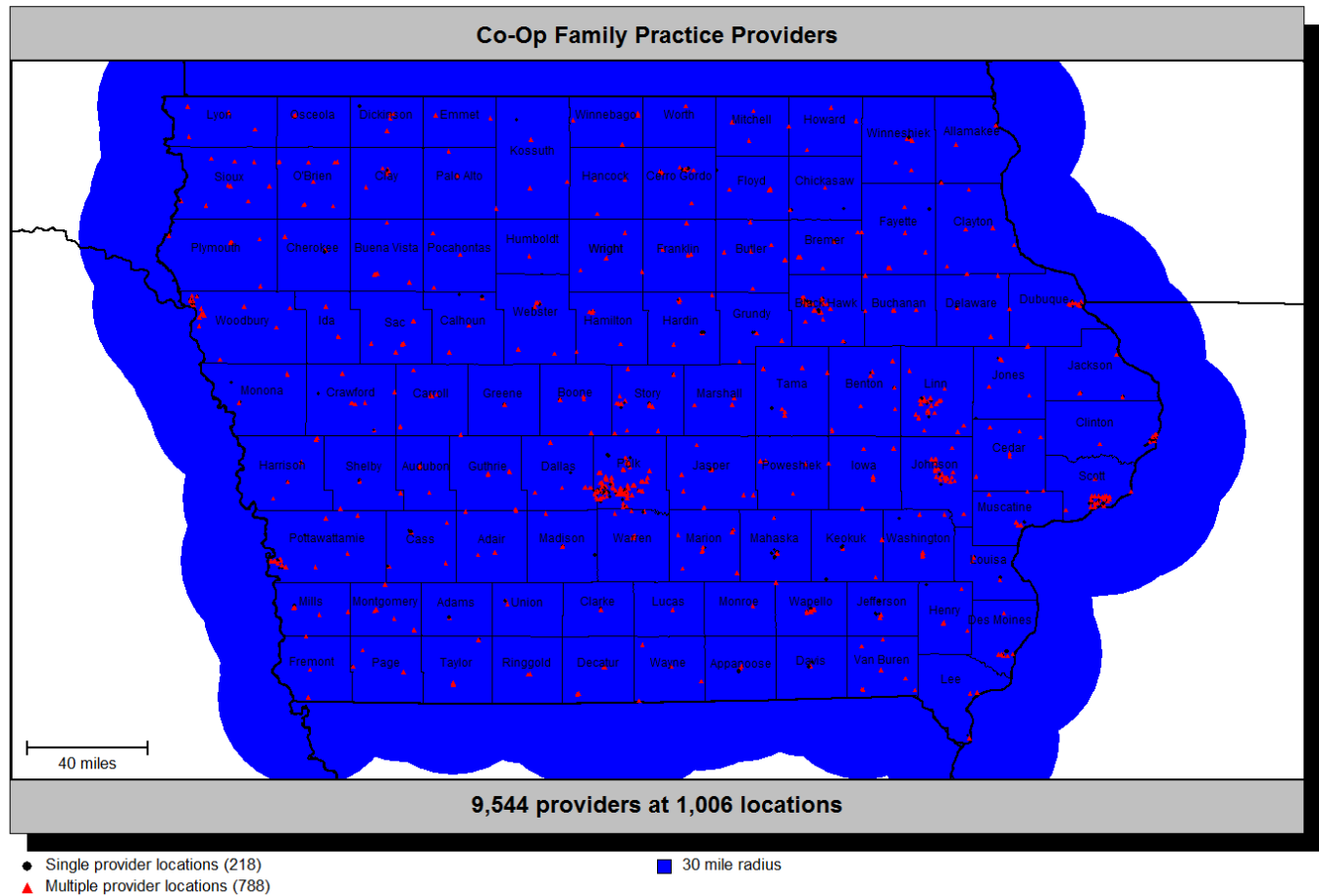




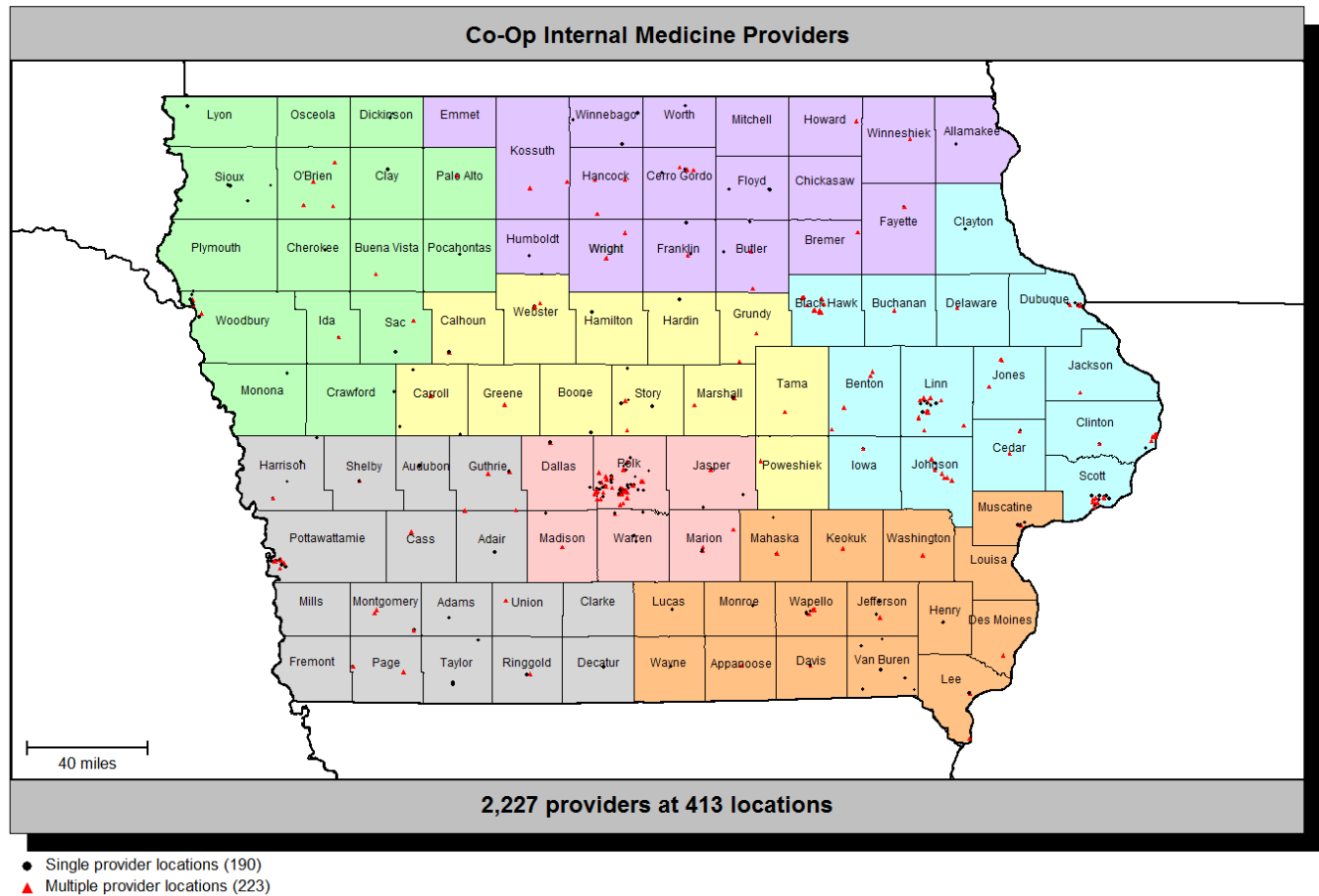
## Provider locations with 30-mile radius



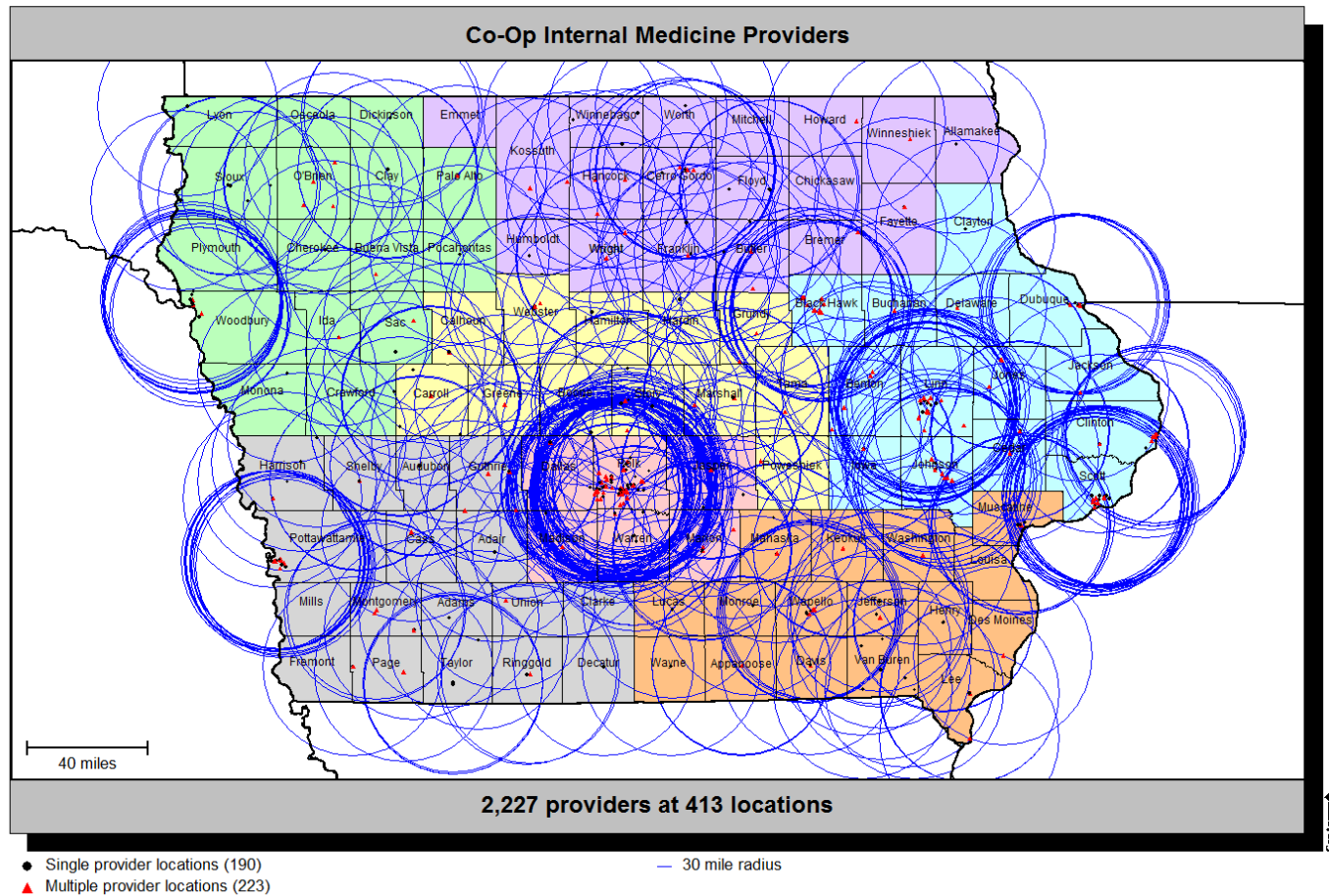
## Provider coverage/penetration



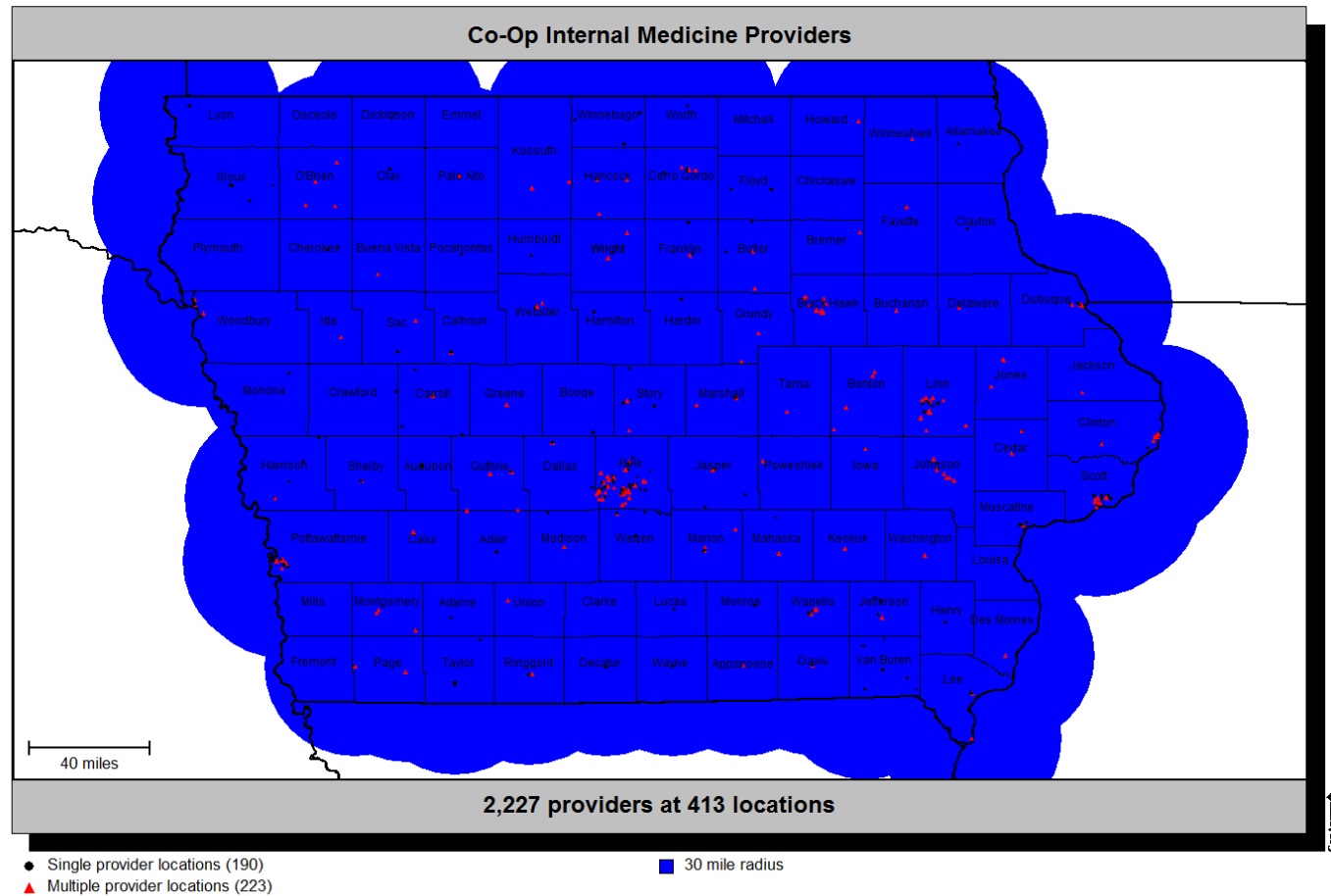
## Provider locations



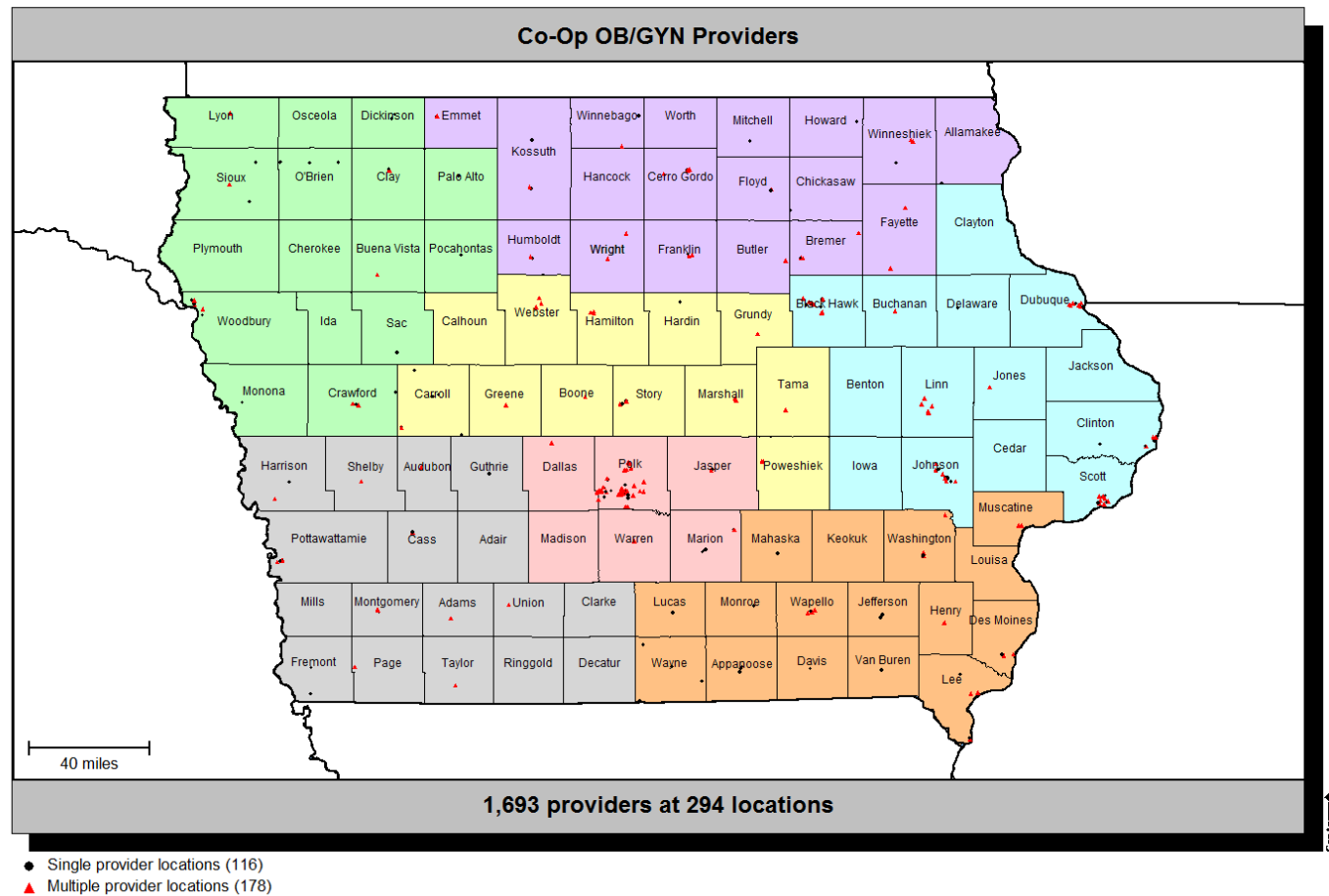
## Provider locations with 30-mile radius



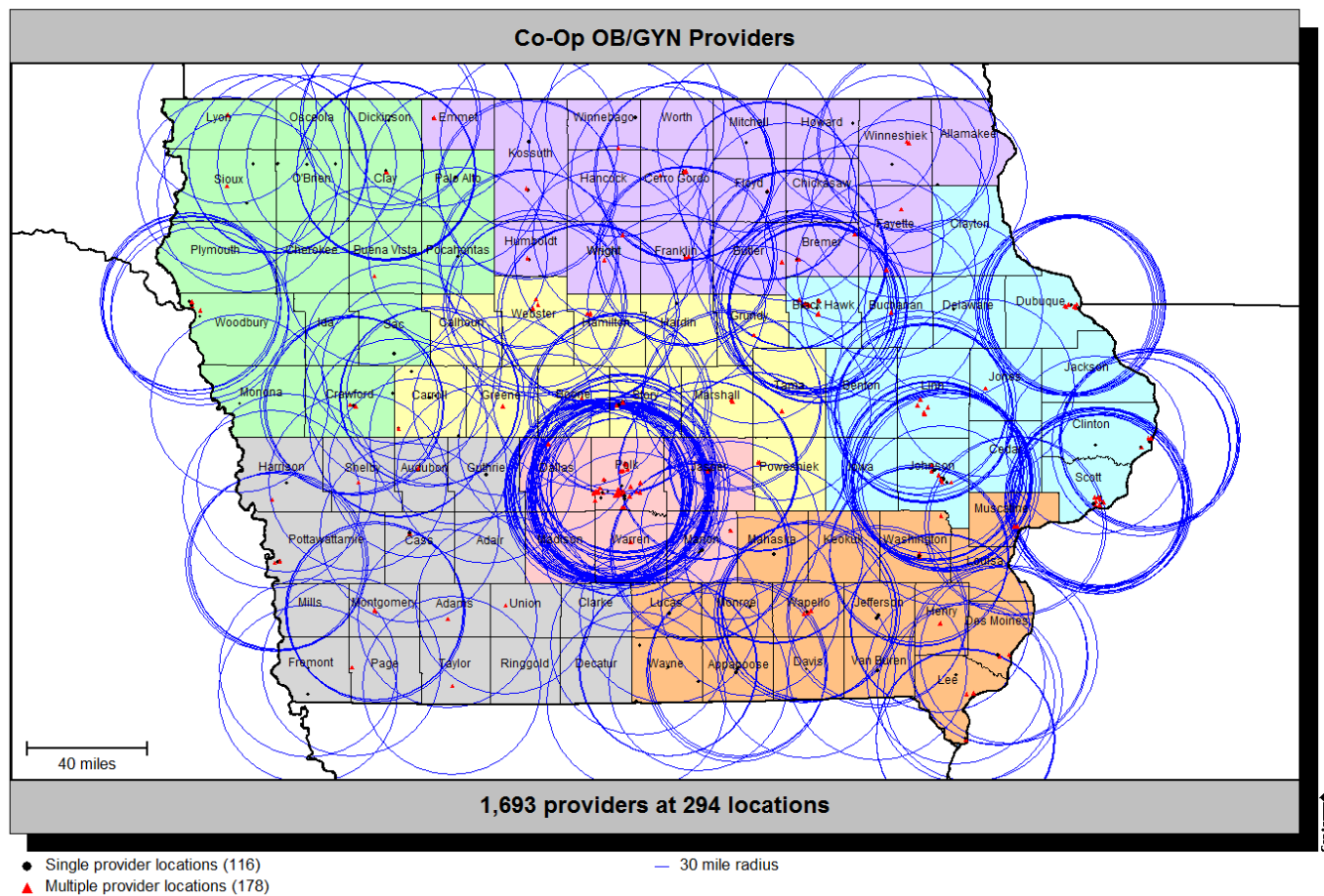
## Provider coverage/penetration



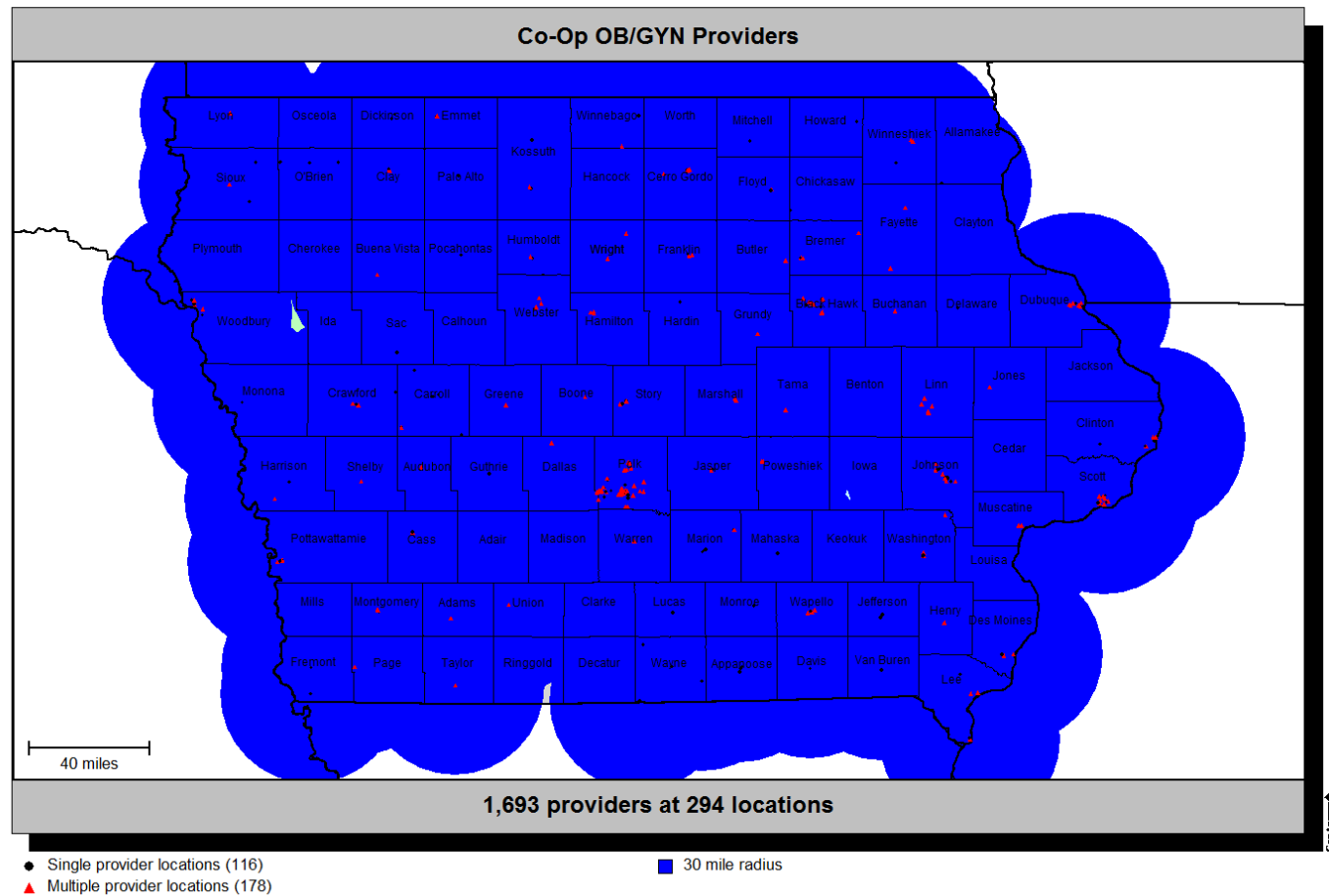
## Provider locations



## Provider locations with 30-mile radius

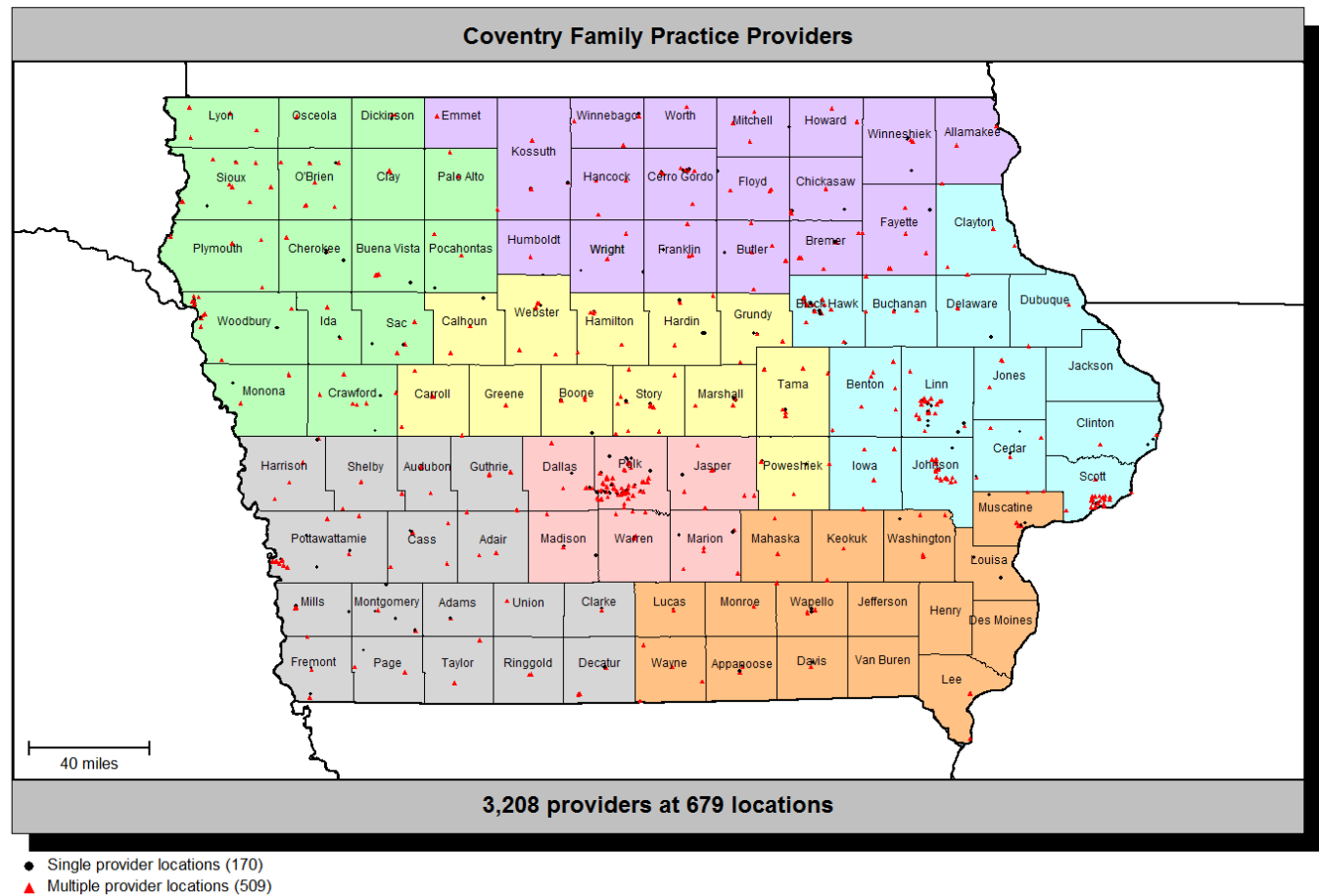


## Provider coverage/penetration

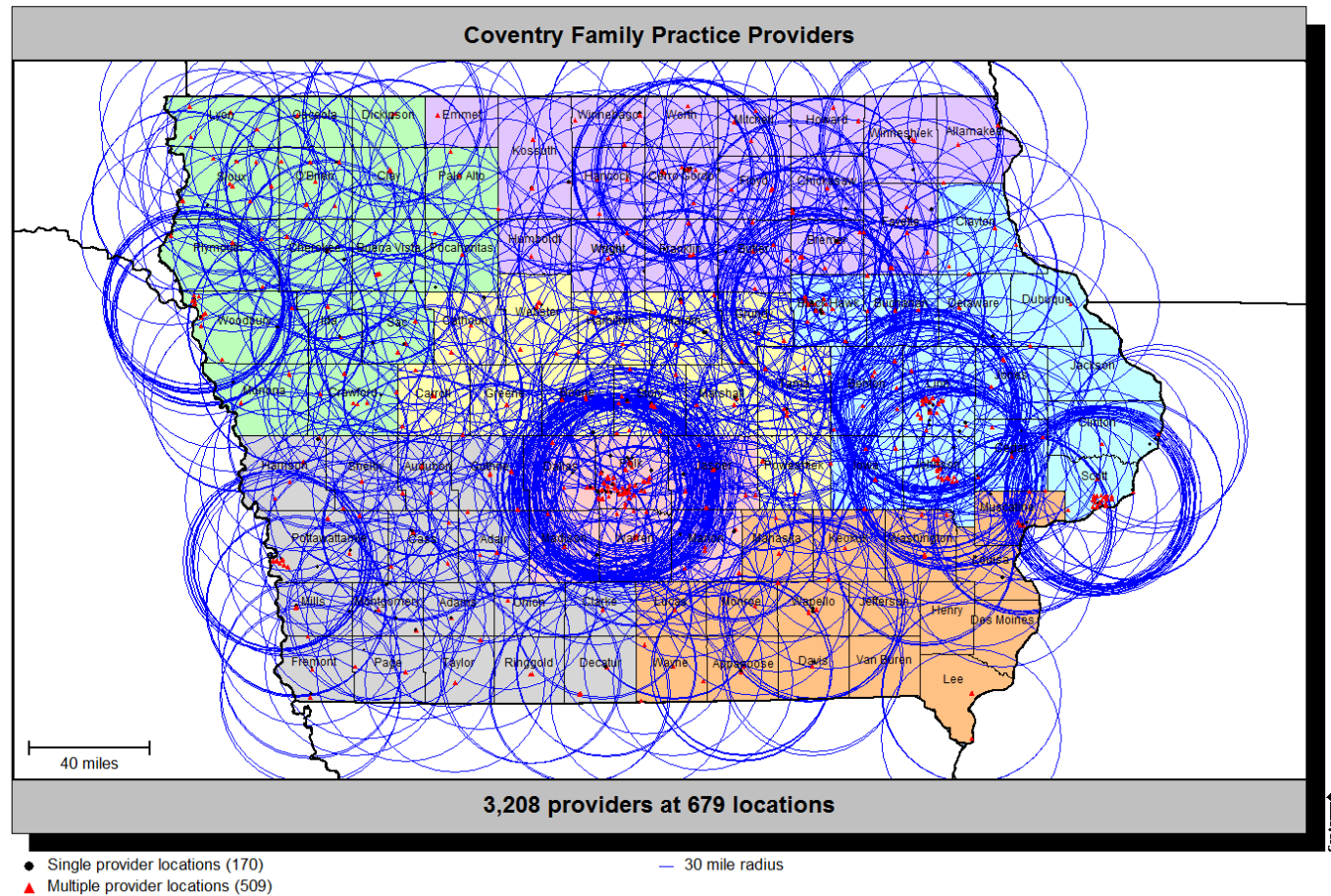




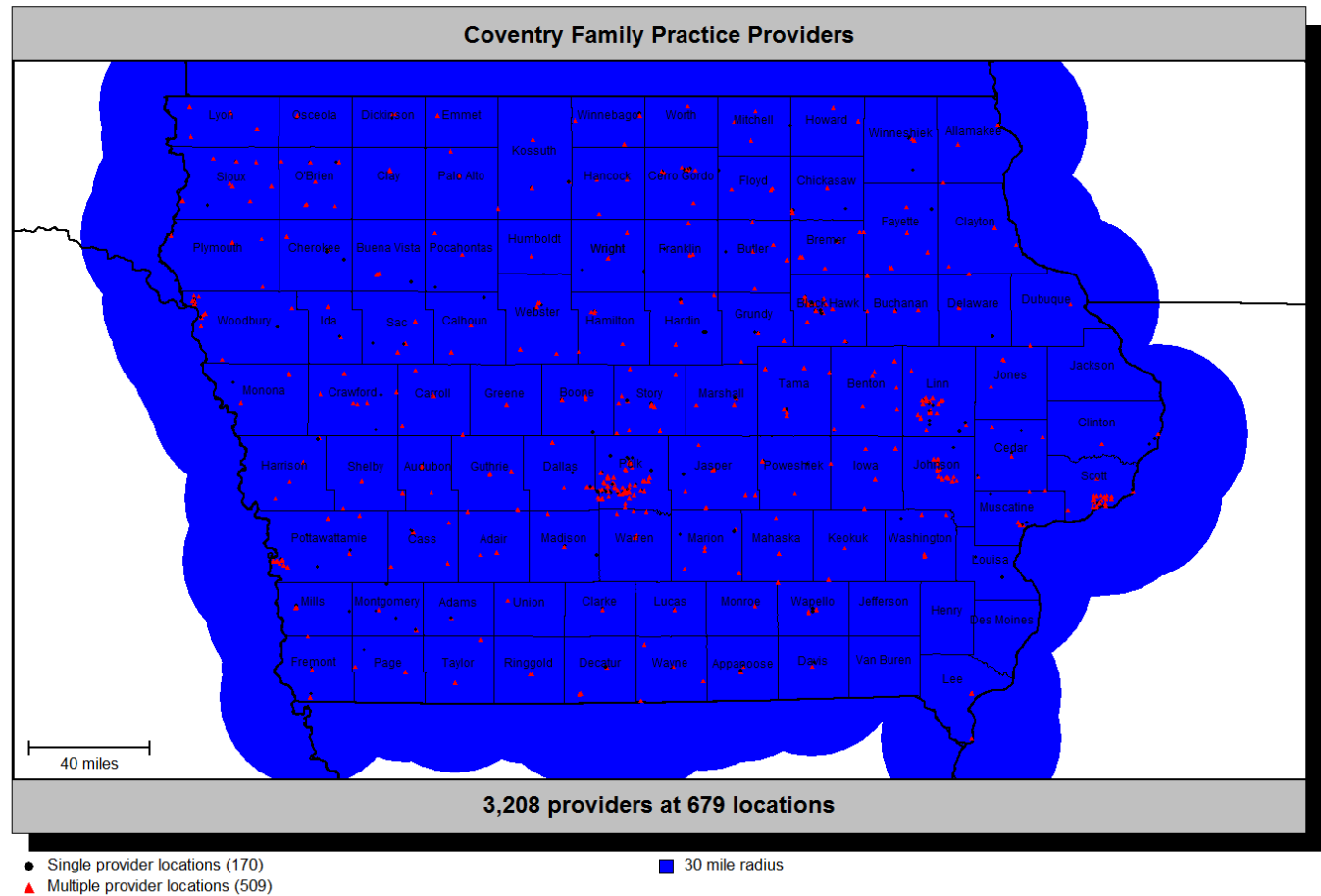
## Provider locations



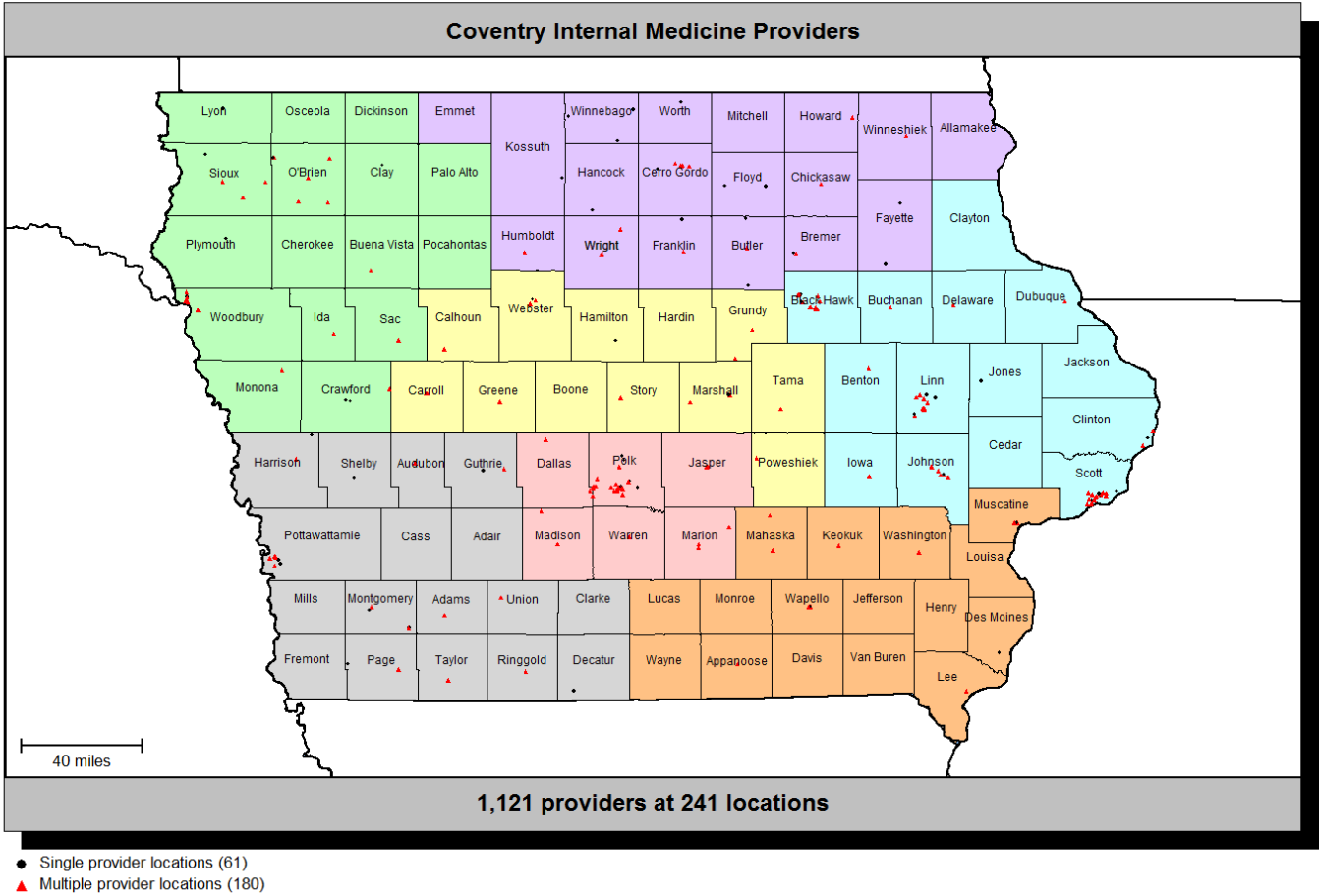
## Provider locations with 30-mile radius



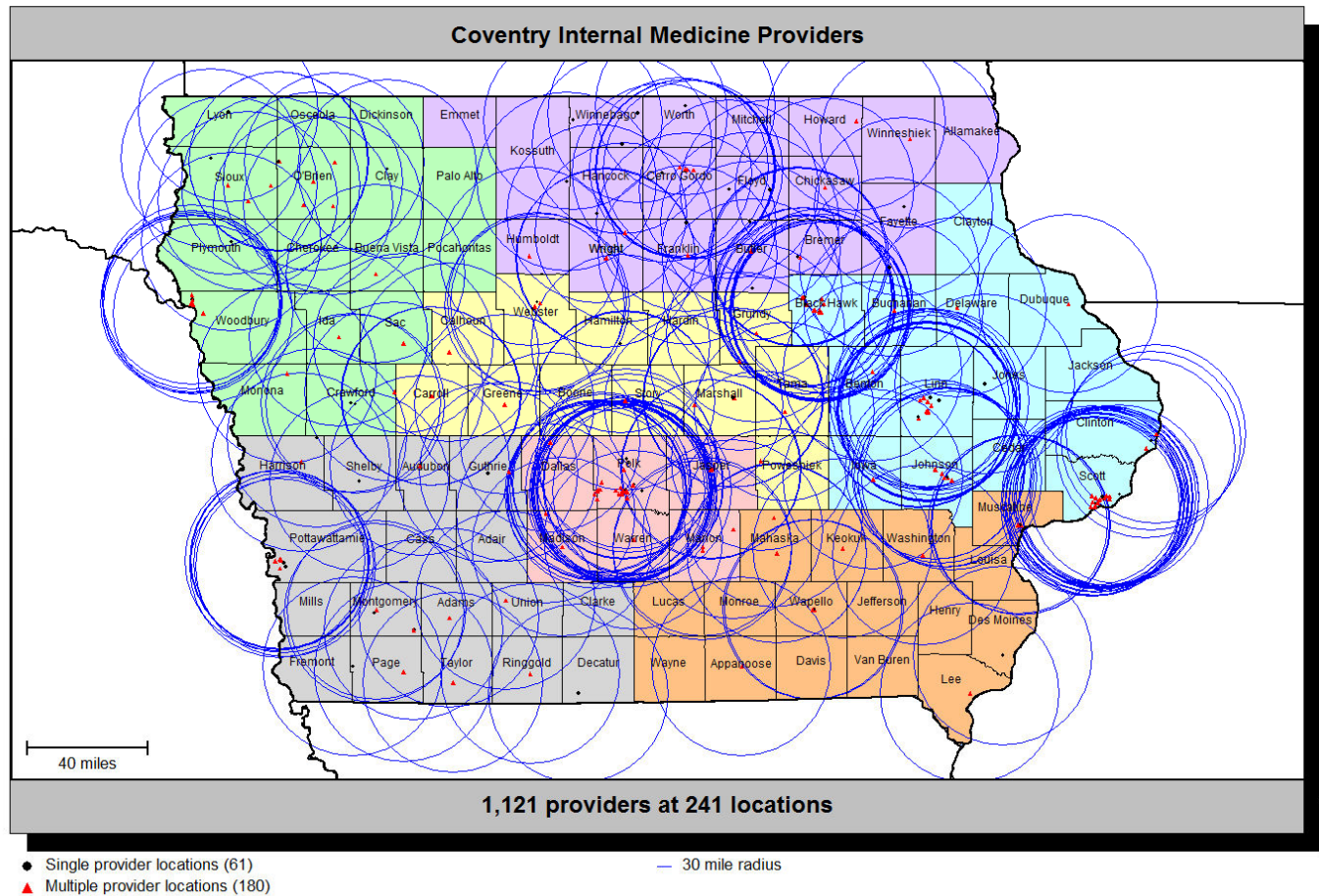
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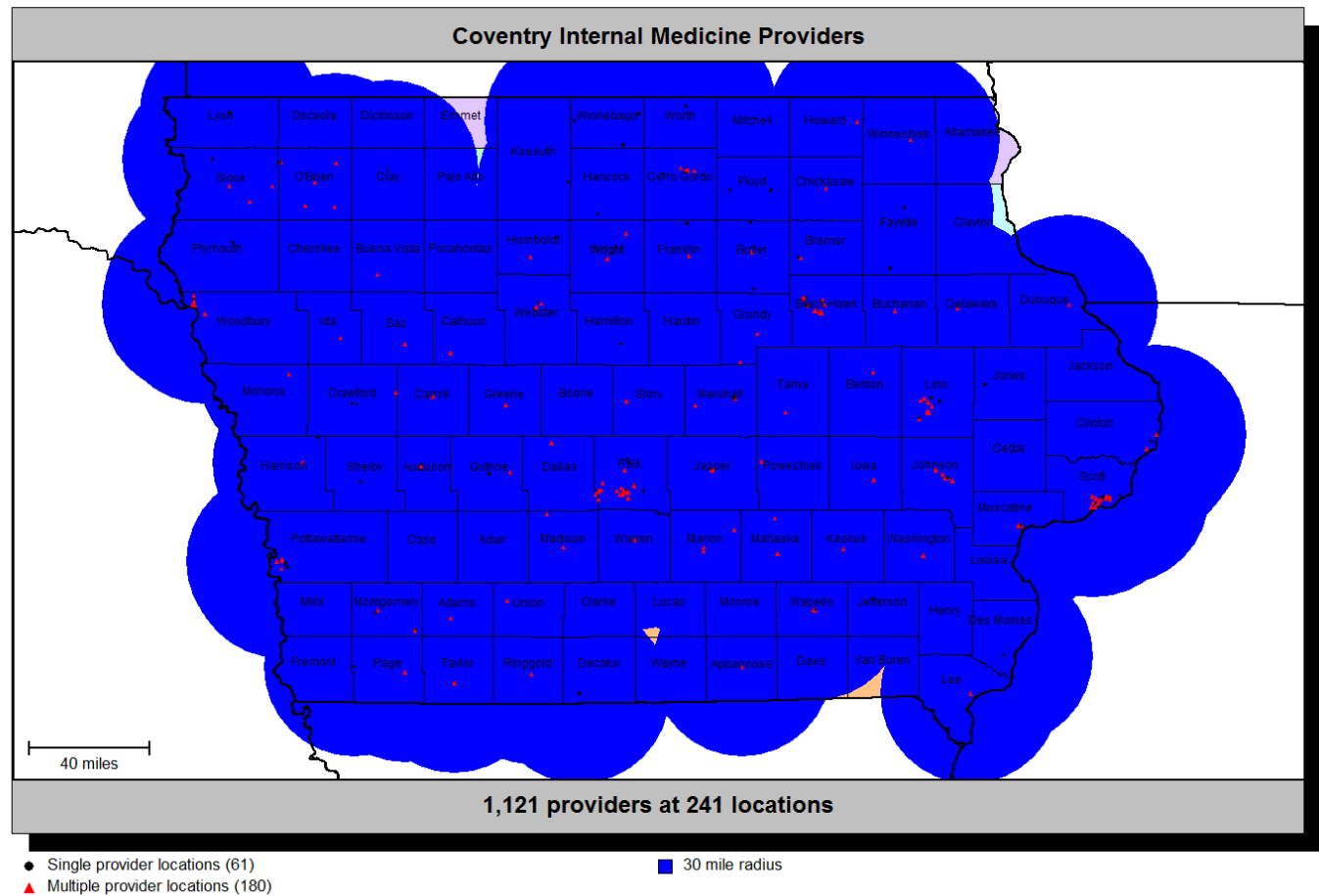
Provider locations



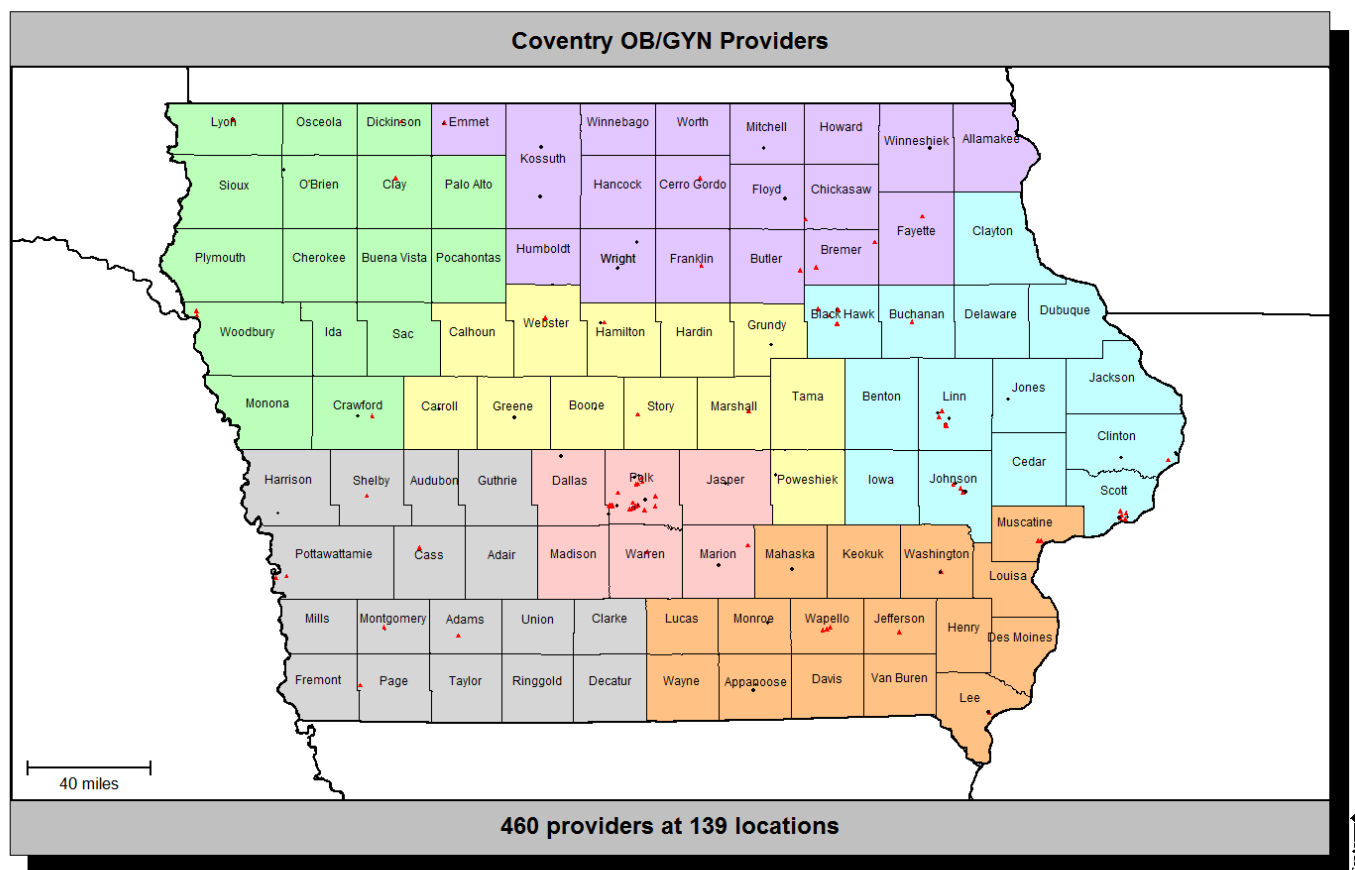
## Provider locations with 30-mile radius



## Provider coverage/penetration

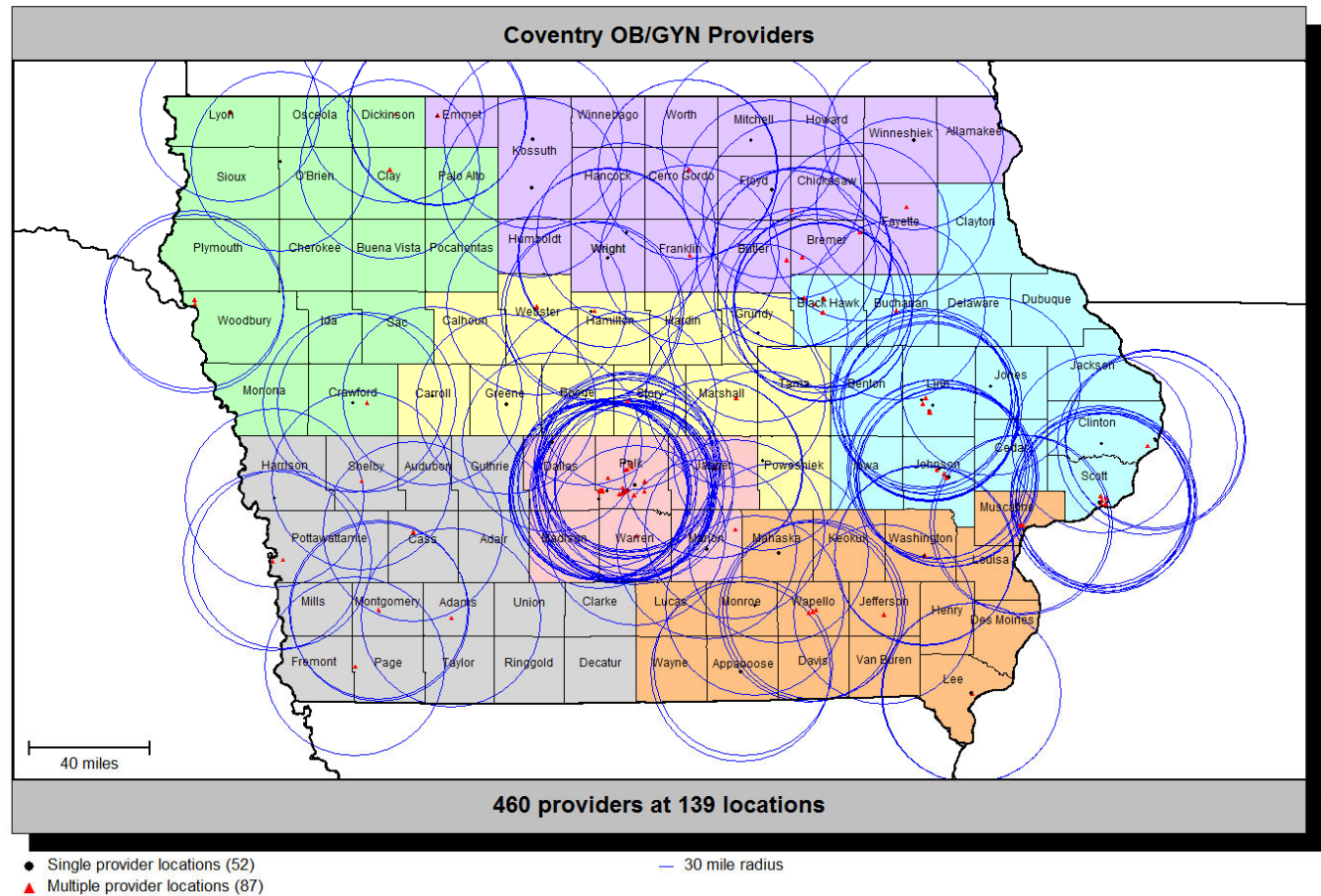


## Provider locations



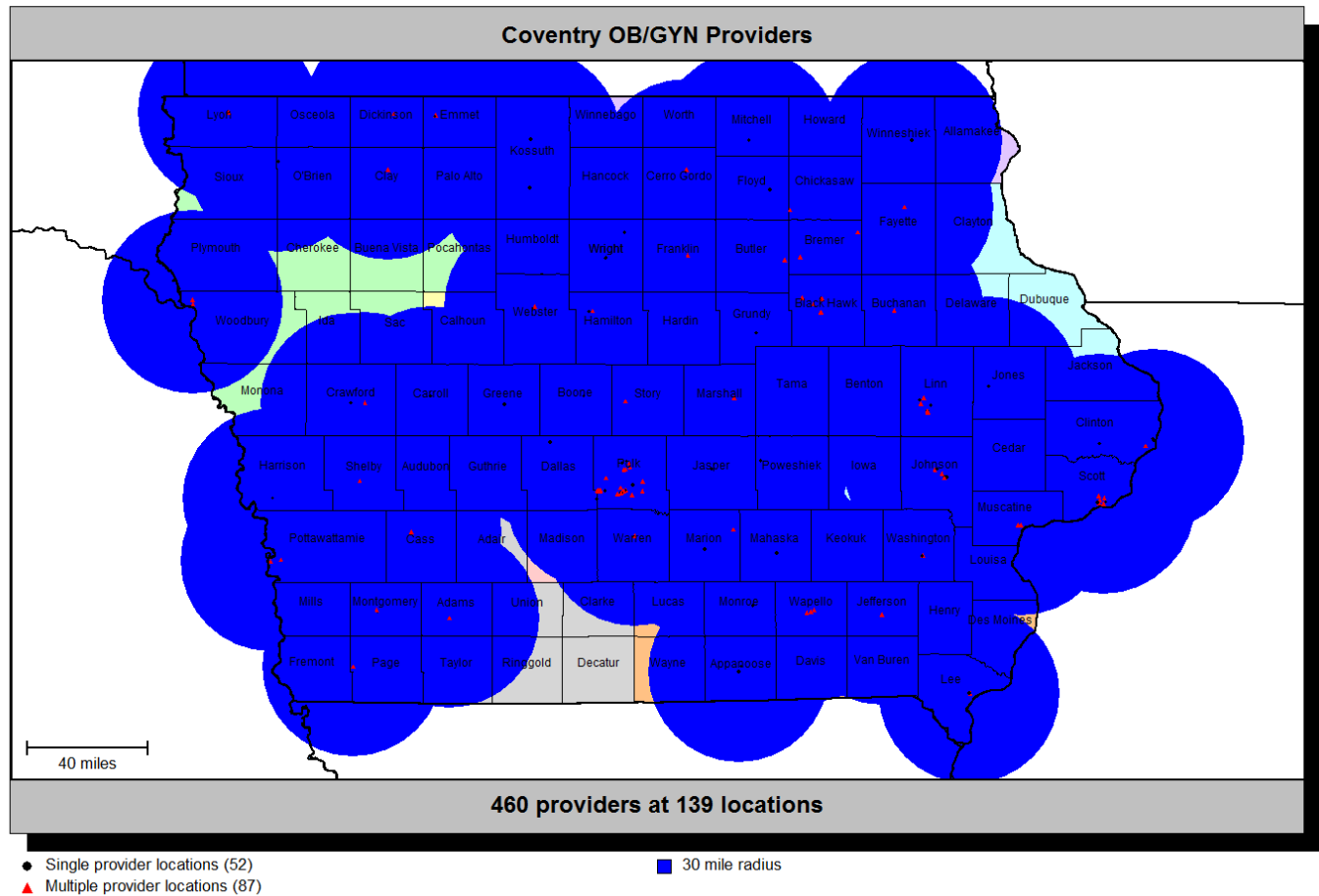
- Single provider locations (52)
- ▲ Multiple provider locations (87)

## Provider locations with 30-mile radius

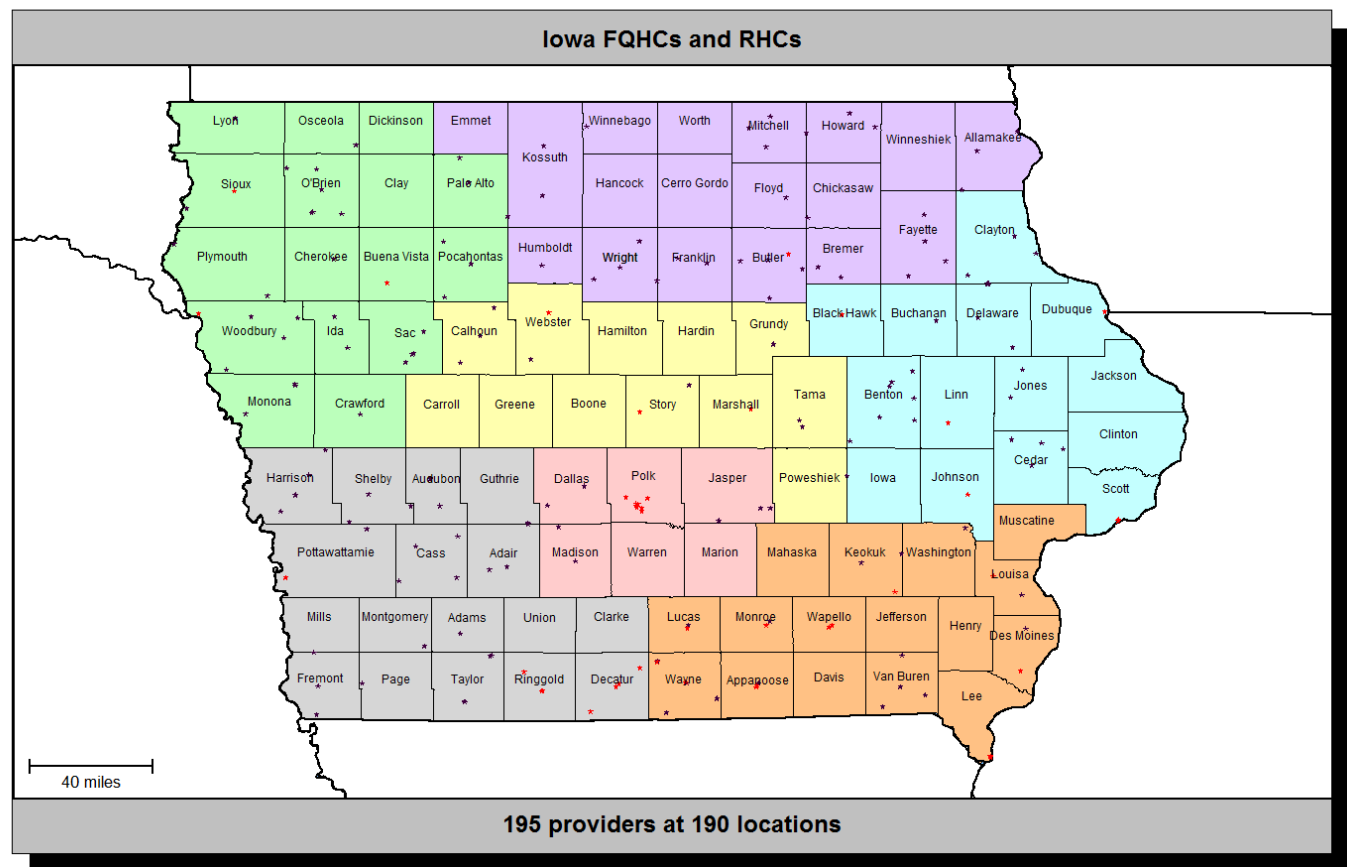




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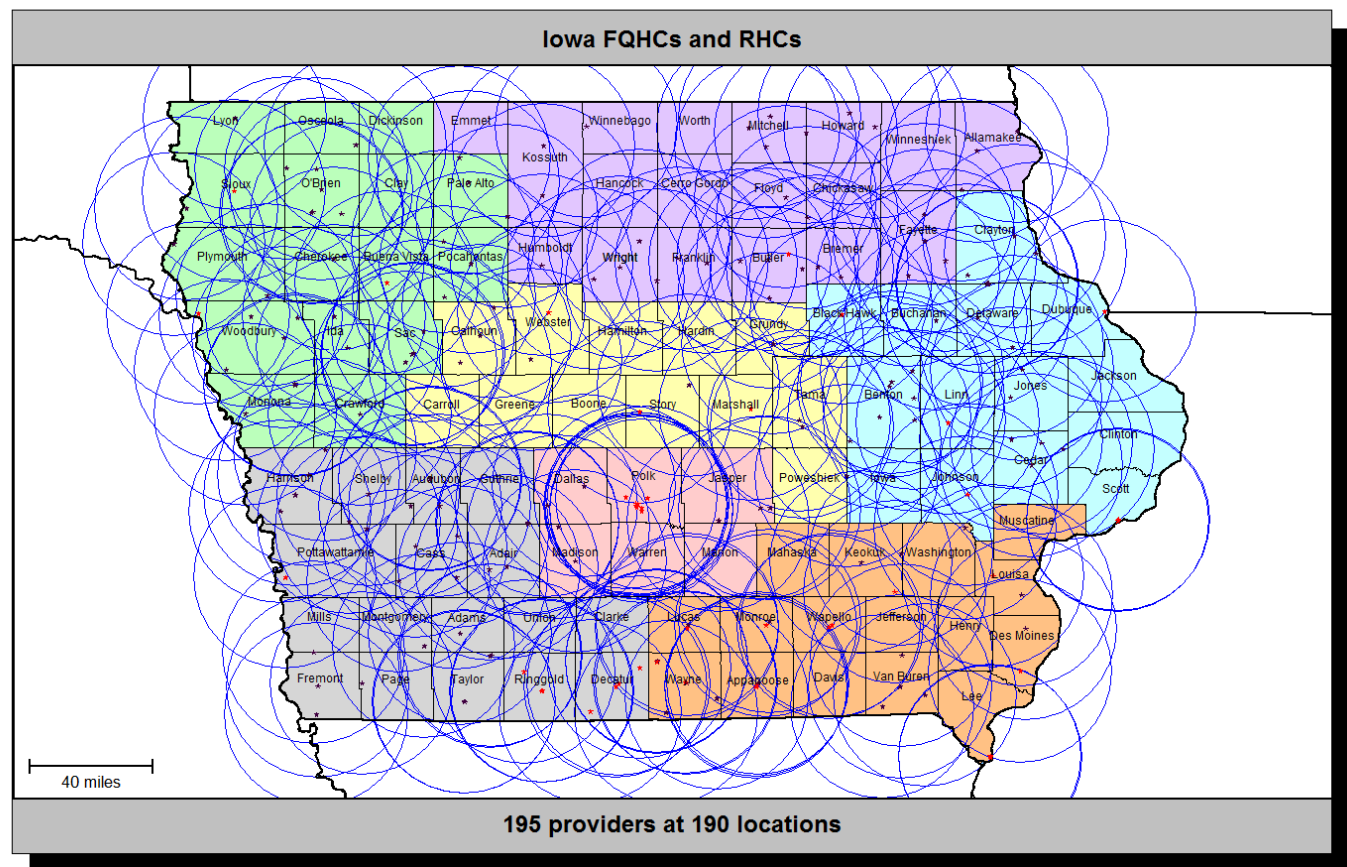


## Provider locations



- ★ Wellness Plan FQHCs (43)
- ★ Wellness Plan RHCs (147)

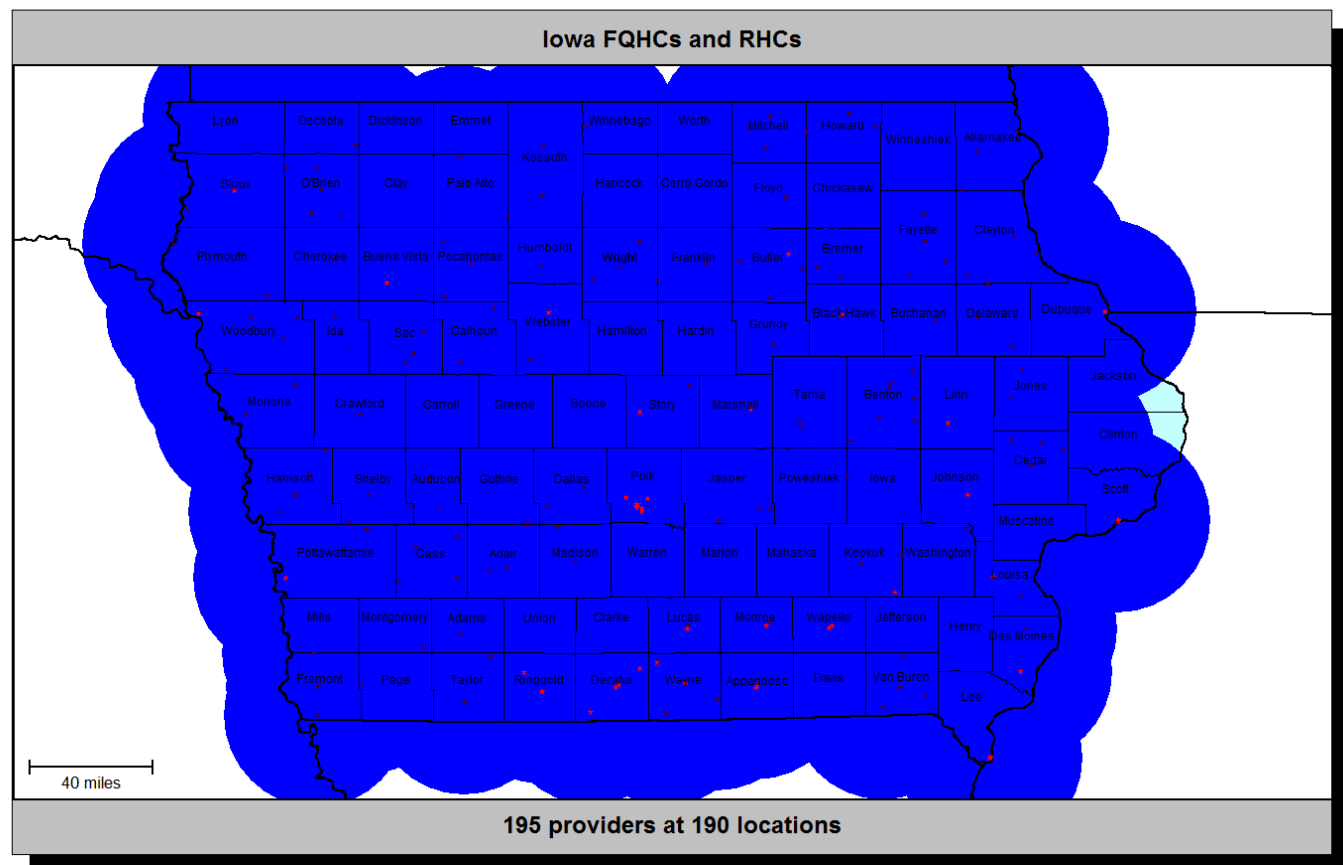
## Provider locations with 30-mile radius



- ★ Wellness Plan FQHCs (43)
- ★ Wellness Plan RHCs (147)

— 30 mile radius - ALL

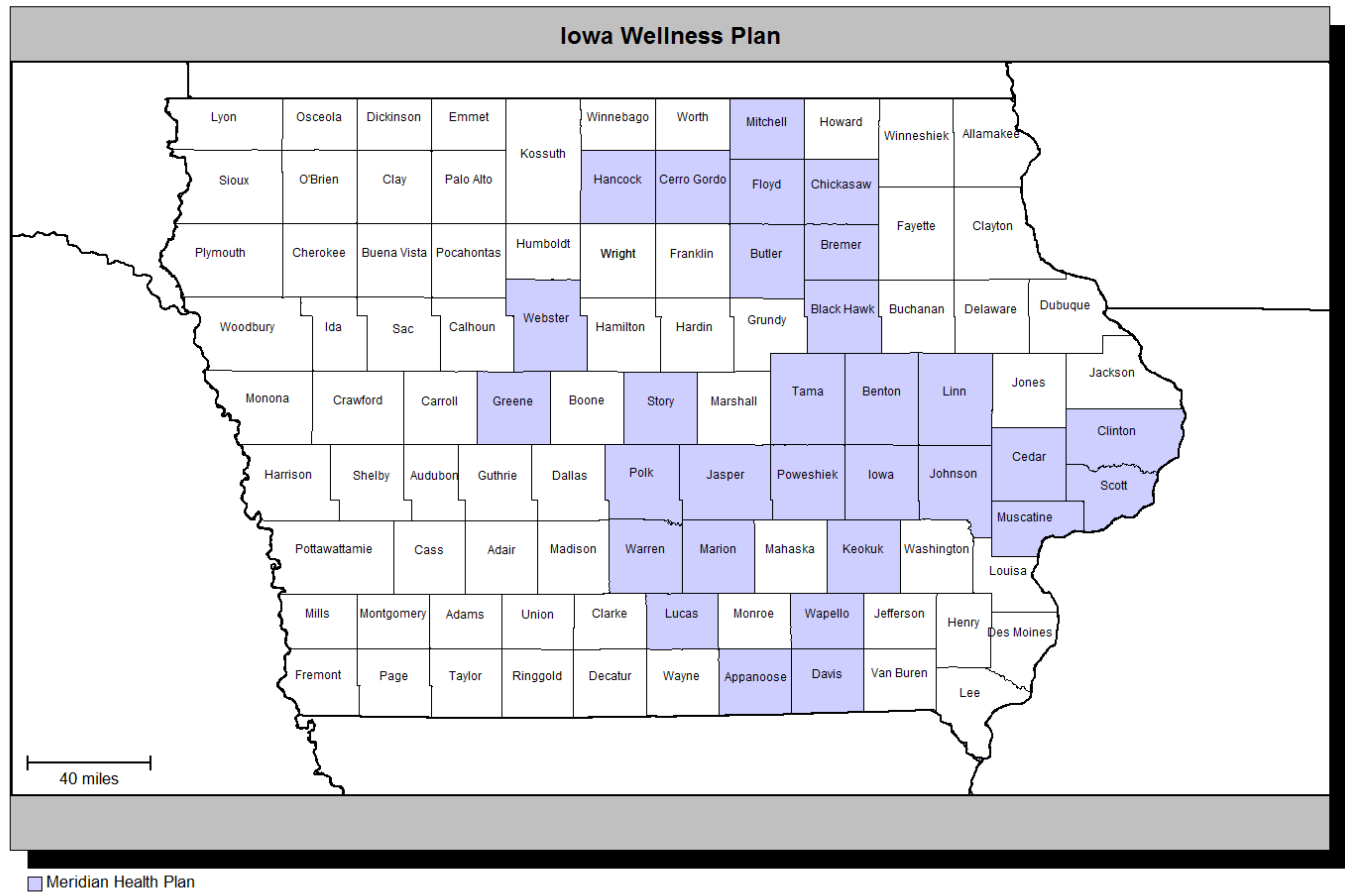
## Provider coverage/penetration



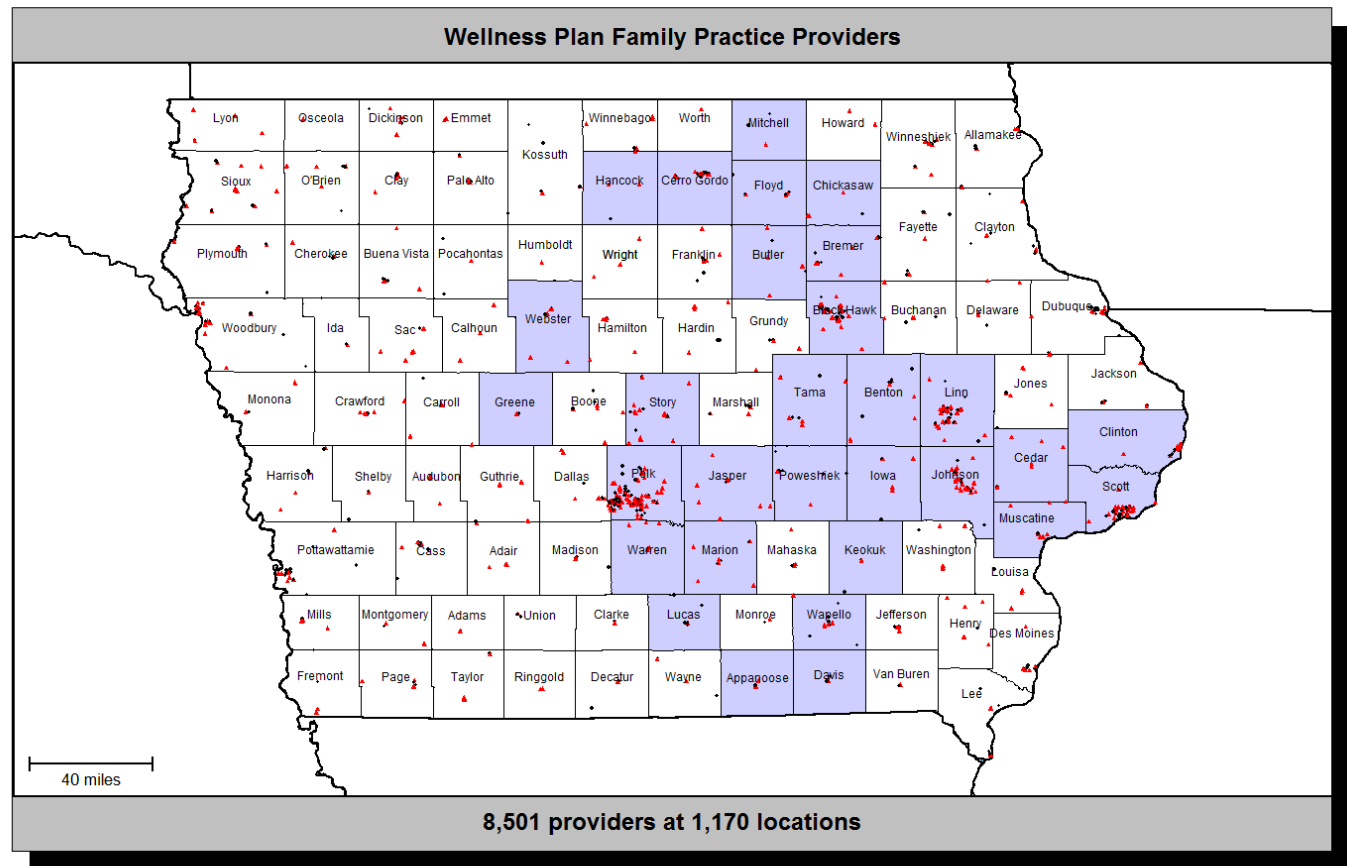
- ★ Wellness Plan FQHCs (43)
- ★ Wellness Plan RHCs (147)

■ 30 mile radius - ALL

## Geographic overview

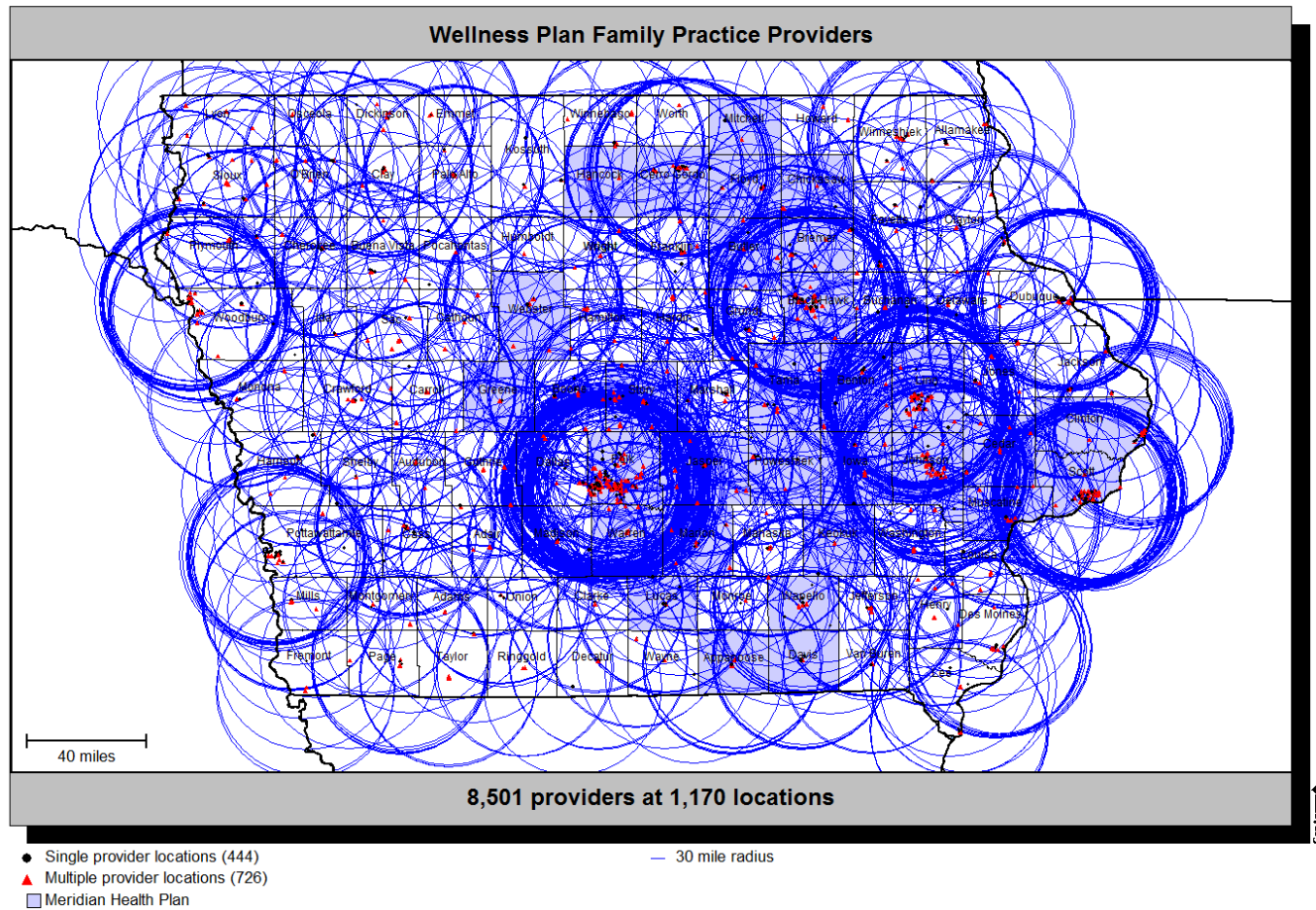


## Provider locations

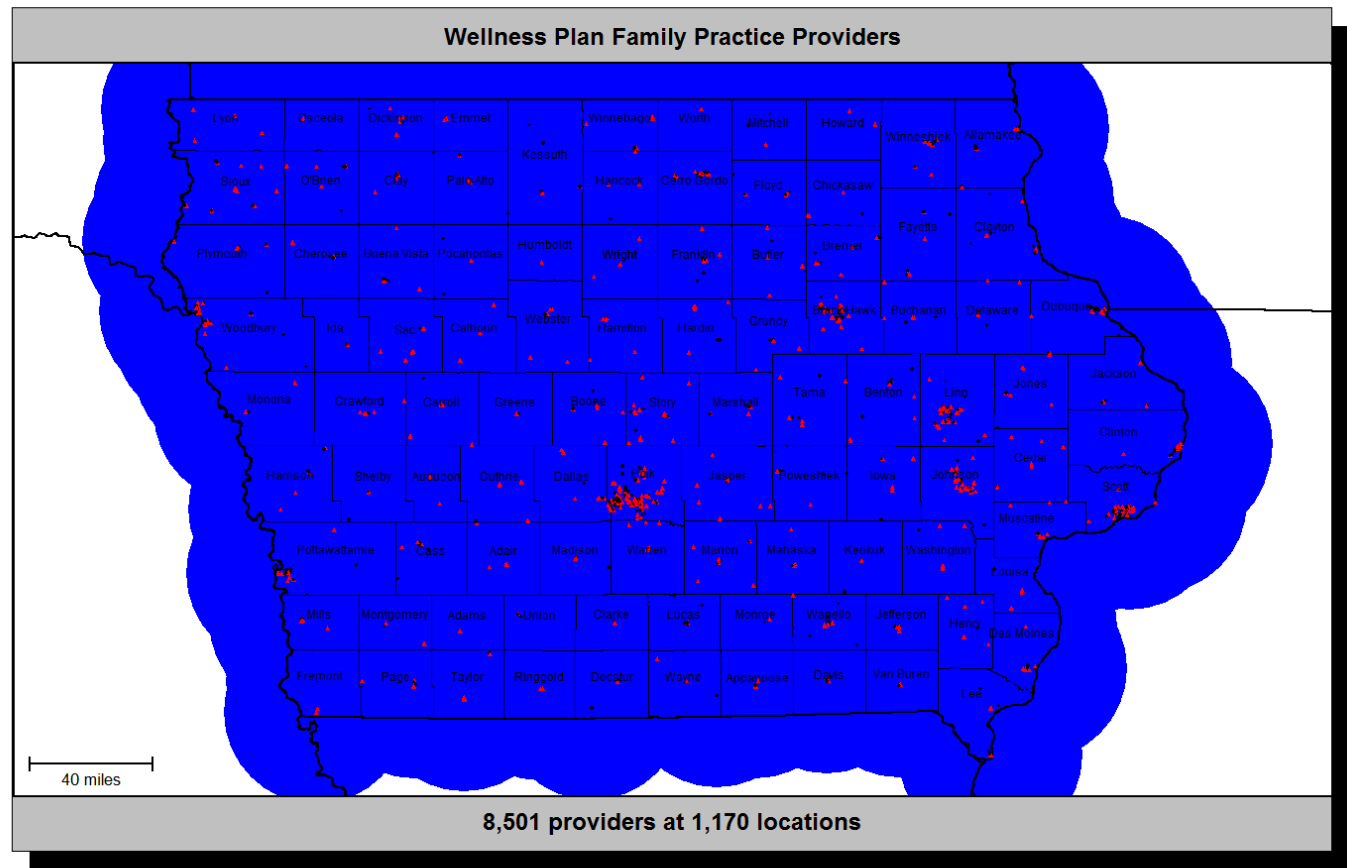


- Single provider locations (444)
- ▲ Multiple provider locations (726)
- Meridian Health Plan

## Provider locations with 30-mile radius



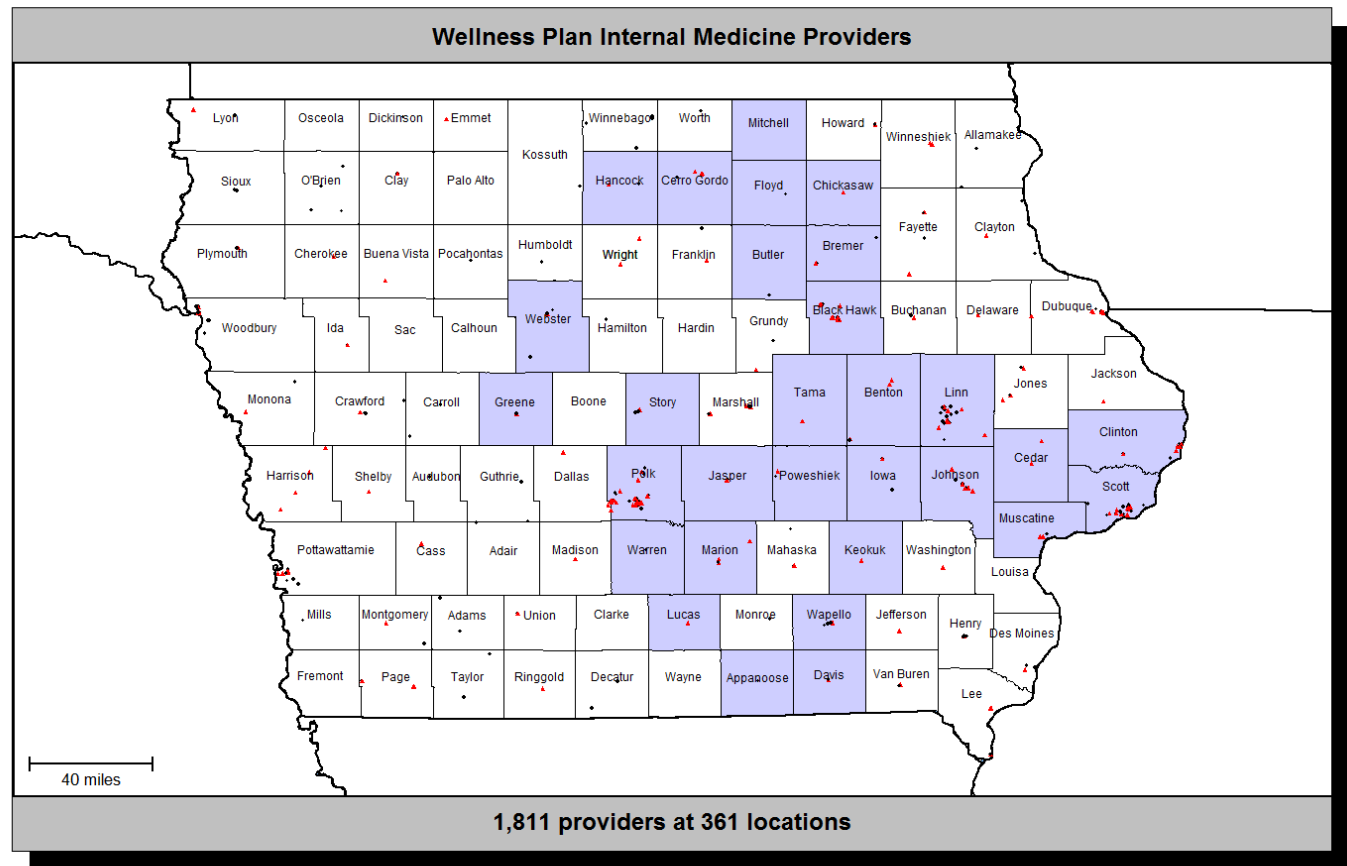
## Provider coverage/penetration



- Single provider locations (444)
- ▲ Multiple provider locations (726)
- Meridian Health Plan

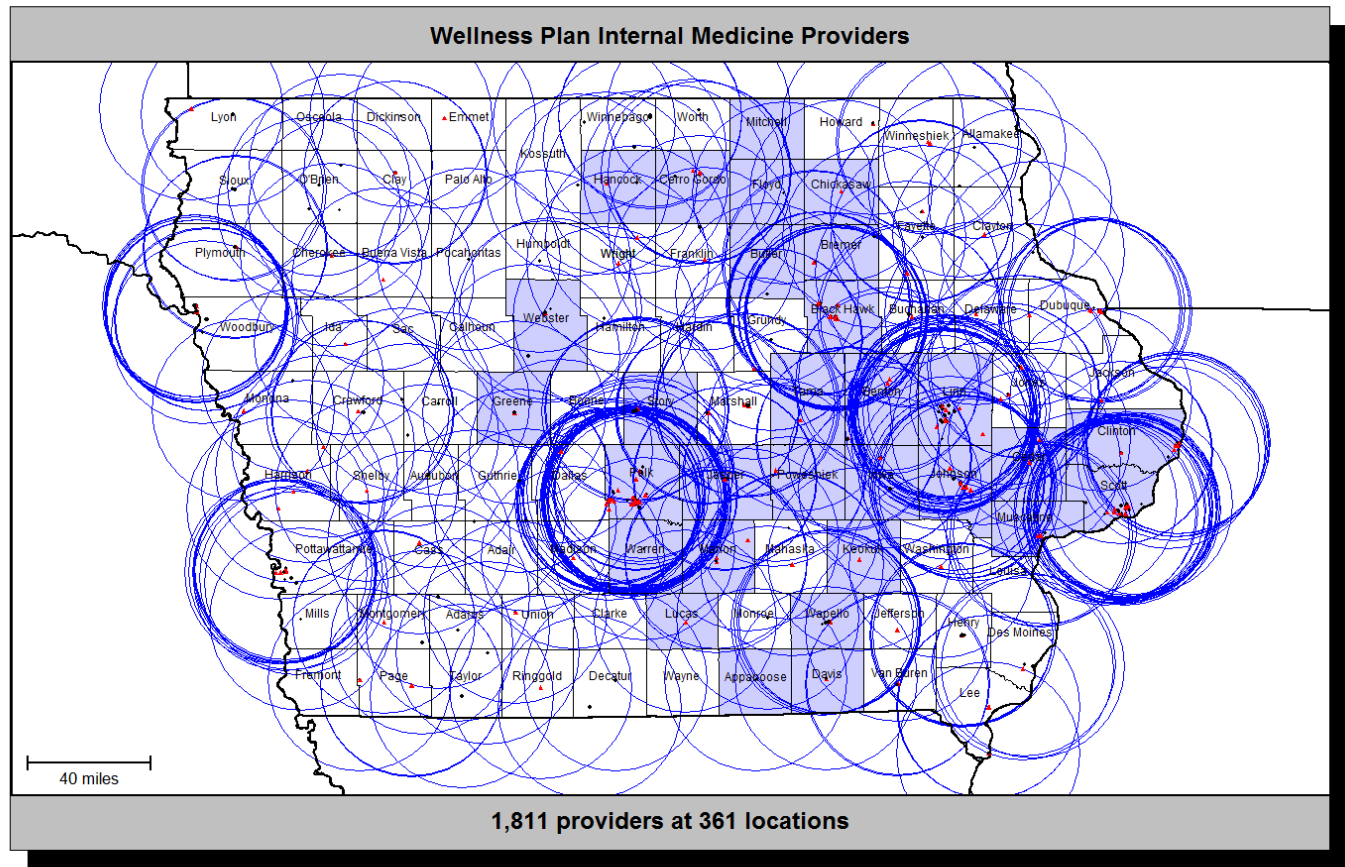


## Provider locations



- Single provider locations (170)
- ▲ Multiple provider locations (191)
- Meridian Health Plan

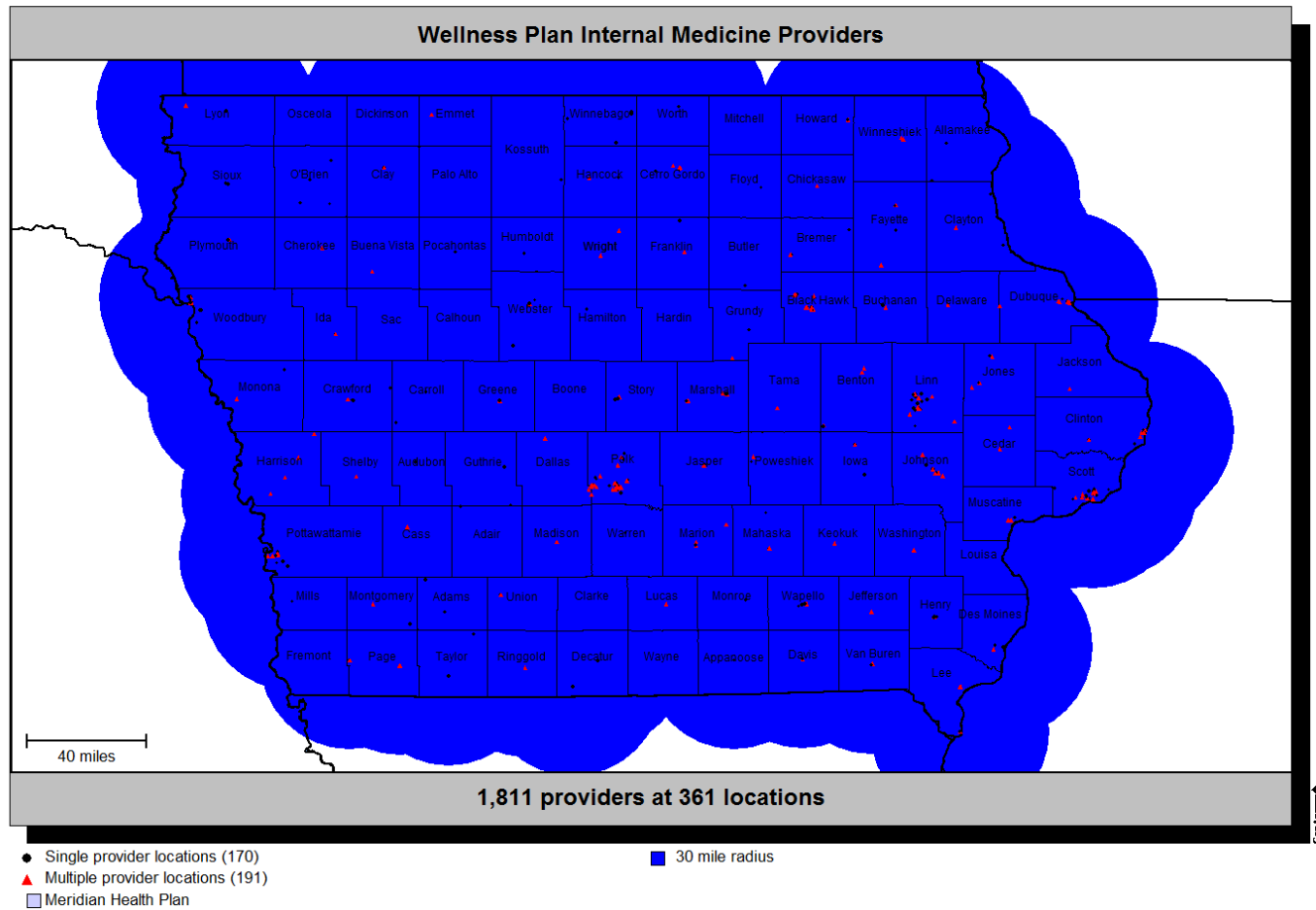
## Provider locations with 30-mile radius



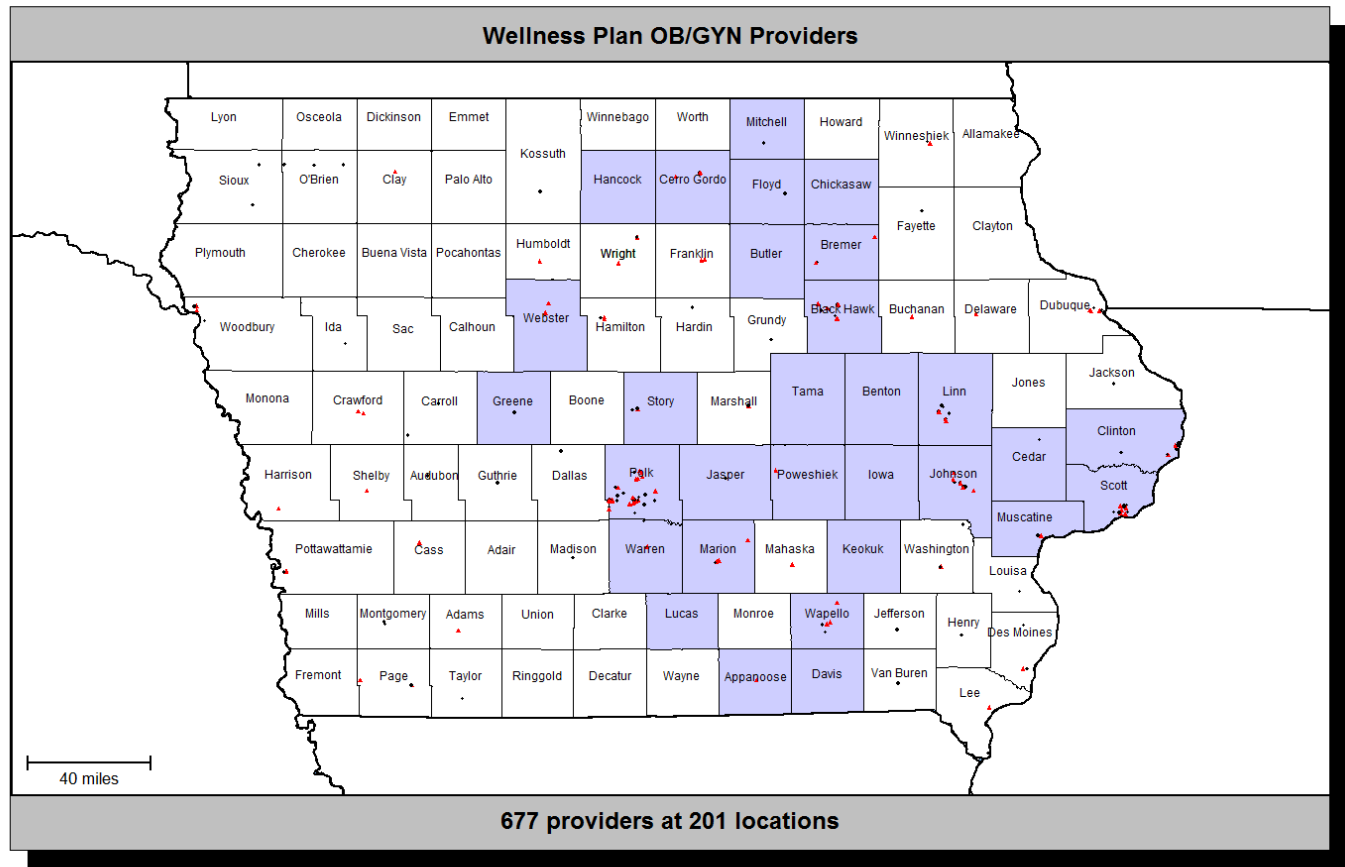
- Single provider locations (170)
- ▲ Multiple provider locations (191)
- Meridian Health Plan

— 30 mile radius

## Provider coverage/penetration

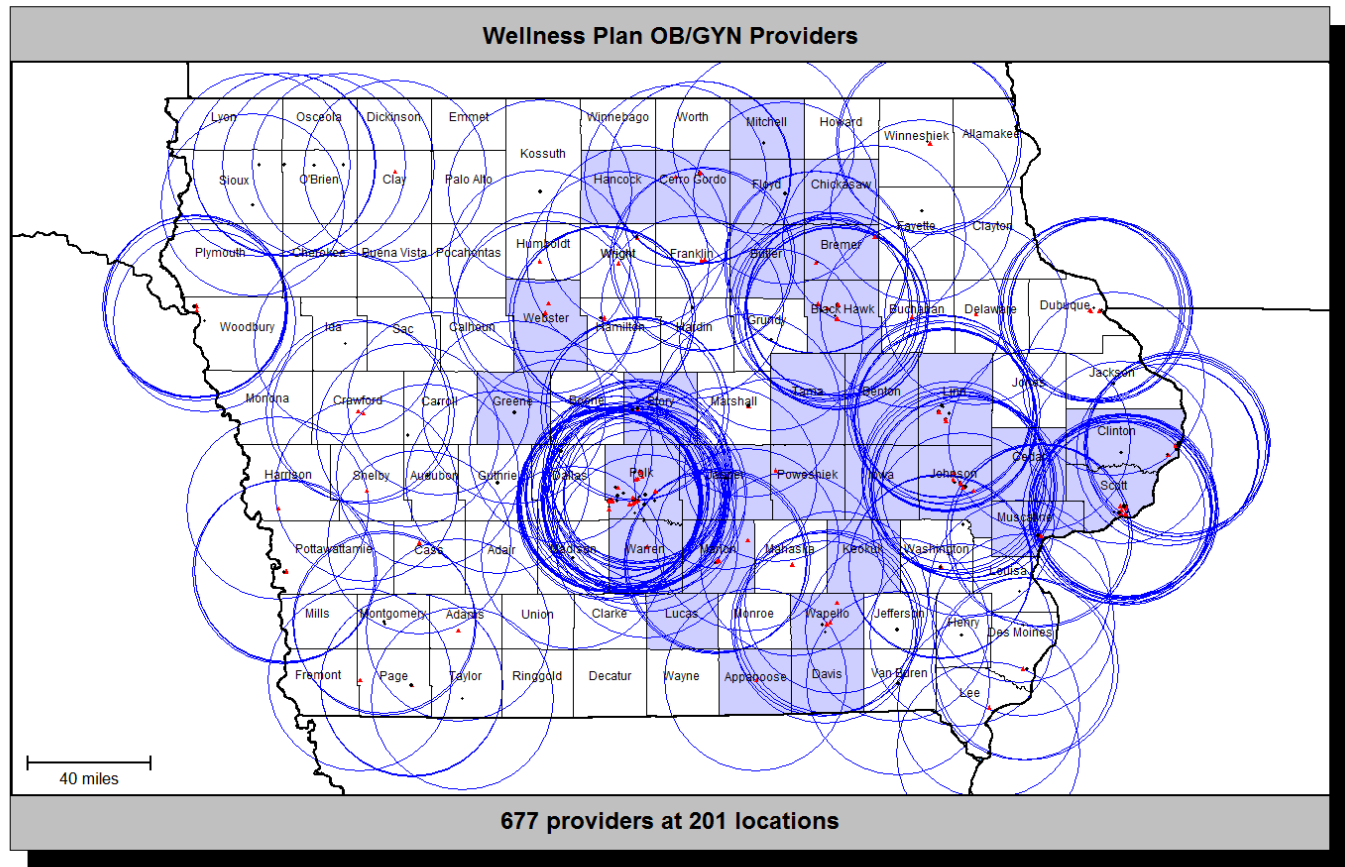


## Provider locations

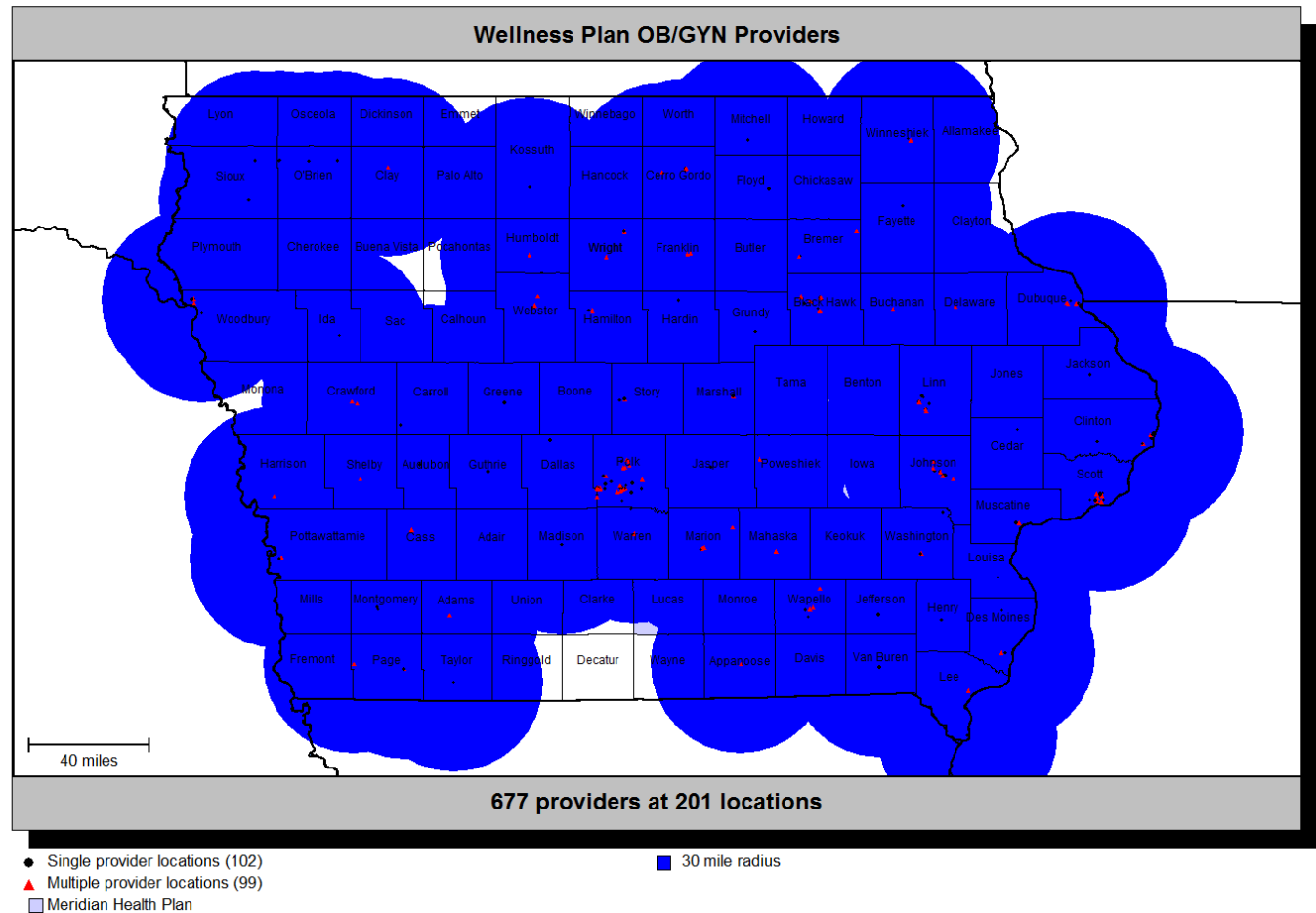


- Single provider locations (102)
- ▲ Multiple provider locations (99)
- Meridian Health Plan

## Provider locations with 30-mile radius



## Provider coverage/penetration



The State of Iowa certifies the accuracy of the information reported below:

Wellness Member Month Reporting Quarter 3, 2014											
Elig End Date											
Elig Start Date		1/31/2014	2/28/2014	3/31/2014	4/30/2014	5/31/2014	6/30/2014	7/31/2014	8/31/2014	9/30/2014	Grand Total
	1/1/2014	692	956	1054	774	1120	3671	3672	4144	45920	62003
	2/1/2014		137	136	195	143	148	119	147	7471	8496
	3/1/2014			189	164	230	193	176	153	10363	11468
	4/1/2014				185	124	177	128	128	5899	6641
	5/1/2014					148	100	165	98	4415	4926
	6/1/2014						129	111	155	4489	4884
	7/1/2014							189	146	4602	4937
	8/1/2014								169	4243	4412
	9/1/2014									3599	3599
Grand Total		692	1093	1379	1318	1765	4418	4560	5140	91001	111366

Member Months											
Elig Start Date		1/31/2014	2/28/2014	3/31/2014	4/30/2014	5/31/2014	6/30/2014	7/31/2014	8/31/2014	9/30/2014	Grand Total
	1/1/2014	692	1912	3162	3096	5600	22026	25704	33152	413280	62003
	2/1/2014		137	272	585	572	740	714	1029	59768	8496
	3/1/2014			189	328	690	772	880	918	72541	11468
	4/1/2014				185	248	531	512	640	35394	6641
	5/1/2014					148	200	495	392	22075	4926
	6/1/2014						129	222	465	17956	4884
	7/1/2014							189	292	13806	4937
	8/1/2014								169	8486	4412
	9/1/2014									3599	3599
Grand Total		692	2049	3623	4194	7258	24398	28716	37057	646905	754892

**Marketplace Choice Plan Member Month Reporting Quarter 3, 2014**

		Elig End Date									
		1/31/2014	2/28/2014	3/31/2014	4/30/2014	5/31/2014	6/30/2014	7/31/2014	8/31/2014	9/30/2014	Grand Total
Begin Date	1/1/2014	284	343	365	335	378	1101	1101	1124	10442	15473
	2/1/2014		75	124	101	86	90	69	60	2460	3065
	3/1/2014			161	97	101	112	97	91	3563	4222
	4/1/2014				116	74	98	64	56	2070	2478
	5/1/2014					90	72	88	56	1459	1765
	6/1/2014						147	73	73	1552	1845
	7/1/2014							134	85	1964	2183
	8/1/2014								141	2010	2151
	9/1/2014									1888	1888
Grand Total		284	418	650	649	729	1620	1626	1686	27408	35070

		Member Months									
		1/31/2014	2/28/2014	3/31/2014	4/30/2014	5/31/2014	6/30/2014	7/31/2014	8/31/2014	9/30/2014	Grand Total
Begin Date	1/1/2014	284	686	1095	1340	1890	6606	7707	8992	93978	122578
	2/1/2014		75	248	303	344	450	414	420	19680	21934
	3/1/2014			161	194	303	448	485	546	24941	27078
	4/1/2014				116	148	294	256	280	12420	13514
	5/1/2014					90	144	264	224	7295	8017
	6/1/2014						147	146	219	6208	6720
	7/1/2014							134	170	5892	6196
	8/1/2014								141	4020	4161
	9/1/2014									1888	1888
Grand Total		284	761	1504	1953	2775	8089	9406	10992	176322	212086



# Dental Wellness Plan Status Report

Date: September 25, 2014

Implementation Area	Accomplishments Since Last Status Meeting	Issues Needing IME Input	Goals Before Next Meeting
Provider Network	<ul style="list-style-type: none"> <li>717 Unique Providers <ul style="list-style-type: none"> <li>Adds Since 5/1/14: 139</li> <li>Terms Since 5/1/14: 19</li> <li>Inactivated DDS Since 5/1/14: 27</li> </ul> </li> <li>879 Locations <ul style="list-style-type: none"> <li>Adds Since 5/1/14: 213</li> <li>Terms Since 5/1/14: 21</li> <li>Inactivated DDS Since 5/1/14: 33</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>Training for Earned Benefits Processes will begin October 7<sup>th</sup> through a series of webinars and in-person meetings.</li> <li>Attending several IDA Regional Meetings to discuss DWP</li> </ul>
Operations	<ul style="list-style-type: none"> <li>Statistics <ul style="list-style-type: none"> <li>Customer Service calls- <ul style="list-style-type: none"> <li>May 1- September 23- 21,992</li> <li>September 1- September 23- 2,735</li> <li>Calls from members in September- 57%</li> </ul> </li> <li>Services Paid To-Date: 115,492</li> <li>Payment for Claims To-Date: \$7,448,563</li> <li>Unique Members Receiving Services: 20,955</li> <li>Completed Risk Assessments To-Date: 8,953</li> <li>Number of dentist providing services To-Date: 761</li> <li>Claims Turnaround Time: 11.81</li> </ul> </li> <li>Communicated Clinical Criteria Review/Revision and Reduction in Documentation Requirements on September 15: <ul style="list-style-type: none"> <li>Emergency and Stabilization clinical criteria revisions and clarifications (based on feedback from Delta Dental and Provider experience to date)</li> <li>To ease administrative burden, several reductions of</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Feedback on Program Integrity Plan.</li> </ul>	<ul style="list-style-type: none"> <li>Establish DWP Advisory Council</li> <li>Implementing the Earned Benefits processes</li> <li>Complete a report package draft for IME review</li> </ul>

Dental Wellness Plan Status Report

Date: September 25, 2014

Implementation Area	Accomplishments Since Last Status Meeting	Issues Needing IME Input	Goals Before Next Meeting
	<p>documentation to be filed with claims are being implemented.</p> <ul style="list-style-type: none"><li>Complaints/Appeals<ul style="list-style-type: none"><li>Total of 17 complaints, 15 resolved.</li><li>Total of 4 appeals, 4 resolved.</li></ul></li></ul>		
DWP Benefit Design and Data	<ul style="list-style-type: none"><li>Diagnosis and Prevention Services: 69%</li><li>Stabilization Services: 17%</li><li>Emergent Services: 16%</li></ul>		