



**Iowa Wellness Plan Quarterly Report
1115 Demonstration Waiver
October 1, 2014 – December 31, 2014**

January 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 fourth quarter of operation including:

- Amendments to the IWP and MPC demonstrations, effective December 30, 2014;
- Progress on statewide implementation of the Department of Corrections enrollment process for offenders;
- IHAWP administrative rule modifications;
- Finalization of the IHAWP premium payment system to allow premium processing beginning 2015;
- Enhancements to monitoring access and NCQA standards; and
- 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 fourth 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, 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,

Julie Lovelady
Interim Director
Iowa Medicaid Enterprise

II. SIGNIFICANT ACTIVITIES OF THE QUARTER

1. Transition and Implementation Activities

A. Transition Activities

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 fourth 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. The Contact Center experienced an increase in customer calls due to a high volume of questions about the Health Insurance Marketplace open enrollment period and Iowa Health and Wellness Plan renewals.

The Contact Center also experienced an increase in calls from certified Iowa Medicaid providers for assistance with the Medicaid Presumptive Eligibility Portal (MPEP). MPEP support includes technical assistance with processing presumptive applications and assistance with policy questions.

B. Member Engagement

Members continue to receive educational information about the Iowa Health and Wellness Plan through their initial welcome and enrollment packets. The packets contain information on the program, and information on available primary care providers, or health plans based on the program for which the member is eligible. Additional information on the Healthy Behaviors program has been created and placed in the enrollment packets.

Throughout the fourth quarter of 2014, members received several customized mailings regarding Healthy Behaviors. In October 2014, all members who will be asked to make a contribution payment received mailings promoting healthy behaviors. The mailing was customized based on which activities the member had or had not completed with language strongly encouraging the member to complete remaining activities. An additional customized mailing was sent in December, also promoting the program and activities.

In the last quarter of the year, members were also encouraged to renew their Medicaid coverage. Iowa Medicaid collaborated with enrollment assisters throughout the state to promote timely renewals. A member fact sheet was created, as well as an enrollment assister fact sheet to better explain the process and its importance. See links to access this information below.

Member Renewal Fact Sheet:

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

Enrollment Assister Fact Sheet:

http://dhs.iowa.gov/sites/default/files/MedicaidRenewalFactSheet_EnrollmentAssisters.pdf

C. Provider Engagement

- The IME Provider Services Outreach Team continues to communicate information about the IWP to Iowa providers specifically targeting primary care providers to address patient needs. During fourth quarter, the number of participating primary care providers, or patient managers, increased from 1,530 to 1,532. Potential patient managers enroll by completing the Iowa Wellness Plan Patient Manager Agreement, available as a fillable PDF document electronically submitted to expedite enrollment.

Throughout the fourth quarter, many community partners and provider associations requested informational meetings, panels, and presentations about the Iowa Health and Wellness Plan. Provider Services Outreach met with the following associations:

- Iowa Medical Society
 - Primary Care Association
 - Iowa Medical Group Management Association
 - Healthcare Financial Management Association
- The IME seeks to incent providers and Accountable Care Organizations (ACO) that support organized delivery system reform through the state's Medical Home Bonus Program. The Value Index Score (VIS) Medical Home Bonus and the Wellness Exam bonus are voluntary programs that support providers aimed at developing core medical home processes.

The first Value Index Score (VIS) incentive payment to Iowa Wellness Plan Patient Managers was distributed on December 12, 2014. The IME paid just over \$84,000 to 198 participating Wellness Patient Managers, averaging a 42 percent award rate. When comparing (ACO) providers to non-ACO providers, ACO providers participating in the program were 5 percent more likely to earn a VIS bonus. See the link below for more information about the Medical Home Bonus Program.

<http://dhs.iowa.gov/ime/about/iowa-health-and-wellness-plan/ACO-VIS>

2. Stakeholder Concerns

During the fourth quarter of 2014, minimal concerns were received from stakeholders. After almost a year of program implementation, stakeholders are focusing on minor concerns, and becoming familiar with program guidelines and policies.

Several providers have expressed concerns over the criteria of the wellness exam component of the Healthy Behaviors Program. Providers requested consideration to include a full set of codes in the definition of the exam. The IME responded to providers' feedback and made appropriate policy modifications to address their concerns.

Additionally, some stakeholders expressed concerns about the member coverage renewal process and assurance that members understood their responsibility to renew Medicaid coverage on an annual basis. The IME conducted extensive

stakeholder, provider, and community advocate outreach to ensure entities that support members understood the process. Iowa Medicaid also created tips and a fact sheet for members to help them understand the renewal process and necessary steps to continue coverage.

3. Significant Events

- On October 17, 2014, the DHS announced that CoOpportunity would be withdrawing from the IHAWP as of November 30, 2014. The state arranged for CoOpportunity's 9,700 members to have a choice of receiving coverage through the remaining QHP, Coventry, or the IWP. Public notice was given and both ABP State Plan Amendments were amended. The state worked closely with CMS on this process to ensure members continued to have access to care. For more information on this change, see Attachments 1 and 2.
- On December 16, 2014, the U.S. Department of Health and Human Services (HHS) announced that Iowa was one of eleven recipients of the State Innovation Model Testing grant. Iowa was awarded \$43.1 million over a four year period. Iowa's plan for health system transformation builds upon the ACO model that currently covers the Iowa Wellness Plan population. Learn more by reading the [official announcement from HHS](#) and by accessing [details on Iowa's award](#).

4. Legislative Developments

The Iowa Health and Wellness plan administrative rules package continued to move through the formal adoption process during the fourth quarter. The administrative rules were published in the Iowa Administrative Bulletin and Code and received final review by the Administrative Rules Review Committee. The changes have an effective date of January 1, 2015 and can be reviewed at:

<https://www.legis.iowa.gov/law/administrativeRules/rules?agency=441&chapter=74&pubDate=01-07-2015>

III. ELIGIBILITY/ENROLLMENT

1. Quarterly Enrollment

Over the fourth quarter, the overall IHAWP population increased by 5 percent for an ending total of 121,257. The IWP component increased over the quarter by 3 percent with an ending total of 90,424.

When members are determined eligible for the IWP 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 December 29, 12,705 persons were enrolled with the HMO and 45,635 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 fourth quarter, 87 of Iowa's 99 counties have managed care access in the IWP. IWP enrollment totals by county for December 2014 can be found at:

http://dhs.iowa.gov/sites/default/files/IHAWPEnrollmentMaps_December2014.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	October	November	December
Marketplace Choice	27,347	28,468	29,979
Wellness	88,139	88,406	90,424
Presumptive IHAWP*	826	804	854
Total	116,312	117,678	121,257

*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 fourth quarter, the total population for these groups was 15,192. Below are IWP enrollment totals for the targeted populations.

Population Group	October	November	December
19-20 Year-old	4,998	4,781	4,372
American Indian/Alaskan Native	1,106	1,102	1,044
Medically Exempt	10,231	10,309	9,776
Total	16,335	16,192	15,192

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 December 2014, members in this age group totaled 4,372.

B. American Indian/Alaskan Natives

Individuals identified as American Indian/Alaskan Natives (AI/AN) and meet eligibility for the IWP totaled 1,044 at the end of December 2014.

C. Medically Exempt

Medically exempt (frail) individuals as defined by 42 CFR 440.315, represented 9,776 members in the IWP at the end of December 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 December 26, 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.

IV. 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. The state's access to care is based on 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

Each quarter the state will conduct a provider survey to monitor access standards stated above in sections 2 and 3. The IME consulted with 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. Fourth quarter provider survey results revealed the state met both access and NCQA standards. See Attachment 3 for more information on survey results.

4. Provider Network

See Attachment 4 for maps that show provider access by county for the IHAWP population.

V. COMPLAINTS/GRIEVANCES/APPEALS

1. Complaints/Grievances

IHAWP members have access to IME's Member Services Call Center to express their questions or concerns about the program. During fourth 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	October	November	December
Benefits and Services	8	4	25
Access	0	3	4
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	2
Non-emergency Medical Transportation	0	0	0
EPSDT Services	0	0	0

2. Appeals/Exceptions

During fourth quarter a total of 16 exceptions to Medicaid policy were requested by IWP members. Six requests were approved and 5 were withdrawn by the IME as unnecessary and resulted in paid services. The remaining 5 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 5 for the actual number of member months for the IHAWP as of December 31, 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 6 for a status report of the DWP as of December 18, 2014.

2. Healthy Behaviors Program

During fourth quarter, the state worked on finalizing Healthy Behaviors Incentives Standards and Premium Monitoring Protocols in year 2 or subsequent years in accordance with the STCs. In the third quarter, the state released an RFP to secure a contractor for assistance with implementation of the healthy behaviors rewards program. However in December 2014, the state requested to CMS to postpone the implementation of the rewards component to allow additional time for research and development. Subsequently, the state proposed amendments to the IWP and the MPC demonstrations that provided time for additional research during calendar year 2015. The state is required to submit to CMS an additional Protocols document with

the developed program design. On December 30, 2014, CMS approved these amendments and released revised STCs that can be accessed at: http://dhs.iowa.gov/sites/default/files/WellnessAmendment_CMSApprovedSTCs_123014.pdf

3. Non-Emergency Medical Transportation

The STCs of the original IWP and MPC demonstrations required non-emergency medical transportation to sunset on December 31, 2014, with an extension possible based on an evaluation of the impact on access to care. During fourth quarter the state requested an amendment to this requirement because adequate data were not available to conduct a full evaluation within the allowed time period. On December 30, 2014, CMS approved the state's proposed amendment to extend the NEMT waiver through July 31, 2015, and allow the state additional time to present further data by May 31, 2015. The revised STCs were part of an approval package that included changes to the healthy behaviors component.

4. Evaluation Design

During fourth quarter, the state and PPC received further guidance from CMS on the Healthy Behaviors Evaluation Design addendum to assist with finalization of the first draft, which is due January 31, 2015. CMS approved a deferment of the full healthy behaviors plan development to align with the extension for the implementation of the healthy rewards component. The first draft will focus on the impact of premiums on access as well as the impacts of the annual exams and clinical risk assessments.

5. Department of Corrections Enrollment Process

The DHS has partnered with the Department of Corrections (DOC) to streamline the enrollment process for offenders who transition from prison to the community. 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.

In the fourth quarter of 2014, extensive enrollment training was conducted with the DOC to prepare their staff to effectively assist offenders in the enrollment process. One additional facility was added to the pilot, this brings the total to 10 participating facilities; 3 facilities are slated to be added in early 2015. Several hundred offenders were enrolled in Medicaid coverage upon release and approximately 33 percent of these enrollees were determined to be medically exempt.

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 fourth quarter 2014 or future quarterly reports.

Attachments

1. Public Notice – CoOpportunity Withdrawal from MPC
2. Press Release - CoOpportunity Withdrawal from MPC
3. IWP Provider Survey Results
4. IHAWP Network Access Maps as of 12/1/14
5. Financial Reporting - IHAWP Member Months
6. Dental Wellness Plan Status Report

Iowa Department of Human Services
Notice of Public Comment Period for Changes in the Iowa Health and Wellness Plan

The Iowa Health and Wellness Plan, that began on January 1, 2014, is a Medicaid program created to provide comprehensive health care coverage to low-income, uninsured Iowans ages 19 to 64.

The Iowa Health and Wellness Plan is one program that includes two separate coverage options. Eligibility is based on household income.

- *Iowa Wellness Plan*: Covers adults ages 19 to 64 whose income is at or below 100 percent of the Federal Poverty Level. The Iowa Wellness Plan is administered by Iowa Medicaid. Members have access to the statewide Medicaid provider network which means they have access to care from providers and hospitals in their local communities.
- *Marketplace Choice Plan*: Covers adults age 19 to 64 with income from 101 percent through 133 percent of the Federal Poverty Level. The Marketplace Choice Plan allows members to select from participating commercial health care coverage plans available through the Health Insurance Marketplace. Medicaid pays the premiums to the commercial health plan on behalf of the member. Members have access to the network of local health care providers and hospitals served by the commercial insurance plan.

This notice provides details about the Department of Human Services' (DHS) intent to change the eligibility requirements of 1) the Iowa Wellness Plan to allow coverage for persons who have income up to and including 133 percent of the Federal Poverty Level (FPL) and 2) the Marketplace Choice Plan to eliminate the requirement of mandatory enrollment based on persons having income from 101 to 133 percent FPL. This serves as the **30-day public comment period, which closes December 19, 2014, at 4:30 pm.**

When the Iowa Health and Wellness Plan began on January 1, 2014, members eligible for the Marketplace Choice Plan had a choice of two commercial health care plans: CoOpportunity Health and Coventry Health Care of Iowa. CoOpportunity Health recently made the business decision to withdraw from participation in this plan and will cease providing services to members after November 30, 2014. DHS has arranged for all members enrolled with CoOpportunity to receive coverage through the Iowa Wellness Plan beginning December 1, 2014. Members will not have to do anything; DHS will automatically enroll members into the plan. In the Iowa Wellness Plan, members will receive consistent, quality coverage and will have a choice of receiving services from any Medicaid provider.

The state is working with the Centers for Medicare and Medicaid Services (CMS) to explore ongoing options for all members eligible for coverage in the Marketplace Choice Plan. The state is committed to making sure coverage options include comprehensive benefits and encourages members to become healthier.

This serves as DHS's notice of intent to 1) amend the Iowa Wellness Plan State Plan Amendment to allow persons who have income up to and including 133 percent of the Federal Poverty Level to receive services in the plan and 2) amend the Marketplace Choice Plan State Plan Amendment to eliminate the requirement of mandatory enrollment based on persons having income from 101 to 133 percent FPL. As required by 42 CFR § 440.386, DHS also provides notice that this change will not impede EPSDT eligible individuals from having access to the full EPSDT benefit available at 42 CFR § 440.345.

Information about the Iowa Health and Wellness Plan is available at:
<http://dhs.iowa.gov/ime/about/iowa-health-and-wellness-plan/ihawp-fed-docs>.

Written comments may be addressed to Maggie Reilly, Department of Human Services, Iowa Medicaid Enterprise, 100 Army Post Road, Des Moines, IA 50315. Comments may also be sent to the attention of: **DHS, Iowa Health and Wellness Plan** at DHSIMEHealthandWellnesPlan@dhs.state.ia.us through December 19, 2014. The public, by contacting Maggie Reilly at the above address, may review comments received.

Submitted by:
Julie Lovelady
Interim Medicaid Director
Iowa Medicaid Enterprise
Iowa Department of Human Services



October 17, 2014

CoOpportunity Will Leave Iowa Health and Wellness Plan All Members Will Continue to Receive Coverage

(Des Moines, Iowa) - CoOpportunity Health will withdraw from the Iowa Health and Wellness Plan next month, and the state has arranged for its 9,700 members to receive coverage through another component of the bipartisan-approved plan.

"These Iowans will continue to receive consistent benefits and quality care," said Department of Human Services Director Charles M. Palmer. "Members can see a doctor as they normally would, and they'll have the same requirements for completing healthy behaviors. They should watch their mail for more details, and they can call Medicaid Member Services if they have questions about their coverage."

The Iowa Health and Wellness Plan, available to eligible low-income Iowans, provides comprehensive benefits and local access to care while offering incentives for members to improve their overall health. It includes both the Wellness Plan and the Marketplace Choice Plan. More here: (<http://dhs.iowa.gov/ime/about/iowa-health-and-wellness-plan>)

CoOpportunity will leave the Marketplace Choice Plan at the end of November. Its members will begin receiving notification of changes in the next week, and they'll be transitioned to the Wellness Plan with no loss in coverage.

Coventry Health Care of Iowa, Iowa's other Marketplace Choice provider, will accept all new Marketplace Choice enrollees in the month of December while the state explores options.

"We have arranged for seamless coverage for Iowans who will no longer be served by CoOpportunity, and for new individuals enrolling in the Iowa Health and Wellness Plan," Palmer said. "We're committed to providing coverage through this bipartisan, Iowa-tailored plan that provides comprehensive care and encourages Iowans to become healthier."

For members with questions, Medicaid Member Services can be reached at 1-800-338-8366 or 1-515-256-4606.

For more information
Amy Lorentzen McCoy
amccoy@dhs.state.ia.us
515-281-4848

Iowa Wellness Plan Patient Access Survey QE 12/31/14

Reporting on Access to Care and NCQA Standards

To verify Iowa Medicaid Enterprise (IME) has sufficient provider access to enable the program to charge member contributions to Iowa Health and Wellness plan members in 2015, IME agreed to verify the following:

- 1) That ninety-five percent of Iowa Wellness plan members reside in counties that meet timely access to care standards and
- 2) That ninety percent of members live in a county that either:
 - a) Live in a county that has at least 1 provider that has an NCQA Element 1B score of at least 50 percent or
 - b) Live within 30 miles of a provider that has an NCQA Element 1B score of at least 50 percent.

To determine results, IME sampled 200 Wellness plan participating patient managers from each of Iowa's 99 counties. This report does not include access information on specialty, emergency, hospital providers or FFS primary care physicians. **Based on the results obtained from the Wellness plan patient managers, IME meets the access and NCQA 1B standards.**

Per CMS request, the IME, with assistance from the University of Iowa Public Policy Center, developed a random sampling of Wellness plan providers utilizing Urban Influence Codes (UIC) to ensure a weighted sample in proportion with the population size of each county.

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

TOTAL WEIGHTED RESULTS

IME Category	Counties That Met Both NCQA 1B & Access Standards	U of I 'weighted average' based on county population	Application of U of I 'weighted average'	<u>TOTAL</u> 97.5%
1	21/21	0.67	0.67	
2	13/15	0.09	0.078	
3	34/36	0.19	0.179	
4	26/27	0.05	0.048	

An explanation of the Total Results (above) and corresponding maps follow in Section I. Additionally, and per CMS request, IME has included a summary of the non-weighted average results of the Access survey. Specific details of the Access and NCQA Element 1B survey results are detailed in Section II.

SECTION I

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.

186 of the 200 providers surveyed meet the surveyed access standards detailed in Section II.

Access Survey Non-Weighted Average Results

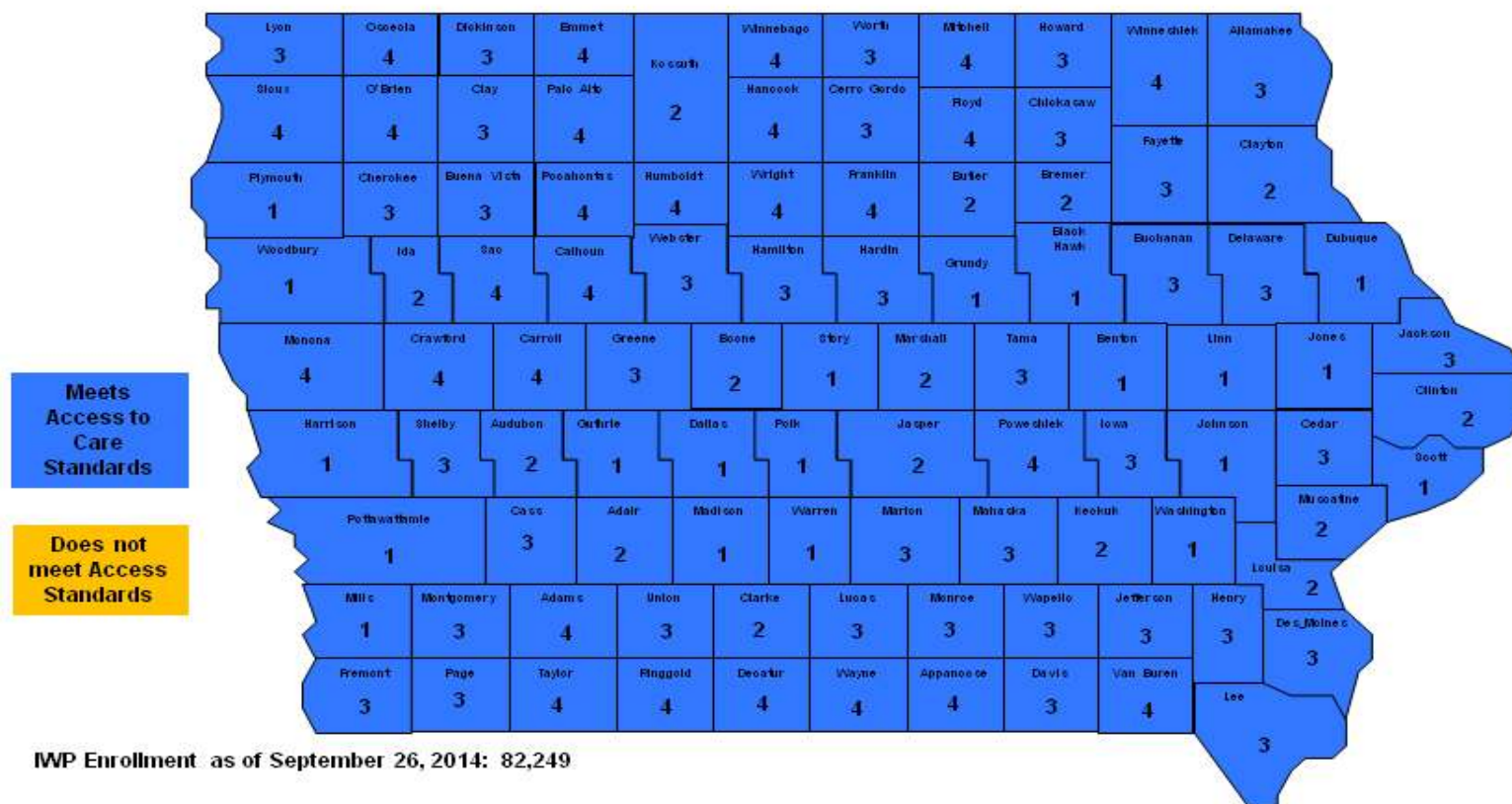
For tracking purposes, Iowa Medicaid relied upon the UIC categories to sort the member population within the counties. Within each UIC category, the providers surveyed who did not provide or arrange for 24-hour, 7-day provider availability to enrolled recipients, were counted as NOT meeting the access standards. Two hundred providers representing 9,424 members were surveyed. Of those surveyed 14 providers did not meet the access standards. These 14 providers represent 442 or 4.7% of the members.

IME Category	Providers Surveyed Meeting Access	Providers Surveyed Not Meeting Access	Total Member Population	Members with Provider Not Meeting Access	Total Members with Access	Members without Access 4.7%	<u>TOTAL ACCESS</u>
1	45	4	3897	177	3720		95.3%
2	40	2	1862	70	1792		
3	69	4	2502	104	2398		
4	46	4	1163	91	1072		



Iowa Department of Human Services

Iowa Wellness Plan Access Standards 2014



*Numbers in each county on the following map represent the IME UIC category

2. NCQA 1B Standards

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.

161 of the 200 providers surveyed meet at least 3 of the 5 NCQA standards outlined above. 172 of the 200 meet the critical factor of the NCQA standards. The 161 that meet at least 3 of the 5 NCQA standards support 94 of Iowa's counties. The 172 providers that meet the 'critical factor' support 95 of Iowa's counties.

80,765 of the 82,249 Iowa Wellness plan members reside in counties that meet the NCQA 1B standards representing 98 percent of the Wellness plan population.

SECTION II: Provider Access and NCQA 1B Survey Details

Counties in white are not managed care

County Name	Co #	UIC	Members Assigned	Meet at least 50% NCQA	Meet less than 50% NCQA	Meet Access to Care (Y/N)		Routine 4-6 weeks	Urgent within 24 hours	Persistent within 48 hours	24/7 access	Access to routine and urgent care appointments outside of regular business hours	Access to continuity of medical record information for care and advice when office is not open	Provide timely clinical advice by telephone such as a Nurse Line or On Call when the office is not open	Provide timely clinical advice using a secure, interactive electronic system when the office is not open	Document after hours clinical advice in patients records
Adair	1	2	22		X	Y		Y	Y	Y	Y	N	N	N	N	N
Adair	1	2	45		X	Y		Y	Y	Y	Y	N	Y	N	N	N
Adams	2	4	1	X		Y		Y	Y	Y	Y	Y	Y	Y	N	Y
Allamakee	3	3	23	X		Y		Y	Y	Y	Y	N	Y	Y	Y	Y
Allamakee	3	3	104	X		Y		Y	Y	Y	Y	Y	Y	Y	N	Y
Allamakee	3	3	18	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Appanoose	4	4	41	X		Y		Y	Y	Y	Y	Y	Y	Y	N	Y
Appanoose	4	4	46	X		N		Y	Y	Y	N	Y	Y	Y	N	Y
Appanoose	4	4	60	X		Y		Y	Y	Y	Y	Y	Y	Y	N	Y
Audubon	5	2	38		X	N		Y	Y	Y	N	Y	N	N	N	N
Audubon	5	2	32		X	Y		Y	Y	Y	Y	Y	N	N	N	N
Audubon	5	2	10		X	Y		Y	Y	Y	Y	Y	N	N	N	N
Benton	6	1	22	X		Y		Y	Y	Y	Y	N	Y	Y	Y	Y
Black Hawk	7	1	1615		X	Y		Y	Y	Y	Y	Y	Y	N	N	N
Black Hawk	7	1	32	X		Y		Y	Y	Y	Y	Y	Y	N	Y	Y
Black Hawk	7	1	24	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Boone	8	2	33	X		Y		Y	Y	Y	Y	N	Y	Y	Y	Y
Boone	8	2	27	X		Y		Y	Y	Y	Y	N	Y	Y	Y	N

Boone	8	2	61	X		Y		Y	Y	Y	Y	N	Y	Y	Y	Y
Boone	8	2	22		X	Y		Y	Y	Y	Y	Y	N	Y	Y	Y
Bremer	9	2	8	X		Y		Y	Y	Y	Y	N	Y	Y	Y	N
Bremer	9	2	46	X		Y		Y	Y	Y	Y	Y	Y	Y	N	Y
Buchanan	10	3	29	X		Y		Y	Y	Y	N	Y	N	Y	N	Y
Buchanan	10	3	32	X		Y		Y	Y	Y	Y	Y	N	Y	N	Y
Buena Vista	11	3	24		X	Y		Y	Y	Y	Y	Y	Y	N	Y	Y
Buena Vista	11	3	56	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Buena Vista	11	3	25		X	Y		Y	Y	Y	Y	Y	N	N	Y	N
Butler	12	2	5		X	Y		Y	Y	Y	Y	Y	N	Y	N	N
Butler	12	2	12	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Butler	12	2	8		X	Y		Y	Y	Y	Y	N	N	Y	Y	N
Calhoun	13	4	44		X	Y		Y	Y	Y	Y	N	N	Y	N	N
Calhoun	13	4	106	X		Y		Y	Y	Y	Y	N	Y	Y	Y	Y
Carroll	14	4	27		X	Y		Y	Y	Y	Y	N	Y	Y	N	N
Carroll	14	4	29	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Carroll	14	4	20		X	Y		Y	Y	Y	Y	Y	N	N	N	N
Cass	15	3	35	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	N
Cedar	16	3	16	X		Y		Y	Y	Y	Y	N	Y	Y	Y	Y
Cedar	16	3	19	X		Y		Y	Y	Y	Y	Y	Y	Y	N	Y
Cerro Gordo	17	3	42	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Cerro Gordo	17	3	7	X		Y		Y	Y	Y	Y	N	Y	N	Y	Y
Cerro Gordo	17	3	46	X		Y		Y	Y	Y	Y	N	Y	Y	N	Y
Cherokee	18	3	51		X	Y		Y	Y	Y	Y	N	N	Y	N	Y
Chickasaw	19	3	32		X	Y		Y	Y	Y	Y	N	N	Y	Y	N
Chickasaw	19	3	9	X		Y		Y	Y	Y	Y	Y	Y	Y	N	Y
Clarke	20	2	63	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Clarke	20	2	47	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Clay	21	3	4	X		N		Y	Y	Y	N	Y	Y	Y	N	Y
Clay	21	3	14	X		Y		Y	Y	Y	Y	Y	Y	Y	N	N

Clayton	22	2	81	X		Y		Y	Y	Y	Y	N	Y	Y	Y	Y
Clayton	22	2	11	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Clayton	22	2	21	X		Y		Y	Y	Y	Y	Y	Y	Y	N	Y
Clinton	23	2	59	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Clinton	23	2	92	X		Y		Y	Y	Y	Y	Y	N	Y	Y	Y
Clinton	23	2	52		X	Y		Y	Y	Y	Y	N	N	Y	N	Y
Crawford	24	4	58		X	Y		Y	Y	Y	Y	N	N	N	N	N
Dallas	25	1	36	X		Y		Y	Y	Y	Y	Y	Y	N	Y	Y
Dallas	25	1	13	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Davis	26	3	100	X		Y		Y	Y	Y	Y	N	Y	N	Y	N
Davis	26	3	119	X		Y		Y	Y	Y	Y	N	Y	Y	N	Y
Decatur	27	4	12	X		N		Y	Y	Y	N	Y	Y	Y	N	N
Decatur	27	4	68	X		Y		Y	Y	Y	Y	Y	N	Y	Y	Y
Delaware	28	3	209	X		Y		Y	Y	Y	Y	Y	Y	Y	N	Y
Des Moines	29	3	2	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Dickinson	30	3	46	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Dubuque	31	1	24	X		Y		Y	Y	Y	Y	N	Y	Y	Y	Y
Dubuque	31	1	12	X		Y		Y	Y	Y	Y	Y	N	Y	N	Y
Emmet	32	4	42		X	Y		Y	Y	Y	Y	Y	Y	Y	N	Y
Emmet	32	4	51	X		Y		Y	Y	Y	Y	Y	Y	Y	N	Y
Fayette	33	3	37	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Floyd	34	4	34		X	Y		Y	Y	Y	Y	N	N	N	N	N
Floyd	34	4	13	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Franklin	35	4	29	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Freemont	36	3	65	X		N		Y	Y	Y	N	Y	Y	N	Y	N
Fremont	36	3	38	X		Y		Y	Y	Y	Y	Y	N	Y	N	Y
Greene	37	3	17	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Greene	37	3	13	X		Y		Y	Y	Y	Y	N	Y	Y	Y	Y
Grundy	38	1	25	X		Y		Y	Y	Y	Y	N	N	Y	Y	Y
Guthrie	39	1	5	X		Y		Y	Y	Y	Y	Y	Y	Y	N	Y

Guthrie	39	1	76	X		Y		Y	Y	Y	Y	Y	Y	N	Y
Guthrie	39	1	9		X	Y		Y	Y	Y	Y	N	N	N	N
Hamilton	40	3	29		X	Y		Y	Y	Y	Y	N	N	Y	Y
Hamilton	40	3	9		X	Y		Y	Y	Y	Y	N	N	Y	Y
Hamilton	40	3	17	X		Y		Y	Y	Y	Y	N	Y	Y	N
Hancock	41	4	4		X	Y		Y	Y	Y	Y	N	N	Y	N
Hancock	41	4	32	X		Y		Y	Y	Y	Y	N	Y	Y	Y
Hardin	42	3	17	X		Y		Y	Y	Y	Y	Y	Y	Y	Y
Hardin	42	3	41	X		Y		Y	Y	Y	Y	Y	Y	Y	N
Harrison	43	1	5	X		Y		Y	Y	Y	Y	Y	Y	Y	Y
Henry	44	3	26	X		N		Y	Y	Y	N	Y	Y	Y	Y
Henry	44	3	136	X		Y		Y	Y	Y	Y	Y	Y	Y	N
Howard	45	3	21	X		Y		Y	Y	Y	Y	Y	N	Y	Y
Howard	45	3	157		X	Y		Y	Y	Y	Y	Y	N	N	Y
Humboldt	46	4	2	X		Y		Y	Y	Y	Y	N	Y	Y	N
Humboldt	46	4	2	X		Y		Y	Y	Y	Y	N	Y	Y	N
Ida	47	2	30		X	Y		Y	Y	Y	Y	Y	Y	N	N
Ida	47	2	29	X		Y		Y	Y	Y	Y	N	N	Y	Y
Iowa	48	3	9	X		N		Y	Y	Y	N	Y	Y	Y	Y
Iowa	48	3	10	X		Y		Y	Y	Y	Y	Y	Y	Y	N
Jackson	49	3	19	X		Y		Y	Y	Y	Y	Y	Y	Y	N
Jackson	49	3	49	X		Y		Y	Y	Y	Y	Y	Y	Y	N
Jasper	50	2	10	X		Y		Y	Y	Y	Y	N	Y	Y	Y
Jasper	50	2	25	X		Y		Y	Y	Y	Y	Y	Y	Y	N
Jasper	50	2	10		X	Y		Y	Y	Y	Y	N	N	Y	N
Jasper	50	2	86	X		Y		Y	Y	Y	Y	Y	Y	Y	N
Jefferson	51	3	87		X	Y		Y	Y	Y	Y	N	N	N	N
Jefferson	51	3	99		X	Y		Y	Y	Y	Y	Y	Y	N	N
Johnson	52	1	23	X		Y		Y	Y	Y	Y	Y	Y	Y	Y
Johnson	52	1	73	X		N		Y	Y	Y	N	Y	Y	Y	N

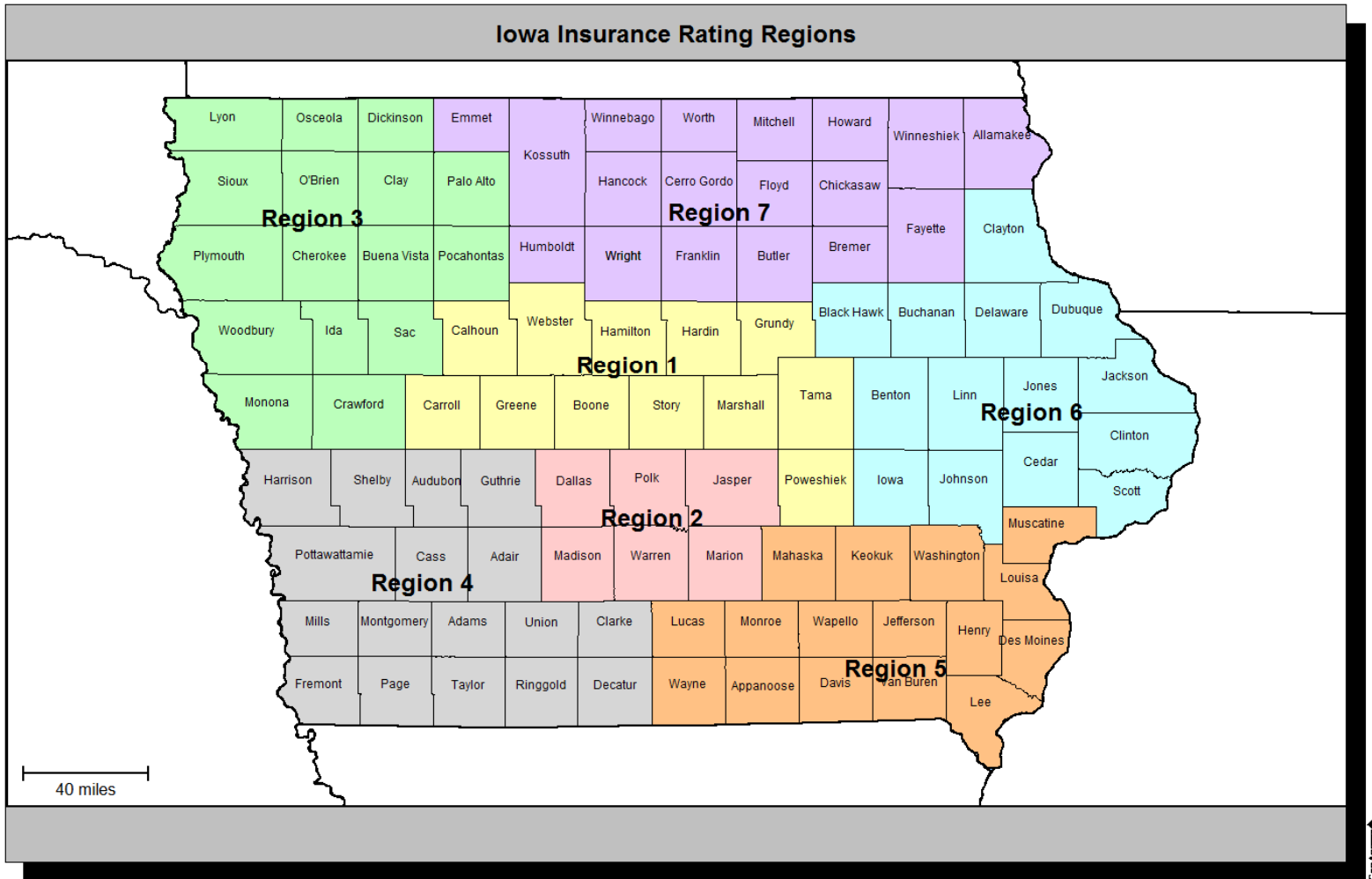
Johnson	52	1	150	X		Y		Y	Y	Y	Y	Y	Y	Y	Y
Johnson	52	1	200	X		Y		Y	Y	Y	N	N	Y	Y	Y
Jones	53	1	41	X		Y		Y	Y	Y	N	Y	Y	Y	Y
Keokuk	54	2	81	X		Y		Y	Y	Y	Y	Y	Y	Y	Y
Keokuk	54	2	70	X		N		Y	Y	N	Y	Y	Y	Y	N
Keokuk	54	2	63	X		Y		Y	Y	Y	N	Y	Y	Y	Y
Kossuth	55	2	136	X		Y		Y	Y	Y	Y	Y	Y	Y	Y
Lee	56	3	5	X		Y		Y	Y	Y	Y	Y	Y	N	N
Linn	57	1	161	X		Y		Y	Y	Y	N	Y	Y	Y	N
Linn	57	1	62	X		Y		Y	Y	Y	N	Y	Y	Y	N
Louisa	58	2	0	X		Y		Y	Y	Y	N	Y	Y	Y	Y
Lucas	59	3	31	X		Y		Y	Y	Y	N	Y	Y	Y	Y
Lucas	59	3	29	X		Y		Y	Y	Y	Y	Y	Y	Y	Y
Lyon	60	3	11	X		Y		Y	Y	Y	N	Y	Y	Y	Y
Madison	61	1	41	X		Y		Y	Y	Y	Y	Y	Y	Y	Y
Madison	61	1	62	X		Y		Y	Y	Y	Y	Y	Y	N	Y
Mahaska	62	3	35	X		Y		Y	Y	Y	Y	Y	Y	Y	Y
Mahaska	62	3	34	X		Y		Y	Y	Y	N	Y	Y	Y	Y
Marion	63	3	30		X	Y		Y	Y	Y	N	Y	N	Y	Y
Marion	63	3	56	X		Y		Y	Y	Y	Y	Y	Y	Y	Y
Marshall	64	2	13	X		Y		Y	Y	Y	Y	Y	Y	Y	Y
Marshall	64	2	50	X		Y		Y	Y	Y	Y	Y	Y	Y	Y
Marshall	64	2	25	X		Y		Y	Y	Y	Y	Y	Y	N	Y
Marshall	64	2	37		X	Y		Y	Y	Y	N	N	Y	N	Y
Mills	65	1	63	X		Y		Y	Y	Y	N	Y	Y	Y	N
Mitchell	66	4	86	X		Y		Y	Y	Y	Y	Y	Y	Y	Y
Mitchell	66	4	30	X		Y		Y	Y	Y	N	Y	Y	Y	N
Monona	67	3	16		X	Y		Y	Y	Y	N	N	Y	N	Y
Monona	67	3	10	X		Y		Y	Y	Y	N	N	Y	Y	N
Monroe	68	4	35	X		Y		Y	Y	Y	Y	Y	Y	Y	Y

Montgomery	69	3	104	X		Y		Y	Y	Y	Y	N	Y	Y	Y	Y
Montgomery	69	3	48	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Muscatine	70	2	21	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Muscatine	70	2	641	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Muscatine	70	2	62	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
O'Brien	71	4	11	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Osceola	72	4	18	X		Y		Y	Y	Y	Y	N	N	Y	Y	Y
Osceola	72	4	29	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Page	73	3	9	X		Y		Y	Y	Y	Y	Y	Y	Y	N	Y
Page	73	3	19	X		Y		Y	Y	Y	Y	Y	Y	Y		Y
Palo Alto	74	4	17		X	N		Y	Y	Y	N	Y	N	Y	N	N
Palo Alto	74	4	178	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Plymouth	75	1	16	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Plymouth	75	1	46	X		Y		Y	Y	Y	Y	N	Y	Y	N	Y
Pocahontas	76	4	34	X		Y		Y	Y	Y	Y	N	Y	Y	N	Y
Polk	77	1	80	X		Y		Y	Y	Y	Y	N	Y	Y	Y	Y
Polk	77	1	8		X	Y		Y	Y	Y	Y	N	N	Y	Y	N
Polk	77	1	109	X		Y		Y	Y	Y	Y	N	Y	Y	Y	N
Polk	77	1	8	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Polk	77	1	241	X		Y		Y	Y	Y	Y	Y	N	Y	N	Y
Polk	77	1	220	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Pottawattamie	78	1	22	X		N		Y	Y	Y	N	Y	N	Y	N	N
Pottawattamie	78	1	119	X		Y		Y	Y	Y	Y	Y	N	Y	Y	N
Pottawattamie	78	1	122	X		Y		Y	Y	Y	Y	N	Y	Y	Y	Y
Poweshiek	79	4	2	X		Y		Y	Y	Y	Y	N	Y	Y	Y	N
Poweshiek	79	4	29		X	Y		Y	Y	Y	Y	Y	N	N	N	N
Poweshiek	79	4	8		X	Y		Y	Y	Y	Y	N	N	Y	N	N
Ringgold	80	4	26	X		Y		Y	Y	Y	Y	Y	Y	Y	N	Y
Sac	81	4	16		X	N		Y	Y	Y	N	Y	Y	N	N	N
Sac	81	4	27	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y

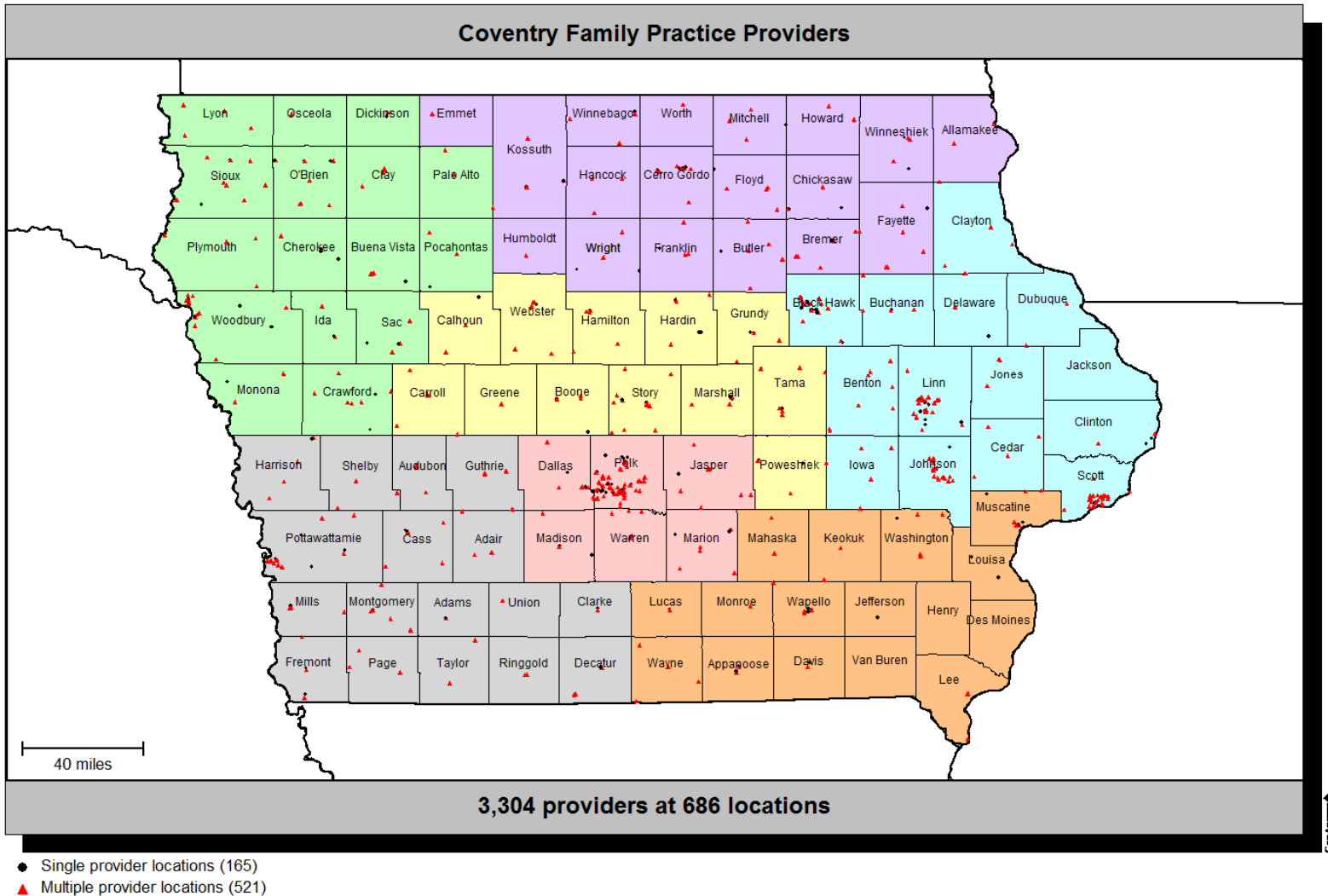
Scott	82	1	681	X		Y		Y	Y	Y	Y	N	Y	Y	N	Y
Scott	82	1	82	X		N		Y	Y	Y	N	Y	Y	Y	Y	Y
Scott	82	1	493	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Shelby	83	3	170	X		Y		Y	Y	Y	Y	N	Y	Y	Y	Y
Shelby	83	3	9	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	N
Sioux	84	4	2	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Sioux	84	4	15		X	Y		Y	Y	Y	Y	Y	Y	N	N	N
Story	85	1	31	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Story	85	1	27	X		N		Y	Y	Y	N	N	Y	Y	N	Y
Tama	86	3	86	X		Y		Y	Y	Y	Y	N	Y	Y	Y	Y
Tama	86	3	47	X		Y		Y	Y	Y	Y	N	Y	Y	Y	Y
Taylor	87	4	0	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Taylor	87	4	0	X		Y		Y	Y	Y	Y	Y	N	Y	Y	Y
Union	88	3	3	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Van Buren	89	4	21	X		Y		Y	Y	Y	Y	N	Y	Y	Y	Y
Wapello	90	3	65	X		Y		Y	Y	Y	Y	Y	N	Y	N	Y
Wapello	90	3	16	X		Y		Y	Y	Y	Y	Y	N	Y	N	Y
Warren	91	1	28	X		Y		Y	Y	Y	Y	N	Y	Y	N	Y
Warren	91	1	54	X		Y		Y	Y	Y	Y	Y	Y	Y	N	Y
Washington	92	1	10	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Washington	92	1	144	X		Y		Y	Y	Y	Y	N	Y	Y	N	Y
Wayne	93	4	27	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Wayne	93	4	8		X	Y		Y	Y	Y	Y	N	Y	N	N	Y
Webster	94	3	146	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Webster	94	3	40	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Winnebago	95	4	30	X		Y		Y	Y	Y	Y	N	N	Y	Y	Y
Winneshiek	96	4	2	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Woodbury	97	1	24	X		Y		Y	Y	Y	Y	Y	Y	Y	N	Y
Woodbury	97	1	83	X		Y		Y	Y	Y	Y	Y	Y	Y	N	N
Worth	98	3	2	X		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y

Worth	98	3	1	X		Y		Y	Y	Y	Y	Y	Y	Y	Y
Wright	99	4	13	X		Y		Y	Y	Y	N	Y	Y	Y	Y

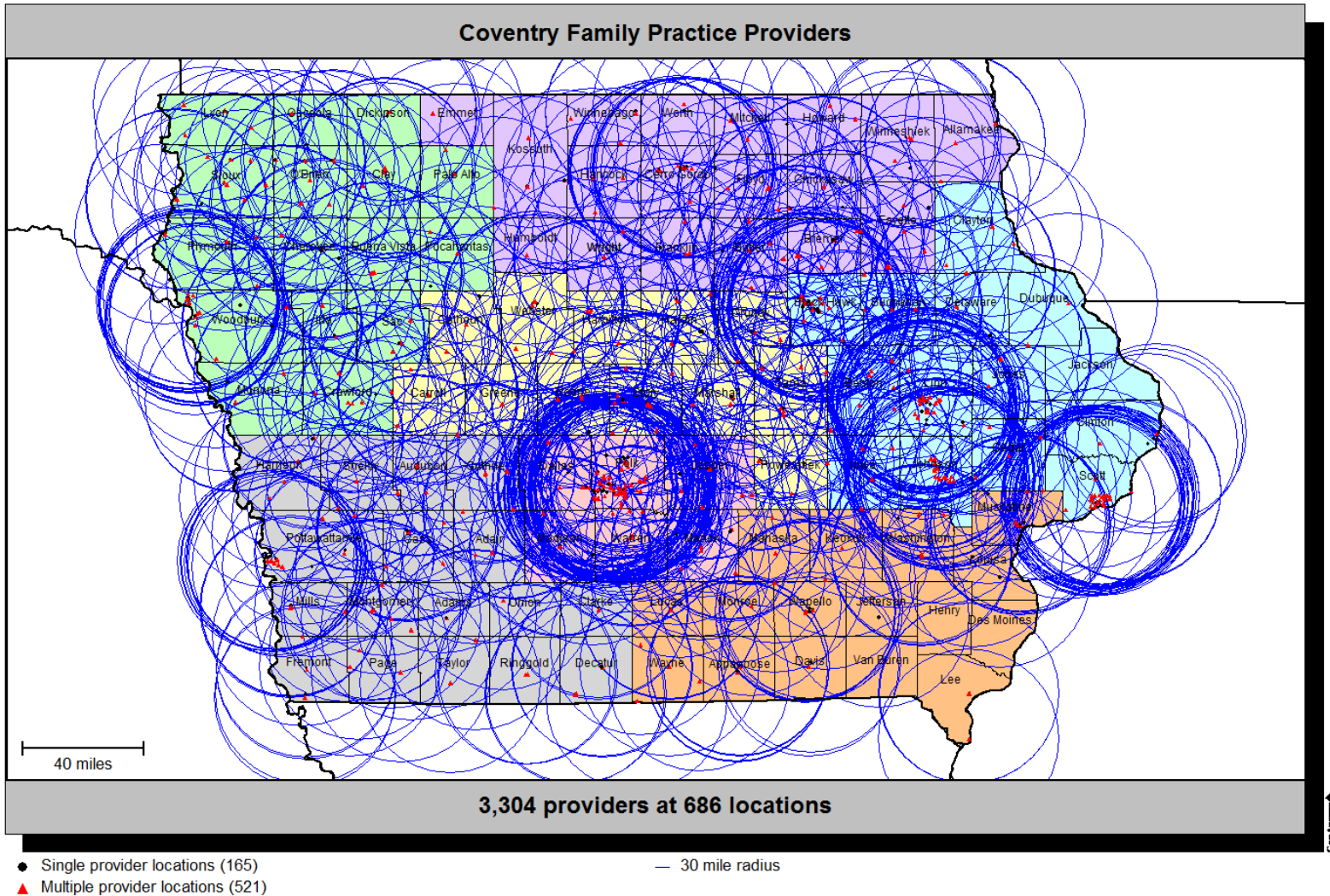
Overview of Regions



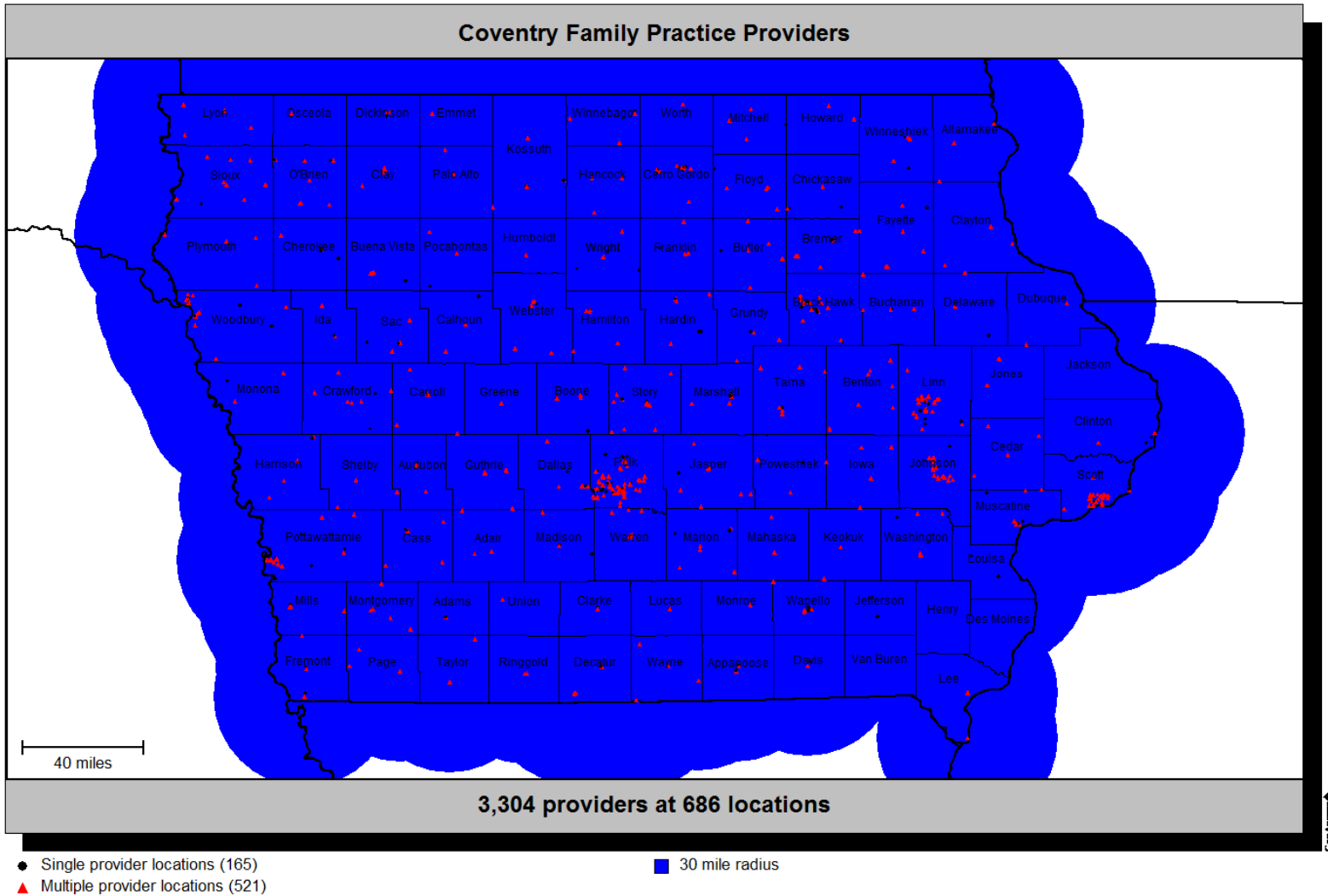
Provider locations



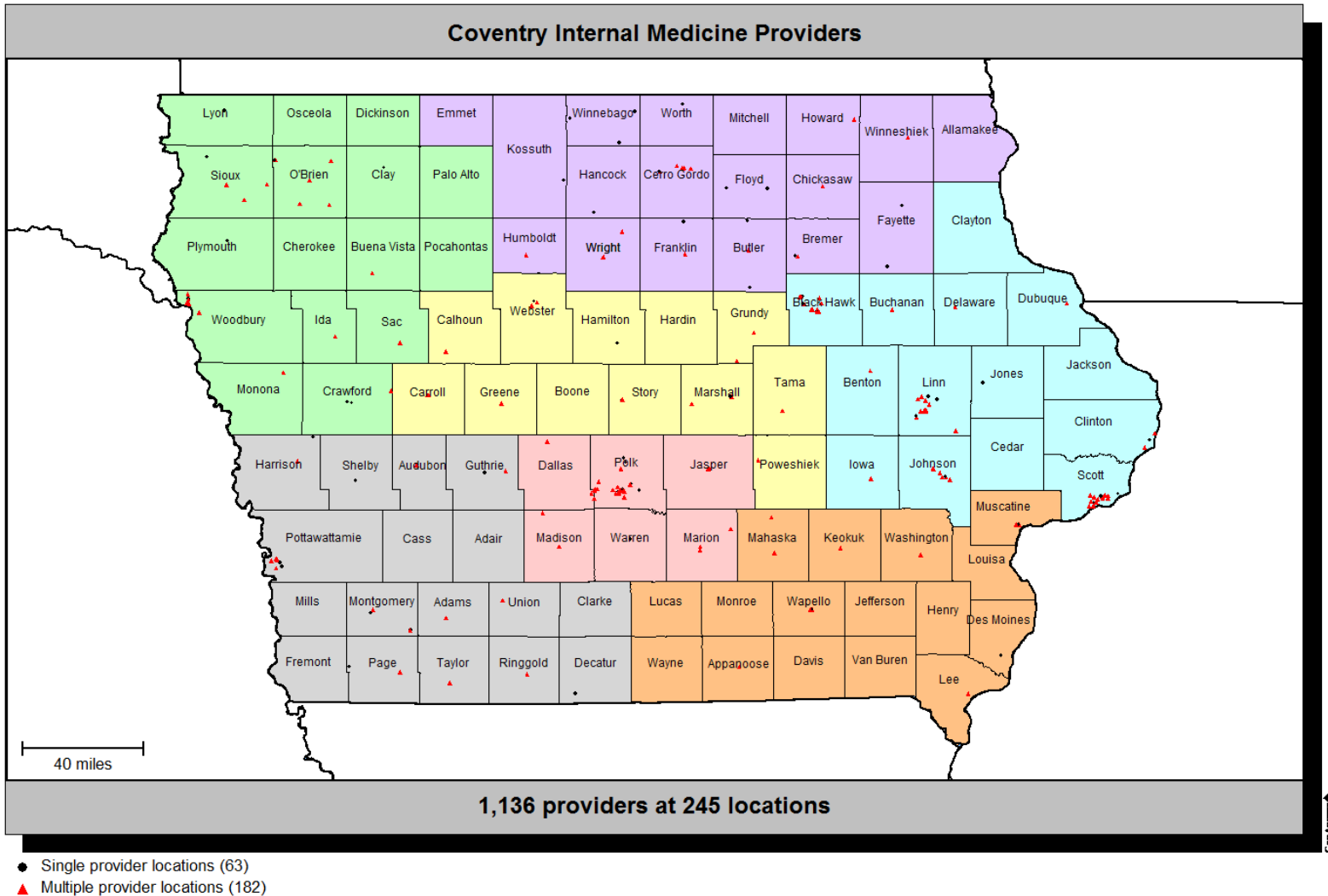
Provider locations with 30-mile radius



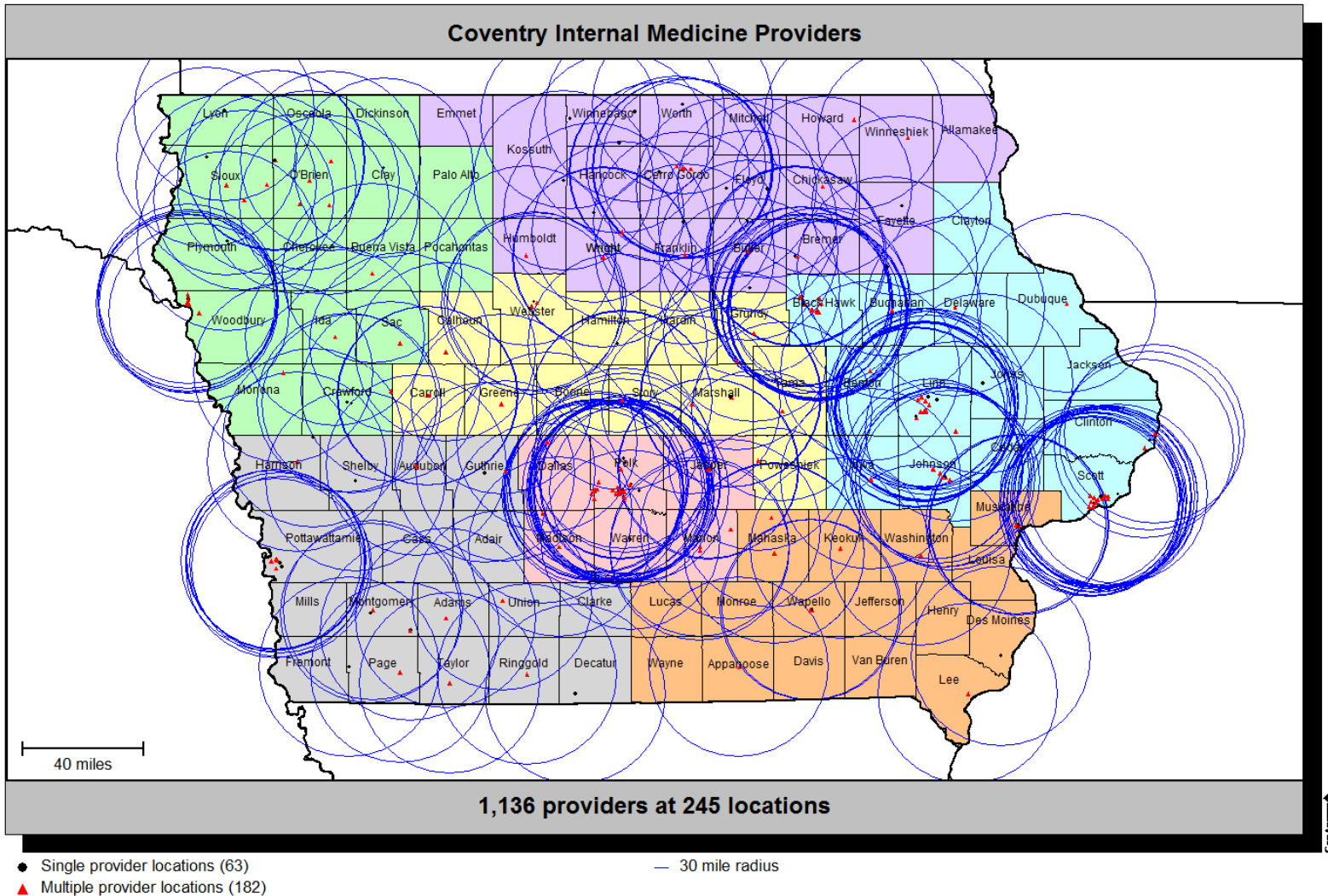
Provider coverage/penetration



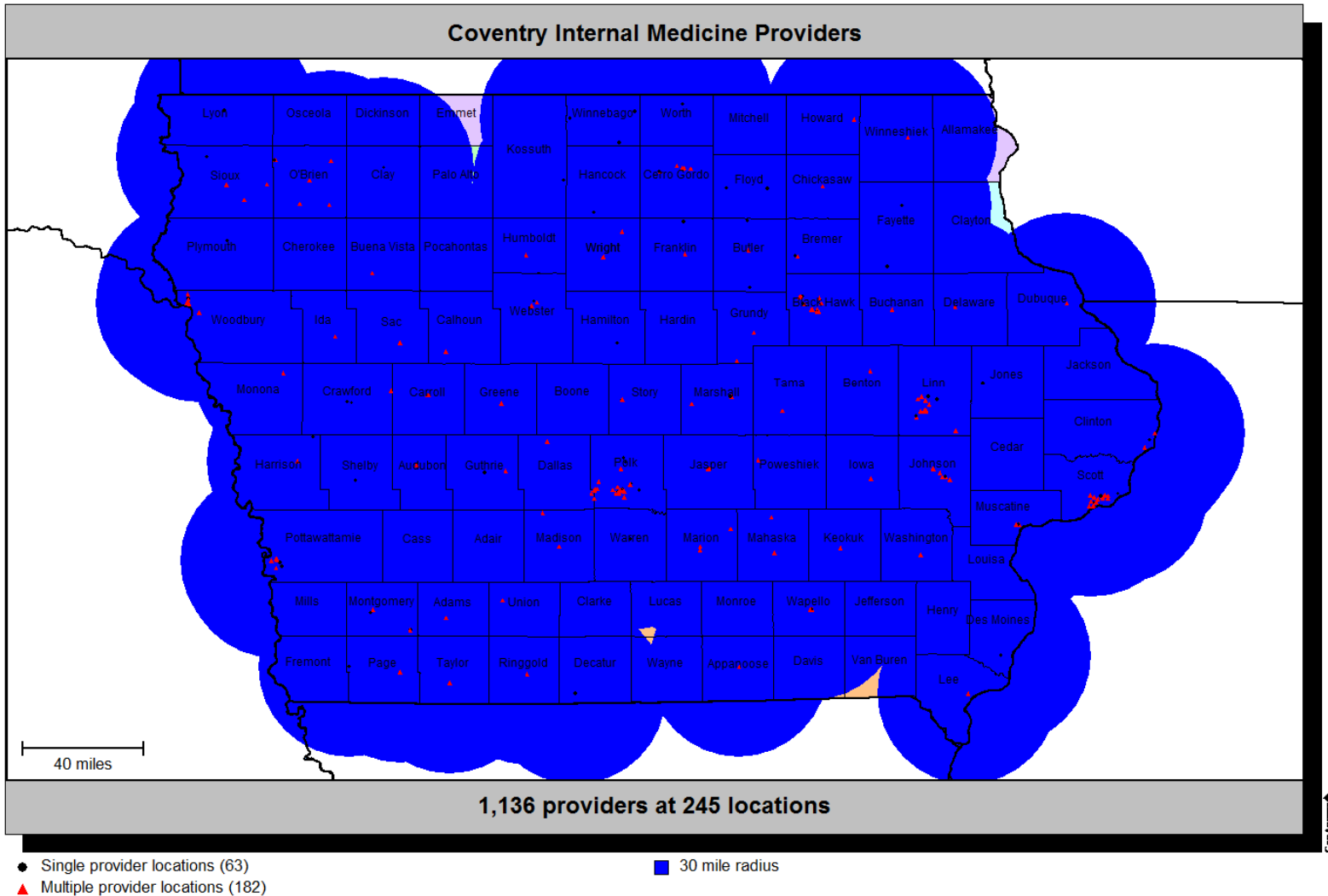
Provider locations



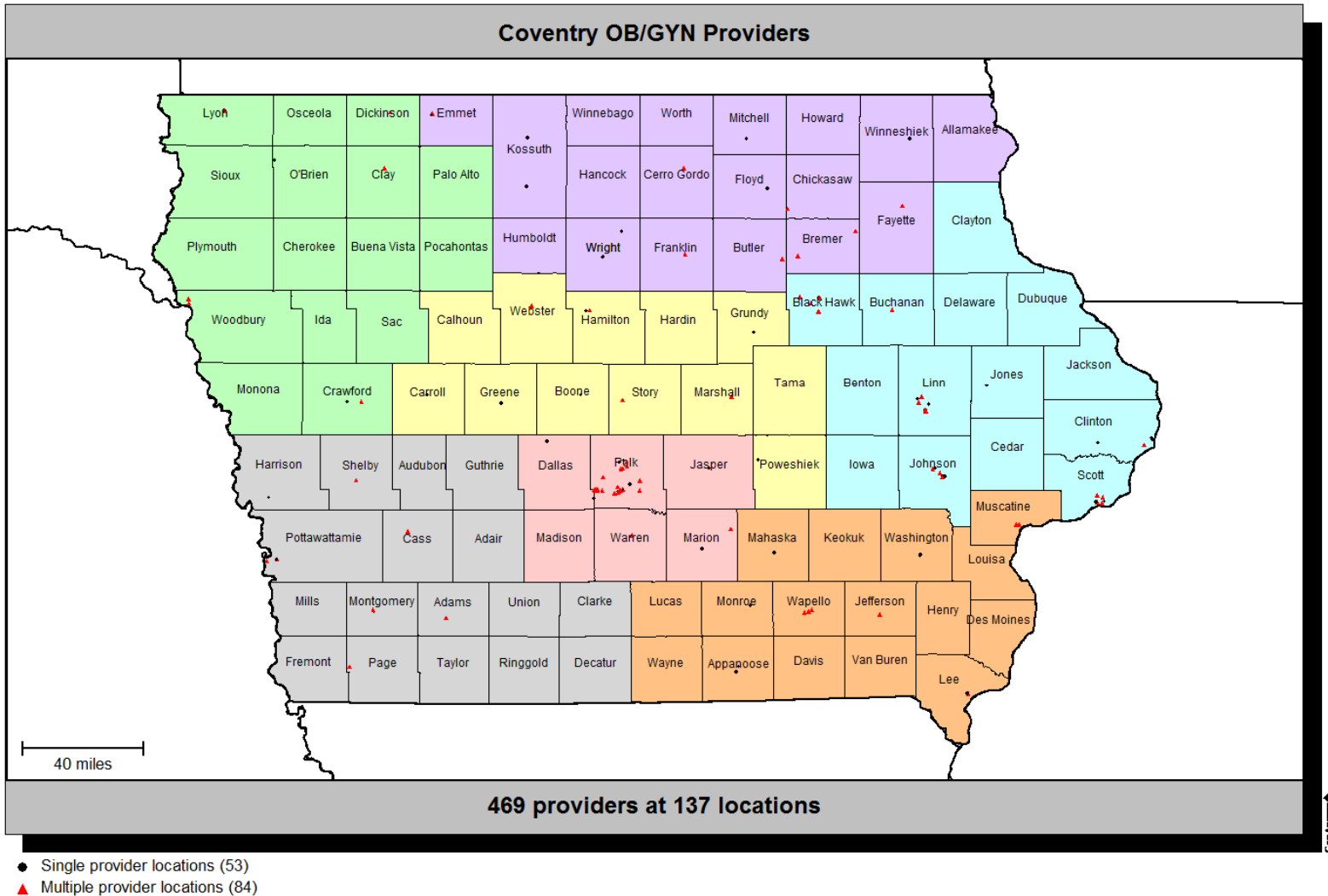
Provider locations with 30-mile radius



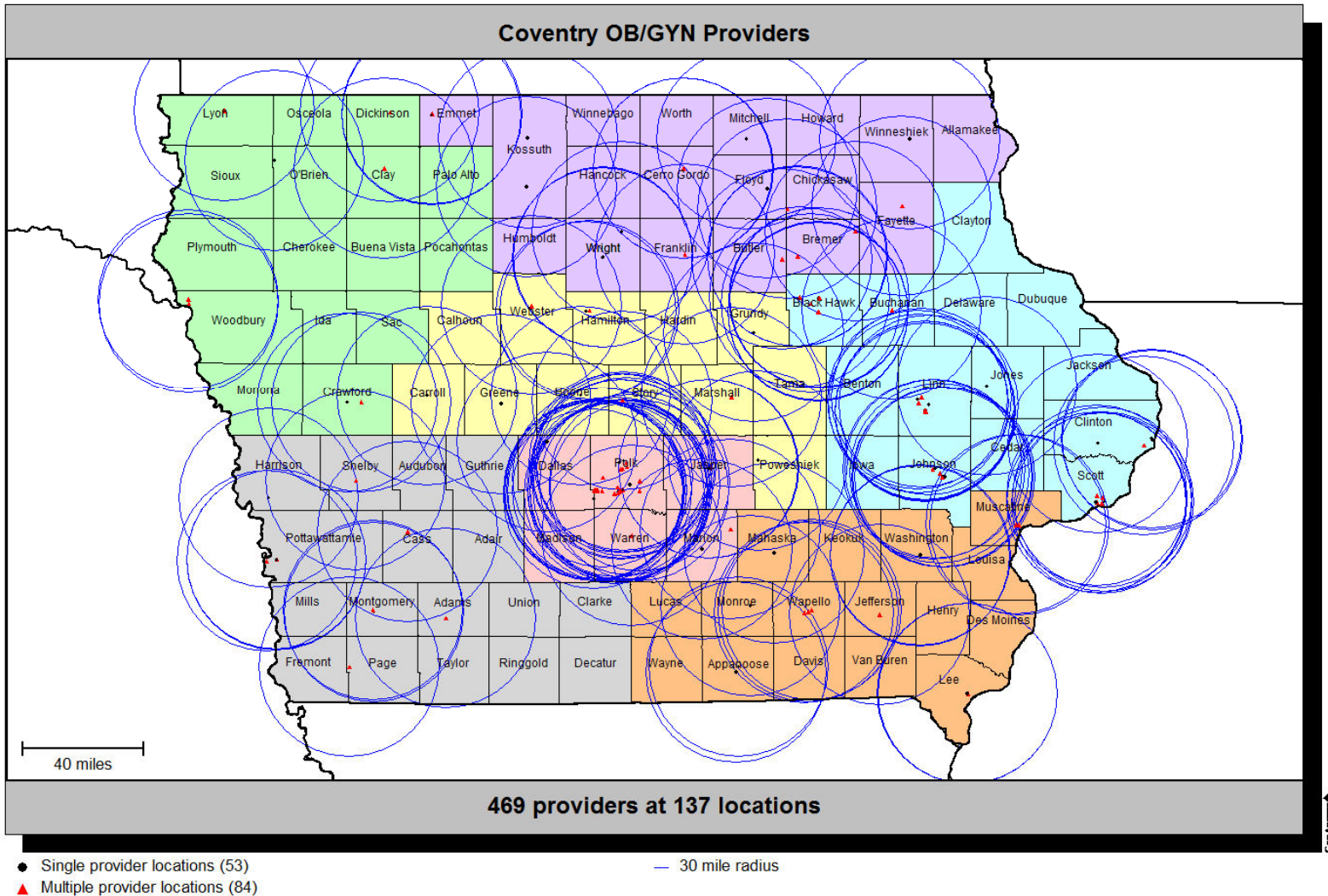
Provider coverage/penetration



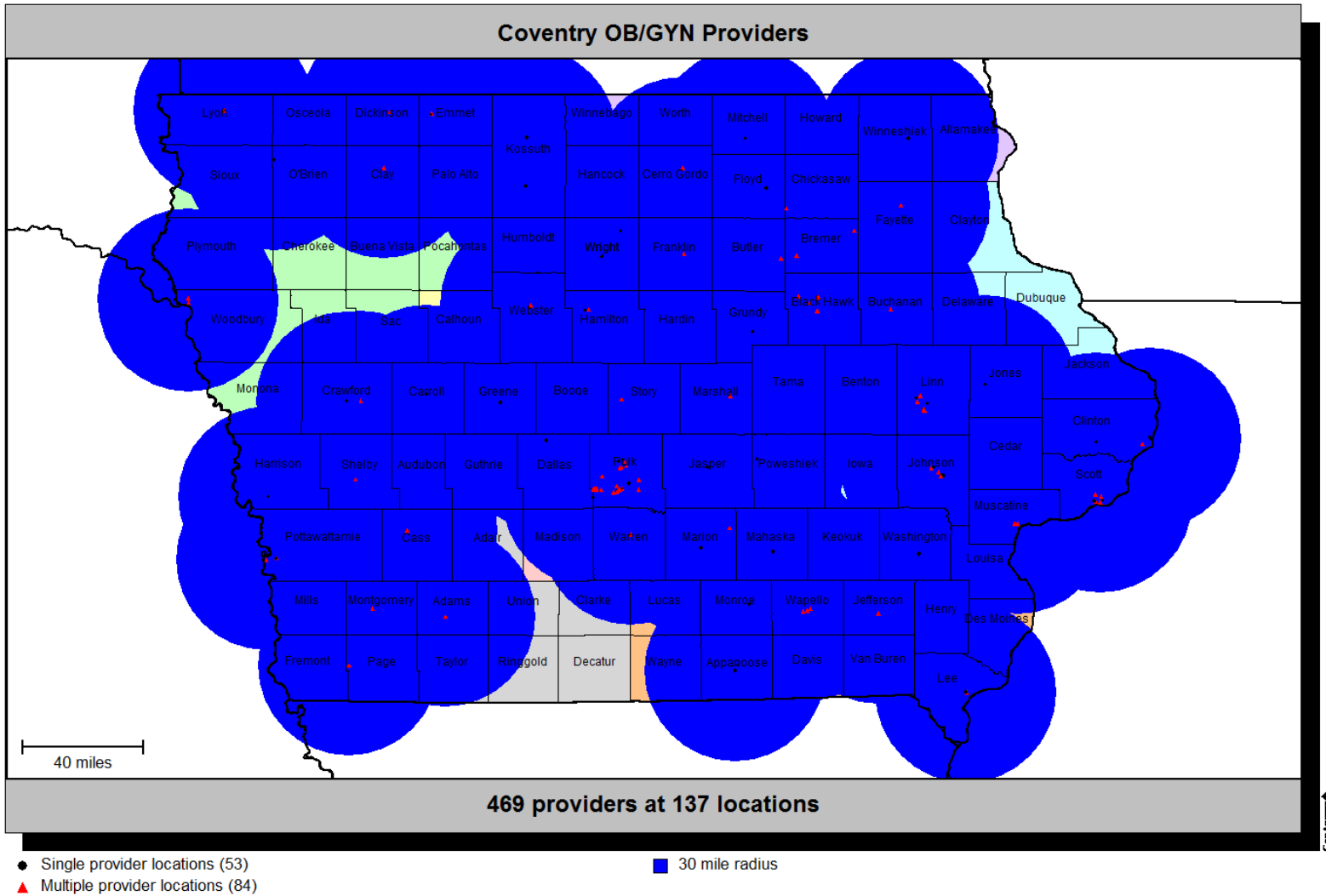
Provider locations



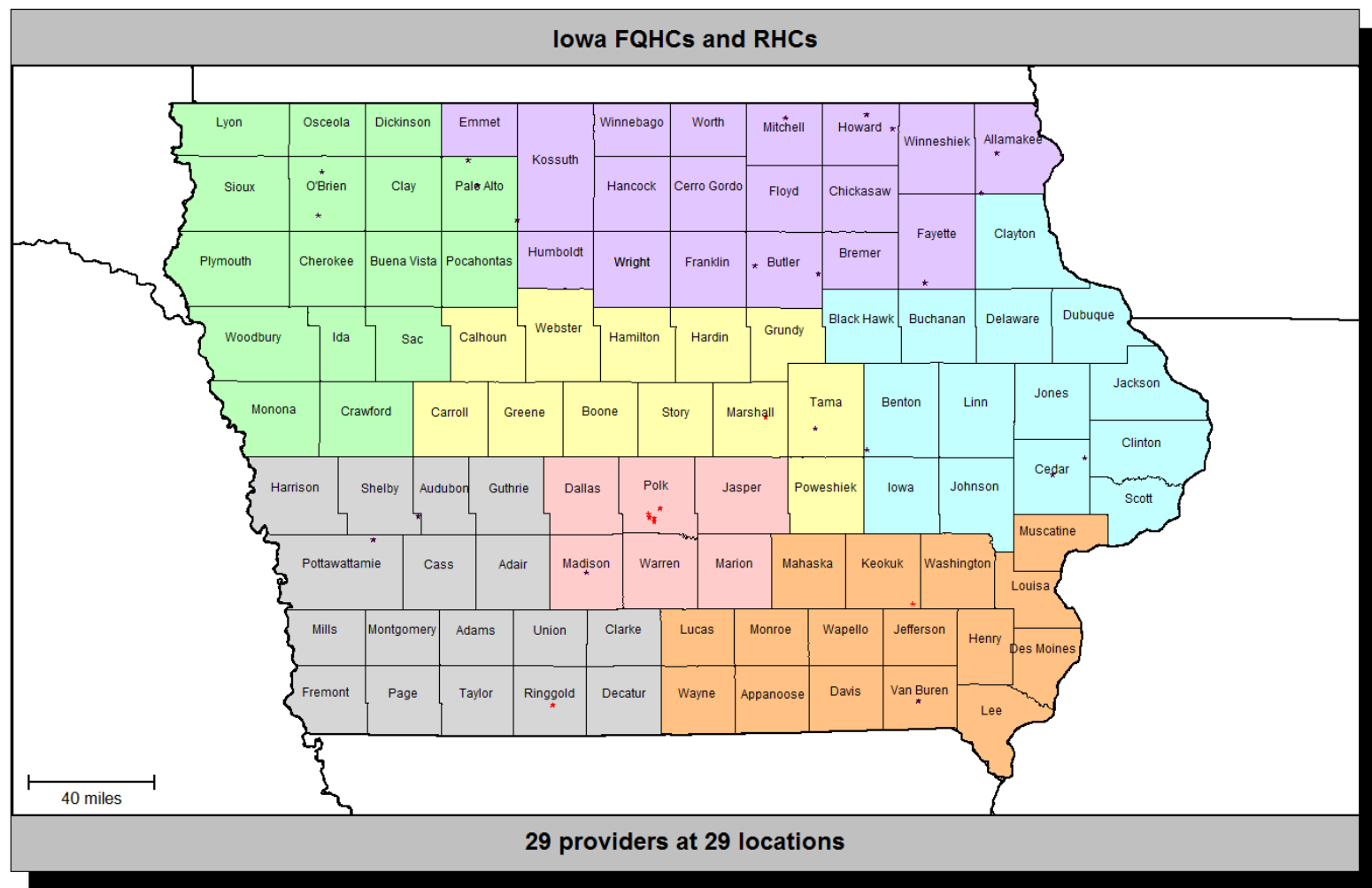
Provider locations with 30-mile radius



Provider coverage/penetration



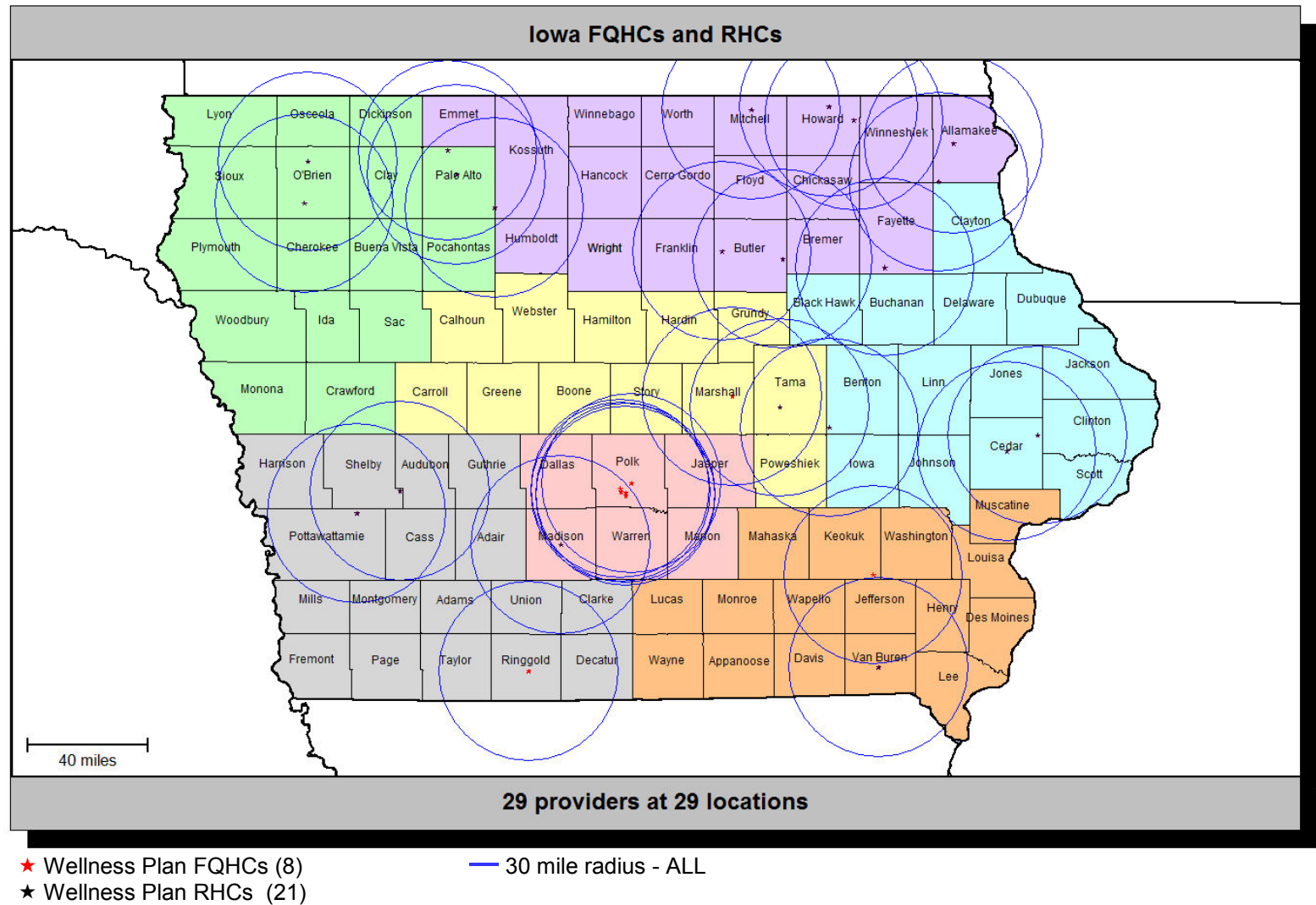
Provider locations



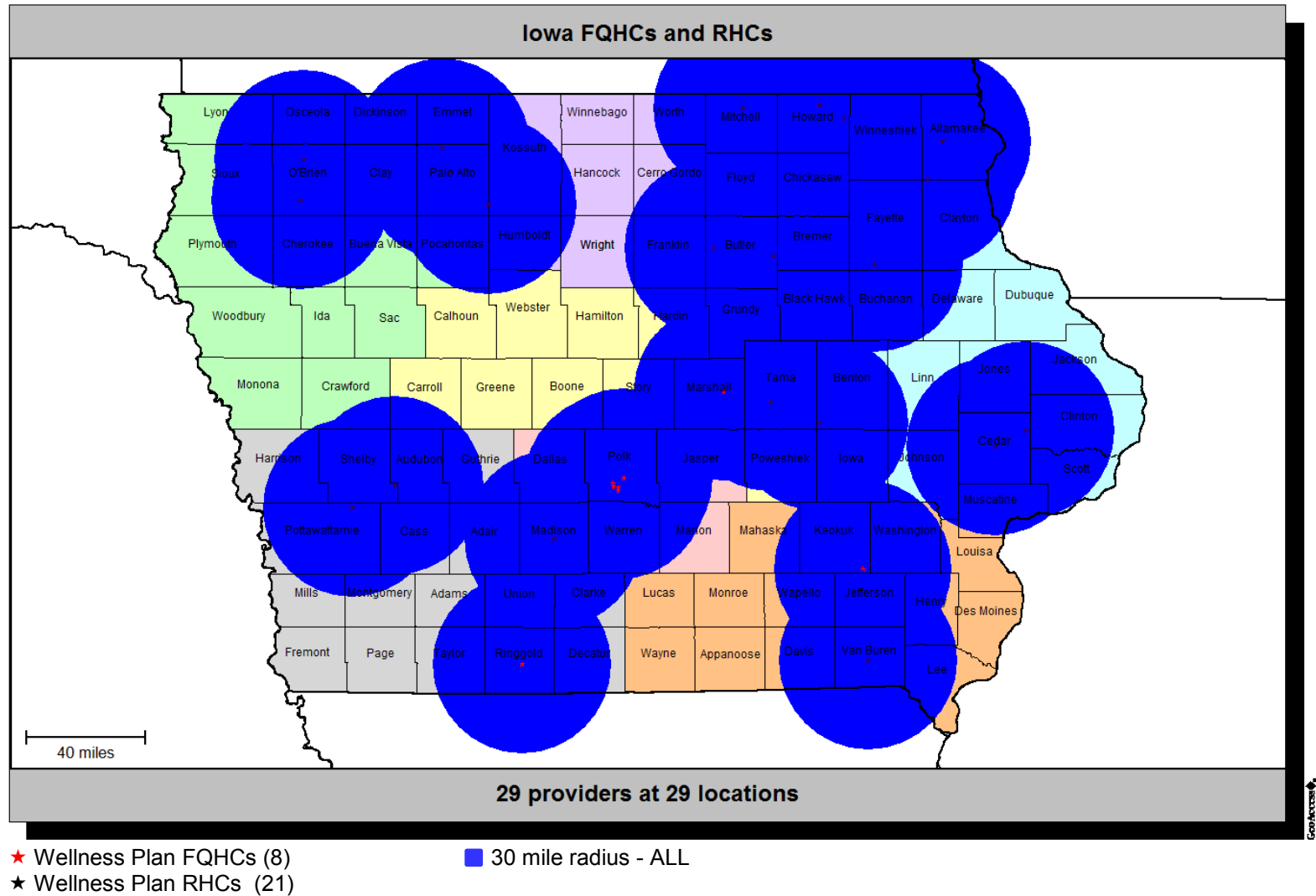
★ Wellness Plan FQHCs (8)

★ Wellness Plan RHCs (21)

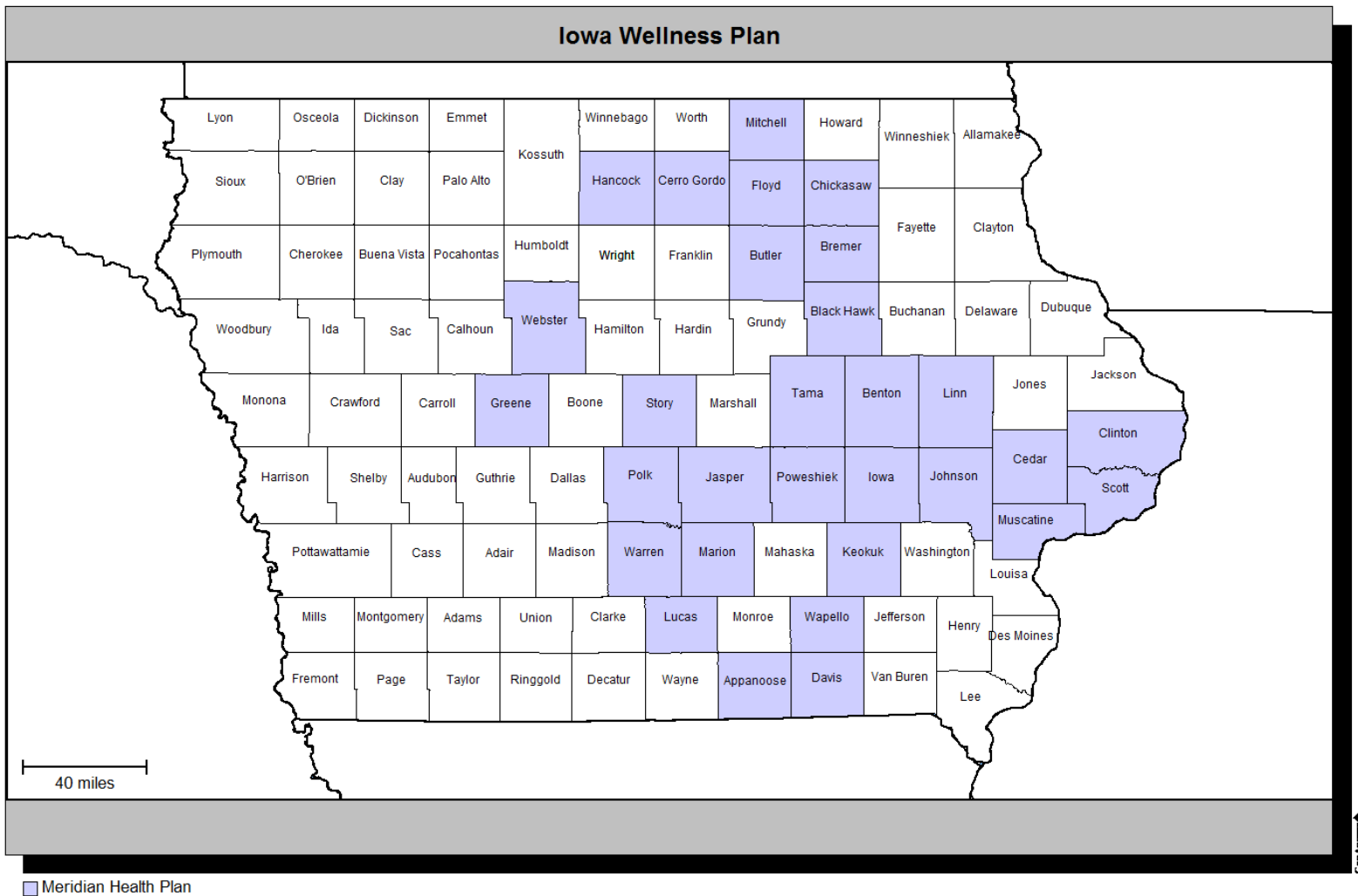
Provider locations with 30-mile radius



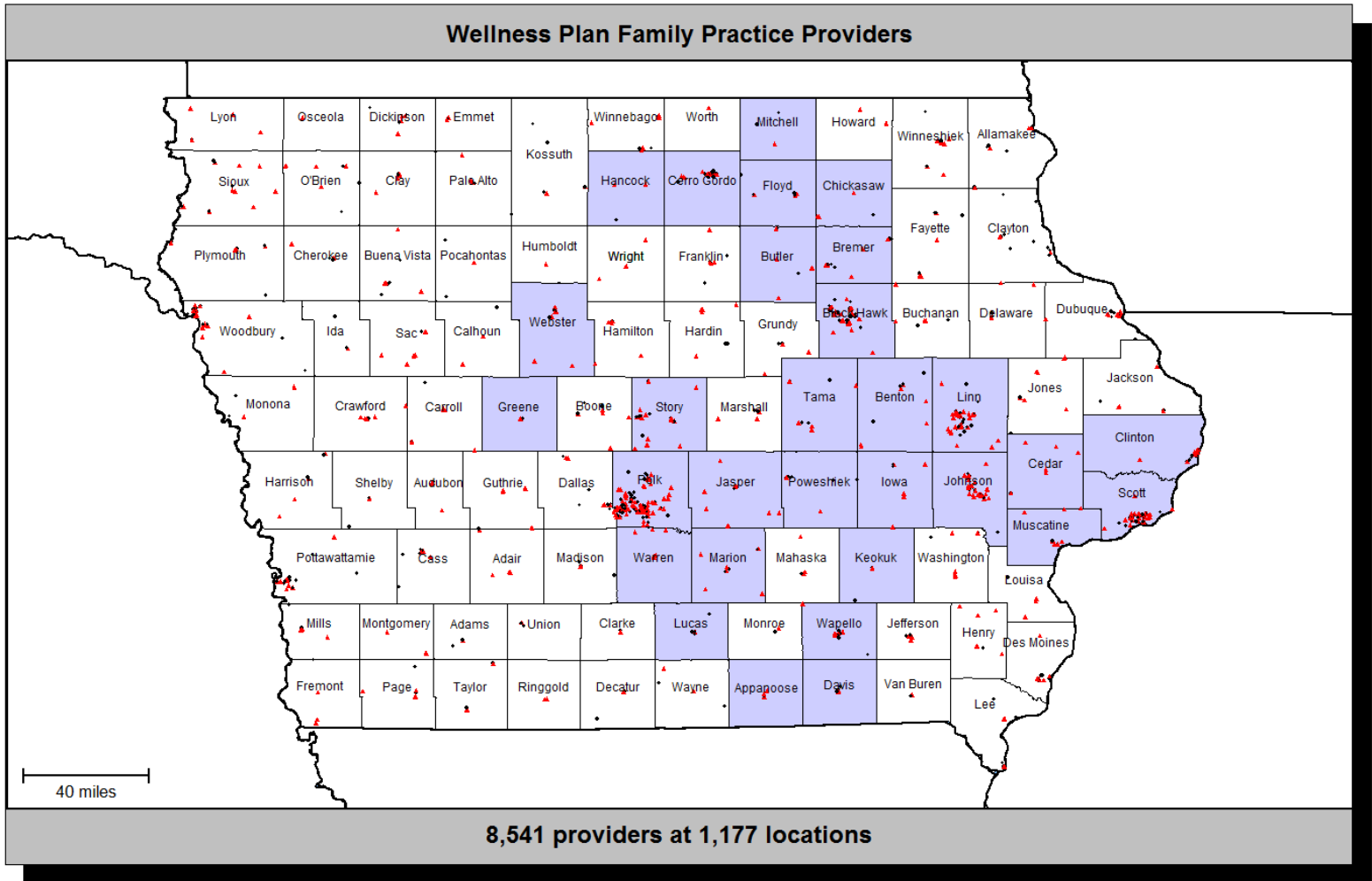
Provider coverage/penetration



Geographic overview

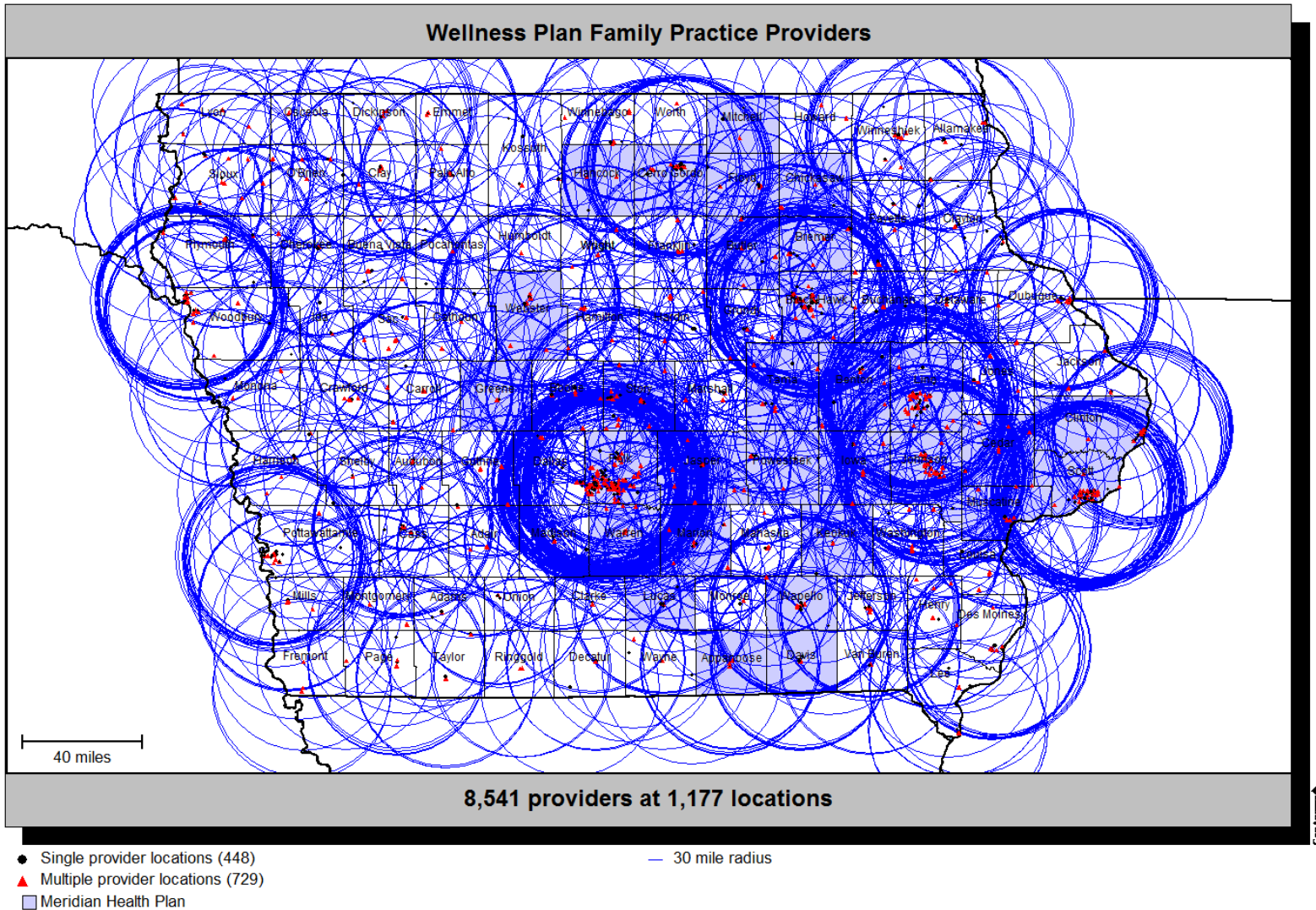


Provider locations

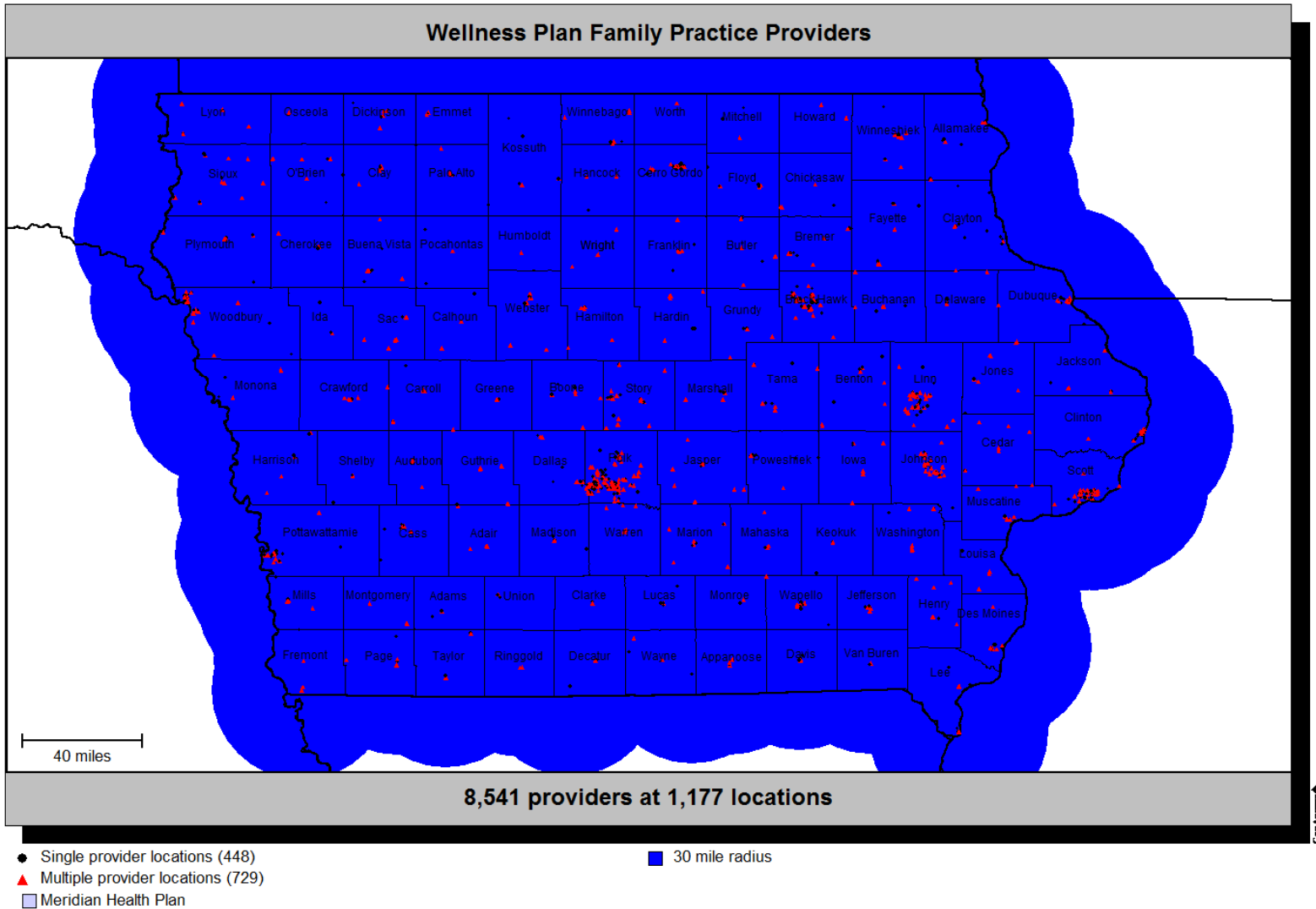


- Single provider locations (448)
- ▲ Multiple provider locations (729)
- Meridian Health Plan

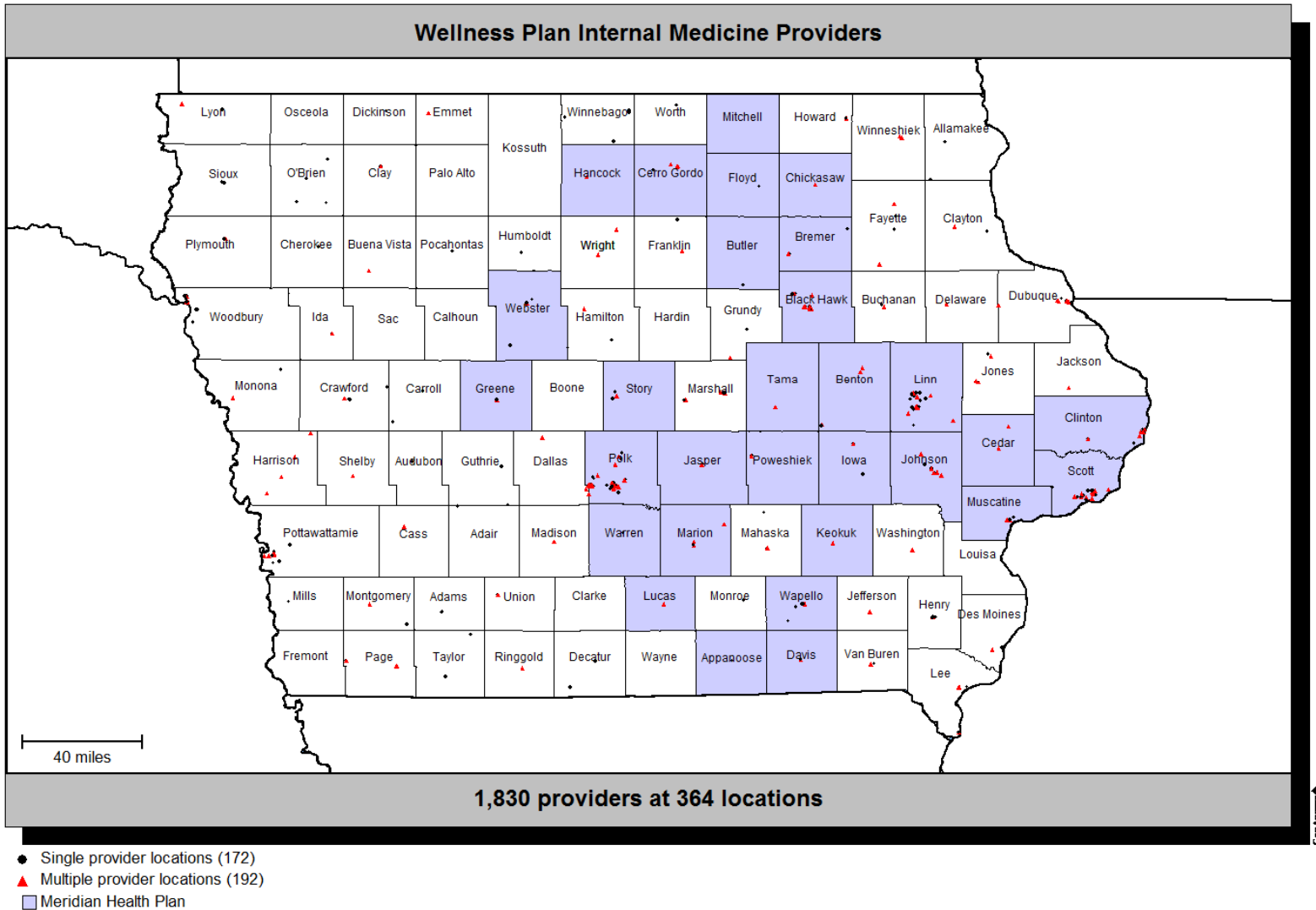
Provider locations with 30-mile radius



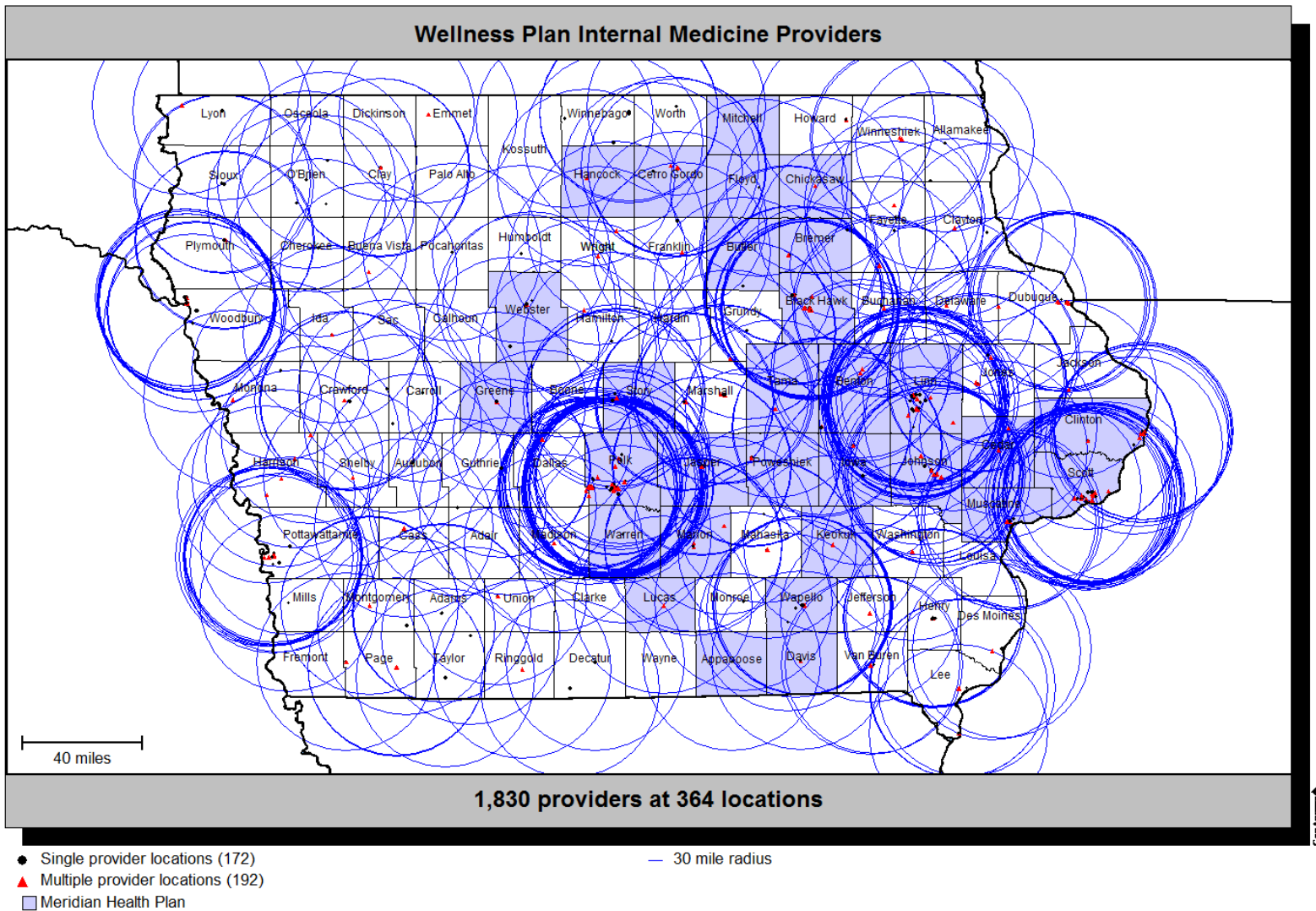
Provider coverage/penetration



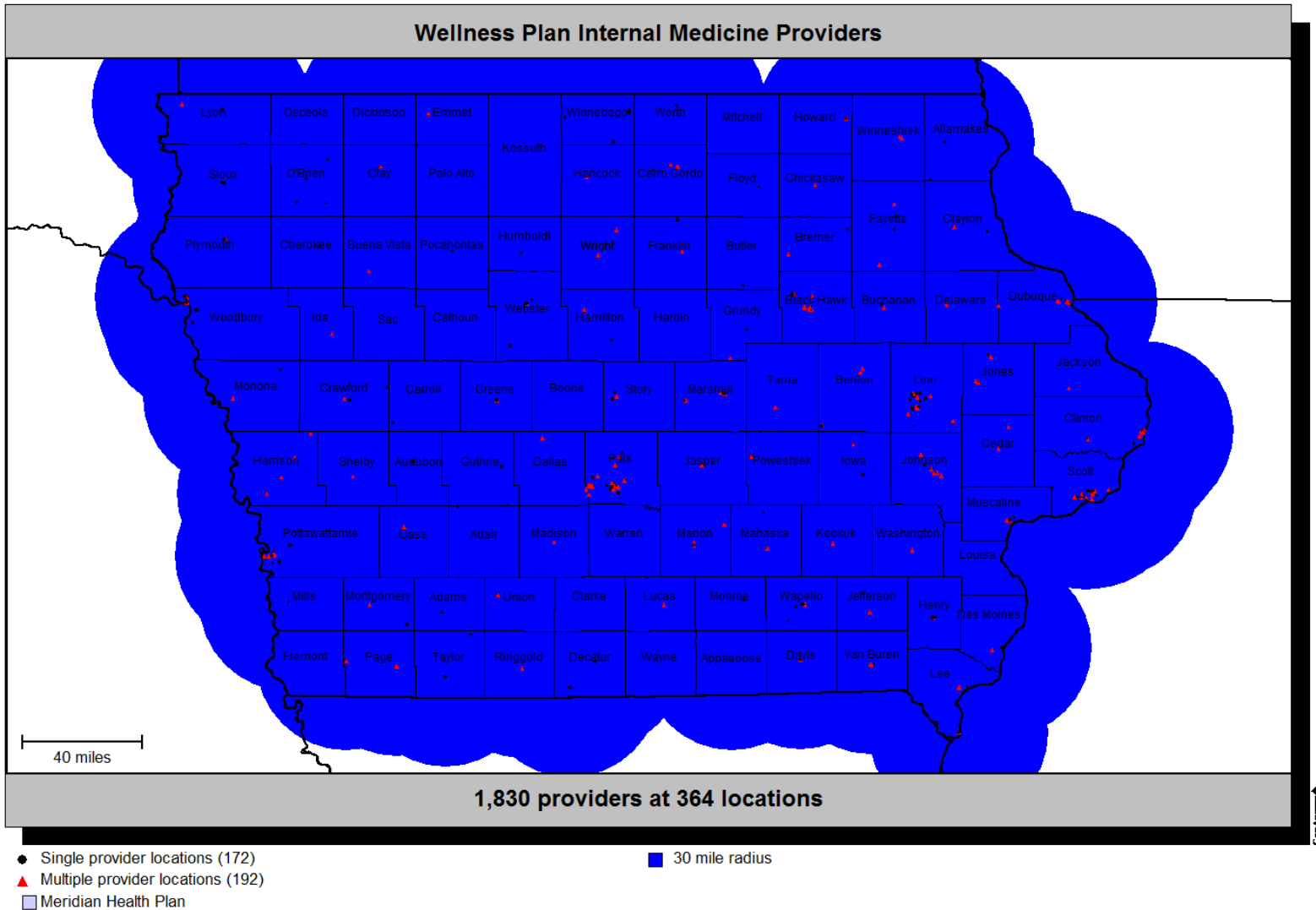
Provider locations



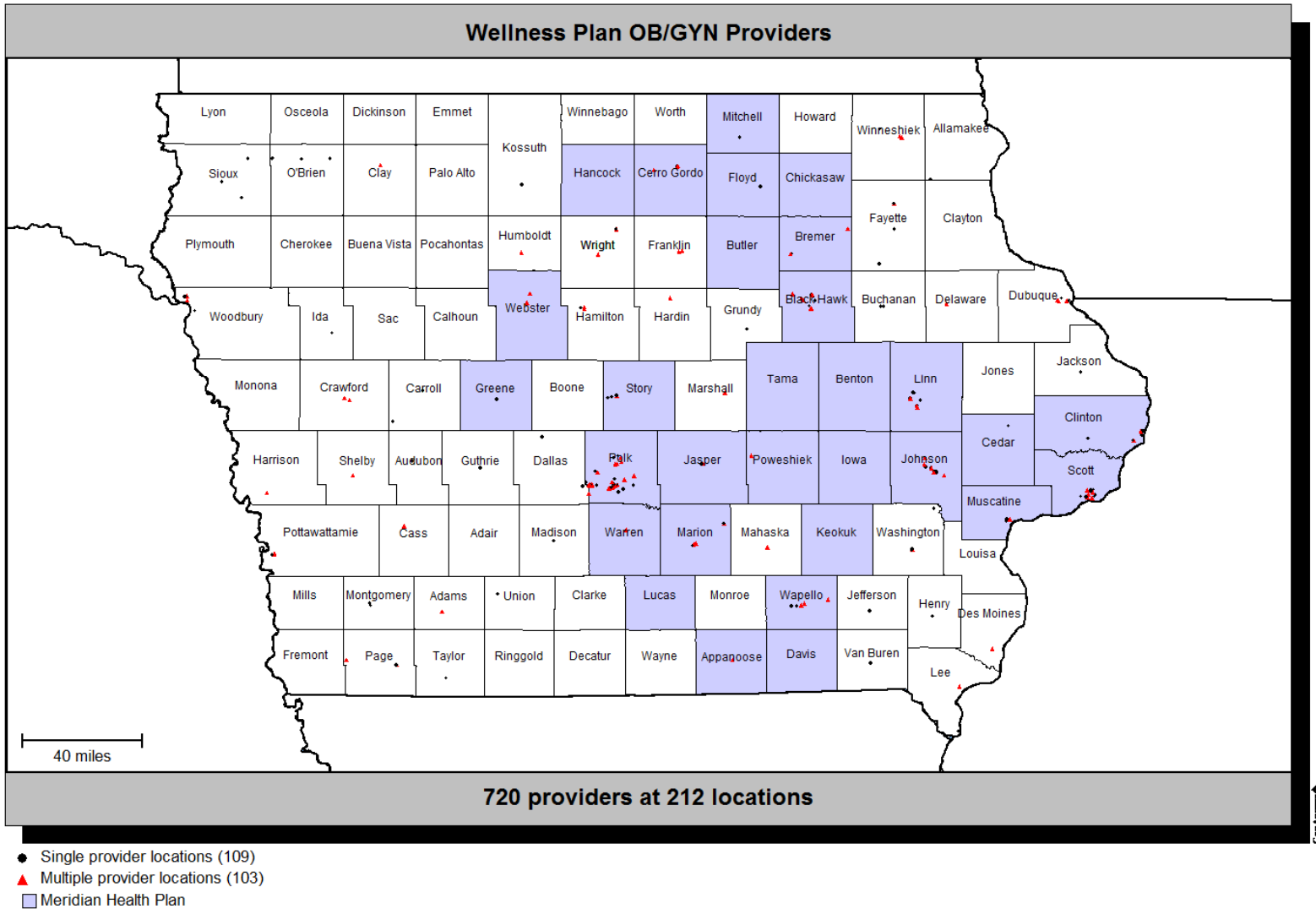
Provider locations with 30-mile radius



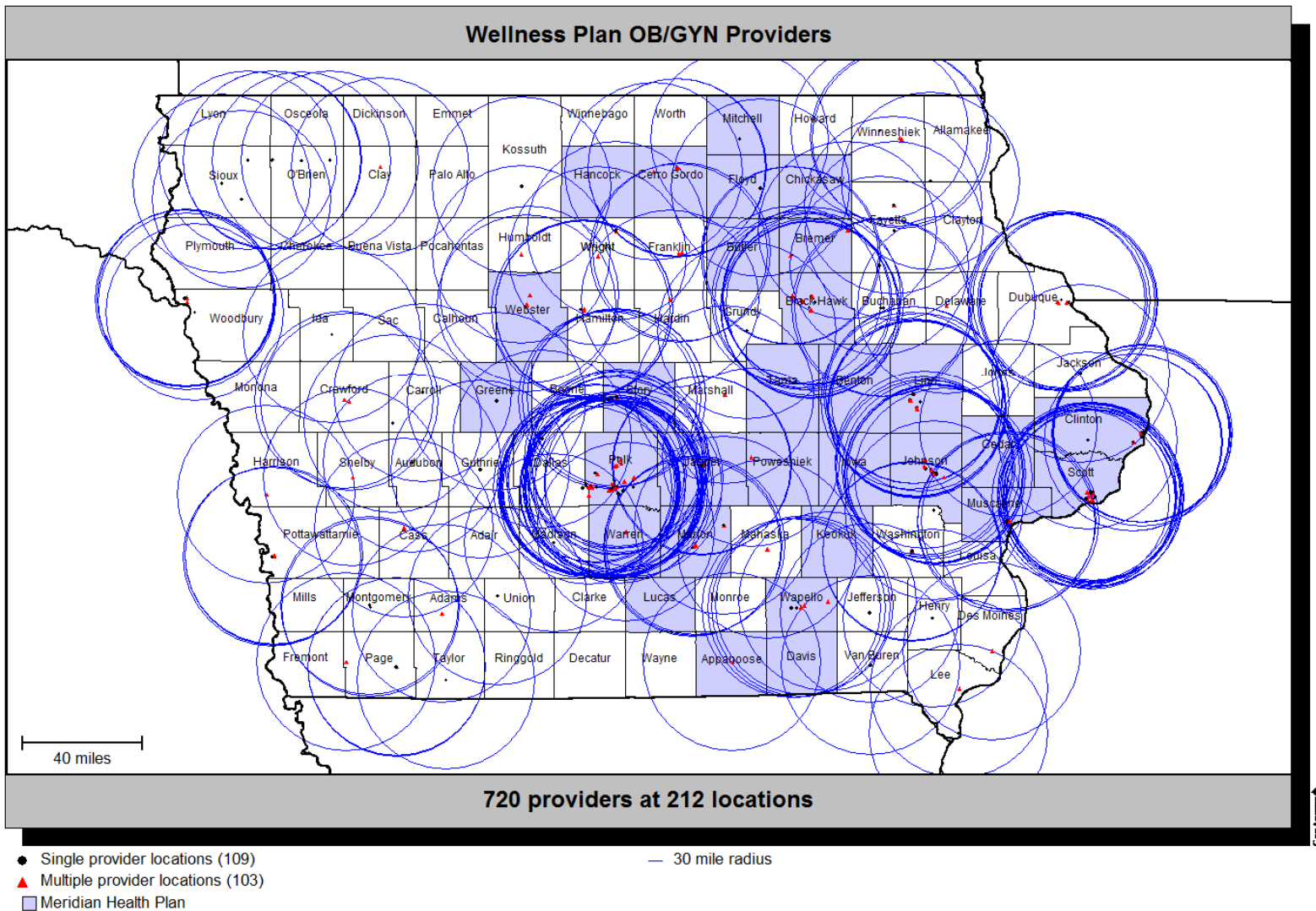
Provider coverage/penetration



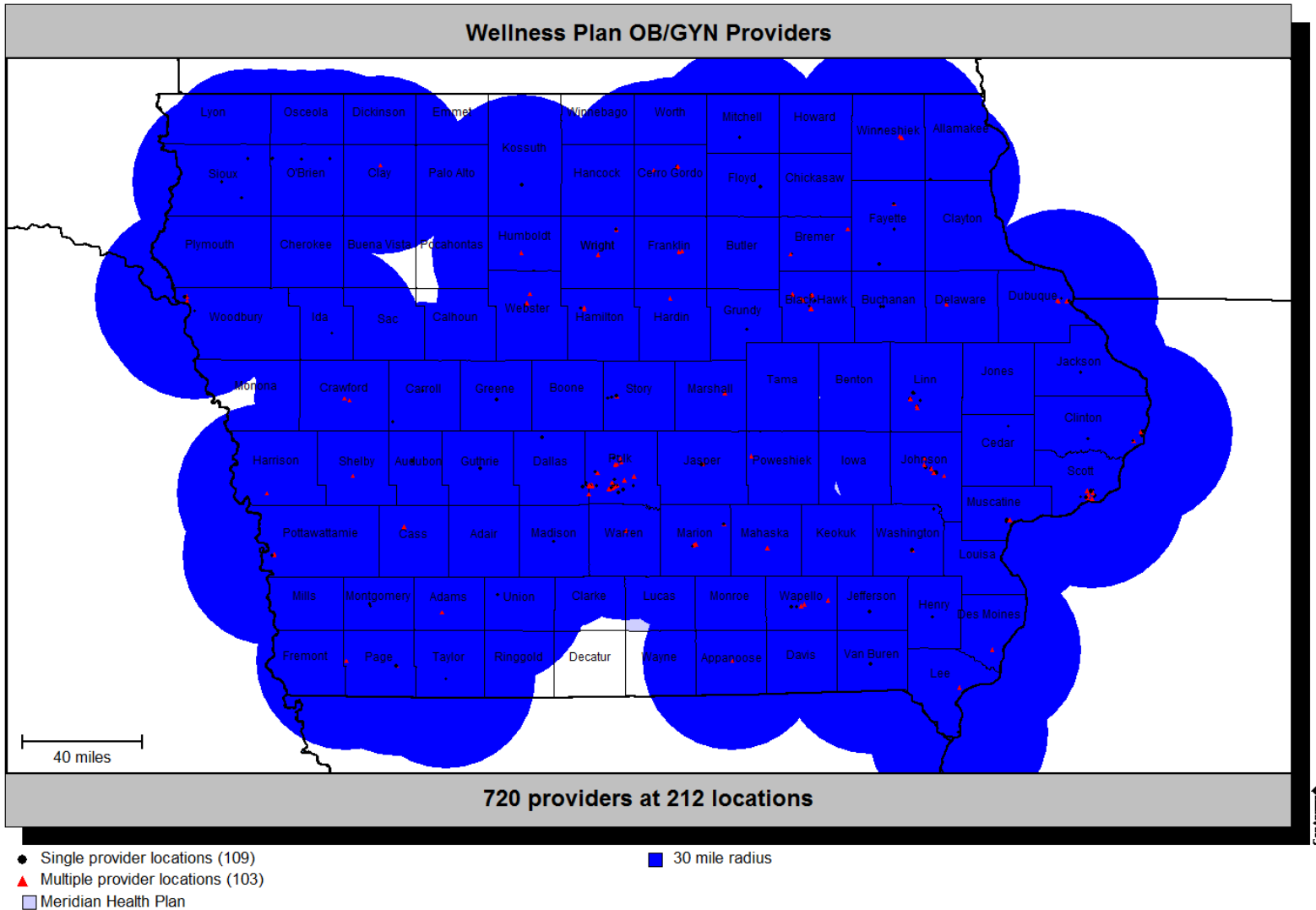
Provider locations



Provider locations with 30-mile radius



Provider coverage/penetration



Marketplace Choice Plan Member Month Reporting 12/31/14 Ending Quarter

	Elig End Date												Grand Total
	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	10/31/2014	11/30/2014	12/31/2014	
1/1/2014	274	336	354	325	361	1090	1077	1075	1144	1148	916	7311	15411
2/1/2014		76	119	99	78	87	66	57	63	63	57	2287	3053
3/1/2014			156	100	98	108	91	89	79	62	85	3345	4214
4/1/2014				124	74	96	61	49	62	38	59	1917	2480
5/1/2014					91	78	95	56	27	47	39	1411	1844
6/1/2014						162	78	79	67	51	43	1538	2017
7/1/2014							144	100	85	70	46	2084	2528
8/1/2014								169	76	67	74	2501	2886
9/1/2014									147	89	63	2218	2516
10/1/2014										118	63	2115	2296
11/1/2014											120	2218	2338
12/1/2014												1850	1850
Grand Total	274	412	629	648	702	1621	1613	1675	1748	1752	1565	30793	43432

	Months												
	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	10/31/2014	11/30/2014	12/31/2014	Grand Total
1/1/2014	274	672	1062	1298	1806	6541	7541	8601	10293	11479	10076	87732	147375
2/1/2014		76	238	297	312	435	396	402	502	566	574	25161	28959
3/1/2014			156	199	295	433	455	531	556	496	769	33449	37339
4/1/2014				124	147	288	244	246	369	269	471	17253	19411
5/1/2014					91	156	286	225	135	282	273	11284	12732
6/1/2014						162	156	237	266	254	255	10765	12095
7/1/2014							144	200	254	278	232	12503	13611
8/1/2014								169	151	200	296	11168	11984
9/1/2014									147	178	188	8870	9383
10/1/2014										118	126	6344	6588
11/1/2014											120	4436	4556
12/1/2014												1850	1850
Grand Total	274	748	1456	1918	2651	8015	9222	10611	12673	14120	13380	230815	305883

		Wellness Member Month Reporting 1231 Quarter 4 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	10/31/2014	11/30/2014	12/31/2014	Grand Total
Elig Start Date	1/1/2014	655	892	1021	716	1079	3469	3422	3810	3843	4345	3384	34889	61524
	2/1/2014		136	127	177	135	145	108	135	142	139	124	7063	8432
	3/1/2014			181	150	220	187	159	139	168	164	144	9882	11393
	4/1/2014				170	123	170	122	117	111	99	103	5594	6608
	5/1/2014					140	99	162	92	104	103	80	4119	4898
	6/1/2014						132	116	158	124	103	103	4373	5110
	7/1/2014							203	158	160	129	168	5058	5876
	8/1/2014								194	149	175	115	4915	5547
	9/1/2014									148	119	124	4479	4869
	10/1/2014										165	109	4132	4406
	11/1/2014											155	3870	4025
	12/1/2014												3694	3694
Grand Total		655	1028	1329	1213	1696	4202	4292	4802	4949	5541	4608	92067	126382

		Wellness Member Month Reporting 1231 Quarter 4 2014 (MONTHS)												
		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	10/31/2014	11/30/2014	12/31/2014	Grand Total
Elig Start Date	1/1/2014	655	1784	3061	2864	5394	20815	23953	30476	34586	43451	37224	418663	622926
	2/1/2014		136	254	532	540	726	648	945	1136	1253	1239	77697	85106
	3/1/2014			181	300	659	747	797	835	1175	1313	1435	98817	106259
	4/1/2014				170	246	509	486	583	665	693	825	50345	54522
	5/1/2014					140	198	487	368	518	615	559	32950	35835
	6/1/2014						132	232	474	496	468	619	30613	33034
	7/1/2014							203	316	481	516	839	30348	32703
	8/1/2014								194	298	524	460	24573	26049
	9/1/2014									148	238	371	17915	18672
	10/1/2014										165	218	12395	12778
	11/1/2014											155	7740	7895
	12/1/2014												3694	3694
	Grand Total	655	1920	3496	3866	6979	23127	26806	34191	39503	49236	43944	805750	1039473

Implementation Area	Accomplishments Since Last Status Meeting	Issues Needing IME Input	Goals Before Next Meeting
Operations	<ul style="list-style-type: none"> Statistics <ul style="list-style-type: none"> Customer Service calls- <ul style="list-style-type: none"> May 1- December: 16 32,142 Services Paid To-Date: 173,951 Payment for Claims To-Date: \$13,502,227 Unique Members Receiving Services: 29,588 Completed Risk Assessments To-Date: 12,149 Number of dentist providing services To-Date: 875 Number of network dentist providing services To-date: 707 Claims Turnaround Time: 11.58 Complaints/Appeals <ul style="list-style-type: none"> Total of 20 complaints, 19 resolved Total of 4 appeals, 4 resolved 	<ul style="list-style-type: none"> DWP Advisory Council 	<ul style="list-style-type: none"> Establish DWP Advisory Council Complete a report package draft for IME review
DWP Benefit Design and Data	Tier One (Core) <ul style="list-style-type: none"> Diagnosis and Prevention Services: 63% Stabilization Services: 21% Emergent Services: 16% Tier Two (Earned Benefits) <ul style="list-style-type: none"> 28% at enhanced benefits (1,613/5,855) 		
Outreach and Referral	<ul style="list-style-type: none"> Delta released a Request for Proposal December 2014, seeking collaboration with Title V Maternal and Child Health (MCH) Contractors. 19 out of 22 Title V Maternal and Child Health (MCH) Contractors applied. Delta will be working with contiguous agencies to cover the other three areas that did not apply. 		