



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

June 1, 2016

The Honorable Sylvia Mathews Burwell
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Submitted Electronically

Re: Iowa Marketplace Choice §1115 Demonstration Waiver Termination (Project #11-W-00288/5)

Madam Secretary,

Please find the attached termination application for the Iowa Marketplace Choice §1115 Demonstration Waiver.

The Marketplace Choice Demonstration was implemented on January 1, 2014, to provide access to healthcare for uninsured, low-income adults age 19 to 64 with income from 101 through 133% of the federal poverty level (FPL). Members received health care coverage through Qualified Health Plans (QHPs) on the Health Insurance Marketplace, with Medicaid paying members' premiums. On December 24, 2015, the Centers for Medicare and Medicaid Services approved an amendment to the Marketplace Choice Demonstration permitting the State to move enrollees to the Iowa Wellness Plan (Project #11-W-00289/5) §1115 Demonstration Waiver, as there are no longer any QHPs willing to serve the Medicaid population.

As there continue to be no QHPs available to serve the Marketplace Choice eligible population, the State is seeking to terminate the Demonstration, which is set to expire December 31, 2016. To ensure continued coverage for persons with incomes up to 133% of the FPL, concurrent with this termination application, Iowa is seeking an extension of the §1115 Iowa Wellness Plan Demonstration for an additional three years.

The State looks forward to continuing to work with its federal partners at the Centers for Medicare & Medicaid Services to ensure that uninsured, low-income Iowans continue to have access to high-quality local provider networks and modern benefits that work to improve health outcomes.

Please let me know if you have any questions with this submission.

Sincerely,


Mikki Stier, MSHA, FACHE
Medicaid Director

MS/js

Enclosure: Iowa Marketplace Choice §1115 Demonstration Waiver Termination (Project #11-W-00288/5)

cc: Jennifer Kostasich, CMS Central Office
Megan Lepore, CMS Central Office
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Section 1115 Demonstration Termination

**Iowa Marketplace Choice Plan
Project #11-W-00288/5**

**State of Iowa
Department of Human Services**

June 1, 2016

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Section I – Executive Summary

The Iowa Department of Human Services (DHS) has a history of seeking to improve the State's Medicaid program, as well as beneficiary choice, accountability, quality of care, and health outcomes. On January 1, 2014, the State implemented the Iowa Marketplace Choice (MPC) (Project #11-W-00288/5) §1115 Demonstration Waiver to provide access to healthcare for uninsured, low-income Iowans, while implementing a benefit design intended to improve health outcomes. The MPC Demonstration originally provided coverage to adults age 19 to 64 with income from 101 through 133% of the federal poverty level (FPL). Members received health care coverage through Qualified Health Plans (QHPs) on the Health Insurance Marketplace. Medicaid paid the members' premiums.

On December 24, 2015, the State received CMS authority to move the Marketplace Choice population to the Iowa Wellness Plan (IWP) (Project #11-W-00289/5) §1115 Demonstration Waiver as there were no longer any QHPs available to serve the population. CMS approved this request, and on January 1, 2016, all MPC enrollees were moved to the IWP to allow coverage for persons with incomes up to 133% of the FPL, through December 31, 2016. Iowa intends to terminate the §1115 MPC Demonstration Waiver, which is set to expire December 31, 2016, as there continue to be no QHPs available to serve the Medicaid population.

To ensure continued coverage for individuals with incomes from 101 through 133% FPL, concurrent with this notification, Iowa is seeking an extension of the §1115 IWP Demonstration to continue serving Iowans for an additional three years pursuant to §1115(e) of the Social Security Act.

Section II – History

In 2013, the Iowa Legislature passed with bi-partisan support the Iowa Health and Wellness Plan (IHAWP) to provide access to healthcare for uninsured, low-income Iowans, using a benefit design intended to improve outcomes. The IHAWP design sought to improve outcomes, increase personal responsibility, and ultimately lower costs. Key goals were to ensure the IHAWP population had access to high-quality local provider networks and modern benefits that worked to improve health outcomes; and to drive healthcare system transformation by encouraging a shift to value based payments that align with important developments in both the private insurance and Medicare markets.

The IHAWP sought to provide a comprehensive, commercial-like benefit plan that ensures provision of the Essential Health Benefits, indexed to the State Employee Plan benefits, with supplemental dental benefits similar to those provided on the Medicaid State Plan. Through a unique incentive program, the IHAWP also sought to promote responsible health care decisions by coupling a monthly required financial contribution with an incentive plan for members to actively seek preventive health services and earn an exemption from the monthly contribution requirement. Original IHAWP options included the following:

1. The Iowa Wellness Plan (IWP), which covered adults ages 19 to 64, with household incomes at or below 100% of Federal Poverty Level (FPL); and

2. The Marketplace Choice Plan (MPC), which covered adults age 19 to 64, with household incomes of 101% through 133% of FPL.

On December 10, 2013, the Centers for Medicaid and Medicare Services (CMS) approved the Iowa Wellness Plan §1115 Demonstration Waiver (Project #11-W-00289/5) and the Marketplace Choice §1115 Demonstration Waiver (Project # 11-W-00288/5), thereby enabling the state to implement the IHAWP on January 1, 2014.

Iowa Medicaid originally administered the IWP through several delivery systems including independent primary care physicians (PCPs), accountable care organizations (ACOs), and managed care plans. Services provided by independent PCPs and ACOs were provided on a fee-for-service basis, while managed care plans were compensated based on capitation.

The MPC Demonstration allowed enrolled members to select from participating commercial health care coverage plans available through the Health Insurance Marketplace. Medicaid paid MPC member premiums and cost sharing to the commercial health plan on behalf of the member, and members had access to the network of local health care providers and hospitals served by the commercial insurance plan. Historically, members could elect to receive coverage through one of two qualified health plans (QHPs); however, there are no longer any QHPs available to serve the population, thereby eliminating coverage options for the MPC Demonstration. These members were subsequently enrolled in the IWP demonstration, pursuant to the December 2015 amendment noted below.

Amendment History

Several amendments to the IHAWP waivers have been approved during the original demonstration period. On May 1, 2014, CMS approved the State's request to amend both the IWP and MPC Demonstrations to provide tiered dental benefits to all expansion adults in Iowa with incomes up to and including 133% of FPL through a Pre-Paid Ambulatory Health Plan (PAHP). This model was designed to promote and encourage healthy preventive care-seeking behaviors among members, and to ensure competitive reimbursement rates for providers and a reduction in administrative barriers. Core dental benefits included basic preventive and diagnostic, emergency, and stabilization services, implemented through the IWP and MPC alternative benefit plans (ABPs), while tiered "Enhanced," and "Enhanced Plus" earned benefits are provided to beneficiaries through the IWP and MPC demonstrations, based on beneficiary completion of periodic exams.

In addition to the above amendment, CMS has twice approved the State's request to extend its waiver of the non-emergency medical transportation (NEMT) benefit from both the IWP and MPC Demonstrations. When CMS originally approved this authority, on January 1, 2014, it was scheduled to sunset on December 31, 2014, with the possibility of extending based on an evaluation of the impact on access to care. Initial experience demonstrated that lack of NEMT services was not significantly impeding IHAWP member access to care. In fact, from January to June 2014, 39% of members received at least one service and over 14% of members completed physical exams in the first eight months, as compared to an annualized figure of 6.5% for Medicaid overall. After reviewing initial data on the impact of the waiver on access, CMS

approved an extension of the NEMT waiver through July 31, 2015. Thereafter, CMS and the State established criteria necessary for the State to continue the NEMT waiver beyond July 31, 2015. Specifically, the State agreed to compare survey responses of the IHAWP members to survey responses of persons receiving “traditional” Medicaid benefits through the State Plan. Iowa conducted the analysis and found that the survey responses of the two populations did not have statistically significant differences. In light of those results, CMS approved a second amendment through June 30, 2016.

Most recently, on December 24, 2015, CMS approved the State’s request to amend the IWP Demonstration to allow persons with incomes at or below 133% of FPL who were previously eligible for the MPC Demonstration to be eligible for the IWP Demonstration. This change had no impact on enrollment, benefits, enrollee rights, cost sharing, evaluation design, sources of nonfederal share of funding, budget neutrality, or other comparable program elements, and the transition of existing MPC Demonstration members into the IWP Demonstration took place on January 1, 2016. On February 23, 2016, CMS approved the State’s request to implement a managed care delivery system for the IWP Demonstration, concurrent with the §1915(b) High Quality Healthcare Initiative Waiver, effective April 1, 2016.

Section III – Termination

Historically, MPC enrollees could elect to receive coverage through one of two QHPs—CoOpportunity Health and Coventry Health Care of Iowa. On September 18, 2014, CoOpportunity informed the State of their intent to withdraw from the MPC Demonstration. As a result of CoOpportunity’s withdrawal, the State arranged to move CoOpportunity’s members to the IWP Demonstration, effective December 1, 2014. In addition, in October of 2015, Coventry informed the State that they would no longer accept new MPC Demonstration members. For these reasons, the State made the decision to move all of Coventry’s MPC members and newly eligible IHAWP members to the IWP, effective January 1, 2016.

Based on the aforementioned information, and the continued lack of QHPs available to serve the MPC population, the State intends to terminate the §1115 MPC Demonstration Waiver, which is set to expire December 31, 2016. To ensure continued coverage for individuals with incomes of 101 through 133% of FPL, concurrent with this termination, Iowa is seeking an extension of the §1115 IWP Demonstration to continue serving Iowans in this income level for an additional three years pursuant to §1115(e) of the Social Security Act through the Wellness waiver.

Section IV – Transition and Phase Out

As there are currently no individuals enrolled in the MPC Demonstration, as all enrollees have been transitioned to the Wellness Plan, and the State is not accepting new applicants, there is no transition and phase out plan necessary for this termination. There will be no member or provider impact associated with this termination, as all waiver enrollees were previously transitioned to the IWP Demonstration effective January 1, 2016. As such, there will be no required beneficiary notices or appeal proceedings related to this termination.

Section V – Public Notice

The following is intended to provide documentation of the State’s compliance with the public notice process set forth in the MPC §1115 Demonstration Waiver Special Terms and Conditions for waiver termination.

Public Notice Process

The public had an opportunity to comment on this termination waiver through a public notice and comment process that ran from April 12, 2016 through May 12, 2016. Public notice was provided on April 12, 2016. This notice and all waiver documents were posted on a dedicated Department of Human Services (DHS) website at <http://dhs.iowa.gov/ime/about/initiatives/iowa-health-and-wellness-plan/ihawp-fed-docs>. To reach all stakeholders, non-electronic copies were made available for review at DHS Field Offices. In addition, a summary notice was published in several newspapers with statewide circulation and DHS sent an email notice to nearly 3,000 stakeholders. All notices provided the option for individuals to submit written feedback to the State by email or by U.S. Postal Service mail. Comments were accepted electronically through a dedicated email address and in person. Finally, the State held two public hearings to offer an opportunity for the public to provide written or verbal comments about the termination waiver. Hearings were held on April 19, 2016, in Des Moines, Iowa (Executive Committee of the Iowa Medical Care Advisory Committee that operates in accordance with 42 CFR §431.12), and May 10, 2016 in Fort Dodge, Iowa (open forum for interested parties to learn about the contents of the termination application, and to comment on its contents). Hearings were held in two geographically distinct areas of the State.

Summary of Public Comments

No comments were received regarding the waiver termination.

Tribal Consultation Process

DHS initiated consultation with Iowa’s federally recognized Indian tribes, Indian health programs, and urban Indian health organizations on March 14, 2016. Consultation was conducted in accordance with the process outlined in Iowa’s Medicaid State Plan, and consisted of an electronic notice directed to Indian Health Service/Tribal/Urban Indian Health (I/T/U) Tribal Leaders and Tribal Medical Directors identified by the Iowa Indian Health Services Liaison.

Summary of Tribal Comments Received

No comments were received regarding the waiver termination.

APPENDIX A: PUBLIC NOTICE

NOTICE OF IOWA DEPARTMENT OF HUMAN SERVICES PUBLIC COMMENT PERIOD TO EXTEND THE 1115 IOWA WELLNESS DEMONSTRATION WAIVER

Notice is hereby given that the Iowa Department of Human Services (DHS) will hold public hearings on the renewal of the §1115 Iowa Wellness Plan Demonstration Waiver, which is set to expire December 31, 2016. DHS intends to extend this waiver for an additional three years pursuant to §1115(e) of the Social Security Act. In addition, DHS is seeking to terminate the §1115 Marketplace Choice Demonstration Waiver, which is also set to expire December 31, 2016, as there are no current Marketplace Choice enrollees. The State will continue to contract with managed care organizations to deliver high quality health care services for the majority of Iowa Wellness beneficiaries.

Hearings offer an opportunity for the public to provide written or verbal comments about the Iowa Wellness Plan Demonstration Waiver extension and the Marketplace Choice Demonstration Waiver termination. All comments will be summarized and taken into consideration prior to submission to CMS. Hearings will be held at the following dates, times, and locations:

April 19, 2016

Hoover Building
Conference Room 5
1305 E. Walnut St
Des Moines, IA 50319
1:30 p.m. – 2:30 p.m.

May 10, 2016

Fort Dodge Public Library
424 Central Ave
Fort Dodge, IA 50501
Large Meeting room
3:30 p.m. – 4:30 p.m.

This notice provides details about both Demonstration Waivers and serves to open the 30-day public comment period. The comment period closes May 12, 2016.

PROPOSAL & HISTORY

In 2013, the Iowa Legislature passed with bi-partisan support the Iowa Health and Wellness Plan (IHAWP) to provide access to healthcare for uninsured, low-income Iowans, using a benefit design intended to address liabilities associated with simply expanding the number of members in traditional Medicaid coverage. The IHAWP design sought to improve outcomes, increase personal responsibility, and ultimately lower costs. Key goals were to ensure the IHAWP population had access to high-quality local provider networks and modern benefits that worked to improve health outcomes; and to drive healthcare system transformation by encouraging a shift to value based payments that align with important developments in both the private insurance and Medicare markets.

The IHAWP sought to provide a comprehensive, commercial-like benefit plan that ensures provision of the Essential Health Benefits, indexed to the State Employee Plan benefits, with supplemental dental benefits similar to those provided on the Medicaid State Plan. Through a

unique incentive program, the IHAWP also sought to promote responsible health care decisions by coupling a monthly required financial contribution with an incentive plan for members to actively seek preventive health services and earn an exemption from the monthly contribution requirement. Original IHAWP options included the following

3. The Iowa Wellness Plan (IWP), which covered adults ages 19 to 64, with household incomes at or below 100% of Federal Poverty Level (FPL); and
4. The Marketplace Choice Plan (MPC), which covered adults age 19 to 64, with household incomes of 101% through 133% of FPL.

Iowa Medicaid originally administered the IWP through several delivery systems including independent primary care physicians (PCPs), accountable care organizations (ACOs), and managed care plans. Services provided by independent PCPs and ACOs were provided on a fee-for-service basis, while managed care plans were compensated based on capitation.

Historically, MPC enrollees could elect to receive coverage through one of two QHPs—CoOpportunity Health and Coventry Health Care of Iowa. On September 18, 2014, CoOpportunity informed the State of their intent to withdraw from the MPC Demonstration. As a result of CoOpportunity's withdrawal, the State arranged to move CoOpportunity's members to the IWP Demonstration, effective December 1, 2014. In addition, in October of 2015, Coventry informed the State that they would no longer accept new MPC Demonstration members. For these reasons, the State made the decision to move all of Coventry's MPC members and newly eligible IHAWP members to the IWP, effective January 1, 2016.

Based on the aforementioned information, and the continued lack of QHPs available to serve the MPC population, the State intends to terminate the §1115 MPC Demonstration Waiver, which is set to expire December 31, 2016. To ensure continued coverage for individuals with incomes of 101 through 133% of FPL, concurrent with this termination, Iowa is seeking an extension of the §1115 IWP Demonstration to continue serving Iowans for an additional three years pursuant to §1115(e) of the Social Security Act.

Most recently, on December 24, 2015, CMS approved the State's request to amend the IWP Demonstration to allow persons with incomes at or below 133% of FPL who were previously eligible for the MPC Demonstration to be eligible for the IWP Demonstration. This change had no impact on enrollment, benefits, enrollee rights, cost sharing, evaluation design, sources of nonfederal share of funding, budget neutrality, or other comparable program elements, and the transition of existing MPC Demonstration members into the IWP Demonstration took place on January 1, 2016. On February 23, 2016, CMS approved the State's request to implement a managed care delivery system for the IWP Demonstration, concurrent with the §1915(b) High Quality Healthcare Initiative Waiver, effective April 1, 2016.

GOALS AND OBJECTIVES

As noted above, key goals of the IHAWP are to ensure that Iowans have access to high-quality local provider networks and modern benefits that work to improve health outcomes; and to drive healthcare system transformation by encouraging a shift to value based payments that align with important developments in both the private insurance and Medicare markets. The State has successfully achieved these goals through the following objectives: (1) improving enrollee health

and wellness through healthy behaviors and use of preventive services; (2) increasing enrollee engagement and accountability in their health care; and (3) increasing enrollee access to dental care. The proposed extension will enable the State to continue its efforts, utilizing the newly approved managed care delivery system, which is designed to deliver services in a highly coordinated manner and further incentivize active management of members' healthcare.

IOWA WELLNESS PLAN §1115 DEMONSTRATION WAIVER EXTENSION ELIGIBILITY

Under the waiver extension, the IWP will continue to target individuals who are eligible in the new adult group under the State Plan.

Eligibility Group Name	Social Security Act and CFR Citations	Income Level
The Adult Group	§1902(a)(10)(A)(i)(VIII) 42 CFR §435.119	0 – 133% FPL

ENROLLMENT & FISCAL PROJECTIONS

Historic and projected average monthly eligibility is as follows, by Demonstration Year (DY):

IWP Demonstration	DY1	DY2	DY3	DY4	DY5	DY6
Average Monthly Eligibility	98,681	136,824	158,170	161,333	164,560	167,851

The table below illustrates the estimated DY4 through DY6 IWP Demonstration budget neutrality including enrolled member months, per member per month (PMPM) cost per enrollee, and total state and federal expenditures:

IWP Demonstration	DY4	DY5	DY6
Member Months	1,693,544	1,727,415	1,761,963
Dental PMPM	\$28.34	\$29.67	\$31.06
Dental Expenditures	\$47,995,037	\$51,252,403	\$54,726,571

Pending approval of the IWP Demonstration extension, the values noted above will represent the IWP Demonstration budget neutrality limit. The State and its vendors will be required to manage the costs of the waiver to be less than the budget limit on a PMPM basis over the full extension period. Additional detailed estimates and explanations are included in the State's waiver application.

BENEFITS

The IWP extension will not modify current covered benefits. IWP Core benefits are described in the Iowa Wellness Plan alternative benefit plan (ABP), except for enhanced benefits provided in the Dental Wellness Plan. IWP enrollees qualify for Enhanced or Enhanced Plus dental benefits earned through completion of periodic exam incentives. IWP enrollees will not receive any benefit in the form of an administrative activity or service to assure non-emergency transportation (NEMT) to and from providers.

COST SHARING

Current IWP cost sharing will remain unchanged by this extension. All IWP members have no cost-sharing during their first year of enrollment. During the second year, enrollees at or above 50% of the FPL, who do not complete required healthy behaviors (i.e., health risk assessment and annual exam) during their first year of enrollment will be required to pay a monthly premium during the subsequent enrollment year, subject to a 30-day healthy behavior grace period. Individuals below 50% of the FPL, medically frail and members in the Health Insurance Premium Payment (HIPPP) population, and all individuals who self-attest to a financial hardship are exempt from the required premium payment.

Monthly premium amounts will not exceed \$5 per month for nonexempt households from 50% up to 100% of FPL, and \$10 per month for nonexempt households between 100% and 133% of FPL. Enrollees are allowed a 90-day premium grace period, and enrollees under 100% FPL cannot be disenrolled for nonpayment of a premium, nor can an individual be denied an opportunity to re-enroll due to nonpayment of a premium. Individuals over 100% may be disenrolled for nonpayment but they can reapply. After 90 days, unpaid premiums may be considered a collectible debt owed to the State. Finally, the State may impose a copayment for non-emergency use of the emergency room consistent with Iowa's Medicaid State Plan and with all federal requirements.

DELIVERY SYSTEM

Managed care organizations are responsible for delivering all IWP covered benefits, with the exception of dental benefits, which are carved out and delivered to Demonstration enrollees through a prepaid ambulatory health plan (PAHP).

Enrollment of Demonstration participants in managed care and the program is mandatory, with the exception of certain populations described in the State's §1915(b) Iowa High Quality Healthcare Initiative Waiver, and Alaskan Natives and American Indians are enrolled voluntarily. Excepted populations continue to receive services through the fee-for-service delivery system outlined in Iowa's Medicaid State Plan.

WAIVER AUTHORITY

The State requests continuation of the following waivers of state plan requirements contained in §1902 of the Act, subject to the STCs for the IWP §1115 Demonstration:

Premiums, Section 1902(a)(14) and Section 1916 – To enable the state to charge premiums beyond applicable Medicaid limits to the IWP demonstration populations above 50 percent of the federal poverty level, with cost-sharing subject to a quarterly aggregate cap of 5 percent of family income.

Methods of Administration, Section 1902(a)(4) insofar as it incorporates 42 CFR 431.53 – To the extent necessary to relieve the state of the responsibility to assure transportation to and from providers for individuals in the demonstration.

Comparability, Section 1902(a)(17) – Specifically, to permit the state to provide reduced cost sharing for the newly eligible population. This will be done through a \$8 copay for non-emergency use of the emergency department. This copay will not apply to other Medicaid populations; copays applied to other Medicaid populations will not be imposed on this population.

EXPENDITURE AUTHORITY

The State requests that expenditures made by the State for the items identified below, which are not otherwise included as expenditures under §1903, continue to be regarded as expenditures under the State’s Title XIX plan:

Medically Frail – Expenditures for all of the cost of the payment for core dental benefits to medically frail in the state plan.

Dental – Expenditures for all of the cost of the payment of enhanced and enhanced plus dental tiers.

The State also requests that the following requirements remain not applicable to the expenditure authority:

Proper and Efficient Administration, Section 1902(a)(17) – To the extent necessary to permit the state to contract with a single dental benefit plan administrator to provide dental services to beneficiaries affected by the IWP §1115 Demonstration.

Freedom of Choice Section 1902(a)(23)(A) – To the extent necessary to permit the state to require enrollees to receive dental services through a carved-out contracted dental benefit with no access to other providers.

EVALUATION

In December of 2015, an interim evaluation report of the IHAWP was completed by the University of Iowa Public Policy Center. In March of 2016, the University of Iowa Public Policy Center also completed an interim evaluation report of the Dental Wellness Plan. Both evaluations revealed positive findings related to access, quality, and cost; several of which are highlighted below:

1. Access to routine care was statistically significantly higher for waiver enrollees than low income adults enrolled in Medicaid State Plan coverage.
2. Rates of emergency department visits (ED) and follow-up ED visits were lower for waiver enrollees than State Plan enrollees.
3. The majority of waiver enrollees (81%) reported having a regular sources of care (i.e., personal doctor). This was higher than reported under the State’s former IowaCare program (67%).
4. The percentage of potentially avoidable emergency department use was statistically lower

among waiver enrollees than low income adults enrolled in State Plan coverage (51% versus 71%).

5. Waiver enrollees had a statistically lower hospital admission rate (11%) than low income adults enrolled in State Plan coverage (16%).
6. In comparing Wellness Plan per member per month (PMPM) cost and use to State Plan enrollee PMPM cost and use, the ED and prescription medicine PMPM cost and use are all significantly less.
7. Rates of well care visits were higher for waiver enrollees versus State Plan enrollees.
8. The majority of members (98%) lived less than 30 minutes from the nearest PCP.
9. The majority of surveyed waiver enrollees (76%) needing emergency dental care in a dental office reported being able to see a dentist as soon as they wanted.
10. Receipt of routine dental exams was higher among Dental Wellness Plan members than Medicaid State Plan enrollees (31% versus 23%).

Full interim evaluation reports are available on a dedicated Department of Human Services (DHS) website at <http://dhs.iowa.gov/ime/about/initiatives/iowa-health-and-wellness-plan/ihawp-fed-docs>. The State intends to continue studying the following questions and hypotheses during the waiver extension period:

Question	Hypotheses
Question 1: What are the effects of the Wellness Plan on member access to care?	Hypothesis 1.1: Wellness Plan members will have equal or greater access to primary care and specialty services.
	Hypothesis 1.2: Wellness Plan members will have equal or greater access to preventive care services.
	Hypothesis 1.3: Wellness Plan members will have equal or greater access to mental and behavioral health services.
	Hypothesis 1.4: Wellness Plan members will have equal or greater access to care, resulting in equal or lower use of emergency department services for non-emergent care.
	Hypothesis 1.5: Wellness Plan members without a non-emergency transportation benefit will have equal or lower barriers to care resulting from lack of transportation.
	Hypothesis 1.6: Wellness Plan members ages 19-20 years will have equal or greater access to EPSDT services.
Question 2: What are the effects of the Wellness plan on member insurance coverage gaps and insurance service when their eligibility status changes (churning)?	Hypothesis 2.1: Wellness Plan members will experience equal or less churning.
	Hypothesis 2.2: Wellness Plan members will maintain continuous access to a regular source of care when their eligibility status changes.
	Hypothesis 3.1: Wellness Plan members will have equal or better quality of care.

Question	Hypotheses
Question 3: What are the effects of the Wellness Plan on member quality of care?	Hypothesis 3.2: Wellness Plan members will have equal or lower rates of hospital admissions.
	Hypothesis 3.3: Wellness Plan members will report equal or greater satisfaction with the care provided.
Question 4: What are the effects of the Wellness Plan on the costs of providing care?	Hypothesis 4.1: The cost for covering Wellness Plan members will be comparable to the predicted costs for covering the same expansion group in the Medicaid State Plan.
Question 5: What are the effects of the premium incentive and copayment disincentive programs on Wellness Plan enrollees?	Hypothesis 5.1: The premium incentive for the Wellness Plan enrollees will not impact the ability to receive health care.
	Hypothesis 5.2: The copayment for inappropriate emergency department (ED) use for the Wellness Plan enrollees will not pose an access to care barrier.
	Hypothesis 5.3: In year two and beyond, the utilization of an annual exam will be higher than in the first year of the renewal period.
	Hypothesis 5.4: In year two and beyond, the utilization of smoking cessation services will be higher than in the first year of the renewal period.
Question 6: What is the adequacy of the provider network for Wellness Plan enrollees as compared to those in the Iowa Medicaid State Plan?	Hypothesis 6.1: Iowa Wellness Plan members will have the same access to an adequate provider network as members in the Medicaid State Plan.

IOWA MARKETPLACE CHOICE PLAN §1115 DEMONSTRATION WAIVER TERMINATION

As there are currently no individuals enrolled in the MPC, and the State is not accepting new applicants, there is no transition and phase out plan associated with this termination. There will be no member or provider impact associated with this termination as all waiver enrollees were previously transitioned to the Iowa Wellness Plan effective January 1, 2016. Eligible individuals with incomes at or below 133% FPL will continue to be served through the IWP.

SUBMISSION OF COMMENTS

This notice and all waiver documents are available online at: <http://dhs.iowa.gov/ime/about/initiatives/iowa-health-and-wellness-plan/ihawp-fed-docs>. To reach all stakeholders, non-electronic copies will also be made available for review at DHS Field Offices. A complete listing of DHS Filed Offices is provided as an Attachment to this notice. Written comments may be addressed to Deanna Jones, 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 May 12, 2016. After the comment

period has ended, a summary of comments received will be made available at:
<http://dhs.iowa.gov/ime/about/initiatives/iowa-health-and-wellness-plan/ihawp-fed-docs>.

Submitted by:
Mikki Stier
Iowa Medicaid Enterprise
Iowa Department of Human Services

Attachment: DHS Field Office Locations

County	Building Name	Building Address	City	Zip
Benton	Benton County DHS	114 E 4th Street	Vinton	52349
Black Hawk	Black Hawk County DHS	1407 Independence Ave.	Waterloo	50704
Buchanan	Buchanan County DHS	1415 1st Street West	Independence	50644
Buena Vista	Buena Vista County DHS	311 E. 5th Street	Storm Lake	50588
Butler	Butler County DHS	713 Elm Street	Allison	50602
Carroll	Carroll County DHS	608 N Court Street, Ste. C	Carroll	51401
Cass	Cass County DHS	601 Walnut Street	Atlantic	50022
Cerro Gordo	Cerro Gordo County DHS	Mohawk Square, 22 N Georgia Ave, Ste. 1	Mason City	50401
Clarke	Clarke County DHS	109 S Main	Osceola	50213
Clay	Clay County DHS	1900 North Grand Ave. Ste. E-8	Spencer	51301
Clinton	Clinton County DHS	121 Sixth Ave S.	Clinton	52733
Dallas	Dallas County DHS	210 N 10th Street	Adel	50003
Des Moines	Des Moines County DHS	560 Division Street, Suite 200	Burlington	52601
Dickinson	Dickinson County DHS	Dickinson County Courthouse 1802 Hill Ave, Suite 2401	Spirit Lake	51360
Dubuque	Dubuque County DHS	410 Nesler Center, 799 Main Street	Dubuque	52004
Emmet	Emmet County DHS	220 S 1st Street	Estherville	51334
Fayette	Fayette County DHS	129 A North Vine	West Union	52175
Floyd	Floyd County DHS	1206 S Main Street	Charles City	50616
Hamilton	Hamilton County DHS	2300 Superior Street	Webster City	50595
Harrison	Harrison County DHS	204 E 6th St	Logan	51546
Henry	Henry County DHS	205 W Madison Street	Mt. Pleasant	52641
Jasper	Jasper County DHS	115 N 2nd Ave E. Suite H	Newton	50208
Jefferson	Jefferson County DHS	304 South Maple	Fairfield	52556
Johnson	Johnson County DHS	855 S. Dubuque Street	Iowa City	52240
Lee	Lee County DHS	933 Avenue H	Ft. Madison	52627
Lee	Lee County DHS	307 Bank Street	Keokuk	52632
Linn	Linn County DHS	411 3rd Street SE, Suite 600	Cedar Rapids	52401
Linn	Linn County DHS, Harambee House	404 17th Street Southeast	Cedar Rapids	52403

County	Building Name	Building Address	City	Zip
Mahaska	Mahaska County DHS	410 S 11th Street	Oskaloosa	52577
Marshall	Marshall County DHS	206 W State Street	Marshalltown	50158
Montgomery	Montgomery County DHS	1109 Highland Ave	Red Oak	51566
Muscatine	Muscatine County DHS	3210 Harmony Lane	Muscatine	52653
O'Brien	O'Brien County DHS	160 Second Street Se	Primghar	51245
Polk	Polk County DHS	Polk County River Place, 2309 Euclid Ave	Des Moines	50310
Polk	Polk County DHS- Carpenter Office	1900-1914 Carpenter	Des Moines	50314
Polk	Centralized Service Intake Unit	401 SW 7th St, Suite G	Des Moines	50309
Pottawattamie	Pottawattamie County DHS	417 E Kanesville Blvd.	Council Bluffs	51503
Pottawattamie	Income Maintenance Customer Call Center	300 W Broadway, Suite 110	Council Bluffs	51503
Scott	Scott County DHS	600 W. 4th St. 2nd & 3rd Floors	Davenport	52801
Sioux	Sioux County DHS	215 Central Ave. Se	Orange City	50141
Story	Story County DHS	126 S Kellogg Ave, Suite 101	Ames	50010
Union	Union County DHS (SVC)	304 N Pine St	Creston	50801
Union	Union County DHS	300 N Pine St	Creston	50801
Wapello	Wapello County DHS	120 E Main St	Ottumwa	52501
Warren	Warren County DHS	1005 South Jefferson Way	Indianola	50125
Webster	Webster County DHS	330 1st Ave. N	Fort Dodge	50501
Winneshiek	Winneshiek County DHS	2307 US Highway 52 South	Decorah	52101
Woodbury	Woodbury County DHS	Trosper-Hoyt Co Svc Bld., 822 Douglas St	Sioux City	51101

APPENDIX B: TRIBAL NOTICE

NOTICE OF IOWA DEPARTMENT OF HUMAN SERVICES NOTICE OF TRIBAL COMMENT PERIOD FOR PROPOSED CHANGE TO THE IOWA WELLNESS PLAN

Notice is hereby given to all federally recognized tribes, Indian Health Programs and Urban Indian Organizations within the State of Iowa that the Iowa Department of Human Services (DHS) will be submitting a request to the Centers for Medicare and Medicaid Services (CMS) to extend the §1115 Iowa Wellness Plan Demonstration Waiver, which is set to expire December 31, 2016. DHS is proposing to extend this waiver to an additional three years pursuant to §1115(e) of the Social Security Act, and to modify the Iowa Wellness Plan dental benefit to better meet the needs of beneficiaries. In addition, DHS is seeking to terminate the §1115 Marketplace Choice Demonstration Waiver, which is also set to expire December 31, 2016. This notice provides a summary of the purpose of the aforementioned changes and describes the method for providing comments and questions.

PROPOSAL

The Iowa Wellness Plan is a Medicaid program that was created to provide comprehensive health care coverage to low-income, uninsured Iowans ages 19 to 64. Originally, the Iowa Wellness Plan and the Marketplace Choice Plan were components of the Iowa Health and Wellness Plan which began January 1, 2014. Benefits of the Iowa Health and Wellness Plan were based on the state employees' commercial health insurance plan and do not contain the extensive benefits traditionally associated with Medicaid under the State Plan. The Iowa Health and Wellness Program consisted of two separate coverage options based on household income:

- *Iowa Wellness Plan*: Coverage for adults ages 19 to 64 with income below 100 percent of the Federal Poverty Level. The Iowa Wellness Plan continues to be administered by Iowa Medicaid. Members have access to statewide Medicaid providers and hospitals in their local communities.
- *Marketplace Choice Plan*: Coverage for adults age 19 to 64 with income from 101 percent through 133 percent of the Federal Poverty Level. The Marketplace Choice Plan allowed members to select from participating commercial health care coverage plans in the Health Insurance Marketplace. Medicaid paid the premiums to the commercial health plan on behalf of the member. Members had access to the network of local health care providers and hospitals served by the commercial insurance plan.

In September of 2015, the state submitted a request to the Centers for Medicare and Medicaid Services (CMS) to move the Marketplace Choice population to the Wellness Plan as there were no longer any Qualified Health Plans available to serve the population. On December 24, 2015, CMS approved this request and on January 1, 2016, all Marketplace Choice members were moved to the Wellness Plan to allow coverage for persons with incomes up to 133 percent of the Federal Poverty Level through December 31, 2016.

On February 23, 2016, CMS approved DHS' request to implement a managed care delivery

system under the 1915(b) High Quality Healthcare Initiative, effective April 1, 2016. The approval allows the 1115 Iowa Wellness Plan Waiver to operate concurrently with the 1915(b) High Quality Healthcare Initiative. Iowa Wellness Plan beneficiaries will begin receiving care through a managed care delivery system on April 1, 2016, under the same program structure and benefit coverage provided under the Iowa Wellness Plan that was approved December 24, 2015. Similarly, cost sharing and premium obligations will remain the same.

Given the success of the Iowa Wellness Plan, DHS is seeking to extend the Demonstration another three years pursuant to §1115(e) of the Social Security Act. No substantive changes are being made to the Demonstration; however, DHS is seeking to modify elements of the Iowa Wellness Plan dental benefit. Specifically, Iowa proposes to collapse the tiered dental benefit structure from three (3) tiers (i.e., core, enhanced, and enhanced-plus) to two (2) tiers (i.e., core and enhanced), to simplify the dental benefit and better meet the high dental need of beneficiaries. Under the modified structure, certain emergent or stabilization services (formerly coded as enhanced tier benefits), will now be included as core tier benefits. Those services currently included in the enhanced-plus tier will now be included in the enhanced benefits tier. All beneficiaries will continue to receive core benefits and those who demonstrate active management of their oral health through the completion of periodic exam incentives will have the ability to earn enhanced benefits. Further, beneficiaries who return for a periodic exam within 6-12 months of their first visit will qualify for enhanced benefits.

Finally, as former Marketplace Choice members have been transitioned to the Iowa Wellness Plan, and DHS has not identified any Qualified Health Plans willing to participate in the Marketplace Choice Demonstration, DHS is seeking to terminate the existing Marketplace Choice Demonstration waiver effective December 31, 2016.

FEDERAL AUTHORITIES

DHS is working with CMS to obtain the necessary federal authority to implement the extension of the 1115 Iowa Wellness Plan, effective January 1, 2017. There are no proposed changes to enrollment, benefits, enrollee rights, cost sharing, evaluation design, sources of nonfederal share of funding, or budget neutrality.

WAIVER & EXPENDITURE AUTHORITIES

Existing waiver and expenditure authorities will not be modified.

TRIBAL IMPACT

American Indian and Alaskan Native (AI/AN) populations located in the State of Iowa will continue to receive services through the Iowa Wellness Plan and will be able to voluntarily enroll in the managed care delivery system. Dental benefits will continue to be delivered to Demonstration enrollees through a prepaid ambulatory health plan (PAHP). Additionally, AI/AN enrollees will continue to have coverage with no cost sharing or premium obligation. To address AI/AN members and providers who voluntarily elect to participate in the Initiative, DHS contracts with participating MCOs who will include protections for Indian health care providers

participating in Medicaid as required pursuant to Section 5006(d) of the American Recovery and Reinvestment Act of 2009 (AARA).

SUBMISSION OF COMMENTS

A full notice and Iowa Wellness waiver related information will be available the week of March 14, 2016, at: all DHS county locations. Written comments may be addressed to Alisa Horn, Department of Human Services, Iowa Medicaid Enterprise, 100 Army Post Road, Des Moines, IA 50315. All comments must be received by April 14, 2016.

Submitted by:
Mikki Stier
Iowa Medicaid Enterprise
Iowa Department of Human Services