

**IOWA WELLNESS PLAN
SECTION 1115 DEMONSTRATION
FACT SHEET**

Last Updated: December 22, 2016

Name of Medicaid Section 1115 Demonstration: Iowa Wellness Plan

Date Proposal Submitted: August 23, 2013
Date Proposal Approved: December 30, 2013
Date Implemented: January 1, 2014
Date Expires: December 31, 2016

Date Extension Application Submitted: June 1, 2016
Date Extension Application Approved: November 23, 2016
Date Implemented: January 1, 2017
Date Expires: December 31, 2019

SUMMARY

On December 30, 2013, the Centers for Medicare & Medicaid Services (CMS) approved the Iowa Wellness Plan (IWP) demonstration to, with associated state plan amendments, expand Medicaid coverage to the new adult group with incomes up to and including 100 percent of the federal poverty level (FPL). CMS also approved the Marketplace Choice Plan (MPC) demonstration to expand Medicaid coverage to the new adult group with incomes between 100 and 133 percent through premium assistance. The demonstrations allow the state to charge premiums to beneficiaries with income above 50 percent of the FPL in the second year of enrollment. Beneficiaries who complete “healthy behaviors” (a wellness exam and health risk assessment) in the first year of continuous enrollment will not be subject to premiums in the second year. CMS also allowed a one year waiver of the state’s obligation to provide non-emergency medical transportation (NEMT) to beneficiaries in the demonstrations, which was subsequently extended through the end of the initial demonstration period, December 31, 2016. On January 1, 2016, CMS amended the special terms and conditions (STCs) to modify eligibility of the IWP to include those persons with incomes up to and including 133 percent of the FPL that were previously eligible for the 1115 MPC demonstration (which was suspended beginning January 1, 2016 and expires without renewal on December 31, 2016).

On November 23, 2016, CMS approved an extension to the IWP demonstration. The extension provides Iowa the authority to continue the demonstration with no changes through December 31, 2019.

AMENDMENTS

Amendment #1: Tiered dental benefits

Date Amendment #1 Submitted: August 23, 2013

Date Amendment #1 Approved: May 1, 2014

CMS amended the IWP to provide specially contracted dental plan services through Delta Dental. The Core benefit, which provides basic dental services, were implemented through the Wellness Alternative Benefit Plan (ABP) state plan amendments. Tiered benefits (Enhanced and Enhanced Plus) were implemented through the 1115 demonstration and can be earned by beneficiaries through active management of oral health, specifically, the completion of periodic exam requirements.

Amendment #2: NEMT waiver amendment

Date Amendment #2 Submitted: September 2, 2014
Date Amendment #2 Approved: December 30, 2014

On December 30, 2014, CMS amended the STCs to extend the waiver of NEMT through July 31, 2015.

Amendment #3: NEMT waiver amendment

Date Amendment #3 Submitted: May 29, 2015
Date Amendment #3 Approved: July 31, 2015

On July 31, 2015, CMS amended the STCs to extend the waiver of NEMT through March 31, 2016.

Amendment #4: Modify IWP eligibility to serve beneficiaries up to and including 133 percent of FPL; and NEMT waiver amendment

Date Amendment #4 Submitted: September 3, 2015
Date Amendment #4 Approved: December 24, 2015

On January 1, 2016, CMS amended the STCs to modify eligibility of the IWP to include those persons with incomes up to and including 133 percent of the FPL that were previously eligible for the 1115 MPC demonstration (which is suspended from January 1, 2016 through June 30, 2016). CMS also extended the waiver of NEMT through June 30, 2016.

ELIGIBILITY

Individuals eligible for coverage in the IWP are the new adult group, as described in section 1902(a)(10)(A)(i)(VIII) of the Social Security Act (the Act).

ENROLLMENT

Enrollment activities for the new adult population began on October 1, 2013 for the IWP and MPC demonstrations with eligibility effective January 1, 2014. On January 1, 2016, MPC enrollees transitioned to the IWP.

DELIVERY SYSTEM

Dental services are offered for IWP beneficiaries through the Dental Wellness Plan, which provides the services through a contracted commercial dental provider. Beginning April 1, 2016, physical health services will be administered through a newly implemented Medicaid managed care program, authorized by a 1915(b) waiver, in which beneficiaries will have the choice of enrollment into one of three available managed care organizations.

BENEFITS

Core (provided through the ABPs): Includes Diagnostic and Preventive, Emergency, and Stabilization services.

Enhanced (tier 1 in the demonstration)

- Includes all core benefits in ABP and the following:
 - Restorations and other restorative services
 - Root canals, apexification, apicoectomy, and other endodontic services
 - Non-surgical gum treatment
 - Denture adjustments, repairs, relines (limit 2 per 12 months)
 - Non-surgical and surgical extractions and other oral surgery services
 - Designated adjunctive services

Enhanced Plus (tier 2 in the demonstration)

- Includes all core benefits in ABP, all enhanced benefits and the following:
 - Crowns/onlays – for anterior permanent teeth with extensive coronal destruction/broken cusp and posterior teeth with root canal therapy and cracked tooth syndrome
 - Tooth replacements:
 - Dentures (partial) – for replacing anterior teeth and posterior teeth when there are fewer than eight teeth in occlusion or when required to balance the occlusion
 - Dentures (complete) –for the edentulous
 - Bridges (only covered for designated clinical conditions in which a partial denture is contraindicated)
 - Gum surgery

COST SHARING

Premiums are permitted in lieu of other cost sharing except for an \$8 copay for non-emergency use of the emergency department. Enrollees subject to premiums will be allowed a 90 day premium grace period.

Enrollees exempt from paying a monthly premium include:

- All individuals enrolled in the IWP during the first year of enrollment. Premiums will continue to be waived in subsequent years if enrollees complete healthy behaviors in their prior annual period.
- Medically frail and members of in the Health Insurance Premium Payment (HIPP) population.

- All individuals who self-attest to a financial hardship.

Monthly premium amounts may not exceed \$5 per month for non-exempt households for individuals with incomes from 50 up to 100 percent of the FPL and \$10 per month for nonexempt households for individuals with incomes between 100 to 133 percent of the FPL.

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