| Features  | IA Healthlink  | Dental Wellness Plan                     |
|---|--|--|
| Program type  | Comprehensive MCO + MLTSS                                  | Dental only (PAHP)                       |
| Statewide or region-specific?   | Statewide  | Statewide                                |
| Federal operating authority   | 1915(b)/1915(c),1937 Alt Benefit Plan,1945 Health<br>Homes | 1115(a) (Medicaid demonstration waivers) |
| Program start date  | 04/01/2016   | 05/01/2014                               |
| Waiver expiration date (if applicable)  | 03/31/2019   | 01/01/2020                               |
| If the program ended in 2016, indicate the end date   |  |  |
| Populations enrolled: Low-income adults <u>not</u> <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory  |  |
| Populations enrolled: Low-income adults<br>covered under ACA Section VIII (excludes<br>pregnant women and people with disabilities)             | Mandatory  | Mandatory                                |
| Populations enrolled: Aged, Blind or Disabled<br>Children or Adults   | Mandatory  |  |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                                 | Mandatory  |  |
| Populations enrolled: Individuals receiving<br>Limited Benefits (excludes partial duals)  |  |  |
| Populations enrolled: Full Duals  | Mandatory  |  |
| Populations enrolled: Partial Duals   |  |  |
| Populations enrolled: Children with Special<br>Health Care Needs  | Mandatory  |  |
| Populations enrolled: Native<br>American/Alaskan Natives  | Voluntary  | Exempt                                   |
| Populations enrolled: Foster Care and Adoption Assistance Children  | Mandatory  | Exempt                                   |
| Populations enrolled: Enrollment choice period  | Pre-assigned   | Pre-assigned                             |
| Populations enrolled: Enrollment broker name (if applicable)  | Maximus (Iowa Medicaid Member Services contractor)         |  |
| Populations enrolled: Notes on enrollment choice period   |  |  |
| Benefits covered: Inpatient hospital physical health  | Х  |  |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)  | Х  |  |

| Features   | IA Healthlink | Dental Wellness Plan |
|--|---------------|----------------------|
| Benefits covered: Outpatient hospital physical health  | Х             |                      |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)  | Х             |                      |
| Benefits covered: Partial hospitalization  | Х             |                      |
| Benefits covered: Physician  | Х             |                      |
| Benefits covered: Nurse practitioner   | Х             |                      |
| Benefits covered: Rural health clinics and FQHCs   | Х             |                      |
| Benefits covered: Clinic services  | Х             |                      |
| Benefits covered: Lab and x-ray  | Х             |                      |
| Benefits covered: Prescription drugs and prosthetic devices  | Х             |                      |
| Benefits covered: EPSDT  | Х             |                      |
| Benefits covered: Case management  | Х             |                      |
| Benefits covered: SSA Section 1945-<br>authorized health home  | Х             |                      |
| Benefits covered: Health home care (services in home)  | X             |                      |
| Benefits covered: Family planning  | Х             |                      |
| Benefits covered: Dental services (medical/surgical)   |               |                      |
| Benefits covered: Dental (preventative or corrective)  |               | Х                    |
| Benefits covered: Personal care (state plan option)  |               |                      |
| Benefits covered: HCBS waiver services   | Х             |                      |
| Benefits covered: Private duty nursing   | Х             |                      |
| Benefits covered: ICF-IDD  | Х             |                      |
| Benefits covered: Nursing facility services  | Х             |                      |
| Benefits covered: Hospice care   | Х             |                      |
| Benefits covered: Non-Emergency Medical<br>Transportation  | X             |                      |
| Benefits covered: Institution for Mental<br>Disease inpatient treatment for people ages<br>21-64 defined by 42 CFR §438.6(e) as an 'in<br>lieu of' benefit |               |                      |

| Features   | IA Healthlink   | Dental Wellness Plan |
|--|---|----------------------|
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)         |   |                      |
| Quality assurance and improvement: HEDIS data required?  | Yes   | No                   |
| Quality assurance and improvement: CAHPS data required?  | Yes   | No                   |
| Quality assurance and improvement:<br>Accreditation required?  | Yes   | No                   |
| Quality assurance and improvement:<br>Accrediting organization   | NCQA  |                      |
| Quality assurance and improvement: EQRO contractor name (if applicable)                                    | Health Services Advisory Group (HSAG)   |                      |
| Performance incentives: Payment bonuses/differentials to reward plans                                      |   |                      |
| Performance incentives: Preferential auto-<br>enrollment to reward plans                                   |   |                      |
| Performance incentives: Public reports comparing plan performance on key metrics                           | Х   |                      |
| Performance incentives: Withholds tied to performance metrics  | Х   |                      |
| Performance incentives: MCOs/PHPs required<br>or encouraged to pay providers for<br>value/quality outcomes | Х   |                      |
| Participating plans and regions served: Plans in Program   | UnitedHealthcare of the River Valley, Inc.;<br>Amerigroup of Iowa, Inc.; AmeriHealth Caritas of | Delta Dental of Iowa |

| Features             | IA Healthlink   | Dental Wellness Plan |
|----------------------|---|----------------------|
| Notes: Program notes | On April 1, 2016, most existing lowa Medicaid programs were joined together into one managed care program called IA Health Link. Coverage is provided through a Managed Care Organization (MCO) that brings together physical, behavioral and long term care under one program. Some Medicaid members continue to receive Medicaid coverage through a Fee-for-Service model and will not transition to the IA Health Link program. IA Health Link was intended to implement 1/1/2016 after other managed care plans ended, but was delayed until 4/1/2016. Between 1/1/2016 and 3/31/2016 service delivery was provided through a Medicaid FFS mechanism. |                      |

| Features  | PACE   | NEMT                                 |
|---|--|--------------------------------------|
| Program type  | Program of All-inclusive Care for the Elderly (PACE)   | Non-Emergency Medical Transportation |
| Statewide or region-specific?   | Available in these counties: Harrison, Mills,<br>Pottawattamie, Cherokee, Monona, Plymouth,<br>Woodbury, Boone, Dallas, Jasper, Marshall,<br>Madison, Marion, Polk, Story, Warren. | Statewide                            |
| Federal operating authority   | PACE   | 1902(a)(70) NEMT                     |
| Program start date  | 09/01/2009   | 01/01/2009                           |
| Waiver expiration date (if applicable)  |  |                                      |
| If the program ended in 2016, indicate the end date   |  |                                      |
| Populations enrolled: Low-income adults <u>not</u> <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) |  | Mandatory                            |
| Populations enrolled: Low-income adults<br>covered under ACA Section VIII (excludes<br>pregnant women and people with disabilities)             |  | Mandatory                            |
| Populations enrolled: Aged, Blind or Disabled Children or Adults  | Voluntary  | Mandatory                            |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                                 |  | Mandatory                            |
| Populations enrolled: Individuals receiving<br>Limited Benefits (excludes partial duals)  |  |                                      |
| Populations enrolled: Full Duals  | Voluntary  | Mandatory                            |
| Populations enrolled: Partial Duals   |  |                                      |
| Populations enrolled: Children with Special<br>Health Care Needs  |  | Mandatory                            |
| Populations enrolled: Native<br>American/Alaskan Natives  | Exempt   | Voluntary                            |
| Populations enrolled: Foster Care and Adoption Assistance Children  | Exempt   | Mandatory                            |
| Populations enrolled: Enrollment choice period  | N/A  | Pre-assigned                         |
| Populations enrolled: Enrollment broker name (if applicable)  |  |                                      |
| Populations enrolled: Notes on enrollment choice period   | Members opt-in   |                                      |
| Benefits covered: Inpatient hospital physical health  | Х  |                                      |

| Features  | PACE | NEMT |
|---|------|------|
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)  | Х    |      |
| Benefits covered: Outpatient hospital physical health   | Х    |      |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)   | Х    |      |
| Benefits covered: Partial hospitalization   | Х    |      |
| Benefits covered: Physician   | Х    |      |
| Benefits covered: Nurse practitioner  | X    |      |
| Benefits covered: Rural health clinics and FQHCs  | Х    |      |
| Benefits covered: Clinic services   | Х    |      |
| Benefits covered: Lab and x-ray   | Х    |      |
| Benefits covered: Prescription drugs and prosthetic devices   | Х    |      |
| Benefits covered: EPSDT   |      |      |
| Benefits covered: Case management   | Х    |      |
| Benefits covered: SSA Section 1945-<br>authorized health home   |      |      |
| Benefits covered: Health home care (services in home)   | Х    |      |
| Benefits covered: Family planning   |      |      |
| Benefits covered: Dental services (medical/surgical)  | Х    |      |
| Benefits covered: Dental (preventative or corrective)   | Х    |      |
| Benefits covered: Personal care (state plan option)   |      |      |
| Benefits covered: HCBS waiver services  |      |      |
| Benefits covered: Private duty nursing  | Х    |      |
| Benefits covered: ICF-IDD   |      |      |
| Benefits covered: Nursing facility services   | Х    |      |
| Benefits covered: Hospice care  | Х    |      |
| Benefits covered: Non-Emergency Medical<br>Transportation   | Х    | Х    |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit |      |      |

| Features   | PACE | NEMT |
|--|------|------|
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)         |      |      |
| Quality assurance and improvement: HEDIS data required?  | No   | No   |
| Quality assurance and improvement: CAHPS data required?  | No   | No   |
| Quality assurance and improvement:<br>Accreditation required?  | No   | No   |
| Quality assurance and improvement:<br>Accrediting organization   |      |      |
| Quality assurance and improvement: EQRO contractor name (if applicable)                                    |      |      |
| Performance incentives: Payment bonuses/differentials to reward plans                                      |      |      |
| Performance incentives: Preferential auto-<br>enrollment to reward plans                                   |      |      |
| Performance incentives: Public reports comparing plan performance on key metrics                           |      |      |
| Performance incentives: Withholds tied to performance metrics  |      |      |
| Performance incentives: MCOs/PHPs required<br>or encouraged to pay providers for<br>value/quality outcomes |      |      |
| Participating plans and regions served: Plans in Program   | PACE | TMS  |

| Features             | PACE | NEMT |
|----------------------|------|------|
| Notes: Program notes |      |      |
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