

Iowa Managed Care Program Features, as of 2020 (1 of 2)

| Features | IA Healthlink | PACE | Dental Wellness Plan |
|--|---|--|--|
| Program type | Comprehensive MCO + MLTSS | Program of All-inclusive Care for the Elderly (PACE) | Dental only (PAHP) |
| Statewide or region-specific? | Statewide | Statewide | Statewide |
| Federal operating authority | 1915(b)/1915(c),1937 Alt Benefit Plan,1915(b)/1915(i),1945 Health Homes | PACE | 1115(a) (Medicaid demonstration waivers) |
| Program start date | 04/01/2016 | 08/01/2018 | 05/01/2014 |
| Waiver expiration date (if applicable) | 03/31/2026 | | 12/31/2024 |
| If the program ended in 2020, indicate the end date | | | |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory | | Mandatory |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory | | Mandatory |
| Populations enrolled: Aged, Blind or Disabled Children or Adults | Mandatory | Voluntary | |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance) | Mandatory | | |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals) | | | |
| Populations enrolled: Full Duals | Mandatory | Voluntary | Mandatory |
| Populations enrolled: Children with Special Health Care Needs | | | |
| Populations enrolled: Native American/Alaskan Natives | Voluntary | Exempt | Voluntary |

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| Populations enrolled: Foster Care and Adoption Assistance Children | Mandatory | Exempt | Exempt |
| Populations enrolled: Enrollment choice period | Pre-assigned | N/A | 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 | X | X | |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD) | X | X | |
| Benefits covered: Outpatient hospital physical health | X | X | |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) | X | X | |
| Benefits covered: Partial hospitalization | X | X | |
| Benefits covered: Physician | X | X | |
| Benefits covered: Nurse practitioner | X | X | |
| Benefits covered: Rural health clinics and FQHCs | X | X | |
| Benefits covered: Clinic services | X | X | |
| Benefits covered: Lab and x-ray | X | X | |
| Benefits covered: Prescription drugs | X | X | |
| Benefits covered: Prosthetic devices | X | X | |
| Benefits covered: EPSDT | X | | |
| Benefits covered: Case management | X | X | |
| Benefits covered: SSA Section 1945-authorized Health Home | X | | |

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| Benefits covered: Home health services (services in home) | X | X | |
| Benefits covered: Family planning | X | | |
| Benefits covered: Dental services (medical/surgical) | | X | X |
| Benefits covered: Dental (preventative or corrective) | | X | X |
| Benefits covered: Personal care (state plan option) | | | |
| Benefits covered: HCBS waiver services | X | | |
| Benefits covered: Private duty nursing | X | X | |
| Benefits covered: ICF-IDD | X | | |
| Benefits covered: Nursing facility services | X | X | |
| Benefits covered: Hospice care | X | X | |
| Benefits covered: Non-Emergency Medical Transportation | X | X | |
| 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 | | | |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) | | | |
| Quality assurance and improvement: HEDIS data required? | Yes | No | No |
| Quality assurance and improvement: CAHPS data required? | Yes | No | No |
| Quality assurance and improvement: Accreditation required? | Yes | No | No |
| Quality assurance and improvement: Accrediting organization | NCQA | | |

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| Quality assurance and improvement: EQRO contractor name (if applicable) | Health Services Advisory Group (HSAG) | | Health Services Advisory Group (HSAG) |
| Performance incentives: Payment bonuses/differentials to reward plans | | | |
| Performance incentives: Preferential auto-enrollment to reward plans | | | |
| Performance incentives: Public reports comparing plan performance on key metrics | X | | |
| Performance incentives: Withholds tied to performance metrics | X | | X |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X | | |
| Participating plans: Plans in Program | Amerigroup of Iowa, Inc.; Iowa Total Care | PACE | Delta Dental of Iowa; MCNA Dental Plans, Inc. |
| Notes: Program notes | | | |

Iowa Managed Care Program Features, as of 2020 (2 of 2)

| Features | NEMT |
|--|--------------------------------------|
| Program type | Non-Emergency Medical Transportation |
| Statewide or region-specific? | Statewide |
| Federal operating authority | 1902(a)(70) NEMT |
| Program start date | 01/01/2009 |
| Waiver expiration date (if applicable) | |
| If the program ended in 2020, indicate the end date | |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory |
| Populations enrolled: Aged, Blind or Disabled Children or Adults | Mandatory |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance) | Mandatory |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals) | |
| Populations enrolled: Full Duals | Mandatory |
| Populations enrolled: Children with Special Health Care Needs | Mandatory |
| Populations enrolled: Native American/Alaskan Natives | Voluntary |
| Populations enrolled: Foster Care and Adoption Assistance Children | Mandatory |

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|---|-------------|
| Populations enrolled: Enrollment choice period | |
| Populations enrolled: Enrollment broker name (if applicable) | |
| Populations enrolled: Notes on enrollment choice period | |
| Benefits covered: Inpatient hospital physical health | |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD) | |
| Benefits covered: Outpatient hospital physical health | |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) | |
| Benefits covered: Partial hospitalization | |
| Benefits covered: Physician | |
| Benefits covered: Nurse practitioner | |
| Benefits covered: Rural health clinics and FQHCs | |
| Benefits covered: Clinic services | |
| Benefits covered: Lab and x-ray | |
| Benefits covered: Prescription drugs | |
| Benefits covered: Prosthetic devices | |
| Benefits covered: EPSDT | |
| Benefits covered: Case management | |
| Benefits covered: SSA Section 1945-authorized Health Home | |
| Benefits covered: Home health services (services in home) | |
| Benefits covered: Family planning | |

| Features | NEMT |
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| Benefits covered: Dental services (medical/surgical) | |
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| Benefits covered: Personal care (state plan option) | |
| Benefits covered: HCBS waiver services | |
| Benefits covered: Private duty nursing | |
| Benefits covered: ICF-IDD | |
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| Benefits covered: Hospice care | |
| Benefits covered: Non-Emergency Medical Transportation | X |
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| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) | |
| Quality assurance and improvement: HEDIS data required? | No |
| Quality assurance and improvement: CAHPS data required? | No |
| Quality assurance and improvement: Accreditation required? | No |
| Quality assurance and improvement: Accrediting organization | |
| Quality assurance and improvement: EQRO contractor name (if applicable) | |

| Features | NEMT |
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| Performance incentives: Payment bonuses/differentials to reward plans | |
| Performance incentives: Preferential auto-enrollment to reward plans | |
| Performance incentives: Public reports comparing plan performance on key metrics | |
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| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | |
| Participating plans: Plans in Program | TMS |
| Notes: Program notes | |