



Overview: The Monitoring Report for the section 1115 eligibility and coverage demonstrations consists of a Monitoring Report Workbook (Part A), Monitoring Report Template (Part B), and a Budget Neutrality Workbook (Part C). Each state with an approved eligibility and coverage policy in its section 1115 demonstration should complete only one Monitoring Report Template (Part B) that encompasses all eligibility and coverage policies approved in its demonstration as well as the demonstration overall, in accordance with the demonstration's special terms and conditions (STC). This state-specific Part B Template reflects the composition of the eligibility and coverage policies in the state's demonstration. If the eligibility and coverage policies are part of a broader section 1115 demonstration, the state should report on the entire demonstration in the sections that apply to all eligibility and coverage demonstrations.

CMS will work with the state to ensure there is no duplication in the reporting requirements for different components of the demonstration. For more information and any questions, the state should contact the section 1115 demonstration team.

**Medicaid Section 1115 Eligibility and Coverage Demonstrations
Monitoring Report Template**

Note: PRA Disclosure Statement to be added here

1. Title page for the state’s eligibility and coverage demonstration or eligibility and coverage policy components of the broader demonstration

This section collects information on the approval features of the state’s section 1115 demonstration overall, followed by information for each eligibility and coverage policy. The state completed this title page as part of its eligibility and coverage monitoring protocol(s). The state should complete this table using the corresponding information from its CMS-approved monitoring protocol(s) and submit this as the title page of all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are below the table.

Overall section 1115 demonstration	
State	Iowa
Demonstration name	Iowa Wellness Plan Section 1115 Demonstration
Approval period for section 1115 demonstration	01/01/2020 – 12/31/2024
Demonstration year and quarter	<i>EandC DY5Q4</i>
Reporting period	<i>10/01/2024 – 12/31/2024</i>
Premiums or account payments	
Premiums or account payments start date	01/01/2020
Implementation date, if different from premiums or account payments start date	N/A
Healthy behavior incentives	
Healthy behavior incentives start date	01/01/2020
Implementation date, if different from healthy behavior incentives start date	N/A
Retroactive eligibility waiver	
Retroactive eligibility waiver start date	01/01/2020
Implementation date, if different from retroactive eligibility waiver start date	N/A
Dental wellness plan	
Dental wellness plan start date	07/01/2021
Implementation date, if different from Dental wellness plan start date	N/A

Notes:

1. **Eligibility and coverage demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective* date listed in the state’s STCs at time of eligibility and coverage demonstration approval. For example, if the state’s STCs at the time of eligibility and coverage demonstration approval note that the demonstration is effective January 1, 2020 – December 31, 2025, the

state should consider January 1, 2020 to be the start date of the demonstration. Note that that the effective date is considered to be the first day the state may begin its eligibility and coverage demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on December 15, 2020, with an effective date of January 1, 2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

2. **Implementation date of policy:** The date of implementation for each eligibility and coverage policy in the state’s demonstration.

2. Executive summary

The executive summary should be reported in the fillable box below. It is intended for summary-level information only. The recommended word count is 500 words or less.

The Public Policy Center of Iowa (PPC) spent the 3rd quarter on several projects geared to evaluate the different aspects of this 1115 waiver according to the STCs. These projects are outlined more in detail later in this report. They also made adjustments to the draft interim report submitted to CMS according to feedback and guidance received. The revised version was resubmitted.

Iowa submitted their application to renew their 1115 waiver to CMS. We had an application completeness review this quarter, CMS posted their public comment period, and we are now in the review process.

The MCOs continue to refamiliarize members with the healthy behaviors program for IHAWP. This quarter, premiums for IHAWP began billing in a staggered approach over the next 12 months.

The PAHPs continue with outreach activities that are outlined in more detail later in this report.

This quarter, we reported many annual measures for the IHAWP and DWP programs for 2023. Trends compared to 2022 measures are outlined later in this report.

Additional information about the IWP can be found at <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-medicaid-programs/iowa-health-and-wellness-plan>. Please contact Jeanette Brandner at 515-630-9703 or jeanette.brandner@hhs.iowa.gov should you have any questions about this report.

3. Narrative information on implementation, by eligibility and coverage policy and reporting topic

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
Premiums and account payments (PR)			
PR.Mod_1. Eligibility and payment amounts			
PR.Mod_1.1 Metric trends			
1.1.1 Discuss any data trends related to beneficiaries subject to premiums or account payments. Describe and explain changes (+ or -) greater than two percent.		PR_1; PR_8-10	<i>The state suspended premiums (contributions) during the public health emergency. Premiums are just starting to resume this quarter in a staggered approach over the next year. The state is currently unable to report on the premium measures.</i>
1.1.2 Discuss any data trends related to changes in premium amounts after mid-year change in circumstance or renewal.		PR_11-14; PR_18-20	<i>The state does not report these measures.</i>
1.1.3 Discuss any data trends related to beneficiaries who are granted exemptions from premiums or account payments. Describe and explain changes (+ or -) greater than two percent.		PR_2	<i>The state suspended premiums (contributions) during the public health emergency. Premiums are just starting to resume this quarter in a staggered approach over the next year. The state is currently unable to report on the premium measures.</i>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.1.4 Discuss any data trends related to beneficiaries who paid a premium or account payment during that month. Describe and explain changes (+ or -) greater than two percent.		PR_3; PR_21	<i>The state suspended premiums (contributions) during the public health emergency. Premiums are just starting to resume this quarter in a staggered approach over the next year. The state is currently unable to report on the premium measures.</i>
1.1.5 Discuss any data trends related to beneficiaries who were subject to premiums or account payments but declared hardship. Describe and explain changes (+ or -) greater than two percent.		PR_4	<i>The state suspended premiums (contributions) during the public health emergency. Premiums are just starting to resume this quarter in a staggered approach over the next year. The state is currently unable to report on the premium measures.</i>
PR.Mod_1.2 Implementation update			
1.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how the state defines: 1.2.1.a Beneficiaries exempt from premiums or account payments			<i>The state suspended premiums (contributions) during the public health emergency. Premiums are just starting to resume this quarter in a staggered approach over the next year. The state is currently unable to report on the premium measures.</i>
1.2.1.b Beneficiaries subject to premiums or account payments but exempt from compliance actions			<i>The state suspended premiums (contributions) during the public health emergency. Premiums are just starting to resume this quarter in a staggered approach over the next year. The state is currently unable to report on the premium measures.</i>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.2.1.c Process for claiming financial hardship			<i>The state suspended premiums (contributions) during the public health emergency. Premiums are just starting to resume this quarter in a staggered approach over the next year. The state is currently unable to report on the premium measures.</i>
1.2.1.d Process for determining premium or account contribution amounts beneficiaries will pay			<i>The state suspended premiums (contributions) during the public health emergency. Premiums are just starting to resume this quarter in a staggered approach over the next year. The state is currently unable to report on the premium measures.</i>
1.2.1.e Process for determining that beneficiaries have reached the aggregate spending cap specified in the STCs			<i>The state suspended premiums (contributions) during the public health emergency. Premiums are just starting to resume this quarter in a staggered approach over the next year. The state is currently unable to report on the premium measures.</i>
1.2.1.f Other policy changes			<i>There have been no other policy changes.</i>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
PR.Mod_2. Beneficiary account operations			
PR.Mod_2.1 Metric trends – <i>No metric trend analysis is required for this reporting topic.</i>			
PR.Mod_2.2 Implementation update			
2.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how beneficiary health accounts are administered, including the role of vendors.			<i>The state suspended premiums (contributions) during the public health emergency. Premiums are just starting to resume this quarter in a staggered approach over the next year. The state is currently unable to report on the premium measures.</i>
2.2.2 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how beneficiary health accounts work, including state contributions, use of account funds to pay for services, and rules for account rollovers and balances.			<i>The state suspended premiums (contributions) during the public health emergency. Premiums are just starting to resume this quarter in a staggered approach over the next year. The state is currently unable to report on the premium measures.</i>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
PR.Mod_3. Invoicing and payments			
PR.Mod_3.1 Metric trends – <i>No metric trend analysis is required for this reporting topic.</i>			
PR.Mod_3.2 Implementation update			
3.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to invoicing and payment processes (including invoicing, beneficiary payments, grace periods, and deadlines for reporting a change in circumstance that would affect premium liability, and compliance actions).			<i>The state suspended premiums (contributions) during the public health emergency. Premiums are just starting to resume this quarter in a staggered approach over the next year. The state is currently unable to report on the premium measures.</i>
3.2.2 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to procedures for beneficiaries to pay premiums or account payments, or for third parties to pay premiums or account payments on behalf of beneficiaries.			<i>The state suspended premiums (contributions) during the public health emergency. Premiums are just starting to resume this quarter in a staggered approach over the next year. The state is currently unable to report on the premium measures.</i>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
PR.Mod_4. Reduction to premiums for non-income related reasons			
PR.Mod_4.1 Metric trends -- <i>No metric trend analysis is required for this reporting topic.</i>			
PR.Mod_4.2 Implementation update			
4.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to incentives or rewards related to premium or account payments (if applicable).			<i>The state suspended premiums (contributions) during the public health emergency. Premiums are just starting to resume this quarter in a staggered approach over the next year. The state is currently unable to report on the premium measures.</i>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
PR.Mod_5. Operationalize strategies for noncompliance			
PR.Mod_5.1 Metric trends			
<p>5.1.1 Discuss any data trends related to the number of beneficiaries who have experienced the below. Describe and explain changes (+ or -) greater than two percent.</p> <p>5.1.1.i New disenrollments</p>		PR_15	<p><i>The state suspended premiums (contributions) during the public health emergency. Premiums are just starting to resume this quarter in a staggered approach over the next year. The state is currently unable to report on the premium measures.</i></p>
<p>5.1.1.ii New suspensions</p>		PR_17	<p><i>Iowa does not report this metric.</i></p>
<p>5.1.2 Discuss any data trends related to beneficiaries in grace periods, non-eligibility periods, and/or other statuses. Describe and explain changes (+ or -) greater than two percent.</p>		PR_5-6; PR_16	<p><i>The state suspended premiums (contributions) during the public health emergency. Premiums are just starting to resume this quarter in a staggered approach over the next year. The state is currently unable to report on the premium measures.</i></p>
<p>5.1.3 Discuss any data trends related to the number of beneficiaries who had collectible debt. Describe and explain changes (+ or -) greater than two percent.</p>		PR_7	<p><i>The state suspended premiums (contributions) during the public health emergency. Premiums are just starting to resume this quarter in a staggered approach over the next year. The state is currently unable to report on the premium measures.</i></p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
PR.Mod_5.2 Implementation update			
5.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to: 5.2.1.a Implementation of compliance actions			<i>The state suspended premiums (contributions) during the public health emergency. Premiums are just starting to resume this quarter in a staggered approach over the next year. The state is currently unable to report on the premium measures.</i>
5.2.1.b Processes for identifying and tracking beneficiaries at risk of noncompliance			<i>The state suspended premiums (contributions) during the public health emergency. Premiums are just starting to resume this quarter in a staggered approach over the next year. The state is currently unable to report on the premium measures.</i>
5.2.1.c Process for providing advance notice to beneficiaries at risk of suspension or disenrollment for noncompliance			<i>The state suspended premiums (contributions) during the public health emergency. Premiums are just starting to resume this quarter in a staggered approach over the next year. The state is currently unable to report on the premium measures.</i>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5.2.1.d Processes for tracking and pursuing collectible debts (if applicable)			<i>The state suspended premiums (contributions) during the public health emergency. Premiums are just starting to resume this quarter in a staggered approach over the next year. The state is currently unable to report on the premium measures.</i>
5.2.1.e Processes for screening those at risk of disenrollment for other Medicaid eligibility groups or exemptions			<i>The state suspended premiums (contributions) during the public health emergency. Premiums are just starting to resume this quarter in a staggered approach over the next year. The state is currently unable to report on the premium measures.</i>
5.2.1.f Appeals processes for beneficiaries subject to premium requirements			<i>The state suspended premiums (contributions) during the public health emergency. Premiums are just starting to resume this quarter in a staggered approach over the next year. The state is currently unable to report on the premium measures.</i>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
PR.Mod_6. Develop comprehensive communications strategy			
PR.Mod_6.1 Metric trends – <i>No metric trend analysis is required for this reporting topic.</i>			
PR.Mod_6.2 Implementation update			
6.2.1 Compared to the details outlined in the implementation plan, describe any change or expected changes to the state’s strategy to communicate with beneficiaries about: 6.2.1.a Compared to the details outlined in the implementation plan, describe any change or expected changes to the state’s strategy to communicate with beneficiaries about:			<i>The state suspended premiums (contributions) during the public health emergency. Premiums are just starting to resume this quarter in a staggered approach over the next year. The state is currently unable to report on the premium measures.</i>
6.2.1.b Payment process			<i>The state suspended premiums (contributions) during the public health emergency. Premiums are just starting to resume this quarter in a staggered approach over the next year. The state is currently unable to report on the premium measures.</i>
6.2.1.c Rewards for payment (if any)			N/A

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.1.d Processes for reporting changes in income, making hardship claims, and filing appeals			<i>The state suspended premiums (contributions) during the public health emergency. Premiums are just starting to resume this quarter in a staggered approach over the next year. The state is currently unable to report on the premium measures.</i>
6.2.1.e Consequences of nonpayment			<i>The state suspended premiums (contributions) during the public health emergency. Premiums are just starting to resume this quarter in a staggered approach over the next year. The state is currently unable to report on the premium measures.</i>
6.2.1.f Non-eligibility periods			<i>The state suspended premiums (contributions) during the public health emergency. Premiums are just starting to resume this quarter in a staggered approach over the next year. The state is currently unable to report on the premium measures.</i>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<p>6.2.2 Compared to the details outlined in the implementation plan, describe any change or expected changes to the information provided on beneficiary invoices.</p>			<p><i>The state suspended premiums (contributions) during the public health emergency. Premiums are just starting to resume this quarter in a staggered approach over the next year. The state is currently unable to report on the premium measures.</i></p>
<p>6.2.3 Describe any communication or outreach that was conducted with partners, such as managed care organizations or other contractors, during this reporting period.</p>			<p><i>The state suspended premiums (contributions) during the public health emergency. Premiums are just starting to resume this quarter in a staggered approach over the next year. The state is currently unable to report on the premium measures.</i></p>
<p>6.2.4 Compared to the details outlined in the implementation plan, describe any changes or challenges with how materials or communications were accessible to beneficiaries with limited English proficiency, with low literacy, and in rural areas, and other diverse groups.</p>			<p><i>The state suspended premiums (contributions) during the public health emergency. Premiums are just starting to resume this quarter in a staggered approach over the next year. The state is currently unable to report on the premium measures.</i></p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
PR.Mod_7. Develop and modify systems			
PR.Mod_7.1 Metric trends – <i>No metric trend analysis is required for this reporting topic.</i>			
PR.Mod_7.2 Implementation update			
7.2.1 Describe whether the state has developed or enhanced its systems capabilities as described in the implementation plan for: 7.2.1.a Accepting premiums or account payments			<i>The state suspended premiums (contributions) during the public health emergency. Premiums are just starting to resume this quarter in a staggered approach over the next year. The state is currently unable to report on the premium measures.</i>
7.2.1.b Tracking premiums or account payments			<i>The state suspended premiums (contributions) during the public health emergency. Premiums are just starting to resume this quarter in a staggered approach over the next year. The state is currently unable to report on the premium measures.</i>
7.2.1.c Establishing beneficiary accounts (if applicable)			N/A
7.2.1.d Operationalizing compliance actions (if applicable)			N/A

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.2.2 Describe any additional systems modifications that the state is planning to implement.			<i>No changes</i>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
PR.Mod_8. State-specific metrics			
PR.Mod_8.1 Metric trends			
8.1.1 Discuss any data trends related to state-specific metrics. Describe and explain changes (+ or -) greater than two percent.			<i>The state suspended premiums (contributions) during the public health emergency. Premiums are just starting to resume this quarter in a staggered approach over the next year. The state is currently unable to report on the premium measures.</i>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
Healthy behavior incentives (HB)			
HB.Mod_1. Healthy behavior incentives			
HB.Mod_1.1 Metric trends			
1.1.1 Discuss any data trends related to the enrollment among beneficiaries subject to healthy behavior incentives. Describe and explain changes (+ or -) greater than two percent.		<i>HB_1</i>	There is an error in reporting this measure for prior quarters that was fixed for this quarter. The state will issue corrected retro reporting at a later date for this measure.
1.1.2 Discuss any data trends related to the below. Describe and explain changes (+ or -) greater than two percent. 1.1.2.a Beneficiaries using all incentivized healthy behaviors, by service		<i>HB_2</i>	**This measure description is actually HB_4 , not HB_2 ** Beneficiaries using incentivized healthy behaviors, (both claims-based and other) by service, increased by 8%. As the HB program resumed after the PHE ended, members continue to either familiarize, or refamiliarize themselves with the program through their PCPs and member materials sent to them. These numbers are expected to fluctuate more than 2% for a while.
1.1.2.b Beneficiaries using incentivized healthy behaviors documented through claims, by service		<i>HB_3</i>	**This measure description is actually HB_2 , not HB_3 ** Beneficiaries using incentivized services that can be documented through claims, by service, increased by 2%. As the HB program resumed after the PHE ended, members continue to either familiarize, or refamiliarize themselves with the program through their PCPs and member materials sent to them. These numbers are expected to fluctuate more than 2% for a while.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.1.2.c Beneficiaries using incentivized behaviors not documented through claims, by service		HB_4	<p>**This measure description is actually HB_3, not HB_4**</p> <p>Completion of incentivized HBs not documented through claims analysis (i.e. health risk assessments) increased by 6%. As the HB program resumed after the PHE ended, members continue to either familiarize, or refamiliarize themselves with the program through their PCPs and member materials sent to them. These numbers are expected to fluctuate more than 2% for a while.</p>
1.1.3 Discuss any data trends related to beneficiaries granted a reward, such as premium reductions, financial rewards, or additional covered benefits, for completion of incentivized healthy behaviors. Describe and explain changes (+ or -) greater than two percent.		HB_5-7	<i>The state does not report these metrics.</i>
HB.Mod_1.2 Implementation update			
1.2.1 Compared to the demonstration design details outlined in the STCs, describe any changes or expected changes to how the state identifies and defines: 1.2.1.a Beneficiaries subject to healthy behavior incentives			<i>There are no changes to how the state identifies these beneficiaries this quarter.</i>
1.2.1.b Beneficiaries exempt from healthy behaviors incentives			<i>There are no changes to how the state identifies these beneficiaries this quarter.</i>
1.2.1.c Incentivized healthy behaviors that beneficiaries can complete			<i>There are no changes to how the state identifies these incentivized healthy behaviors this quarter.</i>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.2.1.d Rewards granted for the completion of incentivized healthy behaviors			<i>There are no changes to rewards granted for the completion of incentivized healthy behaviors this quarter.</i>
1.2.1.e Other policy changes	X		
1.2.2 Describe any communication with beneficiaries about healthy behavior incentives.			The MCOs send information to members on the Healthy Behaviors program and any incentives associated with it on an annual basis at a minimum.
1.2.3 Describe any outreach or educational activities to providers, managed care organizations, or other partners about programs that incentivize particular healthy behaviors.			Providers can refer to the most recent Information Letter (IL) from May 2023 advising of the restart of the Healthy Behaviors program on 06/01/23. This IL has links to resources that explain the providers’ role in Healthy Behaviors. (IL 2464-MC-FFS). MCOs also communicate with their providers about the healthy behaviors program.
1.2.4 Highlight significant demonstration operations or policy considerations that impacted or could impact beneficiary participation, demonstration enrollment or rewards granted for completion of incentivized healthy behaviors. Note any activity that may accelerate or impede the policy’s implementation.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
HB.Mod_2. State-specific metrics			
HB.Mod_2.1 Metric trends			
2.1.1 Discuss any data trends related to state-specific metrics. Describe and explain changes (+ or -) greater than two percent.			<i>Iowa does not report any additional state-specific metrics for the Healthy Behaviors program.</i>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
Retroactive eligibility waiver (RW)			
RW.Mod_1. Retroactive eligibility waiver and demonstration requirements			
RW.Mod_1.1 Metric trends			
1.1.1 Discuss any data trends related to beneficiaries subject to retroactive eligibility waivers. Describe and explain changes (+ or -) greater than two percent.	X	<i>RW_1-3</i>	
RW.Mod_1.2 Implementation update			
1.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how the state will determine whether beneficiaries are exempt from the retroactive eligibility waiver.			<i>No changes anticipated</i>
1.2.2 Compared to the demonstration design details outlined in the implementation plan, describe any modifications or expected modifications to Medicaid applications to reflect the retroactive eligibility waiver.			<i>No changes anticipated</i>
1.2.3 Report any modifications to the appeals processes for beneficiaries subject to retroactive eligibility waivers.			<i>No modifications to the appeals process anticipated.</i>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
RW.Mod_2. Develop comprehensive communications strategy			
RW.Mod_2.1 Metric trends – <i>No metric trend analysis is required for this reporting topic.</i>			
RW.Mod_2.2 Implementation update			
2.2.1 Compared to the details outlined in the implementation plan, describe any change or expected changes to the state’s strategy for communicating to beneficiaries about changes to retroactive eligibility policies.			<i>No changes have occurred. No changes are anticipated.</i>
2.2.2 Describe any communication or outreach that was conducted with partner organizations, including managed care organizations and community organizations.	X		
2.2.3 Describe any communication or outreach that was conducted with providers.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
RW.Mod_3. State-specific metrics			
RW.Mod_3.1 Metric trends			
3.1.1 Discuss any data trends related to state-specific metrics. Describe and explain changes (+ or -) greater than two percent.			<i>Iowa does not report any additional state-specific metrics for the Retroactive Eligibility Waiver (RW).</i>

Prompt	State has no trends/update (place an X)	Related metric(s) (if any)	State response
Dental wellness plan			
DWP.Mod_1. Specify dental wellness plan policies			
DWP.Mod_1.1 Metric trends			
1.1.1 Discuss any data trends related to quality of care and health outcomes. Describe and explain changes (+ or -) greater than two percent.		IA_DWP_1-5	<ul style="list-style-type: none"> • The number of emergency department visits for carries related reasons per 100,000 member months for children increased 15% from 2022 to 2023. • The percentage of enrolled children under age 21 who received a comprehensive or periodic oral evaluation within the reporting year increased 1% from 2022 to 2023. • The percentage of children aged 1-21 years who are at “elevated” risk who received at least 2 topical fluoride applications within he reporting period decreased 77% from 2022 to 2023. • The percentage of enrolled children who have ever received sealants on permanent first molar teeth: (1) at least one sealant and (2) all four molars sealed by the 10th birthdate increased 18% from 2022 to 2023.
1.1.2 Discuss any data trends related to appeals and grievances. Describe and explain changes (+ or -) greater than two percent.		IA_DWP_6-8	Appeals and grievances fluctuated more than (+ or -) greater than two percent. This is likely due to the PHE unwind, which continues into this reporting period.

Prompt	State has no trends/update (place an X)	Related metric(s) (if any)	State response
1.1.3 Discuss any data trends related to access to care. Describe and explain changes (+ or -) greater than two percent.		<i>IA_DWP_9-12</i>	<ul style="list-style-type: none"> • Primary Care provider availability for kids aged 0-20, decreased 3% this quarter. • Primary Care Provider active participation for kids aged 0-20 decreased 4% this quarter. • Specialist Provider availability for kids aged 0-20 remained steady and did not change more than (+ or -) 2% this quarter. • Specialist provider active participation for kids aged 0-20 increase 14% this quarter.

Prompt	State has no trends/update (place an X)	Related metric(s) (if any)	State response
DWP.Mod_1.2 Implementation update			

<p>1.2.1 Highlight significant demonstration operations or policy considerations that could positively or negatively impact quality of care and health outcome, appeals and grievances, access to care, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See Monitoring Report Instructions for more detail.</p>			<p>During this quarter, Delta Dental attended 12 outreach events (ten member-focused and two professional-focused). Delta Dental partnered with Iowa Total Care, FQHCs, Neighborhood Associations, Waukee Schools, UnityPoint, Iowa DD Council, EveryStep, and the Iowa State Fair for these events. Oral hygiene items and education about DWP and DWP Kids was provided to an estimated 11,000 community members. Staff continued to participate in Oral Health Iowa and other community coalitions and workgroups. Delta Dental continues to work closely with the I-Smile program and local coordinators and member education and care coordination. Delta Dental has aimed to expand its outreach efforts to members for SFY25. About 11,000 newly eligible DWP adult members were sent postcards with information about their benefits, and about 14,000 DWP members who had been enrolled for six months and not utilized their services were mailed a postcard for the utilization of services. Additionally, over 8,200 postcards were sent out to newly eligible DWP Kids, and about 6,200 mailings were sent out for DWP Kids utilization of services. About 2,100 DWP members and 3,700 DWP Kids members who had not returned to the dentist nine to 12 months since their last appointment were sent reminders to make a dentist appointment. Additional efforts were implemented to ensure members complete their Oral Health Survey – over 5,700 DWP members received a call with a reminder to complete their survey and about 750 DWP members received an additional reminder postcard. An estimated 510 members completed their PreViser Oral Health Survey this quarter. Delta Dental’s Customer Service Representatives used data from the PreViser Oral Health Survey to provide outreach to about 190 DWP members who had questions about DWP, needed help making an appointment, or reported</p>
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Prompt	State has no trends/update (place an X)	Related metric(s) (if any)	State response
			<p>having dental pain. Representatives continue to assist DWP members in care coordination by taking inquiries through the Member Services phone line and email account.</p> <p>MCNA participated in six health fairs across Iowa. During these events they provided oral hygiene instruction, the importance of routine dental care and how to locate a MCNA dentist. Health fair participants were provided dental kits (toothbrush, toothpaste, dental floss), educational flyers and other MCNA giveaways (backpacks, chip clips, hot/cold packs).</p>
<p>1.2.2 Compared to the demonstration design details outlined in the implementation plan, describe any modifications or expected modifications.</p>			<p><i>No anticipated changes.</i></p>

4. Narrative information on implementation for any demonstration with eligibility and coverage policies

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
AD.Mod_1 Metrics and operations for any demonstrations with eligibility and coverage policies (Any demonstration topics are applicable for reporting on the state’s broader section 1115 demonstration. In support of CMS's efforts to simplify data collection and support analysis across states, report for <u>all beneficiaries in the demonstration</u>, not only those subject to eligibility and coverage policies.)			
AD.Mod_1.1 Metric trends			
1.1.1 Discuss any data trends related to overall enrollment in the demonstration. Describe and explain changes (+ or -) greater than two percent.		<i>AD_1-5</i>	At the end of this quarter, Iowa had 178,300 total enrollees in the Iowa Wellness Plan (IWP). This is a 1.0% decrease from the prior quarter. The average number of new enrollees per month over the prior quarter was 1,931, increasing 10% from the prior quarter.
1.1.2 Discuss any data trends related to mid-year loss of demonstration eligibility. At a minimum, changes (+ or -) greater than two percent should be described.		<i>AD_6-10</i>	The number of members determined ineligible for any reason other than at renewal decreased 8% this quarter. The number of members no longer eligible that were transferred to another eligibility group increased 8%.
1.1.3 Discuss any data trends related to enrollment duration at time of disenrollment. Describe and explain changes (+ or -) greater than two percent.		<i>AD_11-13</i>	Not reported by the State of Iowa.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.1.4 Discuss any data trends related to renewals. Describe and explain changes (+ or -) greater than two percent.		<i>AD_14-21</i>	<ul style="list-style-type: none"> • Beneficiaries due for renewal increased 13%. • Beneficiaries determined ineligible at renewal and disenrolled from Medicaid increased 20%. • Beneficiaries determined ineligible at renewal and transferred to another Medicaid category increased 15%. • Beneficiaries who did not complete renewal and were disenrolled from Medicaid increased 10%.
1.1.5 Discuss any data trends related to cost sharing limits. Describe and explain changes (+ or -) greater than two percent.		<i>AD_22</i>	No longer reported by the State of Iowa.
1.1.6 Discuss any data trends related to appeals and grievances. Describe and explain changes (+ or -) greater than two percent.		<i>AD_23-27</i>	Not reported by the State of Iowa.
1.1.7 Discuss any data trends related to access to care. Describe and explain changes (+ or -) greater than two percent.		<i>AD_28-36</i>	Primary care provider (PCP) active participation increased by 8%. Specialist provider participation increased by 7%.

<p>1.1.8 Discuss any data trends related to quality of care and health outcomes. Describe and explain changes (+ or -) greater than two percent.</p>		<p><i>AD_37-43</i></p>	<p>Annual measure comparison from 2022 to 2023:</p> <ul style="list-style-type: none"> • Percentage of beneficiaries aged 18 years and older who were screened for tobacco use one or more times within 24 months decreased 22%. • Percentage of beneficiaries aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention decreased 22%. • Percentage of beneficiaries aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation intervention if identified as a tobacco user increased 35%. • Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 day total) increased 2% • Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (30 day total) increased 3% • Follow-Up After Emergency Department Visit for Mental Illness (7 day total) increased 7% • Follow-Up After Emergency Department Visit for Mental Illness (30 day total) increased 6% • Initiation & Engagement of Alcohol Dependence Treatment (7 day total) increased 1% • Initiation & Engagement of Alcohol Dependence Treatment (30 day total) increased 13% • Initiation & Engagement of Opioid Dependence Treatment (7 day total) increased 3% • Initiation & Engagement of Opioid Dependence Treatment (30 day total) increased 4%
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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<ul style="list-style-type: none"> • Initiation & Engagement of Other Drug Dependence Treatment (7 day total) increased 1% • Initiation & Engagement of Other Drug Dependence Treatment (30 day total) decreased 1% • Initiation & Engagement of Total Dependence Treatment (7 day total) increased 1% • Initiation & Engagement of Opioid Dependence Treatment (30 day total) increased 5% • Diabetes Short-Term Complications Admission Rate increased 8% • Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate increased 6% • Heart Failure Admission Rate increased 16% •
1.1.9 Discuss any data trends related to administrative costs. Describe and explain changes (+ or -) greater than two percent.		<i>AD_44</i>	Asthma in Younger Adults Admission Rate decreased 51% from 2022 to 2023.
AD.Mod_1.2. Implementation update			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.2.1 Highlight significant demonstration operations or policy considerations that could positively or negatively impact beneficiary enrollment, compliance with requirements, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See Monitoring Report Instructions for more detail.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
AD.Mod_2. State-specific metrics			
AD.Mod_2.1 Metric trends			
2.1.1 Discuss any data trends related to state-specific metrics. Discuss each state-specific metric trend in a separate row. Describe and explain changes (+ or -) greater than two percent.	X		

5. Narrative information on other reporting topics

Prompt	State has no update to report (place an X)	State response
1. Budget neutrality		
1.1 Current status and analysis		
1.1.1 Discuss the current status of budget neutrality and provide an analysis of the budget neutrality to date. If the eligibility and coverage policy component is part of a comprehensive demonstration, the state should provide an analysis of the eligibility and coverage policy related budget neutrality and an analysis of budget neutrality as a whole.	X	
1.2 Implementation update		
1.2.1 Describe any anticipated program changes that may impact financial/budget neutrality.		No anticipated changes.

Prompt	State has no update to report (place an X)	State response
2. Eligibility and coverage demonstration evaluation update		
2.1 Narrative information		
2.1.1 Provide updates on eligibility and coverage policy evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. There are specific requirements per 42 Code of Federal Regulations (CFR) § 431.428a(10) for annual [monitoring] reports. See Monitoring Report Instructions for more details.		The Public Policy Center of Iowa (PPC) spent the 3 rd quarter on several projects. <ul style="list-style-type: none"> • Drafted a report for the HBI interviews and continued work fielding the HBI phone survey • Finalized survey materials for the Member Experiences Member Survey and pushed it out to the field. • Modifications were made to the draft interim report based on CMS’s guidance.
2.1.2 Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.		Status updates are listed in the box above. All expected timelines are currently being met.
2.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates.	X	

Prompt	State has no update to report (place an X)	State response
3. Other eligibility and coverage demonstration reporting		
3.1 General reporting requirements		
3.1.1 Describe whether the state foresees the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes.	X	
3.1.2 Compared to the details outlined in the STCs and the monitoring protocol, describe whether the state has formally requested any changes or whether the state expects to formally request any changes to: 3.1.2.a The schedule for completing and submitting monitoring reports	X	
3.1.2.b The content or completeness of submitted monitoring reports and or future monitoring reports	X	
3.1.3 Describe whether the state has identified any real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.	X	
3.1.4 Provide updates on the results of beneficiary satisfaction surveys, if conducted during the reporting year, including updates on grievances and appeals from beneficiaries, per 42 CFR 431.428(a)5		<i>Iowa does not report on the AD measures for grievances and appeals for IHAWP. All beneficiary satisfaction surveys would be conducted by PPC for evaluation purposes. The status of those deliverables are listed in 2.1.1.</i>

Prompt	State has no update to report (place an X)	State response
3.2 Post-award public forum		
3.2.1 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held indicating any resulting action items or issues. A summary of the post-award public forum should be included here for the period during which the forum was held and in the annual monitoring report.	X	

Prompt	State has no update to report (place an X)	State response
4. Notable state achievements and/or innovations		
4.1 Narrative information		
4.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies (1) pursuant to the eligibility and coverage policy hypotheses (or if broader demonstration, then eligibility and coverage policy related) or (2) that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms (e.g., number of impacted beneficiaries).		The average number of new enrollees for the IWP per month was 1,931. This demonstrates the continued need for health care coverage for individuals ages 19-64.

*The state should remove all example text from the table prior to submission.

Note: States must prominently display the following notice on any display of measure rates based on NCQA technical specifications for 1115 eligibility and coverage demonstration monitoring metrics:

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