

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-25-26  
Baltimore, Maryland 21244-1850



---

## State Demonstrations Group

September 29, 2023

Elizabeth Matney  
Medicaid Director  
Iowa Medicaid Enterprise  
Iowa Department of Human Services  
1305 E Walnut Street  
Des Moines, Iowa 50319

Dear Director Matney:

The Centers for Medicare & Medicaid Services (CMS) has approved the Evaluation Design for the amendment component to the Iowa Wellness Plan section 1115 demonstration (Project Number 11-W-00289/7) to address the COVID-19 public health emergency, effective through July 31, 2021. We sincerely appreciate the state's commitment to efficiently meeting the requirement for an Evaluation Design stated in the demonstration's Special Terms and Conditions (STCs), especially under these extraordinary circumstances.

The approved Evaluation Design may now be posted to the state's Medicaid website within 30 days, per 42 CFR 431.424(c). CMS will also post the approved Evaluation Design on Medicaid.gov.

In accordance with the amendment approval letter, a Final Report, consistent with the approved Evaluation Design, is due to CMS no later than one year after the end of the COVID-19 section 1115 demonstration authority.

We look forward to our continued partnership with you and your staff on the Iowa Wellness Plan demonstration. If you have any questions, please contact your CMS demonstration team.

Sincerely,

Paula M. Kazi -S

Digitally signed by Paula M. Kazi  
Date: 2023.10.02 16:16:19  
-04'00'

Paula M. Kazi  
Acting Director  
Division of Demonstration Monitoring and Evaluation

cc: Lee Herko, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

STATE OF IOWA DEPARTMENT OF  
**Health** AND **Human**  
SERVICES

EVALUATION DESIGN

Continuous Coverage for Individuals Aging  
out of CHIP:

PHE Section 1115 Demonstration

REVISED AUGUST 2023

## Table of Contents

Background Information.....	2
Evaluation Questions and Hypotheses .....	2
Methodology .....	2
Analytic Methods and Methodological Limitations.....	5
Preparing the Final Report.....	5

## Background Information

In response to the section 1115(a) demonstration opportunity announced to states on March 22, 2020, in State Medicaid Director Letter (SMDL) #20-002, Iowa (the State) submitted an 1115 COVID-19 demonstration application to address the COVID-19 public health emergency (PHE). The waiver requested authority to provide continued eligibility for CHIP enrollees who turned 19 during the PHE and who are otherwise ineligible for Medicaid because they have income above 133 percent of the federal poverty level (FPL). Iowa's goal during the demonstration period is to ensure adequate coverage and access to critical services in response to the COVID-19 PHE, which is in alignment with CMS' overarching stated goal of maintenance of coverage during the PHE.

CMS approved this demonstration request on January 27, 2022. A technical correction for this approval was then issued on March 16, 2022, providing expenditure authority starting March 1, 2020, and ending July 31, 2021. As part of the approval, CMS required the state to monitor and evaluate the impacts of the demonstration. This included testing whether and how the approved expenditure authority affected the state's response to the PHE, along with analyzing cost-effectiveness. The evaluation period for the demonstration is March 1, 2020, through July 31, 2021.

## Evaluation Questions and Hypotheses

This evaluation aims to determine whether providing continued eligibility during a PHE to an otherwise ineligible population ensured adequate coverage and critical access to services, as was the goal of the amendment.

**Evaluation Question 1:** To what extent do enrollees with continued eligibility due to the waiver access preventive and routine healthcare services?

*Hypothesis 1:* Enrollees with continued eligibility will access healthcare services.

**Evaluation Question 2:** What was the cost of the extended period of coverage?

*Hypothesis 2:* Providing continued eligibility will ensure continued access to preventive and routine services while not significantly impacting the cost of the demonstration.

**Evaluation Question 3:** What were the State's experiences regarding implementation of the extended coverage that could inform future demonstration flexibilities in the face of a PHE?

*Hypothesis 3:* The State will be able to document for any future PHEs strategies for maintaining enrollee coverage and encouraging access to healthcare services. The lessons learned from this demonstration may be incorporated into eligibility determination processes and enrollee outreach strategies.

## Methodology

### ANALYTIC METHODS

As part of the 1115 demonstration approval, CMS required Iowa to develop a "simplified" Evaluation Design that does not undertake evaluations that would prove overly burdensome and impractical for data collection or analyses but rather focuses on using qualitative methods and descriptive statistics to

understand how this flexibility helped Iowa respond to the COVID-19 PHE. As such, Iowa will use qualitative and descriptive statistics methods to conduct the Evaluation.

### **QUALITATIVE ANALYSIS AND DATA SOURCES**

The state will collect qualitative data through interviews with State and MCO staff. Interviews will focus on experiences regarding implementation of the extended coverage approved for the demonstration group. The goal is to identify the effectiveness of the approved flexibility and identify what challenges may remain in the face of any future PHE. Interviews will include questions such as those identified in Table 1: Analytic Table, below.

### **DESCRIPTIVE ANALYSES AND DATA SOURCES**

For evaluation question 1 and question 2, assessing utilization and cost, the State will calculate standard summary statistics to report findings. The data sources will be:

1. Encounter data
2. Capitation payments

Table 1 below outlines the evaluation questions, hypotheses, data sources, measures, and analytic approaches for this evaluation design.

Table 1: Analytic Table

Evaluation Questions	Hypotheses	Data Source	Measure	Analytic Approach
1. To what extent do enrollees with continued eligibility due to the waiver access preventive and routine healthcare services?	Enrollees with continued eligibility will access preventive and routine healthcare services.	Encounter Data	<p>Summary of encounters by type of service:</p> <ul style="list-style-type: none"> <li>Dental visits</li> <li>Vision visits</li> <li>Professional office visits</li> </ul> <p>HEDIS measures:</p> <ul style="list-style-type: none"> <li>Annual Dental Visit (ADV)</li> <li>Child and Adolescent Well-Care Visits (WCV)</li> </ul>	Descriptive analysis
2. What was the cost of the extended period of coverage?	Providing continued eligibility will ensure continued access to preventive and routine services while not significantly impacting the cost of the demonstration.	Capitation Payments	<p>Spending per member per month:</p> <ul style="list-style-type: none"> <li>Total</li> <li>By the following service types: <ul style="list-style-type: none"> <li>Dental visit</li> <li>Vision visit</li> <li>Professional office visit</li> </ul> </li> </ul>	Descriptive analysis
3. What were the State's experiences regarding implementation of the extended coverage that could inform future demonstration flexibilities in the face of a PHE?	The State will be able to document for any future PHEs strategies for maintaining enrollee coverage and encouraging access to healthcare services. The lessons learned from this demonstration may be incorporated into eligibility determination processes and enrollee outreach strategies.	MCO and State Staff Interviews	<p>Interview question set, including the following:</p> <ul style="list-style-type: none"> <li>What strategies were used to engage individuals who turned 19 during the approved timeframe of the demonstration?</li> <li>What were the principal challenges experienced with MCO engagement of CHIP members turning age 19 during the demonstration?</li> <li>What strategies were utilized to address those engagement challenges?</li> </ul>	Qualitative analysis

# Analytic Methods and Methodological Limitations

Descriptive analysis will use Iowa's Medicaid Management Information System databases for encounter, demographic, eligibility, and enrollment information. The Managed Care Organizations' member-level HEDIS data files may also be accessed for Healthcare Effectiveness Data and Information Set® (HEDIS) measures. Where possible, measures are developed according to technical specifications for recognized measures including HEDIS. Data obtained from various sources will be reviewed for missing values, inconsistent patterns, and outliers to ensure quality and appropriateness of the data for analyses required by the evaluation design.

Given the simplified nature of this Evaluation Design, Iowa does not anticipate encountering extensive methodological limitations. However, there are a few limitations the State may encounter, which are described below.

When using interviews, limitations could be bias, dependent on an individual's skill/knowledge of the subject, and the time-consuming nature. Limitations may potentially be minimized by creating a scripted interview template and limiting the number of interview questions. Other limitations could be that calculations for this demonstration are based on data supplied by Iowa's two MCOs for medical services as reported in encounter data that is validated by MMIS systems edits. To the extent that encounter data is not submitted for any services rendered, those services would not be captured in the calculations for this demonstration. Further, because all CHIP enrollees are enrolled in managed care, and plans report all of their members in this data frame for HEDIS, proposed HEDIS measures are not able to be stratified by age.

## Preparing the Final Report

Iowa will submit to CMS a Final Report for this demonstration no later than 120 days after CMS' approval of this Evaluation Plan.