Table of Contents

State/Territory Name: Iowa

State Plan Amendment (SPA) #: 24-0018

This file contains the following documents in the order listed:

IA - Submission Package - IA2024MS0003O - (IA-24-0018-IHH) - Health Homes

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St.
Room 355
Kansas City, MO 64106

Center for Medicaid & CHIP Services

February 26, 2025

Rebecca Curtiss
Interim Medicaid Director
Iowa Department of Health and Human Services
1305 East Walnut Street
Des Moines, IA 50319

Re: Approval of State Plan Amendment IA-24-0018 Health Home - Managed Care Implementation

Dear Director Curtiss,

On January 17, 2025, the Centers for Medicare and Medicaid Services (CMS) received Iowa State Plan Amendment (SPA) IA-24-0018-IHH for Migrated_HH.IA-16-013 IA SPMI Health Home - Managed Care Implementation to add an attestation that Iowa will comply with mandatory annual reporting of the Health Home Core Set measures.

We approve Iowa State Plan Amendment (SPA) IA-24-0018-IHH with an effective date(s) of December 01, 2024.

If you have any questions regarding this amendment, please contact Lee Herko at Lee.Herko@cms.hhs.gov or at 570-230-4048.

Sincerely,

James G. Scott, Director
Division of Program Operations
Center for Medicaid & CHIP Services

IA - Submission Package - IA2024MS0003O - (IA-24-0018-IHH) - Health Homes

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | IA2024MS0003O | IA-24-0018-IHH | Migrated_HH.IA-16-013 IA SPMI Health Home - Managed Care Implementation

CMS-10434 OMB 0938-1188

Package Header

Package ID IA2024MS0003O

SPA ID IA-24-0018-IHH

Submission Type Official

Initial Submission Date 1/17/2025

Approval Date 02/26/2025

Effective Date N/A

Superseded SPA ID N/A

State Information

State/Territory Name: Iowa

Medicaid Agency Name: Iowa Department of Health and Human Services

Submission Component

- (•) State Plan Amendment
- (•) Medicaid
- ( ) CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | IA2024MS0003O | IA-24-0018-IHH | Migrated_HH.IA-16-013 IA SPMI Health Home - Managed Care Implementation

Package Header

Package ID IA2024MS0003O
SPA ID IA-24-0018-IHH
Submission Type Official
Initial Submission Date 1/17/2025
Approval Date 02/26/2025
Effective Date N/A
Superseded SPA ID N/A

SPA ID and Effective Date

SPA ID IA-24-0018-IHH

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Monitoring, Quality Measurement and Evaluation	12/1/2024	IA-20-0011

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | IA2024MS0003O | IA-24-0018-IHH | Migrated_HH.IA-16-013 IA SPMI Health Home - Managed Care Implementation

Package Header

Package ID IA2024MS0003O

SPA ID IA-24-0018-IHH

Submission Type Official

Initial Submission Date 1/17/2025

Approval Date 02/26/2025

Effective Date N/A

Superseded SPA ID N/A

Executive Summary

Summary Description Including Goals and Objectives Iowa is submitting an amendment in order to comply with the final rule that makes Health Home Core Set(s) mandatory starting in 2024.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	$0
Second	2025	$0

Federal Statute / Regulation Citation

in accordance with all requirements in 42 CFR §§ 437.10 and 437.15.

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | IA2024MS0003O | IA-24-0018-IHH | Migrated_HH.IA-16-013 IA SPMI Health Home - Managed Care Implementation

Package Header

Package ID	IA2024MS0003O	**SPA ID**	IA-24-0018-IHH
Submission Type	Official	**Initial Submission Date**	1/17/2025
Approval Date	02/26/2025	**Effective Date**	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- (•) No comment
- ( ) Comments received
- ( ) No response within 45 days
- ( ) Other

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 2/27/2025 4:52 PM EST

IA - Submission Package - IA2024MS0003O - (IA-24-0018-IHH) - Health Homes

Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | IA2024MS0003O | IA-24-0018-IHH | Migrated_HH.IA-16-013 IA SPMI Health Home - Managed Care Implementation

CMS-10434 OMB 0938-1188

Package Header

Package ID IA2024MS0003O
SPA ID IA-24-0018-IHH
Submission Type Official
Initial Submission Date 1/17/2025
Approval Date 02/26/2025
Effective Date 12/1/2024
Superseded SPA ID IA-20-0011
System-Derived

Monitoring

Describe the state's methodology for calculating cost saving (and report cost savings annually in Quality Measure Report). Include savings that result from improved coordination of care and chronic disease management achieved through the Health Homes Program, including data sources and measurement specifications, as well as any savings associated with dual eligibles, and if Medicare data was available to the state to utilize in arriving at its cost-savings estimates:

The State will utilize Medicaid claims and encounter data to assess the difference in average per-member-per-month (PMPM) expenditures (final paid claim allowed amounts) between enrolled Health Home members and non-enrolled members. Inferential methods utilize a longitudinal case/control cohort quasi-experimental design. Propensity scoring, matching, and/or predictive cost models will be used to identify non-enrolled members (Control cohort) that are similarly matched to enrolled Health Home members (Treatment/Case cohort) in regards to baseline age, gender, predicted expenditures, and multiple chronic/acute condition characteristics. Cohorts are then assessed for differences in expenditure outcomes during a specified evaluation period (annual) via doubly robust multivariate linear regression techniques.

Regression models include the reuse of select matching covariates (age, gender), additional covariates (time, county of residence, long-term service support status), and adjustment for correlated member-specific expenditure measurements over time (adjust for clustering of repeated measures) to yield risk-adjusted estimates of differences in expenditure outcomes. Regression models include an interaction term of time and treatment cohort to evaluate the difference in trends of expenditures between cohorts over time. Sensitivity analyses are conducted to explore the impact on measurements after removal of matched cohort members with high-cost severe/acute conditions and where removal of high-cost leverage/outlier situations may be prudent.
Hospital Admission Rates
The State will consolidate data from Medicaid claims and encounter data and monitor the difference in incidence rates and length of stay between enrolled Health Home Members and like non-enrolled members. (Measure calculations may be impacted by Medicare data availability)

Chronic Disease Management
Clinical data received from providers on Health Home enrollees will provide the best picture for this evaluation.

Coordination of Care for Individuals with Chronic Conditions
Clinical data received from providers on health home enrollees will provide the best picture for this evaluation.

Assessment of Program Implementation
This will consist of a review of the program administrative costs, reported member outcomes, and overall program cost savings and member surveys.
An evaluation that details the process of implementation, as well as the challenges experienced and adaptations that were made during the implementation will be undertaken.

Lead Entity Dashboard
The Lead Entity will have a withhold that can be earned back through meeting identified benchmarks.
Priority Measure
Structure Lead Entity Self-Assessment
Health Home Self-Assessment
Process Health Home Dashboard
A15 Report
CSR Report
Level of Care Report
Outcomes Member Surveys
Performance Measures
CMS Health Home Core Measures
Chart Review Results

Health Home Dashboard
The Health Home will have practice transformation assistance by the Lead Entities based on the Health Home Dashboard.

Priority Measure
Structure Health Home Self-Assessment
Process Health Home Dashboard

Outcomes Member Surveys
Performance Measures
CMS Health Home Core Measures
Chart Review Results

Processes and Lessons Learned
An evaluation that includes provider and member input on the Health Home Program will inform the state on ways to improve the process.
The State Medicaid Agency and the Lead Entity will continue to develop tools to capture feedback from the Health Homes to document and understand any operational barriers to implementing Health Home Services.
As more successful Health Homes are identified via clinical data and claims data, implementation guidelines and suggestions will be documented and trained to further promote success statewide.

Assessment of Quality Improvements and Clinical Outcomes
An evaluation that includes provider and member input on the Health Home Program will inform the state on ways to improv

Describe how the state will use health information technology in providing Health Homes services and to improve service delivery and coordination across the care continuum (including the use of wireless patient technology to improve coordination and management of care and patient adherence to recommendations made by their provider).

The Lead Entity will provide technology infrastructure for health information exchange to be utilized by the Health Homes in order to facilitate collaboration. These capabilities include, but are not limited to; member screening and risk stratification, and a web-based profile that integrates Medicaid claims, member self-reported information, and clinical documentation. The Lead Entity will be responsible for sharing health utilization and claims data with the Health Homes to facilitate care coordination and prescription monitoring for members receiving Health Home services. A member website will be available to Health Home enrollees, their families, and supports. It will contain evidence-based information on conditions, health promotion and wellness information, and links to resources.

As a part of the minimum requirements of an eligible provider to operate as a health Home, the following relate to HIT:
- Demonstrate use of a population management tool (patient registry) and the ability to evaluate results and implement interventions that improve outcomes over time.
- Demonstrate evidence of acquisition, instillation and adoption of an EHR, system and establish a plan to meaningfully use health information in accordance with federal law.
- Provide 24/7 access to the care team that includes but is not limited to a phone triage system with appropriate scheduling during and after regular business hours to avoid unnecessary emergency room visits and hospitalizations.
- Utilize email, text, messaging, patient portals and other technology as available to communicate with other providers.

Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | IA2024MS0003O | IA-24-0018-IHH | Migrated_HH.IA-16-013 IA SPMI Health Home - Managed Care Implementation

Package Header

Package ID	IA2024MS0003O	**SPA ID**	IA-24-0018-IHH
Submission Type	Official	**Initial Submission Date**	1/17/2025
Approval Date	02/26/2025	**Effective Date**	12/1/2024
Superseded SPA ID	IA-20-0011		
	System-Derived		

Quality Measurement and Evaluation

- [x] The state provides assurance that all Health Homes providers report to the state on all applicable quality measures as a condition of receiving payment from the state.
- [x] The state provides assurance that it will identify measureable goals for its Health Homes model and intervention and also identify quality measures related to each goal to measure its success in achieving the goals.
- [x] The state provides assurance that it will report to CMS information to include applicable mandatory Core Set measures submitted by Health Home providers in accordance with all requirements in 42 CFR §§ 437.10 through 437.15 no later than state reporting on the 2024 Core Sets, which must be submitted and certified by December 31, 2024 to inform evaluations, as well as Reports to Congress as described in Section 2703(b) of the Affordable Care Act and as described by CMS. In subsequent years, states must report annually, by December 31st, on all measures on the applicable mandatory Core Set measures that are identified by the Secretary.
- [x] The state provides assurance that it will track avoidable hospital readmissions and report annually in the Quality Measures report.

This view was generated on 2/27/2025 4:53 PM EST