

Iowa Health and Wellness Plan



Purpose

The Iowa Health and Wellness Plan covers all Iowans, ages 19-64, with incomes up to and including 133 percent of the Federal Poverty Level (FPL). The plan provides a comprehensive benefit medical and dental package, along with important program innovations, that will improve health outcomes and lower costs.

Medicaid Modernization is a major initiative in which the Iowa Department of Human Services (DHS) enrolled the majority of the Iowa Health and Wellness Plan members in managed care organizations (MCOs). DHS has contracted with MCOs to provide comprehensive health care services including physical health, behavioral health and long term supports and services. This initiative creates a single system of care to promote the delivery of efficient, coordinated and high quality health care and establishes accountability in health care coordination. IA Health Link is the name and brand for the new managed care program.

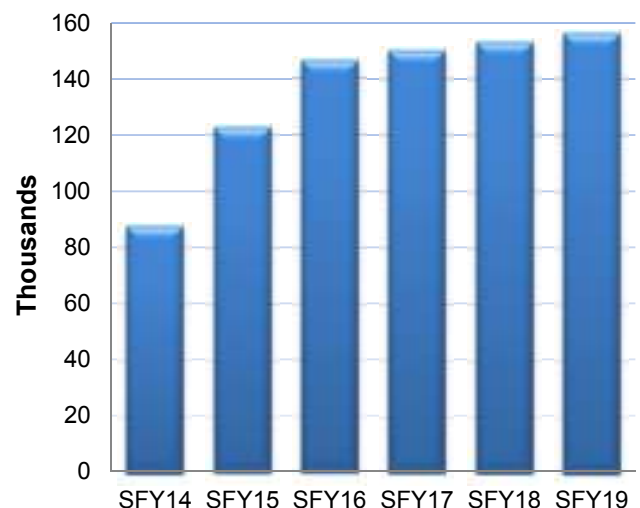
Who Is Helped

The Iowa Health and Wellness Plan expands access to health care coverage for low-income, uninsured adults.

The plan covers adults, ages 19-64 who are not otherwise eligible for comprehensive Medicaid, Medicare, or cost-effective employer sponsored insurance coverage:

- Persons with incomes 0-100 percent of FPL (\$11,880 for a family of one and \$16,020 for a family of two).
- Persons with incomes between 101 percent and 133 percent of FPL (\$11,880-\$15,800 for a family of one and \$16,020-\$21,307 for a family of two).

**Iowa Health and Wellness Plan
Estimated Average Enrollees**



✓ *During SFY16, the Iowa Health and Wellness Plan served an average of 146,385 individuals that were not previously covered by a full benefit Medicaid plan.*

Services

The Iowa Health and Wellness Plan provides health care to thousands of adults who would otherwise have no access to any type of healthcare regardless of income.

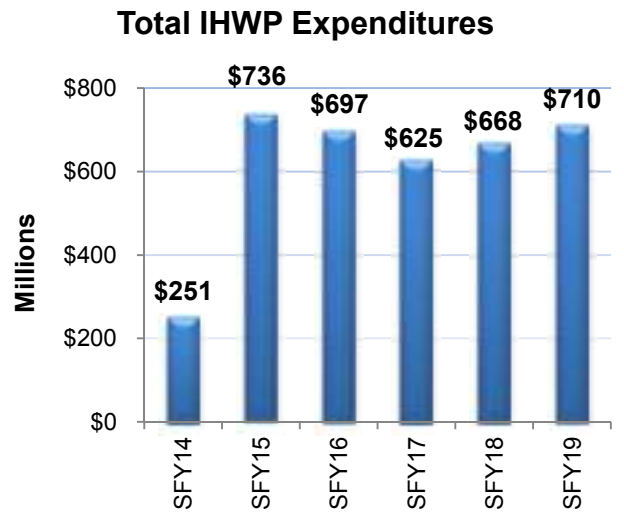
- The Plan offers innovations and reform in the delivery of health care services through leveraging care coordination models.
- The Plan provides a comprehensive benefit package that ensures coverage for all of the Essential Health Benefits (EHB) as required by the Affordable Care Act (ACA).

Covered Benefits

- Ambulatory patient services (e.g. Physician Services)
- Emergency Services
- Hospitalization
- Mental health and substance use disorder services, including behavioral health treatment
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services

	<ul style="list-style-type: none"> Comprehensive health services, equivalent to the State Employee Health Benefit Package. Robust provider network focused on primary care to assist in the coordination of health services and assist members with completing healthy behaviors. 	<ul style="list-style-type: none"> Home and community based services for persons with Chronic Mental Illness, equivalent to the Medicaid benefit Prescription drugs equivalent to the Medicaid benefit Preventive dental services and treatment equivalent to the Medicaid benefit 								
Goals & Strategies	<p>✓ <i>In SFY16, members have a unique dental coverage through the Dental Wellness Plan (DWP). DWP includes an earned benefit design to promote proactive, responsible use of the delivery system. Members who make regular visits to their dental providers gain access to ore services. Preventive dental exams count as a healthy behavior that is part of the premium waiver.</i></p> <p>Under IA Health Link, DHS enrolled the majority of the Iowa Health and Wellness Plan members in MCOs. This initiative is designed to create a single system of care to address health care needs of the whole person. This includes physical health, behavioral health, and long term care services and supports. Primary goals of the initiative include:</p> <ul style="list-style-type: none"> Improved quality and access Greater accountability for outcomes Greater stability and predictability in the Iowa Health and Wellness Plan budget <p>Goals of the Iowa Health and wellness Plan are also designed to improve Iowan’s health status:</p> <ul style="list-style-type: none"> Collect data on social determinants of health and patien confidence, through the use of health risk assessments. Implementing a new delivery system and payment model to promote improved care management, care coordination, and health care quality. Implementing a unique incentive plan to encourage development of cost-conscious consumer behavior in the consumption of health care services. 									
Cost of Services	<p>Participant financial contribution under the Iowa Health and Wellness Plan has unique and innovative features designed to encourage utilization of preventive care and overall health promotion and disease prevention through an incentive-based program.</p> <ul style="list-style-type: none"> No co-payments, except \$8 for using the emergency room when it is not a medical emergency. No monthly contributions or premiums in the first year. No contributions after the first year if the member completes preventive services and/or wellness activities. Monthly contributions only for adults with incomes at 50 percent or greater of the FPL if preventative services/wellness activities not completed. Estimated total state and federal cost projections do not include administrative costs. 	<p style="text-align: center;">Participant Individual Monthly Contributions</p> <table border="1"> <caption>Participant Individual Monthly Contributions</caption> <thead> <tr> <th>Federal Poverty Level</th> <th>Monthly Contribution</th> </tr> </thead> <tbody> <tr> <td>0 - 49%</td> <td>\$0</td> </tr> <tr> <td>50 - 100%</td> <td>\$5</td> </tr> <tr> <td>101 - 133%</td> <td>\$10</td> </tr> </tbody> </table>	Federal Poverty Level	Monthly Contribution	0 - 49%	\$0	50 - 100%	\$5	101 - 133%	\$10
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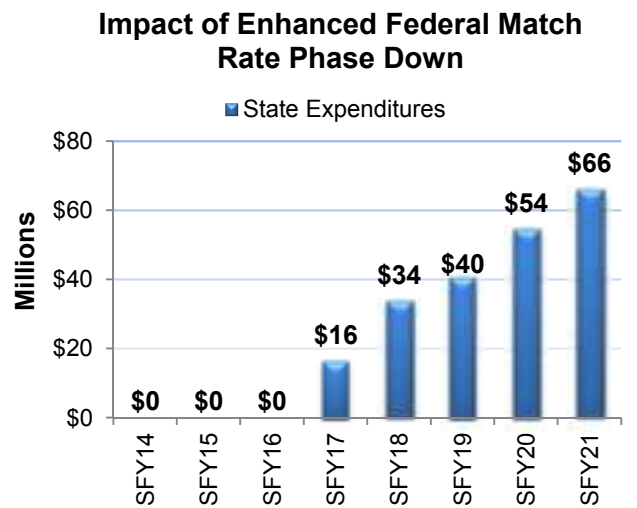
- An IHAWP member may claim a hardship exemption indicating that payment of the monthly contribution will be a financial hardship. The member may claim a hardship exemption by telephoning the call center designated by the department or by submitting a written statement to the address designated by the department. The member's hardship exemption must be received or postmarked within five working days after the monthly contribution due date. If the hardship exemption request is not made in a timely manner, the exemption shall not be granted.



- ✓ *Out of pocket costs can never exceed five percent of household income.*
- ✓ *The program provides incentives for members to engage in health and wellness activities through being able to have their monthly premiums waived.*
- ✓ *Enrollees who continue to complete health improvement behaviors in each 12-month period of enrollment will never be subject to the required monthly financial contribution.*

Funding Sources

- The vast majority of Health and Wellness Plan costs are reimbursed at the enhanced Federal Medical Assistance percentage (FMAP) for the New Adult Group under the ACA.
- A small portion of enrollees will receive regular federal match rates because they were previously eligible for other full benefit Medicaid eligibility groups.
- Administrative costs have match rates of 50%, 75%, or 90% depending on the type of expenditure.



Legal Basis

The Iowa Health and Wellness Plan operates under an 1115 demonstration waiver.

Federal:

- Section 1115 of the Social Security Act; Section 1902(a) (10) (B); Section 1902(a) (13) and (a) (30); Section 1902(a) (14); 1902(a) (23) (A); Section 1902(a)(4); Section 1902(a)(1); Section 1902(a) (34); Section 1902(a) (54).

State:

- Iowa Senate File 446