

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-01-16  
Baltimore, Maryland 21244-1850



**Children and Adults Health Programs Group**

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Jennifer Vermeer  
Director  
State of Iowa  
Department of Human Services  
100 Army Post Road  
Des Moines, IA 50315

Dear Ms. Vermeer:

The Centers for Medicare & Medicaid Services (CMS) is approving Iowa's Healthy Behaviors Protocol for Year 1 of the Section 1115 Demonstrations titled Iowa Wellness Plan (Project Number 11-W-00289/5) and Iowa Marketplace Choice (Project Number 11-W-00288/5) received on March 31, 2014. Per the Special Terms and Conditions (STCs), the State is required to provide the draft Premium Protocol for Year 2 by August 1, 2014. In addition to the requirements in the STCs for the August 1 submission, the state must detail how it will address access to a provider and completion of healthy behaviors for members who do not reside in counties that meet the access to care standards.

Your project officer for this demonstration is Ms. Leila Ashkeboussi. She is available to answer any questions concerning your section 1115 demonstration. Ms. Ashkeboussi's contact information is:

Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services  
Mail Stop S2-02-26  
7500 Security Boulevard  
Baltimore, MD 21244-1850  
Telephone: (410) 786-3135  
E-mail: [Leila.Ashkeboussi@cms.hhs.gov](mailto:Leila.Ashkeboussi@cms.hhs.gov)

Official communications regarding program matters should be sent simultaneously to Mr. James Scott, Associate Regional Administrator for the Division of Medicaid and Children's Health in the Kansas City Regional Office. Mr. Scott's contact information is as follows:

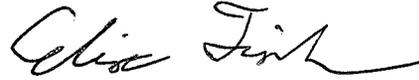
Centers for Medicare & Medicaid Services  
Richard Bolling Federal Building  
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Room 355  
Kansas City, MO 64106-2808  
Telephone: (816) 426-6417

We look forward to continuing to partner with you and your staff on the Iowa Wellness and Marketplace Choice Plan demonstrations.

Sincerely,

A handwritten signature in black ink, appearing to read "Eliot Fishman". The signature is fluid and cursive, with a long horizontal stroke at the end.

Eliot Fishman  
Director

cc: James Scott, ARA, Region VII

## IOWA MEDICAID HEALTHY BEHAVIORS PROGRAM AND PREMIUM MONITORING PROTOCOLS

### **EXECUTIVE SUMMARY**

On May 23, 2013, the Iowa Legislature enacted the “Iowa Health and Wellness Plan” that was signed into law by Iowa Governor Terry Branstad. The legislation was crafted into two separate 1115 demonstration waivers that were finalized between the state and the Centers for Medicare & Medicaid Services (CMS) on December 30, 2013. Coverage began on January 1, 2014. The Iowa Health and Wellness Plan represents Iowa’s unique approach to Medicaid expansion, covering Iowans age 19-64 with income up to 133 percent of the Federal Poverty Level. The two plans provide a comprehensive benefit package and provider network, along with important program innovations. Beyond providing access to coverage for this population, the goal is to drive quality care and lower cost by establishing an outcomes-based reimbursement methodology, leveraging private health plans and encouraging personal responsibility. The Healthy Behaviors Program is a key component of the strategy for achieving this goal. This document describes the Healthy Behaviors Program and Premium/Contribution Protocols that will be applied to the members of the Iowa Wellness Plan and the Marketplace Choice Plan (MPC).<sup>1</sup>

### **HEALTHY BEHAVIORS PROGRAM PROTOCOLS**

Iowa’s Healthy Behaviors Program is designed to influence how consumers interact with their health care system, emphasizing primary care access and utilization. The Healthy Behaviors Program is designed to reward members through 1) encouraging completion of healthy behaviors by rewarding them with waiver of contributions (premiums) in subsequent enrollment periods and 2) encouraging completion of additional healthy behaviors by rewarding them with financially-based rewards.<sup>2</sup> Correspondingly, providers will be encouraged to assist members in completion of specific healthy behaviors through related financial incentives described below. Iowa has identified the following goals of the Healthy Behavior Program (HBP) in 2014:

- Empower members to make healthy behavior changes.
- Establish future member healthy behaviors and rewards.
- Begin to integrate HRA data with providers for clinical decisions at or near the point of care.
- Encourage members to take specific proactive steps in managing their own health and provide educational support.

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<sup>1</sup> Note to CMS: Information that is specific to the Iowa Wellness Plan or the Marketplace Choice Plan is italicized/underlined to indicate that the info. is specific to that particular waiver.

<sup>2</sup> Financially-based rewards are described in ‘Member Rewards for the Healthy Behavior Program’ section below.

- Encourage providers to engage member in completion of the healthy behaviors by offering incentive payments.
- Comply with CMS requirements for Healthy Behaviors Program.

### **Contribution Waiver for Healthy Behaviors Program**

Iowa has designated completion of a Health Risk Assessment (HRA) and a wellness exam as the 2014 healthy behaviors that will qualify members for waiver of their contributions in their subsequent enrollment period.<sup>3</sup>

#### **Healthy Behavior 1: Completion of a Health Risk Assessment**

In an effort to improve patient outcomes and engage members in their health care, the Iowa Medicaid Enterprise (IME) has selected an HRA tool called How's Your Health (HYH), that uses a set of patient assessment tools developed by Dartmouth Medical School.<sup>4</sup> HYH has been heavily researched and has generated numerous peer-reviewed publications in major journals. Also appealing to Iowa, is that HYH has been specifically tested with Safety Net providers on the low income population.<sup>5</sup>

HYH covers a wide range of health-related domains including: experience of care, socioeconomic status, functional capacity, confidence with self-management, health habits (smoking, exercise), burden of pain and emotional problems, and community/family support among other factors. HYH is an online tool in English and Spanish written at the eighth grade reading level. A person with computer access can take the assessment in 15 minutes (if healthy), but in some cases it may take up to 40 minutes, if a person has very high needs and low computer literacy. The assessment may expand based on specific responses: e.g. if someone identifies themselves as having diabetes, they are asked an additional series of questions about that condition.

*In the Iowa Wellness Plan, when a member completes the survey, the response is distilled into a one-page report that the member receives and may also be provided automatically and securely to that member's primary care provider. In the MPC, when a member completes the survey, the response is distilled into a one-page report that the member receives and that they may share with their primary care provider.* Providers will be able to use this tool to address the member's self-identified needs such as the need for help to quit smoking or how to begin a weight-loss program. Providers will also be able to address other risk determinants including lack of adequate family/social support, functional limitations, chronic condition management, and the member's potential for emotional or substance abuse disorders. The use of HYH will give providers meaningful information that will improve interactions with the people they serve.

<sup>3</sup> All members who enroll in IHAWP in 2014 will have these Healthy Behaviors. So, if a member enrolls in December 2014, they will need to complete an HRA and wellness exam. Consistent with CMS guidelines, Iowa will select future year Healthy Behaviors by August 1, 2014.

<sup>4</sup> IME developed a Health Risk Assessment white paper that is available at:  
[http://www.dhs.state.ia.us/uploads/HRA%20Whitepaper\\_03122014\\_Final.pdf](http://www.dhs.state.ia.us/uploads/HRA%20Whitepaper_03122014_Final.pdf)

<sup>5</sup> John H. Wasson, MD and Regina Benjamin, MD, MBA, "Health Disparity and Collaborative Care," Journal of Ambulatory Care Management 29:3 (July-September 2006): 235-237

The IME is developing a training methodology for providers to ensure their understanding of the HYH tool.

*Iowa Wellness Plan providers can earn an additional, one-time payment of \$25 to utilize the results of HYH in the course of the member's care, such as during creation of the member's care plan or at the time of a wellness exam.<sup>6</sup> This payment is valid for the HYH tool only and is being offered for the first year of operation. Additional details around how to submit a claim for this additional reimbursement are still being developed.*

*At a future point for the Iowa Wellness Plan, the IME plans to use HYH by examining the broad domains of need identified through HYH to obtain a sophisticated understanding of population needs. The IME can help medical practices and Accountable Care Organizations (ACOs) identify the number of people in their practice within these domains of need. This enables providers to develop a planned-care management strategy tailored to the population they serve. Smaller practices can collaborate on shared resources based on aggregate needs.*

Although members are encouraged to use HYH, any qualified HRA tool will help members achieve their Healthy Behaviors. As part of the Healthy Behaviors notifications members will receive (discussed below in 'Member Notification and Education' section) information about any additional qualified HRAs that may be available for completion.<sup>7</sup> A qualified HRA tool must comply with the following:

- Provide members with a health summary report;
- Report member completion information to the IME; and
- Report basic health data points identified by the IME, such as smoking status

The IME will ensure members are aware of their HRA tool options through the notice and education efforts described in the 'Member Notification and Education' section below.

To ensure members are not charged contributions in their second year of enrollment, the IME will monitor individuals who have completed an HRA and wellness exam. The IME will monitor member completion of the HRA either through reports received from the HYH vendor or through the submission of reports from a provider entity that has been qualified by IME. IME anticipates receiving this information on a monthly basis and will report it to CMS through the Quarterly Progress Reports. Members will be given their enrollment year and an additional 30-day grace period to qualify to have their contributions waived in their subsequent enrollment year. During this grace period, members will also be given the opportunity to self-report completion of the HRA.

## Healthy Behavior 2: Completion of a Wellness Exam

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<sup>6</sup> This payment is only available to the Wellness Plan provider network.

<sup>7</sup> Added per CMS request on 03.24.14 call that IME identify 'monitoring' activities.

Members are encouraged to complete an annual preventive wellness exam as part of an emphasis on pro-active healthcare management. *Wellness: IME is also encouraging primary care providers to engage members in their healthcare through offering an annual incentive payment when at least 50 percent of their patients complete an annual wellness exam.*<sup>8</sup> Wellness exam have been defined by the following codes:

New Patient CPT Codes		Established Patient CPT Codes	
99381	Less than 1 year of age	99391	Less than 1 year of age
99382	1-4 years of age	99392	1-4 years of age
99383	5-11 years of age	99393	5-11 years of age
99384	12-17 years of age	99394	12-17 years of age
99385	18-39 years of age	99395	18-39 years of age
99386	40-64 years of age	99396	40-64 years of age
99387	65 years of age and older	99397	65 years of age and older

*Iowa Wellness Plan providers received Informational Letter (IL) NO.1337 on December 19, 2013, to provide further clarification to providers about how to bill for a wellness exam. The IL is available at:*

*<http://www.dhs.state.ia.us/uploads/1337%20Billing%20a%20Wellness%20Exam%20and%20a%20Sick%20Visit%20Revised.pdf>*

As mentioned above, IME will ensure members who have completed their healthy behaviors are not charged contributions in their second year of enrollment. IME will monitor member completion of the wellness exam through analysis of the claims data submitted (including claims data from the managed care organization and Qualified Health Plans). IME anticipates receiving this information on a monthly basis and will report it to CMS through the Quarterly Progress Reports. Members will be given their enrollment year and an additional 30-day grace period to qualify to have their contributions waived in their subsequent enrollment year. During this grace period, members will also be given the opportunity to self-report completion of the wellness exam.

### **Member Financially-Based Rewards for the Healthy Behaviors Program**

National studies indicate a positive correlation between specific incentives and reduced health care costs over time. Findings also show rewards for wellness visits result in more favorable outcomes than rewards that involve lifestyle changes such as quitting smoking or weight loss.<sup>9</sup> The reward program will be designed to increase individual responsibility for personal health and support healthier behaviors. The long-term goal is to reduce health care costs for preventable conditions.

<sup>8</sup> The Wellness Exam incentive payment is further described in the Medical Home Bonus Value Index Score (VIS) Document located at: <http://www.ime.state.ia.us/iowa-health-and-wellness-plan.html>

<sup>9</sup> Kane, et al. Economic Incentives for Preventive Care. Evidence Reports/Technology Assessments, No. 101. Rockville: Agency for Healthcare Research and Quality, August 2004.

The IME intends to implement a healthy behaviors reward benefit in 2015 to further drive the quality of member health and ultimately reduce unnecessary costs. Beyond the potential to earn a waiver of contributions, IME intends to layer the ability for all Iowa Health and Wellness Plan members to earn Financially-Based Rewards consistent with program goals. These rewards are intended to be available only after the waiver of contributions has been earned (if applicable: as those below 50 percent FPL or who have a Medically Exempt status will have no contributions to waive). IME will contract with a vendor to assist with the administration of the reward benefits. Essential functionality for this program includes:

- Interface with IME to determine members eligible for rewards
- Production and issuance of rewards cards
- Tracking of account balances as rewards are added and benefits spent
- Respond to replacement cards
- Open, maintain and close accounts
- Regular reporting on account activity
- Call center/customer service for card services support

Members under 50 percent of FPL and those who are deemed 'Medically Exempt' are able to participate in the Healthy Behaviors program. Because these individuals will not be assessed monthly contributions, beginning in 2015, they will be able to receive the financially-based rewards for completion of their healthy behaviors. Participating in the program will encourage increased responsibility for personal health and support healthier behaviors consistent with the goals of the program.

### Rewards

Rewards will be based on completion of a 'menu-style' of preventive, health-related activities such as completion of a smoking cessation program, annual dental exam, or obtaining chronic disease management education.<sup>10</sup> Members will be eligible to receive rewards after completion of their Healthy Behaviors that exempt them from contributions in their subsequent year of enrollment. Rewards will be financial in nature and will be tied to health care or healthy activities such as over-the counter pharmacy products, tobacco cessation supplies, dental supplies, gym memberships, and weight loss programs. At minimum, reward amounts will equal the annual contribution amounts in the Iowa Wellness Plan (\$60) and in the Marketplace Choice Plan (\$120).

To gain additional information about the functionality of this type of program, Iowa recently issued a Request for Information (RFI). Responses will be permitted until June 11, 2014. The RFI has been included as Attachment A.

### Stakeholder Engagement in Protocol Development

Iowa began engaging stakeholder input for the Iowa Health and Wellness Plan by holding public hearings and education sessions. Each hearing included initial details regarding the Healthy

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<sup>10</sup> Per STC requirements, these activities will be more fully detailed in the 'Future Year Health Behaviors Incentive Standards' document due to CMS on 08.01.14

Behaviors Program, with the specific activities added into the discussion once finalized. Two public hearings were held in July 2013. Thereafter, another six public hearings were held statewide in conjunction with the State Innovation Model grant outreach. Each session was attended by a variety of community members, providers and stakeholder organizations.

Iowa has also undertaken an extensive and comprehensive stakeholder approach as part of the State Innovation Model (SIM) Design Grant project in the summer and fall of 2013. A broad spectrum of stakeholders were involved, including providers, payers, physicians, practitioners, managed care organizations, and state agencies like Iowa Department of Public Health and Iowa Department on Aging. Iowa also sought consumer input through two specific Consumer Focused workgroups and a series of public meetings called Listening Sessions. One workgroup was tasked with identifying goals and approaches to engaging members in their own health care and encouraging them to be active participants in becoming healthier. All workgroups discussed the importance of member engagement strategies and specifically the Healthy Behaviors Program for the Iowa Health and Wellness Program.

The SIM stakeholder process, a list of stakeholder participants, meeting agendas, meeting minutes, workgroup summaries and the State Healthcare Innovation Plan are all available at: <http://www.ime.state.ia.us/state-innovation-models.html>.

Iowa also sought input from the Patient-Centered Health Advisory Council and presented the 2014 Healthy Behavior Program for Iowa Health and Wellness Plan at the November 15, 2013 meeting.

Additional stakeholder feedback has been received throughout the fall of 2013 with a variety of organizations. A special meeting of the Medical Assistance Advisory Council (MAAC) was held on August 15, 2013. This session focused on details on the Iowa Health and Wellness Plan, and included a discussion on the Healthy Behavior programs. On November 21, 2013, the Healthy Behaviors were again discussed with the full MAAC membership. The meeting was open to the public. The Healthy Behaviors, including member outreach and education, will be a key topic of the upcoming MAAC Executive Committee meeting in April 2014, and the next full council meeting in May 2014.

Other key stakeholder organizations have held meetings on the Iowa Health and Wellness Plan, all meetings including discussion of the Healthy Behaviors Program. Some of the organizations include:

- Iowa Hospital Association
- Iowa Mental Health Planning Council
- Epilepsy Foundation
- Coalition for Family and Children's Services
- Iowa Behavioral Health Association
- Iowa Primary Care Association
- Visiting Nurse Services of Iowa
- Iowa Safety Net Providers
- Iowa State Association of Counties

- Susan G. Komen Foundation, Iowa Chapter
- Family Development and Self Sufficiency Program
- Iowa Rural Health Association
- AmeriCorps

Further, Iowa has accepted written comments from the Child and Family Policy Center.

Specifically related to the HRA requirement, the IME decided to use the HYH tool after meeting with various stakeholders including the following:

Coventry Health Care of Iowa	November 26, 2013
CoOpportunity Health	December 5, 2013
University of Iowa Public Policy Center	December 6, 2013
The University of Iowa Alliance	December 17, 2013
UnityPoint Health	December 19, 2013
Meridian Health Plan	December 19, 2013
Treo Solutions	December 24, 2013

From the stakeholders who are provider entities, the IME learned that, if the entity uses an HRA, it is to gauge their members' health status and to subsequently implement incentives to encourage healthier behaviors with the long-term goal of reducing health care costs.<sup>11</sup>

The University of Iowa Public Policy Center provided HRA research consistent with the information presented by the provider entities. The research showed that HRA are helpful to engage patients in their care and help primary care practices and patients work in close cooperation.<sup>12</sup> Additionally, the IME found that HRAs have been widely used in employer sponsored plan for a number of years as a means to control costs.

The IME has additional stakeholder engagement activities planned wherein the progress of both 1115 waivers, including the Healthy Behaviors Program, will be discussed. On April 9, 2014, the IME will hold the Medical Assistance Advisory Committee (MAAC) Executive Committee meeting. Also during the month of April, the IME will collaborate with Delta Dental to hold eight public meetings throughout the state.<sup>13</sup> Finally, on (or near) May 21, 2014, the IME will hold a MAAC meeting that will be open to the public.<sup>14</sup>

**Member Notification and Education**

Iowa has taken an active role in informing members that contributions will not be charged in 2014. The State has also communicated to stakeholders that a Healthy Behaviors program is

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<sup>11</sup> This information was used in development of Iowa's Positive Incentive/Healthy Behaviors Reward Benefit  
<sup>12</sup> Wasson, J. H., Godfrey, M. M., Nelson, E. C., Mohr, J. J., & Batalden, P. B. *Microsystems in health care: Part 4. Planning patient-centered care. Joint Commission Journal on Quality Safety*, 2003 29, 227–237.  
<sup>13</sup> Although the main focus of these meetings will be the Dental Wellness Plan, the IME will present an overview of both 1115 waivers and the Healthy Behaviors Program.  
<sup>14</sup> This meeting will serve as IME's 'post award forum' to comply with STC requirement 10 in both 1115 waivers.

under development and will be used as a mechanism to waive member contributions. The State has contracted with communications firm LS2 Group to help with member outreach and education efforts. The State is working with LS2 Group to develop a communication plan to ensure members receive timely and pertinent information on the Healthy Behaviors Program.

Members are currently receiving information about how to select their primary care provider or Qualified Health Plan as part of the enrollment process.<sup>15</sup> Members will begin receiving messages about the Healthy Behaviors Program starting in spring of 2014. Mailings will continue throughout summer and fall. Fall and winter mailings will be targeted to those who have not completed Healthy Behaviors.<sup>16</sup> All messages will include information of how to contact the IME to self-report and appeal completion of Healthy Behaviors. Messages to members include but are not limited to the following:

- Traditional Member Letter Campaign
  - Members will receive two traditional letters. The first letter will be mailed in the month of April, providing members with detailed information about the Healthy Behaviors Program. The first letter will detail how the program benefits the member and how to complete each healthy behavior. The second letter will be mailed to the member in the month of October, serving as a reminder to complete each healthy behavior and emphasizing the possible contribution waiver.
  
- Member Postcard Campaign
  - Three postcards will be developed with information about the Iowa Health and Wellness Plan to encourage enrollment in the programs and promotion of healthy behaviors. The campaign will specifically be geared toward uninsured Iowans and Iowans enrolled in the Iowa Health and Wellness Plan. These direct mail postcards will also be made available to providers and other stakeholders to distribute as they deem appropriate. Distribution will begin in May, continuing over the summer and fall months.
  
- Member Newsletter
  - A quarterly newsletter will be developed to communicate directly with the member. Distribution of the newsletters will begin in the second quarter (spring) of 2014 and share with members details related to their Iowa Health and Wellness Plan benefits, the Healthy Behaviors Program, and the importance of playing a role in their health care.
  
- Website Promotion
  - The Iowa Medicaid Enterprise website ([www.ime.state.ia.us](http://www.ime.state.ia.us)) will have a webpage specifically targeted to members of the Iowa Health and Wellness

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<sup>15</sup> See attachments entitled, Sample WellnessPlan Enroll Packet and Sample Enrollment Packet MktplaceChoicePlan

<sup>16</sup> See attachment entitled, HBP member notification timeline

Plan. This page will share with members plan details, information on how to communicate with their provider about HRAs and other health concerns. The custom page will be available to members by May 2014.

- Member Email Campaign
  - Members who share an email address during their application process will receive recurring emails from the IME. Emails to members will include instructions on how to complete the HRA process, what to expect and how to prepare for their physical exam. Members will also be provided contact information for assistance with further questions. Member emails will begin during the month of May 2014.
  
- Social Media Promotion
  - A Facebook page will be created which meets members where they may spend a significant amount of time and increases the likelihood that they may share messaging across their networks.
    - Three Facebook ads will be created to target members and promote healthy behaviors. The ads will be released for public view during the months of June, September, and December.
    - Status updates relating specifically to the Healthy Behaviors Program will be shared with page followers at least twice per month. These posts may then be shared by providers, members, and stakeholders who have an interest in its message through their respective Facebook pages.

The IME will also outreach to stakeholders, providers and the community. Messages will include but are not limited to the following:

- Stakeholder and Provider Outreach
  - Education Toolkit
    - Healthy Behavior Program information and materials will be added to existing toolkits developed for providers, community organizations, and policymakers related to the Iowa Health and Wellness Plan. The toolkit will include a healthy behavior fact sheet/overview, contact information and instructions on how to complete the HRA, talking points for communication with members and clients, and social media suggestions. The toolkit will be released in April 2014.
  
  - Flyers
    - A total of three promotional flyers will be created with information on the Iowa Health and Wellness Plan and space allotted for contact information of the provider or stakeholder. The flyers are intended for providers and stakeholders to share with clients and community members who may have an interest in Iowa Health

and Wellness Plan eligibility. Flyers will be ready for release during the month of May 2014.

- HRA Reminder Cards
  - To complete the HYH HRA a provider code is needed. Business cards (2"x4"card) will be created to allow for providers to insert their HRA codes and leave with members as a reminder to complete their HRA. This card will also have simple instructions of how to complete the HRA online or over the phone. The card will be available for providers to download by May 2014.
  
- Posters
  - To complete one of the healthy behaviors, the HYH HRA, a provider code is needed from the member. One poster will be created, which shares information about the Iowa Health and Wellness Plan as well as a space allotted for providers to include their provider code. These posters can be hung in the provider office to serve as reference to members who will need the code when completing the HRA and staff who may be assisting the member. The poster will be made available to providers through the toolkit mentioned below by May 2014.
  
- Community Partnership Outreach
  - Newsletter Content
    - Template newsletter content will be made available for the stakeholders own communication. The newsletter content can be targeted toward Iowa Health and Wellness Plan members or providers. The content will be released as part of a stakeholder toolkit in April 2014.
  
  - Direct Mail Campaign
    - The three aforementioned postcards that will be developed and provided to members will also be made available to stakeholders and providers. These postcards will focus on member healthy behaviors and enrollment into the Iowa Health and Wellness Plan. Providers may distribute the postcards as they deem necessary. Distribution will begin in May, continuing over the summer and fall months.
  
  - ACO Outreach
    - Healthy behavior materials will be shared with ACOs through a toolkit. The toolkit will include a healthy behavior fact sheet/overview, contact information and instructions on how to complete the HRA, talking points for communication with members and clients, and social media suggestions. The information will be shared with ACOs as early as April 2014

To ensure IME effectively reaches members, when returned mail is received, the IME will cross reference the address with the MMIS system to see if there has been an update to the mailing address. If an address has been updated, the mail is repackaged and sent to the new address. Member Services also notifies the IM Call Center of the update address. IME is also exploring additional methods of address verification including: federal database checks, adding address update reminders on member notifications, and calling members if a phone number is available.

**Provider Access Standards** (*This section applies only to the Iowa Wellness Plan*) Iowa’s current standards for timely access to care under Medicaid managed care will be mirrored in the Iowa Health and Wellness Plan to ensure that the infrastructure for delivering access to members is appropriate.

**Statewide or Regional Access Standards**<sup>17</sup>

Please see “Access to Care Standards...” below.

**Medicaid Network Slots to Member Ratio Standards**

Each county must meet provider access standards prior to launching the Wellness Plan Patient Manager Program. There must be a sufficient number of provider slots available, which is generally 1.5 times the number of potential enrollees. Once access standards are met, managed care may begin in the county. This information will be reported in the quarterly and annual reports that Iowa submits to CMS.

**Access to Care Standards Including Timeliness and Actual Primary Care Utilization**

Iowa will ensure ninety-five percent of members reside in counties that meet timely access to care standards as described below. Iowa will implement an alternative but similar set of measures that are currently in place in our managed care programs.<sup>18</sup> Through a random sampling of Wellness Plan providers, Iowa will ensure the following:

- Medical service delivery sites<sup>19</sup> are located within 30 miles of enrolled recipients.
- Patients with urgent symptoms shall be seen within one day of contacting their primary care provider.
- Patients with persistent symptoms shall be seen within 48 hours of reporting of the onset of the symptoms.

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<sup>17</sup> Per CMS, STC #24(a)(ix)(1)(a), statewide or regional access standards, is met in the ‘Access to Care Standards’ section. Enrollment numbers for both plans are available at the following link:

[http://dhs.iowa.gov/sites/default/files/IHAWPEnrollment%20Maps\\_April2014.pdf](http://dhs.iowa.gov/sites/default/files/IHAWPEnrollment%20Maps_April2014.pdf)

<sup>18</sup> Iowa’s managed care requirements are detailed in the Iowa Administrative Code 441 Chapter 88; Iowa intends to comply with most but not all these requirements as the NCQA criteria described below are slightly different than the managed care requirements. Iowa’s Managed care rules are located at the following link:

<https://www.legis.iowa.gov/docs/ACO/chapter/05-28-2014.441.88.pdf>

<sup>19</sup> Medical service delivery sites are expressly defined in the Iowa Administrative Code 441 Sub-rule 88.7(2) and essentially mean all providers who meet the enrollment criteria for IME and therefore have a distinct legacy number in IME’s MMIS.

- Patient routine visits shall be scheduled within four to six weeks of the date of the patient request the appointment.
- The provider shall provide or arrange for 24-hour, 7-day provider availability to enrolled recipients.

### NCQA Element 1B Standards

NCQA Element 1B standards are as follows:

1. Providing access to routine and urgent-care appointments outside regular business hours
2. Providing continuity of medical record information for care and advice when office is not open
3. Providing timely clinical advice by telephone when the office is not open (critical factor)
4. Providing timely clinical advice using a secure, interactive electronic system when the office is not open
5. Documenting after hours clinical advice in patient records

From our research the NCQA Element 1B after-hours access standards are not “pass/fail” but based on a range of percentage points depending on how many factors are met. In Element 1B, factor 3 must be met along with two other factors to receive a score of 50 percent. Achieving factor 3 with three other factors must be met to receive a score of 75 percent. Achieving all five factors receives a score of 100 percent.

Iowa is a rural state. People living in rural towns routinely drive 20-30 miles for employment, to get groceries, or to school; they may drive further to reach a hospital or larger health provider. Iowa has many counties with only one small health care provider that may only be open on a part-time basis and may not utilize electronic health records (EHR); Iowa also has counties without a hospital. Therefore a standard that requires ALL five NCQA Element 1B factors to be met in every county or almost every county is not feasible. Considering this, Iowa proposes the following reasonable alternative:

In 2014, Iowa will ensure that 90 percent of Iowa Health and Wellness Plan members either 1) live in a county that has at least 1 provider that has an NCQA Element 1B score of at least 50 percent or 2) live within 30 miles of a provider that has an NCQA Element 1B score of at least 50 percent.

### Reporting on Access to Care and NCQA Standards

On a quarterly basis, Iowa will select 60 providers to take part in a survey that will capture the information detailed above in the sections entitled ‘Access to Care Standards Including Timeliness and Actual Primary Care Utilization’ and ‘NCQA Element 1B Standards.’<sup>20</sup> During each quarter of the calendar year, Iowa will ensure that the providers selected for surveying are unique from those surveyed in previous quarters; this will ensure a total of 240 providers are surveyed annually. Providers will be first selected based on the county in which they practice; this will ensure that at least one provider from each of Iowa’s managed care counties are

<sup>20</sup> The Access to Care standard requiring medical service delivery sites be located within 30 miles of enrolled recipients will not be captured in the survey. Rather, Iowa will utilize geo access mapping to verify this standard.

surveyed. After all counties are surveyed, Iowa will conduct random sampling across the state. This will help create a sample of rural and urban providers that is representative of Iowa's Medicaid providers. Iowa will begin conducting this survey in the second quarter of calendar year 2014. Survey results will be reported in the quarterly and annual reports that Iowa submits to CMS.<sup>21</sup>

#### Data from Monitoring Member Complaints

IME Member Services tracks a variety of data from member phone calls, letters, and emails. IME will continue to track and categorize Iowa Health and Wellness Plan member complaints. Categories of 'Complaints' include:

- Benefits and Services
- Access
- Substance Abuse/Mental Health Access
- Quality of Care
- Medical Provider Network
- Cost Sharing/Contributions
- Healthy Behaviors
- NEMT
- EPSDT

When IME receives member 'complaints,' Member Services will assist the member with the appropriate resolution. IME will also report this information to CMS on the monthly Monitoring Calls and via the Quarterly Reports submitted to CMS.

#### Data from Consumer Surveys

Iowa will conduct a member survey each year modeled after CAHPS or other member experience surveys. The survey will be performed in an expedited manner to provide compiled survey data during Year 2 to monitor member experience of access as well as care issues.

*NOTE: Member experience via survey is also a component of the Value Index Score used in the medical home/ACO incentive program.*

#### Premium/Contribution Protocols

During their first year of eligibility, all members will be exempt from any contribution payments. This will permit the member the opportunity to 1) gain an understanding of the Healthy Behaviors Program and 2) to complete those Healthy Behaviors that will qualify the member for contribution waiver in the second year of eligibility. In each enrollment year that the member completes the Healthy Behaviors, the member will qualify to have their contributions waived in the subsequent year. During the 2014 enrollment year, members may complete an HRA and a wellness exam to qualify for contribution waiver in the subsequent year. The IME will monitor

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<sup>21</sup> This survey process will be conducted in conjunction with the current survey process Iowa has for its MediPASS program. As CMS is aware, the MediPASS survey results are also reported quarterly.

member completion of the 2014 Healthy Behaviors through analysis of reports sent from the HYH vendor or other provider entity and through analysis of the claims data.

Regardless of whether they complete their Healthy Behaviors, the following members will be exempt from contribution payments:

- Persons with income below 50 percent the FPL
- Persons with a Medical Exempt status
- American Indians/Alaska Natives

These members will, however, have the opportunity receive Healthy Behaviors Rewards for completion the 'menu-style' of preventive, health-related activities that will be further detailed in later reports to CMS.

Members who do not complete their Healthy Behaviors during the first year of enrollment will be subject to the contribution payments in their second year of enrollment. Contributions will be charged as follows:

- Persons with income from 50–100 percent of the FPL = \$5 monthly contribution
- Persons with income from 101-133 percent of FPL = \$10 monthly contribution

As part of the Healthy Behaviors notice and education, the IME will educate members about these monthly contribution requirements and opportunity to qualify for contribution waiver. More detail about IME's notice and education efforts is described above in the 'Member Notification and Education' section.

The IME will give members a 30 day grace period after their enrollment year to complete their Healthy Behaviors and qualify for contribution waiver. After that time, if the member has not qualified for contribution waiver, the IME will begin sending monthly billing statements including a hardship exemption request form. The billing statement will be mailed to the member prior to the first day of the month in which the contribution is due. Members will have until the last day of the contribution month to either mail in their contribution, or request a hardship exemption for the month. Members may pay by check or with cash. Directions of where to mail the contribution, how to pay in person, how to request a hardship exemption, and who to call with questions will be clearly detailed on the billing statement.

Unpaid contributions will be reflected on the member's next monthly billing statement. *In the Iowa Wellness Plan, all unpaid contributions will be considered a debt owed to the State of Iowa but will not, however, result in termination from the Iowa Wellness Plan. If, at the time of re-enrollment, the member does not reapply for or is no longer eligible for Medicaid coverage, the member's debt will be forgiven.* To further develop this process, policy decisions need to be made in consideration of the operation constraints.  
*In the MPC, if a member fails to pay any monthly contributions for 90 days, the IME will terminate the member's enrollment status. The member's outstanding contributions will be considered a collectable debt and subject to recovery. A member whose Marketplace Choice*

Plan benefits are terminated for nonpayment of monthly contributions, must reapply for Medicaid coverage. The IME will permit the member to reapply at any time, however, the member's outstanding contribution payments will remain subject to recovery.

The IME is currently developing the systems structure to effectively monitor the contributions protocols described above. As part of this development, IME will track member completion of each healthy behavior. The IME will ensure this system has the ability to accept healthy behavior completion from a review of claims data as well as through member's self-reporting. The IME will record this information so that it may be reported to CMS on a regular basis, such as through the monthly monitoring calls, quarterly reports, and as requested by CMS.<sup>22</sup> By August 1, 2014, the IME will provide more detailed information about the Future Year Health Behaviors and the Premium Monitoring Protocols as required by the Special Terms and Conditions.<sup>23</sup>

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<sup>22</sup> Added per CMS request on 03.24.14 call that IME identify 'monitoring' activities.

<sup>23</sup> See Wellness Plan STC 33 (p. 14, 15) and Marketplace Choice Plan STC 49 (p.18, 19).