

# Iowa Department of Human Services



## *Iowa Marketplace Choice Plan 1115 Waiver Application*

July 2013

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## Introduction

Iowa has a history of health care innovation and commitment to the working poor population. From the IowaCare 1115 demonstration, which was implemented in 2005 and served over 172,000 Iowans with incomes at or below 200% FPL, to the State Innovation Models grant, which implements statewide multi-payor Accountable Care Organizations (ACOs), Iowa has demonstrated dedication to innovative health care options for low-income populations. Continuing with this history of health care innovation, in May of 2013, the Iowa Legislature passed the Iowa Health and Wellness Plan. Working in tandem with the advance premium tax credits that will be available in 2014, this legislation will assure universal access to health insurance for all Iowan citizens while promoting private market coverage. The Iowa Health and Wellness Plan and the Marketplace Choice waivers will replace the IowaCare 1115 Demonstration waiver and will implement three programs that collectively will provide coverage to 190,000 adults between 19 and 64 years of age with income up to and including 133% FPL<sup>1</sup> by 2016. Current enrollees on the IowaCare with incomes above 133% FPL, will be eligible to receive advance premium tax credits through the Iowa Marketplace.

In May of 2013, the Iowa Legislature passed the Report of the Conference Committee on Senate File 446, which includes the Iowa Health and Wellness Plan. The Iowa Health and Wellness Plan calls for health care coverage for Iowans ages 19 to 64 with income not exceeding 133% of the federal poverty level (FPL) and consists of three components: (1) the Iowa Wellness Plan serving non-medically frail eligible individuals with income up to and including 100% FPL and medically frail eligible individuals with income up to 133% FPL through a 1115 demonstration that promotes coordinated care, managed care, and the development of Accountable Care Organizations (ACOs); (2) the Iowa Marketplace Choice Plan serving non-medically frail individuals with income 101% FPL up to and including 133% FPL by offering premium assistance for eligible individuals to enroll in Qualified Health Plans through the health insurance marketplace (Marketplace); and (3) offering premium assistance for cost-effective employer sponsored insurance (ESI) under Iowa's Health Insurance Premium Payment (HIPP) program.<sup>2</sup> By implementing two separate 1115 demonstrations and expanding the HIPP program for individuals up to and including 133% FPL with access to cost-effective ESI coverage, Iowa seeks to promote private market coverage, capitalize on the efficiencies of the Marketplace, and mitigate the challenges of churn for those individuals most likely to become eligible for premium tax credits.

Iowa will seek two 1115 waivers to implement the Iowa Health and Wellness Plan and will expand the Health Insurance Premium Payment (HIPP) program to include coverage for eligible individuals who have access to cost-effective ESI health plans. This 1115 waiver request addresses the Iowa Marketplace Choice Plan. Iowa seeks this waiver authority under Section 1115 of the Social Security Act and requests approval of this new demonstration from the Centers for Medicare and Medicaid Services (CMS). A separate 1115 waiver request for the Iowa Wellness Plan is being submitted simultaneously with this 1115 waiver request to CMS.

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<sup>1</sup> With the 5% of FPL disregard, 133% FPL will include individuals with income up to and including 138% FPL.

<sup>2</sup> With the 5% of FPL disregard, individuals with income up to 138% FPL may be eligible.

By coordinating with the Marketplace QHPs, the Iowa Marketplace Choice Plan creates a private market experience for participants, assures access to care, and reduces churn between Medicaid and the Marketplace with the overall goals of increasing access and improving quality of care. Iowa expects that by 2016, there will be 32,148 individuals enrolled in premium assistance through the Marketplace Choice Plan. Additionally, the structure of the Marketplace Choice Plan is intended to make the Marketplace and private market more attractive to insurers by providing more covered lives to increase competition resulting in the lowering of health care costs for all Iowans.

As aforementioned, the Marketplace Choice Plan targets Iowans ages 19 to 64 who are not eligible for other categories of Medicaid or Medicare, have income at 101% FPL up to and including 133% FPL, are not medically frail, and do not have access to cost-effective ESI coverage. Those with cost-effective ESI will be provided with premium support to access their employer's health plan through Iowa's existing HIPP program. Those assessed eligible for the Marketplace Choice Plan will be screened prior to enrollment to determine if they qualify for medically frail status as described at 42 CFR § 440.315(f) and a retrospective process will be implemented to identify individuals who become medically frail post enrollment. Due to their increased need for specialized medical services and management, individuals who qualify as medically frail will not be eligible for the Marketplace Choice Plan but will, instead, be enrolled in traditional fee-for-service coverage under the Medicaid State Plan with the option to opt-out of the Medicaid State Plan coverage and receive coverage under the Iowa Wellness Plan. The Marketplace Choice Plan ensures participants the provision of the Essential Health Benefits (EHB), and dental benefits similar to those provided on the Medicaid State Plan will be provided as a supplement to the EHB benefits.

The Marketplace Choice Plan contains a unique incentive program that is intended to improve the use of preventive services and other healthy behaviors through the elimination of monthly financial contributions for those that complete targeted preventive health services and healthy behaviors. Participants will be required to contribute financially toward their health care costs through monthly financial contributions. The required financial contributions are designed to be lesser than or comparable to premium payments for those who receive premium tax credits available in the Marketplace. However, for the first year of enrollment in the Marketplace Choice Plan, all monthly financial contributions are waived. If participants complete key health improvement behaviors in their first 12 months of enrollment, the required financial contributions are waived again for the next 12 month enrollment period. Key health improvement behaviors may include items such as completion of preventive health care and health assessments, and Iowa will define the targeted behaviors for each coverage year. 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. The required financial contributions are the only cost sharing required of Marketplace Choice Plan participants other than copayments for non-emergency use of the emergency department. Required financial contributions for enrollees with cost-effective ESI will be phased in over the course of the demonstration and all individuals with income in excess of 50% FPL made eligible by the Iowa Health and Wellness Plan legislation will be subject to required contributions if they have not completed targeted healthy behaviors and preventive services in the preceding 12 month enrollment period.

Pursuant to the Iowa Health and Wellness Plan legislation, this 1115 waiver request is predicated on the enhanced matching rates and funding made available through the Affordable Care Act (ACA). If these enhanced funds are not available, Iowa will withdraw its request and cease program operations.

Approval for this initial 1115 waiver is requested for the maximum allowable time of five years (2014-2018).

### **Program Description and Objectives**

***CMS Request: Describe premium assistance program you plan to implement in two sentences.***

This waiver demonstration will offer coverage for non-medically frail Iowans ages 19 to 64 with income at 101% FPL up to and including 133% FPL who are not eligible for Medicare or comprehensive Medicaid under an existing Iowa Medicaid group and who do not have access to cost-effective ESI coverage. Eligible participants will receive coverage through QHPs on the Marketplace. Coverage provided by these QHPs will cover all Essential Health Benefits (EHB) and will be at least equivalent to the benefits provided on the State Employee Plan.

***CMS Request: Describe what you are seeking to demonstrate in basic terms.***

This 1115 waiver request seeks CMS approval to implement an innovative demonstration that supports private coverage through utilization of the Marketplace to provide greater access to health care, increased continuity of care and insurance coverage, less “churn” related to insurance coverage, and lower health care costs.

The structure of the Marketplace Choice Plan provides greater access to health care in two significant ways. First, the Marketplace Choice Plan provides coverage to a population that has not received statewide access or comprehensive benefits in the past. Second, by placing participants in the private Marketplace, participants will have greater access to health care providers, based upon the grounds that more health care providers will be enrolled in the Marketplace QHPs than traditional fee-for-service Medicaid due to the higher reimbursement rates.

Next, the Marketplace Choice Plan is expected to decrease the amount of insurance coverage “churn” for participants, which will result in greater continuity of care. Marketplace Choice Plan participants, those with income at 101% FPL up to and including 133% FPL, experience more frequent fluctuations in income than the population enrolled in the Iowa Wellness Plan (individuals with income at or below 101% FPL). Therefore, Marketplace Choice Plan enrollees are more likely to move between eligibility for Medicaid and the advanced premium tax credits on the Marketplace. By providing coverage through the Marketplace, participants will be able to maintain their Marketplace QHPs even if their income increases and they are no longer eligible for the Marketplace Choice Plan. This creates a more stable coverage experience, increased continuity of care, and improved quality of care for Marketplace Choice Plan participants.

Lastly, the Marketplace Choice Plan is designed to lower health care costs for all Iowans. The Marketplace Choice Plan brings more covered lives to the Marketplace, which is intended to increase competition in the Marketplace. Bringing more competition into the Marketplace and spreading health care costs among a larger population should result in more choices and lower premium rates for all Iowans.

### Eligibility

Eligibility criteria for the Marketplace Choice Plan is designed to place the majority of the eligible individuals in the private insurance market, so that such individuals receive access to much needed care but experience less “churn” than they would experience in traditional fee-for-service Medicaid coverage. The Marketplace Choice Plan is targeted at non-medically frail individuals with income at 101% FPL up to and including 133% FPL who are the most likely to transition to Marketplace coverage. It strives to provide consistent policy and benefits between Marketplace Choice Plan coverage provided through this demonstration and coverage on the Marketplace for individuals eligible for premium tax credits and cost sharing reductions.

The Marketplace Choice Plan is targeted specifically at a sub-set of the ACA Adult Group, which includes who are 19 to 64 years of age with income at 101% FPL up to and including 133% FPL, who are United States’ citizens or documented, qualified aliens, who do not have access to cost-effective ESI coverage,<sup>3</sup> who are medically frail, and who are not eligible for Medicare or comprehensive Medicaid under an existing Iowa Medicaid group. Eligibility for the Marketplace Choice Plan will be determined using the modified adjusted gross income (MAGI) methodology. Participation in the Marketplace Choice Plan will be the only option for individuals who fall in this eligibility group. Eligible individuals will be given a choice of at least two Marketplace QHPs.

Maintaining the commitment to leverage the private insurance market, eligible individuals, who have access to cost effective ESI health plans, will not be eligible for the Marketplace Choice Plan. Instead, Iowa will provide premium assistance to these individuals to enroll in the ESI health plans through the HIPPP program. In addition, individuals who meet the definition of medically frail, as described below, will not be eligible for the Marketplace Choice Plan but will, instead, be provided with coverage under the Medicaid fee-for-service State Plan or the Iowa Wellness Plan at the enrollee’s option, where the benefits are more appropriately suited to meet their needs.

***CMS Request: List the population(s) that will be included in the demonstration in the following chart.***

#### Marketplace Choice Plan Population

**Table 1: Eligibility**

Description	Income	Age	Exceptions
The Adult Group – Marketplace Choice	101% FPL up to and including 133%	19 – 64	Medically Frail, 42

<sup>3</sup> Those with access to cost-effective employer sponsored insurance will be covered through Iowa’s Health Insurance Premium Payment Program on the State Plan.

*of the FPL*

*CFR 440.315(f)*

*Those eligible for  
cost-effective ESI.*

***CMS Request: Describe any population or subset of a population that will be allowed to opt in and opt out of premium assistance demonstration and the process for operationalizing the opt in and opt out.***

In order to maintain the integrity and cost-effectiveness of the Marketplace Choice Plan, participants will not be provided a choice as to whether they will opt-in or opt-out of the Marketplace Choice Plan into another Medicaid coverage option. However, eligible individuals will be given the choice of at least two Marketplace QHPs. Individuals, who do not select a Marketplace QHP, will be auto-assigned on an alternating selection basis. In future years, Iowa may modify its auto-assignment logic to favor Marketplace QHPs based on quality ratings, cost, geography, and other factors.

Medically frail individuals with income 101% FPL up to and including 133% FPL will not be eligible for the Marketplace Choice Plan but will, instead, receive traditional fee-for-service coverage under the Medicaid State Plan or the Iowa Wellness Plan where a more appropriate offering of services is available for the management of complex mental health and medical conditions. Medically frail individuals will not have the opportunity to opt-in to the Marketplace QHPs.

In addition, individuals who are eligible for the Marketplace Choice Plan but have access to cost-effective ESI coverage will not be placed in the Marketplace Choice Plan but will receive premium assistance through the Iowa HIPP program to purchase the ESI coverage. This population will also not be provided the opportunity to choose between their ESI coverage and Marketplace Choice Plan coverage.

Moreover, participants who become eligible for other categories of Medicaid, for example a woman enrolled in the Marketplace Choice Plan who becomes pregnant, will be able to apply for coverage in those other Medicaid categories.

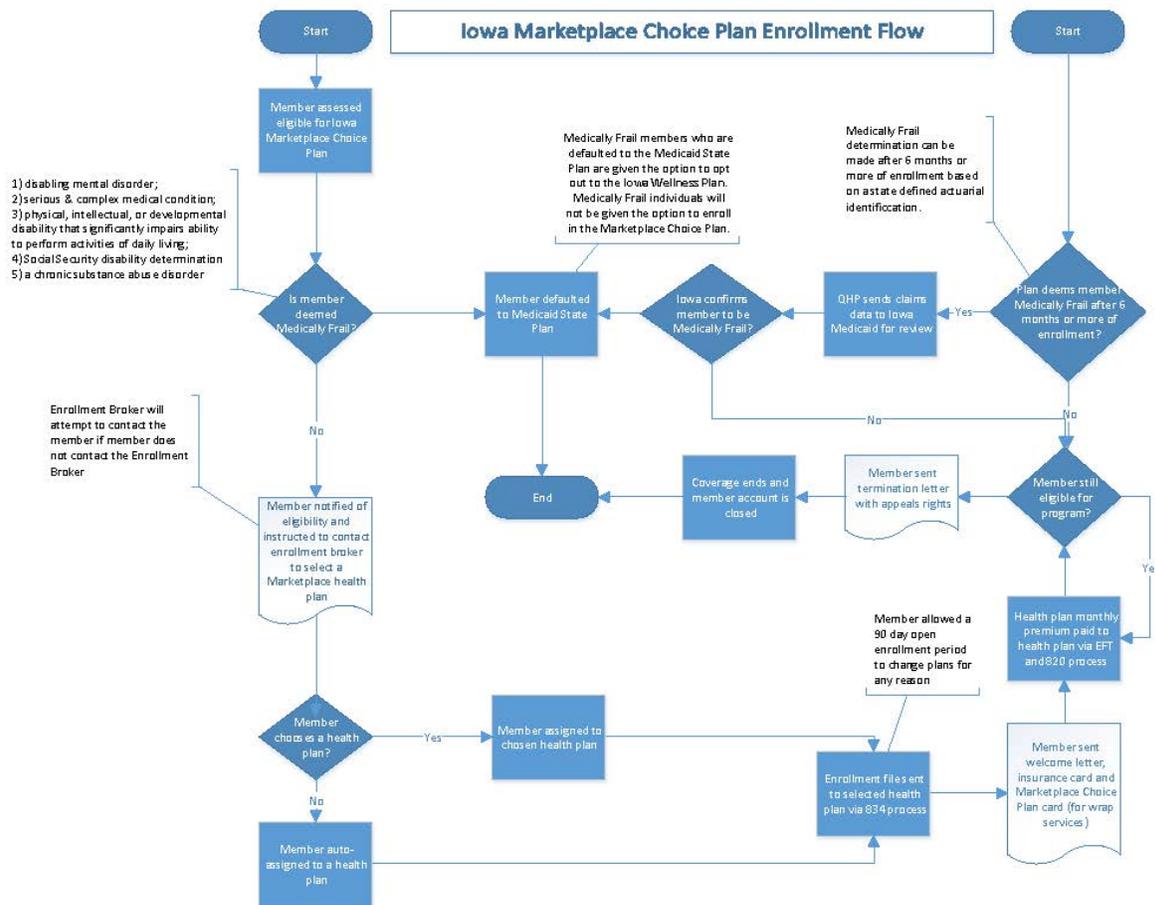
## **Enrollment**

***CMS Request: Describe the enrollment process the state will use to enroll individuals eligible to participate in this program, including an assurance that the medically frail will not be enrolled in an alternative benefit plan.***

Iowa's goal is to keep enrollment simple and streamlined for Marketplace Choice Plan participants. Individuals will begin applying for the Marketplace Choice Plan on October 1, 2013 by utilizing the following process:

- Individuals will submit a single streamlined application for insurance affordability programs— Medicaid, CHIP and Advanced Premium Tax Credits (APTC)/Cost Sharing Reductions (CSRs) — electronically, via phone, by mail, or in-person.
- An eligibility determination will be made either through the Federally Facilitated Marketplace (FFM) for APTCs/CSRs or the Iowa Medicaid Enterprise (IME) for Medicaid or CHIP.
- Once individuals have been determined eligible for coverage under the Marketplace Choice Plan, they will receive notification of their eligibility for Medicaid. A subsequent notice will convey that the individual is eligible for the Marketplace Choice Plan, will inform the individual of their Marketplace QHP options, and will invite the individual to select a marketplace QHP through the completion of an included form or by calling the Medicaid enrollment broker, if they require assistance. The notice will also indicate the Marketplace QHP to which the individual will be auto-assigned if they do not make a selection within the allotted time period.
- The MMIS will capture the eligible individual's Marketplace QHP selection information and will transmit the enrollment transactions to the carriers.
- Carriers will issue insurance cards to enrolled participants.
- MMIS will pay premiums on behalf of participants directly to the carriers.
- MMIS premium payments will continue until the participant is determined to no longer be eligible for the Marketplace Choice Plan, the participant selects an alternative plan at renewal or during a special enrollment period, or the participant is determined to be medically frail or obtains access to cost-effective ESI coverage.

This enrollment process is illustrated below.



In order to prevent administrative and operational issues and allow ease of enrollment for individuals, the Marketplace Choice Plan will have year-round enrollment in lieu of a specified enrollment time period.

In addition, participants will be provided a 90 day grace period in which to pay all outstanding required financial contributions in full (see Cost Sharing section for more information). Participants, who do not pay outstanding financial contributions in full during this time frame, will be terminated from the Marketplace Choice Plan. Individuals who have been terminated from the Marketplace Choice Plan for non-payment of required contributions must then reapply for the program and be determined eligible to receive coverage. All individuals are exempt from paying required financial contributions in the first year, and individuals may maintain their exemption from paying the required contribution by completing health improvement behaviors including, but not limited to, preventive services. Termination from the Marketplace Choice Plan for non-payment of required financial contributions will only impact individuals who do not complete health improvement behaviors in the prior year and who are more than 90 days late on payments of their required financial contributions.

Required financial contributions for enrollees with cost-effective ESI will be phased in over the course of the demonstration and all individuals with income in excess of 50% FPL made eligible

by the Iowa Health and Wellness Plan legislation will be subject to required contributions if they have not completed targeted healthy behaviors and preventive services in the preceding 12 month enrollment period.

***CMS Request: Describe the process for determining, via your alternative cost-effectiveness model, which plans will be available to individuals in premium assistance.***

Because Iowa is covering all costs in a participant's first year and each subsequent year that health improvement behaviors are complete, Iowa will choose, at minimum, two silver Marketplace health plans at the 100% actuarial value variation to be offered to participants.

QHPs will be selected through the Iowa Insurance Division's (IID) QHP certification process. As noted above, Marketplace Choice Plan participants will be able to choose among, at a minimum, two high-value silver plans available in their geographic region. Products with proposed premiums that the IID determines are outliers will obtain a certification to be offered on the Marketplace, ensuring that participants choose among only cost-effective QHPs. In the subsequent years of the demonstration, Iowa will review carrier competition and premiums and may establish more selective criteria for QHP eligibility for the Marketplace Choice Plan to ensure both beneficiary choice and cost-effective purchasing that meets the terms and conditions of this waiver.

***CMS Request: Describe the process that individuals will use to choose a plan.***

The Marketplace Choice Plan provides a simple, streamlined process for Marketplace QHP selection and provides eligible individuals with the appropriate support and assistance to help facilitate selection and enrollment through an enrollment broker. Iowa will provide immediate access and continuity of care by ensuring that individuals, who have been determined eligible for the Marketplace Choice Plan but who have not yet been enrolled in a Marketplace health plan, receive fee-for-service coverage under the Iowa Wellness Plan if they seek health care services during the time period before Marketplace QHP selection. The provision of this fee-for-service coverage is not expected to last more than 45 days.

To initiate the selection and enrollment process, Iowa will send an enrollment notice to eligible individuals, that will include: 1) instructions to contact a Medicaid enrollment broker for assistance with Marketplace QHP selection or mail a form containing the individual's selection; and 2) information concerning auto-assignment to a Marketplace QHP, if they do not make a plan selection within a specified time frame. After selection of or auto-assignment to a Marketplace QHP, Iowa will send participants a second notice informing them of their enrollment in one of the Marketplace QHPs. During the first year of enrollment, Iowa will auto-assign eligible individuals, who do not make a selection, to Marketplace QHPs using an alternating methodology. After the first year of the demonstration, Iowa may develop an auto-assignment methodology based on quality, cost, geography, or other factors.

### **Screening for Medical Frailty**

Due to the complexity of medical management and needs, individuals who meet the medically frail definition will not be eligible for the Marketplace Choice Plan but will, instead, receive fee-for-service coverage under the Medicaid State Plan or the Iowa Wellness Plan. An individual will

be considered medically frail if they have any one or any combination of the following: 1) disabling mental disorder; 2) serious and complex medical condition; 3) physical, intellectual, or developmental disability that significantly impairs the individual's ability to perform one or more activities of daily living; 4) a disability determination based on Social Security criteria; or 5) a chronic substance use disorder.

Iowa will implement a robust three-pronged approach with a combination of retrospective and prospective screening processes to ensure identification of medically frail individuals.

- First, Iowa will provide education and outreach regarding medical frailty to navigators, certified application counselors and other individuals assisting with Medicaid applications. Education and outreach regarding the medically frail will also be provided to community mental health providers and other health care providers, who treat the most medically vulnerable patients, so that they understand the process and the need to identify individuals who meet the definition of medically frail.
- Second, Iowa will utilize a self-attestation method of screening via affirmative answers to two questions on the single-streamlined application regarding receipt of Social Security disability income and having a physical, mental, or emotional health condition that causes limitations in activities of daily living. If an individual answers affirmatively to either or both questions, they will be considered to meet the definition of medically frail.
- As a final measure, Iowa will identify health conditions and diagnosis codes, which qualify an individual for medically frail status. The Marketplace QHPs will be allowed to identify these individuals pursuant to an actuarial identification method and refer such individuals back to the Medicaid State Plan. Participants may be re-classified as medically frail at any time during their coverage period. Iowa will annually re-screen participants during the redetermination process.

In addition, Iowa will consider development of a process to monitor claims experience to identify false positives for persons, who were initially determined medically frail but as evidenced by processed claims prove not to be medically frail. Iowa will make other enhancement and modifications to the process as needed to assure that medically frail individuals are appropriately placed in the State Plan or, at the individual's option, placed in the Iowa Wellness Plan.

#### [Screening for Employer Sponsored Insurance \(ESI\)](#)

As part of the Iowa Health and Wellness Plan legislation, which promotes greater health care coverage through the utilization of the private market, Iowa will also screen individuals for access to a cost effective ESI health plan upon application and annual re-determination. Individuals who have access to cost-effective ESI coverage will not be placed in or will be removed from the Marketplace Choice Plan and will be required to enroll in the cost-effective ESI health plan. Iowa will then provide premium assistance for the cost-effective ESI health plans for eligible individuals under the Iowa HIPP program. Although eligible individuals, who have cost-effective ESI coverage, will not be enrolled in the Marketplace Choice Plan and, instead, will receive premium assistance for their ESI coverage through the Iowa HIPP program,

such individuals will be subject to the same cost sharing provisions as set forth in this section in future years of the demonstration..

**Future Medicaid Enrollment**

Individuals enrolled in the Marketplace Choice Plan, who become eligible for another Medicaid eligibility category per a redetermination, will be transferred to that category.

**Current IowaCare Participants**

For purposes of creating the least amount of disruption in coverage for current IowaCare participants, Iowa will notify the current IowaCare participants of the opportunity to apply for enrollment in the Iowa Wellness Plan and Marketplace Choice Plan prior to the IowaCare expiration date of December 31, 2013. Iowa will perform member outreach and education for current IowaCare participants regarding these options through a third party administrator.

**Expected Enrollment**

Estimated enrollment in the Marketplace Choice Plan assumes that for the population with incomes from 101% FPL up to and including 133% FPL, 50% of the IowaCare population and 14% of other eligible populations will be determined to be medically frail. It is assumed that all current IowaCare enrollees with incomes from 101% FPL up to and including 133% FPL will participate in the coverage option and that 60% of other eligible individuals will enroll in the first year, and 90% will enroll in year two. Ten percent of eligible individuals are expected not to enroll. Enrollment projections include a 1.5% natural growth rate. Estimates of the numbers of individuals who will enroll by year in the Marketplace Choice Plan are contained in Table 2 below. Though they will not be enrolled on the Iowa Market Place Choice Plan, this table also provides estimates for the individuals with incomes from 101% FPL up to and including 133% FPL who will become eligible for the HIPP program due to the implementation of Iowa Health and Wellness Plan.

**Table 2: Projected Marketplace Choice Plan and Cost-effective ESI Enrollment**

	2014	2015	2016	2017	2018
<b>Marketplace Choice Plan (QHP)</b>	21,788	31,673	32,148	32,630	33,119
<b>Total</b>	<b>21,788</b>	<b>31,673</b>	<b>32,148</b>	<b>32,630</b>	<b>33,119</b>
<b>HIPP Enrollment (Cost-effective ESI)</b>	11,514	17,530	17,793	18,060	18,331

**Benefits**

***CMS Requirement: List the alternative benefit plan that aligns with the plans offered by the Qualified Health Plan(s).***

The Marketplace Choice Plan assures coverage for Iowa’s commercial EHB package through the Marketplace QHPs. The Marketplace QHPs will cover all required EHB services, as required by state law. Dental services similar to those provided on the state plan will be provided to Marketplace Choice Plan participants through a commercial dental product.

As an Alternative Benefit Plan (ABP), this waiver requests the 1937 Secretary Approved Coverage option for benefits indexed to the State Employee Plan. Iowa’s commercial market benchmark is Wellmark’s Alliance Select, Copayment Plus product, and this product offers benefits that are at least equal to the State Employee Plan, which is Wellmark’s Blue Access Plan. Iowa’s commercial market EHB benchmark offers benefits in addition to the State Employee Plan, including coverage for bariatric surgery and infertility diagnoses. It also provides physical therapy, speech therapy, and occupational therapy without service limits. The exception to this is a more restrictive limit by the commercial market benchmark relating to skilled nursing facilities. This limit is 120 days in the State Employee Plan and 90 days in the commercial market benchmark. Individuals reaching the limit of 90 days in a skilled nursing facility may be evaluated for medically frail status and, if they qualify, transferred to the traditional Medicaid coverage under the State Plan with the option to opt out of the State Plan and receive coverage under the Iowa Wellness Plan.

A summary of the benefits available in Iowa’s commercial market benchmark plan can be accessed at: <http://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/iowa-ehb-benchmark-plan.pdf>, these benefits are at least equal to the State Employee Plan benefits described in Iowa’s Alternative Benefit Plan State Plan Amendment.

Please see Table 3 below for a description of Iowa’s EHB benchmark plan covered benefits and Table 4 below for a description of the non-covered benefits.

**Table 3: Iowa Essential Health Benefit Benchmark Plan Covered Benefits**

Benefit	Description of Amount, Duration and Scope	Difference From State Employee Plan
<b>EHB Category: Ambulatory Patient Services</b>		
Primary Care Physician Services	Covered.	No substantial difference.
Specialty Physician Visits	Covered.	No substantial difference.
Home Health Services	Covered.	No substantial difference.
Chiropractic Care	Covered.	No substantial difference.
Infertility Diagnoses and Treatment	Covered, limited to diagnoses. Artificial insemination and in vitro fertilization excluded.	Not covered in State Employee Plan.
Outpatient Surgery	Covered.	No substantial difference.
Second Surgical Opinion	Covered.	No substantial difference.
Allergy Testing	Covered.	No substantial difference.
Chemotherapy	Covered.	No substantial difference.

Benefit	Description of Amount, Duration and Scope	Difference From State Employee Plan
IV Infusion Services	Covered.	No substantial difference.
Radiation Therapy	Covered.	No substantial difference.
Dialysis	Covered.	No substantial difference.
Dental Services	Covered.	No substantial difference.
<b>EHB Category: Emergency Services</b>		
Emergency Room Services	Covered. Non-emergency visits to the emergency department subject to \$10 copayment after initial demonstration year.	No substantial difference.
Emergency Transportation-Ambulance and Air Ambulance	Covered.	No substantial difference.
Urgent Care/Emergency Clinics (non-hospital)	Covered.	No substantial difference.
<b>EHB Category: Hospitalization</b>		
General Inpatient Hospital Care	Covered.	No substantial difference.
Inpatient Physician Services	Covered.	No substantial difference.
Inpatient Surgical Services	Covered.	No substantial difference.
Non-Cosmetic Reconstructive Surgery	Covered.	No substantial difference.
Transplants	Covered.	No substantial difference.
Bariatric Surgery	Not Covered.	Not covered on State Employee Plan.
Congenital Abnormalities Correction	Covered.	No substantial difference.
Anesthesia	Covered.	No substantial difference.
Hospice Care	Covered.	No substantial difference.
Skilled Nursing Facility	Covered, limited to 90 days.	State Employee Plan benefits limited to 120 days.
<b>EHB Category: Mental Health and Substance Abuse</b>		
Mental/Behavioral Health Inpatient Treatment	Covered. Required to be at parity. Medically frail individuals will be covered through the State Plan or Iowa Wellness Plan.	No substantial difference.

Benefit	Description of Amount, Duration and Scope	Difference From State Employee Plan
Mental/Behavioral Health Outpatient Treatment	Covered. Required to be at parity. Medically frail individuals will be covered through the State Plan or Iowa Wellness Plan.	No substantial difference.
Substance Abuse Inpatient Treatment	Covered. Required to be at parity. Medically frail individuals will be covered through the State Plan or the Iowa Wellness Plan.	No substantial difference.
Substance Abuse Outpatient Treatment	Covered. Required to be at parity. Medically frail individuals will be covered through the State Plan or Iowa Wellness Plan.	No substantial difference.
Autism Diagnosis and Treatment	Covered. Required to be at parity. Medically frail individuals will be covered through the State Plan or Iowa Wellness Plan.	No substantial difference.
<b>EHB Category: Prescription Drugs</b>		
Prescription Drugs	Covered.	No substantial difference.
<b>EHB Category: Rehabilitative and Habilitative Services and Devices</b>		
Physical Therapy, Occupational Therapy, Speech Therapy	Covered.	State Employee Plan contains a combined visit limit for therapies of 60 visits. No limits on commercial benchmark plan.
Durable Medical Equipment	Covered.	No substantial difference.
Prosthetics	Covered.	No substantial difference.
Hearing Aids	Covered.	Benefit Not Covered on State Employee Plan.
<b>EHB Category: Laboratory</b>		
Lab Tests	Covered.	No substantial difference.
X-Rays	Covered.	No substantial difference.
Imaging- MRI, CT, and PET	Covered.	No substantial difference.
Sleep Studies	Covered.	No substantial difference.
Diagnostic Genetic Tests	Covered.	No substantial difference.
Pathology	Covered.	No substantial difference.

Benefit	Description of Amount, Duration and Scope	Difference From State Employee Plan
<b>EHB Category: Maternity</b>		
Maternity/ Pregnancy Services	Covered.	No substantial difference.
Tobacco Cessation for Pregnant Woman	Covered.	Tobacco cessation covered on benchmark plan for all populations.
<b>EHB Category: Preventive Care</b>		
Preventive Care Services	ACA required preventive services covered. <sup>4</sup>	No substantial difference.
Nutritional Counseling	Covered as related to diabetes education.	No substantial difference.
Family Planning Services	Covered.	No substantial difference.
<b>Other Benefits</b>		
Dental Services	Adult dental not covered on commercial EHB. Will be provided to Marketplace Choice Plan	No substantial difference, dental

**Table 4: Iowa Essential Health Benefits Benchmark Plan Non-Covered Benefits**

Benefit	Description of Amount, Duration and Scope	Difference From State Employee Plan
Acupuncture	Not Covered.	No substantial difference.
Vision Services	No substantial difference.	No substantial difference.
Nursing Facility Services	Not Covered, except for rehabilitation not to exceed 90 days.	Limit 90 days in Commercial Benchmark, 120 days in State Employee Plan.
Residential Services	Not Covered.	No substantial
Non-emergency Transportation Services	Not Covered.	No substantial difference.
EPSDT	Not Covered.	No substantial
Other	Not Covered.	No substantial difference.

***CMS Request: List the benefits that will be included for the Medicaid benefits wrap.***

<sup>4</sup> Includes services with an “A” or “B” rating from the United States Preventive Task Force, immunizations recommended by the Centers for Disease Control and Prevention, and additional preventive care screenings for women as provided in the Health Resources and Services Administration guidelines.

Based upon the unique structure of the Marketplace Choice Plan, Medicaid wrap benefits will not be provided for participants. The Marketplace QHPs provide the required EHBs to participants. This ensures that the participants receive comprehensive health care services. Individuals, who would utilize Medicaid wrap benefits (e.g. habilitation and mental health services), will most likely be classified as medically frail and will not be eligible for the Marketplace Choice Plan. Instead, such individuals will receive traditional fee-for-service coverage through the Medicaid State Plan or coordinated care through the Iowa Wellness Plan, which ensures that this population obtains the specialized services required for their complex medical needs. If Iowa was not expanding its Medicaid program, these participants would be eligible for advance premium tax credits and cost sharing reductions in the Marketplace; and the Marketplace QHPs would not provide wrap around coverage for these benefits.

Iowa seeks a waiver for EPSDT services for individuals 19 to 21 years of age and non-emergency transportation services. These benefits are not provided to Marketplace private enrollees receiving premium tax credits and cost sharing reductions. This policy assures consistency with the Marketplace QHPs and reduces the impact of churn if these individuals experience income fluctuations and become eligible for advanced premium tax credits or cost sharing reductions.

***CMS Request: Describe the process that will be used to advise individuals about obtaining Medicaid wrap benefits.***

The Marketplace Choice Plan does not provide wrap around benefits. Individuals most likely to need wrap around benefits will be covered on the State Plan or the Iowa Wellness Plan, and those on the Marketplace Choice Plan will be a population similar to low-income individuals covered by the Marketplace QHPs who may be eligible to receive advanced premium tax credits and cost sharing reductions.

***CMS Request: Describe how individuals will obtain the Medicaid wrap benefits.***

The Marketplace Choice plan does not provide Medicaid wrap benefits. Waivers are requested for the requirement to offer EPSDT and non-emergency transportation. However, individuals who would benefit from Medicaid wrap services, such as habilitation services, will still receive such services, as medically frail individuals will be defaulted to enrollment in the Medicaid State Plan. By enrolling individuals with a medically frail status in the State Plan with the choice to opt out and receive coverage through the Iowa Wellness Plan, Iowa assures that these individuals receive the needed services without Medicaid wrap services being provided through the Marketplace QHPs. In addition, Marketplace QHPs may notify IME of individuals with complex medical conditions who require increased care coordination and may qualify as medically frail and be able to receive services on the Medicaid State Plan.

***CMS Request: Describe what measures the state will use to determine that eligible individuals are receiving Medicaid wrap benefits.***

There will be no wrap services provided, however, individuals, who meet the definition of medically frail and would utilize such services, will be defaulted to enrollment in traditional fee-for-service coverage under the Medicaid State Plan.

***CMS Request: Provide an assurance that individuals who meet the exemption criteria specified in section 1937 are given a choice between the benefit package subject to section 1937 requirements and the benefit package provided under the state's approved Medicaid state plan, which is not subject to section 1937 requirements.***

Due to their complex medical needs and required services, any individuals, who meet the definition of medically frail (1937 exempt), will not be eligible for the Marketplace Choice Plan. Instead, such individuals will be automatically enrolled in fee-for-service coverage via the Medicaid State Plan with the option to opt out of the State Plan and receive coverage under the Iowa Wellness Plan.

***CMS Request: Provide an assurance of adherence to all requirements in section 1937 of the Social Security Act (the Act).***

Please see the Benefit details beginning on page 12 for details of meeting the requirements of the Alternative Benefits Plan (ABP) and the process describing the screening for medical frail on page 10 assuring that the Iowa Marketplace Choice Plan meets the requirements to not mandatorily enroll the medically frail into an ABP.

### **Delivery System**

The Marketplace Choice Plan strengthens Iowa's health care delivery system. Iowa's leveraging of Marketplace QHPs for the purpose of providing health care coverage for low-income individuals not only increases access to much-needed care but also brings more covered lives to the private market resulting in greater quality, efficiencies, and cost-savings for all Iowans. Moreover, the Marketplace Choice Plan strengthens Iowa's health care delivery system in three significant ways. First, participants in the Marketplace Choice Plan are the most likely to churn between the Marketplace and Medicaid. The provision of coverage through the Marketplace QHPs provides continuity of care for individuals who, due to fluctuations in income, are most likely to transition from the Marketplace Choice Plan to the Marketplace. By providing these individuals coverage through the Marketplace, they will experience greater continuity of care. If their income fluctuates and they churn from Marketplace Choice Plan to the Marketplace they will be able to maintain their health plans and providers. Second, the addition of the Marketplace Choice Plan participants to the private market significantly increases the number of patients for which the Marketplace health plan providers are responsible. This, in turn, increases the providers' accountability regarding both cost and quality. Third, placing the Marketplace Choice Plan participants in the private Marketplace health plans increases their access to health care providers. Due to greater reimbursement rates under the Marketplace health plans, as compared to traditional Medicaid reimbursement rates, more providers are likely to enroll in the Marketplace health plans than in the Medicaid program; thus, creating greater accessibility and improved quality health outcomes for Marketplace Choice Plan participants.

The aforementioned factors, in aggregate, will improve quality, promote access, and reduce health care costs for all lowans, regardless of the underlying subsidy for their health coverage. In addition, all Medicaid beneficiaries, including those with fee-for-service coverage under the State Plan, will benefit from dispersing the growing Medicaid population across a broader network of health care providers.

***CMS Request: Describe the health care delivery system individuals will use to obtain the Medicaid wrap benefits.***

No Medicaid wrap benefits will be provided for this population. Marketplace Choice Plan participants will receive coverage for dental services but these services will not be provided as wrap around services through the Medicaid State Plan. Instead, participants will be enrolled in a commercial dental plan. Enrollment in a commercial dental plan will increase participants' access to dental services as reimbursement for services under these plans will be greater than reimbursement under the Medicaid State Plan dental benefit.

Iowa has requested waivers for other wrap services including non-emergency transportation and EPSDT. All other benefits potentially subject to wrap around services are provided sufficiently through the Marketplace QHPs.

Medically frail individuals who may need access to wrap services including 1915(i) habilitation services will not be eligible for the Marketplace Choice Plan. These individuals will be defaulted to enrollment in the Medicaid State Plan and will be able to opt out to obtain coverage on the Iowa Wellness Plan.

***CMS Request: Provide an assurance of an individual's choice of plan.***

Marketplace Choice Plan participants will be offered, at a minimum, two 100% actuarial value QHPs offered on the Marketplace to the American Indians and Alaska Native populations. Participants will be informed of their Marketplace QHP choices and instructed on how to select their choice of health plan. Iowa will also remind participants of their choices via their renewal notice and provide participants the opportunity to change Marketplace health plans at re-enrollment.

**Waiver and Expenditure Authority**

***CMS Request: List the specific waiver and expenditure authorities that the state believes to be necessary to authorize the demonstration. This will include freedom of choice to the extent necessary to enable the state to restrict the delivery system to the choice of two QHPs under section 1902(a)(23)(A) of the Social Security Act.***

**Amount, Duration, and Scope of Services**

**Section 1902(a) (10) (B)**

To allow Iowa to offer a benefit package to Marketplace Choice Plan participants that differs from the State Plan services.

**Cost Sharing Requirements**

**Section 1902(a) (14)**

To allow the federal 5% of income out-of-pocket maximum to be calculated on an annual basis. To allow a non-emergency copayment of \$10. To allow Iowa to charge a \$10 copayment for non-emergency use of the emergency department.

**Freedom of Choice**

**Section 1902(a) (23) (A)**

To allow Iowa to make premium assistance for Marketplace QHPs mandatory for Marketplace Choice Plan participants, limit participants' choice of providers to those providers participating in the Marketplace health plans, and restrict the delivery system to the choice of two Marketplace QHPs.

**Statewideness/ Uniformity**

**Section 1902(a)(1)**

To the extent that a Marketplace QHP may not be offered state wide through the duration of the demonstration period, to allow Marketplace QHP options for participants to vary based on location.

**Methods of Administration: Transportation**

**Section 1902(a)(4)  
insofar as it incorporates 42 CFR 431.53**

To the extent necessary, to enable Iowa not to assure non-emergency transportation to and from providers for the Marketplace Choice Plan.

**Retroactive Eligibility**

**Section 1902(a) (34)**

To allow Iowa to not offer Marketplace Choice Plan participants retroactive eligibility.

**Early Periodic Screening, Diagnoses, and Testing (EPSDT)**

**Section 1904(a) (4)**

To exempt Iowa from the requirement to offer EPSDT services to 19 and 20 year olds and allow a standard set of benefits for all Marketplace Choice Plan participants.

**Drug Formulary**

**Section 1902(a) (54)**

To allow Iowa to limit Marketplace Choice Plan participants to receiving coverage for drugs on the selected Marketplace QHP's drug formulary.

**Submission of State Plan Amendments (SPAs)**

***CMS Request: List the state plan amendments (SPAs) that will be submitted and the timing for submission, including those related to eligibility, benefit, cost sharing, and delivery systems.***

IDHS will submit the necessary SPAs in accordance with the required timeframes.

**Payment of Premiums**

***CMS Request: Describe the process the state will use to operationalize the payment of premiums for participating individuals.***

Iowa will reimburse the Marketplace health plan issuer for the full premium directly on a monthly basis. After the first year of enrollment, participants will be required to pay a monthly financial contribution towards their premium in accordance with the Cost Sharing section. Marketplace Choice Plan participants will be exempt from paying a monthly required contribution for the first year of enrollment. After the first year of enrollment, the required financial contributions will be

waived if the participant has met all health improvement requirements in the preceding year. Participants, who do not complete health improvement behaviors to waive their financial contribution, will pay their portion of the required financial contribution directly to Iowa, and Iowa will continue to pay the full premium to the Marketplace QHP.

Iowa will not contract directly with the Marketplace health plan issuers but will, instead, implement a written agreement outlining expectations regarding payment of premiums, enrollment verification, referrals of medically frail individuals and other related issues.

## Cost Sharing

***CMS Request: Describe the collection of cost sharing including any grace periods.***

Participant financial contribution under the Marketplace Choice 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. During their first year of enrollment, all Marketplace Choice Plan participants are exempt from financial contributions. Starting in their second year of enrollment, participants will be subject to a monthly financial contribution unless they have completed certain health improvement behaviors in their initial year of enrollment. Participant financial contribution amounts are indexed to be approximately 3% of income for a two-person household where both participants are enrolled in the Marketplace Choice Plan. This level of contribution ensures that participants can make their monthly contribution amounts without reaching the federal 5% out-of-pocket maximum limit, even if they make copayments for non-emergency use of an emergency room. Financial contribution amounts are detailed in Table 5 below. Although eligible individuals, who have cost-effective ESI coverage, will not be enrolled in the Marketplace Choice Plan and, instead, will receive premium assistance for their ESI coverage through the Iowa HIPP program, such individuals will be subject to the same cost sharing provisions as set forth in this section in future years of the demonstration.

**Table 5: Required Contributions**

% FPL	Median Income Single		Individual contribution	
	Monthly	Annual	Monthly	Annual
101%-133% <sup>5</sup>	\$1,139	\$13,673	\$20	\$240

The Marketplace Choice Plan creates an incentive program that provides participants with the opportunity to have their monthly financial contributions waived. Iowa will establish a list of key activities in which a participant may participate during their enrollment period, such as health risk assessments, preventive services, and annual physicals, or other activities related to health promotion and disease prevention. If the participant completes these activities, they are exempt from paying monthly contributions in the following 12 month enrollment period.

Participants, who choose not to complete the required health improvement behaviors in order to receive the waiver, will be required to begin submitting their monthly financial contribution during the subsequent 12 month enrollment period. The Marketplace Choice Plan provides these

<sup>5</sup> Upper income limit at 133% FPL accounts for 5% disregard to 138% FPL.

participants with a 90-day grace period to submit their financial contributions if they do not submit their financial contributions on time. Once a participant is late in submitting their required financial contribution payment, Iowa will initiate outreach to ensure the participant is aware that payment has not been received and of the consequences of continued non-payment. Participants who do not pay outstanding financial contributions in full by the end of the 90-day grace period will be terminated from the Marketplace Choice Plan. Individuals who have been terminated from the Marketplace Choice Plan for non-payment of required financial contributions must then reapply for the Marketplace Choice Plan and be determined eligible to receive coverage.

The Marketplace Choice Plan will only include a \$10 copayment for non-emergency use of the emergency department. The definition for non-emergency use of the emergency department will be consistent with the definition used for the Iowa Children’s Health Insurance Program (hawk-i) which requires that the condition be perceived as life threatening or causing additional harm without immediate medical care. Because the Marketplace QHPs to which the participants will have access may not be able to change their plan filings for this year to include the \$10 copayment, the Marketplace Choice Plan participants’ \$10 copayment will not be collected during the first year of the demonstration. Iowa will work with the Marketplace QHP issuers to add the \$10 copayment to the Marketplace health plans available to the Marketplace Choice Plan participants in the second year of the demonstration. Iowa will also investigate ways to implement the \$10 copayment for non-emergency use of the emergency department retrospectively through review of claims data.

Participant financial contributions are indexed to amounts that equate to 3% of income for a household of two enrolled in the Marketplace Choice Plan. Beyond these financial contributions, the only payments a participant will be responsible for is the aforementioned \$10 copayment for non-emergency use of the emergency department. Table 6 below displays the number of non-emergency visits to the emergency department that an individual would have to make to meet the federal 5% of income cost sharing limit.

**Table 6: Cost Sharing and 5% of income limit**

<b>% FPL</b>	<b>Median Income</b>	<b>5% of Median Income Limit</b>	<b>Annual Contribution</b>	<b>ED Copayments to Reach 5% of income<sup>6</sup></b>
<b>101%-133%<sup>7</sup></b>	\$13,673	\$684	\$240	44

Including these copayments, all cost sharing will be subject to the 5% out-of-pocket maximum limit. When participants approach their 5% limit, payment of co-payments for non-emergency use of the emergency department will take precedence over payment of monthly contributions. This 1115 waiver application requests a waiver to base the 5% out-of-pocket maximum limit on

<sup>6</sup> This column shows the number of ED visits required to reach the 5% of income out-of-pocket maximum contribution level’ it accounts for the required monthly contributions and is based on income for a single individual.

<sup>7</sup> Upper income limit at 133% FPL accounts for 5% disregard to 138% FPL.

annual income in place of monthly or quarterly income. Participants will be permitted to request a reassessment of their 5% out-of-pocket if they meet certain qualifying conditions including a change in income or adding or losing a dependent. All household cost sharing amounts paid to Iowa Medicaid will be included in determining if the participant has met their 5% out-of-pocket maximum. This will include consideration for any other cost sharing paid by the participant's household for Iowa Medicaid programs and services.

As compared to the traditional Medicaid program, the Marketplace Choice Plan offers participants the predictability and certainty that the only financial contributions they are responsible for are copayments for non-emergency visits to the emergency department and their monthly financial contribution, which can be waived through the completion of health improvement behaviors.

***CMS Request: Describe the project that will be used to wrap any cost sharing obligations.***

Marketplace Choice Plan participants will be offered, at a minimum, two 100% actuarial value health plans offered on the Marketplace to the American Indians and Alaska Native populations. Therefore, participants will have no cost sharing copayment obligations outside of non-emergency use of the emergency department.

## **Evaluation**

***CMS Request: Describe the evaluation hypotheses that the State will be tested during the demonstration including components in the alternative cost-effectiveness test and the plan by which the state will use to test them.***

The innovations in the Marketplace Choice Plan include participant incentives and the utilization of private health care coverage options. In implementing these innovations, Iowa will investigate and evaluate the following research hypotheses:

### **Access**

- Hypotheses:
  - Marketplace Choice Plan participants will have greater access to health care providers than they would have had in traditional fee-for-service Medicaid coverage due to increased reimbursement for providers.
  - Marketplace Choice Plan participants will have similar access to health care providers as others who are insured through the private market.
  - Marketplace Choice Plan participants will obtain preventive care services.
  - Marketplace Choice Plan participants will have decreased utilization of emergency department services as compared to Medicaid beneficiaries in traditional fee-for-service coverage.
- Evaluation:
  - Compare Marketplace Choice Plan and traditional fee-for-service Medicaid primary care and specialty care health care providers.

- Perform a survey of Marketplace Choice Plan participants related to timeliness of care, use of emergency department services, receipt of ambulatory or preventive care services, and other access issues.
- Compare denied emergency department claims for Marketplace Choice Plan participants and Medicaid fee-for-service beneficiaries.

## **Churn**

- Hypotheses:
  - The use of the Marketplace for individuals who are at higher incomes percentages of MAGI will result in lower Medicaid administrative costs due to the reduction in the rate of churn as it relates to administrative overhead.
  - The provision of premium assistance for Marketplace health plans is cost-effective, improves access to care, and reduces the impact of churn as individuals transition from eligibility for Medicaid to eligibility for Marketplace advance premium tax credits.
  - Participants will experience fewer gaps in insurance coverage than traditional Medicaid beneficiaries based upon the grounds that they can remain in the same Marketplace health plan if their income increases and they are no longer eligible for the Marketplace Choice Plan.
  - Participants will maintain continuous access to the same health plans and/or providers at higher rates than beneficiaries under a traditional Medicaid expansion.
- Evaluation:
  - Comparison of administrative costs per capita expended between the Marketplace Choice Plan and the Iowa Wellness Plan.
  - Analysis of Marketplace Choice Plan participant transfers to advance premium tax credit coverage to measure the percent of Marketplace Choice Plan participants who would have otherwise had to change coverage and/or providers.

## **Cost**

- Hypotheses:
  - The use of the Marketplace for individuals who are at higher incomes will result in savings in both administrative and medical expenditures over the lifetime of the demonstration.
  - The provision of premium assistance for Marketplace QHPs and bringing more Medicaid lives to the Marketplace will increase competition in the private market resulting in lower costs for all Iowans.
  - The incentive program that reduces cost sharing in subsequent years results in increased preventive care and other disease prevention and health promotion activities, which will result in lower health costs and improved health outcomes.
- Evaluation:
  - Comparison of administrative costs per capita expended between Marketplace Choice Plan and traditional Medicaid expansions.

### **Medicaid Service Benefit Wrap**

- Hypothesis:
  - Individuals enrolled in QHPs have sufficient access to needed services and do not require Medicaid benefit wrap.
- Evaluation:
  - Enrollee satisfaction surveys demonstrate needed services were available and accessible.

### **Pharmacy**

- Hypothesis:
  - Marketplace QHP pharmacy benefits are adequate for the enrolled population.
- Evaluation:
  - Enrollee satisfaction surveys indicate sufficient access to needed prescription drugs.

### **Continuity of Care**

- Hypothesis:
  - The use of the Marketplace for individuals who are at higher incomes will result in improved continuity of care for participants.
- Evaluation:
  - Analysis of Marketplace Choice Plan participant transfers to Marketplace advance premium tax credit coverage to measure the percent of Marketplace Choice Plan participants who would have otherwise had to change coverage and/or providers.

### **Budget Neutrality**

***CMS Request: Provide projected expenditures and projected enrollment, including an estimate of the expected increase or decrease in annual enrollment and in annual expenditures over the 3 year demonstration period.***

Please see the attached documents prepared by Milliman, Inc. describing financing and budget neutrality for the Marketplace Choice Plan.

***CMS Request: Describe the process used to determine the total cost of the QHP and the Medicaid wrap. Please provide a per member/per month cost for each of these figures.***

The Marketplace Choice Plan will not provide Medicaid wrap benefits. The only service not provided through the available Marketplace QHPs will be dental services, and those services will be provided through a commercial market plan.

### **Public Notice & Transparency**

***CMS Request: Describe the process used to meet section 1115 transparency regulatory requirements.***

The public comment period initiates July 15, 2013. Please see the public notices attached as Appendix 1. On conclusion of the comment period this section will contain a summary of the comments received.

### **Federal Medical Assistance Percentage**

Implementation of the Marketplace Choice Plan is dependent on the increased federal medical assistance percentage (FMAP) for the New Adult Group under the ACA (as provided in 42 U.S.C. § 1396d(y)). If the methodology for calculating the FMAP for participants in the Marketplace Choice Plan is modified through federal law or regulation, in a manner that reduces the percentage of federal assistance to Iowa in a manner inconsistent with 42 U.S.C. § 1396d(y), or if federal law or regulation affecting eligibility or benefits for the Iowa Health and Wellness Plan is modified, the Iowa Department of Human Services shall implement an alternative plan for coverage of the affected population, subject to prior, statutory approval of the implementation. In addition, if the methodology for calculating the FMAP for the Marketplace Choice Plan participants is modified through federal law or regulation resulting in a reduction of the percentage of federal assistance to Iowa below 90% but not below 85%, the medical assistance program reimbursement rates for inpatient and outpatient hospital services shall be reduced by a like percentage in the succeeding fiscal year.

## Appendix 1: Notice of Public Hearing

### Iowa Department of Human Services

#### Abbreviated Notice of Public Hearing and Public Comment Period

Under 42 CFR Part 431 and the final rule under PART 431 in the February 27, 2012, issue of the Federal Register, 77 FR 11678-11700, notice is hereby given that: **(1) on July 29, 2013, at 2:00 pm, at River Place, Room 1, 2309 Euclid Ave., Des Moines, IA 50310; and (2) on July 30, 2013, at 11:30 am, at Iowa Western Community College, Looft Hall Auditorium, 2700 College Road, Council Bluffs, IA 51503;** the Iowa Department of Human Services (IDHS) will hold public hearings on the Iowa Wellness Plan 1115 waiver request and the Marketplace Choice Plan 1115 waiver request that will be submitted to the Centers for Medicare and Medicaid Services (CMS) to implement the Iowa Health and Wellness Plan for calendar years 2014 through 2018. This notice also serves to open the **30-day public comment period, which closes August 15, 2013, at 4:30 pm.**

In May 2013, the Iowa legislature passed Senate File 446 containing the Iowa Health and Wellness Plan, which will replace the IowaCare 1115 demonstration that is set to expire December 31, 2013. The Iowa Health and Wellness Plan calls for health care coverage for Iowans, who are 19 to 64 years of age with incomes not exceeding 133 percent of the federal poverty level (FPL) and who are not eligible for Medicare or comprehensive Medicaid under an existing Iowa Medicaid group. Iowa is seeking two 1115 waiver requests to implement the Iowa Health and Wellness Plan: 1) the Iowa Wellness Plan 1115 waiver request; and 2) the Marketplace Choice Plan 1115 waiver request.

The Iowa Wellness Plan offers health care coverage to individuals, who have incomes below or equivalent to 100 percent FPL, through the utilization of accountable care organizations (ACOs) and medical homes. The Marketplace Choice Plan offers health care coverage to individuals, who have incomes above 100 percent FPL but not exceeding 133 percent FPL, through the utilization of premium assistance for health insurance marketplace (Marketplace) health plans. Income eligibility for both the Iowa Wellness Plan and the Marketplace Choice Plan will be determined using the modified adjusted gross income (MAGI) methodology.

Enrollment in the Iowa Wellness Plan and the Marketplace Choice Plan will initiate during the implementation of the Affordable Care Act's (ACA) Marketplaces beginning October 1, 2013. Individuals may apply with the single streamlined application through the Iowa Medicaid Enterprise (IME) channels or through the Marketplaces. Over the five-year demonstration period (2014-2018) the Iowa Health and Wellness Plan is expected to cost approximately \$3.1 billion in total state and federal funds.

Benefits for both the Iowa Wellness Plan and the Marketplace Choice Plan will include preventative care services, home health services, physician services, inpatient/outpatient hospital services, maternity services, emergency transportation, prescription drugs, diagnostic services, durable medical equipment and medical supplies, rehabilitative services, home health services, and mental health and substance abuse services. Dental benefits will be covered through a commercial market dental plan instead of through the Medicaid Dental benefit.

Participant financial contribution under the Iowa Wellness Plan and the Marketplace Choice is designed to encourage utilization of preventative care services. During their first year of enrollment, participants are exempt from monthly financial contributions. Starting in their second year of enrollment, participants with incomes at or above 50 percent FPL will be subject to a monthly financial contribution or premium payment unless such financial contributions are waived based upon completion of certain required preventative activities in the prior year. In addition, both plans include a \$10 co-payment for non-emergency use of the emergency room that applies to all participants regardless of income.

The full Public Notice and the proposed Iowa Wellness Plan 1115 waiver and Marketplace Choice Plan 1115 waiver documents are available for public review at the DHS County Offices. The documents may also be viewed beginning on July 15, 2013, at: <http://www.ime.state.ia.us/Initiatives.html>.

Written comments may be addressed to Maggie Reilly, Department of Human Services, Iowa Medicaid Enterprise, 100 Army Post Road, Des Moines, IA 50315. Comments may also be sent to the attention of: **DHS, Iowa Health and Wellness Plan** at [DHSIMEHealthandWellnesPlan@dhs.state.ia.us](mailto:DHSIMEHealthandWellnesPlan@dhs.state.ia.us) through August 15, 2013. The public, by contacting Maggie Reilly at the above address, may review comments received.

Jennifer Vermeer  
Medicaid Director  
Iowa Medicaid Enterprise  
Iowa Department of Human Services

### **Iowa Department of Human Services**

#### **Notice of Public Hearing and Public Comment Period**

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In May 2013, the Iowa legislature passed Senate File 446 containing the Iowa Health and Wellness Plan, which will replace the IowaCare 1115 demonstration that is set to expire December 31, 2013. The Iowa Health and Wellness Plan calls for health care coverage for Iowans, who are 19 to 64 years of age with incomes not exceeding 133% of the federal poverty level (FPL) and who are not eligible for Medicare or comprehensive Medicaid under existing Iowa Medicaid. Coverage under the Iowa Health and Wellness Plan will be provided through premium assistance for Iowa's health insurance marketplace (Marketplace) qualified health plans (QHPs), premium assistance for cost-effective employer sponsored insurance (ESI) health plans, and a new program that leverages the State Innovation Models Accountable Care Organization (ACO) demonstration and other care coordination models including Primary Care Physician (PCP) gate keepers and managed care plans to promote delivery system innovation and reform.

Iowa is seeking two 1115 waiver requests to implement the Iowa Health and Wellness Plan: 1) the Iowa Wellness Plan 1115 waiver request; and 2) the Marketplace Choice Plan 1115 Demonstration waiver request. The Iowa Wellness Plan 1115 waiver request applies to Iowans ages 19 to 64 with income up to and including 100% FPL for those who are not medically frail and income up to and including 133% FPL for those who are medically frail. Enrollees of the Iowa Wellness plan will receive coverage through independent PCPs, PCPs associated with ACOs, or managed care plans, and medically frail individuals will be defaulted to enrollment in the State Plan but may opt-out to receive coverage through the Iowa Wellness Plan. The Marketplace Choice Plan 1115 waiver request addresses coverage for non-medically frail Iowans ages 19 to 64 with income 101% FPL to no more than 133%<sup>8</sup>

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<sup>8</sup> With the 5% of FPL disregard, individuals with household income up to 138% FPL may be eligible.

FPL through the utilization of premium assistance for Marketplace QHPs. Iowa seeks this waiver authority under Section 1115 of the Social Security Act and will request approval of the two new demonstrations from CMS.

## **OBJECTIVES**

The Iowa Department of Human Services (IDHS) developed the Iowa Wellness Plan 1115 waiver request and the Marketplace Choice Plan 1115 waiver request to implement the Iowa Health and Wellness Plan with the goals of creating an innovative approach to providing health care services to Iowa's low-income population and assuring cost-effective coverage opportunities for all Iowans.

Three objectives have driven the development of the Iowa Wellness Plan 1115 waiver request and the Marketplace Choice Plan 1115 waiver request: 1) ensuring that all Iowans have access to a health insurance coverage option in 2014 through the Iowa Wellness Plan or Marketplace Choice Plan demonstrations, other Medicaid programs, Medicare, or the Marketplace; 2) implementing a new delivery system and payment model to promote improved care management, care coordination, and health care quality, and 3) implementing a unique incentive plan to encourage development of cost-conscious consumer behavior in the consumption of health care services and to improve the use of preventive services and other healthy behaviors by waiving required contributions in subsequent enrollment periods for individuals that complete targeted preventive health services, health risk assessments, or other identified healthy behaviors.

## **BENEFICIARIES, ELIGIBILITY, & FINANCING**

The Iowa Health and Wellness Plan is designed specifically for individuals who have income below 133% FPL, are 19 to 64 years of age, not currently eligible for comprehensive Medicaid under an existing Iowa Medicaid group, not eligible for Medicare, and do not have access to cost-effective ESI. Individuals, who are not medically frail and meet the aforementioned criteria and who have income up to and including 100% FPL and individuals who are medically frail meeting the same requirements with income up to and including 133% FPL, will be eligible for the Iowa Wellness Plan, which offers coverage through PCP gatekeepers, managed care plans, and the utilization of ACOs. Individuals, who meet the aforementioned criteria, who are not medically frail, and who have income 101% FPL to no more than 133% FPL, will be eligible for the Marketplace Choice Plan, which offers coverage through the utilization of premium assistance for Marketplace QHPs. Income eligibility for both the Iowa Wellness Plan and the Marketplace Choice Plan will be determined using the modified adjusted gross income (MAGI) methodology.

Maintaining the commitment to leverage the private insurance market, eligible individuals, who have access to cost effective ESI, will not be eligible for the Iowa Wellness Plan or the Marketplace Choice Plan. Instead, Iowa will provide premium assistance to these individuals through Iowa's Health Insurance Premium Payment (HIPP) program. In addition, eligible individuals, who meet the definition of medically frail status, will be defaulted to fee-for-service coverage under the Medicaid State Plan based upon the complexity of these individuals' medical management and needs; however, these medically frail individuals will have the opportunity to opt-out of this coverage and receive coverage through the Iowa Wellness Plan.

Eligibility for all other Medicaid categories will take precedence over enrollment in either the Iowa Wellness Plan or the Marketplace Choice Plan. Enrolled individuals who become eligible for another Medicaid eligibility category will be transferred. This change will be done with no disruption of medical assistance to the individual but is required to ensure that the Iowa Health and Wellness Plan is sustainable and can cover the maximum number of Iowans.

Enrollment in the Iowa Wellness Plan and the Marketplace Choice Plan will begin October 1, 2013. Individuals may apply with the single streamlined application through the IDHS channels or through the Marketplaces. Coordination between the IDHS and the Marketplaces will ensure that individuals who meet the eligibility requirements are enrolled in the Iowa Wellness Plan or the Marketplace Choice Plan.

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The tables below provide estimated numbers of individuals eligible for the Iowa Wellness Plan and the Marketplace Choice Plan. Both plans are funded sufficiently to provide services to the population expected to enroll.

**Iowa Wellness Plan 1115 Waiver (0-100% FPL) Estimated Enrollees by Year**

	2014	2015	2016	2017	2018
Wellness Plan	58,923	75,288	76,417	77,563	78,726
Medically Frail (State Plan)	38,146	42,795	43,437	44,088	44,749
<b>Total</b>	<b>97,069</b>	<b>118,083</b>	<b>119,854</b>	<b>121,651</b>	<b>123,475</b>

**Marketplace Choice Plan 1115 Waiver (101-133% FPL) Estimated Enrollees by Year**

	2014	2015	2016	2017	2018
Marketplace Plan	21,788	31,673	32,148	32,630	33,119
<b>Total</b>	<b>21,788</b>	<b>31,673</b>	<b>32,148</b>	<b>32,630</b>	<b>33,119</b>

Over the five-year demonstration period (2014-2018) the Iowa Health and Wellness Plan is expected to cost approximately \$5.6 billion in total state and federal funds. The table below provides the estimated total state and federal costs divided by year and plan.

**Estimated Total State and Federal Program Cost 2014-2018 (in millions)**

	2014	2015	2016	2017	2018	Total
<b>Wellness Plan</b>						
0-100% Wellness Plan	\$262.8	\$344.0	\$357.6	\$371.9	\$386.6	\$1,722.9
0-133% Medically Frail	\$483.0	\$555.1	\$577.2	\$600.2	\$624.1	\$2,839.6
Total	\$745.8	\$899.1	\$934.8	\$972.1	\$1,010.7	\$4,562.5
<b>Marketplace Choice Plan</b>						
101-133%	\$137.4	\$204.7	\$212.8	\$221.3	\$230.1	\$1,006.3
Total	\$137.4	\$204.7	\$212.8	\$221.3	\$230.1	\$1,006.3
<b>Grand Total</b>	<b>\$883.2</b>	<b>\$1,103.8</b>	<b>\$1,147.6</b>	<b>\$1,193.4</b>	<b>\$1,240.8</b>	<b>\$5,568.8</b>

**BENEFITS**

The Iowa Health and Wellness Plan will provide a comprehensive benefit package that ensures coverage for all of the Essential Health Benefits (EHB) as required by the Affordable Care Act (ACA).

Benefits for the Iowa Wellness Plan for eligible non-medically frail individuals with income up to and including 100% FPL without access to cost-effective ESI are indexed to the benefits offered through the State Employee plan. Medically frail individuals with incomes up to and including 133% FPL without access to cost-effective ESI will be defaulted to State Plan coverage but may opt into the coverage provided on the Iowa Wellness Plan. All medical benefits will be provided through the current Iowa Medicaid contracted provider network. Dental benefits similar to those provided on the State Plan will also be offered to this population.

The Marketplace Choice Plan for eligible individuals with income 101% FPL to no more than 133% FPL without access to cost-effective ESI will cover all required EHB services. Benefits covered on this plan will be at least equal to the State Employee plan benefits. Iowa will supplement the Marketplace QHPs with dental services.

Both plans are requesting a waiver of the requirements to offer non-emergency transportation services and Early Periodic Screening, Diagnoses, and Testing (EPSDT) services to individuals between the ages of 19 and 21 in order to standardize the benefit package for participants.

### **PROPOSED HEALTH CARE DELIVERY SYSTEM**

The Iowa Health and Wellness Plan offers innovations and reform in the delivery of health care services through the leveraging care coordination models including PCP gatekeepers, managed care plans, ACOs, and the utilization of the private insurance market. The Iowa Wellness Plan will deliver services on a fee-for-service basis through any enrolled Iowa Medicaid provider to individuals enrolled through an independent PCP or ACO or capitated basis through a managed care plan's network. The goal of the PCP, ACO, and managed care plans is to ensure that participant care is coordinated to the greatest extent possible to help to create efficiencies and improve the quality of individual health care. PCPs will be compensated with a coordinated care fee for managing enrollee care. Managed care plans will receive per member per month capitation. ACOs will be subject to a global budgeted amount that is calculated based on the number and relative risk of their participants. The budget will be risk-adjusted and ACOs will be protected with stop/loss provisions for high cost medical events. ACOs that come in under their global budget are eligible to share in savings at year-end provided that they meet specified quality metrics that are on target with established goals. Initially, ACOs will be eligible for shared-savings without being responsible for losses. Over time, two-way risk sharing will be introduced and ACOs will be financially responsible for exceeding their global budget amount.

The Marketplace Choice Plan strengthens Iowa's health care delivery system. Iowa's leveraging of Marketplace QHPs for the purpose of providing health care coverage for low-income individuals not only increases access to much-needed care but also brings more people to the private market resulting in greater quality, efficiencies, and cost-savings for all Iowans. Marketplace Choice Plan participants, based upon their level of income, are the most likely population to experience eligibility churn where they move from Medicaid eligibility to eligibility for premium tax credits on the Marketplace. Provision of coverage for these individuals through the Marketplace will facilitate transition to subsidized Marketplace coverage. Marketplace Choice Plan participants will receive services through providers enrolled in their selected Marketplace QHP. Marketplace QHPs will cover services at least as comprehensive as the State Employee plan services. Marketplace Choice Plan participants will also be provided with access to dental benefits similar to those provided on the Medicaid State Plan.

Eligible individuals, who meet the definition of medically frail, will be enrolled by default into standard Medicaid State Plan benefits and have access to more robust services to manage complex mental health and medical conditions; however, these individuals may opt-out of the State Plan benefits and receive coverage through the

benefits provided to non-medically frail individuals on the Iowa Wellness Plan. Medically frail individuals that remain enrolled in Medicaid State Plan coverage will have access to any enrolled Medicaid provider.

### **COST SHARING REQUIREMENTS**

Participant financial contribution and copayments under the Iowa Wellness Plan and the Marketplace Choice Plan have unique and innovative features designed to encourage utilization of preventive care and overall health promotion and disease prevention through an incentive-based program. During their first year of enrollment, Iowa Wellness Plan and Marketplace Choice Plan participants are exempt from monthly financial contributions. Starting in their second year of enrollment, participants with income at or above 50% FPL will be subject to a monthly financial contribution or premium payment unless such financial contributions are waived based upon completion of certain preventive activities in the prior year. Iowa will establish a list of key activities in which a participant may participate during their enrollment period, such as risk assessments, preventive services, annual physicals, or other activities related to health promotion and disease prevention. If the participant completes these activities, they are exempt from paying monthly contributions in the following year.

The Iowa Wellness Plan and the Marketplace Choice Plan will include a \$10 copayment for non-emergency use of the emergency department for all participants. This copayment is waived in the initial demonstration year.

Participant monthly financial contribution amounts are set to be a maximum of 3% of income for a two-person household when both household members are enrolled in either the Iowa Wellness Plan or the Marketplace Choice Plan. This level of contribution should ensure that participants could make their monthly contribution amounts without reaching the federal 5% out-of-pocket maximum limit, even if they make copayments for non-emergency use of emergency room use services.

Although eligible individuals, who have cost-effective ESI coverage, will not be enrolled in the Iowa Wellness Plan or the Marketplace Choice Plan but will, instead, receive premium assistance for their ESI coverage through the Iowa HIPP program, such individuals will be subject to the same cost sharing provisions as the Iowa Wellness Plan and the Marketplace Choice Plan participants in future years of the demonstration.

### **HYPOTHESES & EVALUATION**

The Iowa Wellness Plan demonstration will investigate the following research hypotheses.

- 1) The Iowa Wellness Plan is designed to offer coverage options for non-medically frail Iowans with income not exceeding 100% FPL and for medically frail Iowans with income not exceeding 133% FPL, who are ages 19 to 64, and are not otherwise eligible for Medicaid, Medicare, or subsidized Marketplace coverage. Combined with current Medicaid and Medicare coverage options, the Iowa Marketplace Choice Plan waiver submitted simultaneously with this request, and subsidized coverage through the Marketplace, this will ensure that all Iowans have access to a coverage option in 2014.
- 2) To promote improved care management, care coordination, and health care quality, the Iowa Wellness Plan pioneers a new delivery system and payment model that leverages different models depending on availability and incorporates ACOs, managed care, and PCP gatekeepers.
- 3) The Iowa Wellness Plan will implement a unique incentive plan to encourage development of cost-conscious consumer behavior in the consumption of health care services and to improve the use of preventive services and other healthy behaviors by waiving required contributions in subsequent enrollment periods for individuals who complete preventive health services, health risk assessments, or other identified services.

The Marketplace Choice Plan will investigate the following research hypotheses.

### **Access**

- Hypotheses:
  - Marketplace Choice Plan participants will have greater access to health care providers than they would have had in traditional fee-for-service Medicaid coverage due to increased reimbursement for providers.
  - Marketplace Choice Plan participants will have similar access to health care providers as others who are insured through the private market.
  - Marketplace Choice Plan participants will obtain preventive care services.
  - Marketplace Choice Plan participants will have decreased utilization of emergency department services as compared to Medicaid beneficiaries in traditional fee-for-service coverage.
- Evaluation:
  - Compare Marketplace Choice Plan and traditional fee-for-service Medicaid primary care and specialty care health care providers.
  - Perform a survey of Marketplace Choice Plan participants related to timeliness of care, use of emergency department services, receipt of ambulatory or preventive care services, and other access issues.
  - Compare denied emergency department claims for Marketplace Choice Plan participants and Medicaid fee-for-service beneficiaries.

### **Churn**

- Hypotheses:
  - The use of the Marketplace for individuals who are at higher incomes will result in lower Medicaid administrative costs due to the reduction in the rate of churn as it relates to administrative overhead.
  - The provision of premium assistance for Marketplace QHPs is cost-effective, improves access to care, and reduces the impact of churn as individuals transition from eligibility for Medicaid to eligibility for Marketplace advance premium tax credits.
  - Participants will experience fewer gaps in insurance coverage than traditional Medicaid beneficiaries based upon the grounds that they can remain in the same Marketplace QHP if their income increases and they are no longer eligible for the Marketplace Choice Plan.
  - Participants will maintain continuous access to the same QHPs and/or providers at higher rates than beneficiaries under a traditional Medicaid expansion.
- Evaluation:
  - Comparison of administrative costs per capita expended between Marketplace Choice Plan and the Iowa Wellness Plan.
  - Compare churn rates between Marketplace Choice Plan and evidence in literature/other states' experiences with traditional Medicaid expansion.
  - Analysis of Marketplace Choice Plan participant transfers to advanced premium tax credit coverage to measure the percent of Marketplace Choice Plan participants who would have otherwise had to change coverage and/or providers.

### **Cost**

- Hypotheses:

- The use of the Marketplace for individuals who are at higher incomes will result in savings in both administrative and medical expenditures over the lifetime of the demonstration.
- The provision of premium assistance for Marketplace QHPs and bringing more Medicaid lives to the Marketplace will increase competition in the private market resulting in lower costs for all Iowans.
- The incentive program that reduces cost sharing in subsequent years results in increased preventive care and other disease prevention and health promotion activities, which will result in lower health costs and improved health outcomes.
- Evaluation:
  - Comparison of administrative costs per capita expended between Marketplace Choice Plan and traditional Medicaid expansions.

### **Medicaid Service Benefit Wrap**

- Hypothesis:
  - Individuals enrolled in Marketplace QHPs have sufficient access to needed services and do not require Medicaid Benefit Wrap.
- Evaluation:
  - Enrollee satisfaction surveys demonstrate needed services were available and accessible.

### **Pharmacy**

- Hypothesis:
  - QHP Pharmacy benefits are adequate for the enrolled population.
- Evaluation:
  - Enrollee satisfaction surveys indicate sufficient access to needed prescription drugs.

### **Continuity of Care**

- Hypothesis:
  - The use of the Marketplace for individuals who are at higher incomes will result in improved continuity of care for participants.
- Evaluation:
  - Analysis of Marketplace Choice Plan participant transfers to advanced premium tax credit coverage to measure the percent of Marketplace Choice Plan participants who would have otherwise had to change coverage and/or providers.

### **WAIVER & EXPENDITURE AUTHORITIES**

The following includes a list of waiver and expenditure authorities for the Iowa Wellness Plan 1115 waiver request and the Marketplace Choice Plan 1115 waiver request:

- 1) Amount, Duration, and Scope of Services – Section 1902(a) (10) (B): To allow Iowa to offer a benefit package to participants that differs from the State Plan Services.
- 2) Rate-setting/Payment methodologies – Section 1902(a) (13) and (a) (30): To allow Iowa to test innovative payment methodologies for combining fee-for-service, care coordination, capitation, and cost and quality indexed bonus payments.
- 3) Cost-Sharing Requirements – Section 1902(a) (14): To allow the federal regulation of a 5% of income out-of-pocket maximum to be calculated on an annual basis. To allow Iowa to charge a \$10 copayment for non-emergency use of the ER.

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- 4) Freedom of Choice – Section 1902(a) (23) (A): To allow the Iowa Wellness Plan to require enrollees to enroll with a PCP. To allow Iowa to make premium assistance for Marketplace QHPs mandatory for Marketplace Choice Plan participants and limit participants’ choice of providers to those providers participating in the Marketplace QHPs.
- 5) Methods of Administration – Transportation – Section 1902(a)(4) insofar as it incorporates 42 CFR 431.53: To the extent necessary, to enable Iowa to not provide non-emergency transportation to and from providers for participants.
- 6) State-wideness/Uniformity – Section 1902(a)(1): To the extent necessary, to enable Iowa to operate the Iowa Wellness Plan and provide ACOs and/or managed care plans only in certain geographical areas.
- 7) Retroactive Eligibility – Section 1902(a) (34): To allow Iowa to not offer participants retroactive eligibility.
- 8) Early Periodic Screening, Diagnoses, and Testing (EPSDT) – Section 1904(a) (4): To exempt Iowa from the requirement to offer EPSDT services to 19 and 20 year olds and allow a standard set of benefits for all participants.
- 9) Drug Formulary – Section 1902(a) (54): To allow Iowa to limit Marketplace Choice Plan participants to receiving coverage for drugs on the selected Marketplace QHP’s drug formulary.

The proposed Iowa Wellness Plan 1115 waiver and Marketplace Choice Plan 1115 waiver documents may be viewed beginning on July 15, 2013, at: <http://www.ime.state.ia.us/Initiatives.html>.

Written comments may be addressed to Maggie Reilly, Department of Human Services, Iowa Medicaid Enterprise, 100 Army Post Road, Des Moines, IA 50315. Comments may also be sent to the attention of: **DHS, Iowa Health and Wellness Plan** at [DHSIMEHealthandWellnesPlan@dhs.state.ia.us](mailto:DHSIMEHealthandWellnesPlan@dhs.state.ia.us) **through August 15, 2013**. The public, by contacting Maggie Reilly at the above address, may review comments received.