The Iowa Health and Wellness Plan was enacted to provide comprehensive health coverage for low-income adults.

- Began January 1, 2014
- Iowans age 19 - 64
- Income up to and including 133% of the Federal Poverty Level (FPL)
- New, comprehensive program replaced the IowaCare program, which ended December 31, 2013
One Plan, Two Options

Iowa Wellness Plan
• For adults age 19 - 64
• Income up to and including 100% of the Federal Poverty Level

Marketplace Choice Plan
• For adults age 19 - 64
• Income 101% to no more than 133% of the Federal Poverty Level
Goals and Objectives

- Health/improved outcomes
- Incentives for healthy behaviors
- Emphasis on care coordination
- Local access to care
Member Eligibility

- Member eligibility
- 12 months of covered benefits
- Income re-verified for eligibility after a 12-month period
Iowa Wellness Plan: 0-100% FPL

- Family of one: $11,490
- Family of two: $15,510
- Individuals up to 100% FPL
Administered by Iowa Medicaid

Provides comprehensive health services

Coverage is equal to the benefits provided to state employees

<table>
<thead>
<tr>
<th>Benefit Categories Covered</th>
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<tbody>
<tr>
<td>Physician services, including primary care</td>
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<td>Outpatient services</td>
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<tr>
<td>Emergency room services and transportation</td>
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<td>Hospitalization</td>
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<td>Mental health and substance use disorder</td>
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<tr>
<td>Rehabilitative and habilitative services and devices</td>
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<tr>
<td>Lab services, x-rays, imaging (MRI, CT, etc.)</td>
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<tr>
<td>Preventive and wellness services</td>
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<tr>
<td>Home &amp; community-based services</td>
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<tr>
<td>Prescription drugs</td>
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<tr>
<td>Dental services</td>
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</tbody>
</table>
Iowa Wellness Plan: 0-100% FPL

- Access to the same providers currently available with Medicaid
- Ability to choose primary care physician
- Primary care physician coordinates care for member
Iowa Wellness Plan Managed Care Map:
As of February 2014

- Counties in **blue** are Iowa Wellness Plan Managed Care
- Counties in **light blue** can have Iowa Wellness Plan Managed Care or HMO
- Counties in **white** are non-managed care for January 2014 (Fee-for-service)
Iowa Wellness Plan: 0-100% FPL

Out of Pocket Costs:

- No copayments except for using the emergency room when it is not an emergency
- No monthly contributions during the first year (2014)
- No contributions for those with income below 50% FPL
- Costs cannot exceed 5% of income
Iowa Wellness Plan: 0-100%

Monthly contributions waived beginning in 2015 if the member completes wellness activities. First year (2014) members need to complete health risk assessment and wellness exam (annual physical).

• 2015 and beyond will offer other wellness activities.
Iowa Wellness Plan: 0-100% FPL

Program innovations include:

• Ensure *coordination of care* for members through ‘medical homes’
• Ensure health care providers are *accountable for achieving high quality and cost effective care* that is focused on the patient

Program innovations will continue to be developed through a statewide planning process related to the State Innovation Model* grant

http://www.ime.state.ia.us/state-innovation-models.html
Marketplace Choice Plan: 101-133% FPL

- Family of one: $11,491-$15,282
- Family of two: $15,511-$20,628
- Individuals: 101% FPL up to 133% FPL
Members select a certain *commercial health plan* available on the Health Insurance Marketplace.

Medicaid pays the premiums to the commercial health plan on behalf of the member – often referred to as “premium assistance”
Marketplace Choice Plan: 101-133% FPL

Commercial health plans available to members:
• CoOportunity Health
• Coventry Health Care of Iowa

Uses the commercial plan’s statewide provider network – includes primary care, specialists, hospitals
Marketplace Choice Plan: 101-133% FPL

Provides comprehensive health services

Coverage includes the qualified health plan required essential health benefits

### Benefit Categories Covered

- Physician services, including primary care
- Outpatient services
- Emergency room services and transportation
- Hospitalization
- Mental health and substance use disorder
- Rehabilitative and habilitative services and devices
- Lab services, x-rays, imaging (MRI, CT, etc.)
- Preventive and wellness services
- Home & community based services
- Prescription drugs
- Dental services
Out of pocket costs:

- No copayments except for using the emergency room when it is not an emergency
- No monthly contributions during year one (2014)
- Costs cannot exceed 5% of income
Marketplace Choice Plan: 101-133% FPL

Innovation: Purchasing private coverage

Allows individuals to stay enrolled in their current plan if their income changes
## Plan Summaries

<table>
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<tr>
<th>Wellness Plan</th>
<th>Marketplace Choice</th>
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<tr>
<td><strong>0-100% FPL</strong></td>
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<tr>
<td>Benefits equivalent to State Employee Benefit Plan</td>
<td>Marketplace Plan benefits, at least equivalent to State Employee Benefit Plan</td>
</tr>
<tr>
<td>Plan managed by Iowa Medicaid</td>
<td>Plan managed by commercial insurer</td>
</tr>
</tbody>
</table>
| Monthly member contributions  
  • Waived in 2014  
  • Waived beginning 2015 for completing wellness activities | Monthly member contributions  
  • Waived in 2014  
  • Waived beginning 2015 for completing wellness activities |
| Uses Medicaid provider network | Uses commercial insurer’s provider network |
Dental Wellness Plan

• Adequate reimbursement rates for dental services

• Contracting with a commercial dental plan to cover services

• Population health approach

• Member incentives: providing basic services, with ability to earn higher cost restorative services
Medically Exempt

• Members who are considered ‘Medically Exempt’ must be given the option of enrolling in regular State Medicaid Plan or Wellness Plan

  ‘Medically Exempt’ includes individuals with disabling mental disorders (including adults with serious mental illness), individuals with chronic substance use disorders, individuals with serious and complex medical conditions, individuals with a physical, intellectual or developmental disability that significantly impairs their ability to perform 1 or more activities of daily living, or individuals with a disability determination based on Social Security criteria

• Medicaid has a process to screen for Medically Exempt members, both at enrollment, after enrollment, and through provider referral
Iowa Health and Wellness Plan Status

Member Enrollment

- 43,000 IowaCare members transferred to Iowa Wellness Plan
- 8,700 IowaCare members transferred to Iowa Marketplace Choice Plan
- Member enrollment packets (primary care provider or health plan selection) mailed in November-December
**Iowa Health and Wellness Plan Status**

**Member Enrollment**

- Iowa Wellness Plan members have 1,322 primary care providers available, in addition to other contracted Medicaid providers.
- All members have access to local providers (doctors, hospitals, pharmacies, etc.).
- In 83 counties, members will be assigned to a primary care physician of their choice in their county (where approx. 94% of members live).
Application Process

- Federal Health Insurance Marketplace
- DHS website
  dhsservices.iowa.gov
- DHS Contact Center
  1-855-889-7985
- DHS Local Offices
Find up-to-date information on the Iowa Health and Wellness Plan at:

http://www.ime.state.ia.us/iowa-health-and-wellness-plan.html