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## **DHS addresses federal regulators regarding Medicaid Modernization**

(Des Moines, Iowa) – The Iowa Department of Human Services (DHS) says it's confident that it will be able to demonstrate to federal regulators that the state and new health plans it has enlisted to manage the Medicaid program will be ready to serve Iowans beginning January 1, 2015.

In a November 13 letter to the Centers for Medicare and Medicaid Services (CMS), the State expressed its encouragement about the positive dialogue that continues with federal regulators, including a conversation last week in Washington DC between Gov. Terry E. Branstad and U.S. Health and Human Services Secretary Sylvia Mathews Burwell.

CMS has provided specific criteria regarding a Gate Review Process earlier this month that will assist Iowa in meeting regulators' expectations for the transition to a managed care model for most of the about 600,000 Iowans who receive Medicaid.

"We are encouraged that we are on-track for January 1, 2016, go-live to improve health outcomes for Iowans served by Medicaid," Medicaid Director Mikki Stier says in the letter to CMS. "We have taken unprecedented actions for an effective transition, learning from the over 25 other states who have already implemented comprehensive managed care. We have also established a thoughtful transition that phases in services, including a two-year phase-in for Iowans with long-term services and supports (LTSS)."

The next steps include submitting additional information to meet the Gate Review readiness criteria and providing updated reports on provider networks to federal regulators and state lawmakers overseeing the transition to a more modern Medicaid program.

"While Medicaid managed care has been in Iowa for nearly thirty years, this new initiative will deliver physical health, behavioral health, and long term services and supports in a highly coordinated manner to improve quality outcomes for the most vulnerable Iowans, while at the same time reducing unnecessary and duplicative services, resulting in overall savings for taxpayers," Stier writes "We are excited to bring this innovative program, which emphasizes member choice, access, safety, independence, and responsibility, to the people of the State of Iowa."

State staff have quickly responded to any of CMS' questions regarding Iowa's transition, including frequent conversations with CMS officials regarding pending waiver approvals. Throughout the transition period so far, the State has conducted or attended nearly 300 public events, held 22 in-person stakeholder kick-off sessions, offered in-person provider education sessions in eleven different communities, and conducted a series of targeted,

training meetings with the MCOs addressing topics such as member communications, credentialing, health homes and integrated health homes, and network adequacy.

“We have learned from the experience of the many states that have preceded us in transitioning to comprehensive managed care and have established a thoughtful and phased in-transition that includes special considerations for the most vulnerable Iowans served by Medicaid,” Stier says.

Stier’s letter to CMS is available here <https://dhs.iowa.gov/sites/default/files/CMS%20-Letter%20as%20of%20111315.pdf>

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