

Categories	Code
Administrative	A
Benefit Changes	B
Cost Sharing	C
Eligibility Changes	E
Provider Reimbursement Changes	P
Revenue Maximization	R

Description	Category	Requirements to Implement				Statistics	Implementation Timeframe	Annual Impact		SFY19 Impact		SFY18 Impact	
		State Legis	Rules	Federal SPA	Federal Waiver			Total	State	Total	State	Total	State
Health/Eligibility													
Align Medicaid programs with national mandatory coverage and end breast and cervical cancer treatment coverage	E	X	X	X		150 individuals enrolled	Oct-18	3,312,340	948,323	2,484,255	711,242	-	-
Align Medicaid programs with national mandatory coverage and end Medically Needy coverage	E	X	X	X		79 individuals enrolled	Oct-18	2,201,982	900,610	1,651,486	675,457	-	-
Align Medicaid programs with national mandatory coverage and reduce MAC Pregnant Women FPL limits	E	X	X	X		517 individuals enrolled	Oct-18	5,181,612	2,119,279	3,886,209	1,589,459	-	-
Align Medicaid coverage with traditional insurance and end retroactive eligibility for children	E	X	X	X	X	1,129 monthly recipients	Oct-17	9,502,208	3,886,403	9,502,208	3,886,403	7,126,656	2,958,988
Health/Other													
Establish a premium and/or cost sharing for families of children on home and community based waivers - for families above 100% of federal poverty level (FPL)	C	X	X		X	Based on Florida study, limited initial savings after incorporating offsetting systems costs / dependent on premium and cost share levels across FPLs	Jul-18	-	-	-	-	-	-
Implement size restrictions for Medicaid coverage of ICF/ID to greater than 6 beds, and convert ICF/ID residents in homes of 5 and 6 beds to community based waiver services	B	X	X	X		276 ICF/ID beds converted to waiver; does not inherently require residents to relocate	Oct-18	7,899,120	3,230,740	5,924,340	2,423,055	-	-
Refine Level of Care (LOC) determinations for ICF/ID and the HCBS ID waiver to bring Iowa LOC determinations in line with other similar states	B, E		X	X		268 individuals impacted	Oct-18	9,802,368	4,009,169	3,063,240	1,252,865	-	-
Allow MCOs to leverage national and multi-state pharmacy agreements for IA Health Link pharmacy reimbursement	P					Up to \$25.7M total savings (\$7.7M state); dependent upon implementation parameters, e.g., national vs. multi-state	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Align Medicaid professional fee schedule to a percentage of Medicare Resource Based Relative Value Scale ("RBRVS") consistent with national best practice	P	X	X	X		Target 1 percent total reduction	Jul-18	4,000,000	1,220,000	4,000,000	1,220,000	-	-

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Adjust Medicaid dental fee schedule to a percentage of Relative Value for Dentists (RVD) which is a national resource, continually informed through survey, statistical analysis and a controlling board	P	X	X	X		Target 1 percent total reduction	Jul-18	1,000,000	305,000	1,000,000	305,000	-	-
Align Medicaid dental benefit with state employee dental benefit, implementing a \$1,500 annual cap on benefits	B	X	X	X		\$1,500 annual cap; adults only	Jul-18	4,200,000	1,050,000	4,200,000	1,050,000	-	-
Implement electronic billing requirement for all Medicaid providers to enhance efficiency, accuracy and processing times	A		X			Under FFS, less than 5% of claims are paper	Mar-18	-	-	-	-	-	-
Behavioral Health (MHDS)													
Discontinue Systems of Care which provide limited coverage in select areas of the state	B	X				483 children served SFY17; 4 grantees	Jul-18	1,693,467	1,693,467	1,693,467	1,693,467	-	-
Discontinue Autism Support Program	B	X				28 children served in SFY17; 12 Providers	Jul-18	748,000	748,000	748,000	748,000	-	-
Transition State Payment Program-covered individuals to MHDS Regional coverage	B	X				11-18 individuals served per year	Jul-18	600,000	600,000	600,000	600,000	-	-
Allow state mental health institutes to retain 3rd party revenue	R	X				Allows maintenance of current beds without increasing direct appropriation	Jul-18	4,086,672	4,086,672	4,086,672	4,086,672	-	-
Other													
Maintain statewide Children at Home coverage at current contract value of \$787,500 (as Family Support Subsidy sunsets)	B	X				Does not impact ability to service expected need	Jul-18	115,424	115,424	115,424	115,424	-	-
Process improvements that will aid cost containment													
Interface with the Iowa Department of Public Health death registry and automatically send alerts to workers to act on any changes -- already implemented.													
Exchange data with the Iowa Department of Revenue to better identify unreported data sources and/or fraudulent transactions that cross agency and program boundaries -- in process.													
Ongoing efforts to build on a process improvement event to identify system interfaces and improve communication and collaboration between state agencies.													
TOTAL IMPACT								54,343,193	24,913,087	42,955,301	20,357,044	7,126,656	2,958,988