




Medically Exempt Benefits Comparison: Medicaid State Plan & Iowa Health and Wellness Plan

Plan Benefits	Medicaid State Plan: Medically Exempt Coverage	Iowa Health and Wellness Plan	
		Iowa Wellness Plan	Iowa Marketplace Choice Plan
		 NOTE: Medically Exempt individuals will be enrolled in the Medicaid State Plan benefit with the option to Opt-out	NOTE: Medically Exempt individuals will be enrolled in the Medicaid State Plan benefit with the option to Opt-out
Ambulatory Patient Services <ul style="list-style-type: none"> Physician Services Primary Care 	Covered	Covered	Covered
Chiropractic	Covered	Covered	Covered
Podiatry	Covered	Covered Routine foot care is generally not covered, however it may be covered as part of a member's overall treatment related to certain health care conditions	Covered Routine foot care is generally not covered, however it may be covered as part of a member's overall treatment related to certain health care conditions
Emergency Services <ul style="list-style-type: none"> Emergency Room Ambulance 	Covered	Covered	Covered
Hospitalization	Covered	Covered	Covered
Rehabilitative and Habilitative Services <ul style="list-style-type: none"> Physical Therapy Occupational Therapy Speech Therapy 	Covered, no limits	Covered <ul style="list-style-type: none"> 60 visits covered annually for each therapy 	Covered
Lab Services <ul style="list-style-type: none"> X-Rays Lab Tests 	Covered	Covered	Covered
Prescription Drugs	Covered	Covered	Covered pursuant to Qualified Health Plan benefit; must meet minimum essential benefits
Home Health	Covered	Covered	Covered
Hospice	Covered Respite: Unlimited but may only be used in 5 day increments	Covered Respite: 15 inpatient and 15 day outpatient lifetime limit	Covered Respite: 15 inpatient and 15 day outpatient lifetime limit



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Skilled Nursing Facility	Limited to 120 days per rolling year	Limited to 120 days per rolling year	Limited to 120 days per rolling year
Dental	Covered	Covered – See Proposal for Accountable Dental Care Plan	Covered – See Proposal for Accountable Dental Care Plan
Other Benefits <ul style="list-style-type: none"> • Bariatric Surgery • Temporomandibular Joint (TMJ) • Eyeglasses • Hearing Aids • Non-Emergency Medical Transportation • Intermediate Care Facility (Nursing Facility) • Intermediate Care Facility for the Intellectually Disabled 	Covered Covered Covered Covered Covered Not Covered, available under other eligibility groups Not Covered, available under other eligibility groups	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered	Covered Covered Not Covered Not Covered Not Covered Not Covered Not Covered
Delivery System			
Managed Care	MediPASS/HMO - Children and Parents only Fee-for-Service – All other populations	Primary Care Case Management (MediPASS/HMO)	Per QHP plan contracts if applicable
Primary Care Medical Home/Health Home	Chronic Condition Health Home tiered per member per month for persons with chronic conditions	Through payment incentives “\$4-\$10-\$4” plan	Per QHP plan contracts if applicable
Accountable Care Organizations	N/A	Through payment incentives “\$4-\$10-\$4-\$4” plan	Per QHP plan contracts if applicable
Provider Network	Medicaid contracted providers; Medicaid reimbursement methods and policies	Medicaid contracted providers; Medicaid reimbursement methods and policies	QHP contracted provider network; QHP reimbursement methods and contracts



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Mental Health, Substance Abuse Treatment, and Support Services			
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	←	<i>NOTE: Medically Exempt individuals will be enrolled in the Medicaid State Plan benefit with the option to Opt-out</i>	<i>NOTE: Medically Exempt individuals will be enrolled in the Medicaid State Plan benefit with the option to Opt-out</i>
Mental Health and Substance Use Disorder Services	Covered - Inpatient/Outpatient services including services provided by: <ul style="list-style-type: none"> • Hospitals • Psychiatrist • Psychologist • Social Workers • Family and Marital Therapists • Licensed Mental Health Counselors 	Covered - Inpatient/Outpatient services provided by: <ul style="list-style-type: none"> • Hospitals • Psychiatrist • Psychologist • Social Workers • Family and Marital Therapists • Licensed Mental Health Counselors *Mental Health Parity Required	Covered - Inpatient/Outpatient services provided by: <ul style="list-style-type: none"> • Hospitals • Psychiatrist • Psychologist • Social Workers • Family and Marital Therapists • Licensed Mental Health Counselors *Mental Health Parity Required
Other Mental Health Services	<ul style="list-style-type: none"> • Behavioral Health Intervention services • Assertive Community Treatment (ACT) 	Not Covered	Not Covered
Additional B3 services covered because of savings from the Managed Care Iowa Plan Waiver	<ul style="list-style-type: none"> • Intensive psychiatric rehab • Community Support Services • Peer Support • Residential Substance Abuse Treatment 	Not Covered	Not Covered
Habilitation - 1915i Home and Community Based Services	<ul style="list-style-type: none"> • An individualized, comprehensive service plan • Home-based habilitation • Day habilitation • Prevocational habilitation • Supported Employment 	Covered <u>after</u> a Medically Frail/Exempt determination; person is moved into regular Medicaid	Covered <u>after</u> a Medically Frail/Exempt determination; person is moved into regular Medicaid



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Delivery System			
Managed Care	<p>Mental Health and Substance Abuse services covered through the Iowa Plan, 1915(b) managed care plan (Magellan) – all populations except Medically Needy</p> <p>Iowa Plan benefits are the benefits described above</p>	<p>Mental Health and Substance Abuse services covered through the Iowa Plan</p> <p>Benefits provided through the Iowa Plan are the benefits described above, unless the person is Medically Exempt, in which case benefits are equal to the Medicaid State Plan</p>	<p>Per QHP plan contracts if applicable</p> <p>Benefits are provided by the QHP per QHP plan contracts. Benefits are as described above, unless the person is Medically Exempt, in which case the person will receive Medicaid State Plan benefits through Medicaid and the Iowa Plan</p>
Integrated Health Home	<p>Eligibility based on specified mental health diagnosis</p> <p>IHH provides health home services, including peer support, care coordination, etc. through IHH providers</p>	<p>Only covered under the Medicaid State Plan <u>after</u> a Medically Frail/Exempt determination; person is moved into regular Medicaid</p>	<p>Only covered under the Medicaid State Plan <u>after</u> a Medically Frail/Exempt determination; person is moved into regular Medicaid</p>
Provider Network	<p>Magellan contracted provider network; Medicaid and Magellan reimbursement rates and policies</p>	<p>Magellan contracted provider network; Medicaid and Magellan reimbursement rates and policies</p>	<p>QHP contracted provider network; QHP reimbursement methods and contracts</p>