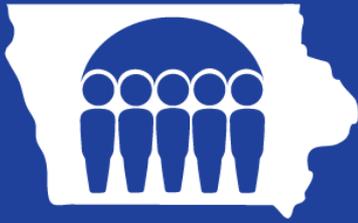


Iowa Department of Human Services

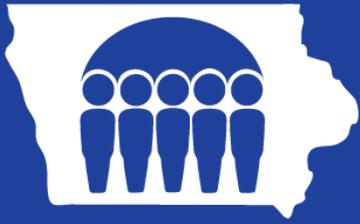
Medical Assistance Advisory Council (MAAC)

May 28, 2015

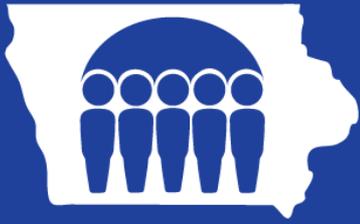


Medical Assistance Advisory Council (MAAC) Full Council Meeting Agenda: 05/28/2015

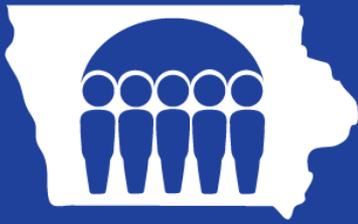
- 1:00 Introductions and Roll Call
- 1:05 Overview of Voting for New Executive Committee
- 1:10 Introduction and Remarks from the New Medicaid Director
- 1:15 Medicaid Budget Update
- 1:35 Iowa Health and Wellness Plan NEMT Waiver and Comment Period
- 2:05 State Innovation Model Grant Update
- 2:30 Medicaid Modernization
- 3:35 Rules Review (questions only)
- 3:40 State Plan Amendments (questions only)
- 3:45 New Business
- 3:50 Public Comment
- 4:00 Adjourn



Introductions and Roll Call



Overview of Voting for New Executive Committee



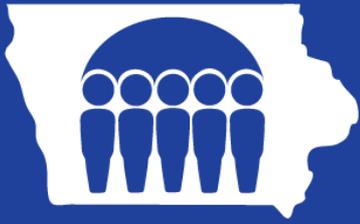
Executive Committee

- Meets no more than monthly (likely quarterly)
- Two year term
- Five representatives from professional organizations
- Five representatives from consumer organization and/or public members
- Chaired by the Director of IDPH



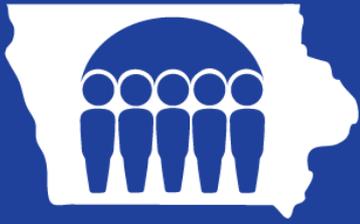
Executive Committee Voting

- One ballot per organization
- Only official MAAC-designated organizations or public members may vote
- Turn in ballot in folder on sign-in table, or to Lindsay Buechel after the meeting
 - Ballots accepted via email from organizations not present in person
- Results to be announced via email by Wednesday, June 3, 2015



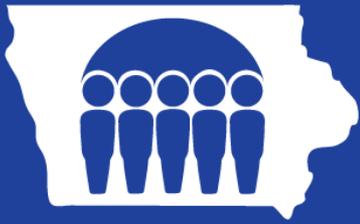
Introduction and Remarks from the New Medicaid Director

Mikki Stier, MSHA, FACHE
Medicaid Director



Medicaid Budget Update

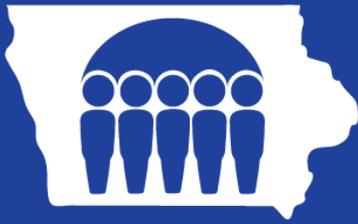
Joe Havig,
DHS Budget Analyst



SFY15 Medicaid Budget

Comparison to SFY14

	SFY14 Final	SFY15 Midpoint	Difference
State Revenue	\$1,480,390,335	\$1,539,670,505	\$59,280,170
State Expenditures	\$1,480,390,335	\$1,619,670,505	\$139,280,170
Ending Balance	\$0	(\$80,000,000)	(\$80,000,000)



SFY15 Medicaid Budget

FMAP and Trend Analysis

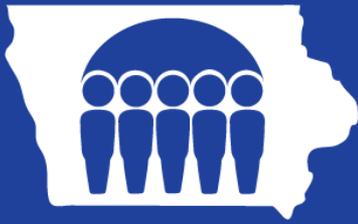
In Millions	Total Dollars	State Match	State Dollars
SFY14 Spending	\$3,554.4	41.65%	\$1,480.4
SFY15 FMAP Adj.	\$3,554.4	43.86%	\$1,559.0
State Spending Increase			\$78.6

In Millions	State Dollars
SFY15 Baseline State Spending	\$1,559.0
SFY15 Trend	3.89%
Revised SFY15 State Spending	\$1,619.7
State Spending Increase	\$60.7



SFY16 Medicaid Budget Proposals

SFY16 Request	Gov. Rec.	Senate	House
General Fund Appropriation	\$1,361.8M	\$1,346.4	\$1,320.8
Other State Revenue	\$287.7M	\$292.8M	\$289.7M
Base Expenditures	Dec-14 Midpoint	Dec-14 Midpoint	Dec-14 Midpoint Less \$21.6M
Rebasing	\$42.8M	\$42.8M	\$10.0M
Modernization	(\$51.1M)	(\$102.3M)	(\$51.1M)
Cost Management	(\$19.1M)	(\$6.0M)	(\$17.5M)
Other Program Changes	\$1.8M	\$9.3M	(\$2.6M)



Iowa Health and Wellness Plan

Current DHS Projections

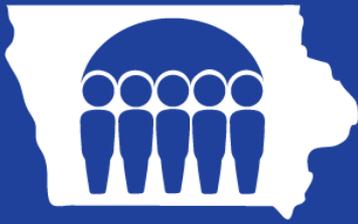
	SFY15	SFY16
Average Monthly Enrollment	122,544	145,177
Total Expenditures	\$729,089,670	\$886,753,932
Federal Share	\$707,708,805	\$864,247,474
State Share	\$21,380,865	\$22,506,458



SFY16 CHIP Budget Proposals

SFY16 Request	Gov. Rec.	Senate	House
General Fund Appropriation	\$21,163,844	\$21,163,844	\$20,010,344

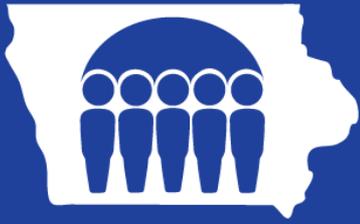
- All proposals incorporate the 23 percent FMAP increase authorized by the ACA
- The House includes a \$1.1M trend adjustment



SFY16 Medical Contracts Budget Proposals

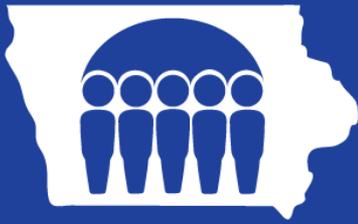
SFY16 Request	Gov. Rec.	Senate	House
General Fund Appropriation	\$22,903,584	\$22,153,584	\$20,613,964

- The Senate and House assume lower Health and Wellness Plan administrative spending
- The House incorporates \$1.5M in other state revenue to reduce the General Fund need
- The House also requires additional spending of \$1M for autism-related grants



Iowa Health and Wellness Plan NEMT Waiver

Deanna Jones,
Iowa Health and Wellness Plan
Program Manager



NEMT

- The commercial approach of the Iowa Health and Wellness design has specifically excluded non-emergency medical transportation (NEMT) services
- Iowa Medicaid partnered with the University of Iowa Public Policy Center to research and assess the impact NEMT has on access to care



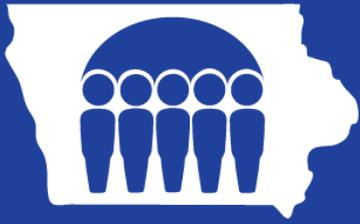
NEMT

- Iowa Medicaid members who were surveyed included:
 - Iowa Health and Wellness Plan members
 - Members receiving ‘traditional’ Medicaid benefits through the State Plan
- Iowa conducted the analysis which found that the survey responses of the two populations do not have statistically significant differences

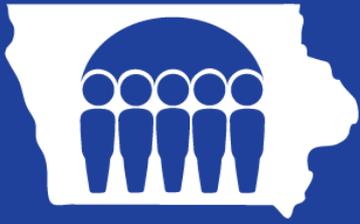


NEMT

- Iowa requests to continue waiving the NEMT service for members under the Iowa Health and Wellness Plan
 - Excluded from the waiver:
 - Medically exempt
 - Eligible for EPSDT services
- Iowa requests this waiver be extended to December 31, 2016

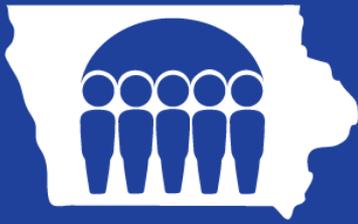


Public Comments



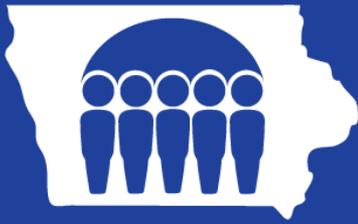
Iowa Department of Human Services

Healthy Behaviors Program Update



Healthy Behaviors Program

- Activities must be completed each year of program enrollment to waive contributions
 - Completion only waives the next year, not all future years
- Activities for 2015 include:
 - Wellness exam (can be physical or dental exam)
 - Dental exam added in April 2015, but retroactive to Jan. 1, 2015
 - Health risk assessment

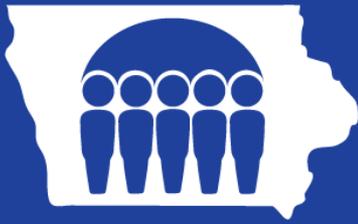


Healthy Behaviors Program

- Members continue to have 12 months to complete Healthy Behaviors
 - Enrolled in January 2014, had until January 2015
 - Enrolled in July 2014, have until July 2015

Contribution amount if activities not completed:

- Wellness Plan (50-100% FPL): \$5 per month
- Marketplace Choice Plan (101-133% FPL): \$10 per month



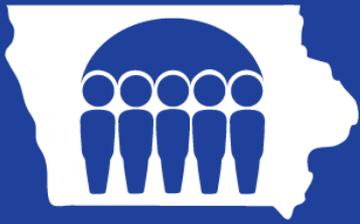
Healthy Behaviors Success

	Iowa Health and Wellness Plan	IowaCare	Regular Medicaid (adults age 19-64)
Wellness Exams in 12 month period	Close to 32% of population	5.5% of population	5.3% of population

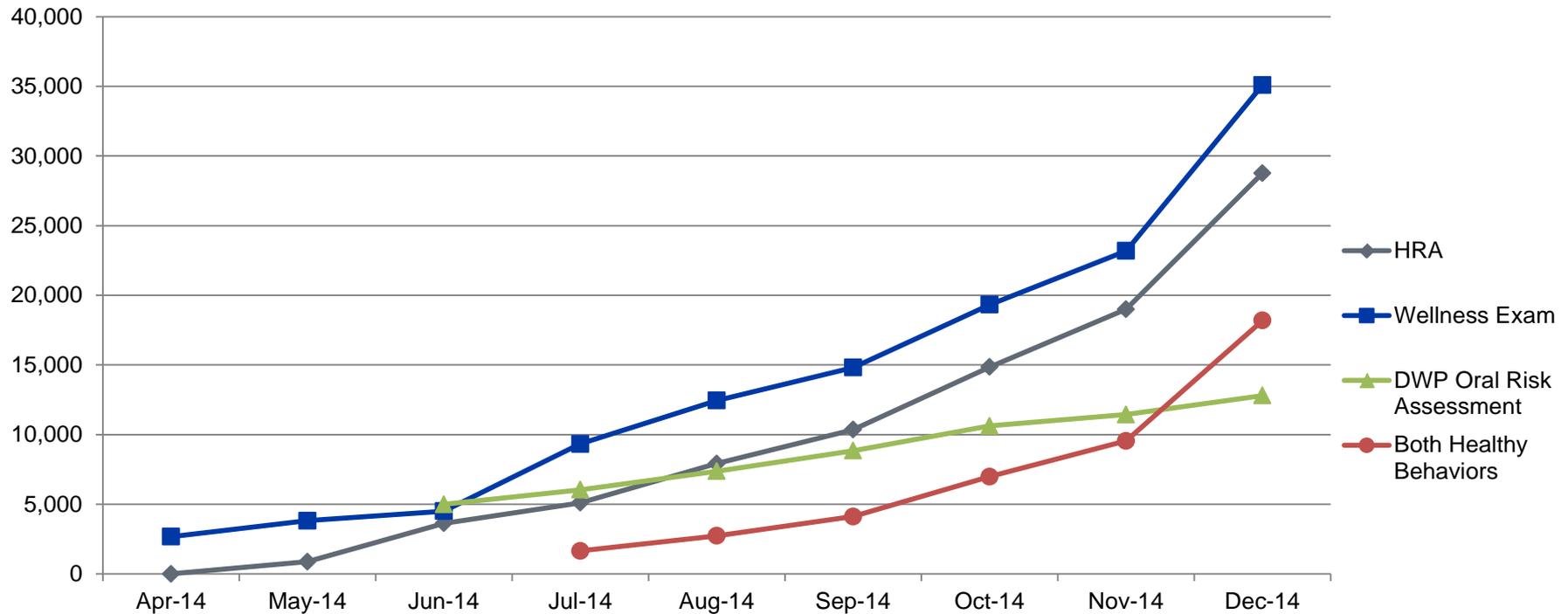
More than **35,200** wellness exams completed in 2014

More than **28,700** health risk assessments completed in 2014

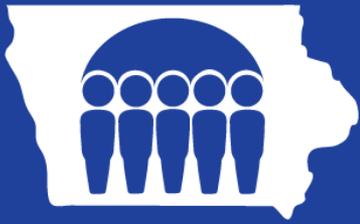
More than **18,200** have completed both activities in 2014



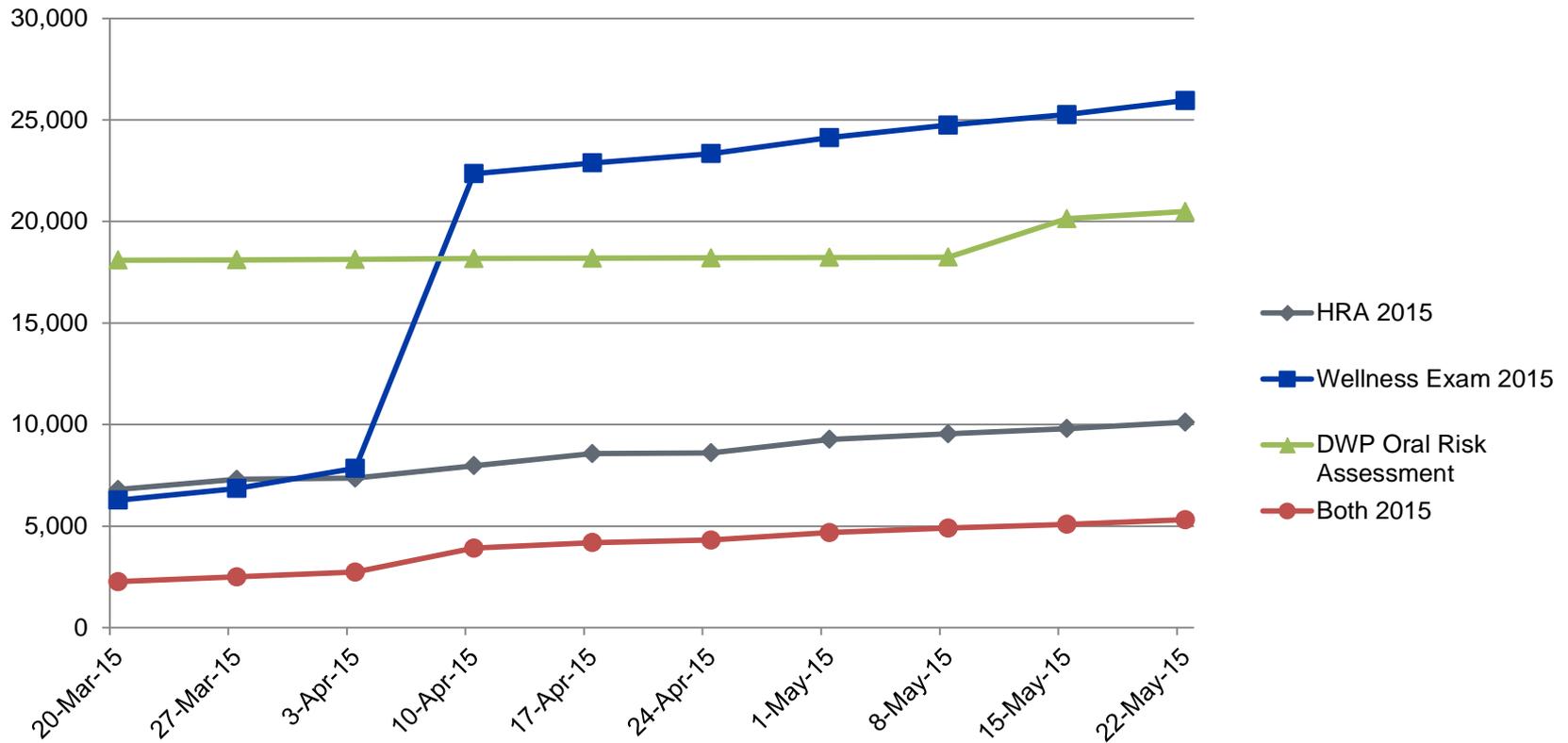
Healthy Behaviors Success Trends in 2014



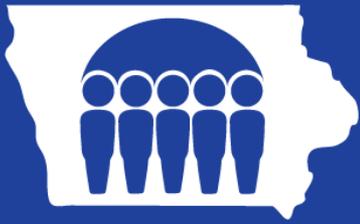
*Data current as of May 22, 2015 for activities completed in 2014.
Expanded wellness exam definition incorporated in October*



Healthy Behaviors Success Trends in 2014



Data current as of May 22, 2015 for activities completed in 2015.
Dental exam added to wellness exam definition April 3, 2015.



Member Contributions Begin

- Contributions began for individuals who have not completed Healthy Behaviors
 - Only for those with 12 months or more of eligibility (enrolled Jan. - Jun. 2014)
- Statements mailed to approximately 16,625 individuals for February 2015
 - Close to half of the 39,000 individuals were exempt for completing Healthy Behaviors or are otherwise exempt



Monthly Contribution Statements

- Statements mailed near the end of each month
- Due by 15th of month
- Member may make payment or claim financial hardship
 - Hardship claimed via payment coupon or over phone with IME Member Services




Iowa Health and Wellness Plan Billing Statement

000000
John Doe
123 Main Street
Anytown, Iowa 00000-0000

Billing Date: 05/25/15
Due Date: 06/15/14
Invoice: 0000000000000000
Member ID: 0000000X



Hi John Doe,

As a member of the Iowa Health and Wellness Plan it is your responsibility to pay a member contribution. This statement tells you how much your contribution is and when it is due.

- 1 The total amount that you owe is \$15.00. This amount is due 06/15/14.
- 2 Please return the amount owed with the payment coupon below. Make your check out to *Iowa Health and Wellness Plan*. Please do not send cash or any other documents with your payment.
- 3 If you are unable to pay your contribution, please check the hardship box below and return the payment coupon OR call Member Services at 1-800-338-8366. **Important note:** *Checking the box below to claim financial hardship will apply to this month's amount due only. You will still be responsible for amounts due from past months.*

If you have any questions please call Member Services at **1-800-338-8366** Monday through Friday, from 8:00 a.m. to 5:00 p.m.

470-5285 (09/14)

TEAR HERE, KEEP ABOVE FOR YOUR RECORDS

RETURN BELOW WITH PAYMENT



John Doe
123 Main Street
Anytown, Iowa 00000-0000

Hardship: By checking this box I am claiming financial hardship (see more information about hardship on back side).

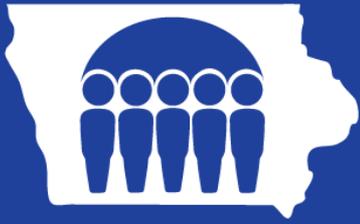
Make check or money order out to:
Iowa Medicaid Enterprise
Iowa Health and Wellness Plan Contributions
PO Box 14485
Des Moines, IA 50306-3485

Due Date: 06/15/14
Member ID: 0000000X 0
Amount Due: \$15.00

Amount Due:	\$15.00					
Paid: \$	<table style="border: none; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> </tr> </table>					

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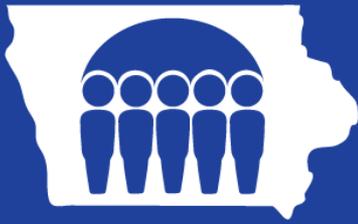
DO NOT SEND CASH



State Innovation Model Grant Update

Bob Schlueter,
Bureau Chief

Adult and Children's Medical Services

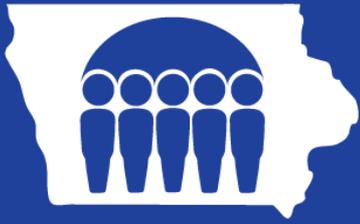


SIM Update

Key SIM elements in the Modernization RFP:

1. **Transformation:** Specific requirements for Value Based Purchasing (VBP)
2. **Delivery System:** Value Index Score (VIS) must be used to measure “quality” in VBP
3. **MCO Alignment:** VIS+ a reduction in total cost is a key incentive for MCOs

<https://dhs.iowa.gov/ime/about/state-innovation-models>



Medicaid Modernization Update and Discussion

Liz Matney,
Managed Care Director

Iowa Health Link:

Managed Care Program and Brand in Iowa

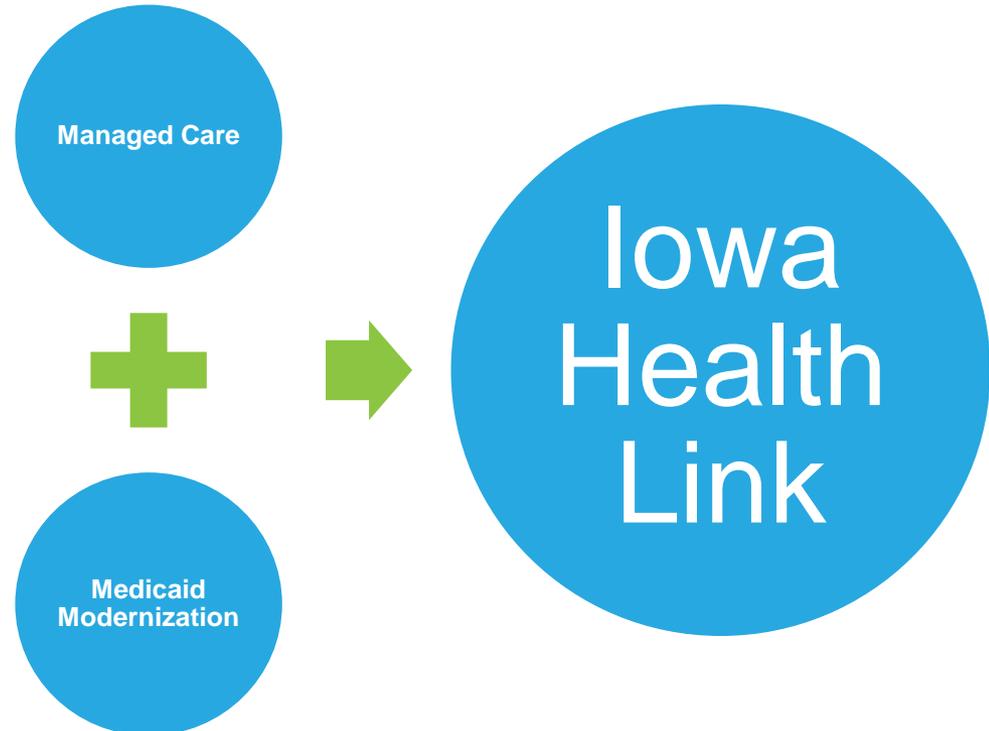
Iowa Health Link Program Name



- Program name that will be used to describe managed care
- Previously used for the Iowa Health and Wellness Plan, but designed for larger-scale use
 - Designed and tested directly with Medicaid members
 - Friendly and approachable design

Iowa Health Link Program Name

- Initiative called Medicaid Modernization, but program will be called Iowa Health Link
 - Member: “I’m enrolled in the Iowa Health Link program”



Iowa Health Link

- Begin to see name and branding used on communications and materials related to the managed care transition
- Official launch in coming weeks
 - Press release
 - Release of branded materials
 - Information on DHS website

Proposed Communications Tactics

- Stakeholder outreach and advisory groups
- Stakeholder and provider toolkits
- Tele-townhall meetings
- Events and trainings
- Newsletters
- Member educational materials
- Member mailings
- Earned media
- Provider educational materials
- Community partnerships
- Stakeholder emails

Proposed Communications Timeline

Communications Tactic	Proposed Timeline
Stakeholder Meetings	May-Nov. 2015
Stakeholder Toolkit	June 2015
Tele-townhall Meetings	Summer 2015, Nov. - Dec. 2015
Events	Ongoing (Summer- Fall 2015)
Member Info Materials	Jul. – August 2015
Member Mailings	Jul. – Aug. 2015; Oct. – Nov. 2015
Newsletters	Aug. and Nov. 2015

Proposed Communications Timeline

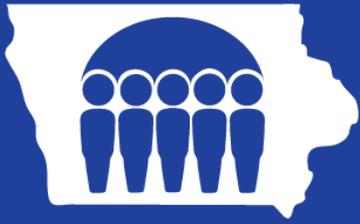
Communications Tactic	Proposed Timeline
Provider Toolkit	Jul 2015
Provider Group Outreach	Summer – Fall 2015
Provider Info Letters and Materials	Jun. 2015 – Dec. 2015
Annual Provider Training	Fall 2015
Earned Media	Summer – Fall 2015
Stakeholder, Member & Family Advisory Groups	Jun. – Aug. 2015

Proposed Communications Timeline

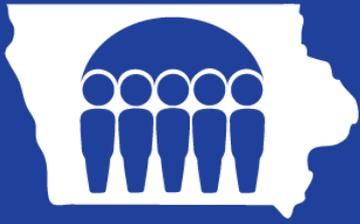
Communications Tactic	Proposed Timeline
Webinars	Sept. – Dec. 2015
Stakeholder Email Campaign	May – Dec. 2015
Targeted Community Partnerships	Summer- Fall 2015
Marketplace Coordination	Oct. – Dec. 2015
Grassroots Outreach	Summer- Fall 2015

Questions and Comments

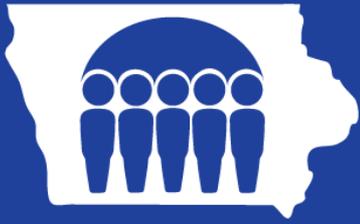
- More details and documents to be released in the coming weeks
- Encourage involvement of stakeholders:
 - Send communications/outreach comments or questions to:
IMECommunications@dhs.state.ia.us.



Modernization Discussion

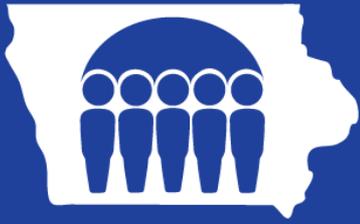


Rules Review

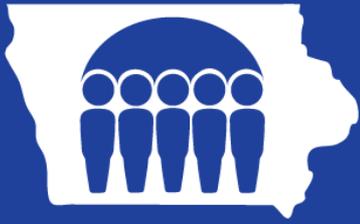


Current Pending State Plan Amendments

<http://dhs.iowa.gov/ime/about/stateplan>



New Business and Public Comment



Medical Assistance Advisory Council

For additional questions or comments, please contact
Lindsay Buechel at lbueche@dhs.state.ia.us



Full Council Minutes May 28, 2015

DEPARTMENT OF HUMAN SERVICES

Mikki Stier (MK)	Julie Lovelady (JL)
Andria Seip (AS)	Liz Matney (LM)
Bob Schlueter (BS)	Jennifer Steenblock (JS)
Deanna Jones (DJ)	Joe Havig (JH)
Lindsay Buechel (LB)	Maddisen Kies

ATTENDEES

Dennis Tibben, Iowa Medical Society
Leah McWilliams, Iowa Osteopathic Medical Association
Jeff Steggorda, Iowa Health Care Association/Iowa Center for Assisted Living
Larry Carl, Iowa Dental Association
Shelly Chandler, Iowa Association of Community Providers
Nancy Hale, NAMI IA
Erin Theede, National Association of Social Workers- IA Chapter
Billy Nutty, Leading Age Iowa
Matt Eide, Iowa Physical Therapy Association/IMGMA
Timi Brown-Powers, State Representative
Jim Cushing, Iowa Association of AAs
Barb Nebel, Iowa Speech-Language-Hearing Association
Kristie Oliver, Coalition for Family and Children
Rik Shannon, Developmental Disabilities Council
Sara Allen, Iowa Hospital Association
Pat Hildebrand, Iowa Academy of Nutrition and Dietetics
Steven McRae, Sequenom Laboratories
Denise Cushaney, Xerox Government Healthcare
Susan Zalenski, Johnson & Johnson,
Judith Collins, Iowa Nurses Association
Megan Bendixen, Iowa Medical Society
Scott Anderson, TMS Management
Dave Sproat, Bristol-Myers Squibb
Brandi Jensen, Brain Injury Alliance of Iowa
Gerd Clabaugh, IDPH
Sara Eide, Mercy Health Network
Grant Cale, Bristol-Myers Squibb
Cyndy Miller, Disability Rights Iowa
Leanne O'Brien, Iowa Occupational Therapy Association

Jennifer Vermeer, UIHC
Chad Allen, Iowa Hospital Association
Jane Hudson, Disability Rights Iowa
Paula Connolly, ASK Resources/Public Member
Marissa Eyanson, Public Member/Easter Seals Iowa
Anthony Carroll, AARP
Jeremy Morgan, MAXIMUS
Sean Bagnewski, MAXIMUS
Pam Perry, Amerigroup
Abby Less, IDPH
Angie Doyle Scar, IDPH

Phone Attendees:

Jason Kessler, Iowa Medicaid Enterprise
Mary Nell Trefz, Child and Family Policy Center
Debra Waldron, Iowa Chapter of the American Academy of Pediatrics
Jess Purcell Smith, Iowa Pharmacy Association
Deb Kazmerzak, Iowa Primary Care Association
Doug Cunningham, ARC of Iowa
Doug Sample, Public Member
American Cancer Society

INTRODUCTIONS- Gerd Clabaugh

GC: Role Call

OVERVIEW OF VOTING FOR NEW EXECUTIVE COMMITTEE- Lindsay Buechel

LB: Part of MAAC is to have a ten person Executive Committee that meets ideally monthly, likely quarterly. Executive Committee members will have two year terms, included are five reps for professional/ five reps for community members. We are holding elections today and there are ballots on the table by the sign in. It has been two years since last election. Please select ten individuals to represent MAAC. On back, choose between public members/consumer organizations. Phone: Please send an email to Lindsay Buechel to request electronic copy. After all ballots are collected, we will reach out to individuals to confirm and send out results next week mid-week. If your organization is listed, then you are able to vote. Please make sure you do vote. We do need to get this from as many participating MAAC members as possible.

GC: Lindsay sent out ballot by email. Today isn't the only option.

LB: Latest early next week to turn in ballots.

INTRODUCTION AND REMARKS FROM THE NEW MEDICAID DIRECTOR- Mikki Stier

MS: I'm very impressed with the IME staff and looking forward to be working with them throughout the transition to serve Iowans.

MEDICAID BUDGET UPDATE-Joe Havig

JH: We are getting started with current fiscal year budgets. Fiscal year 15 most recent unfunded need of 80 million which is up from 76 million, which continues to trend upward. This chart shows a high level need from the expenditures which increased \$140 million, where revenue increased by \$60 million. Expenditures have continued to grow which is one of the biggest drivers by being such a large number.

Break down of FMAP changes and TREND. [Explains the chart on slide]. State cost increased by just under \$80 million. Projecting four percent spend rate which increases state expenditure by \$60 million, this equals \$140 million state cost increase. This fiscal year the budget assumed that this trend would be lower than that.

Governor's recommendation: SFY16. All three (Gov, Senate, House) all assume different levels of general fund appropriations and different assumptions of state levels and spending. [Explains graph for the base expenditures with the rest of the columns in the table] Senate includes Modernization savings. Senate and House assume lower cost containment savings than Governor's recommendation. Each proposal includes programmatic changes with different initiatives and programs. There's a high level of key differences and appropriation / funded in next fiscal year.

Iowa Health and Wellness Plan spending, enrollment growth continues to grow. Goes over the chart with the growth projected of average monthly enrollment, total expenditures, federal share and state share. State costs associated with total spending is in the low \$20 million range.

CHIP budget: The Governor, Senate, and House all incorporate the 23 percent FMAP increase by the Affordable Care Act. House includes a trend adjustment which lowers their revenue and expenditures by CHIP.

Medical Contracts: Funds our Iowa Medicaid operations primarily. Administration spending is primary reason for the difference. House is counting additional pharmaceutical revenue.

Q: FY 15 – What's the IME's plan for filling 80 million dollar gap?

A: Lots of options are being presented for funding remaining gap, close to \$60 million has already been proposed. We are still in the vetting phase.

IOWA HEALTH AND WELLNESS PLAN NEMT WAIVER AND COMMENT PERIOD- Deanna Jones

We are in the process of requesting an extension of the NEMT waiver.

DJ: Provides the background for the first year of the NEMT waiver. Full assessment to be made to determine access to care related to transportation barriers. CMS did approve the extension. Experiences between IHAWP and traditional Medicaid members were compared to determine differences in transportation related issues. Survey results concluded that there were insignificant differences. (State stats here). Iowa Health and Wellness Plan members had same

access to provider or Medicaid group. We gave public notice in April to continue the NEMT waiver through the end of this year. The comment period ended May 24, 2015. Five comments and have all received concerns on NEMT waiver.

Public Comment:

Jane Hudson, Director of Disability: We are very concerned about having a continuing waiver. If there were 122,000 in IHAWP program and 12-13,000 were not getting medical transportation. I'm wondering what the costs are for providing this through IHAWP.

DJ: I don't have information at this time.

Andria Seip (AS): NEMT waiver amendment – total population 127,000 – anyone who is medically exempt do have access to NEMT which is about 14,000. We have made NEMT available to those members. EPSDT (under age 21) members also receives NEMT services.

Gerd Clabaugh (GC): Any more precise estimate of people not receiving services?

AS: Public Policy Center did do a study on that. Study is on the website and may be accessed there.

Bob Schlueter (BS): From a contact standpoint, the design of Medicaid expansion in Iowa – agreement set forward a coverage that was based more on a traditional commercial design. Part of the rigor around the waiver, has this kind of independent evaluation. Wasn't a difference in inability to access services.

GC: The sample study showed most significance in terms of differences between the two populations.

Nancy Hale: How was the survey distributed?

DJ: Mailed to members

Nancy Hale: What percentage of surveys were returned for lack of address?

DJ: Overall response rate of 30 percent and 19 percent of traditional Medicaid. Study is on the website.

Q: Any anecdotal reporting? Of times when people could not get transportation and had issues?

DJ: Around 13 percent who had an unmet need. Don't know anything beyond that.

Q: Currently anyway to report this? Any follow-up done?

JL: If member has difficulty accessing services. They should contact Member Services.

DJ: Total of two complaints have been received for transportation through Member Services.

Q: Members have to file those complaints to you?

DJ: We have Member Services line to address issues.

Q: Do surveys come in by zip codes?

DJ: They made adjustments for that.

Comment by Jane Hudson - Many complaints about NEMT services. A lot of Medicaid recipients, and having strange rules being communicated to them. We've dealt with every one of these complaints. Real disappointment in the program by Medicaid recipients.

HEALTHY BEHAVIORS PROGRAM UPDATE- Lindsay Buechel

I wanted to provide the final results of the last year. [Gives background of the program] No one had contributions in 2014. Contributions started in 2015. Reminder, these two activities need to be completed every year to waive contribution for following year. 2015 – Activities include wellness exam and HRA – We expanded wellness exam to dental and physical. Announced change in April, but we made retroactive to January 1, 2015. We have updated all toolkits and materials about the program. To be clear, members can do both physical and dental, but either one will be included. HRA is still available through the AssessMyHealth tool which is available online or over the phone. Members do have twelve months to complete the behaviors and this doesn't have to align with the calendar year. It aligns with the time of enrollment. We do not charge any contributions under 50 percent of the FPL. Take a look back at 2014 with Healthy Behaviors success. [Goes over the Healthy Behaviors success chart] Traditionally employer population usually won't see over 20 percent get an exam so to see over 30 percent was a success in the IHAWP. Numbers are rolling because of the 12 month cycle. [Goes over the trends in 2014] Many thanks to the provider community that got many individuals engaged to do HRA and Wellness Exam. In 2015, since we added dental exam, 26,000 people completed wellness exam, 10,000 HRA, just over 5,000 for both activities. We expect that to go up towards the fall as it was the previous year. [Talks about the contributions beginning] Anyone who enrolled between January – June 2014 are being sent premium statements for those who did not complete both healthy behaviors. Big difference in the numbers, if complete activities then no contributions, we are only sending currently Jan-June. Also, those who have an income below 50 percent of the FPL as well as those who are medically exempt. That is how we got to that final number. Individuals who do have a contribution will see this sample billing statement. Statements are due by the 15th of the month. The backside gives a history of their payments/totals as well. Hardship does have to be claimed on a monthly basis to allow for time. Cannot waive contributions for the entire year.

Jennifer Vermeer: Anything back from CMS about our performance?

AS: No we have not received any feedback. No positive feedback. They acknowledged it.

DJ: They just started getting full reports from us on our healthy behavior activity and premiums.

AS: Focused on people getting premiums. Not necessarily success of program.

Dennis Tibben: What does the next year of the program look like for managed care?

LB: Healthy behaviors program does continue. Premium component is still involved.

LM: We are still in development on type of healthy behaviors, but we want those to be consistent.

STATE INNOVATION MODEL GRANT UPDATE- Bob Schlueter

BS: [Give update on current status] Background – there was a SIM design grant to formulate a plan to address the growing health care costs and drive better patient outcomes. We submitted in July 14 – grant app – then awarded in Dec. 2014. It is a \$43 million grant that does technical assistance and support that we had planned for SIM design work. February began Medicaid Modernization RFP – the original SIM application didn't include a wholesale shift to managed care, so we needed to account for that. We have been working within the RFP process as well to ensure key SIM levers are in place and aligned even while MCOs add a layers into the design. Very pleased to announce, to go ahead from CMMI (group within CMS agency) to draw the funds and do the important work to continue with the SIM test grant. [Goes over the Key Elements] Transformation into the Delivery System – Delivery System needs to be talking consistently across the payers – get things moving all the same direction is relatively easy so we use the Value Index Score (VIS) which is with Wellness population and Wellmark being used to be a vehicle to measure quality with value based purchasing. Use this as a key incentive for the MCOs to achieve the full capitation payment. We have a clear metric that is in agreement with the delivery system. Justifies how our shift to managed care is played out. To Jennifer's point earlier about CMS's perspective, it's an important point that there's a lot of important work going on. Not a lot of argument about basic right in this country for health care, how far can we go to build out what is health and the drivers of population health? Coordinate care to connect infrastructure already in place gives opportunity to really drive population health. We are very excited to continue this work and the confirmation. Push in measures that are more critical to LTC services and those populations that are specifically critical to Medicaid.

Q: Transportation: out of disability community: ongoing issues with transportation: Are you addressing this at all within this grant?

BS: Transportation is something that comes up often. You saw the metrics in terms of what we have for Wellness Plan population. Specifically to your point, I mentioned community care teams, which is one specific thing in the SIM grant to help better coordinate resources available. There is money within the SIM grant to do this – infrastructure building.

GC: IDPH is going to be involved in the health care delivery transformation. Will be doing work with the Iowa Health Care Collaborative. This gets into communities across the state and works with hospitals and staff. Intent of this portion of SIM is to take hospital engagement network and build into the structure so we have a wide variety of services thinking specifically about performance improvement. We are hoping to build capacity and understanding of resources available within the community. As we deal with everything from prevention to tertiary care we can leverage all resources in the community.

BS: As we leverage those comments, look at what Americans spend on health care. The spend for the dollar seems widely disproportionate on the value we are getting for it. [Example of Europe] You do see a jump in social service that is tied to infrastructure. When you start getting into Value-Based Purchasing you have the opportunities to make those connections. Need to address care in the best way possible. SIM provide those opportunities.

Q: More detail on the website moving forward?

A: Yes. Keep eye on SIM website. We are in the test phase now. Ensure we can continue to draw down SIM. Documents are being established on the website. Want to make sure it's clear to everyone what the plan is.

GC: This group is a permanent venue to keep coming back. Topic more of a standing item in foreseeable future.

MEDICAID MODERNIZATION- Liz Matney

LM: Released RFP back in February for a managed care structure for population. Goes over when each amendment was released along with rates. Because of timeline original due date was May 19, wanted to give potential bidders a bit more time, deadline was changed to May 26. Proposals are in. We received eleven proposals. We have not published name of potential bidders. Will be posting on the website and where RFP may be found. Some changes made, we did some clarifications on pharmacy. Medicaid rates will be the floor for prices. MCO can't go lower than that. VBP: sent a percentage threshold of 40 percent. Also required is to be a PCP assignment. We removed the premium collection piece from scope of work. Just continue through payments through Maximus or Iowa Medicaid. Miles and minutes laid out for all the provider types. We also did some revision to HCBS service limits. Looking at MCOs to manage an average aggregate. We also did release as part of the last amendment of our evaluation methodology. Encourage to go out to website and take a look. Plan is to read this thoroughly and have awards announced August 7. We have an evaluation team of DHS employees planning to work around the clock. Update related to oversight: we are still working a reporting manual. Updated managed care regulations just released by CMS. These haven't been updated in over a decade. There are a lot of performance requirements and reporting. We want to be as proactive as possible. We have also received additional comments from CMS on our RFP. A lot of comments will help align with proposed rules as well. We are working on developing external quality review methodology; mandatory and optional activities. We are looking at branching out to add as an extra layer of protection and oversight. We are talking to a lot of other states within this process. Jennifer Steenblock is here also who has taken lead on waivers. We did submit first draft of 1915(b) waiver on May 18 and first of 1915(c) today. We have a draft of 1115 Demonstration waiver that we will be submitting to CMS later this week or next week.

Jennifer Steenblock (JS): The Department needs a vehicle to implement managed care for federal approval to get that authority. Proceeding with concurrent waivers and are submitting a new 1915(b) waiver that will incorporate LTC, physical and behavioral health care. The concurrent comes in with the seven HCBS waivers so the 1915(c) includes this. We aren't doing a new waiver here, we are amending these to incorporate managed care system. Family

planning and Iowa Wellness 1115 Demonstration waivers are being amended as well. As we consulted with CMS, implementing managed care isn't something new, so therefore no need for new waiver. We can just do amendments. Managed care isn't new and different. We have submitted drafts based on this feedback. We are planning to do public hearings and post information in early July. We will plan to submit these waivers in early September. Each federal authority requires differently federal process. Looking to align and promote transparency and just do it all together so we can ensure managed care delivery. State plan amendments to be submitted to incorporate changes as well.

LM: As part of this process we will be phasing out MediPASS and HMO authority which is under State Plan. In relation to public hearings, we do want to streamline and make that as transparent as possible.

LM: We have been getting questions at the IME of different providers and agencies, etc. Different managed care companies are actively working to engage providers. We are saying bids have been received when questions are asked about the possible MCOs.

Q: Provider agreements have to be approved by DHS. Will DHS pre-approve contracts for bidding? Should providers be signing or not?

LM: It's hard to answer that without knowing what the contracts look like. We haven't had an opportunity to review those. Something to keep in mind as a provider, is that contracts may change in the future.

Q: Provider received a contract from MCO to be turned in by June 12, 2015? Incorporating CMS comments, etc. with the new reporting manual – you'll be making some adjustments with MCO contracting, will that be published as you make decisions when you develop contracts? Will you also be publicizing that insight or not to the MCOs?

A: Contracts will be public information. We can take that back and think about whether or not. I can't comment definitively here.

Q: A lot of anxiety here.

LM: Are some things in new CMS regulations – we will see some pushback. How far do we want to go and propose rules or hold off, so good idea, thanks.

Jane Hudson: Oversight: In RFP, MCOs have their own stakeholders, been talk about MAAC most appropriate, status?

LM: Still something we are talking about and is a good option, but I don't have a firm answer for you today.

Jane Hudson: Annual external audits. Recommend annual independent external audits by MCO?

LM: Are requiring financial independent annual audits. Quality audits, yes, review by independent third party.

Q: Requiring consumer support services? Are you already thinking about some independent consumer support services?

LM: Talk at the Legislature for the Ombudsmen and where that would reside. We are waiting to see where that decision is made. Developing things behind the scenes.

Shelly Chandler, IHCA: Comment or standard credentialing form for providers, has there been any movement or progress on this?

LM: I think that is still in progress. We are going to see what info we get back from proposals and work it through contracting. We want to streamline things as much as possible and make it easy as possible for providers. We understand the administrative burden

IA HEALTH LINK- Lindsay Buechel

Want to discuss the branding and communications plan for the transition and ongoing. We are expanding the use of the program and calling managed care the Iowa Health Link Program. Focused on using this, we have always intended to expand the use and incorporate other programs. This was tested with Medicaid members and found to be friendly and approachable. The whole concept behind Iowa Health Link is to link the various components of health care together under one Medicaid program. We wanted something that was quick, easy and clean as well as recognizable and easy to understand. From the member perspective, we'd say Iowa Health Link. This is a one central approach. You'll start to see this popping up a lot on our communications. We will be doing a formal press release and launch. We wanted to give you all a preview of this today. Sneak peak of what we are wanting to do. It is really something we are excited about right now and wanted to walk through some of our communications tactics. We will have a different approach with different populations. We know we can't speak to everyone the same. Keep some of this in mind. [Runs through the slide of the proposed communications tactics] We are in the process of developing a group that will provide guidance with LTC, HCBS/waiver populations, etc. – goal is to get feedback directly from families and advocates and members. Materials will be provided to stakeholder and provider as toolkits. We saw with public meetings that we had early in the spring, we got great attendance all throughout the state, with tele-town halls want to make sure we are pulling in our members as well. We will be developing a series of meetings throughout the state. This will allow us to give the opportunity across the state by webinars, etc. Provider training will be held in fall, looking into trainings for stakeholders as well. We will have quite a few member materials. We will be developing a lot of educational material – you will see some split here with different audiences. Right now we are looking at doing initial mailing this summer to introduce the concept. This first round will be announcement. This will introduce the basic facts and kind of give members a timeline. All of our mailings will be shared with our stakeholders. We will keep everyone very looped in. Second mailing will be in fall – this is when members will make selection on managed care organization. We are looking at fall months to start that transition. We are not quite there yet on terms of process. Will be working with media as well to promote through a variety of channels. A whole lot of outreach to provider educational materials. Expect to be broken up to different provider types as well. FAQs, timelines, ILs, email, materials available at website, etc. All across the

state we know members turn to different groups so community partners will be a target group as well. Last thing, is stakeholder email list. If you're not on this refer to email address on the slide.

[Goes over proposed communications timeline] To be most impactful we need to be telling members which MCOs they are able to choose from.

Will have detailed communications and plan on the site. Will be posted on Medicaid Modernization webpage. Will start expanding Iowa Health Link pages on site. Reach out to communications team at IMECommunications@dhs.state.ia.us .

We'd be happy to discuss!

Q: Are you going to develop an app for Iowa Health Link?

LB: Giving timing, not sure we will be able to. Certainly something I can take back and suggest.

Q: When are you anticipating finalize details for the first meetings starting already in June?

LB: Some events may be things people asked us to attend. Public facing in the fall. Next two months or so getting that nailed down. We also talked about waiver public comment periods.

Q: Suggest a lot of social media, WIC , Public Health nursing, etc. really invested in health care.

LB: We are looking at a lot of public health agencies. All great suggestions.

Q: Suggest as looking at timeframes. Push forward the timeframes. Members are scared. Frontline staff that field the questions. Answers are vague. Need information now.

LB: Absolutely. Have materials within summer. Getting basic materials out.

Q: Follow-up, we are fielding calls as well in most family advisory groups. Way too late. When Magellan rolled out IHH, our phone started ringing. Information has to be out there and we have to have more of an answer. This is people's lives. They need to know what we know before rumors start. We have heard from our counterparts in Kansas where the whole role out and all stakeholder advocacy groups were getting info after the fact. I'd encourage revisiting the timelines.

LB: We will take a look at what we can do to give you the tools you need.

Q: Thank you for sharing by the way. Proposed timeline ends fall 2015. Most important is mapping out the timeline once fall starts. Once it went live is where it's needed most. Mapping out commitment to have infrastructure in place to take feedback. Extending what you are doing here.

LB: To address this is our focus for the transition, it is just as important to focus on after in the new world.

Q: Great info thanks for sharing. General question on enrollment process. Determined if person can be on Medicaid, after that do you see a process of when they get an enrollment packet. Is there a preliminary assessment piece? Give us an idea what's happening on front end piece.

LM: Eligibility will continually be processed as is today. Once packets are mailed out, if need assistance, they will be calling our Member Services unit which will assist them in any info they may need. For needs assessments that community-based, we are still kind of working through how we are going to operationalize that, for new members coming in that are waiting to be assigned to MCO we are still working on who is going to be doing that. We are still working on how to vet this.

Q: Concerns over keeping current positions – relationship maintained - members able to keep PCP?

LM: There are going to be differing individual circumstances, intention to maintain existing relationships. We want to be able to assist members that are right for their needs continuative care is at the fore front of our minds. Allow members to keep provider of choice.

A to comment: Meeting materials are posted on DHS website and will be sent out via email.

Q: Jane Hudson: Is DHS staff doing it itself or are you contracting it out?

LB: Iowa Medicaid communications team is handing the work now and we also work with an external team. We are also working with corporate communications staff at DHS.

Q: How much money are you given to communications?

LB: Still being determined

Q: What alternative formats are you doing communications in?

LB: Still looking on this right now, different translation options, making the Member Services call center aware of all changes and fully able to answer questions, looking at a few other methods to get to people person to person. We are looking to explore in some of those advisory groups. We are really interested in hearing from you about this. Would like some direct input.

RULES REVIEW (QUESTIONS ONLY)

Any questions on outstanding rules. Lindsay Buechel read purpose of change.

STATE PLAN AMENDMENTS

NEW BUSINESS

Q: Planned next meeting of this group?

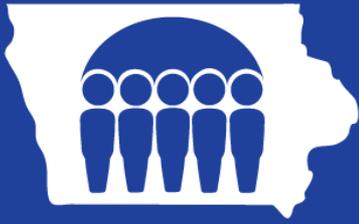
LB: Full council technically speaking would be November, but will be adding other meetings on the calendar in summer months and another in the fall.

PUBLIC COMMENT

Q: Mikki's email address?

Mikki Stier: Will have it sent out with the minutes.

The meeting adjourned at 3:05 p.m.



Iowa Department of Human Services

Medical Assistance Advisory Council (MAAC)

May 28, 2015



Medical Assistance Advisory Council (MAAC) Full Council Meeting Agenda: 05/28/2015

- 1:00 Introductions and Roll Call
- 1:05 Overview of Voting for New Executive Committee
- 1:10 Introduction and Remarks from the New Medicaid Director
- 1:15 Medicaid Budget Update
- 1:35 Iowa Health and Wellness Plan NEMT Waiver and Comment Period
- 2:05 State Innovation Model Grant Update
- 2:30 Medicaid Modernization
- 3:35 Rules Review (questions only)
- 3:40 State Plan Amendments (questions only)
- 3:45 New Business
- 3:50 Public Comment
- 4:00 Adjourn



Introductions and Roll Call

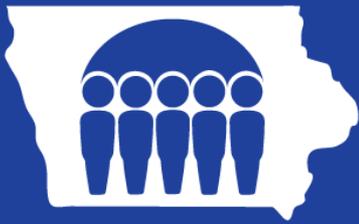


Overview of Voting for New Executive Committee



Executive Committee

- Meets no more than monthly (likely quarterly)
- Two year term
- Five representatives from professional organizations
- Five representatives from consumer organization and/or public members
- Chaired by the Director of IDPH



Executive Committee Voting

- One ballot per organization
- Only official MAAC-designated organizations or public members may vote
- Turn in ballot in folder on sign-in table, or to Lindsay Buechel after the meeting
 - Ballots accepted via email from organizations not present in person
- Results to be announced via email by Wednesday, June 3, 2015



Introduction and Remarks from the New Medicaid Director

Mikki Stier, MSHA, FACHE
Medicaid Director



Medicaid Budget Update

Joe Havig,
DHS Budget Analyst



SFY15 Medicaid Budget

Comparison to SFY14

	SFY14 Final	SFY15 Midpoint	Difference
State Revenue	\$1,480,390,335	\$1,539,670,505	\$59,280,170
State Expenditures	\$1,480,390,335	\$1,619,670,505	\$139,280,170
Ending Balance	\$0	(\$80,000,000)	(\$80,000,000)



SFY15 Medicaid Budget

FMAP and Trend Analysis

In Millions	Total Dollars	State Match	State Dollars
SFY14 Spending	\$3,554.4	41.65%	\$1,480.4
SFY15 FMAP Adj.	\$3,554.4	43.86%	\$1,559.0
State Spending Increase			\$78.6

In Millions	State Dollars
SFY15 Baseline State Spending	\$1,559.0
SFY15 Trend	3.89%
Revised SFY15 State Spending	\$1,619.7
State Spending Increase	\$60.7



SFY16 Medicaid Budget Proposals

SFY16 Request	Gov. Rec.	Senate	House
General Fund Appropriation	\$1,361.8M	\$1,346.4	\$1,320.8
Other State Revenue	\$287.7M	\$292.8M	\$289.7M
Base Expenditures	Dec-14 Midpoint	Dec-14 Midpoint	Dec-14 Midpoint Less \$21.6M
Rebasing	\$42.8M	\$42.8M	\$10.0M
Modernization	(\$51.1M)	(\$102.3M)	(\$51.1M)
Cost Management	(\$19.1M)	(\$6.0M)	(\$17.5M)
Other Program Changes	\$1.8M	\$9.3M	(\$2.6M)



Iowa Health and Wellness Plan

Current DHS Projections

	SFY15	SFY16
Average Monthly Enrollment	122,544	145,177
Total Expenditures	\$729,089,670	\$886,753,932
Federal Share	\$707,708,805	\$864,247,474
State Share	\$21,380,865	\$22,506,458



SFY16 CHIP Budget Proposals

SFY16 Request	Gov. Rec.	Senate	House
General Fund Appropriation	\$21,163,844	\$21,163,844	\$20,010,344

- All proposals incorporate the 23 percent FMAP increase authorized by the ACA
- The House includes a \$1.1M trend adjustment



SFY16 Medical Contracts Budget Proposals

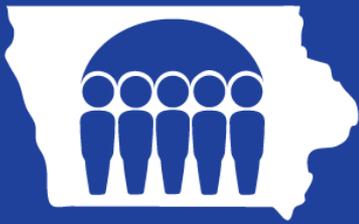
SFY16 Request	Gov. Rec.	Senate	House
General Fund Appropriation	\$22,903,584	\$22,153,584	\$20,613,964

- The Senate and House assume lower Health and Wellness Plan administrative spending
- The House incorporates \$1.5M in other state revenue to reduce the General Fund need
- The House also requires additional spending of \$1M for autism-related grants



Iowa Health and Wellness Plan NEMT Waiver

Deanna Jones,
Iowa Health and Wellness Plan
Program Manager



NEMT

- The commercial approach of the Iowa Health and Wellness design has specifically excluded non-emergency medical transportation (NEMT) services
- Iowa Medicaid partnered with the University of Iowa Public Policy Center to research and assess the impact NEMT has on access to care



NEMT

- Iowa Medicaid members who were surveyed included:
 - Iowa Health and Wellness Plan members
 - Members receiving 'traditional' Medicaid benefits through the State Plan
- Iowa conducted the analysis which found that the survey responses of the two populations do not have statistically significant differences

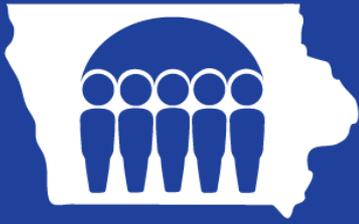


NEMT

- Iowa requests to continue waiving the NEMT service for members under the Iowa Health and Wellness Plan
 - Excluded from the waiver:
 - Medically exempt
 - Eligible for EPSDT services
- Iowa requests this waiver be extended to December 31, 2016



Public Comments



Iowa Department of Human Services

Healthy Behaviors Program Update



Healthy Behaviors Program

- Activities must be completed each year of program enrollment to waive contributions
 - Completion only waives the next year, not all future years
- Activities for 2015 include:
 - Wellness exam (can be physical or dental exam)
 - Dental exam added in April 2015, but retroactive to Jan. 1, 2015
 - Health risk assessment

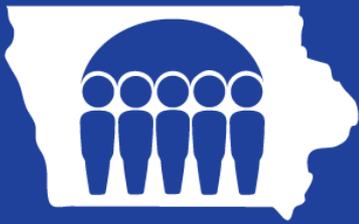


Healthy Behaviors Program

- Members continue to have 12 months to complete Healthy Behaviors
 - Enrolled in January 2014, had until January 2015
 - Enrolled in July 2014, have until July 2015

Contribution amount if activities not completed:

- Wellness Plan (50-100% FPL): \$5 per month
- Marketplace Choice Plan (101-133% FPL): \$10 per month



Healthy Behaviors Success

	Iowa Health and Wellness Plan	IowaCare	Regular Medicaid (adults age 19-64)
Wellness Exams in 12 month period	Close to 32% of population	5.5% of population	5.3% of population

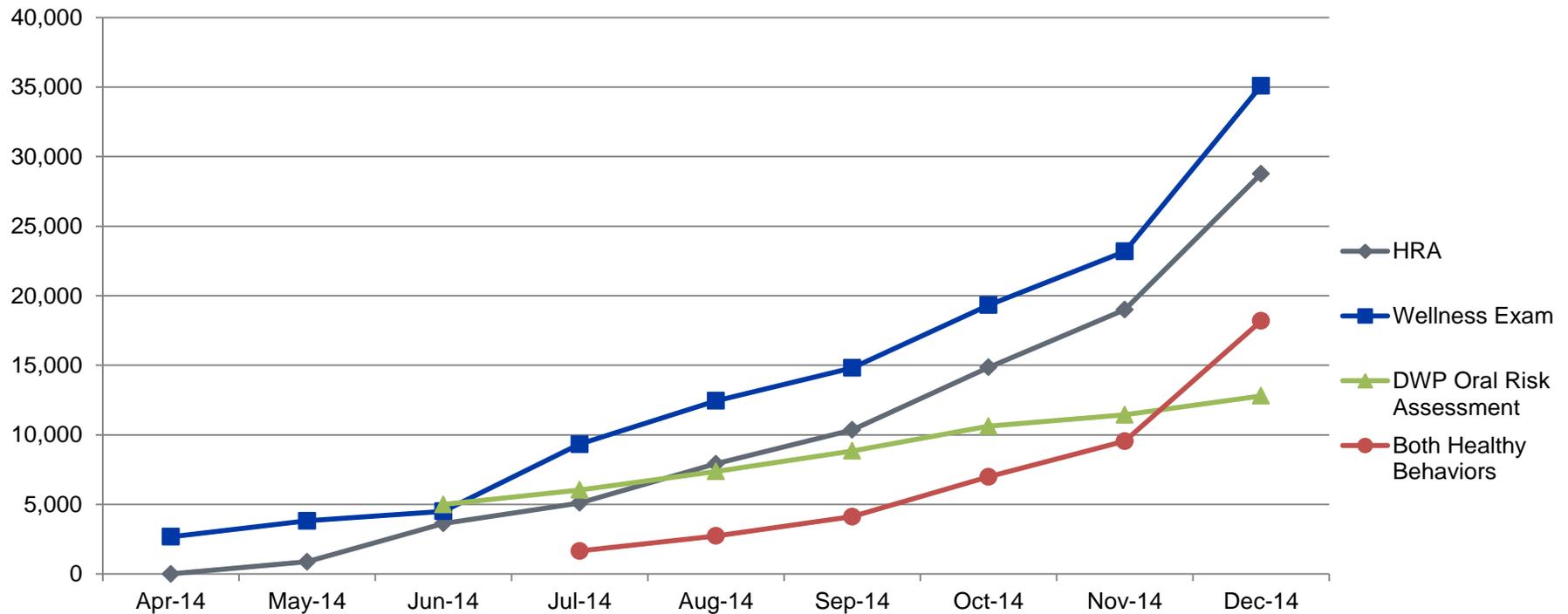
More than **35,200** wellness exams completed in 2014

More than **28,700** health risk assessments completed in 2014

More than **18,200** have completed both activities in 2014



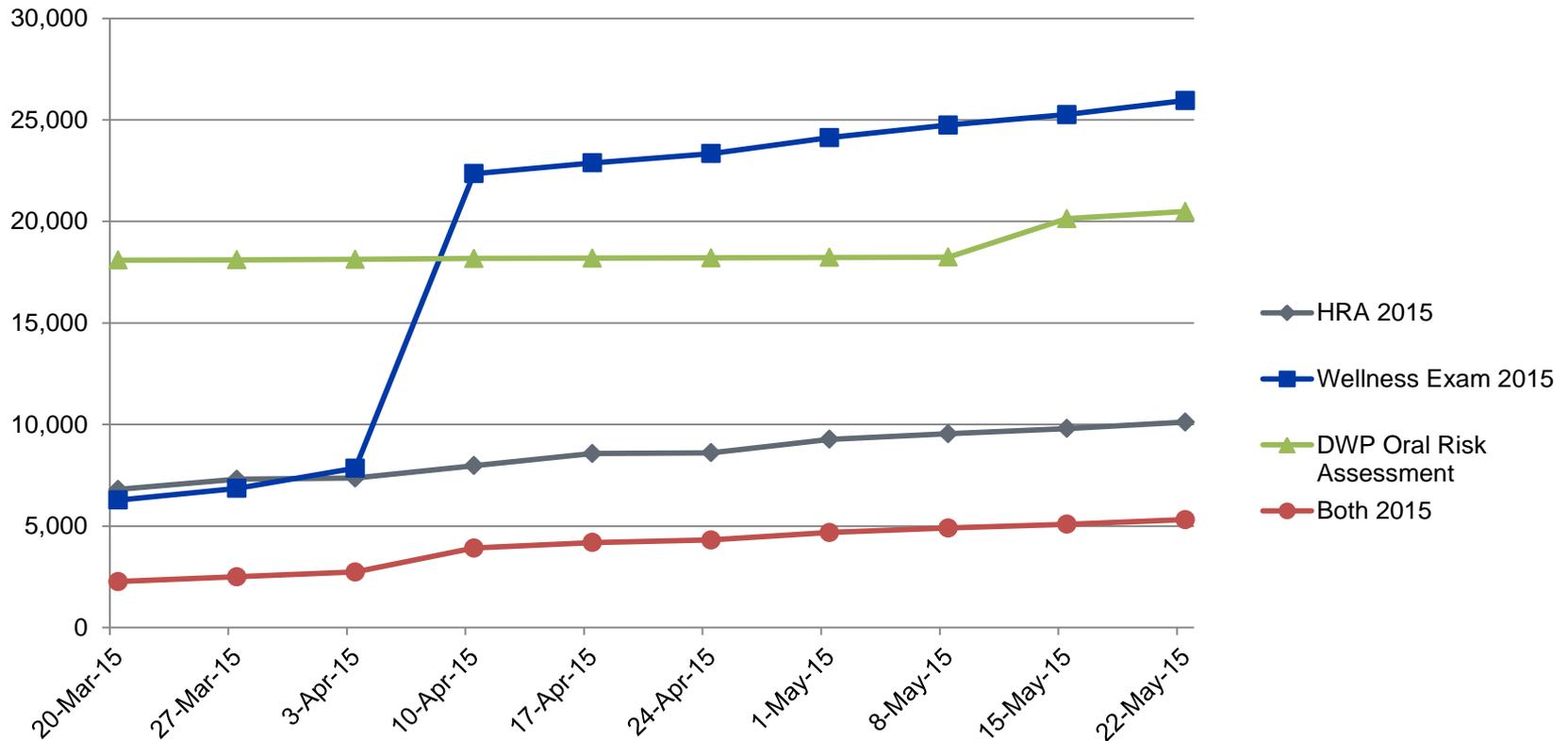
Healthy Behaviors Success Trends in 2014



*Data current as of May 22, 2015 for activities completed in 2014.
Expanded wellness exam definition incorporated in October*



Healthy Behaviors Success Trends in 2014



Data current as of May 22, 2015 for activities completed in 2015.
Dental exam added to wellness exam definition April 3, 2015.



Member Contributions Begin

- Contributions began for individuals who have not completed Healthy Behaviors
 - Only for those with 12 months or more of eligibility (enrolled Jan. - Jun. 2014)
- Statements mailed to approximately 16,625 individuals for February 2015
 - Close to half of the 39,000 individuals were exempt for completing Healthy Behaviors or are otherwise exempt



Monthly Contribution Statements

- Statements mailed near the end of each month
- Due by 15th of month
- Member may make payment or claim financial hardship
 - Hardship claimed via payment coupon or over phone with IME Member Services




Iowa Health and Wellness Plan Billing Statement

000000
John Doe
123 Main Street
Anytown, Iowa 00000-0000

Billing Date: 05/25/15
Due Date: 06/15/14
Invoice: 0000000000000000
Member ID: 0000000X



Hi John Doe,

As a member of the Iowa Health and Wellness Plan it is your responsibility to pay a member contribution. This statement tells you how much your contribution is and when it is due.

- 1 The total amount that you owe is \$15.00. This amount is due 06/15/14.
- 2 Please return the amount owed with the payment coupon below. Make your check out to *Iowa Health and Wellness Plan*. Please do not send cash or any other documents with your payment.
- 3 If you are unable to pay your contribution, please check the hardship box below and return the payment coupon OR call Member Services at 1-800-338-8366. **Important note: Checking the box below to claim financial hardship will apply to this month's amount due only. You will still be responsible for amounts due from past months.**

If you have any questions please call Member Services at 1-800-338-8366 Monday through Friday, from 8:00 a.m. to 5:00 p.m.

470-5285 (09/14)
TEAR HERE, KEEP ABOVE FOR YOUR RECORDS


 Hardship: By checking this box I am claiming financial hardship (see more information about hardship on back side).

John Doe
123 Main Street
Anytown, Iowa 00000-0000

Make check or money order out to:
Iowa Medicaid Enterprise
Iowa Health and Wellness Plan Contributions
PO Box 14485
Des Moines, IA 50306-3485

Due Date: 06/15/14
Member ID: 0000000X 0
Amount Due: \$15.00

Amount Due:	\$15.00					
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DO NOT SEND CASH



State Innovation Model Grant Update

Bob Schlueter,
Bureau Chief

Adult and Children's Medical Services



SIM Update

Key SIM elements in the Modernization RFP:

1. **Transformation:** Specific requirements for Value Based Purchasing (VBP)
2. **Delivery System:** Value Index Score (VIS) must be used to measure “quality” in VBP
3. **MCO Alignment:** VIS+ a reduction in total cost is a key incentive for MCOs

<https://dhs.iowa.gov/ime/about/state-innovation-models>



Medicaid Modernization Update and Discussion

Liz Matney,
Managed Care Director

IAHealthLink Communications Strategy

The Iowa Department of Human Services will work with stakeholder groups to educate eligible Iowans and key audiences about the transition into Iowa's new managed care program, officially named IAHealthLink. This strategic plan will encourage program enrollment and plan selection, and ensure all Medicaid members continue to engage in healthy behavior activities.

The IAHealthLink brand previously represented the Iowa Health and Wellness Plan in 2014, and was designed with the capability to represent future transitions for Medicaid programs, such as this new managed care program. Chosen for its friendly and approachable design, the continuation of the IAHealthLink brand will ensure a seamless transition into the managed care program.

Proposed Communications Tactics

Reaching, educating, and enrolling target audiences will require the use of a variety of communications vehicles and messaging tactics, including the following:

- **Provider toolkits:** Health care provider toolkits will be created in order to give providers all necessary information and materials.
- **Provider webinars:** Providers will have the opportunity to register for informational webinars.
- **Provider training:** Annual provider training will inform providers of changes to plans and processes.
- **Stakeholder outreach:** Active discussions with key stakeholders will take place leading up to the enrollment period.
- **Stakeholder toolkits:** A toolkit will give stakeholders access to necessary documents and resources for the transition.
- **Community partnerships:** Targeted groups and organizations within the community will receive information and education on the new program.
- **Tele-townhalls:** Webinars will provide information to the public about the transition and give them an opportunity to ask questions.
- **Events:** Stakeholder events/meetings will be held to distribute key transition information.
- **Newsletters:** A newsletter series will inform members and stakeholders about the status of the program.
- **Membership mailings:** Targeted direct mail pieces to members will deliver key information throughout the transition.
- **Earned media:** Opinion editorials and/or letters to the editor will highlight the importance of the program in key media outlets.

Proposed Timeline

The grid on the reverse side reflects an approximate timeline for the IAHealthLink communications campaign to reach the target audiences.

	June	July	August	September	October	November	December	January	February	March	April	May	June
Stakeholder Meetings	2,3		2,3			2,3			2,3			2,3	
Stakeholder Toolkits	2,3												
Tele-Townhalls	1,2,3	1,2,3				1,2,3	1,2,3						
Events	1	1	1										
Member Info Materials		1,2,3	1,2,3			1,2,3							
Newsletters	1			1		1			1			1	
Member Mailings		1,2,3			1,2,3	1,2,3	1,2,3						
Earned Media	1,2,3	1,2,3	1,2,3	1,2,3	1,2,3	1,2,3	1,2,3	1,2,3	1,2,3				
Member & Family Advisory Groups		1,3		1,3		1,3							
Grassroots Outreach		1	1	1	1	1	1						
Provider Toolkit		2		2									
Provider Info Letters	2		2	2	2	2	2						
Targeted Provider Materials	2		2		2								
Provider Educational Materials		2			2								
Annual Provider Training				2	2	2							
Provider Webinars				2	2	2							
Provider Industry Groups & Outreach		2		2		2							
Stakeholder Email Campaigns	3	3	3	3	3	3	3	3	3	3	3	3	3
Stakeholder Advisory Groups		3		3		3							
Targeted Community Partnerships			3	3	3	3	3						
Marketplace Coordination					3	3	3						

Target Audience IDs
1 - Current Medicaid Members
2 - Health Care Providers
3 - Stakeholders and General Public

Iowa Health Link:

Managed Care Program and Brand in Iowa

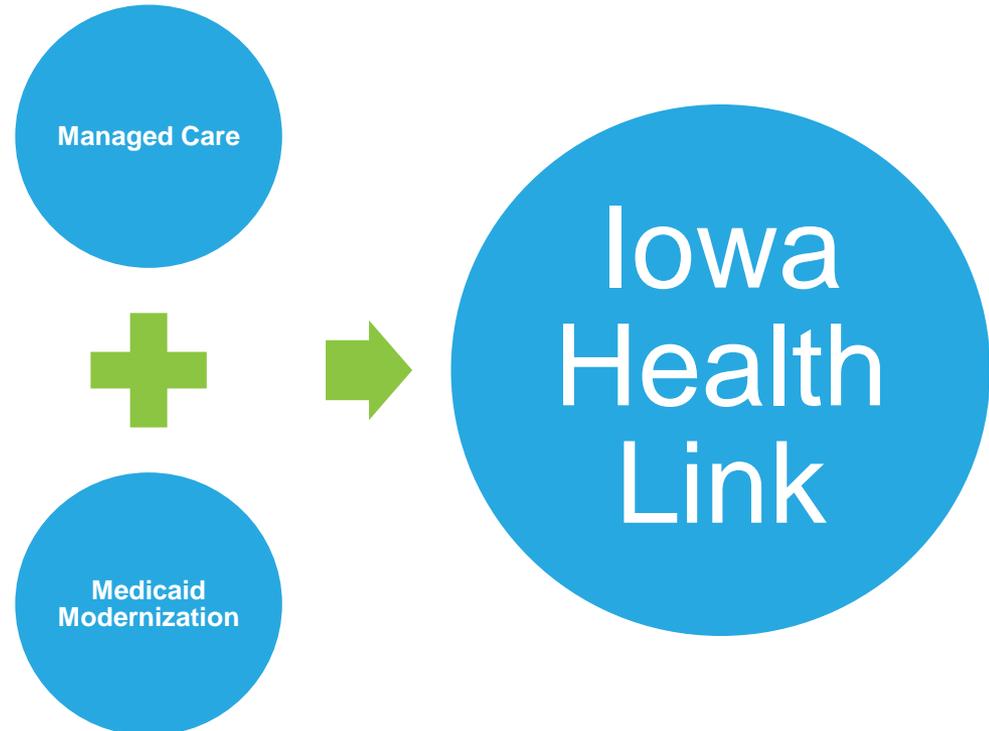
Iowa Health Link Program Name



- Program name that will be used to describe managed care
- Previously used for the Iowa Health and Wellness Plan, but designed for larger-scale use
 - Designed and tested directly with Medicaid members
 - Friendly and approachable design

Iowa Health Link Program Name

- Initiative called Medicaid Modernization, but program will be called Iowa Health Link
 - Member: “I’m enrolled in the Iowa Health Link program”



Iowa Health Link

- Begin to see name and branding used on communications and materials related to the managed care transition
- Official launch in coming weeks
 - Press release
 - Release of branded materials
 - Information on DHS website

Proposed Communications Tactics

- Stakeholder outreach and advisory groups
- Stakeholder and provider toolkits
- Tele-townhall meetings
- Events and trainings
- Newsletters
- Member educational materials
- Member mailings
- Earned media
- Provider educational materials
- Community partnerships
- Stakeholder emails

Proposed Communications Timeline

Communications Tactic	Proposed Timeline
Stakeholder Meetings	May-Nov. 2015
Stakeholder Toolkit	June 2015
Tele-townhall Meetings	Summer 2015, Nov. - Dec. 2015
Events	Ongoing (Summer- Fall 2015)
Member Info Materials	Jul. – August 2015
Member Mailings	Jul. – Aug. 2015; Oct. – Nov. 2015
Newsletters	Aug. and Nov. 2015

Proposed Communications Timeline

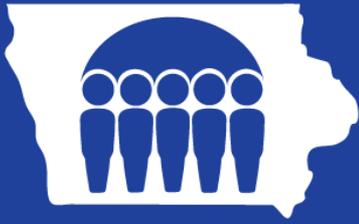
Communications Tactic	Proposed Timeline
Provider Toolkit	Jul 2015
Provider Group Outreach	Summer – Fall 2015
Provider Info Letters and Materials	Jun. 2015 – Dec. 2015
Annual Provider Training	Fall 2015
Earned Media	Summer – Fall 2015
Stakeholder, Member & Family Advisory Groups	Jun. – Aug. 2015

Proposed Communications Timeline

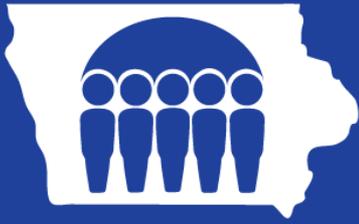
Communications Tactic	Proposed Timeline
Webinars	Sept. – Dec. 2015
Stakeholder Email Campaign	May – Dec. 2015
Targeted Community Partnerships	Summer- Fall 2015
Marketplace Coordination	Oct. – Dec. 2015
Grassroots Outreach	Summer- Fall 2015

Questions and Comments

- More details and documents to be released in the coming weeks
- Encourage involvement of stakeholders:
 - Send communications/outreach comments or questions to:
IMECommunications@dhs.state.ia.us.



Modernization Discussion



Rules Review

rules in process

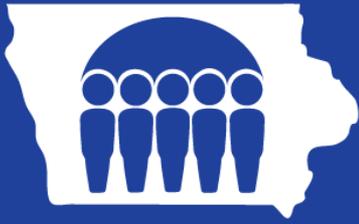
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Ref. #	Date Rec'd	DIV	Type Rule	Stat. Rule Auth.	Purpose of these Amendments	Specific Rules Affected	Status	Notice ARC#	Adopt ARC#	Rules Eff. Date	POC
16-008	4/2/2015	IME	EAN	249A.4	Remove transportation to medical appointments from the HCBS waiver transportation service and clarifies use of transportation as part of SCL service for ID and BI waivers. Removes "related condition" as basis for eligibility of RBSCS services under ID waiver. Changes the definition of ID to match Federal definition found in DSM-5.	78.37(11), 78.41(1)"a"(5), 78.41(11), 78.43(2)"a"(5), 78.43(7), 78.46(5), 83.6 "Intellectual Disability", 83.61(1)"a"	N - Noticed	1982C		7/1/2015	Brian Wines
16-005	2/16/2015	IME	Reg	249A.4	Changes the reimbursement methodology for non-state-owned Psychiatric Medical Institutions for Children (PMICs). There is no change for the methodology for state-owned PMICs. Also adds a reference to PMIC services in Chapters 85 and 88.	79.1(2), 85.25, 88.62(1)	A - Adopted	1921C	2026C	8/1/2015	LeAnn Moskowitz
16-003	2/6/2015	IME	Reg	249A.4	Informs bidders on new NEMT Request for Proposal that DHS is eliminating the two-business-day advance notice for mileage reimbursement trips. Defines a timeframe for which a member or transportation provider can submit a claim to the broker for reimbursement	78.13(3)"a", 78.13(3)"i"	A - Adopted	1901C	1976C	7/1/2015	Tim Weltzin
16-002	12/9/2014	IME	Reg	249A.4	Adopt new subparagraph to address petition for rulemaking to address reasonable costs for staff training	79.1(15)"b"(9)	A - Adopted	1818C	1977C	7/1/2015	Brian Wines

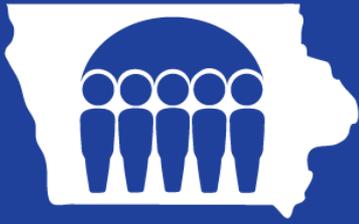


Current Pending State Plan Amendments

<http://dhs.iowa.gov/ime/about/stateplan>



New Business and Public Comment



Medical Assistance Advisory Council

For additional questions or comments, please contact
Lindsay Buechel at lbueche@dhs.state.ia.us

rules in process

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