



Iowa Health and Wellness Plan

On May 23, 2013, the Iowa Legislature enacted the “Iowa Health and Wellness Plan”. This plan is a compromise between the Governor’s Healthy Iowa Plan and Medicaid Expansion. Beginning January 1, 2014, the Iowa Health and Wellness Plan will cover all Iowans age 19-64 with income up to and including 133 percent of the Federal Poverty Level. The Plan will provide a comprehensive benefit package and provider network, along with important program innovations that will improve health outcomes and lower costs.

Federal Approval Process

The Governor proposed the “Healthy Iowa Plan” earlier this spring. His intent was to provide access to affordable health insurance, ensure quality care, establish an outcomes-based reimbursement method, and require personal responsibility measures and stability for Iowans with sustainable funding. The new program was to replace Iowa’s current program to cover low income adults, IowaCare, which is set to expire on December 31, 2013.

The Iowa Department of Human Services (DHS) initiated steps to apply for a Section 1115 Waiver to implement the Governor’s Healthy Iowa Plan in order to comply with federally required due dates for such a waiver. On May 23, 2013, the Legislature enacted the Iowa Health and Wellness Plan. This plan is a compromise between the Governor’s Healthy Iowa Plan and Medicaid Expansion.

In response to the compromise plan and per recent direction from the Centers for Medicare and Medicaid Services (CMS), DHS will issue two new 1115 waiver applications. One application will be for the Wellness Plan, the benefits plan offered to those persons with income between 0-100 percent of the federal poverty level (FPL). The other application will be for the Marketplace Choice Plan, the benefits plan offered to those persons with income between 101-133 percent FPL. Information about each plan is detailed in the following pages.

The Iowa Medicaid Enterprise is beginning a new public and tribal notice period that will cover both waivers. As part of the notice period, DHS will collect public comments and hold two additional public hearings on July 29 and July 30. See the Iowa Medicaid Enterprise website for details: <http://www.ime.state.ia.us/iowa-health-and-wellness-plan.html>.

Iowa Wellness Plan

Eligibility

Adults - age 19-64

Income up to and including 100% of the Federal Poverty Level

- (\$11,490 for a family of 1 person, \$15,510 for a family with 2 people)

Not otherwise eligible for Medicaid

Benefits Covered

Comprehensive health services, equivalent to the State Employee Health Benefit Package, including

- Ambulatory patient services (e.g. Physician Services)
- Emergency services
- Hospitalization
- Mental health and substance use disorder services, including behavioral health treatment
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services
- Home and community based services for persons with Chronic Mental Illness, equivalent to the Medicaid benefit
- Prescription drugs, equivalent to the Medicaid benefit
- Dental services

Provider Network

Medicaid Provider Network, including enrollment with a primary care medical home for all members to assist in coordinating health services.

Out of Pocket Costs

- No co-payments, except for \$8 for using the Emergency room when it was not a medical emergency
- No monthly contributions or premiums in the first year
- No contributions after the first year if the member completes preventative services and/or wellness activities
- Monthly contributions only for adults with incomes greater than 50% of the Federal Poverty Level if preventative services / wellness activities not completed.
- Out of pocket costs can never exceed 5% of income

Health Care Innovations

The program will include care coordination and management by Accountable Care Organizations (ACOs).

- ACO's will be accountable under a contract for a set of quality and cost outcomes for the population attributed to them.
- ACOs will assist members by coordinating care through medical homes, engaging in proactive health care, preventive services, and member outreach. This will in turn increase quality outcomes and lower costs.
- If the ACO is successful in meeting the quality and cost measures, they can receive a share of the savings that was achieved.
- The program will also provide incentives for members to engage in health and wellness activities through being able to have their monthly premiums waived.

Iowa Marketplace Choice Plan

Eligibility	<p>Adults - age 19-64 <u>Income 101% up to and including 133% of the Federal Poverty Level</u></p> <ul style="list-style-type: none"> (\$11,491-\$15,281 for a family of 1 person, \$15,511-20,628 for a family with 2 people) <p>Not otherwise eligible for Medicaid</p>
Premium Assistance Program	<p>This program will be a premium assistance program. Members will select a <u>commercial health plan</u>, through the new Health Benefits Exchange (also known as the Marketplace).</p> <ul style="list-style-type: none"> The Health Benefits Exchange is a new, on-line marketplace where individuals will be able to compare and select commercial health plans. If eligible for the program, the member will select from a choice of commercial plans. The Medicaid program will pay the premium to the commercial health plan on the individual's behalf. The Medicaid program will ensure that the health plan options provide the required benefits, provider network, and out-of-pocket costs.
Benefits Covered	<p>The commercial plan will provide coverage for comprehensive health services, at least equivalent to the State Employee Health Benefit Package, including:</p> <ul style="list-style-type: none"> Ambulatory patient services (e.g. Physician Services) Emergency services Hospitalization Mental health and substance use disorder services, including behavioral health treatment Rehabilitative and habilitative services and devices Laboratory services Preventive and wellness services Home and community based services for persons with Chronic Mental Illness, equivalent to the Medicaid benefit Prescription drugs, equivalent to the Medicaid benefit Dental services
Provider Network	<p>Statewide provider network available through the commercial health plan.</p>
Out of Pocket Costs	<ul style="list-style-type: none"> No co-payments, except for \$8 for using the Emergency room when it was not a medical emergency No monthly contributions or premiums in the first year No contributions after the first year if the member completes preventative services and/or wellness activities Monthly contributions only for adults with incomes greater than 50% of the Federal Poverty Level if preventative services / wellness activities <u>not</u> completed. Out of pocket costs can never exceed 5% of income
Health Care Innovations	<p>The use of commercial health plans and selection through the Health Benefits Exchange will:</p> <ul style="list-style-type: none"> Allow individuals to stay on the same plan through the Exchange even if their income changes and they are no longer eligible for Medicaid. Allow individuals to access coverage through the same plans as any other Iowans seeking coverage on the private individual market, through the Health Benefits Exchange. <p>The program will also provide incentives for members to engage in health and wellness activities through being able to have their monthly premiums waived.</p>