



Iowa Health and Wellness Plan Waiver Approval: Frequently Asked Questions

When will coverage under the Iowa Health and Wellness Plan begin?

Coverage under the Iowa Health and Wellness Plan will begin January 1, 2014, as originally planned.

What other waivers were included?

Both waivers contained additional requests to modify other aspects of the traditional Medicaid State Plan. Some of the waivers were permitted, while others were withdrawn. Details can be found below.

Non-Emergency Medical Transportation Services (NEMT)

A waiver of NEMT services was requested because the enabling legislation specifies benefits and did not include NEMT. The waiver of NEMT services was accepted by CMS and NEMT will not be a covered service for Iowa Wellness Plan or Iowa Marketplace Choice Plan members.

Cost-Sharing Amount for Non-Emergent Use of Emergency Room

This waiver was requested as it aligns the waiver with Iowa Health and Wellness legislation and will test if a copayment of this amount impacts member care seeking behavior and reduces non-emergency ER visits. The waiver originally requested a \$10 copayment, and the final copayment was approved, with a modification, making the copayment \$8.

Early Periodic Screening, Diagnoses, and Testing (EPSDT)

A waiver of EPSDT was requested because the enabling legislation specifies benefits and did not include EPSDT. The request for the waiver was withdrawn. EPSDT will be covered for Iowa Wellness Plan and Iowa Marketplace Choice Plan members age 19 and 20.

Retroactive Eligibility

A waiver of the standard Medicaid retroactive eligibility requirements was requested because the enabling legislation speaks to enrollment as of the first of day of the month following eligibility determination and does not provide for retroactivity. The waiver was withdrawn. Iowa Wellness Plan and Iowa Marketplace Choice Plan will adhere to existing Medicaid eligibility guidelines.

- Coverage Effective Date: First day of the month of application
 - Ex. Application received on January 15, coverage would be effective January 1
- Retroactive Eligibility: Up to three months of retroactive eligibility may be available.
 - Note: Retroactive eligibility begins January 2014, with the approval of the program. Eligibility cannot be made retroactive prior to January 2014.

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Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC) Access

Applies to Iowa Marketplace Choice Plan Only. Medicaid programs are currently required to contract with all FQHCs and RHCs in the state. A waiver was requested to this requirement, because members will have access to the full provider network available from the qualified health plans. Additionally, the qualified health plans have contracted with FQHCs and RHCs in each geographic area. This waiver was accepted.

Use of Qualified Health Plan Formulary

Applies to Iowa Marketplace Choice Plan Only. A waiver was requested to allow members of the Iowa Marketplace Choice Plan to use the qualified health plan drug formulary to define the prescription drug benefit. The waiver was accepted, and Iowa Marketplace Choice Plan members will use the qualified health plan drug formulary to determine prescription drug coverage.

FQHC/RHC Reimbursement

Applies to the Iowa Marketplace Choice Plan only. A waiver was requested to pay FQHCs and RHCs the reimbursement rate contracted by the qualified health plans, for services received by Marketplace Choice Plan members. The waiver was withdrawn. If the qualified health plan pays a rate to a FQHC or RHC that is lower than the Medicaid contracted rate, Medicaid will pay the difference for services received by Iowa Marketplace Choice Plan members at that clinic.

Family Planning Providers and Services

Applies to Iowa Marketplace Choice Plan only. A waiver was requested to permit Iowa Marketplace Choice Plan members to receive family planning services from the specific family planning providers contracted with the qualified health plans. The waiver was withdrawn, and Medicaid will cover family planning costs for any provider, not affiliated with the qualified health plan network.

When do premiums apply?

Premiums apply starting in 2015. No premiums are required in 2014 as Iowans using the coverage learn about the healthy behaviors they'll need to complete.

What are the premium amounts for members?

Individuals with Income 0-50 Percent of the FPL: \$0 (no premiums)

Individuals with Income 50-100 Percent of the FPL: \$5 per month

Individuals with Income 100-133 Percent of the FPL: \$10 per month

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What are the opportunities to waive premiums?

Premiums for all members will be waived in 2014. Iowa Wellness Plan and Iowa Marketplace Choice Plan members will have several opportunities to waive premium payments in the following years. All premiums will be waived if the member completes specified healthy behaviors in the year prior.

- Ex. If healthy behaviors are completed in 2014, no premiums would be required in 2015.
- Members may also claim hardship, if a hardship exists in the month.

What happens if a member does not pay the required premiums?

Individuals with Income 0-50 Percent of the FPL: No premiums are required, per state legislation.

Individuals with Income 50-100 Percent of the FPL: Nonpayment of premiums will result in debt subject to collection by Iowa. No loss of coverage will occur, unless at the time of annual renewal, the member has not paid premiums and has no claims since the last premium payment was received.

Individuals with Income 100-133 Percent of the FPL: Nonpayment of premiums will result in disenrollment from the Iowa Health and Wellness Plan.

What are the next steps for the Iowa Department of Human Services in terms of implementing the Iowa Health and Wellness Plan?

Date	Activity
January 30, 2014	Signed Acceptance Letter Due from DHS to CMS
February 27, 2014	DHS to Submit Draft of Evaluation Design
March 31, 2014	DHS to Submit Plan for Implementing Healthy Behaviors Incentives and Premiums for Year One (2014)
Spring 2014	DHS to Submit Final Evaluation Design (due 30 days after receipt of CMS comments on draft)
June- July 2014	DHS to Provide Public with Opportunity to Provide Meaningful Comments on the Iowa Health and Wellness Plan *To be held annually in subsequent years
August 1, 2014	DHS to Submit Plan for Implementing Healthy Behaviors Incentive and Premiums for Year Two and Beyond (2015+)
August 1, 2014	DHS to Submit Plan for Premium Collection, Monitoring and Administration
August 1, 2014	DHS to Submit Baseline Data Related to Statewide Access

For additional details on the requirements, please see the special terms and conditions of the Iowa Wellness Plan and Iowa Marketplace Choice Plan.

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What are the deadlines to enroll in health care coverage?

At HealthCare.gov, the deadline for coverage on January 1 was December 23.

Iowa DHS has continued to encourage Iowans to apply as early as possible. For the Iowa Health and Wellness Plan, Iowans have until January 31, 2014, to sign up for coverage beginning on January 1, 2014, (end of the month that coverage would begin, similar to Medicaid). While their application would obviously not be processed, their benefits will be applied retroactively. For ease of treatment and for provider convenience, we encourage any Iowans who haven't applied, and who seek coverage beginning January 1, 2014, to turn in their applications as soon as possible.

How can people sign up for health care coverage?

- Apply online at <https://dhsservices.iowa.gov>
- Apply by phone through the DHS Contact Center at 1-855-889-7985 (open 7am-6pm, Monday- Friday)
- Apply on paper and mail the application to the address listed on the form
- Apply in person at a local DHS office
- You may need your Social Security number or document numbers for legal immigrants; employer and income information for your family such as paystubs, or wage and statements; any current health insurance policy numbers; and any information about job-related health insurance that's available to your family.

What if someone already receives assistance?

DHS has streamlined the process.

- Current Medicaid recipients don't have to sign up to continue receiving benefits. Most current Medicaid programs remain in place and unchanged.
- Many Iowans who previously received assistance through the IowaCare program were automatically eligible for the new Iowa Health and Wellness Plan if their income was verified.
- Current IowaCare members who do not meet the income requirements for the Iowa Health and Wellness Plan can receive advance premium tax credits through the federal Health Insurance Marketplace.