

**Section 1115 Demonstration Extension
Section 1115(f) Fast Track Application Supporting Documentation
Appendices A - E**

**Iowa Wellness Plan
Project #11-W-00289/5**

**State of Iowa
Department of Human Services**

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APPENDIX A: Historical Summary

Initial Waiver Approval: 2014 - 2016

In 2013, the Iowa Legislature passed with bi-partisan support the Iowa Health and Wellness Plan (IHAWP) to provide access to healthcare for uninsured, low-income Iowans, using a benefit design intended to improve health outcomes for beneficiaries. The IHAWP design sought to improve outcomes, increase personal responsibility, and ultimately lower costs. Key goals were to ensure the IHAWP population had access to high-quality local provider networks and modern benefits that worked to improve health outcomes; and to drive healthcare system transformation by encouraging a shift to value based payments that align with important developments in both the private insurance and Medicare markets.

The IHAWP sought to provide a comprehensive, commercial-like benefit plan that ensures provision of the Essential Health Benefits, indexed to the State Employee Plan benefits, with supplemental dental benefits similar to those provided on the Medicaid State Plan. Through a unique incentive program, the IHAWP also sought to promote responsible health care decisions by coupling a monthly required financial contribution with an incentive plan for members to actively seek preventive health services to earn an exemption from the monthly contribution requirement. Original IHAWP options included the following:

1. The Iowa Wellness Plan (IWP), which covered adults ages 19 to 64, with household incomes at or below 100% of the Federal Poverty Level (FPL); and
2. The Marketplace Choice Plan (MPC), which covered adults ages 19 to 64, with household incomes of 101% through 133% of FPL.

On December 10, 2013, the Centers for Medicare and Medicaid Services (CMS) approved the Iowa Wellness Plan §1115 Demonstration Waiver (Project #11-W-00289/5) and the Marketplace Choice §1115 Demonstration Waiver (Project # 11-W-00288/5), thereby enabling the State to implement the IHAWP on January 1, 2014.

Iowa Medicaid originally administered the IWP through several delivery systems including independent primary care physicians (PCPs), accountable care organizations (ACOs), and managed care organizations (MCOs). Services provided by independent PCPs and ACOs were provided on a fee-for-service basis, while MCOs were compensated based on capitation.

The MPC Demonstration allowed enrolled members to select from participating commercial health care coverage plans available through the Health Insurance Marketplace. Medicaid paid MPC member premiums and cost sharing to the commercial health plan on behalf of the member, and members had access to the network of local health care providers and hospitals served by the commercial insurance plan. Historically, members could elect to receive coverage through one of two qualified health plans (QHPs); however, there are no longer any QHPs available to serve the population, thereby eliminating coverage options for the MPC Demonstration. These members were subsequently enrolled in the IWP Demonstration, pursuant to the December 2015 amendment noted below.

Amendments During Initial Waiver Period

Several amendments to the IHAWP waivers were approved during the original Demonstration

period. On May 1, 2014, CMS approved the State's request to amend both the IWP and MPC Demonstrations to provide tiered dental benefits to all expansion adults in Iowa with incomes up to and including 133% FPL through a prepaid ambulatory health plan (PAHP). This model was designed to promote and encourage healthy preventive care-seeking behaviors among members, and to ensure competitive reimbursement rates for providers and a reduction in administrative barriers. Core dental benefits included basic preventive and diagnostic, emergency, and stabilization services, implemented through the IWP and MPC alternative benefit plans (ABPs), while tiered "Enhanced," and "Enhanced Plus" earned benefits were provided to beneficiaries through the IWP and MPC Demonstrations, based on beneficiary completion of periodic exams.

In addition to the above amendment, CMS twice approved the State's request to extend its waiver of the non-emergency medical transportation (NEMT) benefit from both the IWP and MPC Demonstrations. When CMS originally approved this authority, on January 1, 2014, it was scheduled to sunset on December 31, 2014, with the possibility of extending based on an evaluation of the impact on access to care. Initial experience demonstrated that lack of NEMT services was not significantly impeding IHAWP member access to care. In fact, from January to June 2014, 39% of members received at least one service and over 14% of members completed physical exams in the first eight months, as compared to an annualized figure of 6.5% for Medicaid overall. After reviewing initial data on the impact of the waiver on access, CMS approved an extension of the NEMT waiver through July 31, 2015. Thereafter, CMS and the State established criteria necessary for the State to continue the NEMT waiver beyond July 31, 2015. Specifically, the State agreed to compare survey responses of the IHAWP members to survey responses of persons receiving "traditional" Medicaid benefits through the State Plan. Iowa conducted the analysis and found that the survey responses of the two populations did not have statistically significant differences. In light of those results, CMS approved a second amendment through June 30, 2016.

Additionally, on December 24, 2015, CMS approved the State's request to amend the IWP Demonstration to allow persons with incomes at or below 133% FPL who were previously eligible for the MPC Demonstration to be eligible for the IWP Demonstration. The transition of existing MPC Demonstration members into the IWP Demonstration took place on January 1, 2016. On February 23, 2016, CMS approved the State's request to implement a managed care delivery system for the IWP Demonstration, concurrent with the §1915(b) High Quality Healthcare Initiative Waiver, effective April 1, 2016.

Initial Waiver Extension & Amendments: 2017 - 2019

On November 23, 2016, the State received approval to extend the IWP for an additional three year period. This initial extension was approved with no program modifications. Subsequently, the State submitted two amendment requests during the renewal period. The first amendment, approved by CMS on July 27, 2017, modified the Dental Wellness Plan (DWP) component of the Demonstration based on analysis of independent evaluation findings and stakeholder feedback. Through this amendment, the State implemented an integrated dental program for Medicaid enrollees aged 19 and over. The redesigned DWP incorporated an innovative incentive structure to improve oral health by encouraging utilization of preventive dental services and compliance with treatment plans. Movement of adult enrollees to the DWP was designed to

provide a seamless experience for enrollees and dental providers as individuals transition through different eligibility categories. Under the modified DWP, incentives were created for enrollees to appropriately utilize preventive dental services and maintain oral health through the elimination of premium requirements for enrollees who complete preventive dental service requirements. An earned benefit structure was maintained; however, the original tiered benefit structure was eliminated to address the concern that few enrollees were eligible for tier two and tier three DWP benefits under the original DWP structure due to enrollee churn. Under the modified earned benefit structure, to maintain comprehensive dental benefits after their first year of enrollment without a premium obligation, enrollees must complete State designated “healthy behaviors.” This structure is intended to create incentives for members to establish a dental home and encourage the receipt of preventive dental services to promote oral health and preventable oral disease conditions. Enrollees over 50% FPL who fail to complete these healthy behaviors within their first year of enrollment are required to contribute financially toward their dental health care costs through monthly premium contributions. Failure to make monthly premium payments result in the enrollee being eligible for basic dental services only for the remainder of the benefit year.

Additionally, the State received authority in October 2017 to waive the three month retroactive eligibility period, except for pregnant women and infants under age one. In accordance with House File 653, passed by the Iowa Legislature in 2017, the State implemented a policy whereby an applicant’s Medicaid coverage is effective the first day of the month in which the application for Medicaid was filed. The State subsequently notified CMS, in accordance with Iowa Senate File 2418 (2018), of its intent to reinstate the three-month retroactive Medicaid coverage benefit for applicants who are residents of a nursing facility at the time of application. This change became effective for new Medicaid applications filed on or after July 1, 2018.

Demonstration Goals

The IWP seeks to further the objectives of Title XIX by:

1. Improving enrollee health and wellness through the encouragement of healthy behaviors and use of preventive services.
2. Increasing enrollee engagement and accountability in their health care.
3. Increasing enrollee’s access to dental care.

Additionally, the DWP seeks to achieve the following goals related to dental services:

1. Ensure member access to and quality of dental services.
2. Allow for the seamless delivery of services by providers.
3. Improve the oral health of DWP enrollees by encouraging engagement in preventive services and compliance with treatment goals.
4. Encourage linkage to a dental home.

Since its inception, the IWP has expanded access to health care throughout Iowa. Trends in quality measures indicate this coverage has improved access to primary care and preventive

services. As further described throughout this extension application, the proportion of IWP enrollees accessing preventive services has increased since initial program implementation and rates of accessing critical healthcare screening services are higher for IWP enrollees as compared to other Medicaid populations. The proposed extension will enable the State to continue its efforts to provide access to health care to otherwise Medicaid ineligible Iowans.

APPENDIX B: Budget Neutrality

In accordance with STC 45 of the current IWP Demonstration, CMS has previously determined that the Demonstration is budget neutral based on the assessment that the waiver authorities granted for the Demonstration are unlikely to result in any increase in federal Medicaid expenditures, and that no expenditure authorities are associated with the Demonstration.

APPENDIX C: Interim Evaluation

Interim evaluations of the IWP and DWP were completed by the University of Iowa Public Policy Center to explore a series of questions and hypotheses related to access, quality and cost of care under the waiver. The evaluations also studied the effects of the healthy behaviors programs.

Specifically, the IWP Interim Evaluation explored the following questions, in accordance with the CMS-approved Evaluation Plan.

1. What are the effects of the IWP on member access to care?
2. What are the effects of the IWP on member insurance coverage gaps and insurance service when their eligibility status changes (churning)?
3. What are the effects of the IWP on member quality of care?
4. What are the effects of the IWP on the costs of providing care?
5. What are the effects of the premium incentive and copayment disincentive programs on IWP enrollees?
6. What is the adequacy of the provider network for IWP enrollees as compared to those in the Iowa Medicaid State Plan?

The DWP Interim Evaluation explored a series of questions and hypotheses regarding enrollee access to dental services, engagement in preventive services and provider attitudes toward the redesigned DWP. Specifically, the evaluation design was approved by CMS to study the following questions:

1. What are the effects of DWP 2.0¹ on member access to care?
2. What are provider attitudes towards the DWP?
3. What are the effects of the benefit structure, including healthy behavior requirements, cost sharing and reduced benefits, on DWP member outcomes?
4. What are the effects of DWP member outreach and referral services?

Full reports are provided as separate attachments to this extension application and a summary of key findings is provided below.

IWP Interim Evaluation Findings

As highlighted below, the IWP Interim Evaluation revealed several key positive findings.

- IWP members had equal access to primary care and specialty services compared to traditional Medicaid enrollees on the majority of measures associated with this hypothesis.

¹ DWP 2.0 refers to the modified Dental Wellness Plan design approved by CMS in July 2017 which replaced the previous tiered benefit structure with a model in which enrollees who complete “healthy behaviors” are exempt from premiums in their second year of enrollment.

- IWP members have increasingly accessed annual, preventive exams since initial waiver implementation.
- IWP members had a lower need for mental and behavioral health services as well as a lower unmet need for these services.
- Utilization of the emergency department for non-emergent care was lower for IWP members compared to traditional Medicaid enrollees.
- While non-emergency medical transportation is not a covered service for IWP members, the reported unmet need for transportation was not statistically different compared to Medicaid members with access to the benefit.
- The amount of churning was comparable between IWP and Medicaid.
- IWP members generally reported equal or higher levels of satisfaction with care than Medicaid members.

Healthy Behaviors Interim Evaluation Findings

As highlighted below, findings from the Healthy Behaviors Interim Evaluation indicated several key positive findings. Additionally, it revealed opportunities for increasing enrollee awareness of the healthy behaviors program. Of note, during the study period, the State's Medicaid program and delivery system underwent a series of changes which likely impacted enrollee understanding and awareness of the healthy behaviors program design. For example, individuals eligible for the MPC Plan and with Coventry were temporarily transitioned to fee-for-service upon the QHP's exit from the market. Now that program enrollment has stabilized, the State looks forward to continuing to study enrollee understanding of the healthy behaviors program and associated completion rates during the waiver extension period. Additionally, the State intends to proactively explore opportunities to increase enrollee awareness through additional outreach strategies and mechanisms.

- Since initial waiver implementation, there has been an increase in wellness exam completion for IWP enrollees with income over 100% FPL.
- Health risk assessment (HRA) completion rates have also increased for IWP enrollees with income over 100% FPL since initial implementation.
- Among IWP members with diabetes, those who completed both healthy behaviors had higher rates of hemoglobin A1c testing in comparison to those who did not complete the IWP healthy behavior activities.
- IWP enrollees with incomes at or below 100% FPL who completed healthy behaviors had significantly lower rates of non-emergent emergency department visits. Additionally, the proportion of IWP members with a return emergency department visit was lower in the group that completed an HRA or both healthy behaviors in the prior year.
- There was a significant association between members reporting they heard about the

healthy behaviors program from their health care provider and completing an HRA; however, the number of enrollees who learned about the program from their provider was low. This presents an opportunity for IME to evaluate options for increasing provider engagement in educating enrollees during the waiver renewal period.

Dental Wellness Plan Interim Evaluation Findings

As highlighted below, the DWP Interim Evaluation revealed several key positive findings.

- Enrollees reported high rates of satisfaction with their dental PAHP; 86% of those surveyed indicated they would recommend their plan to others.
- Individuals who were enrolled in the original DWP and maintained enrollment in DWP 2.0 were more likely to have received a preventive dental visit than those who had transitioned from traditional Medicaid State Plan services into DWP 2.0 in July 2017. While further study is needed to draw more definitive conclusions, this may point to a correlation between exposure to the DWP incentive arrangement and a positive impact on utilization of preventive services.
- The percentage of DWP enrollees with an emergency department visit for non-traumatic dental reasons was lower during the DWP 2.0 Interim Evaluation study period than fiscal year 2017. This may indicate greater ability to access primary oral health care; however, two years do not provide sufficient data for trend analysis. Therefore, DHS looks forward to continuing to study this in the waiver extension period.
- The majority of DWP enrollees reported experiencing timely access to a dentist for emergency care with 71% of surveyed DWP 2.0 enrollees indicating they had an appointment scheduled as soon as they wanted.
- Awareness about the DWP 2.0 healthy behavior requirements was greater than member awareness about tiered coverage in the original DWP.
- The majority of the DWP 2.0 population surveyed had a positive attitude regarding the healthy behavior requirements. Enrollees appeared to find it easy to obtain an annual check-up or cleaning.
- 68% of surveyed DWP 2.0 enrollees reported that the healthy behavior requirements would make them more likely to visit a dentist annually.

The evaluation also revealed opportunities for the DHS to improve enrollee understanding of the DWP healthy behaviors program and associated rates of completion. Of note, individuals who had transitioned from traditional Medicaid State Plan dental benefits in July 2017 were less likely to be aware of the requirement than previous DWP enrollees who transitioned to DWP 2.0. This may indicate enrollee awareness increases with length of enrollment and exposure to an incentive program structure; the DHS will continue to study this during the waiver extension to further understand these correlations. While these findings can likely be attributed to the program's infancy at the time the Interim Evaluation was completed, the DHS is taking a

proactive approach in implementing a variety of policy, operational and contractual modifications to address these findings.

For example, the State will be strengthening PAHP contract language to enhance requirements for enrollee outreach and education efforts. This will include new requirements for direct engagement and targeted outreach to enrollees who have not completed the healthy behavior requirements. Further, DHS is exploring the addition of new PAHP performance measures and incentives tied to enrollee completion of healthy behaviors.

Additionally, effective July 1, 2019, the DHS is implementing a passive enrollment process through which enrollees will no longer receive an initial fee-for-service period prior to enrollment with a dental PAHP. This process improvement is intended to eliminate provider and member confusion regarding delivery system assignment, allow for timelier access to PAHP services and streamline member care. It will also permit PAHPs to begin enrollee engagement and outreach regarding dental benefits sooner.

The DWP Interim Evaluation also revealed opportunities to increase access to dental providers, an expected finding given the State's dental care professional shortage areas.² The State continues to diligently work to improve access to care for DWP enrollees. For example, in collaboration with the Iowa Department of Public Health, DHS is exploring permitting certain oral health services provided within the scope of practice of non-dental providers to count toward healthy behavior requirements. This would provide members that may otherwise have difficulty finding a dentist another access point to complete their healthy behaviors. Additionally, DHS is working in collaboration with the external quality review organization (EQRO) vendor to more accurately measure dental providers enrolled in the DWP network and not accepting new patients to allow more targeted recruiting efforts to be completed by the PAHPs.

The State will also continue to monitor healthy behavior completion rates to determine if completion of alternative or additional services should be available for purposes of waiving an enrollee's premium obligation in their second year of enrollment. For example, as the program matures, and more data becomes available through the Final Evaluation Report, the State may consider including additional preventive and restorative codes or removing the oral health self-assessment as a standalone healthy behavior requirement. All future modifications to eligible healthy behaviors would be made in accordance with the State's STCs, through advanced submission of an amended Healthy Behaviors Protocol.

Evaluation Plan for Extension Period

The State intends to study the following research questions and hypotheses during the waiver extension period. These have been developed in alignment with the recent CMS release of evaluation design guidance for eligibility and coverage §1115 waivers, where applicable to the Iowa Wellness Plan, as enumerated in the guidance documents available at <https://www.medicaid.gov/medicaid/section-1115-demo/evaluation-reports/evaluation-designs->

² Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services, Designated Health Professional Shortage Areas Statistics: Designated HPSA Quarterly Summary, as of December 31, 2018.

Proposed IWP Evaluation Parameters

Hypothesis	Research Question(s)
Waiver Policy: Premiums Tied to Healthy Behavior Requirements	
Goal: Improve enrollee health and wellness through the encouragement of healthy behaviors and use of preventive services.	
The proportion of IWP enrollees who complete a wellness exam will be greater than among traditional Medicaid enrollees who do not have premiums tied to completion of healthy behaviors.	What are the effects of the premium incentive on Wellness Plan enrollees?
Waiver Policy: Non-Eligibility Periods (Disenrollment for Premium Non-Payment)	
Goal: Increase enrollee engagement and accountability in their health care.	
Medicaid beneficiaries subject to non-eligibility periods for noncompliance with program requirements will have higher rates of compliance with those requirements than other beneficiaries not facing non-eligibility periods.	Are beneficiaries subject to non-eligibility periods for noncompliance with program requirements more likely to comply with those requirements than other Medicaid beneficiaries not subject to non-eligibility periods?
	What are common barriers to compliance with program requirements that have non-eligibility period consequences for noncompliance?
Among beneficiaries who enroll in Medicaid, those subject to non-eligibility periods will have more continuous enrollment than those not subject to non-eligibility periods.	What is the likelihood of enrollment continuity for those subject to non-eligibility periods compared to other Medicaid beneficiaries?
Through greater continuity of coverage, health outcomes will be better for those subject to non-eligibility periods than for other Medicaid beneficiaries.	Do beneficiaries who are subject to non-eligibility periods have better health outcomes than other beneficiaries?
Waiver Policy: Waiver of Retroactive Eligibility	
Goal: Encourages individuals to obtain and maintain health insurance coverage, even when healthy.	
Eliminating retroactive eligibility will increase the likelihood of enrollment and enrollment continuity.	Do eligible people subject to retroactive eligibility waivers enroll in Medicaid at the same rates as other eligible people who have access to retroactive eligibility?
	What is the likelihood of enrollment continuity for those subject to a retroactive eligibility waiver compared to other Medicaid beneficiaries who have access to retroactive eligibility?
	Do beneficiaries subject to retroactive eligibility waivers who disenroll from Medicaid have shorter enrollment gaps than other beneficiaries who have access to retroactive eligibility?

Hypothesis	Research Question(s)
Eliminating retroactive eligibility will increase enrollment of eligible people when they are healthy relative to those eligible people who have the option of retroactive eligibility.	Do newly enrolled beneficiaries subject to the waiver of retroactive eligibility have higher self-assessed health status than other newly enrolled beneficiaries who have access to retroactive eligibility
Through greater continuity of coverage, health outcomes will be better for those subject to retroactive eligibility waivers compared to other Medicaid beneficiaries who have access to retroactive eligibility.	Do beneficiaries subject to the retroactive eligibility waiver have better health outcomes than other beneficiaries who have access to retroactive eligibility?
Elimination or reduction of retroactive coverage eligibility will not have adverse financial impacts on consumers.	Does the retroactive eligibility waiver lead to changes in the incidence of beneficiary medical debt?

Additionally, during the new Demonstration period, Iowa will maintain the original evaluation design of the DWP, which includes study of the hypotheses and research questions outlined below.

Proposed DWP Evaluation Parameters

Research Question	Hypothesis
What are the effects of DWP 2.0 on member access to care?	DWP 2.0 members will have equal or greater access to dental care than either DWP 1.0 or Medicaid State Plan (MSP) members had prior to May 1, 2017.
	DWP 2.0 members will be more likely to receive preventive dental care than either DWP 1.0 or MSP members were prior to May 1, 2017.
	DWP 2.0 members will have equal or lower use of emergency department services for non-traumatic dental care than either DWP 1.0 or MSP members had prior to May 1, 2017.
	DWP 2.0 members will have equal or better quality of care than either DWP 1.0 or MSP members did prior to May 1, 2017.
	DWP 2.0 members will report equal or greater satisfaction with the dental care provided than DWP 1.0 or MSP members did prior to May 1, 2017.
	DWP 2.0 members will report better understanding of their benefits when compared to the DWP 1.0 tiered structure.
	The earned benefit structure will not be perceived by members as a barrier to care in comparison to DWP 1.0.
What are provider attitudes towards the	The DWP 2.0 benefit structure will not be perceived by dentists as a barrier to providing care.

Research Question	Hypothesis
DWP?	Over 50% of DWP 2.0 providers will remain in the plan for at least 3 years.
What are the effects of the benefit structure – including healthy behavior requirements, cost sharing, and reduced benefits – on DWP member outcomes?	The benefit structure for DWP 2.0 members will increase regular use of recall dental exams over the study period.
	The benefit structure will not be seen as a barrier to care by DWP 2.0 members.
	In year 2 of the DWP 2.0 and beyond, use of preventive dental care will be higher than in the first year of the program.
	DWP 2.0 policies will promote member compliance with healthy behavior activities.
What are the effects of DWP member outreach and referral services?	DWP 2.0 member outreach services will address dentists’ concerns about missed appointments.
	DWP 2.0 member referral services will improve access to specialty care for DWP 2.0 members as compared to MSP members prior to May 1, 2017.
	DWP 2.0 member outreach will improve DWP 2.0 members’ compliance with follow-up visits, including recall exams, as compared to DWP 1.0 and MSP members
	DWP 2.0 member outreach will improve members’ access to a regular source of dental care.

APPENDIX D: Quality Assurance Monitoring

The DHS has a robust quality oversight plan for continually monitoring the performance of the managed care organizations (MCOs) and dental PAHPs delivering services to enrollees under the waiver. The Iowa Medicaid Enterprises' (IME) MCO Oversight and Supports Bureau is primarily responsible for monitoring performance and reviewing compliance. Ongoing data collection and performance analysis is made available through a series of monthly, quarterly and annual reports which can be accessed at <https://dhs.iowa.gov/ime/about/performance-data>. A summary of key findings is provided below.

MCO Quality Assurance Monitoring

Findings from the most recent Managed Care Annual Performance Report, for state fiscal year (SFY) 2018 and conducted in accordance with 2016 Iowa Acts Section 1139.93 reveal several key findings regarding quality and access:

- *Value-Added Services:* Over 86,000 value-added services in four quarters were utilized. The health plans offer numerous value-added services that go above and beyond what traditional Medicaid benefits offer.
- *Timely Helpline Services:* In all quarters for SFY18, all health plans exceeded the timeliness requirements required by their contract. The State also conducts “secret shopper calls” to ensure the quality of helpline services.
- *Claims Requirements:* All MCOs exceeded the contractual expectation that 90% of clean medical payment claims be paid within 30 days for all four quarters of SFY18.
- *Member and Provider Escalated Issues:* Escalated member issues decreased by 50% since SFY17 and escalated provider issues decreased by 81% since SFY17.
- *Health Outcomes:* There has been positive movement on the health outcomes reported when compared to SFY17. For example, non-emergent emergency department use per 1,000 emergency department visits have decreased and increases are seen in HEDIS measured outcomes.
- *Prior Authorization:* Contracted MCOs are completing 100% of prior authorization requests within contractually mandated timeframes.

Dental PAHP Quality Assurance Monitoring

Findings from the most recent dental PAHP quarterly monitoring reports reveal several key findings regarding quality and access in the DWP:

- *Grievances and Appeals:* Enrollee grievance volume was low, with the number of grievances received ranging from 0% to 0.27% of the total population. Additionally, DWP dental PAHPs resolved 100% of appeals within the contractually required timeframes.
- *Claims Requirements:* Both dental PAHPs exceeded the contractual expectation that 90% of clean claims be paid or denied within 14 days.

- *Prior Authorization:* Contracted dental PAHPs processed 100% of prior authorization requests within contractually mandated timeframes.

Quality and Access to Care

MCOs serving IWP enrollees must demonstrate compliance with contractually mandated network adequacy standards. As outlined in the table below, Wellness Plan enrollees have access to network providers in accordance with the MCO’s contract requirements. Full network adequacy reports are available at <https://dhs.iowa.gov/ime/about/performance-data-GeoAccess>

Percentage of Members with Coverage in Time and Distance Standards

Access Standard – 30 Minutes/30 Miles	Amerigroup	UnitedHealth
Adult Primary Care Provider	100%	100%
Hospital	100%	100%
Pharmacy	100%	100%
Outpatient Behavioral Health	100%	100%

Additionally, the average distance to a dental provider is outlined in the table below.

Average Distance to Dentist

	Average Distance to 1st Closest Provider	Average Distance to 2nd Closest Provider
Delta Dental	5.6 miles 6.5 minutes	6.5 miles 7.5 minutes
MCNA	9.6 miles 10.9 minutes	11.5 miles 13.1 minutes

Additionally, studies of key quality measures indicate IWP coverage improved access to primary care and screening:

- The proportion of IWP adults with a preventive/ambulatory health services visit has increased since initial program implementation. In 2017, 86% of IWP enrollees had at least one preventive or ambulatory care visit.³
- Rates of women receiving mammograms were consistently highest among women in the IWP from 2014-2017, as compared to other Medicaid populations. In 2017, 68% of women ages 50-64 had a mammogram completed.⁴

³ Based on the HEDIS 2018 Adults’ Access to Preventive/Ambulatory Health Services measure.

⁴ Based on the HEDIS 2018 Breast Cancer Screening measure.

- Rates of women between the ages 21-64 who received a cervical cancer screening have also increased since initial program implementation from 24% in 2014 to 47% in 2017.⁵
- The number of non-emergent emergency department visits per 1,000 member months has been lower for members in the IWP compared to parent/caretaker relatives enrolled in traditional Medicaid. Additionally, the proportion of IWP members with an emergency department readmission within 30 days is also lower.
- The rates of well adult care are higher for IWP members compared to parent/caretaker relatives enrolled in traditional Medicaid.

External Quality Review

The IME contracts with Health Services Advisory Group (HSAG) to conduct an annual external quality review (EQR) in accordance with the requirements at 42 CFR §438.350. The EQR provides an annual assessment of each plan’s performance related to quality, timeliness and access to care and services. HSAG performs a series of mandatory and optional EQR activities including compliance monitoring, validation of performance improvement projects and performance measures, network adequacy analysis (inclusive of provider capacity and geographic network distribution), encounter data validation, review and validation of the MCOs’ enrollee and provider surveys and calculation of performance measures. A high level overview of key findings from the 2018 EQR for the MCOs and Dental PAHPs is provided in the tables below.

MCO Summary EQR Findings

	Amerigroup	United Healthcare
Overall Compliance Monitoring Score	96.7%	98.1%
Validation of Performance Improvement Projects	100%	100%
Network Adequacy	Contract standards met for majority of provider types	Contract standards met for majority of provider types

Dental PAHP Summary EQR Findings

	Delta Dental of Iowa	MCNA
Overall Compliance Monitoring Score ⁶	72%	83%

⁵ Based on the HEDIS 2018 Cervical Cancer Screening measure.

⁶ Dental PAHPs were required to submit a corrective action plan (CAP) for each of the elements for which the EQRO assigned a performance score of “not met” within 30 days of the final EQR report. The CAP is evaluated for sufficiency based on: 1) completeness of the CAP document in addressing each required action and assigning a responsible individual, a timeline and completion date, and specific actions and applicable interventions that the

	Delta Dental of Iowa	MCNA
Validation of Performance Improvement Projects	Partially Met	Met
Validation of Performance Measures	Reported/Met	Reported/Met
Network Adequacy	In progress	In progress

organization will implement to bring the element into compliance; 2) degree to which the planned activities and interventions meet the intent of the requirement; 3) degree to which the planned interventions are anticipated to bring the organization into compliance with the requirement; and 4) appropriateness of the timeline for correcting the deficiency. Any CAPs not meeting this criteria require resubmission until the DHS standards are met.

APPENDIX E: Public Notice Summary

In accordance with 42 CFR §431.408, the public had an opportunity to comment on this waiver extension through a public notice and comment process that ran from May 10, 2019 through June 10, 2019. The public notice and all waiver documents were posted on the DHS website at <https://dhs.iowa.gov/public-notices/iowa-wellness-plan> and made available for review at DHS Field Offices. A summary notice was also published on May 10, 2019 in several newspapers of widest circulation, including: (i) The Gazette; (ii) Council Bluffs Nonpareil; (iii) Des Moines Register; (iv) Dubuque Telegraph Herald; (v) Iowa City Press Citizen; (vi) Mason City Globe Gazette; (vii) Sioux City Journal; (viii) Waterloo-Cedar Falls Courier; and (ix) Quad-City Times. Additionally, IME sent an e-News alert regarding the extension application, reaching approximately 3,000 stakeholders. All notices provided the option for individuals to submit written feedback to the State by email or U.S. Postal Service mail. Finally, the State held two public hearings on May 21, 2019 in Des Moines (Executive Committee of the Iowa Medical Assistance Advisory Council, which is Iowa's Medical Care Advisory Committee that operates in accordance with 42 CFR §431.12) and on May 22, 2019 in Coralville (open forum for interested parties to learn about the contents of the extension application, and to comment on its contents). Both hearings provided telephonic capabilities to ensure statewide accessibility.

Summary of Public Comments

There were no attendees at either public hearing. The State received two written comments. The first was focused on the DWP. The commenter indicated there were cases of enrollees who were unaware of the healthy behaviors program, were not notified of their exemption, or had difficulty in claiming a hardship exemption. This commenter was concerned these enrollees would not understand their right to appeal or were not equipped to file an appeal. Further, they acknowledged the steps the IME had taken to respond to these issues including: (i) reviewing individual cases; (ii) weekly phone calls with the University of Iowa Hospitals and Clinics; (iii) planned system updates; and (iv) strengthened provisions in dental PAHP contracts regarding member outreach on exemptions. The commenter further suggested IME review all individuals assessed premiums and had benefit reductions to determine if there were errors, accept late appeals and undertake a full investigation to prevent these issues in the future.

The State appreciates the continued feedback on operations of the Demonstration. In addition to the process improvements implemented by the IME as acknowledged in this comment, the IME is conducting the following activities: (i) preparing communication plans to ensure enrollees and providers are better aware of the medically exempt process; (ii) conducting an expeditious review of all DWP cases in appeal to determine if the premium or benefit reduction was appropriately applied and updating accordingly; and (iii) reviewing the cases of all DWP enrollees to ensure the healthy behaviors requirement, premiums or reductions in benefits were correctly applied, as suggested by the commenter. Finally, technical changes are being implemented to ensure correct programming for all medical exemptions, premium and benefit reductions.

The second commenter indicated support for the Medicaid expansion demonstration and its expanded coverage to an otherwise uninsured population. Further, they encouraged the State to

enter into value-based arrangements with entities outside MCOs, indicating cost savings did not meet original projections and MCOs leaving the market caused disruptions for enrollees. Additionally, the commenter believed the State's request to modify the retroactive waiver for residents of nursing homes to reflect current practice was not technical in nature, did not provide the public with sufficient information to comment and did not address the CMS template or public notice requirements. Finally, the commenter did not believe the state's description of modifications to the evaluation were sufficient.

The State appreciates the commenter's support of continued Medicaid expansion. No modifications were made to the waiver regarding the delivery system through which the IWP operates; the State intends to continue managed care and to implement value-based payment arrangement requirements through the contracted MCOs. Regarding the concern that the extension application does not sufficiently describe the requested waiver authority, the State refers the commenter to 42 CFR §431.412 which permits extension requests to include a statement that the State is requesting the same waiver authorities as those approved in the current demonstration. Further, the public had the opportunity to originally comment on the retroactive waiver changes, which have been in effect since July 2018, both during the legislative session in which the change was legislated and during a public comment period which was held by IME from July 23, 2018 through August 22, 2018 and included two public hearings. Finally, in response to the concern that insufficient detail was provided regarding the evaluation parameters, as the IME intends to align with the CMS requirements for eligibility and coverage §1115 waiver evaluations, the State has added a cross reference and hyperlink to the CMS guidance to further afford the public the opportunity to identify the federal guidelines which will drive the ultimate evaluation plan development post waiver approval.

Post-Award Forums

The most recent post-award forum, as required under the IWP Special Terms and Conditions and 42 CFR §431.420, was held on May 7, 2019, to allow the public an opportunity to comment on the progress of the Demonstration. A few questions were posed during the forum. Specifically, one attendee requested clarification if IME collects data on the number of enrollees currently employed. Additionally, clarification was requested regarding how dental benefit plan enrollment is tracked and displayed to providers. Finally, questions were posed regarding enrollment data, including whether the medically frail population is increasing.

Tribal Consultation Process

DHS initiated consultation with Iowa's federally recognized Indian tribes, Indian health programs, and urban Indian health organizations on April 29, 2019. Consultation was conducted in accordance with the process outlined in Iowa's Medicaid State Plan, and consisted of an electronic notice directed to Indian Health Service/Tribal/Urban Indian Health (I/T/U) Tribal Leaders and Tribal Medical Directors identified by the Iowa Indian Health Services Liaison. No comments were received.

APPENDIX E1: Abbreviated Public Notice
NOTICE OF IOWA DEPARTMENT OF HUMAN SERVICES
PUBLIC COMMENT PERIOD TO EXTEND THE 1115 IOWA WELLNESS
DEMONSTRATION WAIVER

Notice is hereby given that the Iowa Department of Human Services (DHS) will hold public hearings on the renewal of the §1115 Iowa Wellness Plan Demonstration Waiver, which is set to expire December 31, 2019. DHS intends to request extension of this waiver for an additional five years pursuant to §1115(f) and §1915(h)(2) of the Social Security Act.

Hearings offer an opportunity for the public to provide written or verbal comments about the Iowa Wellness Plan Demonstration Waiver extension. All comments will be summarized and taken into consideration prior to submission to the Centers for Medicare and Medicaid Services (CMS). Hearings will be held at the following dates, times, and locations:

Tuesday, May 21, 2019

Hoover State Office Building
A-Level, Conference Room 7
1305 E. Walnut St.
Des Moines, IA 50319
1:30 – 2:30 p.m.
1-866-685-1580
Code: 000-999-0232

Wednesday, May 22, 2019

Coralville Public Library
Meeting Room A
1401 5th Street
Coralville, IA 52241
12:00 – 1:00 p.m.
1-866-685-1580
Code: 000-999-0232

The Iowa Wellness Plan was created to provide comprehensive health care coverage to low-income, uninsured Iowans ages 19 to 64. During the initial two waiver periods, the innovative design of the Iowa Wellness Plan has demonstrated success in meeting key State goals. The State seeks to continue its success with the program and requests an extension of all current federal waivers. The only modification requested is a technical change to the special terms and conditions (STCs) to align with current program operations for retroactive eligibility. Specifically, as implemented by DHS effective for applications received on or after July 1, 2018, in accordance with Iowa Senate File 2418, a period of up to three months of retroactive eligibility is provided for applicants who are residents of a nursing facility at the time of Medicaid application and are otherwise Medicaid-eligible.

A full public notice, waiver documents, and information about the Iowa Wellness Plan are available at: <https://dhs.iowa.gov/public-notice/iowa-wellness-plan> and non-electronic copies will be made available for review at DHS Field Offices.

Written comments may be addressed to Anna Ruggle, Iowa Medicaid Enterprise, 611 Fifth Avenue, Des Moines, IA 50309. Comments may also be sent to the attention of: DHS, Iowa Health and Wellness Plan at: aruggle@dhs.state.ia.us through June 10, 2019.

Submitted by:
Michael Randol, Medicaid Director
Iowa Medicaid Enterprise
Iowa Department of Human Services

APPENDIX E2: Public Notice
NOTICE OF IOWA DEPARTMENT OF HUMAN SERVICES
PUBLIC COMMENT PERIOD TO EXTEND THE §1115 IOWA WELLNESS
DEMONSTRATION WAIVER

Notice is hereby given that the Iowa Department of Human Services (DHS) will hold public hearings on the renewal of the §1115 Iowa Wellness Plan (IWP) Demonstration Waiver, which is set to expire December 31, 2019. DHS intends to request extension of this waiver for an additional five years pursuant to §1115(f) and §1915(h)(2) of the Social Security Act with no modifications to current program operations.

Hearings offer an opportunity for the public to provide written or verbal comments about the IWP Demonstration Waiver extension. All comments will be summarized and taken into consideration prior to submission to the Centers for Medicare and Medicaid Services (CMS). Hearings will be held at the following dates, times, and locations:

Tuesday, May 21, 2019

Hoover State Office Building
A-Level, Conference Room 7
1305 E. Walnut St.
Des Moines, IA 50319
1:30 – 2:30 p.m.
Conference Line Available:
Call 1-866-685-1580; Code 000-999-0232

Wednesday, May 22, 2019

Coralville Public Library
Meeting Room A
1401 5th Street
Coralville, IA 52241
12:00 – 1:00 p.m.
Conference Line Available:
Call 1-866-685-1580; Code 000-999-0232

This notice provides details about the Demonstration Waiver and serves to open the 30-day public comment period. The comment period closes June 10, 2019.

GOALS AND OBJECTIVES

In 2013, the Iowa Legislature passed with bi-partisan support the Iowa Health and Wellness Plan (IHAWP) to provide access to healthcare for uninsured, low-income Iowans, using a benefit design intended to address liabilities associated with simply expanding the number of members in traditional Medicaid coverage. The IHAWP design sought to improve outcomes, increase personal responsibility, and ultimately lower costs. Key goals of the program include:

- Improving enrollee health and wellness through the encouragement of healthy behaviors and use of preventive services.
- Increasing enrollee engagement and accountability in their health care.
- Increasing enrollee’s access to dental care.

Since its inception, the IHAWP has expanded access to health care throughout Iowa. Trends in quality measures indicate this coverage has improved access to primary care and preventive services. The proposed extension of the IWP will enable the State to continue its efforts to provide access to health care to otherwise Medicaid ineligible Iowans.

DEMONSTRATION ELIGIBILITY

No changes are proposed to program eligibility. Under the waiver extension, the IWP will continue to target individuals who are eligible in the adult group under the State Plan.

Table 1: IWP Eligibility

Eligibility Group Name	Social Security Act and CFR Citations	Income Level
The Adult Group	§1902(a)(10)(A)(i)(VIII) 42 CFR §435.119	0 – 133% FPL

Iowa Medicaid enrollees aged 19 and older outlined in Table 2, who do not meet one of the following exclusions, will continue to be enrolled in the DWP portion of the Demonstration: (i) enrollment in the Program of All-Inclusive Care for the Elderly (PACE); (ii) enrollment in the Health Insurance Premium Payment Program (HIPP); (iii) presumptively eligible; (iv) nonqualified immigrants receiving time-limited coverage of certain emergency medical conditions; (v) persons eligible only for the Medicare Savings Program; (vi) medically needy; and (vii) during periods of retroactive eligibility.

Table 2: DWP Eligibility

Eligibility Group Name	Social Security Act and CFR Citations	Income Level	Age Requirement	
The Adult Group	§1902(a)(10)(A)(i)(VIII) 42 CFR §435.119	0 – 133% FPL	19 and over	
Parents and Other Caretaker Relatives	1902(a)(10)(A)(i)(I) 1931(b) and (d) 42 CFR 435.110	<i>Household Size</i>	19 and over	
		1		\$447
		2		\$716
		3		\$872
		4		\$1,033
		5		\$1,177
		6		\$1,330
		7		\$1,481
		8		\$1,633
		9		\$1,784
10	\$1,950			
Transitional Medical Assistance	408(a)(11)(A) 1931(c)(2) 1925 1902(a)(52)	First 6 months: N/A Additional 6 months: 0-185% FPL	19 and over	
Pregnant Women	1902(a)(10)(A)(i)(III) and (IV) 1902(a)(10)(A)(ii)(I), (IV) and (IX) 1920 43 CFR 435.116	0-375% FPL	19 and over	
Mandatory Aged, Blind and Disabled	42 CFR 435.120 through 42 CFR 435.138	SSI Limit	19 and over	

Eligibility Group Name	Social Security Act and CFR Citations	Income Level	Age Requirement
Individuals			
Optional Eligibility for Individuals who Meet Income & Resource of Cash Assistance Programs	1902(a)(10)(A)(ii)(I) 42 CFR 435.210	SSI Limit	19 and over
Optional Eligibility for Individuals who would be Eligible for Cash Assistance if they Were not in Medical Institutions	1902(a)(10)(A)(ii)(IV) 42 CFR 435.211	SSI FBR	19 and over
Institutionalized Individuals	1902(a)(10)(A)(ii)(V)	300% SSI FBR	19 and over
Medicaid for Employed People with Disabilities	1902(a)(10)(A)(ii)(XIII)	250% FPL	19 and over
Former Foster Care Children up to Age 26	1902(a)(10)(A)(i)(IX) 42 CFR 435.150	N/A	19 and over
Independent Foster Care Adolescents	1902(a)(10)(A)(ii)(XVII)	254% FPL	19 and over
Reasonable Classifications of Children	42 CFR 435.222	N/A	19 and over
§1915(c) HCBS Physical Disability Waiver	1902(a)(10)(A)(ii)(VI) 42 CFR 435.217	300% SSI FBR	19 and over
§1915(c) HCBS Health and Disability Waiver	1902(a)(10)(A)(ii)(VI) 42 CFR 435.217	300% SSI FBR	19 and over
§1915(c) HCBS Elderly Waiver	1902(a)(10)(A)(ii)(VI) 42 CFR 435.217	300% SSI FBR	19 and over
§1915(c) HCBS Intellectual Disability Waiver	1902(a)(10)(A)(ii)(VI) 42 CFR 435.217	300% SSI FBR	19 and over
§1915(c) HCBS AIDS Waiver	1902(a)(10)(A)(ii)(VI) 42 CFR 435.217	300% SSI FBR	19 and over
§1915(c) HCBS Brain Injury Waiver	1902(a)(10)(A)(ii)(VI) 42 CFR 435.217	300% SSI FBR	19 and over
Breast & Cervical Cancer Treatment Program	1902(a)(10)(A)(ii)(XVIII) 42 CFR 435.213	N/A	19 and over

ENROLLMENT & FISCAL PROJECTIONS

Annual enrollment and aggregate annual expenditures are not expected to increase or decrease as a result of the extension of this Demonstration. The State is not seeking any expenditure authorities under this Demonstration and CMS has previously determined that this Demonstration is budget neutral.

BENEFITS

The IWP extension will not modify current covered benefits. IWP benefits are described in the Iowa Wellness Plan alternative benefit plan (ABP). Dental benefits also remain unchanged under this extension. During the first year of enrollment in the DWP, expansion adults receive all available dental benefits described in the ABP; all other eligibility groups receive all dental benefits described in the state plan during their first year of enrollment in the DWP. To maintain access to full dental benefits in their second year of enrollment without a premium obligation, DWP enrollees must complete the required healthy behaviors, which include completion of an oral health self-assessment and preventive dental exam, during their first year of enrollment. All enrollees under 21 years of age continue to be eligible for medically necessary services in accordance with federal early and periodic screening, diagnostic and treatment (EPSDT) requirements.

COST SHARING

Current IWP and DWP cost sharing will remain unchanged by this extension. All IWP members have no cost-sharing during their first year of enrollment. During the second year, enrollees at or above 50% of the federal poverty level (FPL), who do not complete required healthy behaviors (i.e., health risk assessment and annual exam) during their first year of enrollment will be required to pay a monthly premium during the subsequent enrollment year, subject to a 30-day healthy behavior grace period. Individuals below 50% of the FPL, medically frail and members in the Health Insurance Premium Payment (HIPP) population, and all individuals who self-attest to a financial hardship are exempt from the required premium payment.

Monthly premium amounts will not exceed \$5 per month for nonexempt households from 50% up to 100% of FPL, and \$10 per month for nonexempt households between 100% and 133% of FPL. Enrollees are allowed a 90-day premium grace period, and enrollees under 100% FPL cannot be disenrolled for nonpayment of a premium, nor can an individual be denied an opportunity to re-enroll due to nonpayment of a premium. Individuals over 100% may be disenrolled for nonpayment but they can reapply. After 90 days, unpaid premiums may be considered a collectible debt owed to the State. Finally, the State will impose a copayment for non-emergency use of the emergency room consistent with Iowa's Medicaid State Plan and with all federal requirements.

DWP enrollees over 50% FPL who have not completed a DWP healthy behavior in their first year of program enrollment will be charged a monthly dental premium, not to exceed \$3, beginning in their second year of enrollment. Annual completion of the required healthy behaviors will waive an enrollee's premium for the following year. Therefore, members who continue to complete the required healthy behaviors will never be subject to a monthly premium.

Enrollees with a premium obligation who fail to make monthly DWP premium payments will receive basic dental services as outlined in the ABP and State Plan for the remainder of the benefit year. The following eligibility groups continue to be exempt from DWP premiums, and will not have their benefits reduced in their second year of enrollment: (i) pregnant women; (ii) individuals whose medical assistance for services furnished in an institution is reduced by amounts reflecting available income other than required for personal needs; (iii) 1915(c) waiver enrollees; (iv) individuals receiving hospice care; (v) Indians who are eligible to receive or have received an item or service furnished by an Indian health care provider or through referral under contract health services; (vi) breast and cervical cancer treatment program enrollees; and (vii) medically exempt enrollees.

DELIVERY SYSTEM

Managed care organizations continue to be responsible for delivering all IWP covered benefits, with the exception of dental benefits, which are carved out and delivered to enrollees through a prepaid ambulatory health plan (PAHP).

Enrollment of Demonstration participants in managed care and the program is mandatory, with the exception of certain populations described in the State’s §1915(b) Iowa High Quality Healthcare Initiative Waiver, and Alaskan Natives and American Indians are enrolled voluntarily. Excepted populations continue to receive services through the fee-for-service delivery system outlined in Iowa’s Medicaid State Plan.

WAIVER AUTHORITY

The State requests continuation of all currently approved federal waivers. The only modification requested is a technical change to the waiver of retroactive eligibility to align with current program operations. Specifically, as implemented by DHS effective for applications received on or after July 1, 2018, in accordance with Iowa Senate File 2418, a period of up to three months of retroactive eligibility is provided for applicants who are residents of a nursing facility at the time of Medicaid application and are otherwise Medicaid-eligible.

EXPENDITURE AUTHORITY

There are currently no expenditure authorities required to implement the IWP and DWP. No federal expenditure authorities are requested with this Demonstration extension.

EVALUATION

The State intends to study the following research questions and hypotheses during the waiver extension period. These have been developed in alignment with the recent CMS release of evaluation design guidance for eligibility and coverage §1115 waivers, where applicable to the Iowa Wellness Plan.

Table 3: Proposed IWP Evaluation Parameters

Hypothesis	Research Question(s)
Waiver Policy: Premiums Tied to Healthy Behavior Requirements	
Goal: Improve enrollee health and wellness through the encouragement of healthy behaviors and	

Hypothesis	Research Question(s)
use of preventive services.	
The proportion of IWP enrollees who complete a wellness exam will be greater than among traditional Medicaid enrollees who do not have premiums tied to completion of healthy behaviors.	What are the effects of the premium incentive on Wellness Plan enrollees?
Waiver Policy: Non-Eligibility Periods (Disenrollment for Premium Non-Payment)	
Goal: Increase enrollee engagement and accountability in their health care.	
Medicaid beneficiaries subject to non-eligibility periods for noncompliance with program requirements will have higher rates of compliance with those requirements than other beneficiaries not facing non-eligibility periods.	Are beneficiaries subject to non-eligibility periods for noncompliance with program requirements more likely to comply with those requirements than other Medicaid beneficiaries not subject to non-eligibility periods?
	What are common barriers to compliance with program requirements that have non-eligibility period consequences for noncompliance?
Among beneficiaries who enroll in Medicaid, those subject to non-eligibility periods will have more continuous enrollment than those not subject to non-eligibility periods.	What is the likelihood of enrollment continuity for those subject to non-eligibility periods compared to other Medicaid beneficiaries?
Through greater continuity of coverage, health outcomes will be better for those subject to non-eligibility periods than for other Medicaid beneficiaries.	Do beneficiaries who are subject to non-eligibility periods have better health outcomes than other beneficiaries?
Waiver Policy: Waiver of Retroactive Eligibility	
Goal: Encourages individuals to obtain and maintain health insurance coverage, even when healthy.	
Eliminating retroactive eligibility will increase the likelihood of enrollment and enrollment continuity.	Do eligible people subject to retroactive eligibility waivers enroll in Medicaid at the same rates as other eligible people who have access to retroactive eligibility?
	What is the likelihood of enrollment continuity for those subject to a retroactive eligibility waiver compared to other Medicaid beneficiaries who have access to retroactive eligibility?
	Do beneficiaries subject to retroactive eligibility waivers who disenroll from Medicaid have shorter enrollment gaps than other beneficiaries who have access to retroactive eligibility?
Eliminating retroactive eligibility will increase enrollment of eligible people when they are healthy relative to those eligible people who have the option of retroactive eligibility.	Do newly enrolled beneficiaries subject to the waiver of retroactive eligibility have higher self-assessed health status than other newly enrolled beneficiaries who have access to retroactive eligibility?

Hypothesis	Research Question(s)
Through greater continuity of coverage, health outcomes will be better for those subject to retroactive eligibility waivers compared to other Medicaid beneficiaries who have access to retroactive eligibility.	Do beneficiaries subject to the retroactive eligibility waiver have better health outcomes than other beneficiaries who have access to retroactive eligibility?
Elimination or reduction of retroactive coverage eligibility will not have adverse financial impacts on consumers.	Does the retroactive eligibility waiver lead to changes in the incidence of beneficiary medical debt?

Additionally, during the new Demonstration period, Iowa will maintain the original evaluation design of the DWP which studies the research questions as outlined in the table below.

Table 4: Proposed DWP Evaluation Parameters

Research Question	Hypothesis
What are the effects of DWP 2.0 on member access to care?	DWP 2.0 members will have equal or greater access to dental care than either DWP 1.0 or Medicaid State Plan (MSP) members had prior to May 1, 2017.
	DWP 2.0 members will be more likely to receive preventive dental care than either DWP 1.0 or MSP members were prior to May 1, 2017.
	DWP 2.0 members will have equal or lower use of emergency department services for non-traumatic dental care than either DWP 1.0 or MSP members had prior to May 1, 2017.
	DWP 2.0 members will have equal or better quality of care than either DWP 1.0 or MSP members did prior to May 1, 2017.
	DWP 2.0 members will report equal or greater satisfaction with the dental care provided than DWP 1.0 or MSP members did prior to May 1, 2017.
	DWP 2.0 members will report better understanding of their benefits when compared to the DWP 1.0 tiered structure.
	The earned benefit structure will not be perceived by members as a barrier to care in comparison to DWP 1.0.
What are provider attitudes towards the DWP?	The DWP 2.0 benefit structure will not be perceived by dentists as a barrier to providing care.
	Over 50% of DWP 2.0 providers will remain in the plan for at least 3 years.
What are the effects of the benefit structure –	The benefit structure for DWP 2.0 members will increase regular use of recall dental exams over the study period.

Research Question	Hypothesis
including healthy behavior requirements, cost sharing, and reduced benefits – on DWP member outcomes?	The benefit structure will not be seen as a barrier to care by DWP 2.0 members.
	In year 2 of the DWP 2.0 and beyond, use of preventive dental care will be higher than in the first year of the program.
	DWP 2.0 policies will promote member compliance with healthy behavior activities.
What are the effects of DWP member outreach and referral services?	DWP 2.0 member outreach services will address dentists’ concerns about missed appointments.
	DWP 2.0 member referral services will improve access to specialty care for DWP 2.0 members as compared to MSP members prior to May 1, 2017.
	DWP 2.0 member outreach will improve DWP 2.0 members’ compliance with follow-up visits, including recall exams, as compared to DWP 1.0 and MSP members
	DWP 2.0 member outreach will improve members’ access to a regular source of dental care.

SUBMISSION OF COMMENTS

This notice and all waiver documents are available online at: <https://dhs.iowa.gov/public-notices/iowa-wellness-plan>. To reach all stakeholders, non-electronic copies will also be made available for review at DHS Field Offices. A complete listing of DHS Field Offices is provided as an Attachment to this notice. Written comments may be addressed to Anna Ruggle, Department of Human Services, Iowa Medicaid Enterprise, 611 Fifth Avenue, Des Moines, IA 50309. Comments may also be sent to the attention of: DHS, Iowa Health and Wellness Plan at: aruggle@dhs.state.ia.us through June 10, 2019. After the comment period has ended, a summary of comments received will be made available at: <https://dhs.iowa.gov/public-notices/iowa-wellness-plan>.

Submitted by:
Michael Randol
Iowa Medicaid Enterprise
Iowa Department of Human Services

Attachment: DHS Field Office Locations

County	Building Name	Building Address	City	Zip
Benton	Benton County DHS	114 E 4th Street	Vinton	52349
Black Hawk	Black Hawk County DHS	1407 Independence Ave.	Waterloo	50704
Buchanan	Buchanan County DHS	1415 1st Street West	Independence	50644
Buena Vista	Buena Vista County DHS	311 E. 5th Street	Storm Lake	50588
Butler	Butler County DHS	713 Elm Street	Allison	50602
Carroll	Carroll County DHS	608 N Court Street, Ste. C	Carroll	51401
Cass	Cass County DHS	601 Walnut Street	Atlantic	50022
Cerro Gordo	Cerro Gordo County DHS	Mohawk Square, 22 N Georgia Ave, Ste. 1	Mason City	50401
Clarke	Clarke County DHS	109 S Main	Osceola	50213
Clay	Clay County DHS	1900 North Grand Ave. Ste. E-8	Spencer	51301
Clinton	Clinton County DHS	121 Sixth Ave S.	Clinton	52733
Dallas	Dallas County DHS	25747 N. Avenue, Suite A	Adel	50003
Des Moines	Des Moines County DHS	560 Division Street, Suite 200	Burlington	52601
Dickinson	Dickinson County DHS	Dickinson County Courthouse 1802 Hill Ave, Suite 2401	Spirit Lake	51360
Dubuque	Dubuque County DHS	410 Nesler Center, 799 Main Street	Dubuque	52004
Emmet	Emmet County DHS	220 S 1st Street	Estherville	51334
Fayette	Fayette County DHS	129 A North Vine	West Union	52175
Floyd	Floyd County DHS	1206 S Main Street	Charles City	50616
Hamilton	Hamilton County DHS	2300 Superior Street	Webster City	50595
Harrison	Harrison County DHS	204 E 6th St	Logan	51546
Henry	Henry County DHS	205 W Madison Street	Mt. Pleasant	52641
Jasper	Jasper County DHS	115 N 2nd Ave E. Suite H	Newton	50208
Jefferson	Jefferson County DHS	304 South Maple	Fairfield	52556
Johnson	Johnson County DHS	855 S. Dubuque Street	Iowa City	52240
Lee	Lee County DHS	933 Avenue H	Ft. Madison	52627
Lee	Lee County DHS	307 Bank Street	Keokuk	52632
Linn	Linn County DHS	411 3rd Street SE, Suite 600	Cedar Rapids	52401
Linn	Linn County DHS, Harambee House	404 17th Street Southeast	Cedar Rapids	52403
Mahaska	Mahaska County DHS	410 S 11th Street	Oskaloosa	52577
Marshall	Marshall County DHS	206 W State Street	Marshalltown	50158
Montgomery	Montgomery County DHS	1109 Highland Ave	Red Oak	51566
Muscatine	Muscatine County DHS	3210 Harmony Lane	Muscatine	52653

County	Building Name	Building Address	City	Zip
O'Brien	O'Brien County DHS	160 Second Street Se	Primghar	51245
Polk	Polk County DHS	Polk County River Place, 2309 Euclid Ave	Des Moines	50310
Polk	Polk County DHS- Carpenter Office	1900-1914 Carpenter	Des Moines	50314
Polk	Centralized Service Intake Unit	401 SW 7th St, Suite G	Des Moines	50309
Pottawattamie	Pottawattamie County DHS	417 E Kanesville Blvd.	Council Bluffs	51503
Pottawattamie	Income Maintenance Customer Call Center	300 W Broadway, Suite 110	Council Bluffs	51503
Scott	Scott County DHS	600 W. 4th St. 2nd & 3rd Floors	Davenport	52801
Sioux	Sioux County DHS	215 Central Ave. Se	Orange City	50141
Story	Story County DHS	126 S Kellogg Ave, Suite 101	Ames	50010
Union	Union County DHS (SVC)	304 N Pine St	Creston	50801
Union	Union County DHS	300 N Pine St	Creston	50801
Wapello	Wapello County DHS	120 E Main St	Ottumwa	52501
Warren	Warren County DHS	1005 South Jefferson Way	Indianola	50125
Webster	Webster County DHS	330 1st Ave. N	Fort Dodge	50501
Winneshiek	Winneshiek County DHS	2307 US Highway 52 South	Decorah	52101
Woodbury	Woodbury County DHS	Trosper-Hoyt Co Svc Bld., 822 Douglas St	Sioux City	51101

APPENDIX E3: Tribal Notice
NOTICE OF IOWA DEPARTMENT OF HUMAN SERVICES
TRIBAL COMMENT PERIOD FOR
IOWA WELLNESS PLAN EXTENSION

Notice is hereby given to all federally recognized tribes, Indian Health Programs and Urban Indian Organizations within the State of Iowa that the Iowa Department of Human Services (DHS) will be submitting a request to the Centers for Medicare and Medicaid Services (CMS) to extend the §1115 Iowa Wellness Plan Demonstration Waiver, which is set to expire December 31, 2019. DHS is proposing to extend this waiver for an additional five years pursuant to §1115(e) and §1915(h)(2) of the Social Security Act.

PROPOSAL

The Iowa Wellness Plan is a Medicaid program that was created to provide comprehensive health care coverage to low-income, uninsured Iowans ages 19 to 64. DHS is seeking to extend the Demonstration for another five years with no substantive changes. The only modification requested is a technical change to the special terms and conditions (STCs) to align with current program operations for retroactive eligibility. Specifically, as implemented by DHS effective for applications received on or after July 1, 2018, in accordance with Iowa Senate File 2418, a period of up to three months of retroactive eligibility is provided for applicants who are residents of a nursing facility at the time of Medicaid application and are otherwise Medicaid-eligible. Tribal notice was originally provided at the time of this programmatic change in July 2018.

TRIBAL IMPACT

American Indian and Alaskan Native (AI/AN) populations located in the State of Iowa will continue to receive services through the Iowa Wellness Plan and will be able to voluntarily enroll in the managed care delivery system. Dental benefits will continue to be delivered to Demonstration enrollees through a prepaid ambulatory health plan (PAHP). Additionally, AI/AN enrollees will continue to have coverage with no cost sharing or premium obligation. To address AI/AN members and providers who voluntarily elect to participate in managed care, DHS contracts with participating MCOs and PAHPs include protections for Indian health care providers participating in Medicaid as required pursuant to Section 5006(d) of the American Recovery and Reinvestment Act of 2009 (AARA).

SUBMISSION OF COMMENTS

A copy of the waiver application and relevant attachments are included with this notice. Written comments may be addressed to Alisa Horn, Department of Human Services, Iowa Medicaid Enterprise, 611 Fifth Avenue, Des Moines, IA 50309. Comments may also be sent via electronic mail to ahorn@dhs.state.ia.us. DHS would be happy to schedule a phone or in-person consultation to discuss the amendment in further detail. All comments must be received by May 29, 2019.

Submitted by:

Michael Randol, Medicaid Director
Iowa Medicaid Enterprise
Iowa Department of Human Services