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I. EXECUTIVE SUMMARY

The Iowa Health and Wellness Plan (IHAWP) became effective on January 1, 2014, as the state’s approach to expand Medicaid under the Patient Protection and Affordable Care Act (ACA). The IHAWP is comprised of two distinct 1115 waiver programs. Individuals are eligible for a program based on status relative to the Federal Poverty Level (FPL):

1. The Iowa Wellness Plan (IWP) – Covers individuals ages 19 through 64 with income up to 100 percent of the FPL. In this plan, coverage is administered directly through the state Medicaid agency, the Iowa Medicaid Enterprise (IME).

2. The Iowa Marketplace Choice Plan (MPC) – Also covers ages 19 through 64, but with income from 101 percent of the FPL up to 133 percent of the FPL. This plan provides premium assistance for coverage offered by a qualified health plan (QHP) in the Healthcare Marketplace established under the ACA. MPC members receive coverage through a QHP, Coventry Health Care of Iowa (Coventry), or through the IWP.

During second quarter of 2015, the Iowa Medicaid Enterprise continued efforts to support the state’s approach on the waiver of non-emergency medical transportation for IHAWP members. On May 29, 2015, the state submitted a second amendment to CMS to continue the waiver through December 31, 2016. Other key activities during the quarter included:

- Provider engagement resulting in additional managed care counties
- Additional communication to IHAWP members and providers about changes in the healthy behaviors program;
- Established an Accountable Care Organization agreement with Mercy ACO, LLC;
- Finalization and CMS approval of the Dental Wellness Plan contract; and
- Finalization and CMS approval of the Healthy Behaviors evaluation design.

Following this letter is a detailed report of key activities and statistics for the second quarter, consistent with the STCs. Do not hesitate to contact me at 515-256-4621 or mstier@dhs.state.ia.us, or Deanna Jones at 515-256-4652 or djones1@dhs.state.ia.us should you have any questions about this report or any other aspects of the new programs.

Sincerely,

Miki Stier
Director
Iowa Medicaid Enterprise
II. SIGNIFICANT ACTIVITIES OF THE QUARTER

1. Legislative Developments
There were no legislative related activities during second quarter 2015. The most recent IHAWP administrative rules can be accessed at: https://www.legis.iowa.gov/docs/ACO/chapter/07-08-2015.441.74.pdf

2. Stakeholder Concerns
No major issues to report for second quarter 2015.

III. ELIGIBILITY/ENROLLMENT

1. Quarterly Enrollment
Over the second quarter, the overall IHAWP population increased by 3 percent for an ending total of 133,953. The MPC component increased over the quarter by 2 percent with an ending total of 33,582.

Effective December 1, 2014, CoOportunity Health withdrew from the MarketPlace Choice Plan, which resulted in transitioning CoOportunity Health members to the IWP. While Coventry continues to serve MPC members, Coventry is not enrolling new members or members who were disenrolled from CoOportunity Health. Of the 33,582 MPC members, 6,937 were enrolled in Coventry and 24,161 received services through the IWP.

Monthly enrollment totals for the IHAWP population are shown below.

<table>
<thead>
<tr>
<th>Plan/Coverage Group</th>
<th>April</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marketplace Choice Coventry</td>
<td>32,867</td>
<td>33,871</td>
<td>33,582</td>
</tr>
<tr>
<td>(8,220)</td>
<td>(7,539)</td>
<td>(6,937)</td>
<td></td>
</tr>
<tr>
<td>Wellness</td>
<td>97,322</td>
<td>100,582</td>
<td>100,119</td>
</tr>
<tr>
<td>Presumptive IHAWP*</td>
<td>245</td>
<td>415</td>
<td>252</td>
</tr>
<tr>
<td>Total</td>
<td>130,434</td>
<td>134,868</td>
<td>133,953</td>
</tr>
</tbody>
</table>

*MPC enrollment totals by county as of June 30, 2015, can be found at: http://dhs.iowa.gov/sites/default/files/IHAWPEnrollmentMaps_June2015.pdf

2. Special Population Groups
The state identifies specific population groups enrolled in the IHAWP to monitor their health care needs in accordance with the STCs. These groups are comprised of: (1) Nineteen and twenty year-olds, (2) American Indian/Alaskan Natives, and (3) the
medically exempt (frail). Below are MPC enrollment totals for these groups at the end of second quarter 2015.

<table>
<thead>
<tr>
<th>Population Group</th>
<th>April</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td>19-20 Year-old</td>
<td>968</td>
<td>985</td>
<td>1,009</td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
<td>272</td>
<td>279</td>
<td>290</td>
</tr>
<tr>
<td>Medically Exempt</td>
<td>2,443</td>
<td>2,678</td>
<td>2,885</td>
</tr>
<tr>
<td>Total</td>
<td>3,683</td>
<td>3,942</td>
<td>4,184</td>
</tr>
</tbody>
</table>

IV. ACCESS/DELIVERY

1. Network Adequacy

Access/Delivery – See Attachment 1 to view maps of network coverage for the IHAWP population as of June 2015.

2. Service Delivery

Federally Qualified Health Centers, Rural Health Clinics, and Indian Health Clinics – See Attachment 2 for wrap payments made to these providers between January 1, 2014 and March 31, 2015, for the IHAWP population.

V. COMPLAINTS/GRIEVANCES/APPEALS

1. Complaints/Grievances

IHAWP members have access to IME’s Member Services Call Center to express their questions or concerns about the program. During second quarter, the IME received a low number of complaints with the majority consisting of basic questions about MPC benefits. Call Center representatives were able to resolve all issues with members during the calls. A summary of these complaints is provided below.

<table>
<thead>
<tr>
<th>Complaint Type</th>
<th>January</th>
<th>February</th>
<th>March</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits and Services</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Access</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Substance Abuse/Mental Health Access</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Quality of Care</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Medical Provider Network</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Premiums and Cost Sharing</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Healthy Behaviors</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
2. Other Complaints
Coventry did not receive any complaints from MPC members during second quarter 2015. See Attachment 3 for a summary of Exception to Policy Requests and Appeals requested by MPC members receiving services in the IWP.

VI. Budget Neutrality/Fiscal Issues
During second quarter, the state did not encounter any significant financial issues related to the MPC. See Attachment 4 for the actual number of member months for the IHAWP as of June 30, 2015.

VII. Other Activities

1. Dental Wellness Plan
On April 8, 2015, CMS approved Iowa’s pre-paid ambulatory health plan (PAHP) contract with Delta Dental of Iowa with an effective date of May 1, 2014. The purpose of the contract is to provide tiered dental benefits to the IWP and MPC populations through a PAHP, the Dental Wellness Plan (DWP). Additionally, CMS approved the DWP capitation rates submitted April 29, 2014, for the period of May 1, 2014 to June 30, 2017. See Attachment 5 for additional information related to the DWP.

2. Healthy Behaviors Program and Premium Monitoring
During second quarter the state announced a change in the wellness exam definition to include a dental exam as an option. Effective January 1, 2014, an annual physical exam or a dental exam satisfies the exam component under the healthy behaviors program. Members must also receive a health risk assessment to meet the healthy behaviors requirement to avoid paying monthly contributions. See the Healthy Behaviors Program web page for more information.

In accordance with the STCs, the state is required to monitor premium related activities of IHAWP members with incomes between 50 and 133 percent of the FPL. This information is contained in Attachment 6. See Attachment 7 for healthy behavior activities of IHAWP members as of June 26, 2015.

3. Non-Emergency Medical Transportation
The STCs of the original IWP and MPC 1115 demonstrations required the waiver of non-emergency medical transportation (NEMT) to sunset on December 31, 2014, with a possible waiver extension based on evaluation results of the impact on access to care. In the fourth quarter of 2014, the state requested an amendment to extend the NEMT waiver because adequate data were not available to conduct a full evaluation within the allowed time period. On December 30, 2014, CMS approved the

<table>
<thead>
<tr>
<th>Service</th>
<th>0</th>
<th>0</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-emergency Medical Transportation</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>EPSDT Services</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
state’s request to extend the NEMT waiver through July 31, 2015, with additional time to present further data by May 31, 2015.

On May 29, 2015, the state submitted a second amendment with evaluation results to CMS requesting continuation of the NEMT waiver through December 31, 2016, to maintain the state’s original approach to Medicaid expansion within the 1115 demonstrations.

4. Evaluation Design
The state’s evaluation team, the University of Iowa Public Policy Center, received guidance from CMS to finalize the Healthy Behaviors evaluation design requirements. On April 20, 2015, CMS approved the evaluation designs for the IWP and MPC 1115 demonstrations.

VIII. Additional Information
Additional information about the IHAWP can be accessed at http://dhs.iowa.gov/ime/about/iowa-health-and-wellness-plan. Please contact Deanna Jones at 515-256-4652 or djones1@dhs.state.ia.us, to discuss information related to the quarterly reports.
Attachments

1. IHAWP Network Access Maps
2. IHAWP Wrap Payments
3. MPC Members Exceptions and Appeals Report
4. Financial Reporting - IHAWP Member Months
5. Dental Wellness Plan Report
6. Premium Monitoring Report
7. Healthy Behaviors Activity Report