



**Iowa Marketplace Choice Quarterly Report
1115 Demonstration Waiver
July 1, 2015 – September 30, 2015**

October 30, 2015

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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:

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.

In February 2015, the state announced plans to implement the Medicaid Modernization Initiative (Initiative) to ensure high quality, efficient, and coordinated care for the majority of the Iowa Medicaid population under 1915 (b) authority. On February 26, 2015, the state released Requests for Proposals with the intent to contract on a statewide basis with a minimum of two to four contractors to coordinate care and provide quality outcomes under the Initiative.

On September 3, 2015, the state submitted a request to amend the IWP demonstration to change to managed care delivery system and modify eligibility to include MPC members under concurrent 1915 (b) authority. Since the withdrawal of CoOpportunity from the MPC, the state has not been able to maintain an adequate number of QHPs to allow coverage options for current MPC members. Under the Initiative, the state is proposing to include MPC members in the IWP coverage group. The state is also proposing to retain authority of the MPC demonstration should market conditions change and the program becomes a viable option.

During third quarter, the state continued to monitor the healthy behavior program and prepared for the implementation of the MPC disenrollment process, effective November 1, 2015. Other key activities included:

- Member outreach activities on the Initiative;
- Provider education about the IWP and training on the Initiative;
- Administrative rule changes for the Initiative; and
- Finalization and CMS approval of supplemental evaluation design components.

Following this letter is a detailed report of key activities and statistics for the third 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. Public Communication

Press Release/Coverage:

In July 2015, the state formally announced the public comment period for changes to Medicaid waivers for implementation of the Initiative. Information about public hearings was made available through an [informational flyer](#). Comments were accepted via regular mail or electronically from July 20 through August 21, 2015.

In August of 2015, the state announced a notice of intent to award contracts to four managed care organizations for the statewide managed care delivery system. The winning bidders are Amerigroup Iowa, AmeriHealth Caritas Iowa, UnitedHealthcare Plan of River Valley, and WellCare of Iowa. More information about the bidding process and other Initiative related information can be found in the August 17, 2015, [press release](#).

Stakeholder Engagement:

During third quarter, the IME continued to provide email communications to share key news items to the Medical Assistance Advisory Council (MAAC) and other stakeholders that subscribe to IME Communications. In July 2015, the IME shared the announcement of the public comment period for the IHAWP waiver and other waivers impacted by the Initiative. In September, stakeholders were informed that the waivers were formally submitted to CMS on September 3, 2015, for review and approval.

2. Legislative Developments

During third quarter, the state worked on changes to administrative rules for the implementation of the Initiative, pursuant to Senate File 505, section 12(24). A draft rules package will be submitted through a formal review process in October 2015.

III. ELIGIBILITY/ENROLLMENT

1. Quarterly Enrollment

Over the third quarter, the overall IHAWP population increased by 2 percent for an ending total of 140,383. The MPC component increased over the quarter by 2.8 percent with an ending total of 35,525.

Effective December 1, 2014, CoOpportunity Health withdrew from the MarketPlace Choice Plan, which resulted in transitioning CoOpportunity Health members to the IWP. While Coventry continues to serve MPC members, Coventry is not enrolling new members or members who were disenrolled from CoOpportunity Health. At the end of third quarter, 4,690 of 35,525 MPC members were enrolled in Coventry and 27,779 received services through the IWP.

Monthly enrollment totals for the IHAWP population are shown below.

Plan/Coverage Group	July	August	September
Marketplace Choice	34,570	35,241	35,525
Coventry	(6,134)	(5,362)	(4,609)
Wellness	102,206	104,110	104,523
Presumptive IHAWP*	330	356	335
Total	137,106	139,707	140,383

*Presumptive IHAWP – Members are defaulted to the Wellness Plan until provider assignments are established.

MPC enrollment totals by county as of September 30, 2015, can be found at: http://dhs.iowa.gov/sites/default/files/IHAWPEnrollmentMaps_September2015.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 third quarter 2015.

Population Group	July	August	September
19-20 Year-old	1,057	1,095	1,071
American Indian/Alaskan Native	308	321	322
Medically Exempt	2,997	3,130	3,136
Total	4,362	4,546	4,529

IV. ACCESS/DELIVERY

1. Network Adequacy

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

2. Service Delivery

See Attachment 2 for IHAWP wrap payments made to Federally Qualified Health Centers, Rural Health Clinics, and Indian Health Clinics during third quarter.

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 third 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.

Complaint Type	July	August	September
Benefits and Services	5	4	5
Access	0	0	0
Substance Abuse/Mental Health Access	0	0	0
Quality of Care	0	0	0
Medical Provider Network	4	0	1
Premiums and Cost Sharing	1	2	0
Healthy Behaviors	1	0	1
Non-emergency Medical Transportation	0	0	0
EPSDT Services	0	0	0

2. Other Complaints

Coventry did not receive any complaints from MPC members during third 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 third 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 September 30, 2015.

VII. Other Activities

1. Dental Wellness Plan

During third quarter DWP coordinators planned outreach activities to assist members with access, and provided education on the program design and the importance of preventive dental care. More information on this topic and other updates can be found at [Delta Dental DWP Update](#). See Attachment 5 for an overview of operations and member activities during third quarter.

2. Premium Monitoring and the Healthy Behaviors Program

In accordance with the STCs, the state is required to monitor premium related data to determine impacts of premiums on 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 September 25, 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 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 new 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. On July 31, 2015, CMS approved an extension of the waiver through March 31, 2016, to allow the state additional time to conduct additional surveys and analyses on the impact of the waiver. More information about the waiver amendment can be found under section [News and Announcements](#).

4. Evaluation Design

The state's evaluation team, the University of Iowa Public Policy Center, received guidance from CMS on finalizing the design of the supplemental analyses to further assess NEMT waiver impacts on access to care. In August 2015, CMS accepted the NEMT supplemental analyses that will be included in future evaluation reports.

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