



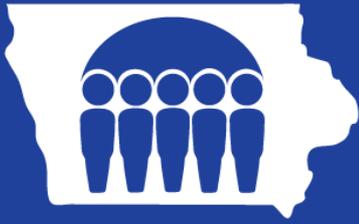
Iowa Department of Human Services

Iowa Medicaid Enterprise

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Provider Services

Education & Outreach Supervisor



Iowa Health and Wellness Plan



Background

The Iowa Health and Wellness Plan was enacted to provide **comprehensive health coverage** for low-income adults

- Began January 1, 2014
- Iowans age 19 - 64
- Income up to and including 133% of the Federal Poverty Level
- New, comprehensive program replaced the IowaCare program, which ended December 31, 2013



One Plan, Two Options

Iowa Wellness Plan

- For adults age 19 - 64
- Income up to and including 100% of the Federal Poverty Level

Marketplace Choice Plan

- For adults age 19 - 64
- Income 101% to no more than 133% of the Federal Poverty Level



Goals and Objectives





Member Eligibility

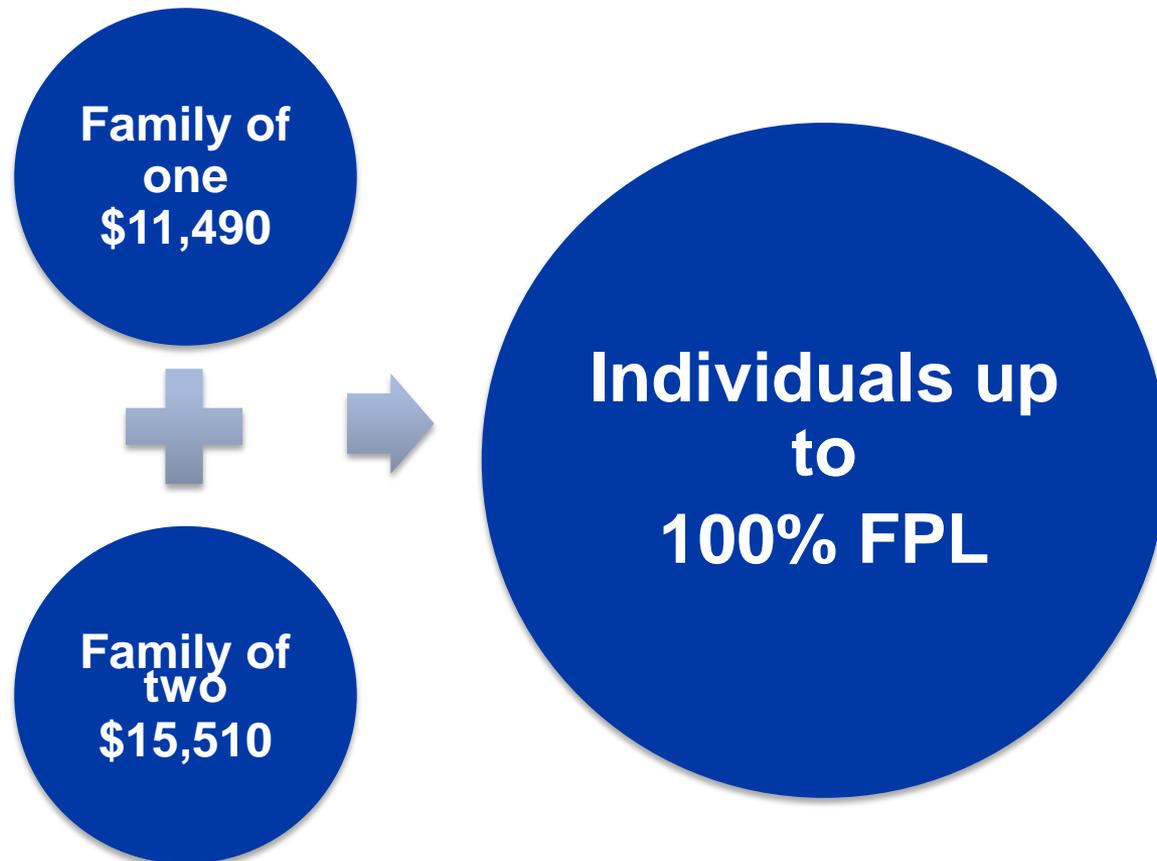
Member
eligibility

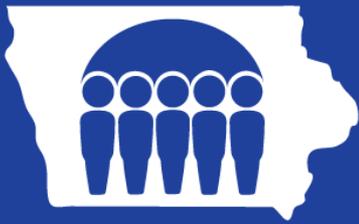
12 months of
covered
benefits

Income
re-verified for
eligibility after
a 12-month
period



Iowa Wellness Plan: 0-100% FPL





Iowa Wellness Plan: 0-100% FPL

Administered by Iowa
Medicaid

Provides
comprehensive
health services

Coverage is equal to
the benefits provided
to state employees

Benefit Categories Covered

Physician services, including primary care

Outpatient services

Emergency room services and transportation

Hospitalization

Mental health and substance use disorder

Rehabilitative and habilitative services and devices

Lab services, x-rays, imaging (MRI, CT, etc.)

Preventive and wellness services

Home & community-based services

Prescription drugs

Dental services



Iowa Wellness Plan: 0-100% FPL

Access to the same providers currently available with Medicaid

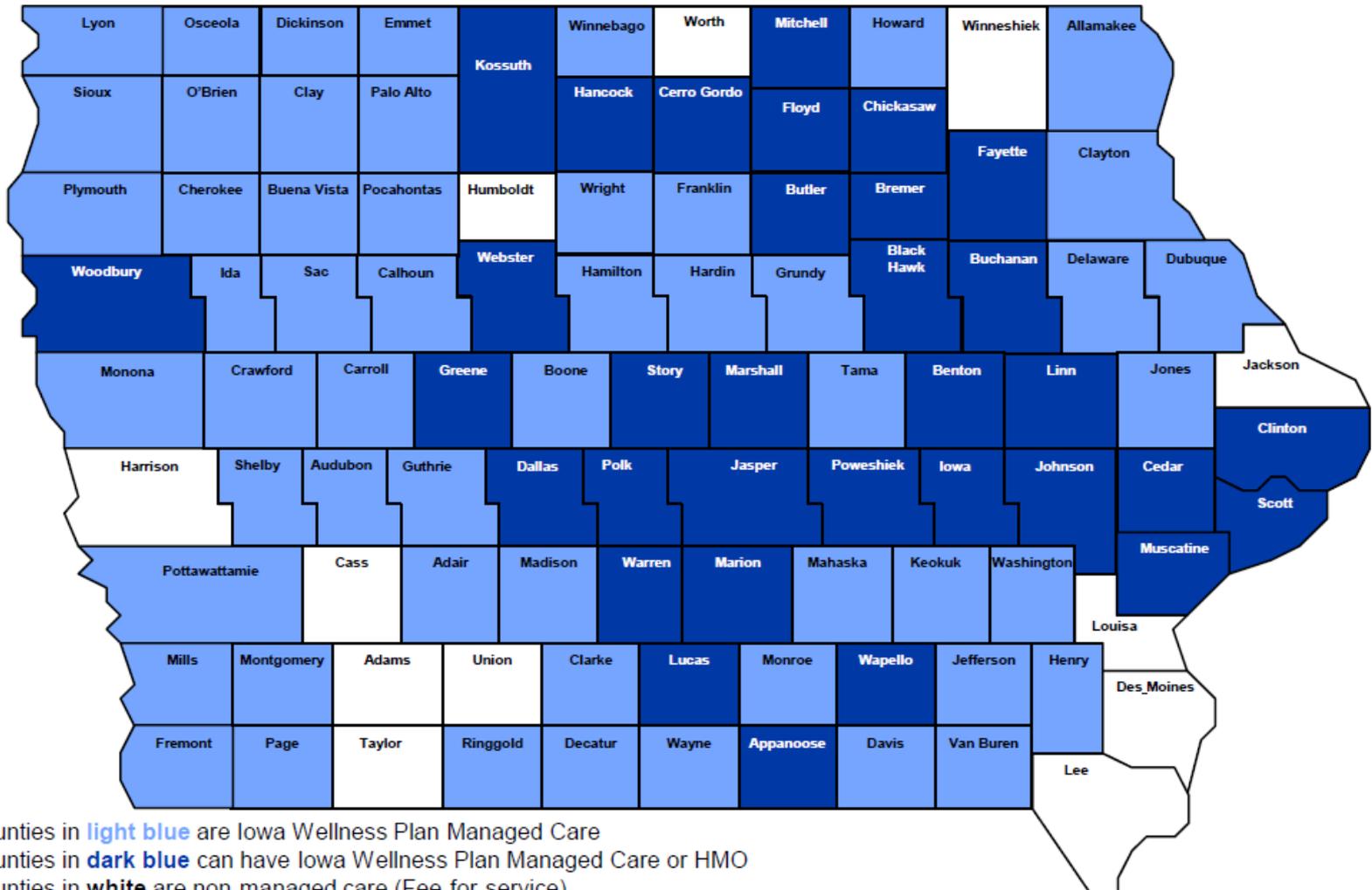
Ability to choose primary care physician

Primary care physician coordinates care for member

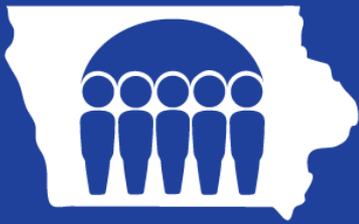


Iowa Department of Human Services

Iowa Wellness Plan Managed Care Map: As of May 2014



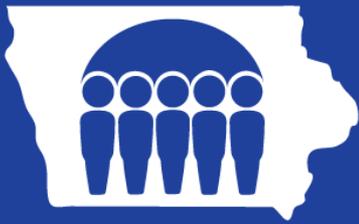
- Counties in **light blue** are Iowa Wellness Plan Managed Care
- Counties in **dark blue** can have Iowa Wellness Plan Managed Care or HMO
- Counties in **white** are non-managed care (Fee-for-service)



Iowa Wellness Plan: 0-100% FPL

Out of Pocket Costs:

- No copayments except for using the emergency room when it is not an emergency
- No monthly contributions during the first year (2014)
- No contributions for those with income below 50% FPL
- Costs cannot exceed 5% of income



Iowa Wellness Plan: 0-100%

Monthly contributions waived beginning in 2015 if the member completes wellness activities

- First year (2014) members need to complete health risk assessment and wellness exam (annual physical)
- 2015 and beyond will offer other wellness activities





Iowa Wellness Plan: 0-100% FPL

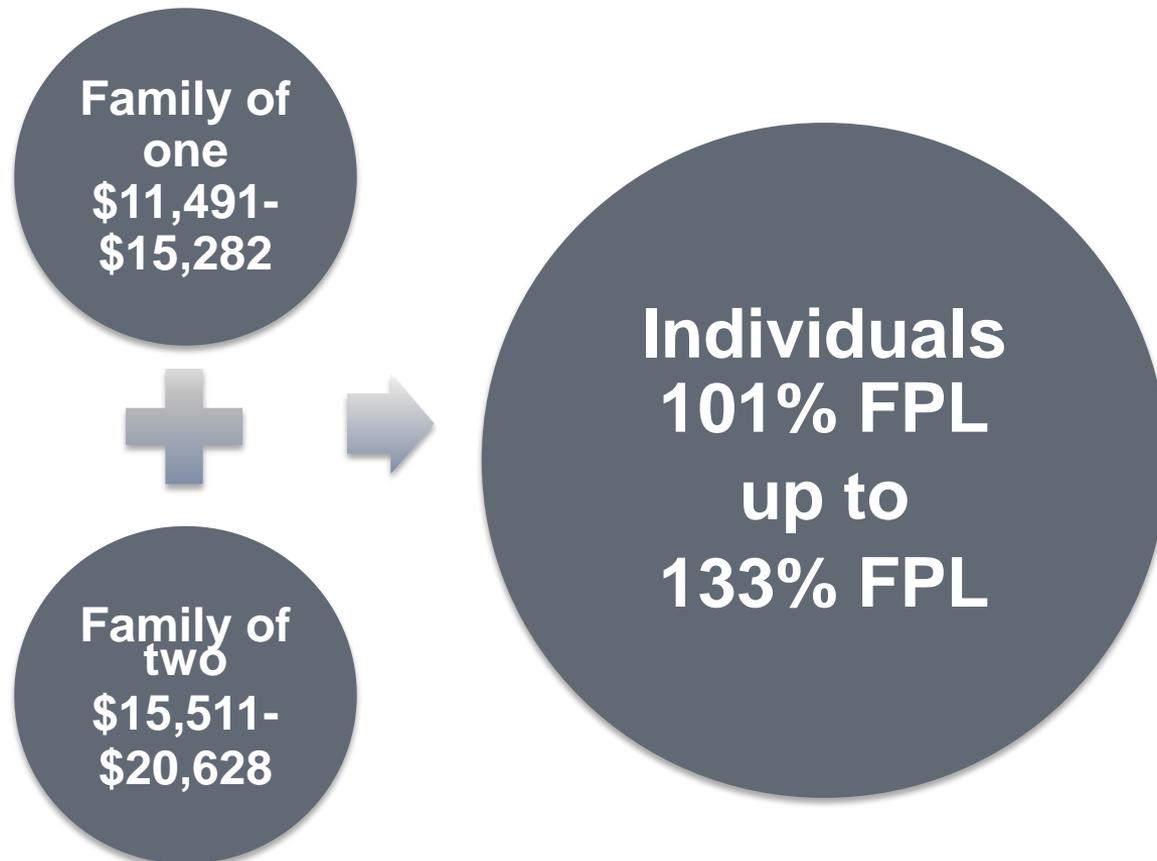
Program innovations include:

- Ensure ***coordination of care*** for members through 'medical homes'
- Ensure health care providers are ***accountable for achieving high quality and cost effective care*** that is focused on the patient

Program innovations will continue to be developed through a statewide planning process related to the State Innovation Model* grant



Marketplace Choice Plan: 101-133% FPL





Marketplace Choice Plan: 101-133% FPL

Members select a certain ***commercial health plan*** available on the Health Insurance Marketplace

Medicaid pays the premiums to the commercial health plan on behalf of the member – **often referred to as “premium assistance”**

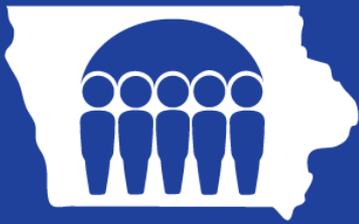


Marketplace Choice Plan: 101-133% FPL

Commercial health plans available to members:

- CoOpportunity Health
- Coventry Health Care of Iowa

Uses the commercial plan's statewide provider network – **includes primary care, specialists, hospitals**



Marketplace Choice Plan: 101-133% FPL

Provides
comprehensive health
services

Coverage includes the
qualified health plan
required essential
health benefits

Benefit Categories Covered

Physician services, including primary care

Outpatient services

Emergency room services and transportation

Hospitalization

Mental health and substance use disorder

Rehabilitative and habilitative services and devices

Lab services, x-rays, imaging (MRI, CT, etc.)

Preventive and wellness services

Home & community based services

Prescription drugs

Dental services



Marketplace Choice Plan: 101-133% FPL

Out of pocket costs:

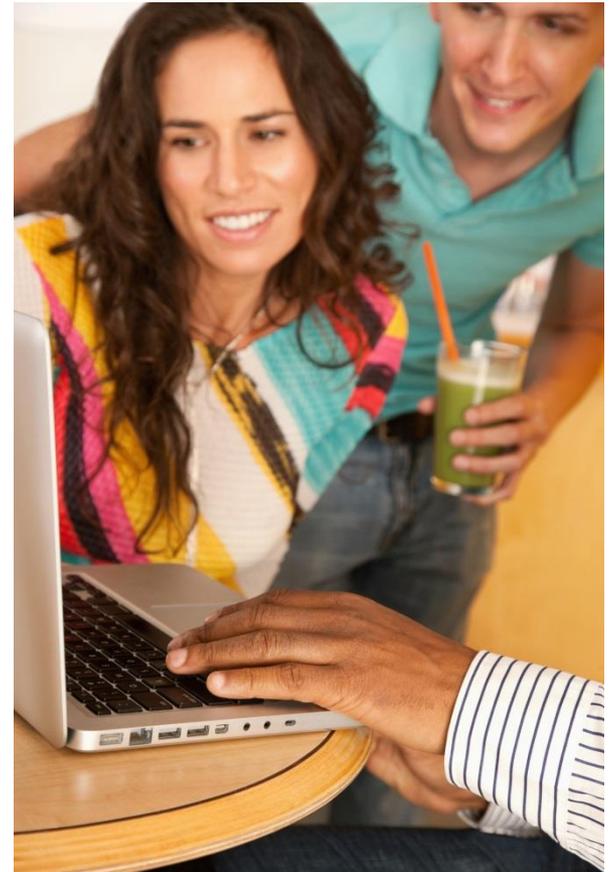
- No copayments except for using the emergency room when it is not an emergency
- No monthly contributions during year one (2014)
- Costs cannot exceed 5% of income



Marketplace Choice Plan: 101-133% FPL

Innovation: Purchasing private coverage

Allows individuals to stay enrolled in their current plan if their income changes





Plan Summaries

Wellness Plan

0-100% FPL

Benefits equivalent to State Employee Benefit Plan

Plan managed by Iowa Medicaid

Monthly member contributions

- Waived in 2014
- Waived beginning 2015 for completing wellness activities

Uses Medicaid provider network

Marketplace Choice

101-133% FPL

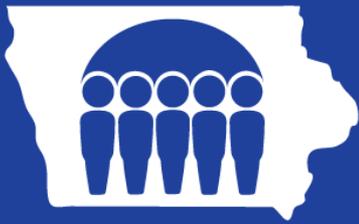
Marketplace Plan benefits, at least equivalent to State Employee Benefit Plan

Plan managed by commercial insurer

Monthly member contributions

- Waived in 2014
- Waived beginning 2015 for completing wellness activities

Uses commercial insurer's provider network



Iowa Health and Wellness Plan

Dental Wellness Plan

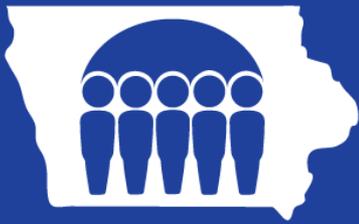
- Coverage began May 1, 2014
- Adequate reimbursement rates for dental services
- Contracting with Delta Dental to cover services
- Population health approach
- Member incentives: providing basic services, with ability to earn higher cost restorative services



Iowa Health and Wellness Plan Status

Member Enrollment

- 43,000 IowaCare members transferred to Iowa Wellness Plan
- 8,700 IowaCare members transferred to Iowa Marketplace Choice Plan
- Member enrollment packets (primary care provider or health plan selection) mailed in November- December



Iowa Health and Wellness Plan Status

Member Enrollment

- Iowa Wellness Plan members have approximately 1,500 primary care providers available, in addition to other contracted Medicaid providers
- All members have access to local providers (doctors, hospitals, pharmacies, etc.)
- In 87 counties, members will be assigned to a primary care physician of their choice in their county (where approx. 94% of members live)



Iowa Health and Wellness Plan

Wraparound Services

- Early Periodic Screening Diagnosis Treatment (EPSDT) services covered for ages 19-20
 - Includes vision coverage
 - Frames and lenses
 - Hearing check-ups



Iowa Health and Wellness Plan

Wraparound Services

- FQHCs, RHCs, and IHS providers are reimbursed for services to Medicaid members at 100% of cost
- Services provided under contract to a QHP are paid at QHP rate
- Providers submit form 470-5211 for supplemental reimbursement from the IME.



Iowa Wellness Plan Services

Covered Services

- Ambulatory services
- Emergency
- Hospitalization
- Laboratory/radiology
- Prescription drugs
- Home health
- Primary care
- Annual routine vision exam
- Routine hearing exam
- Mental health/substance abuse
- Hospice



Iowa Wellness Plan Services

Service Limitations

- Rehabilitative and Habilitative services up to 60 visits a year
 - Physical
 - Speech
 - Occupational
- Skilled nursing services up to 120 days a year
 - Paid in skilled facilities and nursing facilities
 - Reimburses nursing facilities at their per diem rate-same as State Plan Medicaid
 - Follows the same level of care process as Medicaid



Iowa Wellness Plan Patient Manager

- Each individual practice or entity must sign and return Agreement, Form 470-5177
- Must be enrolled, active Medicaid primary care provider;
 - MD/DO
 - ARNP
 - FQHC/RHC
- Patient Manager selects:
 - Maximum number of members
 - Counties to be served
 - Age range (if applicable)
- Agreement is available electronically at:

www.ime.state.ia.us/iowa-health-and-wellness-plan.html



Patient Manager (PM) Benefits

| Payment | Performance |
|---|---|
| Fee for Service or Encounter Based Fee | Claim submission |
| Administrative Fee \$4.00 | Per Member-Per Month |
| Wellness Exam Incentive \$10.00 | Per Member Annually if Threshold Achieved |
| Up to \$4.00 Wellness Plan Medical Home Value Index Score (VIS) Bonus | Per Member Quarterly if Quality Target Achieved |



Medically Exempt

- Members who are considered ‘Medically Exempt’ must be given the option of enrolling in regular State Medicaid Plan or Wellness Plan
 - **‘Medically Exempt’** includes individuals with disabling mental disorders (including adults with serious mental illness), individuals with chronic substance use disorders, individuals with serious and complex medical conditions, individuals with a physical, intellectual or developmental disability that significantly impairs their ability to perform 1 or more activities of daily living, or individuals with a disability determination based on Social Security criteria
- Medicaid has a process to screen for Medically Exempt members, both at enrollment, after enrollment, and through provider referral



Medically Exempt

Medically Exempt Process

- Medically exempt individuals receive choice of State Medicaid Plan or Iowa Wellness Plan
- Medicaid has a process to screen for Medically Exempt members through several means:
 - At enrollment
 - By referral
 - Retrospective claims analysis



Medically Exempt

Medically Exempt Benefits

- Most health care benefits similar in Iowa Health and Wellness Plan and Medicaid State Plan
 - Both cover physician services, primary care, emergency services, hospitalization, lab services, prescription drugs, etc.
- Both use statewide Medicaid provider network, with local access to providers and hospitals



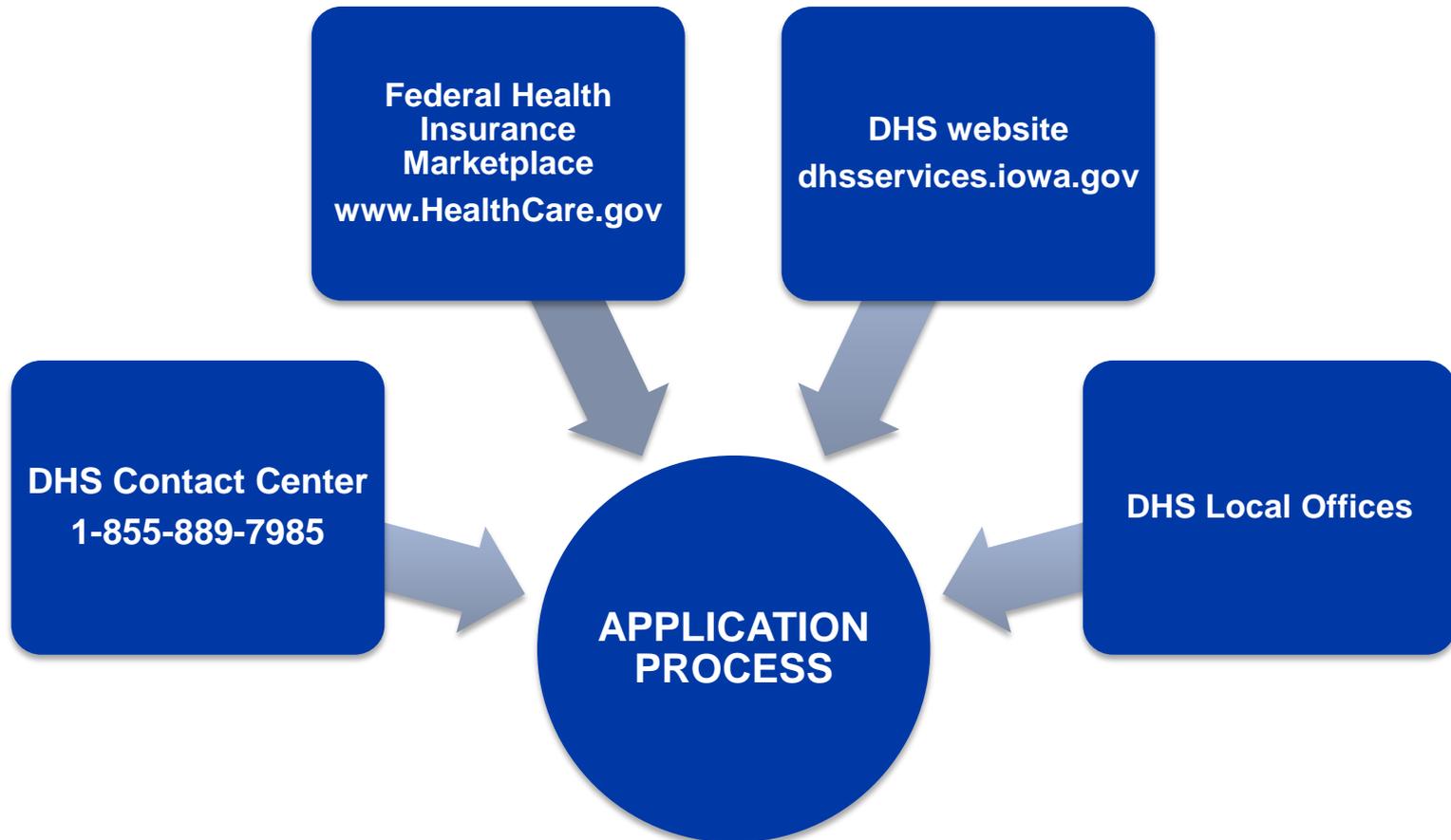
Medically Exempt

Medically Exempt Benefits

| Plan Benefits | Medicaid State Plan |
|--|--|
| Additional B3 services covered because of savings from the Managed Care Iowa Plan Waiver | <ul style="list-style-type: none">• Intensive psychiatric rehab• Community Support Services• Peer Support• Residential Substance Abuse Treatment |
| Habilitation - 1915i Home and Community Based Services | <ul style="list-style-type: none">• An individualized, comprehensive service plan• Home-based habilitation• Day habilitation• Prevocational habilitation• Supported Employment |
| Other Mental Health Services | <ul style="list-style-type: none">• Behavioral Health Intervention services• Assertive Community Treatment (ACT) |



Application Process





Presumptive Eligibility

Six categories of Presumptive Eligibility

- Children under the age of 19.
- Pregnant women (coverage of services limited to ambulatory prenatal care).
- Parents and caretaker relatives.
- Individuals 19 or older and under 65.
- Former foster care children under age 26.
- Individuals needing treatment for breast or cervical cancer.



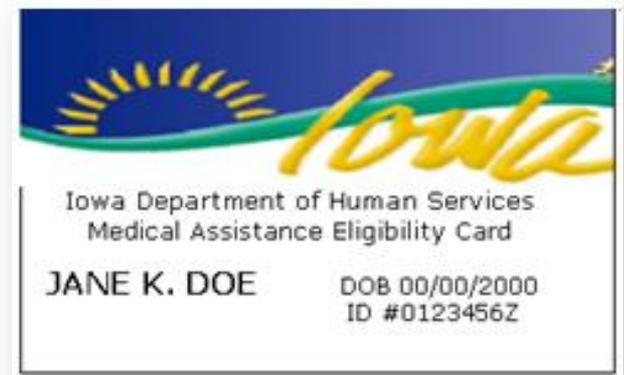
Presumptive Eligibility

- 42 CFR § 435.1110 allows qualified Iowa hospitals to make presumptive eligibility determinations
- Presumes the applicant is eligible based on their statements
- Member is eligible for Iowa Wellness Plan benefits until a formal eligibility determination is made
- More information available at:
www.ime.state.ia.us/Providers/OnlineTools.html



Verify Member Eligibility

- No specific program is indicated on the State ID card
- Patient Manager is not listed on the card
- Eligibility **must** be verified through phone or Web Portal
- IME Provider Services: 800-338-7909 or 515-256-4609
- ELVS: 800-338-7752 or 515-323-9639
- Web Portal: www.edissweb.com/med





Verify Member Eligibility

ELVS Messages

- Iowa Wellness Plan Fee-For-Service
 - *“The member is Medicaid eligible under the Iowa Wellness Plan fee-for-service program.”*
- Providers will also be notified of mental health, substance abuse, and dental service contractors
 - Magellan
 - Delta Dental



Verify Member Eligibility

ELVS Messages

- Iowa Wellness Plan Managed Care
 - *“The member is Medicaid eligible under the Iowa Wellness Plan. Authorization must be obtained from the member's patient manager before providing covered services.*
The patient manager's name and phone number are...”
- Providers will also be notified of mental health, substance abuse, and dental service contractors
 - Magellan
 - Delta Dental



Verify Member Eligibility

ELVS Messages

- Iowa Wellness Plan Managed Care HMO
 - *“The member is Medicaid eligible under the Iowa Wellness Plan with an HMO. Meridian Health Plan should be contacted before providing services.*
Meridian Health Plan can be contacted at...”
- Providers will also be notified of mental health, substance abuse, and dental service contractors
 - Magellan
 - Delta Dental



Verify Member Eligibility

ELVS Messages

- Marketplace Choice Plan
 - *“The member is enrolled in the Iowa Marketplace Choice program. Authorization must be obtained from the member's Marketplace coverage plan before providing covered services.*
The Marketplace carrier and phone number are...”
- Providers will also be notified of mental health, substance abuse, and dental service contractors
 - Magellan
 - Delta Dental



Verify Member Eligibility

ELVS Messages

- Medically Exempt

“The member is eligible for all covered services under medically exempt status. Medically Exempt members have access to additional state plan benefits. Please contact Provider Services for more information.”



Verify Member Eligibility

Call Centers

- Coventry Health Care of Iowa (800)470-6352
- CoOpportunity Health: (888) 324-2064
- Delta Dental: (888) 472-1205
- Iowa Medicaid Enterprise: (800) 338-7909



Up-to-date Information

www.ime.state.ia.us/iowa-health-and-wellness-plan.html

Or

Contact IME Provider Services at:

1-800-338-7909 or 515-256-4609 (Des Moines area) or
email imeproviderservices@dhs.state.ia.us