

Iowa Department of Public Health

✓ The Check-Up

An update on issues and ideas Related to health reform in Iowa

The Check-Up is a health care reform newsletter designed to keep interested Iowans up to date on the progress of health reform initiatives. The Check-Up features updates on activities of the Iowa Department of Public Health's (IDPH) Office of Health Care Transformation (OHCT) and partners. The OHCT is a key point-of-contact for health care reform initiatives within IDPH including State Innovation Model, Accountable Care Organizations, Health Insurance Marketplace, prevention and chronic disease management initiatives, care coordination, social determinants of health, and Patient-Centered Medical Homes/Health Homes. The OHCT monitors federal health care issues and disseminates the key information, opportunities, and impacts to the public and other partners- internal and external to IDPH.

July
2016

IDPH Websites

[Office of Health Care Transformation](#)

[Patient-Centered Health Advisory Council](#)

[State Innovation Model](#)

DHS Websites

[State Innovation Model](#)

[IA Health Link](#)

[Medicaid Modernization](#)

[Iowa Health and Wellness Plan](#)

Patient-Centered Health Advisory Council

The Patient-Centered Health Advisory Council met on Friday, May 20th. Agenda items included an update from DHS on Iowa Medicaid Modernization; a SIM panel with presentations from IDPH, Iowa Healthcare Collaborative and DHS; a presentation on Iowa's Health Insurance Marketplace; and a Legislative Update from IDPH's Legislative Liaison Deborah Thompson. The agenda, minutes, and presentations can be found below:

- [Agenda](#)
- [Minutes](#)
- [Abbreviated Minutes](#)
- [SIM- Value-Based Purchasing PPT](#)
- [SIM- Population Health- C3 PPT](#)
- [SIM- SWAN PPT](#)
- [SIM- Community-Based Performance Improvement PPT](#)
- [Iowa Medicaid Program Updates PPT](#)
- [Marketplace Outreach and Enrollment PPT](#)
- [Legislative Update 2016](#)

2016 Meeting Schedule

- **Friday, August 12th, 2016- Polk County River Place from 9:00-3:00**
- **Friday, November 4th, 2016- Iowa Hospital Association**

The next meeting is on Friday, August 12th at the **Polk County River Place** from 9:00-3:00. Agenda items include Medicare Access & CHIP Reauthorization Act of 2015 (MACRA), Iowa Medicaid Modernization, updates from the three Managed Care Organizations (MCOs), Iowa Medical Society presentation on Physician Workforce Distribution in Iowa, Healthy Iowans/Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP), and Office of the State Long-Term Care Ombudsman Data.

Iowa's State Innovation Model (SIM)

Statewide Strategy Plans

IDPH and the Iowa Healthcare Collaborative have completed statewide strategy plans consisting of tactics and strategies that include clinical, community-based, and policy and system-level interventions. These plans were developed by a diverse group of stakeholders and subject matter experts. Statewide strategy plans for Social Determinants of Health, Person Family Engagement, and Falls Prevention will be developed in the fall of 2016. Access the current statewide strategy plans below:

- [IDPH Division of Tobacco Use Prevention and Control 2014 - 2018 Statewide Strategy Plan](#)
 - [Tobacco State Plan Supplement](#)
- [Iowa Care Coordination Statewide Strategy Plan](#)
- [Iowa Diabetes Statewide Strategy Plan](#)
- [Iowa Healthcare Associated Infections Statewide Strategy Plan](#)
- [Iowa Medication Safety Statewide Strategy Plan](#)
- [Iowa Nutrition and Physical Activity Statewide Strategy Plan](#)
- [Iowa OB Care Statewide Strategy Plan](#)

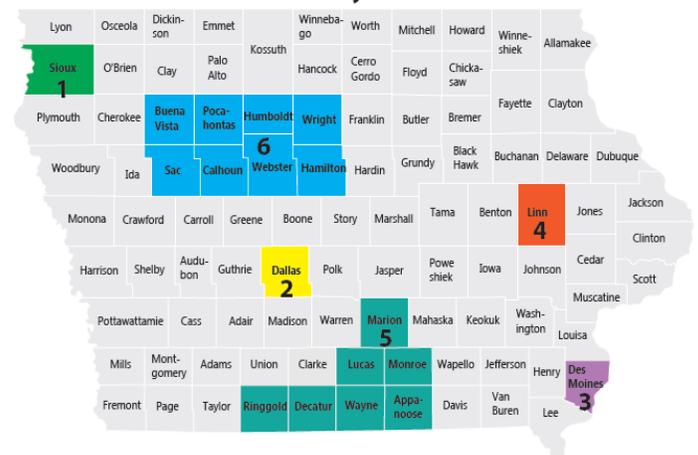
Statewide Alert Network (SWAN)

The SWAN is a statewide system using hospital health information technology to send alert notices to providers when their patients use emergency departments or are admitted to a hospital, even if it is a hospital outside their own system. Currently, five hospital ACO systems in Iowa are receiving alerts from the SWAN, and have already begun or will soon begin to use the alerts to improve care coordination and follow up, resulting in better health outcomes and preventing unnecessary hospital readmissions. The five hospital systems are Broadlawns Medical Center, Unity Point Health Partners, Iowa Health+, University of Iowa Health Alliance, and Mercy ACO. Broadlawns Medical center has incorporated SWAN into its current care management process, and has already experienced success in following up with patients who were seen at another system's emergency department and would not have otherwise notified their primary care provider.

Community Care Coalitions (C3)

The [six C3 communities](#) have begun working on their initiatives. Three of the grantees are in the implementation phase and are already utilizing existing referral systems and working to make improvements to those systems and build their coalitions, in addition to implementing population-based, community applied interventions to improve the health of the community. The three developmental grantees continue to build their coalitions and have begun to develop referral processes and implement population-based, community applied interventions. All six C3s continue to build and strengthen partnerships within their communities to support healthcare system transformation. Click [here](#) for information on the specific initiatives and for more information on the C3 initiative.

State Innovation Model Community Care Coalition Initiative Grantees



- 1. Community Partners of Sioux County
- 2. Dallas County Public Health Nursing Services
- 3. Great River Health Center
- 4. Linn County Board of Health
- 5. Marion County Public Health Department
- 6. Webster County Health Department

Events

The third SIM Learning Community was held on Tuesday, July 12th, and had both state and local level representation from across Iowa. Handouts from the Learning Community can be found [here](#). Mark your calendar for the next SIM Learning Community on **Wednesday, November 9th**.

For more information on Iowa's SIM initiative, visit <https://dhs.iowa.gov/ime/about/initiatives/newSIMhome>

IA Health Link 2016 Public Comment Meeting Schedule

The Iowa Department of Human Services is holding [public comment meetings](#) to gather input on the IA Health Link managed care program. Meetings will be held once per month, in varying locations throughout Iowa. Access the [IA Health Link 2016 Public Comment Meetings web page](#) for more information including summaries of past meetings.

Medicare Access & CHIP Reauthorization Act of 2015 (MACRA)

The [Medicare Access & CHIP Reauthorization Act of 2015 \(MACRA\)](#) is bipartisan federal legislation signed into law on April 16, 2015. The law establishes new ways to pay physicians for caring for Medicare beneficiaries. MACRA repeals the Sustainable Growth Rate Formula that has determined Medicare Part B reimbursement rates for physicians and replaces it with new ways of paying for care. Under MACRA, participating providers will be paid based on the quality and effectiveness of the care they provide. A growing percentage of physician payment will be based on value – not on volume – like the current fee-for-service system. High value care will be defined by measures of quality and efficiency and providers will earn more or less depending on their performance against those measures. MACRA's value-based payment programs will be based on two new reimbursement structures:

1. [The Merit Based Incentive Payments System \(MIPS\)](#) combines parts of the Physician Quality Reporting System (PQRS), the Value Modifier and the Medicare EHR incentive programs into one. Under MIPS, Eligible Professionals will be measured and paid based on:
 - a. Quality
 - b. Resource Use
 - c. Clinical Practice Improvement
 - d. Meaningful Use of Certified EHR Technology
2. [Alternative Payment Models \(APMs\)](#) provide a new way for Medicare to compensate healthcare providers for the care they give to Medicare beneficiaries. Most providers who participate in APMs will also be subject to MIPS, but will receive favorable scoring – with correspondingly higher reimbursement rates. Providers participating in the most advanced APMs (including Accountable Care Organizations [ACOs], Patient-Centered Medical Homes and Bundled Payment Models) may be designated as Qualifying APM Participants, which are not subject to MIPS. They may be eligible for:
 - a. Annual 5% lump-sum bonus payments from 2019 through 2024
 - b. Beginning in 2026, higher annual premiums (for some participating providers)
 - c. Increased flexibility through physician-focused payment models

Health in All Policies

[Health in All Policies: A Guide for State and Local Governments](#) is a tool that was created by the Public Health Institute, the California Department of Public Health, and the American Public Health Association in response to growing interest in using collaborative approaches to improve population health by embedding health considerations into decision-making processes across a broad array of sectors. *Health in All Policies* is based on the recognition that our greatest health challenges—for example, chronic illness, health inequities, climate change, and spiraling health care costs—are highly complex and often linked. Promoting healthy communities requires that we address the social determinants of health, such as transportation, education, access to healthy food, economic opportunities, and more. This requires innovative solutions, a new policy paradigm, and structures that break down silos to advance collaboration.

Accountable Health Communities (AHC) Model

Applications were due on May 18th for the new funding opportunity from the Department of Human Services called the Accountable Health Communities (AHC) model. This is the first-ever CMS Innovation Center pilot project to test improving patients' health by addressing their social needs. AHC address a critical gap between clinical care and community services in the current health care delivery system by testing whether identifying and addressing the health-related social needs of beneficiaries' impacts total health care costs, improves health, and quality of care.

Over a five-year period, CMS will implement and test a three-track model based on promising service delivery approaches. Each track features interventions of varying intensity that link beneficiaries with community services:

- **Track 1 Awareness** – Increase beneficiary *awareness* of available community services through information dissemination and referral
- **Track 2 Assistance** – Provide community service navigation services to *assist* high-risk beneficiaries with accessing services
- **Track 3 Alignment** – Encourage partner *alignment* to ensure that community services are available and responsive to the needs of the beneficiaries

CMS will award a total of 44 cooperative agreements ranging from \$1 million (per Track 1 site) to \$4.5 million (per Track 3 site) to successful applicants to implement the AHC model. Applicants will partner with state Medicaid agencies, clinical delivery sites, and community service providers and are responsible for coordinating community efforts to improve linkage between clinical care and community services.

The AHC model aims to identify and address beneficiaries' health-related social needs in at least the following core areas:

- Housing instability and quality;
- Food insecurity;
- Utility needs;
- Interpersonal violence; and
- Transportation needs.

CMS anticipates that awards will be made in the spring of 2017 and the anticipated period of performance for the model test will be April 1, 2017 – March 31, 2022.

For more information visit <https://innovation.cms.gov/initiatives/AHCM>

Comprehensive Primary Care Plus (CPC+) Model

[Comprehensive Primary Care Plus \(CPC+\)](#) is an advanced primary care model and CMS's largest investment in primary care transformation to date. CPC+ is a regionally-based, multi-payer care delivery and alternative payment model that rewards value and quality through an innovative payment structure to support comprehensive primary care. The model will offer two tracks with incrementally advanced care delivery requirements and payment options to meet the diverse needs of primary care practices. CPC+ is a five-year model that will begin in January 2017. CMS anticipates partnering with commercial and State payers in up to 20 regions around the country to support primary care practices. CMS will also engage directly with health information technology vendors that provide products to advanced CPC+ practices.

Proposed Rule to Add Dental to Qualified Health Plan Benchmarks for 2019

The Internal Revenue Service (IRS) and Treasury Department released a [proposed rule](#) on July 6th that would alter how qualified health plan benchmarks are determined so that they account for the costs of pediatric dental benefits. This new rule would ease the financial burden on many families purchasing coverage on the health insurance marketplaces starting in 2019. While the Affordable Care Act allows children's health and dental coverage to be offered separately, the IRS has, until now, interpreted the law in a way that makes it unlikely for families to receive a tax credit for stand-alone pediatric dental coverage. This rule represents a reversal of that interpretation and clarifies a process for accounting for the cost of children's dental coverage when calculating a family's premium tax credit amount.

Dental Wellness Plan Now Has Two Dental Carriers

The Dental Wellness Plan provides dental coverage for members enrolled in the Iowa Health and Wellness Plan. Delta Dental of Iowa has been the sole dental carrier since the program was established on May 1, 2014. MCNA Dental will be joining the Dental Wellness Plan.

Dental Wellness Plan members now have two dental carrier options to choose from:

- [Delta Dental](#)
- [MCNA Dental](#)

Both dental carriers are required to offer the same benefits and have their own network of dentists and dental providers.

Current Members

Members who are currently assigned to Delta Dental will remain with Delta Dental. These members will be notified by mail of their opportunity to change their dental carrier. View the Dental Wellness Plan 'New Choices Letter' [here](#).

New Members

New members will be given a tentative assignment and are provided a choice period to select their dental carrier. View the Dental Wellness Plan 'Enrollment Letter' [here](#).

For more information see [Informational Letter 1696](#) and visit the [Dental Wellness Plan webpage](#).

HHS Secretary Upholds Iowa ACO as Model for Success

Sylvia Burwell, secretary of the U.S. Department of Health and Human Services, visited Fort Dodge on July 14th to hear about their success at preventing serious health problems before they require expensive care. Burwell said health care systems across the country can learn from the example set by UnityPoint Health System, which in 2012 became one of the first accountable care organizations (ACOs) in the United States. Burwell said the Fort Dodge project appears to be working well because local care providers and service agencies are cooperating. She credited "such a clear focus on understanding the patient's or the consumer's needs." In some ways, she said, that can be easier to accomplish in a relatively small community, where many providers know and trust each other. View the article [here](#).