

## Who is covered in Iowa's Medicaid Program?

### ELIGIBILITY GROUPS

	MCO <sup>1-3</sup>	FFS <sup>1</sup>	
Children (0-18 years)			Undocumented Immigrants
Current & Former Foster Care Children			
Parents and other Caretaker Relatives			
Pregnant Women			
Aged, Blind, and Disabled Adults			
Dual Eligibles*			
Disabled Children			
Newly Eligible Adults			
American Indians/Alaskan Natives**			
Qualified Non-Citizens <sup>+</sup>			

\* Some Medicare enrollees will be classified as Qualified Medicare Beneficiaries (QMB) or Specified Low-Income Medicare Beneficiaries (SLMB) and be enrolled in fee-for-service programs.

\*\* Traditionally enrolled in a fee-for-service program but can now choose to enroll in an MCO.

+ Qualified Non-Citizens can apply (and be eligible) for Medicaid after being in the U.S. for 5 years, except for children.

## Important News

**August 2015** - The Iowa High-Quality Health Care Initiative selects the following health plans to provide coverage for the Medicaid program: Amerigroup Iowa, Inc.; AmeriHealth Caritas Iowa, Inc.; and UnitedHealthcare Plan of the River Valley, Inc.<sup>4</sup>

**May 2017** - Iowa's third-major ACA insurer threatens to remove themselves from the marketplace. The other two major insurers have already withdrawn from the marketplace, which means that Iowa could be without any insurers on its exchanges for 2018.<sup>5</sup>

**June 2017** - Governor of Iowa faces lawsuit over Medicaid managed care's adverse impact on individuals with disabilities.<sup>6</sup>



## Medicaid Medical Director's Network

After one year of Medicaid managed care, the state of Iowa is facing backlash from the press and political adversaries of the governor, who originally mandated the shift to MCOs. The state is waiting on reliable data from the MCOs to assess the impact of MCOs in the state.

Through a State Innovation Model project, Iowa is planning to develop seven Accountable Care Organizations (ACOs) by 2019.

Do Medicaid health plans provide coverage?<sup>\*7</sup>

YES  NO

- Amerigroup Iowa, Inc.
- AmeriHealth Caritas Iowa, Inc.
- UnitedHealthcare Plan of the River Valley, Inc.

\* Excludes ACO option.

## How has Iowa's Medicaid program engaged in Managed Care?

### SECTION 1115 WAIVERS<sup>8</sup>

The **Iowa Wellness Plan** was created to cover newly eligible adults up to and including 100% of the FPL. In addition, the Marketplace Choice Plan would allow adults between 100-133% FPL to be eligible through premium assistance. An amendment was added that requires members to complete a designated "healthy behavior" in order to waive premium payments on full dental benefits.

Status: Pending approval



APPROVAL:  
12/10/2013

EFFECTIVE:  
1/1/2017

EXPIRATION:  
12/31/2019

## How is Iowa meeting the needs of Medicaid enrollees?

### Value-Based Healthcare Initiatives

Iowa has several initiatives, including Health Homes, Integrated Health Homes (IHH), the Balancing Incentives Payment Program (BIPP), the Iowa Health and Wellness Plan, and the Mental Health and Disability Services (MHDS) Redesign.<sup>9</sup>

Iowa Medicaid currently has Accountable Care Organization (ACO) agreements with several health care organizations throughout Iowa. These ACOs serve the Iowa Wellness Plan member population, and focus on care coordination and improved health outcomes.<sup>10</sup>

Iowa's Health Home program is for Medicaid members with specific chronic conditions. Members must have one chronic condition and be at-risk for a second condition such as hypertension, overweight, heart disease, diabetes, asthma, substance abuse, and mental health. Some of the various services include:<sup>11</sup>

- A primary care practitioner who manages all your health care.
- A nurse to help you distinguish and achieve your health goals.
- Access to support services to remove barriers to achieving better health.



### Mental Health and Substance Abuse Disorder

Enrollees of Iowa's Medicaid are automatically eligible for the state's behavioral health services. The Iowa Plan is a managed care system that provides coverage for Medicaid mental health services and substance use treatment. Services include:<sup>15</sup>

-   Emergency services
- Inpatient hospitalization
- Non-psychiatric services
-   Professional, clinic visits and other laboratory testing and radiology
- Outpatient hospital laboratory and radiology
- Outpatient hospital
- Home care
-   Ambulance transportation
- Drug therapies covered: naloxone, naltrexone, acamprosate, and disulfiram<sup>16</sup>

### Family Planning

The Family Planning Program covers family planning services for men and women ages 12-54 at or below 300% of the FPL. The Iowa Family Planning Network program was created through a 1115 waiver. Services covered include:<sup>12</sup>

- Birth control exams
- Birth control counseling
- Limited testing and treatment for STDs
- Pelvis exams
- Pap tests
- Pregnancy tests
- Voluntary sterilization
- Emergency contraception
- Birth control supplies (implants, IUDs, birth control pills, Depo Provera, spermicidal, vaginal rings, condoms, foam/jelly/sponges)
- Ultrasounds (if medically necessary)
- Yeast infection treatment

### Women's Health

All women who receive health care coverage through the Iowa Health and Wellness Plan will receive comprehensive services including:<sup>13</sup>

- Preventive services - mammograms, pap tests, vaccinations
- Prescription drug coverage - medicine for birth control, blood pressure, blood sugar, etc
- Hospitalizations
- Emergency care

Iowa offers a Maternity Management Program to Medicaid enrollees who have had previous maternity complications or have any medical condition that might cause the pregnancy to be high risk. Through this program, eligible enrollees receive a health coach who is trained in maternity care and works with both the enrollee and the health care provider.<sup>14</sup>

### Oral Health

Iowa's Dental Wellness Plan began on July 1, 2017. Members receive full dental benefits during the first year of the Dental Wellness Plan but must complete a "Healthy Behaviors" assessment to continue receiving full benefits. Complying with "Healthy Behaviors" means completing an oral self-assessment and preventive services. Noncompliance with "Healthy Behaviors" may result in paying a monthly premium!<sup>17</sup> Full dental services include:<sup>18</sup>

- Diagnostic/preventive dental services
- Exams and education
- Cleanings
- X-rays
- Fluoride
- Restorative Services
- Non-surgical periodontal
- Endodontic care
- Crowns
- Tooth replacements
- Periodontal surgery



IA

# Timeline

## Federal

## Iowa

President Johnson signs Social Security Amendments of 1965, creating Medicaid as public health program for the poor.

1965

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement for children enrolled in Medicaid.

1967



1967

Iowa adopts the Medicaid program.<sup>19</sup>

Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.

1972



Home and Community-Based Services (HCBS) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.

1981

Children and pregnant women become mandatory Medicaid eligibility groups.

1984

1986

Medicaid managed care in Iowa launches as a pilot project with one MCO contract in one county.<sup>15</sup>

Children up to age 6 and pregnant women up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded.

1989

Mandatory eligibility extended to children ages 6 to 18 years in families up to 100 percent FPL; eligibility phased in from 1990 through 2002.

1990

1990

Iowa implements a pilot PCCM program called MediPASS in seven counties.<sup>15</sup>



Balanced Budget Act of 1997 allows Medicaid to be delivered through managed care organizations; State Children's Health Insurance Program (CHIP) created; states now have option to provide coverage for uninsured children in low-income families above FPL.

1997

1995

Iowa implements two separate behavioral health managed care programs, the Mental Health Access Plan (MHAP) and the Iowa Managed Substance Abuse Care Plan (IMSACP).

MHAP and IMSACP merge into the Iowa Plan for Behavioral Health (Iowa Plan).<sup>15</sup>

Olmstead decision allows expanded HCBS coverage for persons with disabilities.

1999



Affordable Care Act (ACA) expands Medicaid eligibility to adults with incomes up to 138 percent FPL.

2010

National Federation of Independent Business v. Sebelius decision makes Medicaid expansion optional for states.

2012

2012

Iowa launches a statewide health homes initiative.<sup>20</sup>

Iowa receives a waiver for its alternative to the ACA's Medicaid expansion as part of a program called the Iowa Health and Wellness Plan (IHAWP).<sup>19</sup>

The Iowa Wellness Plan is created to implement value-based health systems through an ACO program for the expansion population.<sup>21</sup>

ACA implementation begins.

2014

2014

Iowa-specific version of Medicaid expansion is abandoned in favor of the traditional Medicaid expansion model as outlined in the ACA.<sup>19</sup>

2015

Iowa decides to transition the entire Medicaid program to managed care.<sup>19</sup>

2016

32 states and the District of Columbia (DC) have expanded Medicaid since passage of the ACA.

2017

2017

The Iowa Family Planning Network is replaced by the Family Planning Program. Eligibility and covered benefits are not changed, only the location where beneficiaries receive services.<sup>12</sup>

