



Iowa Medicaid Newsletter

Endeavors Update

A Communications Effort to Strengthen Partnerships *December 2013*

Terry E. Branstad, Governor
Kim Reynolds, Lt. Governor

Iowa Department of Human Services
Charles M. Palmer, Director
Jennifer Vermeer, Medicaid Director

Iowa Medicaid Director's Column

Special points of interest:

- Iowa Health and Wellness Plan: Agreement Reached on Waivers
- ACA Enrollment: Updates and Review of Deadlines
- IowaCare Program Served 172,000 in Eight Years
- Iowa Medicaid Annual Highlights
- Presumptive Eligibility Begins for New Coverage Group Jan. 1
- State Innovation Model: Phased Approach to Accountable Care Organizations



We've reached the end of 2013, and I think it's safe to say that the year will be one for the record books for the Iowa Medicaid Enterprise. Throughout the year, so much was accomplished, and so many great initiatives began. First and foremost, I'd like to highlight the successful approval of the Iowa Health and Wellness Plan. On December 12, 2013, an agreement was reached between our state and the Centers for Medicare & Medicaid Services (CMS). The agreement represents months of hard work from the Governor's office, a wide range of staff from the Department of Human Services (DHS), the Iowa Legislature, the provider community and our partners and stakeholders. Without the involvement of each and every party, we would not be able to extend Medicaid coverage to this group of Iowans. I'd like to thank everyone for their support and assistance in developing this new program, and we look forward to making it a success.

In addition to the Iowa Health and Wellness Plan, we've spent 2013 developing Accountable Care Organizations through the State Innovation Model grant, we've started Integrated Health Homes with great initial success, hit record savings through the Program Integrity work, launched a new eligibility system, prepared for the transition to ICD-10, and so much more. I encourage you to take a look at pages 7-8 for a summary of our annual highlights for 2013.

As we look to 2014, I'm excited about what's to come. We'll be mapping out our legislative priorities, and continuing to implement projects started in 2013. Keep reading our newsletter and visiting our website to learn about our 2014 plans and progress. Thanks for a great year!

Inside this issue:

Iowa Health and Wellness Plan: Agreement Reached on Waivers	2
ACA Enrollment: Updates and Review of Deadlines	3
Integrated Health Homes Foster Health Collaboration	4
IowaCare Program Served 172,000 in Eight Years	6
Iowa Medicaid Annual Highlights	7
Monthly Medicaid Projections	11

Stay Up-to-Date and Join Our Mailing List

Interested in learning more about the Iowa Health and Wellness Plan and the Health Insurance Marketplace? Sign-up for email notifications from the Iowa Medicaid Enterprise!

The Iowa Medicaid Enterprise created a new distribution list to send timely and relevant information to interested stakeholders specifically about the Iowa Health and Wellness Plan and the Health Insurance Marketplace.

If you would like to receive these email notifications, please send us an email with the subject line "subscribe" along with your name, organization, and contact information to IMECommunications@dhs.state.ia.us.

Iowa Health and Wellness Plan: Agreement Reached on Waivers



“On behalf of the Iowa Medicaid Enterprise, I’d like to express how excited we are to be launching this new and innovative program. The Iowa Health and Wellness Plan represents great ideas and will provide coverage to a new group of Iowans. We’re looking forward to continuing to build out the program in the months to come.”

*Andria Seip
Executive Officer
ACA Implementation*

On Tuesday, December 10, the Centers for Medicare & Medicaid Services (CMS) issued approval of the Iowa Wellness Plan and Iowa Marketplace Choice Plan Section 1115 Demonstration waivers. Two days later, on December 12, 2013, Governor Branstad and Lt. Governor Reynolds reached an agreement with CMS for approval of the Iowa Health and Wellness Plan. Final approval documents for the [Iowa Wellness Plan](#) and the [Iowa Marketplace Choice Plan](#) were issued on December 30, 2013.

The final approval included premium contributions which promote healthy behaviors, without loss of coverage, for members beginning at 50 percent of the Federal Poverty Level (FPL), in accordance with the Iowa law. Coverage under the Iowa Health and Wellness Plan began on January 1, 2014, as originally planned.

Iowa Health and Wellness Plan Premiums

Premiums will begin in 2015. There will be no premiums for any members in 2014. Iowa Health and Wellness Plan members will have opportunities to waive premiums for the upcoming year through several methods. If a member completes certain healthy behaviors, the premiums will be waived. Members may also claim hardship, if a hardship exists in the month.

- For members with income below 50 percent of the FPL:
 - There will be no premiums, per state legislation.
- For members with income 50-100 percent of the FPL:
 - Premiums will begin in 2015, and can be waived with completion of healthy behaviors.
 - If premiums are not paid and the member continues to use health care services, coverage will not be lost, and instead, the state will collect the premiums owed as debt.
 - If premiums are not paid and the member does not use health care services and does not re-apply for coverage, the member would be dis-enrolled.
- For members with income 101-133 percent of the FPL:
 - Premiums will begin in 2015, and can be waived with completion of healthy behaviors.
 - Nonpayment of premiums would result in dis-enrollment from the Iowa Marketplace Choice Plan.

Additional Plan Waivers

Both waivers contained additional requests to modify other aspects of the traditional Medicaid State Plan. Some of the waivers were permitted, while others were withdrawn.

- **Non-Emergency Medical Transportation Services (NEMT):** The waiver of NEMT services was accepted by CMS and NEMT will not be a covered service for Iowa Wellness Plan or Iowa Marketplace Choice Plan members.
- **Cost-Sharing Amount for Non-Emergent Use of Emergency Room:** The waiver originally requested a \$10 copayment for using the emergency room when it is not an emergency. The final copayment was approved, with a modification, making the copayment \$8.
- **Early Periodic Screening, Diagnoses, and Testing (EPSDT):** EPSDT will be covered for Iowa Wellness Plan and Iowa Marketplace Choice Plan members age 19 and 20.
- **Retroactive Eligibility:** Iowa Wellness Plan and Iowa Marketplace Choice Plan will adhere to existing Medicaid eligibility guidelines.
 - Coverage Effective Date: First day of the month of application
 - Retroactive Eligibility*: Up to three months of retroactive eligibility may be available.

*Note: Retroactive eligibility begins January 2014, with the approval of the program. Eligibility cannot be made retroactive prior to January 2014.

For additional information on the waiver approval, please see the [frequently asked question document](#).

ACA Enrollment: Updates and Review of Deadlines

The end of the year brought a flurry of enrollment activity, both at the state and federal level. There are a variety of deadlines related to coverage, and the chart below aims to clarify the different dates.

Date	Action
January 1, 2014	Health Insurance Marketplace Coverage Began Iowa Health and Wellness Plan Coverage Began
January 31, 2014	Deadline for Medicaid Application for January Coverage
March 31, 2014	End of the Health Insurance Marketplace Open Enrollment Period

As reflected above, Iowa Medicaid does not follow the same application deadlines as the Health Insurance Marketplace. Coverage from Iowa Medicaid programs begins the first day of the month the application is received. This means the effective date of coverage for an application received on January 15, 2014, would be January 1, 2014. While applications would obviously not be processed before submitted, benefits will be applied retroactively.

Iowa Medicaid Enrollment Process Update

Iowans have previously been instructed that they can enroll in Medicaid coverage through the federal portal at HealthCare.gov or through the state (portal, mail, in-office visits). However, the Iowa Department of Human Services (DHS) has asked Iowans who applied at HealthCare.gov, and were notified by CMS that they may be eligible for Medicaid, to re-apply at the DHS website, contact center, or local office.

CMS has delayed several times sending the full file information needed to process applications. The state is making a good faith effort to invite Iowans to re-apply to have their applications processed quickly so they may have certainty of coverage. Applicants were notified via email or letter about how to re-apply.

DHS will make eligibility determinations for January 2014. Applications will be processed based on the date submitted, and will be processed in the order received. Applications received October 1-December 31, 2013, will be reviewed for January 2014 eligibility. DHS cannot guarantee coverage before applications are processed and eligibility is determined. Applicants will receive a letter in the mail from DHS with information about their possible Medicaid eligibility and next steps.

Iowa Health and Wellness Plan Enrollment to Date

Overall, there are more than 65,000 people applied for the Iowa Health and Wellness Plan. IowaCare members were auto-enrolled. Approximately 43,000 IowaCare members were auto-enrolled in the Iowa Wellness Plan, and approximately 8,700 IowaCare members were auto-enrolled in the Iowa Marketplace Choice Plan.

How to Apply

If individuals are still looking to apply for health care coverage through Medicaid, please direct them to any of the following resources below:

- Iowa DHS portal at <https://dhsservices.iowa.gov/>.
- Apply by phone through the DHS Contact Center at 1-855-889-7985, 7a.m.–6p.m., Monday– Friday.
- Apply on paper and mail the application to the address listed.
- Apply in person at a local DHS office.

Integrated Health Homes Foster Health Collaborations

As a key component to the success of the Integrated Health Homes (IHH), one of the responsibilities of the IHH is to build alliances with various professionals that provide services and supports to the individual and the family. This is critical as the IHH coordinates services for the IHH individual's health care needs and involves multiple agencies to better meet the needs of those individuals.

"By tracking the entire health care that an individual is receiving, our goal is to have the data necessary to provide outreach to keep individuals engaged in meeting their own health care needs."

*Kathy Johnson
Associate Executive Director
Abbe Center for Community
Mental Health*

The care coordination of the Integrated Health Home is expanded through the addition of an entire team of professionals that assist with comprehensive care coordination of the medical and behavioral health needs of the member. The IHH includes the individual and family, as an equal partner in decision making. Services available to members in the IHH include Peer Support and Family Support Services, care coordination using a whole-person, patient-centered approach which removes silos of care and supports an integrated system. The care coordination within the IHH also assures effectiveness based on health care indicators and quality of life performance and outcome measures.

The result of this expectation for Integrated Health Homes has produced a beneficial working relationship with one IHH and three of their local hospitals. They have seen firsthand the impact this collaboration can have on the coordination of care for their members. Having the partnership between the medical community and the behavioral health community keeps the focus on the whole health of the individuals receiving services.

"The implementation of Integrated Health Home (IHH) services at the Abbé Center for Community Mental Health continues to grow as a result of developing strong collaborative relationships with community partners such as the local hospitals and the many primary care offices in Linn County. In order to keep our focus on the "Whole Health" needs of individuals, we needed a way to gather important health information from those treatment team members providing physical health care. Our goal is to track specific health conditions and monitor if each individual is getting the needed labs, treatments or preventive services to stay healthy. Abbé Center has been able to develop a strong working relationship with our partners that has allowed for the sharing of this important health information. With proper releases of information in place, Abbé Center has been able to directly access the electronic health records from our community partners. Information about health care visits, lab values, and treatment plans are able to be accessed. This has allowed us to sort through health information from other critical treatment providers to look for gaps in care. By tracking the entire health care that an individual is receiving, our goal is to have the data necessary to provide outreach to keep individuals engaged in meeting their own health care needs."

-Kathy Johnson, LMSW, CADC, Associate Executive Director Abbé Center for Community Mental Health

SIM Monthly Feature: Phased Approach to ACO Implementation

The State Innovation Model grant seeks a multi-payer Accountable Care Organization (ACO) model in Iowa to drive delivery system reform. In order to make sure the transition is thoughtful and manageable for both members and providers, the shift will take place over several years.

ACOs will be phased into the Medicaid delivery system over two to three years. The first step in implementation is the completion and submission of the State Healthcare Innovation Plan. This document was submitted to the Centers for Medicare & Medicaid Services in the end of December 2013. It outlines Iowa's approach to ACOs, research and stakeholder input received, and lays the groundwork for the next steps. [Access the plan here](#). Below are potential next steps and timing of those steps that Iowa Medicaid will take to implement the ACO model.

January 2014: Implementation of the Iowa Health and Wellness Plan

The first Medicaid population to begin using the ACO model will be the Iowa Health and Wellness Plan population. This began January 1, 2014. All members will not be in an ACO, but will be as ACOs come available in their community, they will be associated.

Spring-Summer 2014: Request for Information for Potential ACOs

A request for information (RFI) is anticipated to be released in the spring or summer of 2014. The RFI will be targeted towards potential ACOs for the full Medicaid population, seeking general information about quality plans, community engagement, governance, etc.

Fall 2014-Winter 2015: Request for Proposals for Potential ACOs

A formal request for proposal (RFP) could be issued in the fall of 2014-winter of 2015. The RFP will outline the requirements and details about becoming a Medicaid ACO, offering the opportunity for ACOs to express interest in the Iowa Medicaid model.

Winter-Spring 2015: ACO Selection

After the completion of the RFPs, announcements of the selected ACOs will be made. At this time, contracts will be signed, quality and data metrics finalized, and final preparations for implementation will be made.

January 2016: ACO Implementation to Medicaid Population

Beginning in January 2016, all Medicaid members will be attributed to an ACO, with the exception of small specialty populations, to be added to ACOs at a later time. In the initial year, ACOs will be accountable for quality measures and total cost of care for physical health care only. Behavioral health care and long term care supports and services will be excluded initially.

January 2017: ACOs Responsible for Total Cost of Care

The ACOs will be responsible for the total cost of care for the member beginning in the second year of implementation. This includes behavioral health and long term care services.



"We are very excited to have submitted the final State Healthcare Innovation Plan. The ideas and concepts in the plan will help Iowa Medicaid play a role in transforming the health care delivery system in Iowa."
 Marni Bussell
 Project Manager
 State Innovation Model



IowaCare: Program Served 172,000 in Eight Years

The IowaCare program officially ended on December 31, 2013. IowaCare members were able to visit their medical home and receive covered services through the end of the program. As of January 1, 2014, services are no longer covered by IowaCare.

As discussed in previous issues of *Endeavors Update*, all IowaCare members have received multiple notifications related to the ending of the program. Additionally, all eligible IowaCare members have been administratively transferred to the Iowa Health and Wellness Plan. Coverage for those members began January 1, 2014. Other IowaCare members have been provided instructions on how to apply for coverage available through the Health Insurance Marketplace.

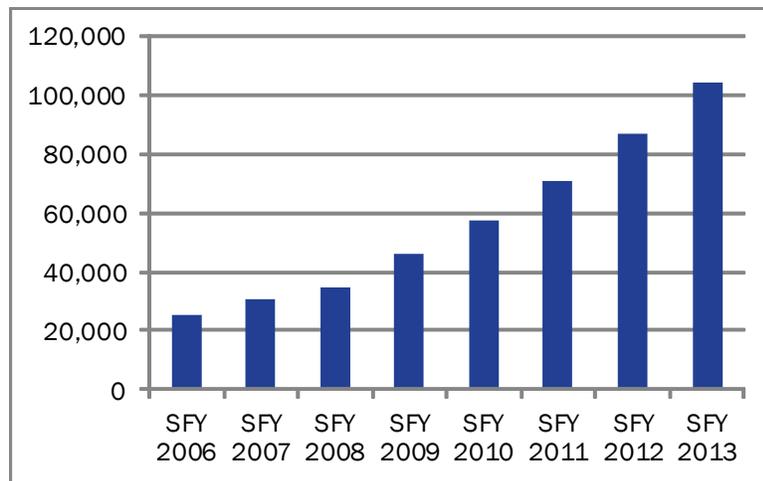
Look Back at IowaCare

The IowaCare program began in 2005, and was initially estimated to serve around 14,000 members. The program started by providing coverage to adults age 19-64, who were not eligible for other Medicaid groups. In the beginning, care was only available at Broadlawn Medical Center in Des Moines and the University of Iowa Hospitals and Clinics in Iowa City.

Over the years, IowaCare enrollment grew tremendously to fill an unmet need for medical care in the low income adult population throughout Iowa. Several Federally Qualified Health Centers (FQHCs) began serving as medical homes, and at the end of the program, eight different locations served IowaCare members across the state.

By the end of the State Fiscal Year 2013, more than 172,000 Iowans have benefitted from the IowaCare program.

“Since IowaCare began in 2005, the program has served many Iowans. It grew tremendously, and evolved so much over the years to meet the need for care. It’s been great to see it progress, and we’re very happy to be able to transfer many current members to the new Iowa Health and Wellness Plan.”
Deanna Jones
IowaCare Program Manager



**Chart shows total number of member served in program throughout state fiscal year, not total member count at any specific point in time.*

The Iowa Medicaid Enterprise would like to thank all involved for their support and efforts throughout the length of the IowaCare program. The IME looks forward to providing coverage to many of those served by IowaCare through the new Iowa Health and Wellness Plan.

Iowa Medicaid Annual Highlights: A Year of Great Success

The year 2013 was one of the busiest and most productive in the history of the Iowa Medicaid Enterprise (IME). Many major initiatives launched, and other key projects made tremendous progress. Below are highlights of some of the IME's 2013 work:

Iowa Health and Wellness Plan: The Iowa Health and Wellness Plan was passed on May 23, 2013, and will provide coverage to adults age 19-64 with income up to and including 133 percent of the Federal Poverty Level. Since it was passed, the new program has been the central focus for many at the IME. From waivers, benefit plans, member outreach and enrollment, provider network development to system updates, all units have been working to implement the program on January 1, 2014. See page 2 for additional details.

IowaCare: After more than eight years, the IowaCare program ended on December 31, 2013. The program was replaced by the Iowa Health and Wellness Plan. IowaCare has served more than 172,000 members since it began, and the IME has spent the fall transitioning current members to new coverage. See page 6 for additional details.

Program Integrity Savings and Legislation: The Program Integrity efforts at the IME saw great success in 2013, hitting a three year savings total of \$86 million. Of that, \$41 million was saved in State Fiscal Year 2013 alone. Additionally, new legislation to enhance program integrity was passed and became effective July 1, 2013. See [Senate File 357](#) for more information on the legislation and the [November issue](#) of *Endeavors Update* for details on the savings.

Integrated Health Homes: The Integrated Health Home program launched in July of 2013. Integrated Health Homes provide patient-centered, coordinated care for adults with serious mental illness and children with serious emotional disturbance. The program takes a team-based approach to care, linking physical and mental health care. Initially launched in five counties, the program will continue to expand in remaining counties throughout 2014. See the April [informational flyer](#) for details on the program.

ICD-10 Testing and Implementation: The IME continues to move forward with the implementation of ICD-10 codes, set to officially transition in October 2014. The IME has completed development and internal testing of its ICD-10 test portal and is partnering with providers to ensure all are prepared to move into using the new code sets. The IME also conducted the second and third surveys in 2013 to track the preparation and readiness of providers for the transition to the ICD-10 code sets.

Health Information Technology: The IME's Electronic Health Record (EHR) Incentive Program paid out \$89,261,840 to over 1,300 eligible providers and hospitals through the end of November 2013. In addition, the Iowa Health Information Network (IHIN) grew in 2013. The IHIN now has 53 health organizations through the state with a Participation Agreement which represents 262 sites. See page 10 for more information.

Keep reading page 8 for additional annual highlights.



“As we look back at 2013, I cannot believe how much was accomplished. From the Iowa Health and Wellness Plan, to Integrated Health Homes, Program Integrity legislation, a new application portal and more, it’s been a great time at the Iowa Medicaid Enterprise. Thank you to all our stakeholders and partners for supporting our efforts!”
Jennifer Vermeer
Medicaid Director

Iowa Medicaid Annual Highlights: A Year of Great Success Cont.

Continued from Page 7:

New DHS Benefits Portal: The Iowa Department of Human Services launched a new eligibility system (ELIAS) on October 1, 2013. The new system is first phasing in the health care (Medicaid) application and eligibility determination process, and serves as the single door into health care coverage. Eventually, the system will also encompass the other DHS programs. Visit the new [application portal here](#).

New MMIS Procurement Process: The DHS has issued a Request for Proposal (RFP) for a new Medicaid Management Information System (MMIS). The new MMIS will replace the current system, which has been in operation since 1979. The RFP was released on September 12, 2013, and final proposals were due on November 27, 2013. It is expected that DHS will announce the contract winner in late January/early February 2014 and work on the new system will begin in April 2014. Learn more about the RFP [here](#).

Primary Care Payment Increase: A provision of the Affordable Care Act provides increased payment to certain primary care physicians for specific Medicaid primary care services. Certain primary care providers now receive the Medicare rate on those services. The IME began paying the increased rates on June 24, 2013. See the [June issue](#) of *Endeavors Update* for details on the payment increase.

State Innovation Model Grant: The State Innovation Model Grant made outstanding progress in 2013. This year focused on developing the State Healthcare Innovation Plan (SHIP). The process included a public meeting tour, stakeholder meetings, steering committee meetings and much more. The final SHIP was submitted to CMS at the end of December, and the IME hopes to apply for the testing grant funds in 2014. See more about the SHIP on page 5.

Money Follows the Person Grant: Since 2007, the Money Follows the Person (MFP) program has transitioned 272 people out of Intermediate Care Facilities for Individuals with Intellectual Disabilities and into community services. During 2013, the MFP program began working with individuals placed out of state to transition back to Iowa.

The Iowa Medicaid Enterprise would like to thank all of our providers, stakeholders and community partners for a great and successful year! We look forward to 2014 and the opportunities the new year will bring.

Presumptive Eligibility Begins for New Coverage Group Jan. 1, 2014

The Iowa Department of Human Services (DHS) offered Presumptive Eligibility (PE) for Medicaid through existing Qualified Entities (QE) to children under the age of 19, pregnant women, and individuals needing treatment in the breast and cervical cancer treatment (BCCT) program. Effective January 1, 2014, Iowa will implement an ACA requirement that will give all hospitals enrolled with Iowa Medicaid the option to become a QE and give all hospitals the ability to provide the expanded presumptive categories being allowed under the ACA.

On October 17, 2013, the Iowa Medicaid Enterprise (IME) announced in Informational Letters 1302 and 1304 that a new presumptive provider self-service web portal called the Medicaid Presumptive Eligibility Portal (MPEP) was being developed. The MPEP will be used by QEs to make presumptive eligibility determinations beginning on January 1, 2014. This is a function that is currently being done on the Iowa Medicaid Portal Access (IMPA) system.

While provider training documents have been completed, beta testing and implementation of the MPEP is entering its final stages. In an effort to facilitate a smooth transition and to ensure providers have adequate time to prepare for the upcoming implementation, the IME has begun accepting applications to enroll providers as a Qualified Entity (QE) to make presumptive eligibility (PE) determinations and the launch date for this new web portal, the MPEP, was pushed back to January 2, 2014, to better provide the necessary support to all providers.

For more information, please see [Informational Letter 1304](#).

Referring and Prescribing Providers Must Be Enrolled with Medicaid

Beginning January 6, 2014, all providers who prescribe or who are indicated as a referral on an Iowa Medicaid claim must be enrolled as participating providers in the Iowa Medicaid program. No provider type or facility is exempt from this requirement.

Claims that are submitted to the Iowa Medicaid Enterprise (IME) with a referral or prescriber identifier will be denied if submitted with an NPI that is not enrolled and active with the Iowa Medicaid program. This regulation within the Affordable Care Act (ACA) is designed to strengthen program integrity of states' Medicaid programs. This requirement means that referring or prescribing providers will be subject to the same Medicaid screening and verification processes that help ensure the integrity of the payment.

This requirement will impact provider types who have not previously enrolled with Medicaid. Specifically, since April 1, 2013, the IME has been accepting applications for Physician Assistants (PAs) to enroll as ordering and referring providers in accordance with the ACA. Additionally, Iowa Administrative Code specifies that enrollment of a PA is for the purpose of providing professional services for Medicaid members, including ordering and referring, and is being instituted to assure appropriate screening and identification as required by the ACA. Enrollment does not affect a PA's ability to provide any of the professional services they are currently able to perform within their scope of practice under Iowa law, nor will enrollment make PAs eligible for the direct payment of Medicaid claims, as those will continue to be paid through the supervising physician or clinic. For more information, please refer to the IME [Informational Letter 1330](#).

Medicaid EHR Incentive Program and Health IT Initiatives

Iowa Medicaid's Electronic Health Record (EHR) Incentive Program paid out \$89,261,840 to over 1,300 eligible providers and hospitals through the end of November 2013. Seventeen hospitals have successfully completed the Medicaid program. Iowa is well above average in return for second year EHR incentive payments (true meaningful use payments) for eligible providers (EPs) and eligible hospitals (EHs). The national averages are about 24 percent for EPs and 38 percent for EHs while Iowa has return rates of 38 percent for EPs and 47 percent for EHs (through the end of November).

With our partners at Iowa Department of Public Health, the Iowa Health Information Network (IHIN) continues to grow with 53 health organizations through the state with a Participation Agreement which represents 262 sites. We have several providers using the IHIN Direct Secure Messaging to request prior authorization by securely sending the medical records electronically. This reduces the time to receive a decision about a prior authorization and reducing costs since files are not mailed or faxed.

We excitedly look towards the future of Meaningful Use with the start of Stage 2. Meaningful Use Stage 2 started October 1, 2013, for hospitals and starts January 1, 2014, for providers. All participants must update their EHR to a certified 2014 version to participate in the EHR Incentive Program. This stage encourages providers and hospitals to share more information to ensure patients' care is coordinated in a timely fashion while reducing redundancies in labs and treatment plans and saving costs.

For more information and questions about the program, please email:

imeincentives@dhs.state.ia.us.

Regular Feature: Informational Letters: November 2013

The Iowa Medicaid Enterprise publishes provider bulletins, also known as information letters, to clarify existing policy details or explain new policy. Bulletins are posted on the Iowa Medicaid website. The *Endeavors Update* will highlight informational letters released in the preceding month. Topics of November 2013 informational letters included:

- 1327: HCBS Incident Report Training
- 1326: Hospice in Nursing Facilities-Matching Date Ranges
- 1325: Iowa Medicaid Pharmacy Program Changes
- 1324: Residential Care Facility (RCF) Maximum Per Diem Rate and Personal Needs Allowance Increases
- 1323: Preferred Diabetic Lancets, Syringes, Blood Glucose Meters and Test Strips
- 1322: Updated Website Address for Pharmacy Reimbursement
- 1321: Completion of Case Activity Report-PACE in a Nursing Facility
- 1320: Completion of Case Activity Report-Facilities
- 1319: Completion of Case Activity Report-Hospice in a Nursing Facility
- 1317: New Facility Client Participation Notice Process-Updated Information
- 1316: Legal Representatives as Paid Employees
- 1315: Repair Codes for Eyeglass Lenses and Frames
- 1314: Coverage of Custom Wheelchairs in a Nursing Facility
- 1313: Inpatient Crossover or Inpatient Medicaid Duplicate Claims
- 1311: HCBS Waiver Transportation Reimbursement Rates
- 1310: Electronic Health Record (EHR) Incentive Payment Program Pilot for Reporting Clinical Quality Measures (CQM) Electronically
- 1309: Iowa Medicaid Pharmacy Provider Portal

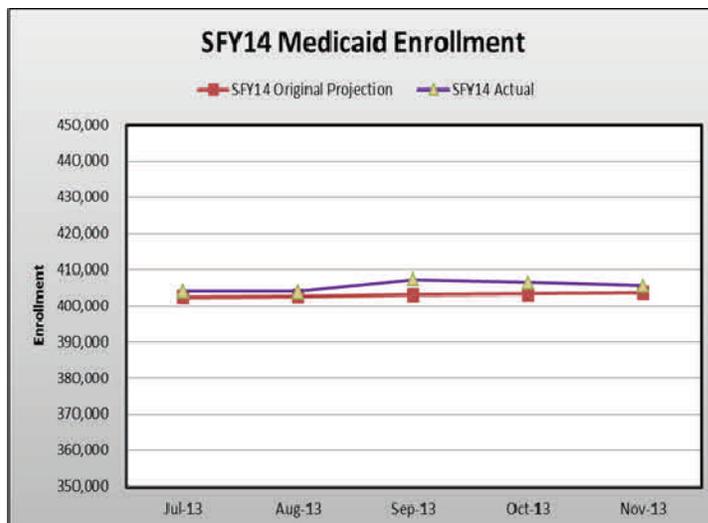
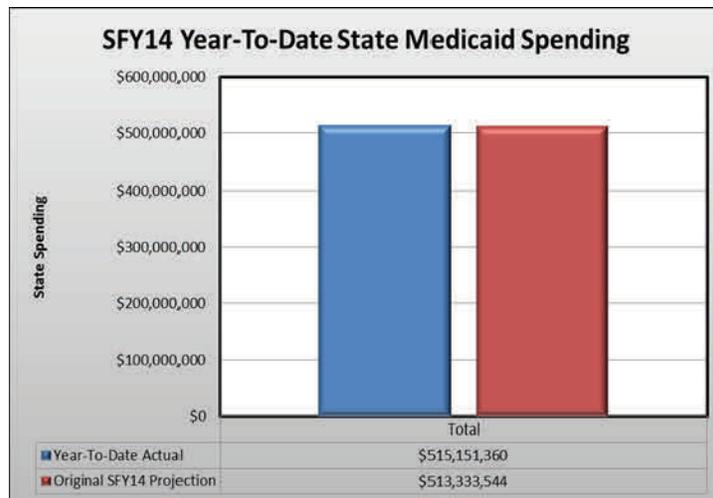
View the complete list of informational letters by year at: <http://www.ime.state.ia.us/Providers/Bulletins.html>

Medicaid Monthly Projections

The Medicaid forecasting group met in November to update the State Fiscal Year (SFY)14 – SFY15 Medicaid estimates. The midpoint estimates established at this meeting are provided below. These estimates are inclusive of the additional costs associated with the anticipated Affordable Care Act (ACA) woodwork/welcome mat effect.

Medicaid Forecasting Group Midpoint Estimates		
	SFY14	SFY15
State Revenue	\$1,452,724,622	\$1,426,179,144
State Expenditures	\$1,480,724,622	\$1,574,179,144
Year-End Balance	(\$28,000,000)	(\$148,000,000)

Year-to-date SFY14 spending is 0.4 percent above department projections, but the variance is even less once timing differences in the intermediate care facility/intellectual disability (ICF/ID) and drug rebate categories are taken into account. Year-to-date enrollment is slightly higher than anticipated, but has been trending lower in each of the last two months. Given the small variances, the department’s SFY14 year-end expenditure estimate remains consistent with its original projection.





**Iowa Department
of Human Services**

*Iowa Medicaid programs
serve Iowa's most
vulnerable population,
including children, the
disabled and the elderly.*

We're on the web!

<http://www.ime.state.ia.us/>

Comments, Questions or Unsubscribe

Please email:

IMENewsletter@dhs.state.ia.us

The Iowa Medicaid Enterprise (IME) is an endeavor, started in 2005, to unite State staff with "best of breed" contractors into a performance-based model for administration of the Medicaid program.

The Medicaid program is funded by State and Federal governments with a total budget of approximately \$4 billion. The \$4 billion funds payments for medical claims to over 38,000 health care providers statewide.

Iowa Medicaid is the second largest health care payer in Iowa. The program is expected to serve over 698,000 Iowans, or 23%, of the population in State Fiscal Year 2014.

Iowa Medicaid Upcoming Events:

- January 8: **Council on Human Services Monthly Meeting**
[Learn more here](#)
- January 17: **Clinical Advisory Committee Meeting**
[Learn more here](#)
- February 4: **Drug Utilization Review Commission Meeting**
[Learn more here](#)

This update is provided in the spirit of information and education.

The Department shall not be liable for any damages that may result from errors or omissions in information distributed in this update.