



# Iowa Medicaid Newsletter

## Endeavors Update

*A Communications Effort to Strengthen Partnerships*      *March 2014*

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*Iowa Department of Human Services*  
*Charles M. Palmer, Director*  
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### Iowa Medicaid Director's Column



Welcome to the March 2014 issue of *Endeavors Update*. As we close the first quarter of 2014, I am happy to announce that enrollment in the Iowa Health and Wellness Plan is now over 80,000. This surpasses previous point-in-time enrollment records for the IowaCare program. It is great to see so many Iowans signing up and accessing health care coverage through this new program. I would like to highlight that though the enrollment period has closed for the federal Health Insurance Marketplace, Medicaid enrollment continues, as there is no enrollment period. The focus and efforts of the Iowa Medicaid Enterprise (IME) have shifted from program implementation, to the development and promotion of the Healthy Behaviors Program. In the first year of enrollment, members must complete a wellness exam and a health risk assessment in order to have their monthly contributions waived in the next year. The IME will be using the Assess My Health tool to administer the health risk assessment, learn more on page 2. We now need the help and support of our providers, stakeholders and community partners to help ensure members complete these two activities. We will release a special toolkit for stakeholders, so you have the information you need to promote the activities to the Iowa Health and Wellness Plan members you may serve.

We are also laying the groundwork for our first Accountable Care Organizations (ACOs). This is the first step in transforming our health care delivery system and we are excited to take this step forward. Learn more about ACOs on page 4.

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### Director Appointed to NASHP Steering Committee

Medicaid Director Jennifer Vermeer has recently been appointed to the Long Term and Chronic Care Steering Committee of the National Academy for State Health Policy (NASHP). The committee oversees issues that relate to the health and well-being of people with chronic illnesses, while also focusing on providing a variety of long-term care options for people who have disabilities. This specific committee also focuses on reform and innovation related to financing, community care, quality and nursing home care. Director Vermeer was one of only 12 new appointees, across multiple steering committees. The appointment was announced on March 4, 2014. Congratulations to Director Vermeer on this exciting announcement!

Learn more about the NASHP steering committees [on their site](#).

## Iowa Health and Wellness Plan Monthly Feature: Healthy Behaviors

One of the most unique aspects of the Iowa Health and Wellness Plan is the inclusion of the Healthy Behaviors Program. Under this program, members have the ability to complete certain wellness activities, which will waive their monthly contributions in the next enrollment year.



*"We are excited to roll out the Healthy Behaviors program. Not only will the activities help waive contributions in the next year, but they help integrate a focus on wellness into the program."*

*Jennifer Vermeer  
Medicaid Director*

In the first year of enrollment, members do not have monthly contributions. During this time, the member should complete the Healthy Behaviors, waiving the contributions in the next year of enrollment. The contributions will be based on the member's enrollment timeline, meaning, if the member first enrolls in the program in March, the member has until the next March to complete the activities. No member contributions will begin until January 2015, one year after the initial launch of the program.

### Year One Healthy Behaviors

During 2014, members will have two activities to complete. In future years, other activity options could be added, giving members several possible activities. The two activities selected for 2014 are a wellness exam (annual physical) and a health risk assessment.

### Wellness Exam

The wellness exam can be completed at any point during the first year of enrollment. The exam can be completed by a Medicaid provider (for the Wellness Plan) or a health plan provider (Marketplace Choice Plan). The wellness exam, or annual physical, will be recorded through claims data, and the Iowa Medicaid Enterprise (IME) will identify completion through that data. The member does not need to notify the IME after the exam is completed, as long as a claim is properly filed, the IME will have record of the event. An informational letter was released late in 2013 outlining the criteria and claims submission guidelines for the exam. Access [Informational letter 1337](#) for additional details.

### Health Risk Assessment

The other component of the Healthy Behaviors Program is the health risk assessment (HRA). The IME will be using the Assess My Health tool, developed by Dartmouth, and tested with a safety net population. Available in English and Spanish and written at an 8th grade reading level, this tool will be available online and over the phone.

One important component of the HRA is the ability to share the results with the member's primary care provider. Members are given a results report after completing the HRA, which can be used to develop care plans and identify any health concerns.

A white paper outlining the IME's approach, strategy and goals for the HRA has recently been released. [Learn more about the tool by accessing the paper.](#)

### Positive Rewards

The Healthy Behaviors Program also includes another piece focused on providing additional member rewards for the completion of healthy activities. Iowa Medicaid welcomes comments and feedback on the program from our stakeholders. To submit comments, feedback, or questions, please contact [DHSIMEHealthandWellnesPlan@dhs.state.ia.us](mailto:DHSIMEHealthandWellnesPlan@dhs.state.ia.us). You can also learn more about the program by [accessing the new white paper](#).

### Outreach and Education

A robust member outreach and education campaign will soon begin. The campaign will work to educate members about the Healthy Behaviors Program and how to complete the behaviors. In addition to member materials, stakeholder materials will also be available. Providers, stakeholders and community partners will be provided with support materials to help promote the activities. Look for additional details in the April issue of *Endeavors Update*.

## ACA Impact: Medicaid Enrollment Update

The federal Health Insurance Marketplace open enrollment period ended on March 31, 2014, with the exception of special enrollment periods.

**Medicaid enrollment will continue throughout the year.** There is no open enrollment period for any Medicaid program, which means individuals may sign up all year long. This includes the Iowa Health and Wellness Plan (Iowa Wellness Plan and Marketplace Choice Plan), which is a Medicaid program and follows Medicaid enrollment policies.

To apply for any Medicaid program, individuals may continue to:

- Go online: <https://dhsservices.iowa.gov/>
- Call the DHS Contact Center at 1-855-889-7985, 7 a.m.—6 p.m., Monday– Friday
- Visit a local DHS office.

Learn more about Medicaid enrollment and the Health Insurance Marketplace special enrollment periods [here](#).

### Iowa Health and Wellness Plan Enrollment

Enrollment in the new Iowa Health and Wellness Plan continues to increase daily. Enrollment figures as of April 9, 2014, are as follows:

Iowa Wellness Plan (0-100% of the Federal Poverty Level)	Iowa Marketplace Choice Plan (101-133% of the Federal Poverty Level)	Total Iowa Health and Wellness Plan
69,744	17,783	87,527

*Enrollment in the Iowa Health and Wellness Plan has now surpassed previous IowaCare enrollment records— providing Medicaid coverage to more and more Iowans.*

## Medicaid Health Insurance Premium Payment Program

Did you know that you can have other insurance and still get Medicaid or be in the Iowa Health and Wellness Plan? Eligible members may qualify to have the Iowa Department of Human Services (DHS) pay the cost of their health insurance premiums. This is done through the Health Insurance Premium Payment (HIPP) program.

The HIPP program is one of the services available to people who get Medicaid (Title XIX) including the Iowa Health and Wellness Plan. The HIPP program can provide premium assistance for employer or private health insurance policies when the cost of the premium is lower than paying medical claims, or a health plan capitation payment with Medicaid dollars. The DHS calls this being cost-effective. The DHS will not pay for two insurance premiums.

If you are currently enrolled in a health insurance plan through your employer or can get health insurance from your employer, but the premiums are too expensive, the HIPP program may be able to help.

### To get HIPP you must:

- Be eligible for Medicaid or be a household family member of a Medicaid-eligible individual;
- Be offered employer-sponsored coverage or have an individual policy; and
- Qualify based on cost-effectiveness criteria.

Call and we will help you fill out an application. Contact the HIPP program at (toll free) 888-346-9562 or locally at 515-974-3282. You may also go to <http://www.dhs.state.ia.us/hipp/>, print an application and fax it to us at 1-515-725-0725.

## Accountable Care Organizations: Impact to Iowa Medicaid

The key part of the State Innovation Model (SIM) grant is the development of Accountable Care Organizations (ACOs) through the Iowa Medicaid program. The primary goal of the SIM grant is to reduce per capita cost of health care, improve the health of populations and improve the patient experience of care, including quality and satisfaction by ultimately transforming the delivery of health care from a volume based system to a value-based system.

To meet this goal, the Iowa Medicaid Enterprise (IME) has chosen to use of ACOs to help reduce health care costs in the state. Initial analysis has suggested that use of ACOs could reduce costs by five percent.

### Accountable Care Organizations in Iowa

The use of ACOs is already prevalent in Iowa. Nationally, the Centers of Medicare & Medicaid Services (CMS) has begun to test ACOs with Medicare. Several ACOs have also been established in the commercial health insurance market, collaborating with health care systems throughout the state. Iowa Medicaid believes that by using a similar model across multiple payers, additional savings could be achieved.

The Iowa Medicaid ACOs will be implemented through a phased approach. Initially, the Iowa Health and Wellness Plan population will test the model. Iowa Medicaid is working with several health care organizations to pilot the first round of ACOs. Over time, the larger Medicaid population will be included in the ACOs. In later phases, behavioral health and long term care supports and services will also be integrated.

### Key Concepts of an ACO

Iowa Medicaid has developed a variety of specific implementation goals related to the launch of ACOs. However, in addition to the implementation goals, several values remain at the core of the initiative.

1. **Patient-Centered Care:** In an ACO, the organization is incented to keep the patient healthy and reduce preventable illness. This allows the ACO to develop the structure to support this type of care, expanding the care team to include a variety of individuals.
2. **Improved Outcomes:** By placing a focus on patient-centered care and reducing preventable illness, Iowa Medicaid ACOs hope to improve health outcomes. The care team will be able to better engage each patient in their own care, while promoting healthy behaviors and lifestyle changes.
3. **Member Engagement:** The improved outcomes are closely tied to member education and health awareness. The ACOs will be tasked with providing in-depth member education on health and wellness. Increased education will lead to improved outcomes as patients become more involved in their own health care.
4. **Reduce Health Care Costs:** The three previous concepts all factor into the ability to reduce costs over the long term. Improvements to patient care, education and outcomes ultimately reduce the costs of care for the entire health care system.

To access additional information on the goals of the State Innovation Model and ACOs, look to the [State Healthcare Innovation Plan](#).

### Initial ACO Agreements Signed

The IME has signed agreements with two large ACOs to encourage healthy behaviors and improve health outcomes for thousands of Iowans who receive assistance under the Iowa Health and Wellness Plan. The IME has two major entities, University of Iowa Health Alliance LLC and UnityPoint Health Partners, signed up to be ACOs for the Iowa Wellness Plan, effective April 1, 2014. [Learn more here](#).

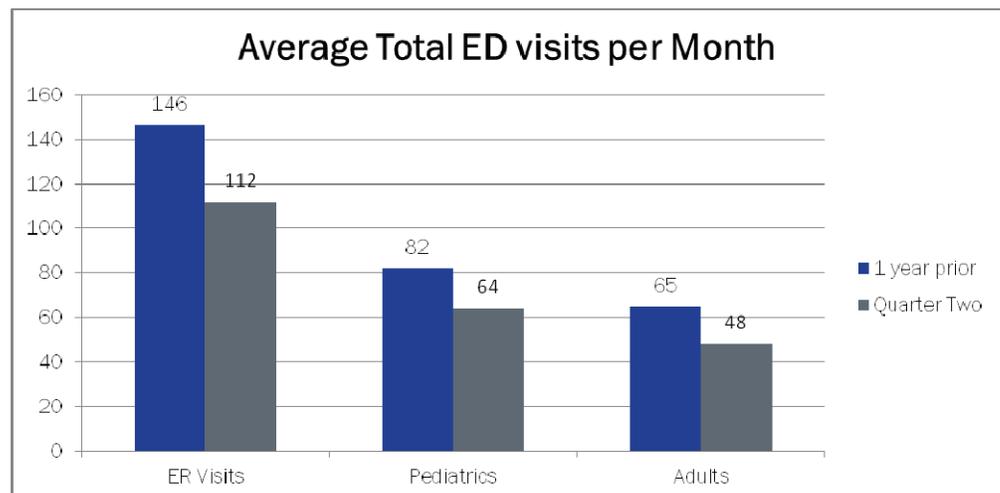
## Integrated Health Homes Expand Across Iowa and Engage Members

Since July 1, 2013, Integrated Health Home (IHH) providers have been working to enroll and engage Iowa Plan members into their programs. Phase one and phase two will include 10 pediatric IHHs, nine adult IHHs, and seven IHH providers that include both adult and pediatric IHH teams. As phase two and phase three providers roll out across Iowa, Integrated Health Homes will be able to engage a larger number of people in Iowa. A current map of the IHH phases across Iowa can be found [here](#). Iowa counties will roll out in three phases:

- July 1, 2013: Phase 1 included 5 counties
- April 1, 2014: Phase 2 includes 28 counties
- July 1, 2014: Phase 3 will include 66 counties

As of March 11, 2014, 7,181 members were enrolled and participating in the Integrated Health Homes including 3,799 children and 3,382 adults. Of those, nearly 98 percent of adults and children had completed a health assessment. As the IHH providers collect this information, they engage the members in care coordination planning with an aim to improve the quality of care for Iowa Plan members through better coordinated behavioral and physical health services.

In monitoring and measuring the IHH results of engaged members within the first year of involvement, there will continue to be a tremendous amount of data that is collected by both Magellan and the IHH providers themselves. One example is the table below that indicates the number of Emergency Department visits by IHH members within the first six months of IHH involvement as compared to the year prior to IHH involvement. With the support of the IHH, members are encouraged to contact their IHH supports rather than visiting the Emergency Department when it is not an emergency. Similar data has been seen relative to psychiatric hospitalizations of IHH members, with a decrease from a total of 169 average psychiatric hospitalizations per month (from one year ago) to 141 psychiatric hospitalizations per month for IHH participants in the second quarter of measurement.



Data collection and reporting are critical to understanding member health and helping members to acquire quality and timely care. Magellan continues to collect and produce reports of these key measures to IHH providers as well as assist the IHH providers with collecting internal data and reporting strategies for their population management as their programs continue to advance care and coordination for their members.



*Sabrina Johnson,  
Policy Specialist*

## Staff Update: Sabrina Johnson

Sabrina Johnson has taken over policy responsibilities for the Medicaid dental program, along many other clinical services. Sabrina most recently worked as an outreach specialist for the Provider Services Unit of the Iowa Medicaid Enterprise. Sabrina has 13 years of hospital revenue cycle experience in addition to her time with Provider Services. During her time with hospitals, Sabrina worked on a variety of initiatives that range from emergency room registration and hospital admissions to Medicaid billing and follow up. Sabrina began her employment with Iowa Medicaid and joined the Education and Outreach Team in January 2013. With her previous provider experience she worked closely with many Medicaid providers, concentrating on assisting providers with onsite training as well as achieving measurable improvements in resolving other claims issues and concerns. While with the Provider Services Unit, Sabrina served as the Iowa Medicaid point person for the launch of the new Medicaid Presumptive Eligibility Portal (MPEP), which began in the fall of 2013. Sabrina was involved in the development of the portal, and led the outreach and education efforts for the portal's launch. In her new policy role, Sabrina will oversee the Iowa Medicaid dental program, including the new Dental Wellness Plan. She will also oversee policy related to durable medical equipment, optometry, independent lab services, physical therapy and rehabilitation agencies. Sabrina looks forward to focusing on policy and program development in her new role.



*Pam Lester,  
Health Home Program*

## Staff Update: Pam Lester

Pam Lester joins the Iowa Medicaid Enterprise (IME) as the program coordinator for the Health Home initiative. Pam, RN, BSN, NCQA PCMH CCE comes to Iowa Medicaid having previously worked as the Performance Improvement Manager with the Iowa Primary Care Association (PCA). She has worked in public health and health care almost continuously since 2006 as a Nurse Health Educator. Most of her work has focused on quality improvement, including serving as a health coach for patients with chronic disease, working with residents and other physicians to improve the care they provide through continual data monitoring and analysis. She has also worked at Wellmark BCBS as a Complex Case Manager. In Pam's work with the PCA she worked with clinic and operations staff of Federally Qualified Health Centers and supported their efforts to transform their practice and become a patient centered health home. Pam looks forward to leveraging her prior experience with the PCA in her new role coordinating Health Home activity for Iowa Medicaid.

## Update to the DHS Member Appeals Process

Effective March 1, 2014, the Medicaid appeal process has changed. This is to provide better access to due process for individuals who do not agree with a decision that has been made by the Iowa Department of Human Services. The Medicaid appeal timeframe has been extended from 30 to 90 calendar days. Reasons for late appeal submissions beyond 90 days will not be granted a hearing. Appeals are accepted via fax, email, in person or over the phone. If the appeal is accepted over the phone the appellant's signature is no longer needed to begin processing.

If an appellant wants to withdraw an appeal, the request can be accepted by telephone, in writing or in person. If it is a written request to withdraw, the request may be submitted in person, by mail or through submission of an online form, email or fax. Member benefits should not continue if the appeal is not filed within the timely notice period **OR** the appeal is not filed within 10 days from date notice is **received**. The date the notice is received is considered to be five days after the date on the notice, unless the appellant shows that he or she did not receive the notice within the five day period. Click [here](#) to find the revised appeal rules.

## Federal Review of Payment Error Rate

Federal law directs federal agencies to annually review programs they administer and meet three objectives:

- Identify those programs that may be susceptible to improper payments.
- Estimate the amount of the improper payments.
- Submit these estimates to Congress.

The Office of Management and Budget (OMB) has identified Medicaid and the Children's Health Insurance Program (CHIP) as programs to be reviewed. The Centers for Medicare and Medicaid Services (CMS) analyzes the Payment Error Rate Measurements (PERM) for various state Medicaid and CHIP programs. States are reviewed on a three-year cycle and this year's cycle includes 17 states. A sample of claims and eligibility cases for both Medicaid and CHIP are selected for review and separate error rates are calculated in the different areas. Iowa had its first PERM audit in 2008 and again in 2011 and is again participating in 2014. The CMS national contractor, A+ Government Solutions, Inc., will collect medical records from providers for the sample to be reviewed. The medical records request letters will be sent to Iowa Medicaid enrolled providers between June 1, 2014 and August 31, 2014.

It is important to note that error rate is not a "fraud rate" but simply a measurement of payments that did not meet regulatory requirements. Iowa Medicaid processes approximately 20 million claims each year.

## Regular Feature: Informational Letters: February 2014

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 February 2014 informational letters included:

- 1362: ICD-10 Testing of Claim Submission for Seamless Transition
- 1361: Iowa Medicaid Pharmacy Program Changes
- 1360: 2013 Electronic Health Record (EHR) Incentive Payment Program Attestation Deadlines
- 1359: New Paper Version of the CMS-1500 (02/12) Health Insurance Claim Form-Reminder
- 1358: New Condition Codes for Medicaid-Certified Units
- 1357: Updated Rates for Primary Care-Retroactive Adjustments
- 1356: Use of Non-Emergency Medical Transportation (NEMT)
- 1355: Annual Restraint and Seclusion Attestation Letters
- 1354: Tobacco Cessation Coverage Available to Medicaid Members
- 1353: Dental Wellness Plan
- 1352: Value Index Score-Online Dashboard
- 1351: Iowa Wellness Plan Patient Manager Agreement
- 1349: Long Acting Reversible Contraception (LARC)

View the complete list of informational letters by year at:

<http://www.ime.state.ia.us/Providers/Bulletins.html>

## Adult Quality Grants: Measuring and Improving Quality of Care

On December 21, 2012, the Centers for Medicare and Medicaid Services (CMS) launched the Adult Medicaid Quality Grant Program: Measuring and Improving the Quality of Care in Medicaid. The two-year grant program is designed to support state Medicaid agencies in developing staff capacity to collect, report, and analyze data on the Initial Core Set of 26 Health Care Quality Measures for Adults Enrolled in Medicaid (Initial Core Set). In January 2014, the IME submitted the year one report to CMS on 21 of the 26 Adult Quality Measures (AQM).

In addition, the Adult Medicaid Quality Grant Program has implemented two Quality Improvement Projects (QIPs). The first QIP: **Improving Compressive Diabetes Care and Reducing Diabetic Short-Term Admissions** includes an intervention that mails Patient Profile reports quarterly to providers (statistics are provided below). The Patient Profile report is mailed to providers with 10 or more attributed Medicaid patients with a diabetes diagnosis. The report includes the provider’s average performance measurement for recommended diabetes clinical guidelines compared to the average score for all Iowa Medicaid-enrolled providers. In addition, all Iowa Medicaid enrolled providers receive notification of patients that have a gap in care for services specific to the member’s diabetic treatment.

Diabetes Evidence Based Medicine QIP Statistics				
Date Mailed	Benchmark	Providers	Patients	Gaps
October 15, 2013	43%	1,041	2,715	6,000+
January 3, 2014	52%	873	1,970	3,636

The second component of **Improving Compressive Diabetes Care and Reducing Diabetic Short-Term Admissions** intervention includes mailing monthly Patient Profile reports (statistics are provided below) to providers for patients at risk of hospitalization for short-term complications of diabetes. Risk factors include:

- ED visit with diabetes diagnosis
- IP stay with diabetes diagnosis
- Non-adherence to Insulin
- Non-adherence to oral agent

Diabetes Short-Term Complications QIP Statistics			
Date Mailed	Providers	Patients	Gaps
November 27, 2013	383	618	656
December 17, 2013	137	157	165
January 14, 2014	188	245	254
February 19, 2014	143	175	178

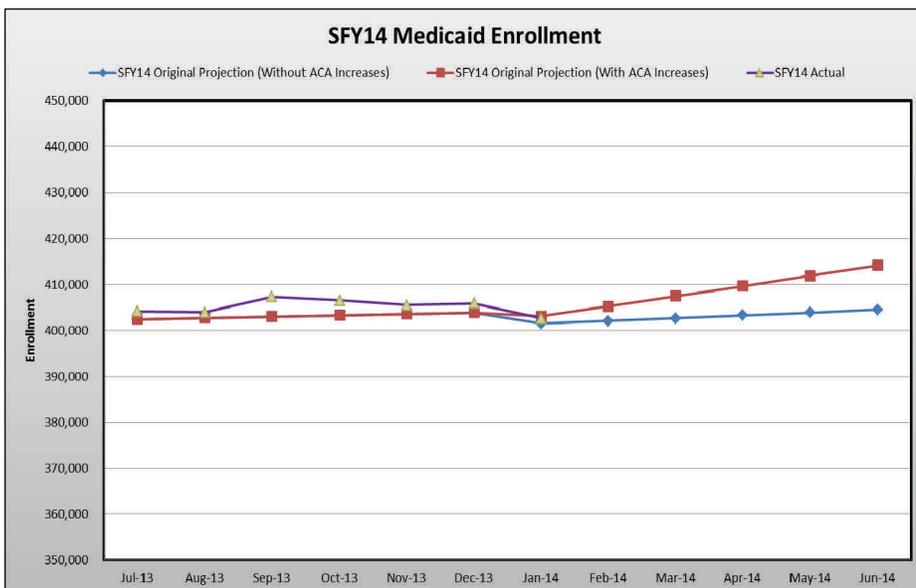
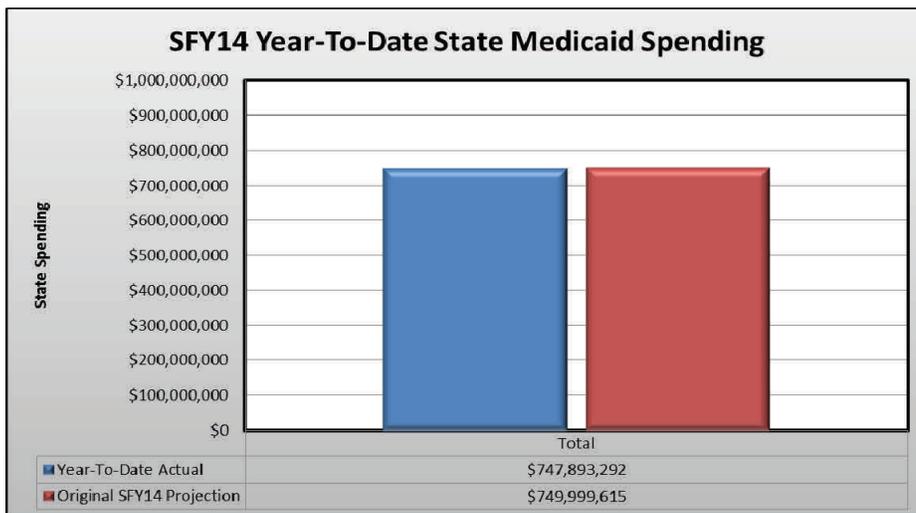
The Adult Quality Measures dashboard was developed by The Lewin Group to monitor and evaluate adult quality measure performance and two QIPs. The dashboard provides a user friendly format for viewing the data by adherence rate measures, admission rate measurers, measure profiles, demographic profiles, and urban/rural classification maps. This enables the IME to identify data variation and track trends over time.

## Monthly Medicaid Projections

The Medicaid forecasting group met at the end of February to update the SFY14 – 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	\$1,453,766,007	\$1,424,569,144
State Expenditures	\$1,475,766,007	\$1,576,569,144
<b>Year-End Balance</b>	<b>(\$22,000,000)</b>	<b>(\$152,000,000)</b>

The SFY14 shortfall estimate increased from \$21M to \$22M due to higher January spending activity. Although expenditures were slightly higher than projected in January, year-to-date expenditures and enrollment remain consistent with the original department estimates.





**Iowa Department  
of Human Services**

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

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*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:**

- |           |  |
|-----------|--|
| April 9:  | <b>April Council on Human Services Meeting</b><br><a href="#">Learn more here</a>                                |
| April 9:  | <b>Medical Assistance Advisory Council (MAAC) Executive Committee Meeting</b><br><a href="#">Learn more here</a> |
| April 17: | <b>Pharmacy and Therapeutics Committee Meeting</b><br><a href="#">Learn more here</a>                            |
| April 18: | <b>Clinical Advisory Committee</b><br><a href="#">Learn more here</a>  |

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

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