



Iowa Medicaid Newsletter

Endeavors Update

A Communications Effort to Strengthen Partnerships Summer 2014

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

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By now, many of you have likely heard the news that I will be transitioning to a new challenge and leaving the position of Medicaid director on August 21, 2014. I have accepted a position with University of Iowa Health Care as assistant vice president of medical affairs. My primary role will be focusing on increasing value in the health care delivery system- improving population health, increasing health quality and reducing costs. As such, this will be my final column in *Endeavors Update*.

I've spent the past nine years with Iowa Medicaid, and those years have been both intellectually challenging and professionally rewarding. We have accomplished so much and led the way with unique innovation and care models that bring critical and necessary health care services to Iowans.

In the past year and a half alone, we've launched a new and very unique health care program for adults through the Iowa Health and Wellness Plan, developed Accountable Care Organizations with the State Innovation Model grant, created Health Homes and Integrated Health Homes across the state and focused on shifting care to the community as part of the Balancing Incentive Program. I can do nothing but thank you, our stakeholders, for your constant support and encourage you to continue your involvement with these exciting initiatives. The momentum is a positive transformation within our health care system.

The Department of Human Services Director Chuck Palmer has announced that Julie Lovelady will be the interim Medicaid director as the department conducts a national search. Julie is a true asset to Iowa Medicaid, having served as deputy director for the past five and a half years, with twenty years of overall experience with Iowa Medicaid. I have ultimate confidence in Julie's solid leadership and the rest of the IME team to manage Medicaid through this transition and into the future.

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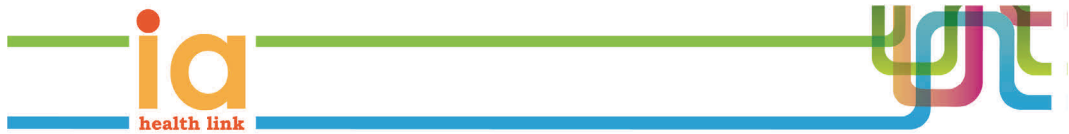
On behalf of the Iowa Medicaid Enterprise, and the entire Department of Human Services, please join us in thanking Jennifer for her years of hard work, dedication and incredible leadership and wishing her the very best on her new adventure!

Healthy Behaviors Program In Full Swing



“The Healthy Behaviors Program has really started to take off and we are excited to see more and more members receiving the preventive wellness exam and completing the HRA. Combined, these two activities will not only waive future premiums for the member, but will help the member establish the right plan of care with their provider and build a healthier life.”

*Julie Lovelady
Deputy Medicaid Director*



One of the unique components of the Iowa Health and Wellness Plan is the focus on helping members take an active role in their health care. The Healthy Behaviors Program helps the member take that active role, and waive possible monthly contributions (like premiums) in the next year of enrollment.

This year, Iowa Health and Wellness Plan members (Iowa Wellness Plan and Iowa Marketplace Choice Plan) need to complete a health risk assessment (HRA) and receive a wellness exam (annual physical) to complete their Healthy Behaviors. To date, more than 9,000 HRAs have been completed and more than 11,000 wellness exams have been completed. Iowa Medicaid is pleased with the initial success, but strongly encourages providers, stakeholders and community partners to get involved and help members complete these activities.

How-To of the Wellness Exam

It's easy to help a member identify their primary care provider and schedule an appointment for the wellness exam. Most Iowa Wellness Plan members have an assigned primary care provider (PCP) or are enrolled with the Meridian managed care plan. This PCP manages the member's care and coordinates referrals to other providers and specialists as needed. If a member does not know their assigned PCP, the member can call Iowa Medicaid Member Services at 1-800-338-8366 (515-256-4606 locally) anytime from 8:00 a.m.—5:00 p.m., Monday– Friday. Once the PCP has been identified, the member can call and set-up an appointment. Encourage the member to keep the scheduled appointment and the first of the two Healthy Behaviors is completed.

Health Risk Assessment: Key Steps

Members use the Iowa Medicaid Health Risk Assessment (HRA) tool, called Assess My Health by following the steps below.

1. Visit AssessMyHealth.com.
2. Choose English or Spanish as the preferred language.
3. Enter an access code. Members should ask their PCP if the PCP has an access code. If so, the member should use that code. If one is not available, enter MBR11.
4. Complete the assessment, and make sure the member enters their Medicaid identification number to receive credit. The number can be found on the member's Medicaid ID card.

Assessments can also be completed over the phone by calling Iowa Medicaid Member Services at the number noted above. The assessment cannot be completed on paper.

Co-Opportunity, Coventry and Meridian Health Plan Members

Individuals enrolled in the Iowa Wellness Plan or Iowa Marketplace Choice Plan may also complete the HRA available through their health plan. If the health plan's HRA is completed, that information is shared with Iowa Medicaid, and the member receives credit for completing the Healthy Behavior.

Learn more and access member materials on the [Iowa Health Link website](#).

Interested in how your organization can get involved in the outreach efforts?

Contact IMECommunications@dhs.state.ia.us for more information!

Testing Grant Submitted for the State Innovation Model

The State Innovation Model (SIM) grant process has taken its next step towards implementation in Iowa. In February 2013, Iowa was awarded a model design grant to gather input and build the process for transforming the health care delivery system. Through that initial design grant, Iowa was able to conduct research, hold a variety of stakeholder meetings, create the framework for Accountable Care Organizations (ACOs), and draft a State HealthCare Innovation Plan (SHIP). Iowa was one of nineteen states to receive a model design grant.

The next phase of the SIM process is the testing grant. The Centers for Medicare & Medicaid Services (CMS) announced the availability of the testing grant in May 2014. Grant applications were due on July 21, 2014, and Iowa has successfully submitted the application. Only 12 states will be awarded a testing grant and Iowa expects it to be a competitive process.

On June 30, 2014, Iowa Medicaid held a stakeholder public comment forum to discuss plans for the testing grant. In this phase of the grant, Iowa will focus on:

- Transforming health care delivery
- Improving population health
- Decreasing per capita health care spending

It is anticipated that the grant awards will be announced in October 2014. To learn more about Iowa's plans for the testing phase, please see the [education presentation used at the June 30 forum](#).



“The SIM Testing grant provides the opportunity to accelerate health care transformation across the state to a value-driven system that benefits all Iowans.”
Marni Bussell,
SIM Project Director

Renewal Process Explained for Former IowaCare Members

Individuals enrolled in Medicaid programs must go through a renewal process every 12 months. Since IowaCare was ending, individuals were automatically extended coverage through December 2013, and did not go through the usual renewal process. Further, some individuals were administratively transferred to the Iowa Health and Wellness Plan and did not go through the full application process for coverage that began on January 1, 2014. These circumstances allow all former IowaCare members to begin the renewal process, which will be staggered from June– November 2014. The renewal process will “re-set” the individual’s renewal clock. If the former IowaCare member renews Iowa Health and Wellness Plan coverage in July 2014, the next renewal will be July 2015.

Individuals who were NOT former IowaCare members and enrolled in the Iowa Health and Wellness Plan at any other point are not included in this renewal. Their renewal will come 12 months after the initial application (example: enrolled January 2014, renewal will be January 2015). This mid-year renewal only impacts former IowaCare members who were administratively transferred to the Iowa Health and Wellness Plan.

Renewal Process:

1. The Department of Human Services mails the member a renewal form to be completed.
2. Member must complete the form by the due date pre-populated on the first page of the renewal form.
3. Member should return the form in the postage-paid, self addressed envelope included with the renewal form. If the envelope is lost, the form can be returned to their local DHS office.

For more information, members may contact their local income maintenance office, or the DHS Contact Center to identify their income maintenance office. The DHS Contact Center can be reached at 1-855-889-7985, 7:00 a.m. – 6:00 p.m., Monday- Friday.

Dental Wellness Plan Receiving Early Praise



"It is so great to see the Dental Wellness Plan in action after months of planning. Iowa Medicaid is thrilled that the program has been well received by members and dental providers alike."

*Sabrina Johnson,
Dental Wellness Plan
Program Manager*

The Dental Wellness Plan began on May 1, 2014, and provides comprehensive dental coverage to all Iowa Health and Wellness Plan members. The program is unique because it features an earned benefits model. Members are able to begin the program with a core set of benefits and earn additional benefits for completing preventive exams. The program is administered by Delta Dental of Iowa.

Since beginning on May 1, 2014, more than 28,300 claims have been processed for dental services. Those claims represent more than 14,645 individual members who have accessed their dental benefits in the first three months of the program and 82 percent of those members have received a comprehensive dental exam. Additionally, more than 6,700 oral risk assessments have been completed on members during a dental visit.

Feedback from Providers

Delta Dental of Iowa has begun to gather feedback from providers and members on the initial implementation of the program.

Dr. Carol Moreno said "I think globally and act locally." Dr. Moreno has been seeing Dental Wellness Plan patients for a few weeks. She reports "they (patients) are so happy to get dental care for the first time in 15 or more years. They are very grateful that their insurance is accepted. They are excited about getting pain free and healthier. It is a joy to see these patients." Dr. Moreno went on to say that she loves the simple assessment that comes with the program. It gives the patient a written summary of where they are in their health. She added that "I will have to work harder to see more patients than full fee patients. If I do, I won't lose as much income as I might otherwise. I have been going home every night feeling more acknowledged than ever for making a difference that only a dentist could make." (testimonial featured in the Iowa Academy of General Dentistry's Spring 2014 newsletter)

Positive Impact : Member Testimonial

The day after Christmas last year, Alice had to have all of her remaining teeth removed. Many of her front teeth had been broken in a fight a few years back, and she had infection and decay throughout the back teeth. Dental care had never been a priority for her- mainly due to financial limitations.

Alice began saving for a set of dentures immediately. She could not eat anything but a soft diet and her speech was greatly affected. She recalls a time when she had to repeat herself three times before someone could understand what she was saying. Once she learned that her Iowa Health and Wellness Plan included dental coverage, she made an appointment with a network provider right away. Alice was fortunate to see a Dental Wellness Plan provider for the first time on May 6, 2014. After receiving confirmation that Alice did meet the criteria for dentures as a stabilization service, a set was made for her within four weeks.

Alice states that since receiving her dentures, she is eating better, is more social (since she isn't embarrassed to go out in public), and in general is just "happier". Alice is appreciative of the Dental Wellness Plan for "giving her life back to her". She intends to celebrate New Year's Eve in style this year!

Learn more about the Dental Wellness Plan by [accessing the website](#).

From the Provider Perspective: ACO Implementation

As of August 1, 2014, Iowa Medicaid is pleased to have contracts with four different Accountable Care Organizations (ACOs). These ACOs currently serve the Iowa Wellness Plan population (adults age 19-64, with income up to 100 percent of the Federal Poverty Level). Contracts are in place with the University of Iowa Health Alliance, LLC., UnityPoint Health Partners, Broadlawns Medical Center, and IowaHealth+. Together these four ACOs serve more than 32,000 Iowa Wellness Plan members.

Iowa Medicaid's ACO structure is not the first for some of these organizations, as Wellmark Blue Cross and Blue Shield and Medicare have been piloting the care delivery transformation concept for several years. The goal is to create a sustainable transformation within the health care delivery system, and alignment amongst the major health care payers is critical.

Both the University of Iowa Health Alliance and the UnityPoint Health Partners ACOs began on April 1, 2014. Broadlawns Medical Center became an ACO on July 1, and IowaHealth+ began on August 1.

ACO Implementation from the University of Iowa Health Alliance Perspective

Dan Kueter, CEO, University of Iowa Health Alliance, and Dr. David Swieskowski, M.D., Chief Accountable Care Officer, Mercy ACO indicate that their organization is "making steady progress" on the initial implementation. "There are many new processes for this program and it takes sustained effort and investment to put these in place."

The organization is beginning to see changes in daily practice due to the ACO. "Specifically, we are reaching out to members for wellness exams and health risk assessments. We are identifying members from chronic disease registries to enroll in care management programs. This positions us to more proactively manage their chronic diseases such as diabetes or hypertension."

Importantly, Kueter and Swieskowski state that the ACO model "provides incentives to begin the transition from volume to value based reimbursement. We believe this will transform care delivery leading to better patient outcomes and lower costs of care. Our ACO experience with other payers is already beginning to demonstrate this transformation."

When asked why the University of Iowa Health Alliance was interested in becoming an ACO with Iowa Medicaid, Kueter and Swieskowski expressed that "Medicaid patients are an important and growing population which we want to serve. We feel the Medicaid ACO will give us the opportunity to learn how to best serve these patients."

Kueter and Swieskowski also see the Medicaid model evolving over time. "The current Medicaid ACO is a pay-for-performance program. We believe this will evolve into a program which will increasingly align incentives by connecting provider reimbursement to total cost of care improvement. This will be a positive advancement and accelerate improvements for Medicaid patients."

Iowa Medicaid looks forward to building the ACO model with all four organizations in the months and years to come.

Pilot Project Launched Focusing on Enrolling Former Offenders

The Iowa Department of Human Services (DHS) and the Iowa Department of Corrections (DOC) have partnered together to create a streamlined process to assist offenders with health care coverage enrollment upon release. The project aims to get offenders connected to the health care resources needed to support a productive life after release and reduce recidivism.

The project began this spring, piloting the process in a limited number of correctional facilities. DOC staff assist offenders in completing the application in the week(s) prior to their release. The applications are sent with a special cover sheet to indicate to the DHS staff as to the expected release date, and the applications are processed and approved based on that expected date. Additionally, the DOC staff are able to complete the medically exempt provider referral form for offenders who meet the medically exempt criteria.

The pilot program also closely coordinates with Magellan, Iowa Medicaid's behavioral health care contractor. If an offender has a mental illness or substance abuse disorder, a referral is made to Magellan, who can assist with arranging services, treatment and continuing medications. By making these connections, offenders with can get the necessary support upon release to manage their condition and reduce recidivism.

The pilot will continue over the next few months, with the goal of rolling out to all nine statewide correctional facilities. Since the pilot began in May, close to 150 offenders have completed the application process and have become enrolled upon their release.

HCBS Settings Transition Update

The Centers for Medicare & Medicaid Services (CMS) issued final regulations that define the settings in which it is permissible for states to pay for Medicaid Home and Community-Based Services (HCBS). The regulations will ensure that individuals have a free choice of where they live and who provides services to them, and that individual rights are not restricted. While Medicaid HCBS has never been allowed in institutional settings, these new regulations underscore, further, that HCBS will also not be allowed in any setting that has the qualities of an institution. States are required to submit transition plans to CMS, and may be allowed up to five years to come into full compliance with the regulation.

Iowa submitted a draft version of a transition plan on March 31, 2014, due to the required renewal of the Intellectual Disability (ID) Waiver. The draft transition plan was made available for public comment from May 1, 2014 through May 31, 2014. During this time, stakeholder forums were also held in six cities across the state to collect additional comments.

Iowa is now planning to assess settings for compliance by adding measures related to the regulation into existing quality assurance processes. Any provider with settings that are out of compliance will be required to submit a remediation plan to the Iowa Medicaid Enterprise (IME) that describes the steps to be taken and expected timelines to achieve compliance. Ongoing compliance will be determined through a combination of activities including onsite reviews, technical assistance activities, member surveys, and the provider annual self-assessment process.

Integrated Health Home Initiative Includes Nursing Expertise

Beginning on July 1, 2014, the Integrated Health Home (IHH) Initiative across Iowa continued to enroll members into their programs and work towards comprehensive, continuous care that can drive improved patient outcomes. The initiative brings together physical and mental health care providers, care coordinators, peer and family peer support specialists, and nurse care managers, who work as a team to coordinate personalized whole health care with qualifying members. The role of the nurse care manager is critical to improve the outcomes for those receiving services within the IHH.

The nurse involved in the IHH must have an active Iowa license to practice as a Registered Nurse (RN) or Bachelor of Science in Nursing (BSN). The IHH nurses can take on many roles within the care coordination team as they are in a position to advance the integration of behavioral and physical care components of treatment. Within the team-based coordination of care, the nurse works in tandem with the entire IHH team by delivering health home services to qualified members, creating health promotion activities for all members, and supporting the IHH in meeting standards to improve population outcomes for their IHH.

In addition to these duties, the nurse works with the IHH care coordination team to assist in scheduling appointments, tracking medical referrals, providing disease prevention activities, providing disease management education and education on diet and medications. As part of that team, the nurse care manager will often recognize and anticipate the member's care needs and work with the care coordination team on prevention and treatment or appropriately referring for services.

Additional responsibilities of the IHH nurse care manager include:

- Tracking labs for disease management
- Transportation to appointments, if necessary
- Advocate for clients
- Develop care coordination plans and update them, as needed
- Manage high risk and high utilizers of services
- Track client medication lists

The communication that must occur between the IHH, physical health providers, and other service providers for members is a critical component to integrated care delivery. As a partner in these efforts, Magellan Behavioral Care of Iowa also has Integrated Care Nurses who work with the community IHH team members to collaborate integrated care efforts for IHH members. One of the many benefits of this collaboration to members is innovative solutions to care, such as creating a treatment plan which includes alternative therapies and incentives for a member who visited an Emergency Department when there was not an emergency. Developing the consistency and quality of health care for these individuals is what will drive improved outcomes and ultimately, improved health for members.

Integrated Health Homes are now available statewide for adults with serious mental illness and for children with serious emotional disturbance. Learn more about the initiative on the [DHS website](#).

Summary of the 2013 Annual Member Survey Results

In an effort to better understand Iowa Medicaid member experiences and understanding of the program, the Iowa Medicaid Member Services Unit has conducted a new survey of members for 2013. The 2013 survey was mailed to a random sampling of members. A total of 953 members responded, providing a 15.9 percent response rate.

- About 86 percent of members reported that the services received from the Member Services Call Center were excellent, very good, or good. About the same as 2012 member opinions (82%).
- More members now have internet access (2012, 39 percent; 2013, 47 percent). Member internet access is not related to rural or metropolitan living situations.
- The majority of members preferred calling and speaking with a representative (81 percent) than getting the information from a website (19 percent).
- Most members (84 percent) agree that visiting a provider is easy.
- Members who experience difficulty seeing a provider in 2013 were more likely to have issues with scheduling being too far out as opposed to transportation issues in 2012.



“Member Services is very pleased to see that Iowa Medicaid members have an excellent experience and are able to quickly get the information they need to access their health care benefits. It is also encouraging to see an increase in internet access, which gives members even more resources for their Medicaid questions.”

*Jeremy Morgan,
Member Services
Account Manager*

Survey Conclusions

Overall, most respondents to the 2013 Annual Member Survey reported they were aware of the Member Services Call Center, if they had made contact with the Call Center and were satisfied with the services that were provided. Respondents also reported a slightly enhanced understanding of the Iowa Medicaid program.

Member Services will reference the open comments and questions raised from respondents to include in future materials. Targeted messages including answers to common questions that members may ask, will be incorporated into new, written materials. Specifically, informing members about urgent care centers, appropriate times to visit the emergency room and how provider referrals work to help with scheduling that seem too far out for members.

Although there is growth in the proportion of members with internet access there is still apprehension associated with using the DHS website, requesting changes, and sending questions through email. Member Services will work to reduce member apprehension to the website through member messaging; notifying members that resources and information is available with internet capable mobile devices in future materials.

Member Satisfaction with Member Services Call Center



n = 304

Listening Sessions for Selection of a Core Standardized Assessment Tool

The Balancing Incentive Program (BIP) of the Iowa Medicaid Enterprise (IME) announced plans to conduct statewide listening sessions to engage Iowa Medicaid members with brain injuries, their family members, providers, case managers and advocate groups. Listening sessions have been scheduled where background information is provided and participants have the opportunity to discuss and provide feedback on key topics.

The listening sessions will solicit input regarding the selection of an appropriate core standardized assessment (CSA) tool to measure the supports needed for a person with a brain injury to live successfully in a community setting of his or her choice. Listening session times and locations can be found on the [CSA section of the BIP webpage](#). At least five sessions are planned through September 8 (sessions started July 7, 2014) in different locations around the state.

Stakeholders will be asked for feedback regarding the key factors important to consider in selecting an assessment tool. Written comments may also be submitted by email to DHSCoreStandardizedAssessments@dhs.state.ia.us. As the BIP progresses in implementing standardized assessments across other populations served by Home and Community-Based Services (HCBS) waivers, additional listening sessions will be scheduled during the next nine months. For more information on implementation timelines, see the [CSA section of the BIP webpage](#).

2014 e-Health Summit Highlights

This year's e-Health Summit focused on transforming medical practice with health information technology and how it aligns with the triple aim to improve the care of patients in Iowa. Keynote speaker Dave De Bronkart offered perspective on how patients can be empowered and can make a significant contribution to their health through Health Information Technology (HIT). Peggy Patch from Community Health Center Inc. spoke about the successes and barriers around the use of HIT.

Patient perspectives, throughout the conference, were utilized to offer first-hand experience with the health care system that highlights the need to be patient centered. Marni Bussell, from the Iowa Medicaid Enterprise (IME), provided an overview of the Value Index Score used by Iowa Medicaid and other payers in Iowa to drive healthcare transformation toward a value-based delivery system. The discussion highlighted the use of an online dashboard as a means to improve patterns of care within a practice, improve health outcomes and lower total cost of care. Pam Lester, from the IME, spoke to the Health Home Program as a return on investment to assist with patient-centered medical home transformation.



*Dr. Jason Kessler,
Iowa Medicaid Medical Director*

IME Medical Director Elected to Board of Medical Director's Network

Iowa Medicaid Medical Director, Dr. Jason Kessler, has been elected to the Steering Committee of the Medicaid Medical Director's Network (MMDN). This seven-member group of Medicaid Medical Directors is the leadership body for the MMDN, which is affiliated with the National Association of Medicaid Directors (NAMDD).

Please join us in congratulating Dr. Jason Kessler, MD, on his recent election!

Provider Rate and Fee Schedule One Percent Increase

Provisions of the 2013 Iowa Acts, Senate File 446, Section 29, required the Department of Human Services (DHS) to implement an increase of one percent in provider reimbursement rates effective July 1, 2013. The Centers for Medicare and Medicaid Services (CMS) approved the State Plan Amendment (SPA) corresponding to the provider rate increase that was mandated by the Legislature per provisions under 2013 Iowa Acts, Chapter 138, Section 29(j) (Senate File 446, Section 29(j)).

This approval directs the Iowa Medicaid Enterprise (IME) to proceed with implementing a one percent rate increase for state fiscal year (SFY) 2014 that began on July 1, 2013. On May 28, 2014, the IME claims processing system was updated to reflect the increased rates. All claims received on or after May 28, 2014, with a date of service from July 1, 2013, forward will be paid at the increased rates. The IME fee schedule, available at <http://dhs.iowa.gov/ime/providers/csrp/fee-schedule>, has been updated on the DHS website as of July 2014. Claims that were eligible for the rate increase but paid prior to May 28, 2014, are currently going through mass retroactive adjustments by the IME to reflect the rate increase. Payments will appear on each provider's remittance advice as their claims are reprocessed.

IME Annual Provider Training: 1,066 Participants by July 24

The Iowa Medicaid Enterprise (IME) began the Annual Provider Training sessions for 2014 in June. The sessions consisted of two days which started on June 11 in Waterloo and will conclude in Des Moines on August 27. The training sessions are being offered in 11 different communities across the state. They are based on increasing provider participation and interest in the sessions over the years. To date, over 1,000 providers have already attended the first seven venues and are showing a higher attendance within the provider community. The presentations were crafted to give the providers whom are participating in Iowa Medicaid relevant and up-to-date information on Medicaid programs and services. Providers are encouraged to register for the remaining training sessions at <http://dhs.iowa.gov/ime/Providers/tools-trainings-and-services/ATRegistration/APT>.

Regular Feature: Informational Letters: May-June 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 website. The “Endeavors Update” will highlight informational letters released in the preceding month. Topics of May and June 2014 informational letters:

June 2014

- 1403: HCBS Habilitation Nonfinancial Eligibility Determinations
- 1402: HCBS Administrative Rules Change
- 1401: Second Notice Annual Restraint and Seclusion Attestation Letters and Incident Reporting
- 1399: HCBS Waiver 101 Training
- 1398: Iowa Medicaid Pharmacy Program Changes
- 1397: ICD-9 Codes not Reimbursable as Hospice Primary Diagnoses
- 1396: Ambulance Rate Changes Effective July 1, 2014
- 1395: Amendments to the Iowa Medicaid Provider Agreement General Terms (470-2965)
- 1394: New Definition of Case Management Billable Activities (Revised)
- 1393: Iowa Department of Human Services (DHS) Launches New Website
- 1392: Supports Intensity Scale® Assessments
- 1390: One Percent Rate Increase Effective July 1, 2013
- 1389: Online Education for AssessMyHealth Health Risk Assessment (HRA)

May 2014

- 1388: Provider Access to the AssessMyHealth Health Risk Assessment (HRA) and the Value Index Score (VIS) – Online Dashboard
- 1387: Healthy Behaviors under the Iowa Wellness Plan and Marketplace Choice Plan
- 1386: Reminder-Payment Error Rate Measurement (PERM) Participation
- 1385: Required Collaboration between Chronic Health Homes and TCM/CM/SWs
- 1384: Annual Provider Training 2014

View the complete list of informational letters by year at: <http://dhs.iowa.gov/ime/providers/rulesandpolicies/bulletins>

Spring 2014 Issue of Partners for Better Health and Wellness

The latest Medicaid quarterly newsletter for members, [Partners for Better Health and Wellness](#) is now available. The spring edition shares with Medicaid members information on transportation services, a chance to share their views on Home and Community Based Services, new information about Consumer Directed Attendant Care and Consumer Choices Option services, and a new interview for Intellectual Disability services.

“Health Home Happenings” Newsletter

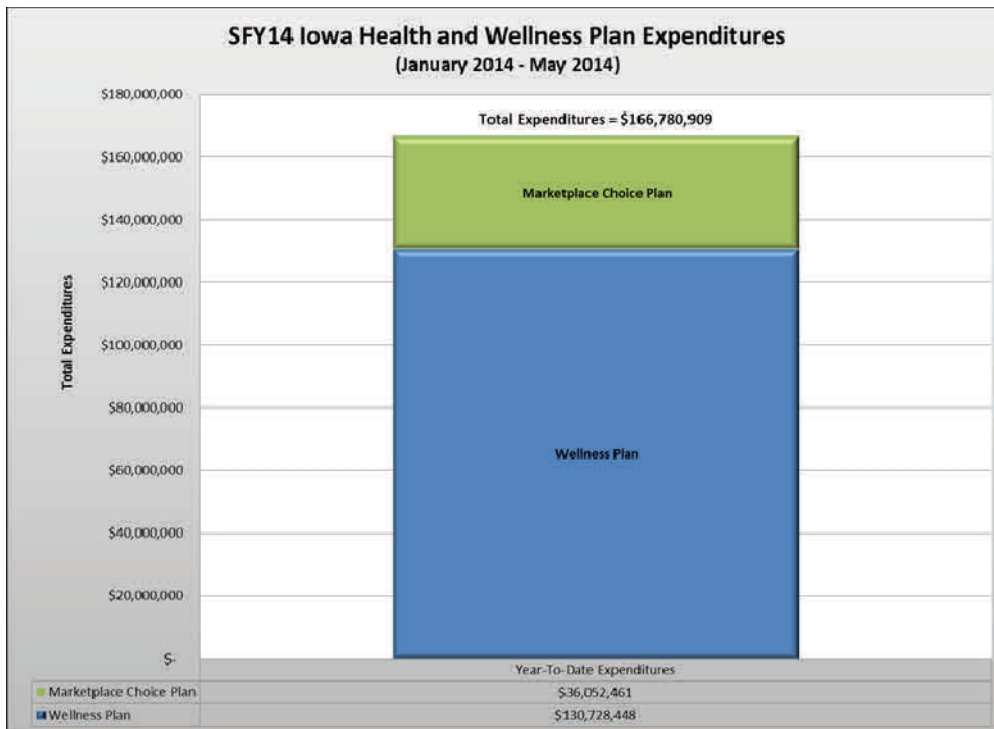
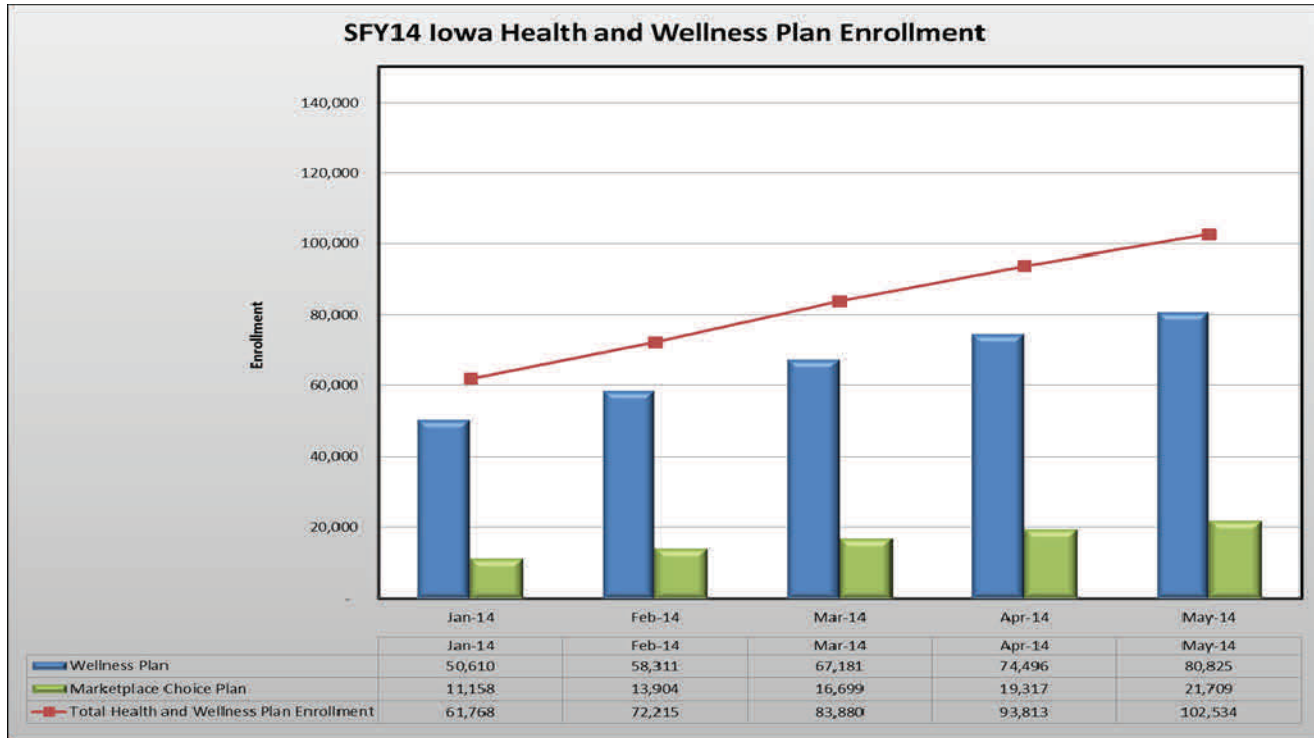
The Iowa Medicaid Enterprise produces a regular newsletter for Health Home providers in order to share important information with Health Homes. The April edition includes an introduction of the new Health Home Program Coordinator, Pamela Lester. The newsletter also shares tips on correcting billing errors, an update on the Health Home 2.0 initiative, and new Health Home providers in the state.

Click here to read the newsletter:

https://dhs.iowa.gov/sites/default/files/Health_Home_Happenings_FINALJuly.pdf

Monthly Medicaid Projections: Iowa Health and Wellness Plan

At its peak, the IowaCare program served over 65,000 individuals and had annual expenditures of approximately \$161 million (federal and state). In its first five months of operation, the Iowa Health and Wellness Plan exceeded previous enrollment figures. Below is further detail on the Iowa Health and Wellness Plan year-to-date enrollment and expenditure activity.





**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://dhs.iowa.gov/ime>

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:

- | | |
|---------------|---|
| August 19-20 | Annual Medicaid Provider Training– Sioux City
Learn more here |
| August 21: | Pharmaceutical & Therapeutics Committee
Learn more here |
| August 26-27: | Annual Medicaid Provider Training– Des Moines
Learn more here |
| October 1: | Drug Utilization Review Commission Meeting
Learn more here |
| October 17: | Clinical Advisory Committee 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.