Iowa Medicaid Enterprise "Endeavors Update"

A Communications Effort to Strengthen Partnerships

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

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

Special points of interest:

- IowaCare Update
- Diabetes Awareness
- Mental Health Reform
- PMIC Transition
- Transportation Brokerage Update
- Unit Profile: CORE
- Projects Update
- Health Homes Planning

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Iowa Medicaid Director's Column

November is Diabetes Awareness Month and according to the American Diabetes Association "nearly 26 million children and adults in America are living with diabetes and another 79 million are at high risk for developing type 2 diabetes". The Association estimates the total national cost of diagnosed diabetes in the US is $174 Billion and the cost of caring for someone with diabetes is $1 out of every $5 in total healthcare costs.

Diabetes is a serious concern at Iowa Medicaid and is a key target in our disease management program. As of mid-November there were over 7,500 Medicaid members with a primary diagnosis of diabetes. Related health care costs for these members reached over $126 million in SFY 2011. If we consider the number of members with a diabetes-related diagnosis other than their primary diagnosis the number rises to 9,044 members with related health care costs of over $187 million. Read more about our efforts in the story on page 4.

We are also pleased to report on the progress of the IowaCare provider network towards a regional medical home model and about the momentum towards mental health redesign.

IowaCare Update: December 1st Launch of "Regional Medical Home Model"

On October 28th the Iowa Medicaid Enterprise was notified that the Centers for Medicare and Medicaid Services (CMS) had given final approval to move forward with the planned expansion of the IowaCare provider network to a regional medical home model. This highly anticipated approval means that the effort to provide care for individuals covered by the 1115 IowaCare demonstration waiver closer to where they live can move ahead.

Story Continued on Page 2

IowaCare (Continued)

As you may recall, IowaCare is a limited health care program that covers adults ages 19-64 who would otherwise not be covered by Medicaid. IowaCare covers people with incomes up to 200% federal poverty level ($29,420 for a 2 person household). The program is a limited benefit program that has been in operation since 2005. The program was initially intended to cover 14,000 adults but grew rapidly to over 32,000 members in 2009. Today, there are over 46,000 members.

The goals of the new regional medical home model include the following;

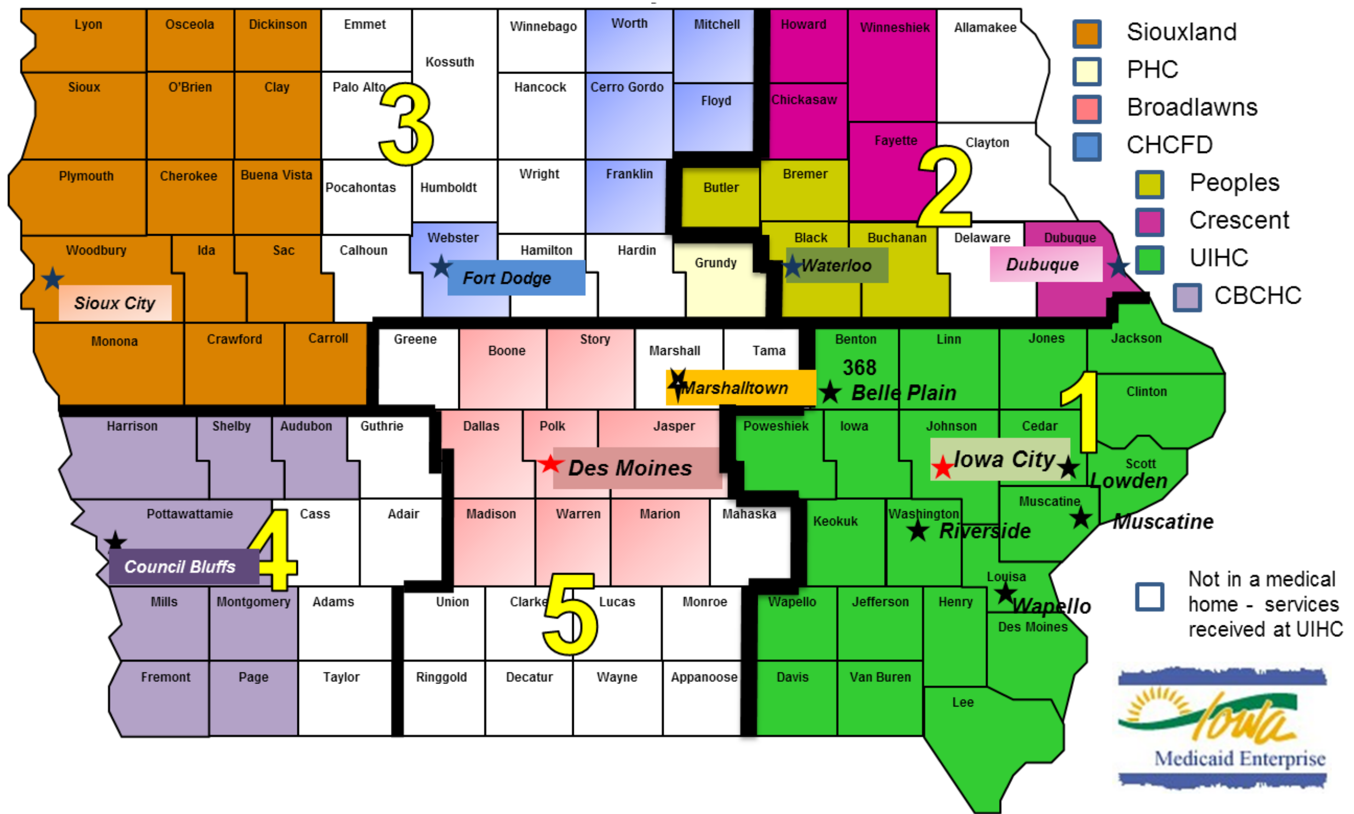
- Access: Improve access to and coordination of the most appropriate cost effective care through implementation of a medical home pilot.
- Quality: Encourage provision of quality medical services to all enrollees. Encourage quality, continuity and appropriate medical care. Improve the health status of IowaCare enrollees by improving access to a greater number of beneficiaries by adding additional network providers in underserved areas of the state.
- Prevention: Encourage individuals to stay healthy and seek preventive care through care coordination in the medical home.

To recap, the first changes made to the IowaCare provider network included establishment of four medical home sites including Broadlawns Medical Center in Des Moines, the University of Iowa Hospitals and Clinics in Iowa City and two Federally Qualified Health Centers (FQHCs) located in Waterloo and Sioux City. In the summer of 2011 further redistribution occurred after higher than anticipated participation in Waterloo resulted in capacity challenges. At that time three more FQHCs located in Dubuque, Marshalltown and Fort Dodge, were designated as medical homes to serve IowaCare members. This effort laid the groundwork for the development of a “Regional Medical Home Model” to divide the state into five geographic regions to serve IowaCare members. Within the Regional Medical Home Model, the role of Broadlawns Medical Center is expanded to become a regional primary care hospital for members in the western half of the state and to serve as a medical home for central and south central Iowa counties.

The key changes launching on December 1, 2011, will be dividing the state into the five geographic regions shown on the map on page 3, adding an additional medical home in Council Bluffs to serve southwestern Iowa, and assigning additional counties to existing medical homes. The next phase, set to launch on January 1, 2012, will mark full statewide assignment of IowaCare members in the remaining counties to medical homes in their geographic region. In addition to the expanded access, the Iowa Legislature addressed a key consideration when it became clear that not all FQHCs could provide all medically necessary care to IowaCare members at their locations. For example, not all FQHCs have on-site laboratory or radiology services and therefore had to pay outside sources in order to provide these services. Additionally, IowaCare does not cover home health services, durable medical equipment and other services that may be needed by a member recovering from an inpatient hospital stay. It was widely accepted that not providing these services and ensuring continuity of care, could result in a costly readmission to the hospital. In response to these concerns the legislature created two new capped funding pools to help medical homes defray some of the cost for medically necessary care not covered under IowaCare.

The Member Services Unit of the IME sent letters that had been prepared in anticipation of the approval immediately to IowaCare members to explain the changes while the Call Center prepared to answer member questions about the changes. Watch future newsletters for updates on the progress.

IowaCare "Regional Medical Home" Model December 1, 2011



IowaCare members with questions can contact the Iowa Medicaid Member Services Unit at: 1-800-338-8366 between 8:00 a.m.-5:00 p.m. Monday through Friday.

"As I have said before, IowaCare remains an important safety net service for many Iowans. This progress towards a regional model of care will provide improved access for members, financial stability for the program and for the providers who donate substantial investments on their own funds."

Iowa Medicaid Director Jennifer Vermeer

Iowa Medicaid Takes Proactive Approach to Diabetes Care

Iowa Medicaid Member Services Clinical Team manages the Disease Management (DM) Program for Iowa. The program focuses on high risk, high-cost adult and child members with multiple chronic conditions and takes a proactive, multi-component approach to healthcare delivery for people with specific diseases, such as diabetes.

Diabetes is the leading disease managed in the DM Program with more than 574 members enrolled with a primary diagnosis of diabetes. Members are identified by their primary diagnosis, and then given a risk score based on the severity of their disease. This includes all medical and prescription drug claim expenditures as well as other chronic diseases. A risk level is then assigned to each member which drives the intensity of the Registered Nurse/Health Coach outreach. The health coach works with each member telephonically, based on that member's needs which may include: medication adherence, appointment scheduling, transportation needs, and any other coordination of care that is identified. The health coach reinforces treatment plans developed by the member's healthcare provider and encourages the member to make responsible and informed decisions about their healthcare.

"Diabetes is a significant health issue for Iowa Medicaid members and we have data driven strategies in place to provide service to our members."

Medicaid Director

Jennifer Vermeer

Diabetic members are educated on the importance of establishing a health home, glycemic control including blood glucose testing, healthy eating, and physical activity. Members are reminded when they are due for their A1C test and are monitored for medication compliance.

As part of the Healthy Iowans five-year health assessment and health improvement plan initiative, the DM Program is focusing on educating all diabetic Medicaid members with targeted education. Iowa currently ranks in the 81st percentile (HEDIS Quality Measures) for the number of members 18-75 years of age with diabetes who had at least one HbA1C test in the measurement year. Furthermore, Iowa ranks in the 61st percentile for the percent of members 18-75 years of age with diabetes who had at least one lipid screening test in the measurement year. The goal of the targeted education is to increase A1C and LDL-C compliance in the Medicaid population by 3% on an annual basis beginning in 2012.

Referrals to the Disease Management Program can be sent via email, mail, telephone or fax to the Member Services Unit at: PO Box 36510, Des Moines, Iowa 50315- (800) 338-8366; (515) 725-1003 (local in the Des Moines area).

Please visit our website at www.ime.state.ia.us
or
Email us at IMEMemberServices@dhs.state.ia.us

Momentum Building for Mental Health Reform

Department of Human Services Director (DHS) Chuck Palmer said that preliminary recommendations delivered to lawmakers prove that momentum is building for sweeping changes in the way Iowa delivers mental health services. Dozens of preliminary recommendations were prepared by numerous workgroups over the last several months. A compilation of the recommendations was presented to legislators in late October. The recommendations include:

- Development of a crisis intervention system to bring immediate evaluation and assistance to people in crisis situations. The intervention would help prevent inappropriate criminal charges or unnecessary and expensive institutional commitments.
- Development of peer-to-peer services that provide a more effective bond between the person and provider, and that creates employment opportunities for some people with mental health or disability needs.
- Development of a "system of care" for children with serious mental health needs. Pilot projects have been successful in providing effective service at home or in the child's community.
- Details on how counties should group themselves to form fewer regional administrative bodies to more efficiently oversee local services for people with mental health and disability needs.

Last spring the Iowa Legislature and Governor Branstad directed the DHS to appoint and lead work groups to recommend methods for implementing legislation to replace Iowa's current mental health delivery system by the summer of 2013. In addition to the workgroup process, DHS conducted nine regional forums to gather input from consumers and their families. Palmer attended most of the forums, which drew large crowds. "We have insisted on casting a wide net for opinions and knowledge," he said. "We have found great energy for reform. We have much work remaining, including the issue of how to use limited funds to gradually develop services to fill identified gaps. I am pleased at the progress so far." Critics have long said the current county-based system leads to inequity and inconsistency for people who need mental health or disability services and are eligible for government help. About $1.3 billion is spent annually on these services, with property taxes accounting for about 10 percent. The rest comes from mostly federal and state sources. The legislation requires a regional administrative system to deliver a core set of services. Under recommendations from one of the work groups, counties would form five to 15 regional administrative groups, each with at least three counties representing populations of 200,000 to 700,000 people. Ideally, Palmer said, the counties would form groups themselves rather than have a state-created map. Palmer said the weeks before the next legislative session will be spent developing implementation plans for the work group's' recommendations, with a final report due to legislators by mid December. Palmer said the change to a regional system will provide equitable and consistent services across the state in an effective and efficient manner. He added, "There will be changes and some will be difficult, but we start with a base of respect for existing services, existing providers, and existing administrators, and we insist on principals outlined in the U.S. Supreme Court's Olmstead decision, which declares that people with disabilities must have meaningful choices on where and how to live in community settings."

Here is a link to the report:

http://www.dhs.state.ia.us/docs/Iowa_Redesign_Interim_Report_Final.pdf

"I'm deeply grateful for the thoughtful input from such a wide spectrum of providers, local officials, advocates, and especially from mental health consumers and their families, all of whom made huge contributions to the recommendations in our report. Our job now is to sharpen and prioritize these recommendations, and to recommend a transition plan and identify funding mechanisms that will allow us to gradually transform Iowa into a best-practice state."

Department of Human Services Director, Charles Palmer

PMIC Transition Workgroup Continues Work: "Pathway to Transition PMICs to the Iowa Plan"

PMIC Workgroup holding their second meeting on November 4th at the Magellan Office.

In last month's newsletter we reported that the PMIC Transition Workgroup is a component of the Mental Health and Disability Services Redesign established in SF 525 (2011). PMICs are psychiatric medical institutions for children. The Iowa Legislature tasked the Workgroup with improving the reimbursement, expected outcomes, and integration of PMIC services to serve the best interests of children within the context of a redesign of delivery of publicly funded children's mental health services in Iowa, supporting the development of specialized programs for children with high acuity requirements whose needs are not being met by Iowa's current system and must be served out of state, and transitioning PMIC services while providing services while being cost-effective and using best practices.

> *"Our challenge is to lay out a clear vision and strategy for the system so that policymakers can have confidence to invest in change."*
>
> *Medicaid Director*
>
> *Jennifer Vermeer*

At the second meeting on November 4th, the group conducted efforts to gain a better overall understanding about PMICs in Iowa today; how they are similar and how they are different. PMICs provide inpatient psychiatric services for children that require inpatient services and cannot be served in the community. Psychiatric evaluations are completed and individual comprehensive treatment plans are developed. These plans include diagnosis, short and long term goals, treatment modalities and an outline of the responsibilities of the treatment team. There are 532 licensed PMIC beds in Iowa. Members of the Workgroup represent service providers across the state including Boys and Girls Homes, Children's Square, Four Oaks, Hillcrest, Jackson Recovery Centers, Lutheran Services, Orchard Place, and Tanager Place, among others. The Department of Human Services PMIC at Independence is also represented on the Workgroup.

The next meeting of this Workgroup will take place December 7th at the Magellan office in West Des Moines.

Link to agendas and additional resources:

http://www.dhs.iowa.gov/Partners/Partners_Providers/MentalHealthRedesign/PMICTransitionWorkgroup.html

Program Integrity: Inserting checks and balances in the system and making transportation more dependable for members.

Transportation Management Services (TMS) Marks One Year Anniversary

In October 2010 the IME kicked off transportation brokerage services for Medicaid members for their non-emergency medical transportation appointments. Previously, members had to make their own transportation arrangements and request reimbursement for the cost of going to doctors and pharmacies. Under the system in place for the past year, the brokerage service is responsible for arranging and authorizing the non-emergency medical trips, verifying the member's eligibility, assuring the medical treatment is a covered Medicaid service, assuring that the treating provider is an enrolled Medicaid provider, and making reimbursements. Reimbursements are paid to the transportation provider or to the member if they drive their own vehicle. At the time of the launch it was anticipated that new jobs would be created in Des Moines, savings would occur for Medicaid due to increased federal share of the cost, DHS Income Maintenance Worker workloads would be eased and more transportation options would be available for Medicaid members.

How did we do? By The Numbers (submitted by TMS Management Group)

- The number of members eligible for services grew from 366,808 to 400,146, an increase of 8.3%
- The number of trips per month grew from 20,161 to 31,664, an increase of 36%
- The number of unplanned trips per month increased from 1,538 to 3,722, an increase of 58%
- The number of phone calls in the first year was 194,172 or an average of 16,181 per month
- The number of trips provided in the first year was 311,769 at an average cost of $31.39 per trip
- An interactive voice recording system was utilized to call and remind members the night before their ride
- The brokerage service employs 28 full-time staff in their Des Moines Regional Office

Anita Smith Invited to Join HHS Technical Advisory Group

The IME's Bureau Chief for Adult and Children's Medical Programs, Anita Smith, has accepted an invitation to serve on a Technical Advisory Group (TAG) for the evaluation of Express Lane Eligibility (ELE) mandated by CHIPRA. The Technical Advisory Group is being formed to help guide the design and execution of an evaluation, critique of the project design, and review research plans. The Office of the Assistant Secretary for Planning and Evaluation (ASPE), a division of the US Department of Health and Human Services, has chosen Mathematica Policy Research, Inc. to conduct the two-year effort in conjunction with Urban Institute and Health Management Associates. Medicaid Director Jennifer Vermeer said "we are so proud of Anita and this opportunity speaks to her depth of experience and well regard by CMS and her peers for her trouble shooting and problem solving skills."

Unit Profile: CORE

The CORE unit performs multiple functions for the IME that include processing and payment of claims, mail handling and reporting. Core also provides and updates the automated eligibility reporting system known as ELVS. The unit has three main teams; mailroom, claims processing and systems (Medicaid Management Information System (MMIS) and OnBase).

A profile of the mailroom appeared in the February 2011 edition of the IME Newsletter. The mailroom handles all incoming and outgoing mail, scans documents and implements quality assurance procedures. Each month 1.75 tons of mail is delivered to the mailroom to process. They scan 6,000 pages of documents each hour.

Iowa Medicaid processes about 20 million claims each year resulting in about $3 billion in expenditures. The claims team adjudicates suspended claims, adjusts and credits previously paid claims, researches claims and works on DIA audits and other adjustment projects. One of the key goals of the unit is the timely and accurate payment of claims. Iowa Medicaid has been ranked one of the most accurate systems by the Centers for Medicare and Medicaid Services. In the most recent payment error rate audit, Iowa's error rate was approximately half the national average.

The systems team implements changes in the MMIS system. Changes include enhancements, additions and deletions. MMIS changes are required due to changes in state and federal law, administrative rules, and policy. The systems team further is responsible for system security and audit trails and operation of the Electronic Document Management System (EDMS). The Help Desk within the systems team provides problem management of all user reported computer system issues.

Jody Holmes

Unit Manager

"The MMIS upgrade will mean more modular technology which will allow more rapid implementation of policy changes. The upgrade will also better serve our providers with real time claims adjudication. Increased transparency is going to be a real benefit of a new system."

CORE Unit Manager

Jody Holmes

Scott Hruska

CORE Account Manager

"Iowa is one of the leaders in the country in terms of accuracy and prompt payment of claims. Our average time for payment of paper claims from receipt to payment is 6.6 days. Our turnaround on electronic claims is even better at an average of 5.4 days. We are proud of our ability to provide this level of service."

CORE Account Manager

Scott Hruska

IME Project Update

The Iowa Medicaid Enterprise continues to have a number of very large ongoing projects. In last year's IME Newsletters we did a series of individual stories about the large projects. Today we will give you a quick overview and update their status.

Upgrade to HIPAA 5010 (See related story on page 11)

Congress passed the Health Insurance Portability and Accountability Act (HIPAA) in order to establish national standards for healthcare transactions. Almost every Iowan has felt the impact of the law in one of a variety of ways including patient privacy rights, health insurance portability, and insurance administration simplification. When enacted in 1996 HIPAA was governed by the Accredited Standards Committee (ASC) who established implementation guidelines called "version 4010" as the new standard for electronic transactions between health care providers and payers. Version 5010 is an updated set of standards that will improve and supersede version 4010 on January 1, 2012. There are many potential benefits of the upgrade including elimination of some redundancies and ambiguities, clarification and data structure better able to leverage the upcoming switch to ICD-10 Codes. **Currently at the IME the project is ahead of schedule with no significant issues or risks.** All of the 5010 transaction sets (with the exception of the 278 transaction) have been implemented in production and the IME has on-boarded 939 providers to process claims using the new 5010 Transactions in production as well. The enhanced 278 (Prior Authorization transaction) is complete from an internal development and testing perspective, and is scheduled to be implemented in production on December 12, 2011. We will continue to leave the testing environment open to providers until the end of December to allow for further testing.

Standards for Pharmacy Claims: NCPDP

The National Council for Prescription Drug Programs (NCPDP) sets standards for pharmacy claims. When Congress passed the Health Insurance Portability and Accountability Act (HIPAA) in 1996 they required the U.S. Department of Health and Human Services (HHS) to establish national standards for health care transactions. Standards are necessary to support the billions of transactions which occur annually between health care providers and payers. In order to keep pace with the changes that occur in the health care industry, pharmacy in particular, these standards must be updated periodically. An upgrade is set for implementation by January 1, 2012. **Currently at the IME the project is on schedule with no significant issues or risks.** The final D.0 Payer Sheet (describing the details to pharmacies as to how the standard has been implemented at IME) has been published and made available to all pharmacies. Final internal and external pilot testing is scheduled to be complete by November 24, 2011 with full processing of the new standard scheduled to go live in production on November 29, 2011.

The new ICD-10 Codes will have seven digits rather than the current 3-5 digits. The first three digits will identify the body part or nature of the disease or injury, the next three digits are further categories and/or subcategories and the last digit can indicate laterality (right v. left), first or second encounter or abnormal effect.

ICD-10 Adoption in 2013

The United States currently uses ICD-9 for diagnostic codes for reporting across the health care industry. This is going to change over the next two years as the country moves towards adoption of ICD-10, the newest version of the International Classification of Diseases, the international standards diagnostic classification for all general epidemiological, health management and clinical use. This transition is an enormous undertaking, a world-wide event. The Centers for Medicare and Medicaid Services (CMS) has called the change to ICD-10 "the most challenging transition since the inception of coding." **Currently, the project is on schedule with no significant Issues or risks.** The IME project team has completed the Project Charter and High-level Project Work Plan and has begun the requirements gathering and detailed planning phase of the project.

The Medical Services ICD-10 staff is doing a weekly email to IME staff to get them ready for the changeover. The weekly emails provide the word of the week; thought for the week and code for the week. In addition to the serious work being done to test and implement the business processes, these emails are informative and fun.

Iowa Medicaid Planning a Health Homes Program

"Health homes are more cost-effective, but more importantly they are about the patient getting better, more accessible care."

IME Medical Director

Dr. Jason Kessler

A new Health Home program from Iowa Medicaid is under development. Under the proposed Health Home model, each patient has an ongoing relationship with a designated provider trained to give them continuous and comprehensive care that will extend through all stages of life; acute care, chronic care, preventative services, long term care and end-of-life care. This "whole-person orientation" is physician-directed with the support of a care coordinator responsible for assisting with medication adherence, appointments, referral scheduling, tracking follow-up results from referrals, understanding health insurance coverage, transitions of care, wellness education, health support and/or lifestyle modification.

The Patient Protection and Affordable Care Act of 2010 established criteria for eligibility and provider expectations for Health Homes. Eligible individuals qualify if they have at least one serious and persistent mental health condition or at least two qualifying chronic conditions, or have one qualifying chronic condition and are at risk for a second chronic condition. Qualifying conditions include mental health conditions, substance use disorder, asthma, diabetes, heart disease, obesity, and hypertension.

Qualified Medicaid practices providing these services must meet certain expectations which include national medical home accreditation, establishment of a personal provider for each patient, establishment of a designated team of health care professionals to support the designated provider, adoption of an electronic health record (EHR) system, connect to the State Health Information Network (once established), a formal Diabetes Disease Management Program, use of a formal screening tool to assess behavioral health, and the ability to provide outcomes and process measure reporting. Enhanced patient access will be encouraged through use of a 24/7 phone triage service and use of email, text messaging and other technology to enhance communication with patients.

Under the proposed model, providers will continue to be paid the standard "fee for service". Two new payment mechanisms include a per-member-per-month (PMPM) care coordination payment based on the acuity/risk of the eligible member and a performance payment tied to achievement of certain quality benchmarks.

Iowa Medicaid is pleased to be developing this program to better serve our members. **We are interested in your feedback.** If you have any questions or comments please contact Marni Bussell, Health Home Project Manager at mbussel@dhs.state.ia.us.

5010 Readiness Status: Only 10% of Providers Were Enrolled as of Mid-November

The IME is ready for the January 1, 2012, transition to HIPAA 5010. However, only 10% of providers were enrolled at the time of this writing. In order to submit claims electronically all providers must make this change and are urged to do so in advance of the January 1 deadline in order to avoid a possible disruption of claims submissions. If enrollment has not occurred the provider will no longer be active for electronic transactions.

Informational Letter # 1062 explains the process and links to a "5010 Readiness Checklist".

Providers are urged to contact the IME Provider Services Unit with any questions or concerns.

Provider Services

1-800-338-7909

New Regular Feature: Highlight Informational Letters (IL's)

The Iowa Medicaid Enterprise publishes provider bulletins, also known as informational letters, to clarify existing policy details or explain new policy. Bulletins are posted on a website. The IME Newsletter will highlight informational letters released in the preceding month. Topics of October informational letters include:

- Waiver Services: Atypical Procedure Code Conversion Delay (IL 1069)
- EHR Incentive Payments Through Medicaid: Year Two (IL 1068)
- IowaCare Medical Home expansion (IL 1066)
- Nursing Facilities: Quality Assurance Assessment Fee (IL 1065)
- Smoking Cessation Prior Authorization (PA) Requests (IL 1063)
- Reminder: transition to the 5010 HIPAA format is January 1, 2012 (IL 1062 and others)

View the complete list of Informational Letters by year at:

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

Annual P & T Meeting Held on November 10th
PDL Drug List Approved & Chairperson Elected

The Pharmaceutical and Therapeutics (P&T) Committee is charged by law with developing and providing ongoing review of the Preferred Drug List (PDL). The PDL is a list of drugs that have been identified as being therapeutically equivalent within a drug class and that provide a cost benefit to the Medicaid program. The P&T Committee has nine members appointed by the Governor for a two-year term. The Committee meets quarterly in a public forum.

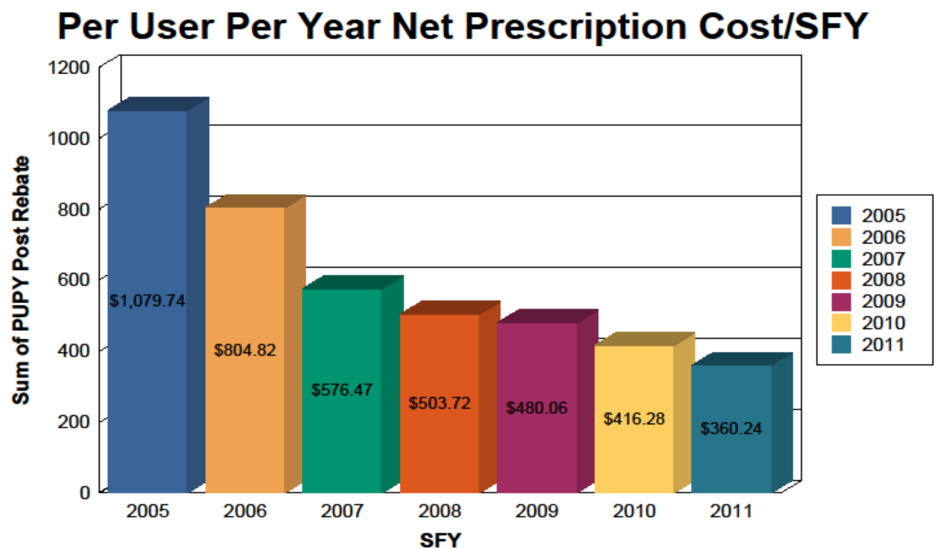
P & T Committee and staff at the meeting on November 10th at the State Capitol.

The PDL was created in an effort to select medications for use by the members of Iowa Medicaid that are both clinically sound and cost-effective. The Department of Human Services strives to contain Medicaid drug expenditures while ensuring that member's access to effective drug solutions are preserved. The P&T Committee's focus is maximizing the initial utilization of the most cost-effective clinical choices available. All drug manufacturers have been given the opportunity to state the therapeutic benefit of their drugs and to reduce the net cost to the state through a supplemental rebate program.

The Committee reviews each product within a therapeutic class for pharmacology, indications, comparative clinical trials and adverse effects and safety, evaluated relative cost of each product and compared products within the same class to identify the most clinically effective, and cost efficient product. By first considering the therapeutics and then the cost, the P&T Committee ultimately decides which drugs to recommend to the Iowa Medicaid program as "preferred." The P&T Committee holds public meetings, with public notice of its agenda and opportunity for public comment. The most recent meeting, which was very well attended, was held at the State Capitol.

Learn more at: www.iowamedicaidpdl.com.

Implementation of the PDL has dramatically reduced the per user per year prescription drug costs from over $1,000 to under $400.



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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/

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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 2013.

Iowa Medicaid Upcoming Events: December

December 7	Drug Utilization Review http://iadur.org/home
December 7	PMIC Transition Workgroup (12:30-3:30 p.m. at Magellan) http://www.dhs.iowa.gov/Partners/Partners_Providers/MentalHealthRedesign/PMICTransitionWorkgroup.html
December 15	Legislative Interim Committee on Mental Health Redesign (8:30 a.m.-5:00 p.m. at Ola Babcock Building 2nd Floor http://www.legis.iowa.gov/Schedules/committee.aspx?CID=541
December 19	*hawk-i* Board Meeting http://www.hawk-i.org/en_US/schedule.html

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

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