



Iowa Medicaid Enterprise Endeavors Update

A Communications Effort to Strengthen Partnerships

April 2013

**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:

- Program Integrity Legislation
- State Innovation Model (SIM)
- ICD-10 Provider Readiness
- 9th Annual e-Health Summit
- Integrated Health Homes
- Annual Provider Training

Iowa Medicaid Director's Column



Welcome to the combined March & April edition of the "Endeavors Update". This month we launched the first in a series of "Learning Sessions" about the Iowa Medicaid State Innovation Model (SIM) grant. On April 18 we had a huge turnout of interested stakeholders that resulted in a valuable exchange of information. That is just the first step in our dialogue as we focus on the "design phase" of the grant which commenced April 1 and continues through the end of September. In these six months we will engage vigorously with stakeholders as we move towards designing a plan to achieve health care delivery reform. We will talk much more about value-based Accountable Care Organizations (ACO) and engagement of Medicaid members in their own health as we move forward with this endeavor. Thank you again for your interest.

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"More Ways to Fight Fraud": Program Integrity Legislation

Iowa Medicaid's 2013 legislative proposal to enhance program integrity to fight fraud was signed into law by Governor Branstad on April 8 following almost unanimous endorsement by the Iowa House and Senate (49-0 in Senate; 96-1 in House). SF 357, effective on July 1, 2013, will increase Medicaid's ability to eliminate fraud, waste and abuse. Iowa Medicaid has been one of a minority of states that did not have a stand-alone program integrity statute. Previous statutory tools were too narrow and did not keep pace with the more aggressive federal statutes. IME staff and attorney general staff are meeting to review the legislation to determine which sections require administrative rules. Medicaid Director Vermeer is grateful to state legislators and Medicaid stakeholders who provided a great deal of review and input to make this a successful effort. Link to the signed legislation:

<http://coolice.legis.iowa.gov/linc/85/external/govbills/SF357.pdf>



“Accountable Care Organizations are not the end; they are the beginning”.

*Medicaid Director
Jennifer Vermeer*

State innovation Model (SIM) Learning Session a Success

On April 18, Iowa Medicaid Director Jennifer Vermeer hosted the first in a series of “Learning Sessions” on the Medicaid State Innovation Model (SIM). Vermeer gave an overview of the current project, explaining that grant applications were limited to governors and that the Centers for Medicare and Medicaid Services (CMS) expected “broad-based, multi-payor reform in the health care delivery system” rather than small pilot projects. Iowa applied for the design phase grant last September and received notice of the \$1.4 million award on February 21, 2013. Efforts under the grant commenced on April 1 and will continue through September 30, 2013. Approximately 100 people attended the first “Learning Session” held in downtown Des Moines. “Health care delivery transformation” was a theme as attendees heard presentations from Vermeer and Treo Solutions (a consultant on the project) about what lies ahead in terms of establishing Medicaid Accountable Care Organizations (ACOs) and engaging Medicaid members in their own health. Attendees were able to ask questions which ranged from how children who receive Medicaid may benefit from an ACO to questions about financial risk and metrics. A dedicated web page is being established to share a range of SIM-related materials. You can find the information at:



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

Watch for news about a second “Learning Session” possibly focusing on Medicaid’s unique service areas in Long Term Care and Home and Community Based Services in the near future.



Results of Second ICD-10 Provider Readiness Survey: IME Remains Concerned Provider Preparations Not on Schedule

In the November 2012 issue of “*Endeavors Update*” we announced the results of the inaugural Iowa Medicaid Enterprise (IME) Provider Readiness Survey. The survey was to be the first, of several, to track the preparation and readiness of providers for the transition to the ICD-10 code set on October 1, 2014. A second survey was launched in February 2013, and over 780 provider responses were received. The results echo national survey results and give cause for concern around provider ICD-10 readiness.

Comparing the results of the first and second surveys reveals small gains reported by Iowa providers in the progression of planning and training to prepare for ICD-10. Just 22% of respondents indicated they were more than a quarter of the way through planning for resources dedicated to implementing ICD-10 (up slightly from 15% on the first), and only 20% responded they had developed an ICD-10 training plan. Nationally, the Workgroup for Electronic Data Interchange (WEDI), which promotes and tracks the use of IT in health care, reported that over two fifths of provider respondents indicated they did not know when they would complete their impact assessment. “Because of the magnitude of ICD-10, it is critical that organizations complete their remediation efforts as quickly as possible in order to allow adequate time for testing,” said WEDI Chairman, Jim Daley.

The IME’s own project to prepare for use of ICD-10 is well on track and will be ready for external testing with providers in October 2013, but we are concerned that many of our provider partners are falling behind. Individual providers that are not able to properly code claims after the deadline could face payment problems and/or raise program integrity alerts. If a significant number of providers are unprepared, it could result in a late shift in policy such as another implementation delay or a “dual use” period, both of which add complexity and cost to the overall transition.

In many cases, it is not until actual planning (when staff are exposed to details of the complex change), that the full business impact becomes clear. This appears to be reflected in our survey as well: as planning scores have crept up, the percentage of providers indicating they will be ready to test in October of 2013 (36%) and comply with the production deadline (79%) actually dropped slightly (each by about 5%). This may be the result of planners recognizing the true extent of the challenge they face.

The IME will conduct external end-to-end testing with providers between October 2013 and October 2014 and urges providers to continue to move forward with their preparation and to allow plenty of time for robust ICD-10 testing alongside production ICD-9 claims to ensure a surprise-free transition to ICD-10.

**If you have any questions on ICD-10 please send an email to:
ICD-10project@dhs.state.ia.us**

For more information (including the full survey results), please visit the ICD-10 website:

<http://www.ime.state.ia.us/Providers/ICD10.html>

Iowa Medicaid Director Jennifer Vermeer plans to discuss this issue with provider organizations at the upcoming May 22nd Medical Assistance Advisory Council (MAAC) meeting. Vermeer welcomes ideas from provider organizations about how they can assist to inform their members about ICD-10 preparations.

Individual providers that are not able to properly code claims after the deadline could face payment problems and/or raise program integrity alerts.



“Medical Minute”

Dr. Kessler, IME Medical Director, writes a monthly column on topics of interest. Here is a link for March and April 2013. In March, Dr. Kessler wrote about prescription drug abuse and how Iowa Medicaid protects the health of Iowans through the Lock-in (LI) Program. In addition, he discussed the Prescription Monitoring Program (PMP) benefits. In his April column, Dr. Kessler wrote about ICD-10. Link to the columns below:

<http://www.dhs.state.ia.us/uploads/Mar2013MedicalDirectorsMinute.pdf>

<http://www.dhs.state.ia.us/uploads/Apr%202013%20Medical%20Directors%20Minute.pdf>



“Partners for Better Health and Wellness”

The Spring 2013 edition of “Partners for Better Health and Wellness” is now available and contains tips for Medicaid members on the difference between “Home Health” and “Health Homes”, reminders about reporting other insurance, tips for reducing high blood pressure, protecting babies against whooping cough and new pharmacy changes.

Link to the member newsletter:

http://www.dhs.state.ia.us/uploads/IME%20Member%20Newsletter_April%202013_Final.pdf



New Newsletter for Providers: “Health Home Happenings”

Health Home Happenings is a new publication for Health Home providers. The Iowa Medicaid Enterprise is producing this regular newsletter in order to share important information to help Health Homes be as successful as possible. See the highlights of the first edition below and link to learn more and sign up as a subscriber.

- Tips for Billing Health Home Services
- Tools to Help Coordinate Care: I-MERS
- Connecting to the Iowa Health Information Network
- Health Home Success: An Interview with Siouxland Community Health Center

http://www.dhs.state.ia.us/uploads/HH_March_Newsletter_Final.pdf

Save the Date! 9th Annual e-Health Summit June 11-12

This year's Annual e-Health Summit is scheduled to take place June 11-12, 2013, at The Meadows Events and Conference Center in Altoona, Iowa. Co-sponsored by the Iowa Medicaid Enterprise (IME), Telligent Health and Information Technology, and the Iowa Department of Public Health (IDPH), the event is scheduled for a full day of sessions on Tuesday, June 11 and a half-day of sessions on June 12. The sessions are designed to engage, motivate, and educate providers and key Health Information Technology (HIT) stakeholders across Iowa about meaningful use and the clinical value of implementing HIT in the exchange of clinical information between health care providers.

HIT Project Director for the IME, Jody Holmes, is scheduled to speak on "What's Trending Now in Iowa Health IT" at 12:15 p.m. on June 11 and will be joined at 2:15 p.m. by Marni Bussell and Koreen Rayl to speak on "HIT: A Payor's Perspective". HIT Provider Incentive Coordinator, Rachel Lunsford, will speak at 1:15 p.m. on "Meaningful Use and the Iowa Medicaid HIT Incentive Program."



Jody Holmes
HIT Project Director

Follow this link to find out more or to register for [this year's summit](#).

Did You Know? Iowa's Money Follows the Person Video on YouTube

A 14-minute closed caption video available on YouTube tells the story of real Iowans, named Kasey, JR, Jackie, and Tiffany who are living in the community with supports provided by the Money Follows the Person program. The Money Follows the Person Partnership for Community Integration Project provides opportunities for Iowans to move out of an Intermediate Care Facility for Intellectually Disabled and into their own homes in the community of their choice. The grant provides funding for transition services and enhanced supports needed for the first year after the individual transitions into the community.

View the video to learn more about the choices persons with disabilities have to live in the community with supports.

<http://www.youtube.com/watch?v=JKOW8znuHrE>



Iowa Family Planning Waiver Renewal: Public Notice

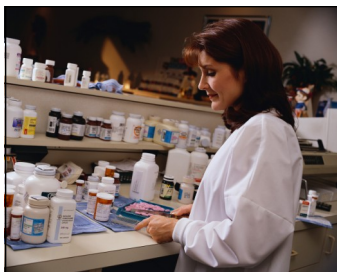
The Department of Human Services (DHS) is posting notice of the following Application for Renewal of the Medicaid Demonstration called the Iowa Family Planning Network. The public is encouraged to review the application and associated attachments on the IME homepage:

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

Questions or comments concerning this notice on the proposed waiver renewal may be sent to jhenson@dhs.state.ia.us, or addressed to Jill Henson, Department of Human Services, 1305 E. Walnut Street, Des Moines, IA 50319-0114 for a period of thirty (30) days from the date of this notice. Comments received may be reviewed by the public by contacting Jill Henson at the above address.

There will also be an opportunity to comment on the waiver at the upcoming Medical Assistance Advisory Council (MAAC) meeting. (See related story.) In addition, a series of five public hearings have been scheduled across the state for input.

<http://www.dhs.state.ia.us/uploads/IFPN%20Public%20Hearings.pdf>



Correction: Clarifying Terms Used In Previous Story on Pharmacy Point of Sale

The February 2013 “*Endeavors Update*” reported that the Pharmacy Point of Sale (POS) system is being upgraded to provide additional functionality which will be customized to meet the needs of Iowa Medicaid. The changes to the POS system will be transparent to most providers. The article presented all of the system resources, all of which will not be initially deployed for Iowa Medicaid. In regard to the formulary tool, this language is not used for the Medicaid program, as Medicaid does not have a “formulary”, but has a Preferred Drug List (PDL). One of the upgrades includes an automated process to configure whether or not a drug is preferred and specific restrictions on a drug or group of drugs. This will allow Iowa Medicaid to incorporate changes to the PDL and Prior Authorization (PA) criteria more efficiently and timely. The scheduled launch date for the POS system is October 1, 2013. A web-based portal will allow Medicaid providers the ability to view the PDL and PA information, submit PA requests online, as well as verify member eligibility and claims history, will also be established.

Integrated Health Homes: New Effort to Wrap More Supports Around Individuals with Serious Mental Illness

The Iowa Medicaid Enterprise (IME) is pleased to announce a new effort designed to wrap more supports around adults and children with mental illness. This effort is, in part, a result of the multi-year effort by the Children's Disability Redesign Workgroup. An Integrated Health Home (IHH) is a team of professionals working together to provide whole-person, patient-centered, coordinated care for adults with a serious mental illness (SMI) and for children with a serious emotional disturbance (SED). The IHH will be administered by Magellan Behavioral Care of Iowa and provided by community-based IHHs. The Affordable Care Act provides 90% federal funding for eight quarters for this enhanced service and the IME is able to implement this new service through a State Plan Amendment (SPA) that is expected to be approved by the Centers for Medicare and Medicaid Services (CMS) by this summer. Iowa is implementing the IHH model in five counties in July 2013: Dubuque, Linn, Polk, Warren, and Woodbury. Plans are being developed to expand to all counties in the next 12-18 months.

Click here for the "Integrated Health Home Informational Flyer":

http://www.dhs.state.ia.us/uploads/IHH_Flier_FINAL.pdf

Watch this webpage for updated resources:

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



See next page for Frequently Asked Questions



Integrated Health Homes: Frequently Asked Questions

What is an Integrated Health Home?

An Integrated Health Home is a team of professionals working together to provide whole-person, patient-centered, coordinated care for adults with a serious mental illness (SMI) and children with a serious emotional disturbance (SED). Care coordination is provided for all aspects of the individual's life and for transitions of care the individual may experience.

Who will be served by the Integrated Health Home for individuals with a serious mental illness?

The Integrated Health Home will serve individuals that are enrolled in Medicaid. Adults who meet the criteria for an SMI or children who meet the criteria for an SED will be eligible for IHH. This includes individuals currently receiving Targeted Case Management (TCM) and Case Management through Medicaid-funded habilitation. It will also include additional individuals who are not currently receiving care coordination.

How many people are expected to enroll in Integrated Health Homes?

Starting July 1, 2013 adults with an SMI and children with an SED will be enrolled in an Integrated Health Home in five Iowa counties (Dubuque, Linn, Polk, Warren, and Woodbury). The remaining Iowa counties will be phased in over the next 12 to 18 months. Projected Integrated Health Home enrollment for individuals with an SMI or an SED is based on claims analysis and provider network capacity in each area:

<u>Phase</u>	<u>Estimated Date</u>	<u>SMI</u>	<u>SED</u>	<u>Total</u>
Phase 1	July 2013	3,489	3,352	6,841
Phase 2	January 2014	5,736	3,376	9,112
Phase 3	July 2014	5,028	3,154	8,182
Total		14,254	9,881	24,135

Who will provide Integrated Health Home Services?

Integrated Health Home providers must have the capability of forming a team of professionals required to provide comprehensive care coordination. This includes, but is not limited to, such entities as community mental health centers, federally qualified health centers, child health specialty clinics, etc.

Will Integrated Health Homes affect the access to critically needed services?

Integrated Health Homes will increase and improve access to mental health services. The IHH is a change in our current health delivery system that focuses on demonstrating better outcomes for individuals with an SMI or SED. National studies show that IHHs achieve these improved outcomes.

Regular Feature: Highlight Informational Letters

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 “*Endeavors Update*” will highlight information letters released in the preceding month. Topics of February and March 2013 informational letters included:

- Annual Provider Training 2013 (IL# 1230)
- 2013 Civil Money Penalty Quality Improvement Initiative Grant (CMPQII)(IL# 1229)
- Respiratory Syncytial Virus (RSV) (IL# 1228)
- Iowa Medicaid Pharmacy Program Changes (IL# 1227)
- Details of Atypical Conversion Documentation and Billing (IL# 1226)
- Cost Reporting Due Date for Nursing Facilities (IL# 1225)
- Increased Medicaid Payment for Primary Care-Attestation Extension (IL# 1224)
- Implementation of Atypical Conversion (IL# 1222)
- Implementing NCCI PTP Edits for Immunization Administration and Preventive E&M Service Codes (IL# 1219)
- HCBS Habilitation and Intellectual Disability (ID) Waiver Day Habilitation Services (IL# 1217)

View the complete list of informational letters by year at:

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

Annual Provider Training 2013 Announced

The Iowa Medicaid Enterprise (IME) values the Annual Provider Training as a critical tool to establish and maintain partnerships between the IME and its provider community. Last year, the IME offered 64 training sessions in 15 communities throughout Iowa and was attended by a total of 3,305 providers. The sessions covered specific topics on *General Medicaid Policies and Procedures, Documentation Standards, Managed*



Care, and Home and Community-Based Services (HCBS) Waiver and Habilitation including individual Consumer-Directed Attendant Care (CDAC). The 2013 Annual Provider Training team is pleased to offer this year's training sessions in 16 different communities throughout the state designed to further inform and educate all participating IME providers. This year's training will include the following topics:

- **Medicaid, The Basics:** An overview of the Medicaid program.
- **Nursing Facility/Hospice:** An overview of Iowa Medicaid policies relating to nursing facilities and their coordination with hospice agencies.
- **Documentation Requirements and the Iowa Administrative Code (IAC):** An overview of Medicaid documentation requirements found in the IAC.

As in previous years, the sessions will present an opportunity for providers to have face-to-face discussions with representatives from Iowa Medicaid. This year, the IME is also using an online registration tool to prevent overbooking of the training sessions and to simplify the sign-in process at each venue.

To register for the training session of your choice, simply go to the IME website at www.ime.state.ia.us/Providers/ATRegistration.html.

Sixteen locations
across the state:

Ottumwa

Burlington

Marshalltown

Cedar Rapids

Bettendorf

Waterloo

Mason City

Storm Lake

Fort Dodge

Council Bluffs

Clarinda

Dubuque

Calmar

Sioux City

Spirit Lake

Des Moines

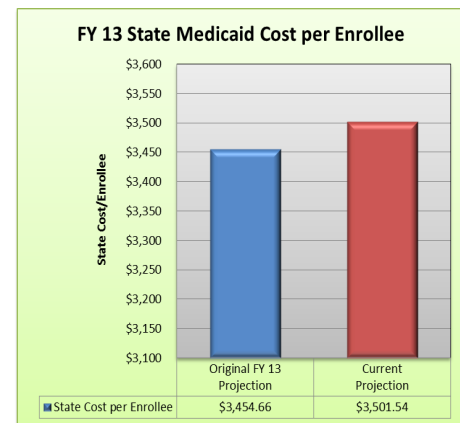
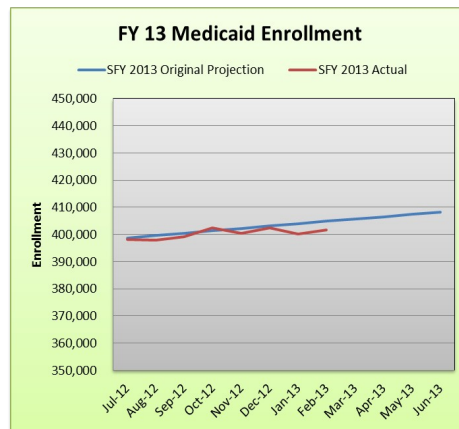
Please Join Us!

Regular Feature: Medicaid Projections Enrollment Growth Slower Than Anticipated

The Medicaid forecasting group met in early April to update the SFY 13-15 Medicaid estimates. The midpoint estimates established at this meeting are provided below.

	Medicaid Forecasting Group Midpoint Estimates		
	FY 2013	FY 2014	FY 2015
State Revenue	\$1,356,120,822	\$1,321,689,145	\$1,313,275,016
State Expenditures	\$1,402,120,822	\$1,490,689,145	\$1,560,275,016
Year-End Balance	(\$46,000,000)	(\$169,000,000)	(\$247,000,000)

Throughout FY 2013, enrollment growth has been lower than anticipated, while the average cost per enrollee has been slightly higher. These factors have largely offset each other, and as a result, the FY 2013 estimated year-end balance has remained quite stable over the last several months. Below is a summary of the department’s current enrollment and cost per enrollee assumptions. These estimates do not consider any 2013 legislative action.



Save the Date! Spring MAAC Meeting on May 22

The next Medical Assistance Advisory Council meeting will be held on Wednesday, May 22 at 1:00 p.m. in Classrooms A & B on the 3rd Floor of the Historical Building located at 600 E Locust Street, Des Moines. Watch the MAAC web page for further details.



<http://www.ime.state.ia.us/MAAC/index.html>



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

We're on the web!

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

Comments, Questions or Unsubscribe
Please email:
IMENewsletter@dhs.state.ia.us

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

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

Iowa Medicaid is the second largest health care payer in Iowa. The program is expected to serve over 650,000 Iowans, or 21%, of the population in State Fiscal Year 2013.

Iowa Medicaid Upcoming Events:

- | | |
|---------|--|
| May 22 | Medical Assistance Advisory Council (MAAC) |
| June 5 | Drug Utilization Review |
| June 11 | Annual e-Health Summit |
| June 13 | Pharmaceutical & Therapeutics Committee |
| June 17 | hawk-i Board Meeting |



Link to the DHS Calendar:

<http://www.dhs.state.ia.us/DHSCalendar.html>

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.