



Iowa Medicaid Newsletter

Endeavors Update

A Communications Effort to Strengthen Partnerships February 2014

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Special points of interest:

- Iowa Health and Wellness Plan: Medically Exempt
- ACA Impact: Medicaid Enrollment Update
- Integrated Health Homes: Phase Two of Implementation
- Highlights of 2014 Legislative Presentations
- Managed Health Care Overview
- Update on ICD-10 Transition

Iowa Medicaid Director's Column



Welcome to the February 2014 issue of *Endeavors Update*. February has flown by as the Iowa Medicaid Enterprise continues to move forward on many of our key initiatives. The 2014 legislative session has been busy, I've had the opportunity to update several different committees on the implementation of the Iowa Health and Wellness Plan (see page 5 for additional details). The new program continues to draw bi-partisan support and makes Iowa a leader nationally in unique approaches to providing Medicaid coverage to adults. We are continuing to see enrollment growth in the program each week. Our focus is now shifting to the healthy behaviors aspect of the program, and we are working on implementing a health risk assessment. Look for more information in the next few issues of *Endeavors Update*, and from our weekly stakeholder emails.

Another big initiative will be the roll out of phase two for the Integrated Health Home (IHH) program. The IHH program a team of professionals working together to provide whole-person, patient-centered, coordinated care to members with specific health care needs. In April 2014, IHHs will launch in 28 counties (see page 5). Originally launched in July 2013 in five counties, the program has had great initial success and we look forward to phase two of the program.

The Iowa Health and Wellness Plan is impacted by managed health care, estate recovery and the Care for Kids program. Each is explained in this issue of *Endeavors Update*, to help you understand how all aspects of Medicaid are incorporated together.

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Stay Up-to-Date and Join Our Mailing List

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

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

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

To subscribe to this newsletter, *Endeavors Update*, email "subscribe" along with your name, organization, and contact information to IMENewsletter@dhs.state.ia.us.

Iowa Health and Wellness Plan Feature: Medically Exempt

Individuals enrolled in the Iowa Health and Wellness Plan who have serious and complex medical conditions may need more comprehensive services. These individuals are able to access the more robust benefits available through the Medicaid State Plan by being determined medically exempt (previously medically frail).

Member Identification Process Explained

Iowa Health and Wellness Plan members can be determined medically exempt through three methods:

- Member Survey: Sent to member based on responses to health care coverage application. Member can complete survey and return it to Iowa Medicaid.
- Provider Referral: Iowa Medicaid providers can complete a referral form and submit the form to Iowa Medicaid.
- Claims Analysis: At a later time, Iowa Medicaid will perform claims analysis to identify members in need of exempt level of coverage.

Provider Referral Form Tips

The provider referral form is available on the Iowa Medicaid website, [accessed here](#). The form must be completed entirely. Tips for success include:

1. Make sure **ALL** member information is filled in on the first page.
2. Questions about a member's condition (pages 2 and 3): If a condition doesn't pertain to your client, please check "Not Applicable". Please note: several of the questions have two parts that must be answered.
3. Provider, Worker or Referring Entity Information (Page 4): This section must be completed and signed. **Please print LEGIBLY**. We are unable to accept forms we cannot read. The form must be signed by the appropriate individual.
4. On Page 4, if you do not have a National Provider Identified number, please provide your appropriate designation or title that qualifies you to submit the form.
5. The form certification box needs to be checked in order for the form to be accepted. The check box is located on Page 4.
6. **Incomplete forms will be returned to the provider if possible with an explanation as to why it was not accepted.**
7. To check the status of a Medically Frail exemption for a patient or client, you can call Iowa Medicaid Member Services at 1-800-338-8366, 8:00 a.m. - 5:00 p.m., Monday-Friday.

Providers are able to later identify medically exempt status by checking the Eligibility Verification System (ELVS). Medically exempt members will be identified as having full access to benefits. Members are notified through a letter that they are being moved to the Medicaid State Plan. Members are able to opt to stay in the Iowa Wellness Plan, if desired.

New Medically Exempt Toolkit Available

A new support tool has recently been created as a resource for providers, and walks through the exempt definition, process and benefits. A medically exempt training webinar took place on March 4 to review the toolkit. The training webinar will be made available for viewing on the Iowa Medicaid website in the coming weeks. Providers who serve a large medically exempt population are encouraged to view the webinar if they were unable to attend the training.

Providers may also access the new [medically exempt provider toolkit here](#).

Iowa Health and Wellness Plan: Dental Wellness Plan Reminder

Last month, the Iowa Medicaid Enterprise announced new information on the Dental Wellness Plan and interim dental coverage for Iowa Health and Wellness Plan members.

The Iowa Health and Wellness Plan, as passed by the Iowa Legislature in May 2013, calls for comprehensive dental benefits, equivalent to the Medicaid benefit. The Iowa Medicaid Enterprise (IME) is still in the process of developing the new benefit, called the Dental Wellness Plan. The Dental Wellness Plan will utilize a new, commercial plan framework and offer dental benefits to Iowa Health and Wellness Plan members beginning May 1, 2014.

The Dental Wellness Plan program goals are:

- **Access:** Ensure adequate access to high quality dental services across the state for the new Iowa Health and Wellness Plan adults, addressing current barriers.
- **Manage population health:** Focus on restoring basic functionality for all enrollees and improving the oral health of members over time through education, care coordination and community support.
- **Member incentives:** Ensure there are incentives for members to engage in preventive services, reduce “no-shows” and, enhance compliance with treatment plans by rewarding member involvement to drive better dental outcomes.
- **Provider incentives:** Higher reimbursement rates, a pay-for-performance component and fewer administrative barriers in claims processing and other administrative transactions.
- **Sustainability:** Demonstrate a high quality and sustainable adult dental program that will provide a model that may be considered for the rest of the Medicaid program.

Dental Wellness Plan Network

The Dental Wellness Plan network will be established in the coming months. Dental providers throughout the state will receive information on the new plan, and how to become a Dental Wellness Plan provider.

Interim Dental Coverage

In the meantime, the IME recognizes the need to provide certain urgent and medically necessary services now.

Until the new dental plan is available for coverage, urgent dental services will be payable to any enrolled Medicaid dentist. In all cases, services require a Prior Authorization approved through Medical Prior Authorization. Services rendered should be handled consistent with existing Iowa Medicaid dental policies. Some examples of services not considered urgent are routine services, cleaning and preventive services, routine radiographs, restoration services, and repairs. All patients require an evaluation or assessment prior to the beginning of each service. A prior authorization is not required for the evaluation or assessment, but is required for the allowed follow-up urgent care services.

A provider informational letter was issued on February 12, outlining the interim coverage, services considered urgent, and the process for obtaining prior authorizations for the urgent dental services. [Access Informational Letter 1353 here for details.](#)

Members were notified of the interim coverage through a letter sent the week of February 17, 2014. The member letter explained the coverage, and directs members to work with Medicaid providers if urgent services are needed.

ACA Impact: Medicaid Enrollment Update

The past few issues of *Endeavors Update* have highlighted recent Medicaid enrollment growth related to the Health Insurance Marketplace and the launch of the Iowa Health and Wellness Plan.

Current Status

As reported in December, the Centers for Medicare & Medicaid Services (CMS) has delayed sending full file information needed to process applications of those who applied at HealthCare.gov and were preliminarily determined to be Medicaid eligible. The department is continuing to work with CMS to successfully transfer the necessary information to process applications for lowans who were told they may be Medicaid eligible. Communication with HealthCare.gov applicants has continued. The state is making a good faith effort to invite lowans to re-apply to have their applications processed quickly so they may have certainty of coverage. Applicants were notified via email or letter about how to re-apply.

Since October 2013, the Iowa Department of Human Services has helped more than 126,000 Iowans with health care questions and applications.

State Portal Applications

To date, the new DHS Benefits Portal has received more than 46,000 applications for Medicaid coverage. Applications are being processed based on the date submitted, just as the HealthCare.gov applications are being processed. The standard processing time is 30-45 days. A large majority of applications submitted to DHS have been for individuals eligible for the Iowa Health and Wellness Plan, but many have also been received for other Medicaid programs like *hawk-i*.

Iowa Health and Wellness Plan Enrollment

Enrollment in the new Iowa Health and Wellness Plan continues to increase daily, and will keep rising as all applications from HealthCare.gov are processed. Enrollment figures as of March 6, 2014, are as follows:

Iowa Wellness Plan (0-100% of the Federal Poverty Level)	Iowa Marketplace Choice Plan (101-133% of the Federal Poverty Level)	Total Iowa Health and Wellness Plan
59,927	14,625	74,552

2014 Federal Poverty Levels

The U.S. Department of Health and Human Services (HHS) has released the federal poverty guidelines for 2014. The Iowa DHS will begin using the 2014 poverty guidelines for eligibility determinations beginning on April 1, 2014.

- 2014 Federal Poverty Level: \$11,670 for an individual
- 2014 Federal Poverty Level: \$23,850 for a family of four

Access the 2014 federal poverty guidelines here:

<http://aspe.hhs.gov/POVERTY/14poverty.cfm>

Integrated Health Homes: Phase Two Implementation

Integrated Health Homes were first launched for certain Iowa Medicaid members in July 2013. An Integrated Health Home (IHH) is a team of professionals working together to provide whole-person, patient-centered, coordinated care. An IHH is available to adults with serious mental illness (SMI) and children with a serious emotional disturbance (SED). Iowa's IHH program is administered by Magellan Behavioral Care of Iowa, supported by IHH locations in different communities.

IHHs provide care by forming teams of professionals who are required to provide comprehensive care coordination. Care teams include entities such as community mental health centers, child health specialty clinics, and more. The IHH aims to increase and improve health outcomes for the members served, by focusing on better access to care and integrating coordination for physical health and mental health services.

Phased Implementation

The IHH program began in July of 2013, by using a phased approach. The initial launch phase included five counties, Dubuque, Linn, Polk, Warren, and Woodbury. The next phase of the implementation will take place in April 2014.

As part of phase two, the Iowa Medicaid Enterprise (IME) has developed a member outreach payment that IHH providers can use for a maximum of three months prior to actively engaging the member in the IHH. This is a new feature of the program, and was developed based on the experience of phase one implementation. The outreach payment is a reflection of the effort involved in engaging members in the new program and the time expectations to reach those members.

Phase two will include 28 counties, bringing the overall total of IHH county access to 33. Counties included in phase two are: Benton, Black Hawk, Buchanan, Calhoun, Cedar, Cerro Gordo, Clinton, Delaware, Floyd, Grundy, Hancock, Harrison, Humboldt, Iowa, Jackson, Johnson, Jones, Kossuth, Mills, Mitchell, Muscatine, Pocahontas, Pottawattamie, Scott, Webster, Winnebago, Worth, and Wright. To learn more about the IHH program, see the [fact sheet](#) and [Frequently Asked Questions](#).



“The initial phase of the Integrated Health Home program has been very successful. We are looking forward to phase two, and making these services available to more members across Iowa.”
Jennifer Vermeer
Medicaid Director

Iowa Health and Wellness Plan Focus of Legislative Updates

Throughout the 2014 legislative session, the Iowa Medicaid Enterprise (IME) has given several updates and presentations to the Iowa Legislature. Medicaid Director Jennifer Vermeer has focused largely on the Iowa Health and Wellness Plan and Medicaid enrollment related to the Affordable Care Act.

Overall, the implementation of the Iowa Health and Wellness Plan has met with positive feedback. Legislators have focused questions and discussions on enrollment, outreach, member access to care, and benefits available under the new program. Updates were provided on the final waiver negotiations and agreement with the Centers for Medicare & Medicaid Services (CMS).

You can access materials shared with the various legislative committees on the Iowa Medicaid website. Materials include:

- [Iowa Health and Wellness Plan Overview Presentation](#)
- [Iowa Health and Wellness Plan Waiver Fact Sheet](#)
- [Iowa Health and Wellness Plan Outreach and Education Fact Sheet](#)
- [Dental Wellness Plan Fact Sheet](#)
- [Iowa Medicaid Managed Care Fact Sheet](#)

Integrated Health Homes Bring Community Providers Together

The focus of Integrated Health Homes (IHH) is integrating medical and behavioral care, as well as other social support needs, with the intention of improving health through better coordination, communication, resource access, health education and wellness activities.

The IHH providers focus service efforts where they are most needed to enhance health outcomes for the members they serve. By using a team-based health care delivery model with a nurse care manager, care coordinator, and a peer support specialist (for adults) or a family peer support specialist (for children), the IHH team can work to provide continuous and comprehensive care for the members that includes additional services and supports necessary to offer better care.

An example of this continuous and comprehensive care is the case of an Iowa child and family that have benefited from the Pediatric IHH (P-IHH) team involvement in their care. After some very difficult years with two children who were involved in Behavioral Health Intervention Services (BHIS), the family agreed to participate in LifeWorks, Inc.'s IHH program.

Through the care coordination efforts, LifeWorks, Inc. was able to offer this family support and guidance with techniques and coping skills to handle very difficult behaviors. They helped with getting respite set up for the family. When one of the children needed to spend a few days in the hospital, the family peer support specialist stayed with the family to help make sure they were getting all of their questions answered. The IHH team was able to work with the family to help with a transition plan for their child who is now in a residential facility. Because of the family's involvement in the IHH program at LifeWorks, Inc., the care coordination team continues to work with this family toward a quick and successful return home by setting up the appropriate resources, services, and supports needed for this child which the family had identified. As an IHH and provider of services for children, LifeWorks, Inc. has been able to increase their capacity to coordinate services for the entire family.

"As a provider for this family, I watched them search for help and services but felt confined to my role as an in home skill-building BHIS provider. After I took the position with the Integrated Health Home, I quickly took advantage of my expanded role with this family. In a short amount of time, the Family Peer Support Specialist and I were able to identify supports in our community that could enhance the current services being provided to this family. We were able to be in close contact with the school, hospital, shelter, family and psychiatric medical institution for children (PMIC) provider as this child's needs continued to escalate.

Many of the professionals and other organizations we were coordinating with shared with us their relief in finally having some collaborative support. Included in the coordination was care and safety of the sibling who was able to be cared for at school after many evenings of disruption with her brother. Prior to having a P-IHH in place, many of the support needs would have been a responsibility of the school, where support is typically given only to the child in greater need. Because of our P-IHH team, our support allowed the school social worker to arrange for a restful and safe place for the sibling while we addressed the needs of the child in that time of need."

-Jill Cook, BSW, MPA, Integrated Health Home Director, LifeWorks, Inc.

"The Family Peer Support Specialist and I were able to identify supports in our community that could enhance the current services being provided to this family. We were able to be in close contact with the school, hospital, shelter, family and PMIC provider."
Jill Cook
Integrated Health Home
Director
Lifeworks, Inc.

Home and Community Based Services Quality Oversight Unit

The Iowa Medicaid Bureau of Long Term Care works on the management and policy development for a number of facility and community based programs, including seven 1915(c) waivers (AIDS/HIV, Brain Injury, Children's Mental Health, Elderly, Health and Disability, Intellectual Disability, and Physical Disability). These waivers were approved by the Centers for Medicare and Medicaid Services (CMS) to "waive" certain Medicaid rules, allowing members to receive services in their home and community when they would otherwise be placed in an institutional setting.

The purpose of the Home and Community Based Service (HCBS) Quality Oversight Unit is to ensure that services provided under the Iowa Medicaid 1915(c) waivers are rendered appropriately, effectively, and to the satisfaction of Medicaid members.

The basis for all HCBS Quality Oversight Unit work revolves around a quality framework developed by CMS. Providers enrolled to render services under the 1915(c) waivers are required to submit annual self-assessments to the department and are reviewed onsite by the HCBS Quality Oversight Unit every five years, at a minimum. These reviews are a collaborative process focusing on a variety of areas including service planning, service documentation, admission and discharge, protection of member rights, and internal quality assurance. The HCBS Quality Oversight Unit works to provide the necessary technical assistance whenever issues are discovered to ensure provider success and member satisfaction.

In the past two years, the HCBS Quality Oversight Unit has been working diligently to improve relations with the HCBS provider community. They have engaged in public discussions, conducted numerous trainings, and developed a collaborative relationship with other departments and stakeholders. The dedication of the HCBS Quality Oversight Unit and provider community towards improvement is clearly demonstrated in the onsite review findings reports. An increasing number of providers are receiving deficiency-free reports from their onsite reviews. This is the first time in years that such positive improvements have been noted.

Get to know the HCBS Quality Oversight Specialist in your [area](#)!



"HCBS Quality Oversight Unit works to provide the necessary technical assistance whenever issues are discovered to ensure provider success and member satisfaction."

*Liz Matney
HCBS Quality Oversight*

ICD-10 Transition Update

The International Statistical Classification of Diseases and Related Health Problems, 10th Edition (ICD-10), is the medical classification for the coding of medical claims and encounters. ICD-10 coding is required to replace ICD-9 coding on claims for services delivered on or after October 1, 2014. Professional and Institutional providers will be required to use ICD-10-CM diagnosis coding for services delivered on or after October 1, 2014. Institutional providers will also be required to use ICD-10-PCS procedure coding for inpatient hospital services on or after October, 1 2014.

The Iowa Medicaid Enterprise (IME) has completed remediation and testing of its systems to utilize ICD-10 CM and PCS codes for processing claims after October 1, 2014. To ensure claims will process without delays when ICD-10 becomes effective on October 1, 2014, the IME is encouraging providers to submit sample ICD-10 coded claims using the IME test system, to confirm accurate end-to-end claims processing of ICD-10 coded claims.

The IME will be contacting providers, via Informational Letters, over the next few months with additional information about ICD-10 testing and other ICD-10 related changes. The IME has provided an email address for providers to submit questions specific to ICD-10: ICD-10project@dhs.state.ia.us.

Managed Care 101: What is Managed Health Care?

Managed health care plays a key role in the Iowa Medicaid program. The Iowa Medicaid program currently uses two managed care programs. The primary care case management (PCCM) program is used for the Iowa Wellness Plan members and the Medicaid Patient Access to Services System (MediPASS) program is used for the regular Medicaid members who qualify. The other program is Health Maintenance Organization which is available to both Medicaid and Wellness Plan members in selected counties.

Managed Care History with Iowa Medicaid

Originally piloted in Iowa Medicaid in 1990, medical managed care aimed to address rising costs seen by the Medicaid program because of inappropriate use of the emergency room and a general lack of coordination of care. In a managed care program, members choose, or are assigned a primary care provider (PCP), who is responsible for coordinating the member's care. After implementation of the MediPASS program, Iowa Medicaid found that members had begun to seek care in the correct setting and for preventive services at the provider's offices. The program started as a pilot in seven counties, and expanded statewide in 1993. The current MediPASS program primarily serves the Temporary Assistance for Needy Families (TANF) population, which primarily includes families and children. The MediPASS program is now available in 93 counties, and serves around 200,000 members monthly.

Primary Care Provider Choice and Enrollment

One of the key elements of a managed care program is the ability for members to choose their PCP. Medicaid members who live in a county where managed care is available are initially assigned a MediPASS patient manager or an HMO. The member may make an alternative selection instead of accepting the default selection, and is provided with a list of available PCPs in the county. Member assignments are done systematically, based on:

- History of enrollment with a provider (previously enrolled with the provider)
- Provider closest to home
- Appropriate provider (example: pediatrician for a child)

Providers must also choose to participate in the program, and determine how many patients they will accept, up to a maximum of 1,500. Providers sign a patient manager agreement, and are paid an additional \$2 per member per month for care coordination. There must be a sufficient number of providers available in a county before managed care begins, which is generally 1.5 times the number of potential enrollees.

Health Maintenance Organizations

The Iowa managed care program also includes health maintenance organizations (HMOs). Since the beginning of MediPASS, Iowa Medicaid has worked with a number of HMOs. The current HMO is Meridian Health Plan of Iowa, whose contract began in March 2012.

Managed Care and the Iowa Wellness Plan

The Iowa Wellness Plan uses a managed care program, modeled after the MediPASS program. However, the Iowa Wellness Plan uses a unique provider network, meaning providers must agree to be Iowa Wellness Plan patient managers. Many MediPASS providers also serve the Iowa Wellness Plan population.

The Iowa Wellness Plan managed care program pays providers \$4 per member per month for care coordination. Beginning in April 2014, the Iowa Wellness Plan managed care program will be available in 88 of the 99 counties. As of April 1, 2014, the HMO will expand to 29 counties for the Iowa Wellness Plan members.

To learn more about the Iowa Medicaid managed care program, see the [managed care fact sheet](#), or visit the [member web page](#).

View access to the MediPASS managed care program [here](#), and view access to the Iowa Wellness Plan managed care program [here](#).

Care for Kids: Impact with the Iowa Health and Wellness Plan

Iowa Medicaid offers a program for children to help support preventive health care services. The program, known as Care for Kids, or Early Periodic Screening, Diagnosis and Treatment (EPSDT), aims to help identify and treat health problems in children before they become serious.

The Care for Kids (EPSDT) program is available to Medicaid-eligible children from birth to age 20. Services under the program are covered at no charge to a child's family.

The services can be accessed by any Medicaid provider. Care for Kids (EPSDT) includes services, such as: regular physical check-ups, immunizations, regular vision exams and eyeglasses, hearing exams and hearing aids and regular dental exams.

Iowa Health and Wellness Plan

Cares for Kids (EPSDT) services are also available to Iowa Health and Wellness Plan members age 19 and 20. Members will receive information in the mail about the services, and how to access them if needed. Coverage for EPSDT services for Iowa Health and Wellness Plan members age 19 and 20 is automatic.

Estate Recovery: Explanation of the Program

The Iowa Medicaid program follows the Iowa Estate Recovery law. The estate recovery law requires that after the death of a person who has received medical assistance, the individual's assets will be used to provide repayment to the Iowa Department of Human Services (DHS). Iowa's estate recovery program is authorized under [Iowa Code Section 249A.53\(2\)](#). The estate recovery program is a requirement of federal law.

Who is Impacted

Medical assistance programs that are subject to the estate recovery law include: Medicaid, various waiver programs, Medically Needy Program, Elderly Waiver Program and the Iowa Health and Wellness Plan. The estate recovery program specifically impacts Medicaid members who are:

- Age 55 or older at the time they received medical assistance, or
- Under the age of 55 and a resident of a care facility, who cannot reasonably expect to return home.

Definition of an Estate

For the purposes of the program, DHS defines an estate as any property, bank accounts, excess funds in a burial trust, or other assets in which the individual had any legal title or interest, including but not limited to jointly held property and interest in trusts, including life estates.

Repayment can be waived on assets if there is a surviving spouse, or there is a child of the member who has a disability, is blind, or under the age of 21. Repayment can also be waived the payment would cause a hardship.

Member Notification of the Program

Members are informed of the estate recovery program when they enroll in Medicaid, through materials included in their enrollment packets. Iowa Health and Wellness Plan members recently received a mailing explaining the program. The mailing was sent to all Iowa Health and Wellness Plan members age 54 and older.

Learn more about the Iowa estate recovery program here:
<http://www.ime.state.ia.us/Estate.html>.

Presumptive Eligibility Overview

On January 1, 2014, the Iowa Department of Human Services (DHS) implemented a legislative requirement of the Patient Protection and Affordable Care Act that allows all hospitals enrolled with Iowa Medicaid the option to become a Qualified Entity (QE). Hospitals that enroll as a QE will be able to complete presumptive eligibility (PE) determinations for five of the six eligibility categories.

Only Breast and Cervical Cancer Early Detection Program (BCCEDP) hospitals will be allowed to complete all six categories that would include PE for Breast and Cervical Cancer Treatment (BCCT). The six eligibility categories are:

1. Children under the age of 19.
2. Pregnant women (coverage of services limited to ambulatory prenatal care).
3. Parents and caretaker relatives.
4. Individuals 19 or older and under 65.
5. Former foster care children under age 26.
6. Individuals needing treatment for breast or cervical cancer.

Presumptive eligibility (PE) provides Iowa Medicaid coverage for a limited time while a formal Medicaid eligibility determination is being made by the DHS. The goal of the presumptive eligibility process is to offer immediate health care coverage to people likely to be Medicaid-eligible, before there has been a full Medicaid determination.

A “qualified entity” is defined as an enrolled Iowa Medicaid provider who is certified by the DHS and is authorized to make presumptive eligibility determinations. Certain QEs for PE for children (i.e. school nurses) do not have to be enrolled Iowa Medicaid providers. An applicant who meets the QE requirements must agree to the terms and conditions in an electronically maintained Memorandum of Understanding and complete a web-based training module.

On January 2, 2014, the presumptive provider self-service web portal was launched. This new web portal is called the Medicaid Presumptive Eligibility Portal (MPEP). MPEP is Iowa’s online Presumptive Eligibility Determination portal used by presumptive providers to enter PE applicant information, run eligibility determination, and create Notice of Actions. MPEP sends PE applications to the DHS eligibility system called ELIAS, for determination of ongoing benefits.

Monthly Medicaid Projections

The Medicaid forecasting group met at the end of January to update the SFY14 – SFY15 Medicaid estimates. The midpoint estimates established at this meeting are provided below. These estimates are inclusive of the additional costs associated with the anticipated Affordable Care Act (ACA) woodwork/welcome mat effect.

Medicaid Forecasting Group Midpoint Estimates		
	SFY14	SFY15
State Revenue	\$1,453,766,007	\$1,424,569,144
State Expenditures	\$1,474,766,007	\$1,574,569,144
Year-End Balance	(\$21,000,000)	(\$150,000,000)

Based on the above table, the estimated supplemental need in SFY14 is \$21 million. This is \$7 million less than the previous forecasting group estimate. The reduction is due to both revenue and expenditure adjustments. The state revenue estimate was revised upward by approximately \$1 million as a result of increased CHIPRA performance bonus and Medicaid Fraud Fund revenue. In addition, delayed Balancing Incentive Program and standardized assessment administrative spending reduced the state expenditure estimate by \$4 million. These costs will instead be incurred in SFY15.

MESC: Iowa Hosting 2015 Conference

The Medicaid Enterprise Systems Conference (MESC) will be hosted in Iowa in 2015. This annual conference is for state, federal and private sector partners, and offers the chance to come together and discuss ideas, plans and experience with Medicaid systems and policy. The annual conference has previously drawn more than 1,000 attendees and has been hosted in a variety of other states throughout the country. The 2014 conference will be held in Denver, CO, from August 18-21. Once the 2014 conference is finished, planning for the 2015 conference in Iowa will commence. The Iowa Medicaid Enterprise is excited that this nationally-recognized conference will take place in Iowa in 2015 and looks forward to the planning. To learn more about the MESC, visit this website: <http://www.mesconference.org/>.

“Partners for Better Health and Wellness”

The Winter 2014 edition of “Partners for Better Health and Wellness” is now available and shares with Medicaid members information on transportation services, preventing seasonal illness and the annual Medicaid member survey.

Link to the member newsletter:

<http://www.dhs.state.ia.us/uploads/IME%20Member%20Newsletter%20-Winter%202014%20-%20FINAL.pdf>

Regular Feature: Informational Letters: January 2014

The Iowa Medicaid Enterprise publishes provider bulletins, also known as information letters, to clarify existing policy details or explain new policy. Bulletins are posted on the Iowa Medicaid website. The “Endeavors Update” will highlight informational letters released in the preceding month. Topics of January 2014 informational letters included:

- 1350: Home Health Services Program Correct Revenue Codes for Billing
- 1348: HCPCS code G0463 for Outpatient Hospital Clinic Visits-Clarification
- 1347: Managed Care Patient Listings
- 1346: LUPA Reimbursement Re-pricing Paid Claims
- 1345: Clarification on Preferred Diabetic Lancets, Syringes, Blood Glucose Meters, and Test Strips
- 1344: 340B Drugs and Manufacturer Price Adjustment
- 1343: Maternal Tobacco Cessation Quality Improvement Project
- 1342: HCBS Waiver Transportation Reimbursement Rates
- 1341: Iowa Health and Wellness Plan
- 1340: Iowans Participation in the Federal Fiscal Year 2014 PERM Program
- 1339: Pharmacy Cost of Dispensing

View the complete list of informational letters by year at:

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



**Iowa Department
of Human Services**

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

We're on the web!

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

Comments, Questions or Unsubscribe

Please email:

IMENewsletter@dhs.state.ia.us

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

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

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

Iowa Medicaid Upcoming Events:

- | | |
|-----------|---|
| March 12: | March Council on Human Services Meeting
Learn more here |
| April 2: | Drug Utilization Review Commission
Learn more here |
| April 17: | Pharmacy and Therapeutics Committee Meeting
Learn more here |
| April 18: | Clinical Advisory Committee
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.