



Iowa Medicaid Newsletter

Endeavors Update

A Communications Effort to Strengthen Partnerships *November 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:

- Bud's Story: Independence Through Money Follows the Person
- Iowa Wellness Plan Managed Care Network Established
- Iowa Health and Wellness Plan Monthly Feature: Medically Exempt
- State Innovation Model: VIS Implementation with Medicaid
- Medicaid Program Integrity Saves \$86 Million Over Three Years
- New Medicaid Pharmacy Provider Portal Launches

Iowa Medicaid Director's Column



Welcome to the November issue of the Iowa Medicaid Enterprise Endeavors Update newsletter. This month, we've made great progress on the Iowa Health and Wellness Plan. The Iowa Wellness Plan managed health care network was established in 74 counties (see page 3), and we want to say thank you to the provider community across the state. The new program could not be implemented without your support and willingness to serve our members. I continue to encourage all primary care providers to become Iowa Wellness Plan Patient Managers as well.

In November, we also continued work on the State Innovation Model grant and the transformation of our health care delivery system. We are excited about the development of Medicaid Accountable Care

Organizations and look forward to playing a part in changing the role of health care.

I'm also very proud of the work of the Iowa Medicaid Program Integrity Unit, which has saved over \$86 million over three years (see page 9). This program has made a huge impact and saved the state more than projected.

Most importantly, I want to recognize Anita Smith, Bureau Chief of Adult and Children's Medical Programs. Anita will be retiring in December, after three decades with the Department of Human Services. Anita has done incredible work throughout her career at DHS, and I wish her the absolute best in her retirement. Bob Schlueter has been selected to take Anita's place as Bureau Chief, and I look forward to the experience he brings to the leadership team (see page 8).

Inside this issue:

Bud's Story: Independence Through Money Follows the Person	2
Iowa Wellness Plan Managed Care Network Established	3
Iowa Health and Wellness Plan: Medically Exempt	4
State Innovation Model: VIS Implementation with Medicaid	5
Bureau Chief Retirement and Announcement	8
Medicaid Program Integrity Savings	9

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.

Bud's Story: Independence Through Money Follows the Person



*Bud
Member,
Money Follows the Person*

The Money Follows the Person (MFP) program is a collaborative partnership between the Iowa Medicaid Enterprise (IME) and the University of Iowa's Center for Disabilities and Development (CDD). This program is funded through the Centers for Medicare and Medicaid Services. It provides opportunities for individuals with intellectual disabilities, or other related disabilities, to move out of intermediate care facilities for individuals with intellectual disabilities and into their own homes or apartments in the community of their choice. MFP grant funding provides transition services and enhanced supports needed for the first year after an individual moves into the community. The following story is about Bud, who participated in Iowa's MFP program.

At the age of 17, Bud experienced a cardiac arrest that resulted in an anoxic brain injury. After four months in St Luke's Hospital, Bud moved to Harmony House, an intermediate care facility in Waterloo, Iowa. Despite the drive from Cedar Rapids, his family visited every weekend and remained essential supports in his life.

Over the years, Bud has seen much success as he progressed through his therapy. Although his brain injury affected his ability to walk and his vision, 20 years later, Bud continues to work towards increased independence and trains regularly for his annual ride in RAGBRAI. With the help of some innovative thinkers at Iowa State University, a tandem bike was built that has a recumbent style set-up on the front end for Bud and a standard set-up on the back for his partner.

After living at Harmony House for over 20 years, Bud was referred to the Money Follows the Person program. At first, Bud's family was resistant to him moving into the community. He had lived at Harmony House for so long they had developed a great sense of security. However, Bud was immediately ready for the new challenge. He wanted more independence and to live closer to his family.

After Bud's family talked with a service provider and others who receive similar services in the community, they agreed with Bud that it was time to explore the next chapter in his life. His mother was "tickled to death" that he would be moving back to his hometown and close to his family.

Bud has been living in an apartment he shares with a roommate for almost a year now. Although Bud says he misses some of his friends in Waterloo, he has met many new friends in his new home. He continues to work toward walking independently, going to therapy and working out at the local YMCA.

He also enjoys being able to go out individually with a staff person, instead of in a group. Recently Bud was able to fulfill a dream by visiting the Newton Speedway and participating in the Rusty Wallace Experience. Bud rode seven laps around the track in a race car. At the end of the ride he grinned from ear to ear and said "I want to go again and faster!" The experience made him start thinking about his next adventure.

Bud has enjoyed the many changes and challenges over the past year living in the community. When anyone asks him about his move, he will quickly respond, "I should have done this sooner!"

Iowa Wellness Plan Managed Care Network Established

The Iowa Medicaid Enterprise (IME) continues progress on the implementation of the Iowa Health and Wellness Plan.

Iowa Wellness Plan Managed Care Network

The Iowa Wellness Plan, one option under the Iowa Health and Wellness Plan, will provide coverage to individuals with income up to and including 100 percent of the Federal Poverty Level. The Iowa Wellness Plan will be administered by the IME, and use a primary care case management model.

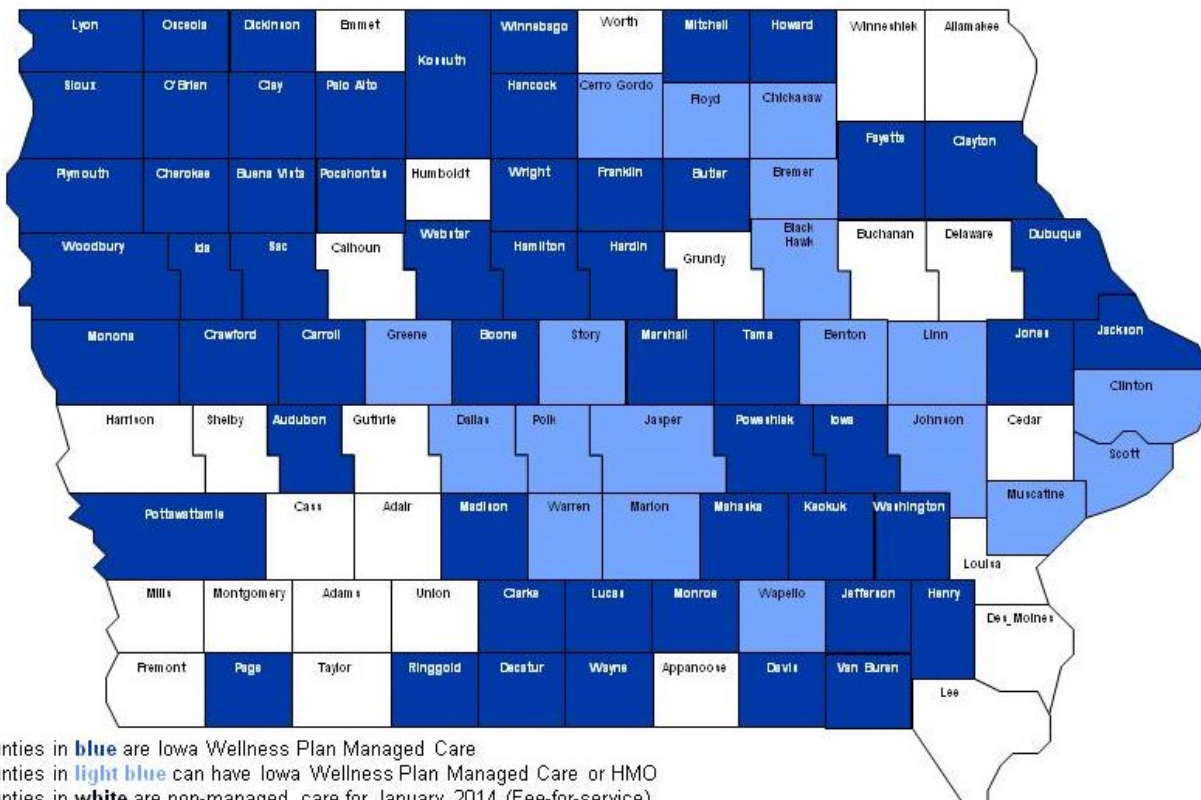
Over the past few months, the IME has worked with Iowa providers to develop the Iowa Wellness Plan managed care network. Interested providers were asked to complete an agreement to participate as Patient Managers for members in the Iowa Wellness Plan. Providers who signed the agreement will be available to members for January 1, 2014.

The Iowa Wellness Plan will provide managed health care through primary care Patient Managers in 74 counties for January 1, 2014. The remaining counties will be added as provider capacity is available. Members living in counties without managed care will still have access to health services through the fee-for-service model until managed care assignment is available. Members in select counties will also have access to the Medicaid Health Maintenance Organization (HMO), Meridian.

“Access for the 150,000 Iowans potentially eligible for the Iowa Health and Wellness Plan was initially a concern. Having managed care access in 74 counties is a remarkable achievement and will be very impactful to members.”
 Jennifer Vermeer,
 Medicaid Director

“The IME would like to thank the provider community for their involvement and efforts in making managed care available. Over 91 percent of IowaCare members assigned to the Iowa Wellness Plan will have access to a designated primary care provider,” said Bob Schlueter, previous Provider Services Account Manager & new Bureau Chief of Adult & Children’s Medical Programs.

See the map below for details. Access the map from the web [here](#).



Iowa Health and Wellness Plan Feature: Medically Exempt Process

In the July issue of the *Endeavors Update*, initial information was presented related to individuals with a medically exempt (or frail) status.

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

Medically Exempt Defined

The Iowa Medicaid Enterprise recently released a clinically-based definition of conditions that may qualify as medically exempt. [Access the expanded definition document here](#) to see examples of conditions.

Medically Exempt Identification Process

Individuals may be determined to be medically exempt through a variety of methods: member survey, provider referral form, and claims review (beginning mid-2014).

A member survey will be sent to any Iowa Health and Wellness Plan-eligible member based on answers submitted during the application process. Members can complete the survey and return it by mail or fax, or complete it over the phone by calling Member Services at 1-800-338-8366, or locally at 515-256-4606.

A provider referral form has also recently been released, to identify Iowa Health and Wellness Plan members who may meet the medically exempt definition. The form cannot be accepted until the individual has been made eligible for the plan.

The form may be submitted by providers with a current National Provider Identifier number, an employee of the Department of Human Services, a designee from a mental health region, or a designee from the Department of Corrections. The form may be submitted by mail, fax, or email to Iowa Medicaid. [Access the referral form here](#).

Who Should be Medically Exempt?

Individuals should be identified as medically exempt if the additional services offered under the Medicaid State Plan are needed. While the benefits for most physical health care services are almost identical between the Medicaid State Plan and the Iowa Health and Wellness Plan, the table below provides details on mental health, substance abuse and Habilitation benefits only covered by the Medicaid State Plan.

Additional Services for Persons Who Are Medically Exempt	
Plan Benefit	Medicaid State Plan
Additional services covered because of savings from the Managed Care Iowa Plan Waiver	<ul style="list-style-type: none"> ● Intensive psychiatric rehab ● Community Support Services ● Peer Support ● Residential Substance Abuse Treatment
Habilitation - 1915 (i) Home and Community Based Services	<ul style="list-style-type: none"> ● An individualized, comprehensive service plan ● Home-based habilitation ● Day habilitation ● Prevocational habilitation ● Supported Employment
Other Mental Health Services	<ul style="list-style-type: none"> ● Behavioral Health Intervention services ● Assertive Community Treatment (ACT)

Access a full Iowa Health and Wellness and Medicaid State Plan benefits comparison [here](#).

SIM Monthly Feature: VIS Medical Home and Wellness Exam Bonuses

In the October issue of the *Endeavors Update*, the Iowa Medicaid Enterprise (IME) introduced the Value Index Score (VIS), the methodology that will be used to set measurable incentives for the Iowa Health and Wellness Plan. This methodology will be used as a part of the Accountable Care Organizations (ACOs) in development through the State Innovation Model grant, and being piloted in the Iowa Wellness Plan.

The Iowa Wellness Plan, one option under the Iowa Health and Wellness Plan, will provide coverage to individuals with income up to and including 100 percent of the Federal Poverty Level. The Iowa Wellness Plan will be administered by Iowa Medicaid.

There are two voluntary bonus programs available to participating Iowa Wellness Plan providers and ACOs. Both bonuses aim to develop medical home practices both within and outside an ACO. The VIS measure set establishes a set of measures that account for variability in data for small practices and encourage provider efficiency in driving health outcomes. The VIS measure set is already in use in Iowa's private market today.

VIS Medical Home Bonus

In the VIS Medical Home bonus program, the IME analyzes three years of Medicaid claims data for each participating Iowa Wellness Plan provider and establishes a baseline percentage that represents the provider's ranking amongst the network of other participating providers.

To participate in the VIS Medical Home bonus, the provider must have a minimum of 19 assigned Iowa Wellness Plan members. In addition, the provider must have a sufficient number of Medicaid members during the most recent 12 months prior to the performance period.

At the end of each calendar quarter, participating Iowa Wellness Plan providers will be measured against their Target Improvement Goal to establish if a VIS Medical Home bonus has been earned. For those participating Iowa Wellness Plan providers contracted with an Iowa Wellness ACO, bonuses will be awarded at the primary care provider level and added together to determine a payout to the ACO. Individual provider outcomes that include details on each measure within the VIS will be available to both the providers and ACOs.

Wellness Exam Bonus

Participating Iowa Wellness Plan providers will also be eligible to earn an additional bonus for member completion of a Wellness Exam. If the percent complete reaches a quality threshold, the provider can earn a bonus of \$10 per member annually. The bonus aligns with the member's Healthy Behavior program, which incents members to complete a Wellness Exam as one of the activities to waive cost-sharing.

Providers will be measured to quality thresholds for members assigned to the provider for six months or more. Providers will be allowed to conduct this exam on the same day as a sick visit by using the modifier "25" when submitting claims for the sick visit. The Wellness Exam data will be evaluated through retrospective claims. Wellness Exam bonuses will be paid in April of each year, beginning in 2015.

To learn more about the VIS Medical Home Bonus and Wellness Exam Bonus, [access the draft strategy paper here](#).



“The Iowa Health and Wellness Plan trainings were a great success. At each meeting, attendees were engaged and interested in the upcoming changes. The IME appreciates the continued partnership with the provider community and their willingness to sign up as Iowa Wellness Plan Patient Managers.”
 Bryan Dempsey
 Iowa Medicaid Provider Services

Iowa Health and Wellness Provider Training Wrap-Up

From October 8 to November 22, 2013, the Iowa Medicaid Enterprise (IME) hosted a series of 16 training seminars for Medicaid providers. The seminars, held in eight counties across Iowa, were designed to bring IME providers up-to-speed on the Iowa Health and Wellness Plan. Over the course of the eight weeks, the IME’s Provider Outreach Unit led by Bryan Dempsey and Tanya McAninch, conducted two-day training seminars focused on critical topics that included:

- Background and Legislative Intent of the New Program
- Iowa Wellness Plan Waiver
- Iowa Marketplace Choice Waiver
- Provider Responsibilities and Contracting
- Member Program Eligibility
- IowaCare Transition

Over 1,573 providers participated in the information and educational training seminars. Providers attending the training displayed a high level of awareness and understanding of the new health care plan. This suggests that initial outreach efforts to providers, coupled with information posted on the IME website has been helpful in communicating details of the Iowa Health and Wellness Plan. Providers also utilized the seminars as an opportunity for face-to-face engagement with the IME representatives. Direct provider feedback gathered during the Q&A sessions indicated a high level of satisfaction with the presentations.

“The information presented was thorough and well organized. The material helped cement my understanding of the changes underway at IME. Thanks for a great training!”

“The presenter did an excellent job in explaining how the program would work, but was also very up-front in identifying the areas that were still being worked on. Even though I have been hearing and reading about the programs for a while now, I still feel that I did learn even more from attending this meeting.”

-- Attendees of the Cedar Rapids Seminar --

IowaCare Update: Tentative Assignment Process Begun

The Iowa Medicaid Enterprise (IME) continues work on the expiration of the IowaCare program. All current IowaCare members received a notice related to their eligibility under the Iowa Health and Wellness Plan.

At the end of November, IowaCare members identified as being eligible for the Iowa Health and Wellness Plan began receiving enrollment packets. Packets included information related to their tentative assignment to a primary care provider (Wellness Plan) or health plan (Marketplace Choice Plan). Members have until December 19, 2013, to make a change to the assignment of their primary care provider or health plan for January 1, 2014. Requests to change to the tentative assignment received after December 19, 2013, will not be effective until February 2014, or after.

Any member whose income is verified to be above the eligibility guidelines for the Iowa Health and Wellness Plan was notified to complete an application for coverage through the Health Insurance Marketplace.

Additionally, the formal IowaCare Transition Plan has been updated to reflect the income verification and administrative transfer process and submitted to the Centers for Medicare & Medicaid Services (CMS).

Pediatric Integrated Health Homes Involve Family

Pediatric Integrated Health Homes (P-IHH) focus on whole health and wellness for children and their families. The program brings together physical and mental health care providers, care coordinators, P-IHH nurses, family peer support specialists, and other social service professionals, who work as a team to coordinate personalized whole health care with children and their families.

The critical role of family support

As members of the P-IHH team, family peer support specialists use their skills, training and experience to help others live healthier lives. The program actively engages families to help manage the challenges of a child's mental health needs. Families receive assistance from family support specialists and care coordinators to:

- Engage with a care coordination team that will provide services to support the needs of the child and family.
- Participate in family-to-family education about developing and maintaining healthy habits, plans, and wellness goals for improved personal health outcomes.
- Access timely care at the appropriate level and treatment setting.
- Leverage existing family and community resources and other available supports to enhance whole health and wellness.

Involvement with parents using family peer supports has been critical to the success of the P-IHH. Alissa, a Family Peer Support Specialist, (herself a biological and adoptive mother of five children ages 6 to 21 with behavioral, medical, and developmental needs), has seen firsthand the difference her role can have since becoming a part of the P-IHH team at Youth Emergency Services and Shelter.

Through some of the visits she has had to engage families. Alissa states, “some families have been so involved in the “system” with workers who have no idea what life is like for them as parents. They end up being very hesitant to allow people into their lives who say they can help. As a parent who has gone through very similar situations myself, I can relate to them on a level so few have been able to in the past, from their day-to-day challenges to frustrations in working with others who have no idea what it is like to live life with a child or multiple children who have significant health and mental health needs. On the flip side, some adoptive parents who have had little to no involvement from the system are elated to finally have access to resources and somebody who understands what they are going through with adopted children who have mental health needs. One adoptive parent in particular told me how excited they were to have someone who can listen to what they are going through and can help connect them to the right resources that can best benefit their child and their family. Through my involvement with our IHH, what starts out as apprehension at the beginning of a conversation turns into willingness of the parents to engage in this program.”

– Alissa, BFA, Family Peer Support Specialist, Youth Emergency Services and Shelter

For additional information regarding adult or pediatric IHHs, visit www.Magellanoflowa.com.

“Through involvement with our Integrated Health Home, what starts out as apprehension at the beginning of a conversation, turns into willingness of the parents to engage in this program.”
Alissa,
Family Support Specialist
Youth Emergency Services and Shelter



Anita Smith, Bureau Chief, To Retire in December

Anita Smith, Bureau Chief of Adult and Children's Medical Programs, will retire from the Department of Human Services (DHS) on December 20, 2013. Anita has been with DHS for three decades, spending the majority of her time working in medical programs.

Anita began her career with DHS as an eligibility worker in Polk County, and then moved into eligibility policy. She has spent much of her time working on the development of eligibility policy for families, children and pregnant women. Notably, Anita was responsible for the implementation of Iowa's Health Insurance Premium Payment (HIPP) program in 1991, and has played a key role in the implementation of Iowa's S-CHIP program (*hawk-i*) in 1998. Anita was named Bureau Chief in the early 2000's and has spent the last 10 years overseeing HIPP, *hawk-i*, third party liability, Medicaid Estate Recovery and other policies and programs.

"On behalf of everyone at DHS, I want to thank Anita for her years of commitment, dedication, expertise, and compassion for those we serve. Anita has played such a crucial role in many medical programs throughout her career. Anita has made a remarkable impact at DHS and will be greatly missed. I wish her well in her retirement and all her future endeavors."

*Julie Lovelady
Deputy Medicaid Director*

"Every day has been a challenge and every day has been different. It's always interesting," says Anita. Some of Anita's fond memories include working with DHS field staff on understand eligibility policy. She's most proud of the implementation of the *hawk-i* program and HIPP. Because of her involvement with *hawk-i*, Anita was invited by U.S. Senator Grassley to testify before the U.S. Senate Committee on Finance on the reauthorization of the children's health insurance program (CHIP) in 2007.

Over her career with DHS, Anita had many opportunities to present and work with different individuals at a national level on children's health care coverage. "I feel like I've learned a lot, that I've been able to contribute, and be creative," said Anita.

As for retirement, Anita plans to "take whatever life brings." All at DHS wish Anita nothing but the very best in her retirement and thank her for all of her tremendous work!

New Bureau Chief Announced: Bob Schlueter



*Bob Schlueter
New Bureau Chief, Adult and
Children's Medical Programs*

Bob Schlueter has been named the new Bureau Chief of Adult and Children's Medical Programs, replacing Anita Smith after her retirement. Schlueter has spent the last sixteen years in various positions with Iowa Medicaid. Schlueter has served as the Provider Services Unit Account Manager at the Iowa Medicaid Enterprise (IME) since 2008.

Throughout his time at the IME, Schlueter has held a variety of roles in the Provider Services Unit. He served as the provider enrollment supervisor and operations manager prior to his role as the Account Manager. While serving as Account Manager, Schlueter has had significant involvement in the administration of the Medicaid program, collaborating across various units on strategy and operational impacts. Until the time of his transition to Bureau Chief, Schlueter oversaw all aspects of the Provider Services Unit, including the call center, enrollment, outreach, network management and more.

"This new opportunity presents a logical path for me to continue to enhance my role within Medicaid. As I have navigated my way around the program through various contracts, I have found myself increasingly connected with optimizing the practical expression of policy within Medicaid. I am energized by what we accomplish at IME and understand the importance of this role in advancing the mission of the Medicaid program," said Schlueter.

Medicaid Program Integrity Saves \$86 Million Over Three Years

In late October, it was announced that the Iowa Medicaid Program Integrity initiative saved \$41 million in fiscal year 2013. The total three-year savings of the program integrity effort amounts to more than \$86 million.

The savings were achieved by the Program Integrity Unit of the Iowa Medicaid Enterprise, contracted and managed by Optum of Eden Prairie, MN. The unit focuses on both cost avoidance, which means money is not spent when claims issues or fraud are caught in advance, and recoveries, which are funds billed to Medicaid inappropriately, which are later repaid.

The Medicaid program places a strong emphasis on avoidance. It's less costly to catch errors or fraud up front, than to "chase" claims to recover the inappropriately paid funds. The Program Integrity Unit has discovered inappropriate behavior by both Medicaid providers and Medicaid members.

The majority of Medicaid providers bill appropriately and understand how the program works. But the few who are fraudulent can cost Iowa taxpayers millions.

Some examples of potential fraud or inappropriate claims and payments include:

Questionable In-Home Respite Care Claims: Iowa Medicaid pays for some in-home non-medical services to families with disabled children who can't be left alone, to give parents an opportunity to shop or run errands. Program Integrity analysts found that some of these companies were billing for services not provided, submitting bills that show they were at two different households at the same time, or inflating the time they were at a household. In addition, parents sometimes had siblings or other relatives establish a "storefront day care center" and would bill Medicaid for in-home respite care through the company. The program integrity work has resulted in a change in the law that now prevents billing through a day care center.

Questionable Chore Claims: People who are eligible for Medicaid-paid nursing home care can sometimes remain in their homes with the help of various services, including chores such as lawn mowing and snow removal. The Program Integrity Unit found that some chore providers billed for snow removal on days it did not snow, or billed excessively for mild snowfall, amongst other issues.

Questionable Durable Medical Equipment Claims: Generally, durable medical equipment is either purchased outright or rented by Medicaid, whichever is more cost-effective. The Program Integrity Unit found many instances of companies submitting rental claims long past when purchasing the item would have been less expensive. In other cases, companies would submit rental claims even after Medicaid had already purchased the item from them, meaning they were receiving double payments.

Questionable "Swing Bed" Claims: At times, critical access hospitals keep injured or very sick patients in more expensive "swing bed" units, which can cost \$4,000 per day, rather than moving them to lesser expensive care settings in the same hospital or to different facilities. The Program Integrity Unit focused on cases where patients were kept in "swing beds" for more than a year. This generated up to \$1.5 million in Medicaid bills and many cases of inappropriate billing by hospitals. The program's efforts resulted in a legislative change that now requires some prior authorization before patients are placed in swing beds.



"We've put those who deliberately seek to defraud the system on notice that we're using some very sophisticated techniques to thwart their efforts. For those who make mistakes or are misinformed, there's an educational component to the program that our Medicaid providers have found helpful."
 Jennifer Vermeer
 Medicaid Director

New IME Pharmacy Provider Portal Launches

The Iowa Medicaid Enterprise (IME) launched its new Pharmacy Provider Portal in November. It is now available for use by some IME providers (prescribers and pharmacies) to look up member eligibility, prescription claims history, Preferred Drug List (PDL) and Prior Authorization (PA) criteria, as well as submit and confirm PA requests online. The new portal is a web-based collection of tools for prescribers and pharmacies and providers are required to register in order to take advantage of the features of the new portal.

The system provides access to Protected Health Information (PHI) as defined by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Providers will, therefore, be responsible for ensuring appropriate usage by their staff and be in full compliance with HIPAA and the department's statutory confidentiality obligations found at section 217.30 of the Iowa Code.

Features Available To All Registered Users

- Patient Inquiry: Look up demographic information for any Medicaid enrolled individual, including a profile of their current and historic pharmacy claims.
- Pharmacy Inquiry: Look up pharmacy information.
- PDL Inquiry: Look up drug information, including preferred and non-preferred status, as well as PA criteria.
- Diagnosis Inquiry: Look up diagnosis code definitions.

Prescriber-Specific Features

- Dashboard: Provides a list of the electronic PAs that have been submitted, as well as the status of the PA request.
- Create and Submit a Web PA: Complete and submit a PA request through the web PA form. Inquiry tools are integrated into the form so prescribers can easily search for and select the desired information to supply with the PA request.
- E-Fax a Prescription: Allows prescribers to build and submit a patient prescription that is automatically faxed to the desired pharmacy.

Pharmacy-Specific Features

- E-Fax Prescription Validation: Allows pharmacies to validate an E-Fax prescription that is received electronically from a prescriber.

For more information on how to register for access to the portal, please read [Informational Letter 1309](#). The new Pharmacy Provider Portal can be found at www.iowamedicaidrxportal.com/.

The screenshot shows the login page for the Iowa Pharmacy Provider Portal. At the top, there is a navigation bar with the Iowa Department of Human Services logo and the text 'Iowa Provider Portal'. Below this, there is a large banner image featuring a collage of medical-related images, including a stethoscope and hands holding a pen. In the foreground, there is a white login form with the following elements:

- A 'Login' label on the left side of the form.
- Two input fields: 'User ID' and 'Password'.
- A blue 'Login' button.
- Links for 'Register' and 'Forgot Password'.

At the bottom of the page, there is a copyright notice: '©2010 - 2013 QHS Inc. All rights reserved. If you have questions, comments or concerns on the information provided, please contact Us.'

Regular Feature: Informational Letters: October 2013

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 October 2013 informational letters included:

- 1308: Pricing Modifiers for Medical Equipment
- 1307: Update to Respiratory Syncytial Virus (RSV) 2013-2014 Season
- 1306: Medicaid Members Desiring an Available Private Room
- 1305: Update to Increased Medicaid Payment for Primary Care
- 1304: Qualified Entities Providing Presumptive Eligibility Determinations
- 1303: Electronic Dental X-Rays (Addition of X-Ray Date)
- 1302: Presumptive Eligibility Changes under the Affordable Care Act (ACA)
- 1301: Asthma Quality Improvement Program
- 1299: Rate Maximum for Private Duty Nursing and Personal Care Services
- 1298: Reminder on Electronic Billing of Long Term Care

View the complete list of informational letters by year at:

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

HCBS Waiver Transportation Reimbursement Rates

As of October 1, 2013, Home and Community Based Services (HCBS) transportation payment became the same as the payment negotiated by the Medicaid Non-Emergency Medical Transportation (NEMT) broker.

The Iowa Administrative Code (IAC) now require HCBS waiver transportation reimbursement rates to be paid at the same per trip or per mile rate that is paid by the NEMT broker to the HCBS waiver provider for NEMT contracted services. For those providers that do not have a contracted rate, the waiver rate paid would be the weighted average NEMT broker rate paid per trip or per mile for the member's DHS region. This change provides consistency for the provider, the member and the state.

As waiver transportation services are added to a member's service plan or existing transportation services are reauthorized, Case Managers, Targeted Case Managers, and DHS Service Workers will change the current HCBS transportation rate listed in the Individualized Services Information System (ISIS) for the member to the HCBS provider's NEMT contracted per trip or per mile rate. By September 30, 2014, all HCBS waiver transportation services will be authorized and reimbursed at the transportation provider's contracted NEMT rate or the average rate paid per trip or per mile in the member's DHS region.

When the transportation service provider authorized in the member's plan does not contract with the NEMT broker, the HCBS transportation service provider will be paid at the average rate paid per trip or per mile in that member's DHS region.

To learn more about the changes, please reference [Informational Letter No. 1311](#).

Monthly Medicaid Projections

The Medicaid forecasting group met at the end of October 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	\$1,446,471,022	\$1,420,825,544
State Expenditures	\$1,480,471,022	\$1,582,825,544
Year-End Balance	(\$34,000,000)	(\$162,000,000)

Medicaid enrollment remains an area of uncertainty in SFY14 and SFY15. The ACA changes that take effect January 2014 will increase access to public coverage, and this is expected to increase Medicaid enrollment as the uninsured and those with private coverage transition to the program. Both the magnitude of the increase and the enrollment distribution across programs (regular Medicaid, CHIP and the Iowa Health and Wellness Plan) remain uncertain. Variations between projected and actual enrollment activity could have a significant impact on state spending. In addition, even if the aggregate enrollment increase is in-line with projections, there could still be spending variability if the distribution across programs is different than anticipated. This is due to the different match rate requirements for each program.

Program Match Rates - January 2014		
Program	Federal	State
Medicaid	57.93%	42.07%
CHIP	70.55%	29.45%
Iowa Health and Wellness Plan	100.00%	0.00%

There is not yet sufficient data to determine the impact of these enrollment changes, but it is something the department will monitor closely throughout the fiscal year.

Highlights of the November MAAC Meeting

The Medical Assistance Advisory Council (MAAC) held its fall meeting on November 21. The purpose of the MAAC is to advise the Medicaid Director about health and medical care services under the medical assistance program. The MAAC is mandated by federal law, and included in Iowa Code.

The November meeting began with the introduction of the new executive committee members. The meeting included brief presentations on a variety of important Medicaid initiatives. Updates and presentations were given on the State Fiscal Year 2013-15 Budget, ICD-10 readiness, annual resubmission requirements, Integrated Health Homes, the Iowa Health and Wellness Plan, the IowaCare transition, the State Innovation Model Grant and the Accountable Dental Care Plan.

November's meeting concluded with a six month preview of upcoming Medicaid initiatives. To learn more about the MAAC, please visit: <http://www.ime.state.ia.us/MAAC/index.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:

- | | |
|--------------|--|
| December 4 | Drug Utilization Review (DUR) Commission Meeting
Learn more here |
| December 11: | Council on Human Services Meeting
Learn more here |
| December 18: | hawk-i Board Meeting
Learn more here |
| January 17: | Clinical Advisory Committee Meeting
Learn more here |

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

The Department shall not be liable for any damages that may result from errors or omissions in information distributed in this update.