



# Iowa Medicaid Newsletter

## Endeavors Update

*A Communications Effort to Strengthen Partnerships*      *October 2013*

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

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

### Iowa Medicaid Director's Column

#### Special points of interest:

- Stella's Story: A Lesson in Never Giving Up
- IowaCare Transition Update
- Iowa Health and Wellness Plan Update
- Iowa Health and Wellness Plan Monthly Feature: Dental
- State Innovation Model (SIM): Value Index Score Measures
- Integrated Health Homes: Transform Delivery



Welcome to the October issue of the Iowa Medicaid Enterprise Endeavors Update newsletter. October kicked off the beginning of the open enrollment period for the Health Insurance Marketplace, and we began accepting applications for the Iowa Health and Wellness Plan. We continue to work on operational and plan details each day, and are quickly getting ready to begin plan coverage on January 1, 2014. Several new documents have been released recently, and I encourage you to visit our website to learn as much as you can about the Iowa Health and Wellness Plan and the processes Iowa Medicaid has proposed. We truly appreciate all the feedback our stakeholders and providers have offered through the process and look forward to working with each and every one of you as the new program is launched.

This month, Iowa Medicaid has also continued work on the State Innovation Model (SIM) grant and the development of Accountable Care Organizations (ACOs). In this issue, you'll be able to learn more about the Value Index Score (VIS) we plan to use related to quality care. In the coming months, we'll continue to build our initial ACOs and make progress in transforming the health care delivery system in our state.

This is an exciting time at the Iowa Medicaid Enterprise with the launch of the Iowa Health and Wellness Plan, the State Innovation Model grant, development of ACOs, roll-out of Integrated Health Homes and more. As always, your continued support of our efforts is vital and without it, we would not be able to make such transformative progress.

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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 has 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](mailto:IMECommunications@dhs.state.ia.us).

## Stella's Story: A Lesson in Never Giving Up



*Stella Turnbull  
Age 6*

*"These services give us a sense of normalcy while trying to help our child,"  
Sarah Turnbull, mother of  
Stella Turnbull*

On September 14, 2013, Stella Turnbull's family watched from the sidelines as she proudly served as the University of Iowa's Kid Captain for the much anticipated Iowa vs. Iowa State football game. If you would have told Stella's parents six and a half years ago that their daughter would have this opportunity to become a symbol of inspiration and determination, they might not have believed it.

Stella was a healthy baby when she was born to Travis and Sarah Turnbull. However, when Stella was just one month old, she was diagnosed with spinal muscular atrophy (SMA) type 1. The Turnbull family was told by the doctors that Stella's case was the worst anyone had seen, and she likely only had weeks or months to live.

But that wasn't good enough for Stella, or her family. Right then, Stella's journey and battle began. As Stella started receiving care from ten different departments at the University of Iowa Children's Hospital, her parents began navigating the waters of how to make sure she received the care she desperately needed to survive.

"It's really overwhelming trying to figure out how to help your child," said Sarah. The family had, and still has insurance, but many specialized services Stella needed weren't covered by their plan. The family sat down with a social worker and got Stella a spot on the Health and Disability Waiver waiting list.

A slot finally opened and Stella can now access the complex services she needs each day. The waiver spot also helped save her middle class family from paying thousands of dollars out-of-pocket each year.

Stella uses nursing and respite care services every day. The respite care helps meet Stella's needs and helps provide nurses who can properly care for Stella. It also provides the family with much needed relief when Stella's two brothers (one older and one younger) have school activities. Respite care is able to fill in the gaps when the family isn't able to be there or give her the specialized care she needs.

The family also used the Consumer Choice Option (CCO) to help make their 1920's home accessible for Stella. Through the CCO program, the family was able to have wheelchair-accessible ramps and landings installed within the house.

Stella has also become an inspiration to families with children diagnosed with SMA. Stella has encouraged families in their darkest hours, showing them that there is hope. Sarah, Stella's mother, has also become a leader and family advocate within the SMA community. Sarah has reached out to other families and helped them get connected with a social worker to find the resources their children need. She speaks to parents about the great success her family has had with the CCO program and gives parents a chance to ask her questions about her first-hand experience.

Today, Stella, six and a half, is doing well and loving school. She has a lot of friends at school, is a huge fan of Taylor Swift and loves to cheer, recently attending a cheerleading clinic. "We strive to give her every opportunity to live as normal of a life as possible," said Sarah.

Learn more about Stella's story and see Stella's Kid Captain video at: <http://www.uichildrens.org/2013-stella/>.

## IowaCare Transition Update: Member Mailings Begin

As announced last month, the Department of Human Services (DHS) has re-evaluated the decision that all IowaCare members will have to go through the full application process for the Iowa Health and Wellness Plan. Instead, DHS has centrally verified the income of all IowaCare members and will 'administratively transfer' qualifying members into the Iowa Health and Wellness Plan. For those members, application will not be necessary. Members whose income exceeds the Iowa Health and Wellness Plan limits have been instructed to proceed to the application process.

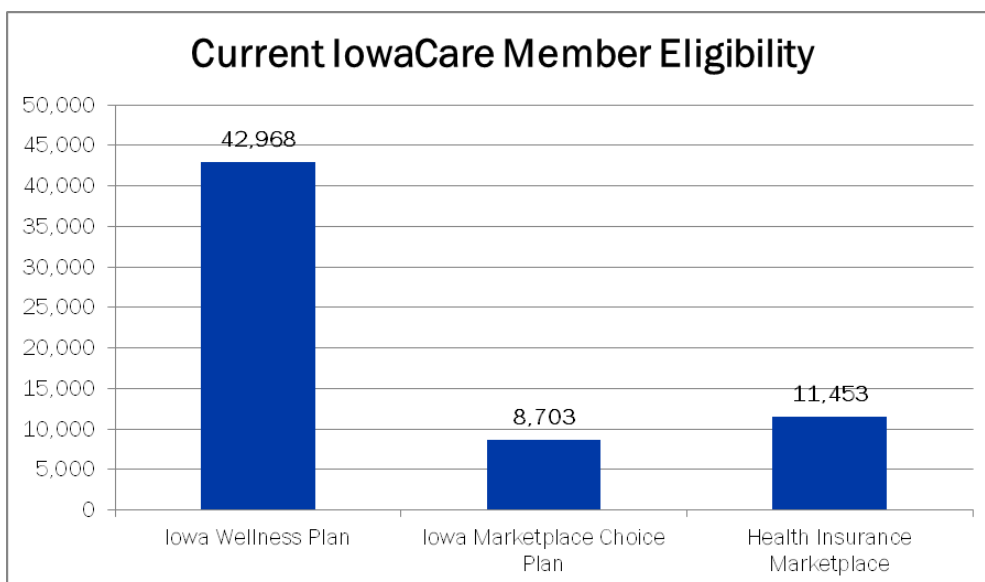
Mailings to IowaCare members began on October 23, 2013. All mailings included a formal Notice of Decision, announcing the end of the IowaCare program. The Notice of Decision also included information regarding the member's eligibility for the Iowa Health and Wellness Plan.

Members have been identified as belonging to one of three groups, based on the income verification performed by DHS. Additional information was included with each Notice of Decision on the group in which the member belonged.

- **Iowa Wellness Plan:** Members were verified to have income up to and including 100 percent of the Federal Poverty Level and are eligible for the Iowa Wellness Plan.
- **Iowa Marketplace Choice Plan:** Members were verified to have income 101 percent to 133 percent of the Federal Poverty Level and are eligible for the Iowa Marketplace Choice Plan.
- **Health Insurance Marketplace:** Members were verified to have income above 133 percent of the Federal Poverty Level and determined ineligible for the Iowa Health and Wellness Plan, or DHS was unable to verify income. These members may be eligible for advance premium tax credits to purchase private coverage from the Health Insurance Marketplace. Members have been provided instructions on how to apply for coverage.

The mailing for the Health Insurance Marketplace group began on October 23. The next mailing for the Iowa Marketplace Choice Plan group began on October 29. The final round of mailings for the Iowa Wellness Plan group began on November 1. All mailings are scheduled to be completed by November 8, 2013.

### IowaCare Members: By Eligibility Group



## Iowa Health and Wellness Plan Update

The Iowa Medicaid Enterprise continues to move forward with the implementation of the Iowa Health and Wellness Plan. Over the past month, a variety of new informational documents have been released related to the new program.

### Medically Frail/Exempt Definition and Provider Referral Form:

A working draft of the Medically Frail/Exempt definition has been posted. The document outlines categories of medical conditions that would qualify a member as being medically frail/exempt. [Access the definition document here.](#) In addition, a draft of the provider referral form for Iowa Health and Wellness Plan members who may be medically frail/exempt has been released. The form will be available to providers to complete if a patient is eligible for the Iowa Health and Wellness Plan and the provider believes the member meets the medically exempt criteria. [Access the form here.](#)

### Two Benefit Comparison Documents:

A document is now available that compares benefits of the IowaCare program and the comprehensive benefits and provider network of the Iowa Health and Wellness Plan. [Access the first comparison document here.](#) Additionally, a new document is available that compares the benefits of the Iowa Health and Wellness Plan to the traditional State Medicaid Plan. [Access the other comparison document here,](#) which was last revised on October 25, 2013.

### Iowa Wellness Plan Patient Manager Agreement

The Iowa Wellness Plan (for individuals with income 0-100 percent of the Federal Poverty Level) will become effective on January 1, 2014, for enrolled members. The agreement outlines the provider requirements for participation as a Patient Manager in the Iowa Wellness Plan. Providers wishing to become Patient Managers for the Iowa Wellness Plan should complete, sign and return the agreement by **November 8, 2013**, to ensure assigned patients for January 1, 2014. Providers who do not return agreements before November 8 may not receive Iowa Wellness Plan assigned members until February 2014, or after, depending on the date of the returned agreement. [Access the agreement here.](#)

### Medical Home Bonus Program:

A draft of the Iowa Wellness Plan Medical Home Bonus Program was recently released. The document describes the Value Index Score (VIS) medical home bonus and wellness exam bonus available to Iowa Wellness Plan providers and Iowa Wellness Plan contracted Accountable Care Organizations (ACOs). [Access the draft program outline here.](#)

### Accountable Care Organization (ACO) Contract:

A draft of the contract for Iowa Wellness Plan ACOs has recently been released. The contract must be signed by any Iowa Wellness Plan participating ACO. [Access the draft contract here.](#)

For additional information on the Iowa Health and Wellness Plan, visit the [dedicated web page.](#)

## Iowa Health and Wellness Plan Monthly Feature: Dental Plan

The Iowa Health and Wellness Plan includes dental coverage for all adults covered by the plan. As the Department of Human Services (DHS) began drafting the dental benefits for plan members, new ideas and concepts emerged. Recently, DHS released a draft paper outlining the proposed dental plan concept for Iowa Health and Wellness Plan members.

There are several issues in the current Medicaid dental program which have shown that, unless addressed, could not provide adequate dental coverage access to the incoming Iowa Health and Wellness Plan members. Studies have shown that there is a high need for dental care among the potential Iowa Health and Wellness Plan population, but not enough access to dental care, and new strategies must be implemented to meet the demand.

The proposed dental plan creates an Accountable Dental Care Plan. The Accountable Dental Care Plan aims to:

- Provide adequate reimbursement rates for dental services
- Contract with commercial dental plan for covered services
- Take a population health-based approach
- Offer member incentives, by providing basic services, with the ability to earn higher cost restorative services

In the proposed plan, members would have access to specific basic dental services offered upon enrollment. The basic services include preventive services, cleanings, screenings, emergency services and more. Members would then be able to earn additional benefits by completing specific activities. Earned benefits could include restorative services, crowns, bridges, dentures and more. Members would be able to earn those additional benefits through a variety of ways, some of which may include:

- Follow-up visit completed within six months of an initial visit
- Receiving oral health education and instruction
- Completion of a dental health risk assessment
- Adhering to follow-up treatment plans

In addition to the earned benefits, the new plan would align with the Accountable Care Organization model included for health services. The Accountable Dental Care Plan would include pay for performance quality measures and focus on community outreach and member dental health education. The plan would also focus on network adequacy and access and include a coordination component with physical health care.

The plan offers a focus on population health management through the dental health risk assessment. After completing the assessment, members would be placed into one of three treatment categories based on their needs: high, moderate, or low risk.

Currently, DHS is working with dental and health care providers to explore all aspects of the proposed plan. A draft of the plan is available for review and includes additional details related to the new approach proposed for Iowa Health and Wellness Plan members.

Read the draft paper at: <http://www.dhs.state.ia.us/uploads/IHAWP%20dental%20plan%20DRAFT%2010%201%2013.pdf> .

## State Innovation Model: Value Index Score Measures

The State Innovation Model (SIM) grant seeks a multi-payer Accountable Care Organization (ACO) model in Iowa to drive delivery system reform. To help drive reform and set realistic incentives, Iowa Medicaid has aligned certain measures with the measures in use by Wellmark Blue Cross and Blue Shield's ACOs.

Iowa Medicaid plans to implement the Value Index Score (VIS) measures with the Iowa Wellness Plan primary care providers, aligning with Wellmark's structure. All Wellness Plan primary care providers can participate in the VIS incentive program. Some will participate under an ACO arrangement with Iowa Medicaid and some may choose to participate independent of an ACO arrangement.

The Value Index Score was developed by Treo Solutions, the data and analytics vendor supporting Iowa Medicaid and Wellmark. The VIS is a population-based composite score which provides a high-level view of value. The VIS includes six domains. The VIS looks at patient conditions, the process of care, and outcomes of that care to drive system level reform that supports a patient-centered medical home model. Each of the six domains can generate a unique score, and the domain scores can be combined to create an overall score used to rank provider performance. The score can also be used to compare a provider to other providers in the same system, network or area. The six VIS domains used to score providers include:

**Primary and Secondary Prevention:** This domain measures the percent of the provider's pediatric well-visits for children 30 days to 15 months and 3 years to 6 years; percent of the provider's mammogram screening to applicable patient population; and percent of the provider's colorectal cancer screening to eligible patient population.

**Tertiary Prevention:** This domain assesses the percent difference between the expected number of hospital admissions that are potentially preventable and the actual rate of the provider's population as well as the percent difference between the expected number of hospital emergency room visits that are potentially preventable and the rate of the provider's population.

**Population Health Status:** The third domain looks at two different metrics related to disease progression. Those metrics include: change in the number of chronic conditions and change in the severity within the chronic conditions.

**Continuity of Care:** This domain looks at three specific measures. The measures include: percent difference between the expected continuity of care score for providers serving similar populations; percent of the provider's panel visiting a primary care provider; and percent of the provider's panel that visits a physician during the evaluation year.

**Chronic and Follow-Up Care:** Treo's fifth domain evaluates the percentage difference between the number of expected hospital readmissions that are potentially preventable and the provider's actual number of potentially preventable readmissions; percent of the provider's panel that visited a physician office within 30 days post-discharge; and percent of the provider's panel with chronic disease that have three or more physicians visits.

**Efficiency:** The last of the VIS domains specifically focuses on the percent difference between a physician's risk-adjusted performance on potentially preventable services and the expected rate for a comparable population as well as the percent difference between a physician's risk-adjusted rate of prescribing generic drugs and the expected rate for a comparable population.

In next month's issue, look for details on how Iowa Medicaid will implement incentives for improved outcomes using the VIS measure set for Iowa Wellness Plan providers and ACOs.



## Integrated Health Homes Transform Delivery

Magellan has been working closely with providers and community stakeholders to implement Integrated Health Homes (IHH) across Iowa. Support and technical assistance is given to the IHH providers as they make these practice transformation changes within their organizations that provide a more seamless delivery of care for individuals receiving services. For additional information, visit [www.MagellanofIowa.com](http://www.MagellanofIowa.com).

“The practice transformation surveys, self-assessments and preparatory meetings the Center for Child Health Improvement and Innovation (CCHII), University of Iowa helped Orchard Place identify core organizational strengths as well as areas for improvement related to how we currently integrate and coordinate services. With this preparatory information we were better prepared to implement our IHH program. Even though we had been actively using System of Care principles over the last four years, the CCHII urged us to involve staff from across the organization in this self-assessment process. It was beneficial to have many staff involved in the process as it underscored that everyone in the organization would have a part to play in better integration and coordination of services. Along these lines, we have worked to develop our IHH teams off staff that will each include a nurse, care coordinator, and family peer support specialist who will work towards the needs of the individual.

Children enrolled in IHH have multiple complex needs and in order for them to achieve quality outcomes, there are many community partners they connect with to receive critical support. Community partnerships are key to success for children and families in this program. We don't operate in a vacuum and in order to maximize health outcomes we have to work together. Orchard Place holds monthly Community Stakeholder meetings with over 30 community partners. For the first 90 days of the IHH program, discussions at these meetings focused on implementation issues and basics of the IHH program such as eligibility, contact information, referral processes, etc. There are three other agencies providing IHH for children in the area beginning October 1, and they have joined the monthly Community Stakeholder meetings with the intent of promoting communication and consistency between the IHHs and our partners. Once the full implementation of the IHHs, including data collection is well underway, we expect the dialogue will move from information on the service itself and processes, to how do we jointly achieve the improved health outcomes for this population. With a tool developed by the CCHII, data is being collected that will give all Pediatric IHHs several data points that will help us better understand our population. IHHs and Community Stakeholders are eager to have dialogue about how will we improve case planning, better identify and close service gaps, and identify and engage families in wellness activities.

The IHH implementation is a work in progress and the Center for Child Health Improvement and Innovation, University of Iowa team has understood that, offering support and ideas and often brainstorming about community outreach and lessons learned by other IHHs.”

-Anne Starr, Chief Executive Officer, Orchard Place



*Anne Starr,  
Chief Executive Office,  
Orchard Place*

## Launch of New DHS Contact Center

On October 1, 2013, the Department of Human Services (DHS) opened a new call center. Officially named the Department of Human Services Contact Center, this new call center has been created to field calls from the general public related to Medicaid and Medicaid changes related to the Affordable Care Act.

Individuals who are not Iowa Medicaid members and are looking for general health care or Medicaid information can contact the call center. The call center is also available to accept applications for Medicaid coverage beginning on January 1, 2014, via phone.

Over the coming months, the center will also provide user technical assistance related to the new DHS eligibility system.

	Toll Free Number	Hours of Operation
DHS Contact Center	1-855-889-7985	Monday-Friday 7:00 a.m.–6:00 p.m.

## IME to Commence End-to-End Testing of ICD-10 Codes

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. The Iowa Medicaid Enterprise (IME) has completed development and internal testing of its ICD-10 test portal and is now forging partnerships with providers on end-to-end testing to ensure both providers and the IME are prepared to move into using the new code sets by October 1, 2014.

Overall, providers are very conscious of the need to conduct tests in order to ensure that claims are properly coded to avoid any problems with claims processing and payment. However, with the federal implementation deadline still one year away, most major IME providers do not yet feel a great sense of urgency in conducting the tests. For its part, the IME is conducting outreach to its providers in an effort to get them to start end-to-end testing using the IME test portal as early as possible in order to identify any potential issues with their coding.

The IME is expected to conduct its first ICD-10 test with ZIRMED, and Central Rehabilitation LTD. Major IME providers such as UnityPoint Health are expected to test in late January, 2014 while Broadlawns Medical Center and the University of Iowa Hospitals and Clinics anticipated to begin their testing sometime after January 2014.



*“Thank you to the providers who are testing as early adopters. Your efforts provide valuable insight to confirm our policy approach will help all other providers as they make the transition to ICD-10.”*  
 Bob Schlueter,  
 Account Manager,  
 Provider Services



## Positive Feedback at Provider Training Seminars

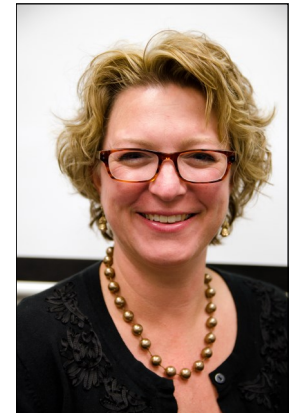
Outreach to Iowa Medicaid Enterprise (IME) providers on the new Iowa Health and Wellness Plan began in earnest in Waterloo on October 8. Bryan Dempsey and Tanya McAninch of the IME Provider Outreach team are leading the on-site education seminars that include Q&A sessions with attending providers. The first week of outreach showed active multi-level engagement on a variety of Iowa Health and Wellness Plan topics. Reaching over 434 providers in the first four venues, the training seminar is scheduled to roll through five additional Iowa counties, including Polk, by the end of November.

Direct provider feedback was gathered onsite during the Q&A sessions indicated a high level of satisfaction with the presentations. Providers indicated that they felt “much better informed” and appreciated the highly informative presentations and excellent handouts and resources at the seminar. The statewide, eight city education seminars which are designed to bring the IME providers up-to-speed on the state’s new health care program, are being offered twice in each community.

The IME has created an online registration page, [www.ime.state.ia.us/Providers/ATRegistration.html](http://www.ime.state.ia.us/Providers/ATRegistration.html) and encourages all providers to utilize this tool to register their participants in order to avoid overbooking of sessions. Critical topics covered during the sessions include:

- 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

For more information on the education seminars and how to register online, please read Informational Letter [No. 1288](#).



*“We’re calling on all physicians, ARNPs, and PA providers. Iowa Medicaid needs your help to provide access to Iowa Health and Wellness Plan members. Please contact us today and help provide care to this new group of Iowans. Attend a training in your area to learn more.”*  
*Jennifer Vermeer,  
 Medicaid Director*

## IME Provider Enrollment Renewal Process Update

The Iowa Medicaid Enterprise (IME) conducts a year-long provider enrollment renewal process every five years and has completed the current provider re-enrollment process as of October 2013. Enrollment renewal is a requirement for all IME providers in order to stay active in the Iowa Medicaid program. Providers who failed to complete enrollment renewal have been notified that their Medicaid provider number terminated.

As of October 2013, the IME has successfully re-enrolled 13,024 provider organizations. The current enrollment renewal process included the ownership and control disclosure requirements of the Affordable Care Act (ACA) which is now a standard part of the enrollment process. This ACA requirement ensures clear, current, and more fulsome provider record that will aid in making program integrity surveillance and oversight more robust and proactive. It is noteworthy to mention that despite the addition of the exhaustive requirements of the ACA into the enrollment renewal process, the IME was able to maintain network adequacy throughout the process.

## Federal Match Rate Decreases 2.39%

*“Next year, Medicaid growth would have otherwise been close to zero. Challenges outside our control, such as a \$80 million cost change due to the reduction in federal matching funds will lead to the increase in state funds used by the program.”*  
 Jennifer Vermeer,  
 Medicaid Director

The federal government uses per capita personal income data to calculate each state’s Federal Medical Assistance Percentage (FMAP). Revised personal income data released in September allows for the calculation of the final federal fiscal year (FFY) 2015 FMAPs.

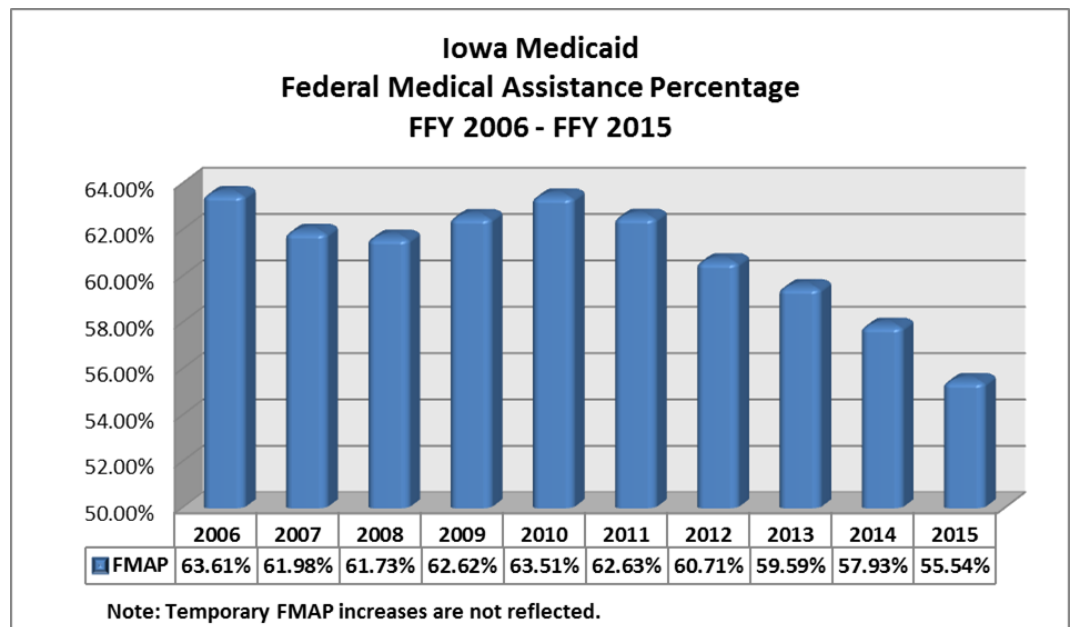
Iowa’s final FFY15 FMAP will be 55.54 percent; a 2.39 percent drop from the FFY14 FMAP of 57.93 percent. This is the largest FMAP reduction in the country. Only six other states will see reductions of greater than one percent, with South Dakota experiencing the second largest reduction (1.90 percent).

The decrease is larger than anticipated, and is expected to increase annual state costs by \$80 million. The department’s state fiscal year (SFY) 2015 budget request assumed a state spending increase of \$35 million due to the FMAP change, so this final data will increase that estimate by an additional \$45 million.

The FMAP formula is based on a three-year average of state per capita personal income compared to the national average. A state’s FMAP will decline when its per capita personal income increases relative to the national average.

“Iowa has great economic strength, but the change really impacts our state FMAP rate and leads to an increase in state spending,” said Joe Havig, Budget Analyst for the Department of Human Services.

Below is a 10-year history of Iowa’s FMAP.



## Regular Feature: Informational Letters: September 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 a website. The “Endeavors Update” will highlight informational letters released in the preceding month. Topics of September 2013 informational letters included:

- 1297: Correct Code for Habilitation Targeted Case Management (TCM)
- 1295: 2013 Provider Quality Management Self-Assessment
- 1294: Annual Update of Hospice Rates
- 1293: Iowa Medicaid Pharmacy NCPDP D. Payer Sheet and Guidance- Updated Information
- 1292: Respiratory Syncytial Virus (RSV) 2013-2014 Season
- 1291: Limited Emergent Hospital Coverage for IowaCare Members
- 1290: Electronic Health Record (EHR) Incentive Payment Program Testing with the Immunization Registry Information System (IRIS)
- 1289: Coverage of Wheelchairs in an ICF/ID Facility
- 1288: Iowa Health and Wellness Plan Education and Training
- 1287: Iowa Medicaid Cost Report Changes
- 1286: Annual Resubmission Requirements - Employee Policies Regarding Prevention and Detection of Medicaid Fraud and Abuse
- 1278: Additional Update to Prior Authorization Required for Swing Bed Admission and Continued Stay

View the complete list of informational letters by year at:

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

## “Partners for Better Health and Wellness”

The Fall 2013 edition of “Partners for Better Health and Wellness” is now available and shares with Medicaid members fraud prevention tips, how to report other insurance, tips for nursing mothers returning to work, and fall immunizations.

Click here to read the member newsletter:

<http://www.dhs.state.ia.us/uploads/IME%20Member%20Newsletter%20-%20Fall%2013%20-%20FINAL.pdf>

## “Health Home Happenings” Newsletter

The Iowa Medicaid Enterprise produces a regular newsletter for Health Home providers in order to share important information with Health Homes. The third edition includes newly enrolled Health Homes, the Diabetes Quality Improvement Program, a benefit comparison of the Iowa Health and Wellness Plan, Continuity of Care documents, and notification regarding email security.

Click here to read the newsletter:

[http://www.dhs.state.ia.us/uploads/HH\\_Provider%20Newsletter%20-%2010.21.13%20FINAL.pdf](http://www.dhs.state.ia.us/uploads/HH_Provider%20Newsletter%20-%2010.21.13%20FINAL.pdf)



**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/>

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

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

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

## **Iowa Medicaid Upcoming Events:**

- November 5-6: **Iowa Health and Wellness Plan Provider Training– Cedar Rapids**  
[Learn more here](#)
- November 7-8: **Iowa Health and Wellness Plan Provider Training– Bettendorf**  
[Learn more here](#)
- November 19-20: **Iowa Health and Wellness Plan Provider Training– Burlington**  
[Learn more here](#)
- November 21: **Pharmaceutical & Therapeutics Committee**  
[Learn more here](#)
- November 21: **Medical Assistance Advisory Committee (MAAC)**  
[Learn more here](#)
- November 21-22: **Iowa Health and Wellness Plan Provider Training– Des Moines**  
[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.*