Iowa Medicaid Enterprise *"Endeavors Update"*

A Communications Effort to Strengthen Partnerships   *September 2012*

Iowa Department of Human Services

Special points of interest:

- DHS Budget Documents
- $26 M Federal Grant
- ELIAS Launched
- ICD-10 Testers Wanted
- Community Housing Loan

Inside this issue:

Iowa Medicaid Director's Column

Iowa Medicaid is moving forward and making major progress on projects that we've been talking about for some time now.   This edition of the *"Endeavor's Update"* will bring you up to date on ICD-10, MIDAS, ELIAS, and other efforts. We have an unusual amount of large, complicated projects moving forward at this time. Keep in mind that we are replacing an eligibility system that was built in the late 1970s. We have a sophisticated array of oversight and accountability tools built into the projects and are utilizing best practices for project management. Transparency, accountability and communications are pillars of this effort. I look forward to continuing our conversation with you, our stakeholders, as we make progress.

New DHS Budget Documents Available Online

The Iowa Department of Human Services has posted their state fiscal year (SFY) 2014 and 2015 budget recommendations on Human Services on the DHS website. The documents are a departure from previous budget presentations and provide the reader with graphics and a better picture of the individuals and families who are eligible for our services. The budget is outlined in twenty-seven requests within the framework of the DHS Strategic Plan.   We hope that you find the documents helpful and informative.

Link to the budget documents:
http://www.dhs.state.ia.us/Partners/Reports/BudgetReports/Budgets.html

See Related Stories on Pages 2, 3 & 4

DHS Council Approves SFY 14 Budget Proposal

> *"...the level of our budget for SFY 2013 provides resources needed for the DHS to deliver services to Iowa's most needy and vulnerable. At this time, we anticipate a supplemental need for Medical Assistance."*
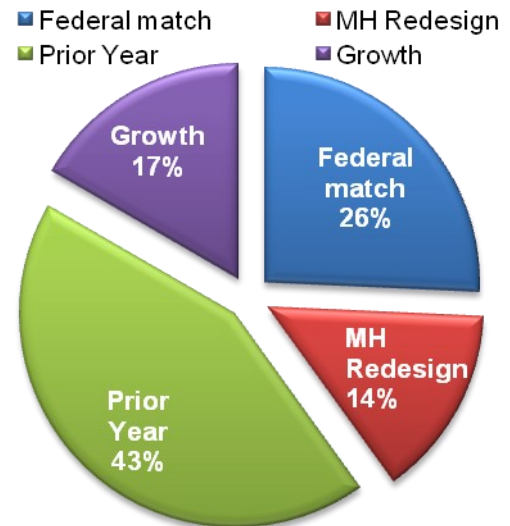>
> *Charles M. Palmer*
> *DHS Director*

Calling it "one of the most difficult budgets" that he has worked on Director Palmer presented the DHS Council with the department's SFY 14 & 15 budget recommendations. The Council welcomed the redesigned budget documents and learned details about budget drivers contained in the request during its annual two day budget meeting on September 11 & 12 in Des Moines. DHS continues to serve 31% of the Iowa population through its varied services including food assistance, child care, child welfare, family investment program, Medicaid, *hawk-i,* child support and adult mental health and disability services. Director Palmer explained the factors that contribute to the request for additional funds for Medicaid. He explained that Medicaid was not fully funded in the most recent legislative session because of a policy impasse. In addition to the underfunding, there is a decrease in the federal match rate, commonly called the "FMAP", additional enrollment growth and the Medicaid "buy-out" of the state share of county Medicaid costs for serving individuals with mental health and developmental disability services. He called it a "tight budget" that presents policy makers with decision points including the future of IowaCare with looming waiver and state law sunsets and the federal Medicaid expansion now optional, rather than mandatory. Palmer commented on the challenge of developing a budget request so early in the process which means utilizing estimates and projections. But he said that the he felt "confident" that the analysis gives the "best picture we can" based on the available data.

SFY14 Medicaid Increase by Budget Driver

- Federal match
- MH Redesign
- Prior Year
- Growth

Growth 17%
Federal match 26%
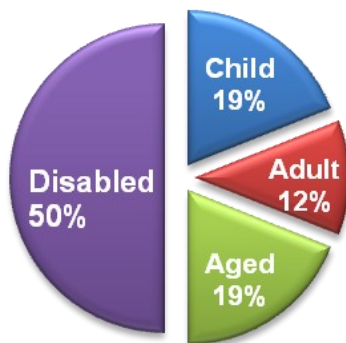MH Redesign 14%
Prior Year 43%

Medicaid Director Explains Medicaid Budget Components: CHIP

Medicaid Director Jennifer Vermeer explained that the Children's Health Insurance Program (CHIP) in Iowa is made up of three components; Medicaid expansion, *hawk-i* and dental only. CHIP programs are available to children whose families have incomes too high to qualify for Medicaid but too low to afford individual or work-provided health care. Total CHIP enrollment is expected to increase by 7.37 percent in SFY 14. The CHIP budget request for SFY 14 is a $6.4 million increase due mostly to declining federal match rate and increased enrollment projections.

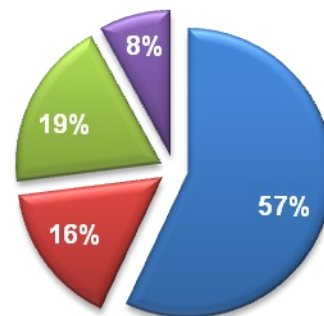## Medicaid Director Explains Medicaid Budget Components: Medical Assistance

Medicaid Director Jennifer Vermeer explained that the goal of the Medicaid program is to allow vulner-able Iowans to "live healthy, stable, self-sufficient lives."   Medicaid is expected to serve 684,000 Iowans, or 22.4% of the population in SFY 14. Vermeer explained that the profile of a typical Iowan on Medicaid is a 9-year-old child who is basically healthy and uses very few health care services, apart from well-child care, immunizations and treatments for common childhood illnesses such as ear infections.   Vermeer further explained that children make up the largest percentage of Medicaid enrollment categories (57%) but continue to represent one of the smallest percentages in terms of cost (19%).   The Medical Assis-tance (Medicaid) budget request for SFY 14 is a $137 million increase in state general funds.

SFY12 Iowa Medicaid Expenditures

Child 19%
Adult 12%
Aged 19%
Disabled 50%

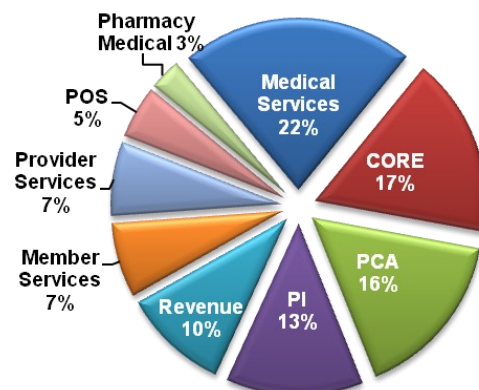Total Medicaid Enrollment by Age SFY12

■ Child   ■ Adult   ■ Disabled   ■ Aged

8%
19%
57%
16%

Medicaid Director Explains Medicaid Budget Components: Medical Contracts

Medicaid Director Jennifer Vermeer described the Medical Contracts appropriation of the DHS budget as "administering the business functions of running the Medicaid programs". As the second largest health care payer in the state, Iowa Medicaid processes over 33 mil-lion claims a year, with most claims paid in less than seven days of receipt. Medical Contracts support customer services to health care providers and Medicaid members.   Medical contracts serve a variety of revenue collections functions and program integrity (fighting fraud and abuse) efforts in addition to paying incentives for electronic health records.   The Medi-cal Contracts budget request for SFY 14 is a $9.9 million in-crease in state general funds, 90% of which is driven by the need to replace one-time funding sources. The remaining increase is driven in much smaller part by fixed prices in com-petitively procured contracts.
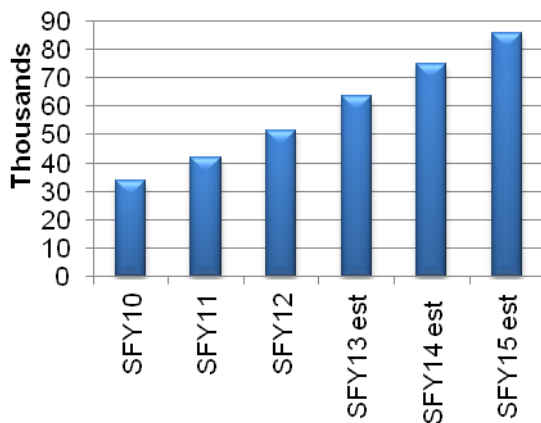
SFY14 Projected Share of State Expenditures by IME Units

Pharmacy Medical 3%
POS 5%
Provider Services 7%
Member Services 7%
Revenue 10%
PI 13%
PCA 16%
CORE 17%
Medical Services 22%

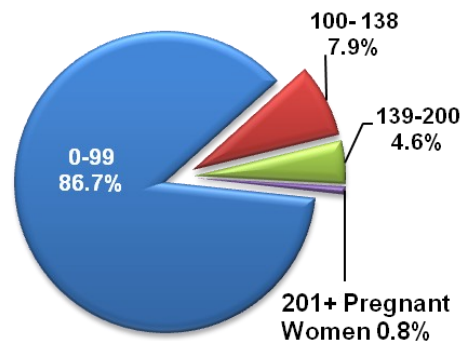## Medicaid Director Explains Medicaid Budget Components: IowaCare

Medicaid Director Jennifer Vermeer explained that IowaCare is a Medicaid waiver that provides limited health care benefits to low income adults who do not otherwise qualify for Medicaid. The state is divided into five regions where IowaCare members are assigned to "medical homes" to receive their primary health care. Participating medical homes include federally qualified health centers, Broadlawns Hospital and the University of Iowa Hospitals and Clinics. More than 144,000 Iowans have received care since the beginning of the program in 2005. IowaCare is expected to cover over 68,000 adults in SFY 2013. Research shows that these individuals are in poorer health than regular Medicaid members and that twenty-three percent of members have never had health insurance. Enrollment in IowaCare continues to grow steadily.   Vermeer explained that Iowa state law eliminates the program on October 2013 and the 1115 demonstration waiver under which it operates expires on December 31, 2013. Following the U.S. Supreme Court decision that the Medicaid expansion envisioned under the Affordable Care Act (which would replace IowaCare) is not mandatory, the future of the program is uncertain and left to policy makers. The budget request for IowaCare DOES NOT include Medicaid expansion. It does suggest that an enrollment cap be instituted in July 2013 in order to sustain the program. The budget requests no increase for SFY 14 or 15 and was kept at status quo at $8.9 million general fund, while policy makers decide the way forward.   Director Vermeer did say that "we recommend the state maintains its commitment to the people on IowaCare, but we can't tell you what that commitment will look like."

IowaCare Enrollment

Member Percent of Poverty
(July 2012)

IowaCare enrollment has increased steadily, growing by more than 10,000 in SFY11 and SFY12.

Ninety-six percent of members have income below 150 percent of the FPL; eighty-six percent have income below 100 percent of the FPL.

Iowa Awarded Federal Grant

In late August, Health and Human Services (HHS) Secretary Sebelius announced that several states, including Iowa, were awarded grants to help support the establishment of affordable insurance exchanges. The federal grant is available to support the development of eligibility and enrollment systems and that is how DHS plans to utilize the funding. This is Iowa's third grant award for this project. This year's award totaled over $26 million. The Iowa Department of Human Services was the lead applicant for the grant working closely with the Iowa Insurance Division and the Iowa Department of Public Health. According to the grant application, the strategic vision for Iowa's eligibility and enrollment through the state's Health Benefit Exchange includes consideration of core principles and opportunities for seamless coordination with the insurance affordability programs, including Medicaid and Children's Health Insurance Program (CHIP).   The grant funding will be used for the development of Iowa's new eligibility system, now called the ELIAS project (**see related story on the next page.)**

"This federal grant is available to support the development of eligibility and enrollment systems and that is how we intend to utilize the funding. The new eligibility system being procured by DHS will calculate benefits in an integrated manner for Medicaid, Children's Health Insurance Program (CHIP), Food Assistance program, Temporary Assistance for Needy Families (TANF) and the Health Benefits Exchange (HBE). Recently, the project was named the Eligibility Integrated Application Solution or the ELIAS project."

—Jennifer Steenblock, DHS Affordable Care Act Project Manager

Integration and seamless coordination are key words in this effort and you will hear us talk about them a great deal as we move forward with this effort. As of this summer, and with this key funding component, we are moving out of the planning phase and into the design, development and implementation phase of the eligibility project."

— Jennifer Vermeer, Iowa Medicaid Director

ELIAS Project Launched

The **El**igibility **I**ntegrated **A**pplication **S**olution or **ELIAS** Project is the new system being developed to determine eligibility for Medicaid and CHIP, in addition to other public assistance programs such as Food Assistance and Family Investment Program (FIP). The project began on June 18th with members of the Oversight and Management Team (OMT) moving into office space on the first floor of the Hoover Building, in the Capitol Complex. The OMT will oversee all implementation and transition activities associated with this important project. Their responsibilities will include: risk management, quality assurance, testing, technical system integration, certification, communication, and training. Iowa's Automated Benefits Calculation System (IABC) has been in continuous operations since the late 1970s, supporting the state's eligibility and benefit issuance obligations. IABC is outdated and cumbersome for staff to use and applicants cannot interact directly with the benefits calculating system. This has resulted in many manual workarounds and inefficient processes. DHS has long envisioned a user-friendly, unified, web-based, customer-centric approach to enrollment and eligibility. ELIAS is the eagerly anticipated replacement for the current outdated system.

ELIAS is a user-friendly hybrid Commercial Off-The-Shelf (COTS) system that is designed to:

- Provide a single business process to follow for all eligibility determinations
- Allow eligibility determinations in real-time
- Ensure information is automatically shared between systems and programs
- Eliminate the need for duplicate entries
- Automate and execute verification activities in real-time
- Maximize client access and allows direct client data entry
- Eliminate unnecessary paperwork and inefficiencies for clients and department staff

Accenture, the selected ELIAS contractor, has a long and successful track record of delivering projects for the public and private sector and has delivered similar eligibility projects to the states of California, Kansas and Idaho. ELIAS will be implemented in two phases; 1) Medicaid, *hawk-i*, and the new Insurance Affordability Programs are scheduled to be in place by October 2013, and 2) Food Assistance and the Family Investment Program by May 2014. The implementation of ELIAS will modernize Iowa's eligibility, benefits, and enrollment system. Furthermore, it provides department staff with the flexibility and the right tools to better serve the citizens of Iowa.

Regular Feature: Informational Letters

The Iowa Medicaid Enterprise publishes provider bulletins, also known as informational letters, to clarify existing policy details or explain new policy. Bulletins are posted on a website. The IME Newsletter will highlight information letters released in the preceding month. Topics of the July & August 2012 informational letters included:

- Two Percent Reduction in Payment for Physician-Administered Drugs (IL#1146)
- Inpatient Readmissions within Seven Days for Same Condition (IL#1147)
- HCBS Habilitation, ID and BI Waiver Service Plan Authorization and Rate Setting for Case Managers and Providers (IL#1148)
- Clarification of Recent Legislative Action regarding Home and Community-Based Services (IL#1149)
- Medicaid Mental Health and Disability Services (MHDS) System: Letter #2, Service Plan Authorization and Rate Setting (IL#1150)
- Use of the "U8" Modifier-State Supplied Vaccines (IL#1151)
- Patient Projection and Affordable Care Act (PPACA) Requirement: Provider Payment Suspensions (IL#1152)
- Reimbursement Changes for Pharmacy and Important Dates #2 (IL#1153)
- Replenishment of Limited Emergent Hospital Coverage for IowaCare Members (IL#1154)
- Day Habilitation Units of Service (IL#1155)
- Nursing Facility Quality Assurance Assessment and Hospice (IL#1156)
- Medicaid Mental Health and Disability Services (MHDS) System: Letter #3, Central Point of Coordination (CPC) (IL#1157)
- Medicaid Mental Health and Disability Services (MHDS) System: Letter #4, Medicaid Participation (IL#1158)
- Announcement of a New Program: Health Home for Members with Chronic Conditions (IL#1159)
- New Electronic Process for Bill Part B Crossover Claims (IL#1161)
- Pharmacy Dispensing Fee Increase (IL#1163)

View the complete list of informational letters by year at:
http://www.ime.state.ia.us/Providers/Bulletins.html

Medical Director's Minute

Dr. Jason Kessler, Iowa Medicaid's Medical Director, writes a monthly column on topics of interest. September's *"Medical Director's Minute"* explains hospital readmission data.

http://www.dhs.state.ia.us/uploads/MDM_2012-09.pdf

Series of Informational Letters on MHDS Redesign

The July "Endeavor's Update" stated that the IME would be releasing a series of letters to provide guidance and explain key changes that are happening because of the shift of responsibility of the state in assuming the non-federal share of Medicaid expenditures for county mental health and disability services. To date, the following four informational letters have been released. Remember that DHS is also maintaining a webpage dedicated to information about the redesign effort (see link below).

- Medicaid Mental Health and Disability Services (MHDS) System: Letter #1, General Overview (IL#1141)
- Medicaid Mental Health and Disability Services (MHDS) System: Letter #2, Service Plan Authorization and Rate Setting (IL#1150)
- Medicaid Mental Health and Disability Services (MHDS) System: Letter #3, Central Point of Coordination (CPC) (IL#1157)
- Medicaid Mental Health and Disability Services (MHDS) System: Letter #4, Medicaid Participation (IL#1158)

Link to Informational Letters:
http://www.ime.state.ia.us/Providers/Bulletins/Bulletins2012.html

Link to DHS website on MHDS Redesign
http://www.dhs.state.ia.us/Partners/Partners_Providers/MentalHealthRedesign/Workgroups.html

MIDAS: A New Approach
COTS Configuration vs. Traditional Custom Build

The Medicaid Integrated Data Administration Solution (MIDAS) Project is off to a great start, and we want to take this opportunity to share information about how this project will differ from a traditional software development project. While traditional software development projects focus on design, development, and implementation, this project will concentrate on analysis, configuration, and deployment. The MIDAS Medicaid Management Information System (MMIS) is structured to deliver business process functionality using Commercial Off-the-Shelf (COTS) software. The MIDAS MMIS is highly configurable, and therefore does not rely on custom coding for needs such as edits, audits and other business rules. Business rules will be configured (vs. hard-coded) to meet the Iowa Medicaid Enterprise (IME's) needs, and business process workflows will be designed to user specifications. The ability to configure business rules is one reason the MMIS is highly flexible and can quickly respond to the rapidly changing Medicaid landscape. Currently, we are in the Analysis phase of the project. The purpose of this phase is to identify *what* the MIDAS MMIS must do. Requirements Verification (RV) Sessions have begun, and will continue through February of 2013. The next phase, Design, will include determining *how* the system will be configured to meet the approved requirements. Subsequent phases will include configuration, testing, deployment, and operation. Stay tuned for further information as this exciting project continues.

Partnership Opportunity: ICD-10 Testers Wanted

In August the U.S. Department of Health and Human Services (HHS) announced the release of the final rule and the one-year delay of the compliance date for ICD-10 from October 1, 2013, to October 1, 2014. The International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10), is the medical classification for the coding of claims and encounters. This update is a global event. Jody Holmes, Iowa Medicaid's ICD-10 Project Manager, commented "The IME has been continuing work on converting to using ICD-10 codes. We have revised our timeline to accommodate this additional year to complete our ICD-10 conversion efforts. The additional year that HHS has granted the industry allows the IME to conduct more extensive testing of all the changes." The IME anticipates conducting and completing all internal testing around the end of September 2013. From October 2013 to September 2014, the IME will be conducting external testing with providers and vendors. Iowa Medicaid would like to offer an opportunity to partner with providers on end-to-end testing, to assure both providers and Iowa Medicaid are prepared to move into using the new code sets by October 1, 2014.   If you are interested in conducting external testing with us, please contact Jody Holmes at jholmes1@dhs.state.ia.us

"The IME has been continuing work on converting to using ICD-10 codes. We have revised our timeline to accommodate this additional year to complete our ICD-10 conversion efforts. The additional year that HHS has granted the industry allows the IME to conduct more extensive testing of all the changes."

Jody Holmes

ICD-10 Project Manager

8th Annual e-Health Summit Wrap-up

The annual e-Health Summit occurred on August 8 and 9 in Altoona. The two-day event highlighted the critical importance, benefits, and impact of Electronic Health Records (EHR) and Health Information Exchange (HIE) at the federal and state levels and to businesses and organizations. This event provided a platform for sharing best practices for adoption and implementation. The Iowa Medicaid Enterprise (IME) Director, Jennifer Vermeer, spoke at the opening day of the summit where she and representatives of two other Iowa partner organizations (Telligen and the Iowa Department of Public Health) gave their respective overviews of initiatives impacting Health Information Technology (HIT) and Health Information Exchange (HIE). The IME gave several presentations throughout the two-day summit at The Meadows Events and Conference Center in Altoona. Jody Holmes, HIT Project Director for the IME, gave a high-level overview of the Iowa Medicaid EHR Incentive Program including the impact the program has made on the health economy of Iowa. Kelly Peiper, HIT Provider Incentive Coordinator for the IME, presented on the Meaningful Use and the Provider Incentive Program at the IME where, among many critical points, she discussed the benefits and sign-up process for the program and engaged the audience in a highly informative Q&A session.

Kelly Peiper

HIT Provider Incentive Coordinator

Medicaid Projections

Over the course of the summer, the Department has worked to close-out the fiscal year 2012 budget, begin fiscal year 2013, and develop the fiscal year 2014 and 2015 budget requests. Below are the Medicaid forecasting group midpoints for each of these fiscal years.

The FY 2012 balance is not yet final as the Department will still issue payments in July, August, and September. Some payments that were expected to occur in FY 2012 will instead occur in FY 2013. As a result, the final FY 2012 balance is expected to be higher than $8.6 million.

The state expenditure increase of 24.52% in FY 2013 is due in part to the state taking over the cost of Medicaid services previously funded by counties. Payment for these services will be funded from the MHDS Redesign Fund.

Total Medicaid spending growth is estimated at 3.53% in FY 2013 and drops to 1.96% by FY 2015. This is well below the Centers for Medicare and Medicaid Services (CMS) national estimates. In its 2011 report on the financial outlook for Medicaid, the CMS Office of the Actuary projected national Medicaid spending growth of 7.2% in federal fiscal year 2013.

State spending growth in fiscal years 2014 and 2015 is expected to be 5.50% and 5.09%, respectively. This is higher than total spending growth due to assumed declines in federal Medicaid match rates.

	Medicaid Forecasting Group Midpoint Estimates			
	FY 2012	FY 2013	FY 2014	FY 2015
State Revenue	Mid	Mid	Mid	Mid
General Fund	$903,493,421	$914,956,421	$914,956,421	$914,956,421
MHDS Redesign Fund[1]	$0	$209,862,458	$210,187,078	$209,699,825
Other State Revenue	$185,895,281	$191,879,071	$177,105,446	$168,691,317
Prior Year Carry-Forward	$27,700,401	$8,599,460	$0	$0
Total State Revenue	**$1,117,089,103**	**$1,325,297,410**	**$1,302,248,945**	**$1,293,347,563**
State Expenditures	**$1,108,489,643**	**$1,380,297,410**	**$1,456,248,945**	**$1,530,347,564**
Year-End Balance	**$8,599,460**	**($55,000,000)**	**($154,000,000)**	**($237,000,000)**
Analysis of Expenditures				
Total Expenditures[2]	$3,419,585,889	$3,540,460,181	$3,653,323,521	$3,724,931,085
State Expenditures[2]	$1,108,489,643	$1,380,297,410	$1,456,248,945	$1,530,347,564
Total Growth		3.53%	3.19%	1.96%
State Growth		24.52%	5.50%	5.09%

Notes
1. MHDS Redesign Fund revenue excludes revenue for services not currently paid by the Medicaid appropriation (e.g. State Resource Center services)
2. Expenditures are net of rebates and recoveries. Affordable Care Act Medicaid Expansion estimates are not included.

Annual Provider Training Wrap-up: Reached over 4,370 Providers

The IME concluded its 2012 Annual Provider Training sessions on Thursday, August 23, 2012. The 2-day sessions started on June 4th in Ottumwa and concluded with a 4-day session in Des Moines at the end of August. The program was held in 15 communities across the state, reaching over 4,370 providers. Based on increasing provider participation and interest in the sessions over the years, the presentations were designed to give participating IME providers relevant and up-to-date information on Medicaid programs and services.

The sessions guided representatives of provider groups through the various technical and administrative processes of signature Medicaid programs such as IowaCare, Iowa Family Planning Network, MediPASS, the Magellan Health Plan, and others. The presentations also gave providers a quick overview of the various DHS healthcare information technology initiatives currently underway such as the Health Information Technology (HIT), Medicaid expansion through the Affordable Care Act (ACA), and ICD-10 and the relevant impact these will have on providers. The sessions also afforded providers the unique opportunity to engage in face-to-face Q&A sessions with IME representatives. The IME was represented by Bryan Dempsey and Misty Peters of the IME Provider Services Unit.

"I must say—I've been to quite a few of these over the last 10 years and this has been the best presented and most informational in service yet."

Training Participant from Fort Dodge

Health Home: What are benefits to members? (3rd in a Series)

Health promotion involves individual, one-on-one interaction with members. This is where a health coach at the Health Home practice works individually with the member to promote healthy life style changes, establish goals, and action plans that changes behavior and promotes better health. Health promotion is "coordinating or providing behavior modification interventions aimed at supporting health management, improving disease outcomes, disease prevention, safety and an overall healthy lifestyle." Iowa Medicaid supports the use of "Clinical Decision Support" within the practice workflow to improve disease outcomes. Practitioners should use evidence based guidelines and embed them into their Electronic Medical Record (EMR) systems. Evidence-based guidelines improve patient outcomes for the entire practice and promote consistency among providers. Iowa Medicaid also requires health home providers to use a formal disease management program that supports population health management. Members in a health home should reap the benefits of Clinical Decision Support and Disease Management programs by overall better health outcomes. Health Promotion is more than implementing population health improvements. It involves individual, one-on-one interaction with members to promote better health.

Community Housing Loan Program: Ready to Receive Applications

The "Community Housing and Services for Persons with Disabilities Revolving Loan Program" through the Iowa Finance Authority was enacted in legislation in 2011 (HF 649). It is meant to serve a target population of Medicaid members enrolled in or eligible for the Home and Community-Based (HCBS) Intellectual Disability (ID) or the Brain Injury (BI) Waivers who exhibit a continued pattern of physically aggressive or destructive behavior, and are currently placed out of state or living in a licensed health care facility or are at risk of being placed out of state or in a licensed health care facility. The program is now ready to receive applications.

The purpose of this program is to facilitate the administration of a fund to provide affordable loans to providers or landlords to construct permanent supportive housing or develop infrastructure to provide supportive services, including through new construction, acquisition, and rehabilitation of existing housing or infrastructure, or conversion or adaptive reuse. The change to this supportive housing is targeted for Medicaid waiver-eligible individuals with behaviors that provide significant barriers to accessing traditional rental and supportive service opportunities.

To initiate this process, the applicant must submit a written Service Plan to the Department of Human Services (DHS) meeting the "Community Housing and Services for Persons with Disabilities Revolving Loan Program Fund – Service Provider Qualifications" document. Each item specified in the Service Provider Qualification requirements must be satisfactorily addressed in the Service Plan.

Please submit the proposed Service Plan to Lin Nibbelink at lnibbel@dhs.state.ia.us or Sue Stairs at sstairs@dhs.state.ia.us . The applicant must receive written approval of the Service Plan from DHS before becoming eligible to proceed in the application process. After DHS has approved the proposed Service Plan, the applicant may submit all required loan application forms to the Iowa Finance Authority. For questions regarding this program please contact Lin Nibbelink or Sue Stairs.

Link to Iowa Finance Authority:

http://www.iowafinanceauthority.gov/en/for_homeless_providers_housing_organizations/communitybased_housing_revolving_loan_fund/

Link to the Governor's Press Release:

https://governor.iowa.gov/2012/09/branstadreynolds-announce-new-program-to-provide-affordable-housing-to-persons-with-disabilities/

Sue Stairs

HCBS Waiver Program Manager

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

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

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

Iowa Medicaid Upcoming Events:

October 3   Drug Utilization Review Committee

October 15   *hawk—i* Board Meeting

October 19   Clinical Advisory Committee

November 14 Medical Assistance Advisory Council (MAAC)

Link to the DHS Calendar:

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