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Comparison of Medicaid Basic Benefits Based on Eligibility Determination			
	Medicaid	**Iowa Health and Wellness Plan (IHAWP) ***	**Hawki**
General Plan Provisions			
Benefits Available from Out-of-Network Providers	Please contact Member Services to determine the requirements for using an out-of-network provider.	Please contact Member Services to determine the requirements for using an out-of-network provider.	Please contact Member Services to determine the requirements for using an out-of-network provider.
Cost Sharing: A variety of methods are used to share expenses between the state and a member. These methods include monthly cost shares, copays, and premiums.	Variable copayments based on eligibility are not listed. Please contact Member Services for further details.	Variable copayments based on eligibility are not listed. Please contact Member Services for further details.	Variable copayments based on eligibility are not listed. Please contact Member Services for further details.
Copayments			
Persons under age 21, all services	$0.00	$0.00	$0.00
Persons over age 21, most services	$1.00 to $3.00 based on types of services	$0.00	Not applicable
Persons receiving long-term care institutional	Based on family income level	Not applicable	Not applicable
Copayment Exceptions			
Family planning services or supplies regardless of age	$0.00	$0.00	$0.00
Pregnant women, all services	$0.00	$0.00	$0.00
Emergency services	$0.00	$0.00	$0.00
Members under the age of 21	$0.00	$0.00	$0.00
Preventative Services			
Affordable Care Act (ACA) preventive services	Covered	Covered	Covered
Routine check-ups	Covered	Covered; limitations may apply	Covered
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	Covered	Covered up to age 21	Not covered

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	Medicaid	**Iowa Health and Wellness Plan (IHAWP) ***	**Hawki**
Immunizations	Covered	Covered; limitations may apply	Covered
Professional Office Services			
Primary care provider	Covered	Covered	Covered
Office visit	Covered	Covered	Covered
Allergy testing	Covered	Covered	Covered
Allergy serum and injections	Covered	Covered	Covered
Certified nurse midwife services	Covered	Covered	Covered
Chiropractor	Covered; limitations may apply	Covered; limitations may apply	Covered; limitations may apply
Contraceptive devices	Covered	Covered	Covered
Dentists or routine dental exam	Covered	Covered	Covered
Diabetic self-management training	Covered; once per member, lifetime maximum	Covered; 10 hours of outpatient self-management training within a 12-month period plus follow-up training of up to 2 hours annually	Covered
Family planning and family planning related services	Covered	Covered	Covered
Gynecological exam	Covered	Covered; limited to one visit per year	Covered
Injections	Covered; limitations may apply	Covered; limitations may apply	Covered; limitations may apply
Laboratory tests	Covered	Covered	Covered
Newborn child - office visits	Covered	Covered	Covered

Comparison of Medicaid Basic Benefits Based on Eligibility Determination			
	Medicaid	**Iowa Health and Wellness Plan (IHAWP) ***	**Hawki**
Podiatry	Covered; routine foot care is not covered unless it is part of a member's overall treatment related to certain health care conditions.	Covered; routine foot care is not covered unless it is part of a member's overall treatment related to certain health care conditions.	Covered
Routine eye exam *One routine vision exam per calendar year.*	Covered	Covered	Covered
Routine hearing exam *One routine hearing exam per calendar year.*	Covered	Covered	Covered
Specialist office visit	Covered; PCP referral may be required	Covered; PCP referral may be required	Covered; PCP referral may be required
Hospital Services			
Inpatient Hospital Admissions			
Preapproval of inpatient admissions	Required for non-emergent admissions	Required for non-emergent admissions	Required for non-emergent admissions
Inpatient Hospital Services			
Room and board	Covered	Covered	Covered
Inpatient physician services	Covered; includes anesthesia	Covered; includes anesthesia	Covered
Inpatient supplies	Covered	Covered	Covered
Inpatient surgery	Covered	Covered	Covered
Bariatric surgery for morbid obesity	Covered	Not covered	Covered; limitations may apply
Breast reconstruction, following breast cancer and mastectomy	Covered	Covered	Covered; limitations may apply
Organ/bone marrow transplants	Covered; limitations apply	Covered; limitations apply	Covered; limitations apply

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Comparison of Medicaid Basic Benefits Based on Eligibility Determination			
	Medicaid	**Iowa Health and Wellness Plan (IHAWP) ***	**Hawki**
Outpatient Hospital Services			
Abortions	Certain circumstances must apply. Contact Member Services. Prior authorization required.	Certain circumstances must apply. Contact Member Services. Prior authorization required.	Covered; certain circumstances must apply. Contact Member Services. Prior authorization required.
Ambulatory surgical center	Covered; includes anesthesia	Covered; includes anesthesia	Covered; includes anesthesia
Chemotherapy	Covered	Covered	Covered
Dental treatment that cannot be completed in a normal dental office setting	Covered	Covered	Covered
Dialysis	Covered	Covered	Covered
Outpatient diagnostic lab, radiology	Covered	Covered	Covered
Emergency Care			
Ambulance	Covered	Covered	Covered
Urgent care center	Covered	Covered	Covered; may require prior authorization
Hospital emergency room	Covered; $3.00 per visit for non-emergent medical services	Covered; $3.00 per visit for non-emergent medical services	Covered; emergency services for non-emergent conditions are subject to a $25 copay if the family pays a premium for the Hawki program
Non-Emergency Medical Transportation (NEMT)	Covered	Not covered	Not covered
Behavioral Health Services			
Assertive Community Treatment (ACT)	Covered	Not covered	Not covered
Behavioral Health Intervention Services (BHIS), including applied behavior analysis	Covered	Covered; residential treatment is not covered	Not covered

Comparison of Medicaid Basic Benefits Based on Eligibility Determination			
	Medicaid	**Iowa Health and Wellness Plan (IHAWP) ***	**Hawki**
(b)(3) services (intensive psychiatric rehabilitation, community support services, peer support, and residential substance use treatment)	Covered (MCO members only)	Not covered	Not covered
Inpatient mental health and substance abuse treatment	Covered	Covered; residential treatment is not covered	Covered
Office visit	Covered	Covered	Covered
Outpatient mental health and substance abuse	Covered	Covered	Covered
Psychiatric Medical Institutions for Children (PMIC)	Covered	Covered for 19- to 20-year-olds. Limitations may apply	Not covered
Outpatient Therapy Services			
Cardiac rehabilitation	Covered; prior authorization may be required	Covered	Covered; prior authorization may be required
Occupational therapy	Covered; prior authorization may be required	Limited to 60 visits per year	Covered; prior authorization may be required
Oxygen therapy	Covered; prior authorization may be required	Limited to 60 visits in a 12-month period	Covered; prior authorization may be required
Physical therapy	Covered; prior authorization may be required	Limited to 60 visits per year	Covered; prior authorization may be required
Pulmonary therapy	Covered; prior authorization may be required	Limited to 60 visits per year	Covered; prior authorization may be required
Respiratory therapy	Covered; prior authorization may be required	Limited to 60 visits per year	Covered; prior authorization may be required
Speech therapy	Covered; prior authorization may be required	Limited to 60 visits per year	Covered; prior authorization may be required

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Comparison of Medicaid Basic Benefits Based on Eligibility Determination			
	Medicaid	**Iowa Health and Wellness Plan (IHAWP) ***	**Hawki**
Prescription Drug Coverage			
Quantity	31-day supply for all prescriptions except contraceptives which is a 90-day supply	31-day supply for all prescriptions except contraceptives which is a 90-day supply	31-day supply for all prescriptions except contraceptives which is a 90-day supply
Prescription Drug Copay			
Generic copay	Covered; $1.00 copay	Covered; $0.00 copay	Covered; $0.00 copay
Preferred brand-name	Covered; $1.00 copay	Covered; $0.00 copay	Covered; $0.00 copay
Non-preferred brand-name	Covered $1.00 copay for prescriptions under $25.00 $2.00 copay for prescriptions between $25.01 to $50.00 or the preferred copay with a Prior Authorization $3.00 copay for prescriptions $50.01 or more or the preferred copay with a Prior Authorization	Covered; $0.00 copay	Covered; $0.00 copay
Prescription oral contraceptives	Covered	Covered	Covered
Prescription and non-prescription drugs for smoking cessation	Covered	Covered	Not covered
Radiology Services			
Mammography	Covered	Covered	Covered
Routine radiology screening and diagnostic services	Covered	Covered	Covered
Sleep study testing	Covered	Covered	Covered

Comparison of Medicaid Basic Benefits Based on Eligibility Determination			
	Medicaid	**Iowa Health and Wellness Plan (IHAWP) ***	**Hawki**
Laboratory Services			
Colorectal cancer screening	Covered	Covered	Covered
Diagnostic genetic testing	Covered	Covered; Prior Authorization required	Covered
Pap smears	Covered	Covered	Covered
Pathology tests	Covered	Covered	Covered
Routine laboratory screening and diagnostic services	Covered	Covered	Covered
Sexually Transmitted Infection (STI) and Sexually Transmitted Disease (STD) testing	Covered	Covered	Covered
Durable Medical Equipment (DME)			
Medical equipment and supplies	Covered	Covered	Covered
Diabetes equipment and supplies	Covered	Covered; limitations may apply	Covered
Eye glasses	Covered; limitations may apply	Covered for ages 19 to 20, limitations may apply	Covered; limitations may apply
Hearing aids	Covered	Covered for ages 19 to 20, limitations may apply	Covered; limitations may apply
Orthotics	Covered; limitations may apply	Not covered	Covered; limitations may apply and Prior authorization required
Sleep apnea device	Covered for adults	Covered	Not covered

Comparison of Medicaid Basic Benefits Based on Eligibility Determination			
	Medicaid	**Iowa Health and Wellness Plan (IHAWP) ***	**Hawki**
Long Term Services Supports (LTSS) – Community Based			
Case management	Covered for individuals with a developmental disability and HCBS Waiver populations only	Not covered	Not covered
Child care medical services	Covered	Not covered	Not covered
Private duty nursing/Personal cares per EPSDT authority	Covered up to age 21 under EPSDT	Covered up to age 21 under EPSDT	Not covered
Section 1915(C) Home- and Community-Based Services (HCBS)	Covered	Not covered	Not covered
Section 1915(I) Habilitation Services	Covered	Not covered	Not covered
Home health services: • Home health aid • Skilled nursing • Therapies (PT/OT/Speech)	Covered	Covered	Covered
Long Term Services and Support (LTSS) – Institutional			
ICF/ID (Intermediate Care Facility for Individuals with Intellectual Disabilities)	Covered; limitations apply	Not covered; This facility type is also not covered for members who are determined medically exempt.	Not covered

Comparison of Medicaid Basic Benefits Based on Eligibility Determination			
	Medicaid	**Iowa Health and Wellness Plan (IHAWP) ***	**Hawki**
Nursing Facility (NF) and Nursing Facility for the Mentally Ill (NF/MI)	Covered; limitations apply	Not covered; NF services are covered only for members who are determined medically exempt	Not covered
Skilled Nursing Facilities (SNF)	Covered; limitations apply	Covered; limited to 120 days per rolling calendar year; SNF are covered with no limits for members who are determined medically exempt	Not covered
Special Population Skilled Nursing Facility Out of State (Skilled preapproval)	Covered; limitations apply	Not covered	Not covered
Hospice			
Daily categories: • Routine care *If member is residing in a Nursing Facility, room and board charges covered at 95%* • Facility respite • Inpatient hospital • Continuous	Covered	Covered; limitations apply	Covered
Health Homes			
Chronic Condition Health Homes	Covered	Not covered	Not covered
Integrated Health Homes	Covered	Not covered	Not covered

**An IHAWP member who has been determined by the Department to be medically exempt shall be given the choice of benefits and service delivery method provided by the IHAWP plan or receiving benefits and services pursuant to Medicaid. Form 470-5194 or 470-5196 must be completed for the Department to determine if a member is exempt. IHAWP members with a medically exempt status will receive state plan benefits, as listed in the "Medicaid" column of this chart, unless otherwise noted.*