



Access News

MEDICAID 2015, PART 2 of 3

Iowa's Proposed Plan to Change Medicaid: Part Two

This edition of Access News is the second publication in a three-part series that focuses on the state's proposed changes to Medicaid managed care. These proposed changes are part of a health care initiative that the Iowa Department of Human Services (DHS) is referring to as [Medicaid Modernization](#). ASK Resource Center is publishing this series in an effort to share information and resources, and to help provide an understanding of the emerging issues related to the proposed changes to managed care. [Part one](#) of the newsletter series addresses basic questions surrounding those emerging issues, part two examines the process Iowa must use to make any changes, and part three will focus on what you can do to share your thoughts, concerns and ideas.

Iowa DHS Receives Bid Proposals From MCOs

Iowa DHS announced they received bids from the managed care organizations listed below by the May 8, 2015 deadline, and from these 11 bid proposals, a minimum of two companies, but no more than four, will be selected to implement Iowa's health care delivery under managed care.

The announcement of the private companies chosen to implement Medicaid managed care is scheduled for August 17, 2015. Media outlets across the state will broadcast the announcement, and the information will be posted to the [Iowa DHS website](#), as well as shared via ASK social media.



Aetna Better Health of Iowa, Inc.
Amerigroup Iowa, Inc.
AmeriHealth Caritas Iowa, Inc.
Gateway Health Plan of Iowa, Inc.
Iowa Total Care (Total Care)
Magellan Complete Care of Iowa
Medica Health Plans
Meridian Health Plan of Iowa, Inc.
Molina Healthcare of Iowa, Inc.
United Healthcare Plan of the River Valley, Inc.
WellCare of Iowa, Inc.

“MEDICAID MODERNIZATION” TO BE REBRANDED AS “IA HEALTH LINK”

Currently, Iowa DHS refers to the proposed changes to Medicaid managed care as “Medicaid Modernization”; however, plans are under way to phase out that name and rebrand the health initiative as [IA Health Link](#). The IA Health Link name and logo are already being used by Iowa DHS for a number of their other Medicaid programs; the transition to is expected to happen over the next few months.



WHAT HAPPENS AFTER THE CHOSEN MCOs ARE ANNOUNCED?

The state of Iowa is legally required to notify the federal Centers for Medicare and Medicaid Services (CMS), consumers, families, and other stakeholders of their intent to change existing Medicaid programs which include the Home and Community Based Service (HCBS) Waivers. DHS must also share in writing the word changes to the existing rules they are proposing to make. The Medicaid statute is part of the Social Security Act and there are some basic requirements that every state Medicaid program must follow, too. The federal government has an interest in making sure these requirements are met. There are two ways a state can change their existing Medicaid programs either by a state plan amendment or through a specifically designed waiver.

What is a state plan amendment?

A state plan outlines the details of the Medicaid programs each state implements. The plans are different from state to state because of the level of flexibility the Federal government gives states. States can file amendments to existing Medicaid programs at any time. The amendment to a state plan is a fairly straightforward process. Pages from the existing plan that will be changed are submitted to CMS. Within 90 days of receiving the amendment, CMS will review the changes. If CMS has any questions or concerns about the submitted changes or about any other aspects of that Medicaid program, they can issue a request for information. This starts a process where CMS works closely with the state to address concerns so that the amendment can be approved. The request for information automatically stops the 90 day clock and it resumes when the state completes their response to the questions or concerns.

What is a 1915(b) managed care waiver?

Iowa DHS has announced they are using this CMS waiver tool as part of multi-step process to change Iowa's existing Medicaid programs from a fee-for-service model to managed care. This waiver vehicle allows CMS to approve programs for a state that do one or more of the following:

- Restrict Medicaid program participants (beneficiaries) choice of health providers
- Allow a county or local government to act as a broker to help people in Medicaid to select a managed care plan network
- Restrict the number and type of providers for specific Medicaid services, such as the number of companies providing transportation
- Allow the state to use the savings achieved through the managed care system to provide additional services to Medicaid eligible individuals

A 1915(b) managed care waiver also provides the legal authority for a state to require all Medicaid eligible individuals enroll in a managed care plan network. The new waiver will officially be referred to as the Iowa High Quality Healthcare Initiative Waiver when it is submitted. If CMS grants approval of the proposed changes, the waiver will be in place for five years.

Besides filing for a 1915(b) waiver, state plan amendments will be used to make changes to the following existing Iowa Medicaid programs:

- The seven current Home and Community Based Service (HCBS) Waivers transition to managed care will be submitted as a 1915(c) amendment concurrently with a 1915(b) managed care waiver application
- An 1115 Demonstration Waiver will be submitted for the Iowa Wellness Plan Demonstration Waiver and the Family Planning Demonstration Waiver

Both the state plan amendments and the managed care waiver are required to be published for the public to review. Iowa DHS released the documents July 27th, 2015. View them here: <http://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization>

Public Hearings, Written Comment Periods Are Required by Law

Part of the process to receive CMS approval to make changes to existing Medicaid programs includes advertised public hearings and a 35-day time period for individuals with disabilities, family members, and other stakeholders to submit written comments after reviewing the proposed changes.

At the time this newsletter was published, four public hearings had been held to hear comments about the state's request to CMS to change Iowa's Medicaid programs. The only HCBS Waivers currently ready for the hearing and comment period are as follows:

PUBLIC HEARINGS HELD ACROSS IOWA

July 27, 2015 Bettendorf

July 31, 2015 Des Moines

August 3, 2015 Cedar Rapids

August 5, 2015 Sioux City

- 1915(b) High Quality Healthcare Initiative Waiver (name of the new managed care waiver)
- Children's Mental Health (CMH) Waiver
- Intellectual Disabilities (ID) Waiver
- Elderly Waiver
- Iowa Wellness Plan Demonstration Waiver
- Iowa Family Planning Demonstration Waiver

Written comments can be submitted through **Monday, August 24, 2015** via:

Email: ModernizationWaiverComment@dhs.state.ia.us

Regular Mail: Iowa Department of Human Services Iowa Medicaid Enterprise

Attention: Rick Riley

100 Army Post Rd, Des Moines, IA 50315

There will be another set of hearings and a comment time period for the proposed changes in the remaining HCBS Waiver programs being proposed by Iowa DHS. The documents have not been released publicly yet. Families interested in reviewing these documents should monitor the DHS Medicaid Modernization link for the expected announcement. The pending HCBS waivers that will be released for review are as follows:

- Health and Disability (HD) Waiver
- Physical Disability Waiver
- Brain Injury (BI) Waiver
- HIV/AIDS Waiver



How will this change impact my family?

If CMS approves the proposed changes outlined on the previous page of this newsletter, Iowa DHS will require Medicaid eligible individuals to become a member of a Medicaid managed care plan network. You will be notified through a letter in the mail. The letter will provide your tentative assignment to one of the managed care plan networks. Siblings and spouses will be assigned to the same network. You will be instructed to make a phone call by a certain deadline if you want to change your managed care plan network assignment. Make sure your primary care doctor is part of the managed care network you are assigned or that you chose when you call to make changes to your assignment. If you decide on another network that does not include your primary care doctor, make sure you build a strong professional relationship with the new doctor you pick. In managed care plan models, the primary care doctor serves as a “gate keeper” to other referred specialists.

Who is required to be part of a managed care plan?

Individuals receiving Medicaid health care and/or services through the following programs will be required to be part of a Medicaid managed care plan:

- HCBS Waivers
- Long Term Care
- Iowa Health and Wellness Plan
- hawk-i members (children, age 19 and younger)
- Medically needy

Individuals receiving care and/or services through the programs listed below will not be required to be part of a managed care plan. This is known as a “carve out.” Health care and service delivery will not change from the way it is currently done:

- PACE (member option)
- Health Insurance Premium Payment Program (HIPP), Eligible for Medicare Savings Program only
- Undocumented person eligible for short-term emergency services only
- Members receiving dental care through the Dental Wellness Plan
- Students receiving school based medical services through Medicaid Reimbursement claiming
- Grant award programs such as Money Follows the Person

Refer to the Iowa DHS [Request for Proposal fact sheet](#) for additional information on the proposed initiative currently known as Medicaid Modernization.

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ASK Resource Center, Inc.



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