

June 7, 2019

Anna Ruggle
Iowa Department of Human Services (DHS)
Iowa Medicaid Enterprise
611 Fifth Avenue
Des Moines, IA 50309

RE: DHS, Iowa Health and Wellness Plan at <https://dhs.iowa.gov/public-notice/iowa-wellness-plan>

Submitted electronically via aruggle@dhs.state.ia.us

Dear Ms. Ruggle,

UnityPoint Health (UPH) is pleased to provide input in response to the public notice regarding the extension of the 1115 Iowa Wellness Plan Demonstration Waiver, which is set to expire December 31, 2019. UPH is one of the nation's most integrated healthcare systems. Through more than 32,000 employees and our relationships with more than 310 physician clinics, 39 hospitals in metropolitan and rural communities and 19 home health agencies throughout our 9 regions, UPH provides care throughout Iowa, Illinois and Wisconsin. On an annual basis, UPH hospitals, clinics and home health provide a full range of coordinated care to patients and families through more than 6.2 million patient visits.

As stated in the public notice, DHS intends to request a five-year extension of the 1115 Wellness Plan Demonstration Waiver. UPH appreciates the time and effort of the Iowa Department of Human Services in developing and proposing this request. We respectfully offer the following comments.

GENERAL COMMENTS

Iowa Wellness Plan (IWP) is essentially Iowa's demonstration to enact Medicaid expansion and became operational on January 1, 2014 for a three-year period.¹ Its goals were to ensure the covered population had access to high-quality local provider networks and modern benefits that worked to improve health outcomes; and to drive healthcare system transformation by encouraging a shift to value-based payments that align with important developments in both the private insurance and Medicare markets. CMS granted a three-year extension to the initial timeframe, which is set to expire after December 31, 2019.

- **Comments: UnityPoint Health supports this Medicaid expansion demonstration and its expanded coverage to an otherwise uninsured population.**

¹ CMS approved the Iowa Wellness Plan §1115 Demonstration Waiver (Project #11-W-00289/5) and the Marketplace Choice §1115 Demonstration Waiver (Project # 11-W-00288/5) on December 10, 2013.

DELIVERY SYSTEM

Managed care organizations continue to be responsible for delivering all IWP covered benefits. Enrollment of Demonstration participants in managed care and the program is mandatory, with the exception of certain populations described in the State's §1915(b) Iowa High Quality Healthcare Initiative Waiver, and Alaskan Natives and American Indians are enrolled voluntarily.

- **Comments:** *UnityPoint Health continues to encourage the State to authorize and enter into value-based arrangements with entities outside managed care organizations for the delivery of Medicaid covered benefits, including IWP covered benefits.* Managed care has not been the panacea in Iowa. Since its adoption in April 2016¹, cost savings have not met original predictions and, more importantly, two MCOs have terminated contracts early causing disruption to continuity of care for vulnerable Iowans. This delivery system is not working. As the largest integrated health system within the State of Iowa, we believe the State should work with provider organizations that are invested in the State and our communities to recognize arrangements to directly deliver value-based care. This would also align with directives in the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) for states to encourage Alternative Payment Models.

WAIVER AUTHORITY

The State requests continuation of all currently approved federal waivers. The only modification requested is a change to the waiver of retroactive eligibility to align with current program operations. Specifically, as implemented by DHS effective for applications received on or after July 1, 2018, in accordance with Iowa Senate File 2418, a period of up to three months of retroactive eligibility is provided for applicants who are residents of a nursing facility at the time of Medicaid application and are otherwise Medicaid-eligible.

- **Comments:** *UnityPoint Health agrees that the waiver authority should reflect current practice and recognize retroactive eligibility for residents of a nursing facility at the time of Medicaid application who are otherwise Medicaid-eligible.* That said, we have concerns related to the sufficiency of the supporting documentation for this request.

First, we disagree with the State's characterization of this change as "technical" in nature, as this was a substantive change enacted through the legislative process and this population was targeted due to the adverse impact of this policy. As a substantive change, ***we believe that that State's request (via the Fast Track Application) is deficient and lacks the required specificity for the public and CMS to understand the impact of the requested change.***

- In the "General Description" narrative, the State's response does not address the explicit CMS instruction to "include information on the expected impact these proposed program changes will have on populations covered by the demonstration and how it furthers the approved objectives and goals of the demonstration."

¹ The managed care delivery system in Iowa is authorized through the §1915(b) High Quality Healthcare Initiative Waiver, effective April 1, 2016.

- In the “Waiver Authorities” narrative, the State’s response indicates requested changes to special terms and conditions. It is silent regarding “how each new waiver authority is necessary to implement the proposed changes and also how each proposed change furthers the state’s intended goals and objectives for the requested extension period.”

Regardless of whether this waiver modification was mandated by state legislation, this does not excuse the State from responding to specific CMS application instructions, which also inform the public of the rationale and impact of this modification.

Second, while we understand that this is an extension request, ***we do not believe that the public notice contains sufficient information on its face to provide a “comprehensive description of the demonstration application or extension to be submitted to CMS that contains a sufficient level of detail to ensure meaningful input from the public.”***¹ Under the “Waiver Authority” narrative, the public notice indicates that the “State requests continuation of all currently approved federal waivers.” This does not list the seven waivers that are contained within this demonstration and only describes a requested modification to the retroactive eligibility waiver. While this may be responsive to the CMS Fast Track Application, we do not believe that this meets the public notice requirements of 42 CFR 431.408(a)(1)(i)(E), which mandate inclusion of the “specific waiver and expenditure authorities that the State believes to be necessary to authorize the demonstration.”

EVALUATION

The State intends to study the following research questions and hypotheses [related to IWP] during the waiver extension period. These have been developed in alignment with the recent CMS release of evaluation design guidance for eligibility and coverage §1115 waivers, where applicable to the Iowa Wellness Plan.

- **Comments:** Section 1115 demonstration waivers are a forum to allow states to test innovations not permitted under traditional Medicaid. ***We applaud CMS for its recent issuance of new state tools and guidance that provide standard monitoring metrics and recommended research methods geared specifically for section 1115 demonstrations.*** These tools not only offer a means for states to be accountable for program performance and CMS a framework to perform meaningful meta-analyses, but ***they offer health systems and providers better direction on how Medicaid is defining effectiveness and value.*** As providers are being encouraged to transition to value, the parameters around how success is benchmarked is important.

We appreciate the State’s attempt to align the IWP evaluation to the recently released CMS guidance. Again, ***we do not believe that the State’s reply is responsive to the CMS Fast Track Application.*** The instructions state “Describe any proposed changes to the overall demonstration evaluation design, research questions or hypotheses being tested, data sources, statistical methods, and/or outcome measures. Justification should include how these changes furthers and does not substantially alter the

¹ 42 CFR 431.408(a)(1)(i)

currently approved goals and objectives for the demonstration.” The State’s reply is that “As outlined in Appendix C, modifications are proposed to the evaluation design hypotheses to align with recent CMS release of evaluation design guidance for eligibility and coverage §1115 waivers, where applicable to the Iowa Wellness Plan.” This reply does not include data sources, statistical methods or outcome measures, nor does it provide justification related to approved goals and objectives. ***As a provider interested in pursuing value-based arrangements, it is important for us to understand the details of this evaluation so that we can provide public input through the waiver approval process and incorporate the substance of these measures within our operations and contractual arrangements.*** A statement of hypothesis and research questions alone does not provide sufficient detail to understand how the State intends to meet the CMS guidance. Although the CMS tools provide examples of required and recommended metrics, the State’s reply and attachment do not identify data sources, CMS metrics that will be included in the Iowa demonstration (i.e. what recommended measures may be included), whether additional metrics will be included, and any expected outcomes or levels of performance. ***Because this application lacks this detail, UnityPoint Health does not have enough information at this time to provide effective or targeted input related to the demonstration’s proposed evaluation.***

We appreciate this opportunity to provide comments to the proposed extension of the 1115 Iowa Wellness Plan Demonstration Waiver and its impact on our providers and integrated health care system as well as our Medicaid patients and communities. To discuss our comments or for additional information on any of the addressed topics, please contact Sabra Rosener, Vice President of Government & External Affairs at Sabra.Rosener@unitypoint.org or 515-205-1206.

Sincerely,



Sabra Rosener, JD

VP, Government & External Affairs