

Public Notice

Public Comment Period to Extend the §1115 Iowa Wellness Demonstration Waiver

Posted May 10, 2019

Notice is hereby given that the Iowa Department of Human Services (DHS) will hold public hearings on the renewal of the §1115 Iowa Wellness Plan (IWP) Demonstration Waiver, which is set to expire December 31, 2019. DHS intends to request extension of this waiver for an additional five years pursuant to §1115(f) and §1915(h)(2) of the Social Security Act with no modifications to current program operations.

Hearings offer an opportunity for the public to provide written or verbal comments about the IWP Demonstration Waiver extension. All comments will be summarized and taken into consideration prior to submission to the Centers for Medicare and Medicaid Services (CMS). Hearings will be held at the following dates, times, and locations:

Tuesday, May 21, 2019

Hoover State Office Building
A-Level, Conference Room 7
1305 E. Walnut St.
Des Moines, IA 50319
1:30 – 2:30 p.m.
Conference Line Available:
Call 1-866-685-1580;
Code 000-999-0232

Wednesday, May 22, 2019

Coralville Public Library
Meeting Room A
1401 5th Street
Coralville, IA 52241
12:00 – 1:00 p.m.
Conference Line Available:
Call 1-866-685-1580;
Code 000-999-0232

This notice provides details about the Demonstration Waiver and serves to open the 30-day public comment period. The comment period closes June 10, 2019.

Goals and Objectives

In 2013, the Iowa Legislature passed with bi-partisan support the Iowa Health and Wellness Plan (IHAWP) to provide access to healthcare for uninsured, low-income Iowans, using a benefit design intended to address liabilities associated with simply expanding the number of members in traditional Medicaid coverage. The IHAWP design sought to improve outcomes, increase personal responsibility, and ultimately lower costs. Key goals of the program include:

- Improving enrollee health and wellness through the encouragement of healthy behaviors and use of preventive services.
- Increasing enrollee engagement and accountability in their health care.
- Increasing enrollee's access to dental care.

Since its inception, the IHAWP has expanded access to health care throughout Iowa.

Trends in quality measures indicate this coverage has improved access to primary care and preventive services. The proposed extension of the IWP will enable the State to continue its efforts to provide access to health care to otherwise Medicaid ineligible lowans.

Demonstration Eligibility

No changes are proposed to program eligibility. Under the waiver extension, the IWP will continue to target individuals who are eligible in the adult group under the State Plan.

◆ *Table 1: IWP Eligibility*

Eligibility Group Name	Social Security Act and CFR Citations	Income Level
The Adult Group	§1902(a)(10)(A)(i)(VIII) 42 CFR §435.119	0 – 133% FPL

Iowa Medicaid enrollees aged 19 and older outlined in Table 2, who do not meet one of the following exclusions, will continue to be enrolled in the DWP portion of the Demonstration: (i) enrollment in the Program of All-Inclusive Care for the Elderly (PACE); (ii) enrollment in the Health Insurance Premium Payment Program (HIPP); (iii) presumptively eligible; (iv) nonqualified immigrants receiving time-limited coverage of certain emergency medical conditions; (v) persons eligible only for the Medicare Savings Program; (vi) medically needy; and (vii) during periods of retroactive eligibility.

◆ *Table 2: DWP Eligibility*

Eligibility Group Name	Social Security Act and CFR Citations	Income Level	Age Requirement	
The Adult Group	§1902(a)(10)(A)(i)(VIII) 42 CFR §435.119	0 – 133% FPL	19 and over	
Parents and Other Caretaker Relatives	1902(a)(10)(A)(i)(I) 1931(b) and (d) 42 CFR 435.110	<i>Household Size</i>	19 and over	
		1		<i>Income Limit</i> \$447
		2		\$716
		3		\$872
		4		\$1,033
		5		\$1,177
		6		\$1,330
		7		\$1,481
		8		\$1,633
		9		\$1,784
10	\$1,950			
Transitional Medical Assistance	408(a)(11)(A) 1931(c)(2) 1925	First 6 months: N/A Additional 6 months: 0-185% FPL	19 and over	

Eligibility Group Name	Social Security Act and CFR Citations	Income Level	Age Requirement
	1902(a)(52)		
Pregnant Women	1902(a)(10(A)(i)(III) and (IV) 1902(a)(10)(A)(ii)(I), (IV) and (IX) 1920 43 CFR 435.116	0-375% FPL	19 and over
Mandatory Aged, Blind and Disabled Individuals	42 CFR 435.120 through 42 CFR 435.138	SSI Limit	19 and over
Optional Eligibility for Individuals who Meet Income & Resource of Cash Assistance Programs	1902(a)(10)(A)(ii)(I) 42 CFR 435.210	SSI Limit	19 and over
Optional Eligibility for Individuals who would be Eligible for Cash Assistance if they Were not in Medical Institutions	1902(a)(10)(A)(ii)(IV) 42 CFR 435.211	SSI FBR	19 and over
Institutionalized Individuals	1902(a)(10)(A)(ii)(V)	300% SSI FBR	19 and over
Medicaid for Employed People with Disabilities	1902(a)(10)(A)(ii)(XIII)	250% FPL	19 and over
Former Foster Care Children up to Age 26	1902(a)(10)(A)(i)(IX) 42 CFR 435.150	N/A	19 and over
Independent Foster Care Adolescents	1902(a)(10)(A)(ii)(XVII)	254% FPL	19 and over
Reasonable Classifications of Children	42 CFR 435.222	N/A	19 and over
§1915(c) HCBS Physical Disability Waiver	1902(a)(10)(A)(ii)(VI) 42 CFR 435.217	300% SSI FBR	19 and over
§1915(c) HCBS Health and Disability Waiver	1902(a)(10)(A)(ii)(VI) 42 CFR 435.217	300% SSI FBR	19 and over
§1915(c) HCBS Elderly Waiver	1902(a)(10)(A)(ii)(VI) 42 CFR 435.217	300% SSI FBR	19 and over
§1915(c) HCBS	1902(a)(10)(A)(ii)(VI)	300% SSI FBR	19 and over

Eligibility Group Name	Social Security Act and CFR Citations	Income Level	Age Requirement
Intellectual Disability Waiver	42 CFR 435.217		
§1915(c) HCBS AIDS Waiver	1902(a)(10)(A)(ii)(VI) 42 CFR 435.217	300% SSI FBR	19 and over
§1915(c) HCBS Brain Injury Waiver	1902(a)(10)(A)(ii)(VI) 42 CFR 435.217	300% SSI FBR	19 and over
Breast & Cervical Cancer Treatment Program	1902(a)(10)(A)(ii)(XVIII) 42 CFR 435.213	N/A	19 and over

Enrollment and Fiscal Projections

Annual enrollment and aggregate annual expenditures are not expected to increase or decrease as a result of the extension of this Demonstration. The State is not seeking any expenditure authorities under this Demonstration and CMS has previously determined that this Demonstration is budget neutral.

Benefits

The IWP extension will not modify current covered benefits. IWP benefits are described in the Iowa Wellness Plan alternative benefit plan (ABP). Dental benefits also remain unchanged under this extension. During the first year of enrollment in the DWP, expansion adults receive all available dental benefits described in the ABP; all other eligibility groups receive all dental benefits described in the state plan during their first year of enrollment in the DWP. To maintain access to full dental benefits in their second year of enrollment without a premium obligation, DWP enrollees must complete the required healthy behaviors, which include completion of an oral health self-assessment and preventive dental exam, during their first year of enrollment. All enrollees under 21 years of age continue to be eligible for medically necessary services in accordance with federal early and periodic screening, diagnostic and treatment (EPSDT) requirements.

Cost Sharing

Current IWP and DWP cost sharing will remain unchanged by this extension. All IWP members have no cost-sharing during their first year of enrollment. During the second year, enrollees at or above 50% of the federal poverty level (FPL), who do not complete required healthy behaviors (i.e., health risk assessment and annual exam) during their first year of enrollment will be required to pay a monthly premium during the subsequent enrollment year, subject to a 30-day healthy behavior grace period. Individuals below 50% of the FPL, medically frail and members in the Health Insurance Premium Payment (HIPP) population, and all individuals who self-attest to a financial hardship are exempt from the required premium payment.

Monthly premium amounts will not exceed \$5 per month for nonexempt households

from 50% up to 100% of FPL, and \$10 per month for nonexempt households between 100% and 133% of FPL. Enrollees are allowed a 90-day premium grace period, and enrollees under 100% FPL cannot be disenrolled for nonpayment of a premium, nor can an individual be denied an opportunity to re-enroll due to nonpayment of a premium. Individuals over 100% may be disenrolled for nonpayment but they can reapply. After 90 days, unpaid premiums may be considered a collectible debt owed to the State. Finally, the State will impose a copayment for non-emergency use of the emergency room consistent with Iowa's Medicaid State Plan and with all federal requirements.

DWP enrollees over 50% FPL who have not completed a DWP healthy behavior in their first year of program enrollment will be charged a monthly dental premium, not to exceed \$3, beginning in their second year of enrollment. Annual completion of the required healthy behaviors will waive an enrollee's premium for the following year. Therefore, members who continue to complete the required healthy behaviors will never be subject to a monthly premium. Enrollees with a premium obligation who fail to make monthly DWP premium payments will receive basic dental services as outlined in the ABP and State Plan for the remainder of the benefit year. The following eligibility groups continue to be exempt from DWP premiums, and will not have their benefits reduced in their second year of enrollment: (i) pregnant women; (ii) individuals whose medical assistance for services furnished in an institution is reduced by amounts reflecting available income other than required for personal needs; (iii) 1915(c) waiver enrollees; (iv) individuals receiving hospice care; (v) Indians who are eligible to receive or have received an item or service furnished by an Indian health care provider or through referral under contract health services; (vi) breast and cervical cancer treatment program enrollees; and (vii) medically exempt enrollees.

Delivery System

Managed care organizations continue to be responsible for delivering all IWP covered benefits, with the exception of dental benefits, which are carved out and delivered to enrollees through a prepaid ambulatory health plan (PAHP).

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. Excepted populations continue to receive services through the fee-for-service delivery system outlined in Iowa's Medicaid State Plan.

Waiver Authority

The State requests continuation of all currently approved federal waivers. The only modification requested is a technical 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.

Expenditure Authority

There are currently no expenditure authorities required to implement the IWP and DWP. No federal expenditure authorities are requested with this Demonstration extension.

Evaluation

The State intends to study the following research questions and hypotheses 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.

Table 3: Proposed IWP Evaluation Parameters

Hypothesis	Research Question(s)
Waiver Policy: Premiums Tied to Healthy Behavior Requirements	
Goal: Improve enrollee health and wellness through the encouragement of healthy behaviors and use of preventive services.	
The proportion of IWP enrollees who complete a wellness exam will be greater than among traditional Medicaid enrollees who do not have premiums tied to completion of healthy behaviors.	What are the effects of the premium incentive on Wellness Plan enrollees?
Waiver Policy: Non-Eligibility Periods (Disenrollment for Premium Non-Payment)	
Goal: Increase enrollee engagement and accountability in their health care.	
Medicaid beneficiaries subject to non-eligibility periods for noncompliance with program requirements will have higher rates of compliance with those requirements than other beneficiaries not facing non-eligibility periods.	Are beneficiaries subject to non-eligibility periods for noncompliance with program requirements more likely to comply with those requirements than other Medicaid beneficiaries not subject to non-eligibility periods?
	What are common barriers to compliance with program requirements that have non-eligibility period consequences for noncompliance?
Among beneficiaries who enroll in Medicaid, those subject to non-eligibility periods will have more continuous enrollment than those not subject to non-eligibility periods.	What is the likelihood of enrollment continuity for those subject to non-eligibility periods compared to other Medicaid beneficiaries?
Through greater continuity of coverage, health outcomes will be better for those subject to non-eligibility periods than for other Medicaid beneficiaries.	Do beneficiaries who are subject to non-eligibility periods have better health outcomes than other beneficiaries?
Waiver Policy: Waiver of Retroactive Eligibility	
Goal: Encourages individuals to obtain and maintain health insurance coverage, even	

Hypothesis	Research Question(s)
when healthy.	
Eliminating retroactive eligibility will increase the likelihood of enrollment and enrollment continuity.	Do eligible people subject to retroactive eligibility waivers enroll in Medicaid at the same rates as other eligible people who have access to retroactive eligibility?
	What is the likelihood of enrollment continuity for those subject to a retroactive eligibility waiver compared to other Medicaid beneficiaries who have access to retroactive eligibility?
	Do beneficiaries subject to retroactive eligibility waivers who disenroll from Medicaid have shorter enrollment gaps than other beneficiaries who have access to retroactive eligibility?
Eliminating retroactive eligibility will increase enrollment of eligible people when they are healthy relative to those eligible people who have the option of retroactive eligibility.	Do newly enrolled beneficiaries subject to the waiver of retroactive eligibility have higher self-assessed health status than other newly enrolled beneficiaries who have access to retroactive eligibility?
Through greater continuity of coverage, health outcomes will be better for those subject to retroactive eligibility waivers compared to other Medicaid beneficiaries who have access to retroactive eligibility.	Do beneficiaries subject to the retroactive eligibility waiver have better health outcomes than other beneficiaries who have access to retroactive eligibility?
Elimination or reduction of retroactive coverage eligibility will not have adverse financial impacts on consumers.	Does the retroactive eligibility waiver lead to changes in the incidence of beneficiary medical debt?

Additionally, during the new Demonstration period, Iowa will maintain the original evaluation design of the DWP which studies the research questions as outlined in the table below.

Table 4: Proposed DWP Evaluation Parameters

Research Question	Hypothesis
What are the effects of DWP 2.0 on member access to care?	DWP 2.0 members will have equal or greater access to dental care than either DWP 1.0 or Medicaid State Plan (MSP) members had prior to May 1, 2017.
	DWP 2.0 members will be more likely to receive preventive dental care than either DWP 1.0 or MSP members were prior to May 1, 2017.
	DWP 2.0 members will have equal or lower use of emergency

Research Question	Hypothesis
	department services for non-traumatic dental care than either DWP 1.0 or MSP members had prior to May 1, 2017.
	DWP 2.0 members will have equal or better quality of care than either DWP 1.0 or MSP members did prior to May 1, 2017.
	DWP 2.0 members will report equal or greater satisfaction with the dental care provided than DWP 1.0 or MSP members did prior to May 1, 2017.
	DWP 2.0 members will report better understanding of their benefits when compared to the DWP 1.0 tiered structure.
	The earned benefit structure will not be perceived by members as a barrier to care in comparison to DWP 1.0.
What are provider attitudes towards the DWP?	The DWP 2.0 benefit structure will not be perceived by dentists as a barrier to providing care.
	Over 50% of DWP 2.0 providers will remain in the plan for at least 3 years.
What are the effects of the benefit structure – including healthy behavior requirements, cost sharing, and reduced benefits – on DWP member outcomes?	The benefit structure for DWP 2.0 members will increase regular use of recall dental exams over the study period.
	The benefit structure will not be seen as a barrier to care by DWP 2.0 members.
	In year 2 of the DWP 2.0 and beyond, use of preventive dental care will be higher than in the first year of the program.
	DWP 2.0 policies will promote member compliance with healthy behavior activities.
What are the effects of DWP member outreach and referral services?	DWP 2.0 member outreach services will address dentists' concerns about missed appointments.
	DWP 2.0 member referral services will improve access to specialty care for DWP 2.0 members as compared to MSP members prior to May 1, 2017.
	DWP 2.0 member outreach will improve DWP 2.0 members' compliance with follow-up visits, including recall exams, as compared to DWP 1.0 and MSP members
	DWP 2.0 member outreach will improve members' access to a regular source of dental care.

Submission Of Comments

This notice and all waiver documents are available online at: <https://dhs.iowa.gov/public-notices/iowa-wellness-plan>. To reach all stakeholders, non-electronic copies will also be made available for review at DHS Field Offices. A complete listing of DHS Field Offices is provided as an Attachment to this notice.

Written comments may be addressed to Anna Ruggle, Department of Human Services, Iowa Medicaid Enterprise, 611 Fifth Avenue, Des Moines, IA 50309. Comments may also be sent to the attention of: DHS, Iowa Health and Wellness Plan at: aruggle@dhs.state.ia.us through June 10, 2019.

After the comment period has ended, a summary of comments received will be made available at: <https://dhs.iowa.gov/public-notices/iowa-wellness-plan>.

Submitted by:
Michael Randol
Iowa Medicaid Enterprise
Iowa Department of Human Services

Attachment: DHS Field Office Locations

County	Building Name	Building Address	City	Zip
Benton	Benton County DHS	114 E 4th Street	Vinton	52349
Black Hawk	Black Hawk County DHS	1407 Independence Ave.	Waterloo	50704
Buchanan	Buchanan County DHS	1415 1st Street West	Independence	50644
Buena Vista	Buena Vista County DHS	311 E. 5th Street	Storm Lake	50588
Butler	Butler County DHS	713 Elm Street	Allison	50602
Carroll	Carroll County DHS	608 N Court Street, Ste. C	Carroll	51401
Cass	Cass County DHS	601 Walnut Street	Atlantic	50022
Cerro Gordo	Cerro Gordo County DHS	Mohawk Square, 22 N Georgia Ave, Ste. 1	Mason City	50401
Clarke	Clarke County DHS	109 S Main	Osceola	50213
Clay	Clay County DHS	1900 North Grand Ave. Ste. E-8	Spencer	51301
Clinton	Clinton County DHS	121 Sixth Ave S.	Clinton	52733
Dallas	Dallas County DHS	25747 N. Avenue, Suite A	Adel	50003
Des Moines	Des Moines County DHS	560 Division Street, Suite 200	Burlington	52601
Dickinson	Dickinson County DHS	Dickinson County Courthouse 1802 Hill Ave, Suite 2401	Spirit Lake	51360
Dubuque	Dubuque County DHS	410 Nesler Center, 799 Main Street	Dubuque	52004
Emmet	Emmet County DHS	220 S 1st Street	Estherville	51334
Fayette	Fayette County DHS	129 A North Vine	West Union	52175
Floyd	Floyd County DHS	1206 S Main Street	Charles City	50616
Hamilton	Hamilton County DHS	2300 Superior Street	Webster City	50595
Harrison	Harrison County DHS	204 E 6th St	Logan	51546
Henry	Henry County DHS	205 W Madison Street	Mt. Pleasant	52641
Jasper	Jasper County DHS	115 N 2nd Ave E. Suite H	Newton	50208
Jefferson	Jefferson County DHS	304 South Maple	Fairfield	52556
Johnson	Johnson County DHS	855 S. Dubuque Street	Iowa City	52240
Lee	Lee County DHS	933 Avenue H	Ft. Madison	52627
Lee	Lee County DHS	307 Bank Street	Keokuk	52632
Linn	Linn County DHS	411 3rd Street SE, Suite 600	Cedar Rapids	52401
Linn	Linn County DHS, Harambee House	404 17th Street Southeast	Cedar Rapids	52403
Mahaska	Mahaska County DHS	410 S 11th Street	Oskaloosa	52577

County	Building Name	Building Address	City	Zip
Marshall	Marshall County DHS	206 W State Street	Marshalltown	50158
Montgomery	Montgomery County DHS	1109 Highland Ave	Red Oak	51566
Muscatine	Muscatine County DHS	3210 Harmony Lane	Muscatine	52653
O'Brien	O'Brien County DHS	160 Second Street Se	Primghar	51245
Polk	Polk County DHS	Polk County River Place, 2309 Euclid Ave	Des Moines	50310
Polk	Polk County DHS- Carpenter Office	1900-1914 Carpenter	Des Moines	50314
Polk	Centralized Service Intake Unit	401 SW 7th St, Suite G	Des Moines	50309
Pottawattamie	Pottawattamie County DHS	417 E Kanessville Blvd.	Council Bluffs	51503
Pottawattamie	Income Maintenance Customer Call Center	300 W Broadway, Suite 110	Council Bluffs	51503
Scott	Scott County DHS	600 W. 4th St. 2nd & 3rd Floors	Davenport	52801
Sioux	Sioux County DHS	215 Central Ave. Se	Orange City	50141
Story	Story County DHS	126 S Kellogg Ave, Suite 101	Ames	50010
Union	Union County DHS (SVC)	304 N Pine St	Creston	50801
Union	Union County DHS	300 N Pine St	Creston	50801
Wapello	Wapello County DHS	120 E Main St	Ottumwa	52501
Warren	Warren County DHS	1005 South Jefferson Way	Indianola	50125
Webster	Webster County DHS	330 1st Ave. N	Fort Dodge	50501
Winneshiek	Winneshiek County DHS	2307 US Highway 52 South	Decorah	52101
Woodbury	Woodbury County DHS	Trosper-Hoyt Co Svc Bld., 822 Douglas St	Sioux City	51101