



# Managed Care Plans 101

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# Managed Care Plans defined



Managed Care Organization (MCO) administer the medical health plans.

Pre-ambulatory Health (PAHP) administer the Dental Wellness Plan (DWP)

Managed Care Plan encompasses both the MCO's and the PAHPs.



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# Medicaid Overview

- ▶ The Iowa Department of Health and Human Services (HHS) is the single State entity responsible for administering the Medicaid program in Iowa.
- ▶ The Agency operates this program through its Division of Medicaid. The Agency is also responsible for the Children's Health Insurance Program (CHIP). The separate CHIP program is called Healthy and Well Kids in Iowa, or Hawki.
- ▶ On April 1, 2016, Iowa Medicaid transitioned to a managed care program, known as IA Health Link. As a result of this transition the model for service delivery and reimbursement changed from a primarily Fee-for-Service (FFS) model to a risk based Managed Care Organization (MCO) model.
- ▶ Today, the MCOs provide members with comprehensive health care services, including physical health, behavioral health, and Long Term Services and Supports (LTSS). Approximately 94% of all Iowa Medicaid Members are enrolled in an MCO with 6% remaining in FFS. Iowa's Hawki population is served by the same Medicaid MCOs and included in the total MCO population.



# What is IA Health Link?

IA Health Link was the move of Iowa Medicaid to a **comprehensive risk-based approach** for the majority of populations and services in the Medicaid program.



Improved quality and access



Greater accountability  
for outcomes



Create a more predictable and  
sustainable Medicaid budget



# IA Health Link Vision

Created a **single system of care** that will:



Promote the delivery of **efficient, coordinated** and **high-quality health care**.



Enable all members who could benefit from **comprehensive care management** to receive care through MCOs, including long term care members.



Change from **volume-based payment to value-based payment** will allow incentives to enhance clinical outcomes or quality, including reduced duplication of services and unnecessary hospitalizations.

# IA Health Link Goals

Create a single system of care which delivers efficient, coordinated, and high-quality health care that promotes member choice and accountability in health care coordination.



# Key Goal

Iowa HHS seeks to emphasize **enrolled member choice, access, safety, independence, and responsibility** while providing high quality healthcare in the least restrictive manner. The program is intended to **integrate care and improve quality outcomes and efficiencies** across the healthcare delivery system, in turn decreasing costs through the reduction of unnecessary, inappropriate, and duplicative services.



► For more information visit: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid>



# How the Program Achieves Quality Outcomes (Pt. 1)

## ▶ **Holding MCPs accountable for costs and outcomes creates incentives for:**

- Increased care coordination and reduced duplication
- Investment in preventive services which lead to long term savings
- Prevention of unnecessary hospitalizations

## ▶ **Combining accountability for costs and outcomes enables:**

- Bending the cost curve through appropriate utilization management
- MCO payments tied to outcomes
- Performance outcomes can be increased each contract year

# How the Program Achieves Quality Outcomes (Pt. 2)

- ▶ Expect MCPs to develop strategies to integrate care across the system.



# How the Program Achieves Quality Outcomes (Pt. 3)

## Member Benefits

- ▶ All members expected to receive health screening and services tailored to their individual needs.
- ▶ Individuals with special health care needs will have comprehensive health risk assessment.
- ▶ Care coordination must be person-centered and address unique client needs through individualized care plans.
- ▶ MCPs can provide enhanced services not available through a fee-for-service model.

# Who is **included** in this Program?

## Included

- ▶ Majority of Medicaid members
- ▶ Hawki members
- ▶ Iowa Health and Wellness Plan
- ▶ Long Term Care Facility
- ▶ HCBS Waivers

## Excluded

- ▶ Beneficiaries who have a retroactive Medicaid eligibility period
- ▶ PACE (member option)
- ▶ Health Insurance Premium Payment Program (HIP)
- ▶ Eligible for Medicare Savings Program only
- ▶ Non-qualified immigrants eligible for short-term emergency services only
- ▶ American Indian/Alaskan Natives voluntary
- ▶ Medically Needy
- ▶ Persons incarcerated, ineligible for full Medicaid benefits
- ▶ Persons presumed eligible for services
- ▶ Persons residing in Iowa Veteran's Home
- ▶ Beneficiaries eligible only for the State Family Planning Waiver



# What services are **Included** in the Health Link Program?

- ▶ Traditional Medicaid services including medical care in inpatient and outpatient settings, behavioral health care, emergency and non-emergency medical transportation, etc.
- ▶ Facility based services such as Nursing Facilities services, Intermediate Care Facilities for individuals with Intellectual Disabilities, Psychiatric Medical Institution for Children, Mental Health institutes, Residential Care facilities. and State resource centers
- ▶ Home and Community-Based Services (HCBS) waiver services like HIV/AIDS, Brain Injury, Children's Mental Health, etc.
- ▶ Home and Community-Based Services such as the State Plan HCBS Habilitation and Community-based Neurobehavioral Rehabilitation Services (CNRS)
- ▶ Please see <https://hhs.iowa.gov/sites/default/files/Comm519.pdf?091620192106> for additional information

# What Services are **Excluded** in the Health Link Program?

Dental services provided outside of a hospital setting

MFP Grant services

School-based services provided by the Area Education and Local Education Agencies, and Infant & Toddler Providers

## Pay for Performance (PFP)

The State has provided a sample set of PFP measures for the first year of the Contract for MCPs that are new to the Iowa Health Link program, and a separate set of PFP measures for incumbent.

The P4P measures for MCPs that may be new to the program focus on operational and process metrics, such as measures related to timeliness and data accuracy, to ensure a successful implementation.

It is expected that all MCPs will return to a common set of PFP measures by SFY27, which may differ from the measures for SFY26.

Measures are updated based on baseline performance and areas that HHS would like to focus on for improvement. Final SFY26 capitation rates established prior to the start of the Contract will be calculated in consideration of PFP measures.

# Federal Authorities

1915(b) Waiver for IA Health Link Program

1915(c) Waivers for HCBS Services

1915(i) Waivers for State Plan HCBS Services

1115 Waiver for Iowa Health and Wellness Plan

CHIP Expansion for Hawki

Iowa State Plan



# Iowa HHS Oversight

The IA Health Link contracts have remedy options in place to address compliance issues as they arise.

HHS has included liquidated damages that outline what remedies will be applied in various compliance situations. The State's intended goal is clear expectations and transparency.

Managed Care Oversight and Reporting Bureau works in tandem with other units of Iowa Medicaid and other HHS Divisions for performance review.



Health Policy Oversight Committee

Medical Assistance Advisory Committee (MAAC)

Council on Human Services

MHDS Commission

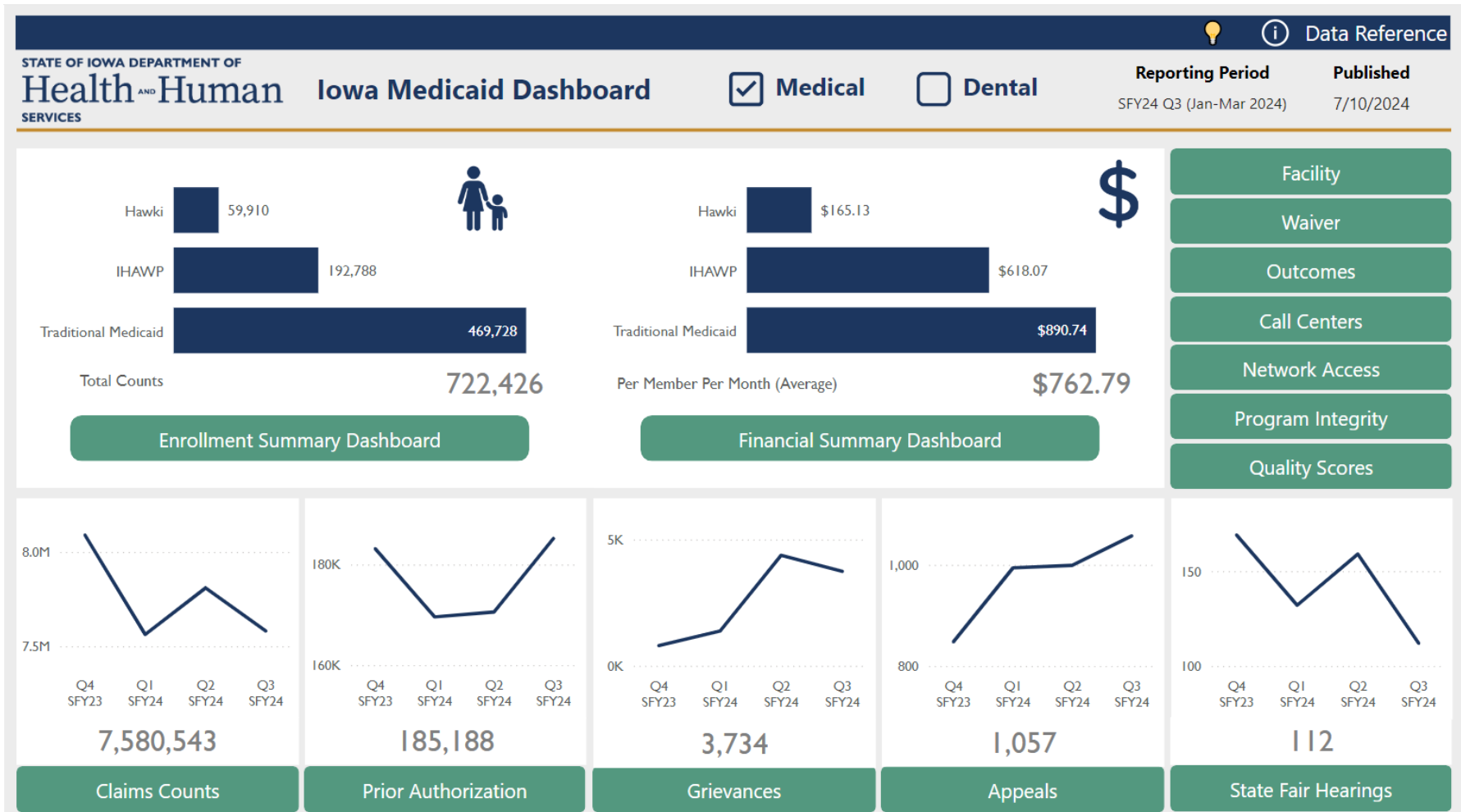
Ombudsman Offices

# Key Operational Groups

Workgroups have been established to align Iowa Medicaid with National Best Practices and create program improvement.

- ▶ Claims and Benefits Work Group
- ▶ Behavioral Health Work Group
- ▶ Encounter Data Work Group
- ▶ Urgent Member Work Group
- ▶ Medicaid Quality Committee (Program Improvement)
- ▶ Monthly Interagency Community Integration
- ▶ Other Specialized Workgroups as Appropriate (EVV, IHA, PA, CMS pilot projects, etc.)

# Reporting- The Iowa Medicaid Dashboard



# Reporting- The Iowa Medicaid Dashboard Cont.

- ▶ [Iowa Medicaid dashboard](#)
- ▶ The dashboard allows access to MCO and Iowa Medicaid data, enhanced data analysis capabilities, and oversight of the managed care plans.
- ▶ The Medicaid dashboard will be updated quarterly. See schedule below:
  - July: Data posted from January, February, and March.
  - October: Data posted from April, May, and June.
  - January: Data posted from July, August, and September.
  - April: Data posted from October, November, and December.
- ▶ The dashboard aims to streamline the reporting process, provide timely updates, and ensure that information is readily available to our stakeholders. The following is just some of the information available:
  - Enrollment and financial summary
  - Prior authorizations and claims processed
  - Waiver and facility data overview
  - Grievances and appeals
  - Call centers, network adequacy
  - Outcomes and quality scores



# Resources

## Contacts

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## Websites

- ▶ [Medicaid Contracts and Rates | Health & Human Services \(iowa.gov\)](https://www.iowa.gov/health-and-human-services/medicaid-contracts-and-rates)
- ▶ [Iowa Health Link | Health & Human Services](https://www.iowa.gov/health-and-human-services/iowa-health-link)
- ▶ <https://www.wellpoint.com/ia/medicaid>
- ▶ <https://www.iowatotalcare.com/>
- ▶ <https://www.welcometomolina.com/ia>
- ▶ [Iowa Health Link Frequently Asked Questions \(FAQs\) | Health & Human Services](https://www.iowa.gov/health-and-human-services/iowa-health-link-frequently-asked-questions)
- ▶ <https://hhs.iowa.gov/performance-and-reports/strategic-plan>
- ▶ [Hawki - Healthy and Well Kids in Iowa | Health & Human Services](https://www.iowa.gov/health-and-human-services/hawki)

# Iowa Dental Programs



# Presentation Topics

- Medicaid Dental Overview
- Dental Program Overview of the Question & Answer Process
- Types of Dental Coverage with Medicaid
- Federal Authorities
- Dental Plan Vision
- Dental Goals
- Key Goal
- How the Dental Program Achieves Quality Outcomes
- What Services are Included in the Dental Program?
- Excluded Services
- Pay for Performance (PFP)
- Iowa HHS Oversight
- Key Groups

# Medicaid Dental Overview

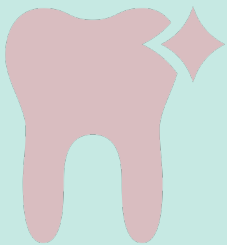


On July 1, 2017, Iowa HHS combined dental benefits for all adult Enrolled Members into one (1) Dental Wellness Plan (DWP), delivered via prepaid ambulatory plans (PAHPs).

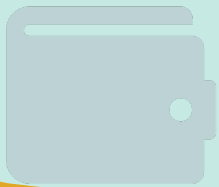


Iowa HHS also provided children dental coverage through various packages.

- Medicaid children under the age of nineteen (19) received comprehensive dental coverage on a fee-for-service basis and Hawki children received dental coverage through a PAHP.
- Hawki also included a dental-only program for children with third-party liability (TPL) coverage.



Effective July 1, 2021, all Medicaid children under the age of nineteen (19) transitioned from the previous dental fee-for-service delivery system and began receiving dental benefits through the currently contracted PAHPs.



Iowa HHS worked to enroll children in PAHPs to better coordinate dental care for children and help promote oral health in an accessible and cost-effective manner.

- Iowa HHS currently contracts with two (2) PAHPs to deliver dental benefits Delta Dental and MCNA.

# Types of Dental Coverage with Medicaid

Most Medicaid members and Hawki members are included in Medicaid Dental Coverage.

The **Dental Wellness Plan (DWP)** provides Medicaid dental coverage for



**DWP-Kids (DWP-K)**  
Non-Hawki members 18 years and younger



**DWP-Adults (DWP-A)**  
Non-Hawki members 19 years and older

The **Healthy and Well Kids in Iowa (Hawki)** program provides dental health care coverage for uninsured children of eligible families.



**Hawki - Medical & Dental**  
Children under age 19 with no other health insurance and income at or below 302% of the federal poverty level (FPL).



**Hawki - Dental Only**  
Children under age 19 that meet the requirements for the Hawki program, but the child is covered by insurance through another health plan without dental insurance.  
Income is at or below 302% FPL.

# Federal Authorities



1115 Waiver for  
Dental Health  
and Wellness  
Plan



CHIP Expansion  
for Hawki



Iowa State Plan

# Dental Plan Vision

Create a system of care that will:

## Build

Build stability for Iowa Medicaid members and providers by coordinating and integrating care.

## Improve

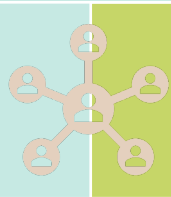
Improve quality outcomes and efficiencies across the healthcare delivery system.

## Decrease

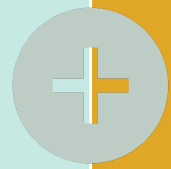
Decrease costs through the reduction of unnecessary, inappropriate and duplicative services.



# Dental Goals



Improve network adequacy and availability of services



Increase recall and prevention services



Improve oral health equity among Medicaid members



Improve coordination and continuity of care between managed care plans



Enhance medical and dental integration

# Key Goal



- Iowa HHS seeks to emphasize **member choice, access, safety, independence, and responsibility** while providing high quality dental healthcare services appropriate to member's health. The program is intended to **integrate care and improve quality outcomes and efficiencies** across the dental healthcare delivery system, in turn decreasing costs through the reduction of unnecessary, inappropriate, and duplicative services.



For more information visit: <https://dhs.iowa.gov/ime/about>

# Achieves Quality Outcomes (Pt. 1)



Holding MCPs accountable for costs and outcomes creates incentives for:

- Increased care coordination and reduced duplication
- Investment in preventive services which lead to long-term savings
- Prevention of unnecessary hospitalizations

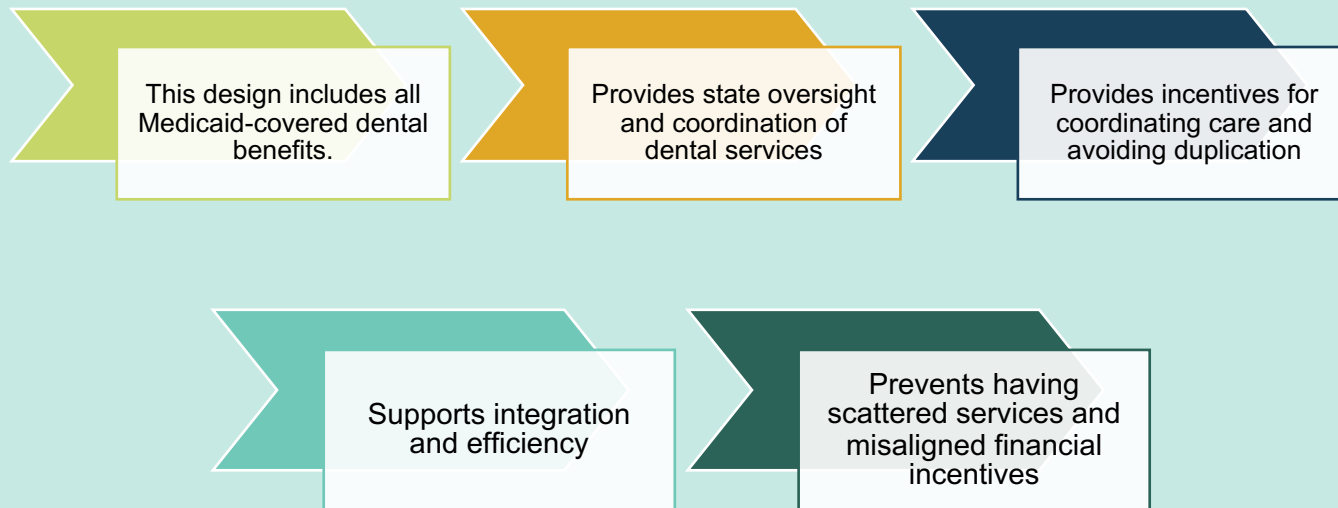


Combining accountability for costs and outcomes enables:

- Bending the cost curve through appropriate utilization management
- MCP payments tied to outcomes
- Performance outcomes can be increased each contract year

# How the Dental Program Achieves Quality Outcomes (Pt. 2)

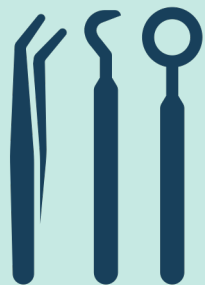
Expect MCPs to develop strategies to integrate care across the system.



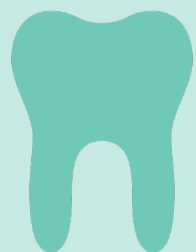
# How the Dental Program Achieves Quality Outcomes (Pt. 3)

## Member Benefits

- MCPs will use the HHS-approved Oral Health Equity Self-Assessment Tool to assess Enrolled Members' oral status and needs, incorporating social determinants of health and tailoring member's services based on those needs.
- Care Coordination program to monitor and coordinate the care for Enrolled Members identified as having special dental health care needs, including the need for specialty providers.



# What Services are Included in the Dental Program?



## **DWP**

A full list of covered dental services are available at <https://secureapp.dhs.state.ia.us/MedicaidFeeSched/X04.xml>

## **Hawki**

Services include diagnostic and treatment services, preventive services, minor restorative services, major restorative services, endodontic services, periodontal services, prosthodontic services, oral surgery, orthodontics and adjunctive general



## **Early and Periodic Screening, Diagnostic and Treatment (ESPT)**

EPSDT provides a comprehensive array of prevention, diagnostic, and treatment services for low-income infants, children and adolescents under age 21

# Excluded Services

Excluded services include services that are:

- Medically unnecessary or unreasonable
- Fail to meet existing standards of professional practice, are currently professionally unacceptable, or are investigational or experimental in nature;
- Are rendered during a period when the member was ineligible for Medicaid
- Require prior approval but for which approval was not obtained or was denied
- Are the responsibility of third parties, such as Medicare or private Health Insurance
- Are fraudulently claimed
- Represent abuse or overuse
- Are for cosmetic purposes and are provided only because of the member's personal preference
- Have already been rejected or disallowed by Medicare, when the rejection was based upon findings for any of the reasons set forth above
- Are provided to a person while the person is an inmate of a non-medical public institution. A non-medical public institution includes, but is not limited to, jails, prisons, and juvenile detention centers. If a non-covered service is provided, providers must inform the member before providing the service that the member will be responsible for the bill

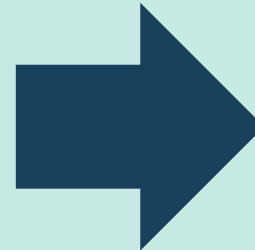


# Iowa HHS Oversight

The Iowa DWP and Hawki contracts have remedy options in place to address compliance issues as they arise.

HHS has developed new liquidated damages that outline what remedies will be applied in various compliance situations. The State's intended goal is clear expectations and transparency.

Iowa Medicaid works in tandem with other HHS divisions for performance review.



Health Policy Oversight Committee

Medical Assistance Advisory Committee (MAAC)

Council on Human Services

Ombudsman Offices

# Key Groups



## **Town Halls**

Member and Provider Town Halls have been established to align Iowa Medicaid with National Best Practices and create program improvement.

## **Dental Stakeholder Workgroup**

A diverse group of stakeholders convened in Fall of 2022 to determine inefficiencies when referring members for oral health needs between medical and dental providers. Feedback from this process was considered in the RFP development.





# Questions

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- ▶ Becky Blum, Wellpoint, [bblum@dhs.state.ia.us](mailto:bblum@dhs.state.ia.us)
- ▶ Carol Mau, Iowa Total Care, [cmou@dhs.state.ia.us](mailto:cmou@dhs.state.ia.us)
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