




# Benefits Comparison: Medicaid State Plan & Iowa Health and Wellness Plan

Plan Benefits	Medicaid State Plan	Iowa Health and Wellness Plan	
		Iowa Wellness Plan	Iowa Marketplace Choice Plan
		 <b>NOTE: Medically Exempt individuals will be enrolled in the Medicaid State Plan benefit with the option to Opt-out</b>	<b>NOTE: Medically Exempt individuals will be enrolled in the Medicaid State Plan benefit with the option to Opt-out</b>
<b>Ambulatory Patient Services</b> <ul style="list-style-type: none"> <li>Physician Services</li> <li>Primary Care</li> </ul>	Covered	Covered	Covered
<b>Chiropractic</b>	Covered	Covered	Covered
<b>Podiatry</b>	Covered	Covered	Covered
<b>Emergency Services</b> <ul style="list-style-type: none"> <li>Emergency Room</li> <li>Ambulance</li> </ul>	Covered	Covered	Covered
<b>Hospitalization</b>	Covered	Covered	Covered
<b>Rehabilitative and Habilitative Services</b> <ul style="list-style-type: none"> <li>Physical Therapy</li> <li>Occupational Therapy</li> <li>Speech Therapy</li> </ul>	Covered, no limits	Covered <ul style="list-style-type: none"> <li>60 visits covered annually for each therapy</li> </ul>	Covered <ul style="list-style-type: none"> <li>60 visits covered annually for each therapy</li> </ul>
<b>Lab Services</b> <ul style="list-style-type: none"> <li>X-Rays</li> <li>Lab Tests</li> </ul>	Covered	Covered	Covered
<b>Prescription Drugs</b>	Covered	Covered	Covered pursuant to Qualified Health Plan benefit; must meet minimum essential benefits
<b>Home Health</b>	Covered	Covered	Covered
<b>Hospice</b>	Covered Respite: Unlimited but may only be used in 5 day increments	Covered Respite: 15 inpatient and 15 day outpatient lifetime limit	Covered Respite: 15 inpatient and 15 day outpatient lifetime limit
<b>Skilled Nursing Facility</b>	Covered, no limits	Limited to 120 days annually	Limited to 120 days annually




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<b>Dental</b>	Covered	Covered – See Proposal for Accountable Dental Care Plan	Covered – See Proposal for Accountable Dental Care Plan
<b>Other Benefits</b> <ul style="list-style-type: none"> <li>• <b>Bariatric Surgery</b></li> <li>• <b>Temporomandibular Joint (TMJ)</b></li> <li>• <b>Eyeglasses</b></li> <li>• <b>Hearing Aids</b></li> <li>• <b>Non-Emergency Medical Transportation</b></li> <li>• <b>Intermediate Care Facility (Nursing Facility)</b></li> <li>• <b>Intermediate Care Facility for the Intellectually Disabled</b></li> </ul>	Covered Covered  Covered Covered Covered  Covered if Level of Care is met  Covered if Level of Care is met	Not Covered Not Covered  Not Covered Not Covered Not Covered  Not Covered  Not Covered	Not Covered Not Covered  Not Covered Not Covered Not Covered  Not Covered  Not Covered
<b>Delivery System</b>			
<b>Managed Care</b>	MediPASS/HMO - Children and Parents only Fee-for-Service – All other populations	MediPASS/HMO	Per QHP plan contracts if applicable
<b>Primary Care Medical Home/Health Home</b>	Chronic Condition Health Home tiered per member per month for persons with chronic conditions	Through payment incentives “\$4-\$10-\$4” plan	Per QHP plan contracts if applicable
<b>Accountable Care Organizations</b>	N/A	Through payment incentives “\$4-\$10-\$4-\$4” plan	Per QHP plan contracts if applicable
<b>Provider Network</b>	Medicaid contracted providers; Medicaid reimbursement methods and policies	Medicaid contracted providers; Medicaid reimbursement methods and policies	QHP contracted provider network; QHP reimbursement methods and contracts



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Mental Health, Substance Abuse Treatment, and Support Services			
Plan Benefits	Medicaid State Plan	Iowa Health and Wellness Plan	
		Iowa Wellness Plan	Iowa Marketplace Choice Plan
		 <b>NOTE: Medically Exempt individuals will be enrolled in the Medicaid State Plan benefit with the option to Opt-out</b>	<b>NOTE: Medically Exempt individuals will be enrolled in the Medicaid State Plan benefit with the option to Opt-out</b>
<b>Mental Health and Substance Use Disorder Services</b>	Covered - Inpatient/Outpatient services including services provided by: <ul style="list-style-type: none"> <li>• Hospitals</li> <li>• Psychiatrist</li> <li>• Psychologist</li> <li>• Social Workers</li> <li>• Family and Marital Therapists</li> <li>• Licensed Mental Health Counselors</li> </ul>	Covered - Inpatient/Outpatient services provided by: <ul style="list-style-type: none"> <li>• Hospitals</li> <li>• Psychiatrist</li> <li>• Psychologist</li> <li>• Social Workers</li> <li>• Family and Marital Therapists</li> <li>• Licensed Mental Health Counselors</li> </ul> <b>*Mental Health Parity Required</b>	Covered - Inpatient/Outpatient services provided by: <ul style="list-style-type: none"> <li>• Hospitals</li> <li>• Psychiatrist</li> <li>• Psychologist</li> <li>• Social Workers</li> <li>• Family and Marital Therapists</li> <li>• Licensed Mental Health Counselors</li> </ul> <b>*Mental Health Parity Required</b>
<b>Other Mental Health Services</b>	<ul style="list-style-type: none"> <li>• Behavioral Health Intervention services</li> <li>• Assertive Community Treatment (ACT)</li> </ul>	Not Covered	Not Covered
<b>Additional B3 services covered because of savings from the Managed Care Iowa Plan Waiver</b>	<ul style="list-style-type: none"> <li>• Intensive psychiatric rehab</li> <li>• Community Support Services</li> <li>• Peer Support</li> <li>• Residential Substance Abuse Treatment</li> </ul>	Not Covered	Not Covered
<b>Habilitation - 1915i Home and Community Based Services</b>	<ul style="list-style-type: none"> <li>• An individualized, comprehensive service plan</li> <li>• Home-based habilitation</li> <li>• Day habilitation</li> <li>• Prevocational habilitation</li> <li>• Supported Employment</li> </ul>	Covered <u>after</u> a Medically Frail/Exempt determination; person is moved into regular Medicaid	Covered <u>after</u> a Medically Frail/Exempt determination; person is moved into regular Medicaid



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Delivery System			
<b>Managed Care</b>	<p>Mental Health and Substance Abuse services covered through the Iowa Plan, 1915(b) managed care plan (Magellan) – all populations except Medically Needy</p> <p>Iowa Plan benefits are the benefits described above</p>	<p>Mental and Health and Substance Abuse services covered through the Iowa Plan</p> <p>Benefits provided through the Iowa Plan are the benefits described above, unless the person is Medically Exempt, in which case benefits are equal to the Medicaid State Plan</p>	<p>Per QHP plan contracts if applicable</p> <p>Benefits are provided by the QHP per QHP plan contracts. Benefits are as described above, unless the person is Medically Exempt, in which case the person will receive Medicaid State Plan benefits through Medicaid and the Iowa Plan</p>
<b>Integrated Health Home</b>	<p>Eligibility based on specified mental health diagnosis</p> <p>IHH provides health home services, including peer support, care coordination, etc. through IHH providers</p>	<p>Only covered under the Medicaid State Plan <u>after</u> a Medically Frail/Exempt determination; person is moved into regular Medicaid</p>	<p>Only covered under the Medicaid State Plan <u>after</u> a Medically Frail/Exempt determination; person is moved into regular Medicaid</p>
<b>Provider Network</b>	<p>Magellan contracted provider network; Medicaid and Magellan reimbursement rates and policies</p>	<p>Magellan contracted provider network; Medicaid and Magellan reimbursement rates and policies</p>	<p>QHP contracted provider network; QHP reimbursement methods and contracts</p>