

House File 653

S-3384

1 Amend House File 653, as amended, passed, and reprinted by  
2 the House, as follows:

3 1. Page 151, after line 20 by inserting:

4 <DIVISION \_\_\_\_

5 MEDICAID MANAGED CARE — PROGRAM EVALUATION

6 Sec. \_\_\_\_ . MEDICAID MANAGED CARE — PROGRAM EVALUATION.

7 1. In addition to being consistent with options under  
8 federal law and regulations, and contingent upon receipt of  
9 approval from the office of the governor of reimbursement  
10 for each abortion performed under the Medicaid program, the  
11 medical assistance appropriation for the fiscal year beginning  
12 July 1, 2017, in this 2017 Act, shall also be contingent upon  
13 completion of the Medicaid managed care program evaluation as  
14 specified in this section.

15 2. a. The department of human services shall utilize the  
16 medical assistance advisory council to receive input from the  
17 membership of the council, the university of Iowa public policy  
18 center, and representatives of other entities and consumers  
19 with interest or expertise relevant to the Medicaid program, to  
20 review Medicaid managed care and, at a minimum, accomplish all  
21 of the following:

22 (1) Evaluate the effects on the Medicaid long-term services  
23 and supports population in receiving Medicaid services through  
24 capitated Medicaid managed care and determine the feasibility  
25 of transitioning the long-term services and supports population  
26 to a fee-for-service or other payment model that best meets  
27 the needs of the population. The objectives of the evaluation  
28 shall include a determination of the best service delivery  
29 system and reimbursement methodology to ensure sufficient  
30 access by members to providers and services, to provide  
31 adequate reimbursement to providers of services and supports,  
32 to improve the health of the population, to improve member  
33 experience of care and ensure positive outcomes, and to reduce  
34 costs through these improvements.

35 (2) In addition to the evaluation of the effects on the

1 Medicaid long-term services and supports population, evaluate  
2 the effects of capitated Medicaid managed care on the remaining  
3 Medicaid populations and determine the best service delivery  
4 system and reimbursement methodology to ensure sufficient  
5 access of members to providers and services, provide adequate  
6 reimbursement to providers of services and supports, to  
7 encourage the delivery of high quality services, and to ensure  
8 positive outcomes for each population.

9 (3) Review the impact of capitated Medicaid managed care  
10 provider reimbursement methodologies and rates on provider  
11 sustainability and member access, and make recommendations  
12 regarding rate and payment methodologies to ensure provider  
13 sustainability and adequate access to providers.

14 (4) Review and determine measures to institute consistency  
15 and uniformity across processes and procedures utilized by  
16 Medicaid managed care organizations to increase efficiencies  
17 and reduce duplication and delay.

18 (5) Review data needs to determine additional Medicaid  
19 managed care contractor data reporting requirements to ensure  
20 member access to medically necessary services and achievement  
21 of overall positive health outcomes.

22 b. The department shall submit a report, summarizing the  
23 evaluation and including findings and recommendations, to the  
24 governor and the general assembly by December 15, 2017.

25 3. The department of human services shall require the  
26 completion of an initial external quality review of the  
27 Medicaid managed care program by January 1, 2018, and, as  
28 part of the ongoing quality assurance activities of the  
29 Iowa Medicaid program, shall continue to contract with  
30 the university of Iowa public policy center to perform an  
31 evaluation of Medicaid managed care by January 1, 2018.>

32 2. By renumbering as necessary.

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