

## IowaCare Implementation Plan

Due Date	Project Name	T&C Letter Reference	Bill Section	Description	Staff Person Assigned	Report	Admin. Rules	Rules Date	State Plan Amendment	SPA Date	1115 Waiver	Systems Changes - ACS/Other	Appropriation
7/1/2005	200% FPL Medicaid Expansion		Section 1-10	Establish the IowaCare Program including eligibility, provider network, covered services, allocation of DSH and GME funding, and covered services at the MHIs. Establish payment/claims system, coordinate with providers and eligibility, implement eligibility process, etc.	IME		Yes	7/1/2005	Yes	7/1/2005	Yes	MMIS, T19, IABC, ISIS.	HCTA FY 2006: \$910,000 to DHS for all implementation costs associated with the Act.
7/1/2005	200% FPL Medicaid Expansion		Section 5.7	Work with Iowa State Association of Counties to train all interested county relief directors to do intake for the program. Contact ISAC 8/15/05	Diane Darnielle		No		No		Yes	Communicate with ISAC; T19, IABC, MMIS, (check aid type for MHIs)	
7/1/2005	200% FPL Medicaid Expansion		Section 5.8	Intake: Contact local non-profits about Sub-Contracting to provide intake services. Train all interested parties.	Diane Darnielle		No		No		Yes	T19, IABC, MMIS, (check aid type for MHIs)	
3/1/2006	Medical Exam	52b & 52.d	Section 6.2(ab)	Develop process for Health Risk Assessment and Personal Health Improvement Plan - a local health consortium already has a web-based tool. Work with the consortium to adapt the web-based system	Marty Swartz		Yes	11/1/2005	No		Yes	Work with consortium on web-based system	
3/1/2006	Medical Exam	52.b and 52.d	Section 6.2(a)	Set reimbursement rate and process for physicians/other providers to be reimbursed for medical exams. Set up process to track compliance with requirement to receive the exams.	Marty Swartz		Yes	11/1/2005	No		Yes	MMIS	HCTA FY 2006: \$136,500
7/1/2006	Pharmacy Clearinghouse	52.b	Section 6.3(a)	Free/Discounted Presc. Drugs. Identify drug assistance programs already available - Iowa Priority, Medicare Part D, new private group with database of programs, etc. Work with them to set up referral for IowaCare enrollees.	Susan Parker		No		No		No		HCTA FY 2006: \$550,000 for all other Health Partnership activities.
7/1/2006	Medical Hotline	52.b	Section 6.3(b)	Medical Information Hotline - By November 1, 2005 determine whether to develop hotline in-house through IME or contract with Ask-a-Nurse or local Mercy program. If contract chosen, RFP issued by Feb 1, 2006 and May 15, 2006 contract award.	Jennifer Steenblock/Debbie Johnson		No		No		No		HCTA FY 2006: \$150,000
7/1/2005	Co-payments	52.b	Section 8.2	Reduction for wellness activities - by March 1, 2006 design co-payment system that will provide lower co-pays for healthy activities to provide incentives for good health care decisions (such as a high co-pay for inappropriate ER usage).	Lucinda Wonderlich-Fuller		Yes	3/1/2005	No		Yes	Design by 3/15/06	

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3/15/2006	Insurance Cost Subsidy	52.b	Section 8.3(a)	Insurance Cost Subsidy Program - Design program for IowaCare members with access to employer coverage to require that no less than 50% of the cost of insurance shall be paid by the employer.	Anita Smith	Governor, General Assembly	no		No		Yes	Design by 3/15/06	HCTA FY 2006: \$150,000
3/15/2006	Healthcare Account	52.b	Section 8.3(b)	Healthcare Account Program - Design program to provide value of 1 year of IowaCare expenditures in an individual account. As services are used, the account is credited for the value of the service. At the end of the year, the individual may draw an amount equal to the value remaining in the account.	Dennis Janssen	Governor, General Assembly	No		No		No	Design by 3/15/06	HCTA FY 2006: \$50,000
10/1/2005	Out-of-Pocket Expenditures		Section 8.4	Set up tracking system for out-of-pocket expenditures. Report on the impact to enrollment, number not complying, reasons, administrative time and cost associated. Track income level, health condition, and family status	Patti Ernst-Becker/Jennifer Vermeer	Quarterly; Medical Assistance Projections and Assessment Council	No		No		No	Reporting in place by 8/15/05.	
7/1/2005	Future expansion	52.h & 53.1	Section 9	Contract with Dept. of Insurance by 9/1/05 to track annually number of uninsured, cost of private insurance, barriers to insurance access. DHS makes recommendations regarding further expansion of the expansion population	Dennis Janssen	Annually; Governor and General Assembly	yes	7/1/2005	No		No	Contract with Dept. of Insurance by 9/1/05.	
8/15/2005	DSH/GME		Section 10	Include in annual budget submission, recommendations that maximize the use of DSH and GME funding.	Patti Ernst-Becker/Dean Wheeler	Annually; Budget submission	No		No		No	In FY 07 budget recommendation, need to specify how DSH/GME funds are maximized.	
7/1/2005	Nursing Facility Level of Care	52.h	Section 11	Change Level of Care definitions. Develop a process for exceptions if HCBS is not available or not cost effective. Train nursing facilities, those doing assessments and hospital discharge planners. Develop a process for individuals to access HCBS when it does become available in an area.	Jennifer Steenblock/Eileen Creager		Yes	7/1/2005	Yes		No		
1/1/2007	ICF/MR Case-Mix	52.a & 52.1	Section 12.1	Develop a plan for a case-mix adjusted reimbursement system for ICF/MR and community based care.	Debbie Johnson/Eileen Creager	General Assembly	No		No		No	Contract with Meyers and Stauffer for analysis.	
7/1/2007	ICF/MR Case-Mix	52.a & 52.1	Section 12.2	Develop a plan to enhance community based alternatives to those who otherwise would be served in an ICF/MR	Debbie Johnson	Governor, General Assembly	No		No		No		
7/1/2005	Children's Mental Health Waiver	52.e	Section 13	Implement waiver to provide 300 children with Medicaid coverage without going through CINA process	Lin Christensen/Mary Mohrhauser		Yes		No	1915C		T19, IABC, MMIS, ISIS	

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7/1/2005	Case Management - Elderly	52.h	Section 14	Work with Dept. of Elder Affairs to add case management as an HCBS service under the elderly waiver. Dept. of Elder Affairs provides the State Matching funds. Determine whether the service should continue as a sole source contract or RFP by 1/1/06.	Eileen Creager/Michaela Funaro	Sole Source or RFP - General Assembly 1/1/06	Yes	8/31/2005	Yes	8/31/2005	No	Work with DEA to implement as of 10/1/05. ISIS, MMIS	
7/1/2005	MHI Services	52.a & 52.I	Section 15.1	Add coverage for MHI services for Medicaid and IowaCare. Develop plans for phase down of federal matching funds for this service.	Lucinda Wonderlich-Fuller/Mary Nelson/Sally Cunningham		Yes	7/1/2005	No		Yes	T19, IABC, MMIS, ISIS. Work with MH/DD and MHIs to look at current plans and integrate them to devise a strategy for reducing lengths of stay in the MHIs and enhancing community based care through the ICF/MR case-mix system, training counties on using results-based contracting with providers.	
7/1/2006	Dietary Counseling	52.b & 52.k	Section 15.2	Design and implement provision of dietary counseling and support for Medicaid and IowaCare members to assist them with personal weight loss programs.	Jennifer Steenblock	Quarterly; Medical Assistance Projections and Assessment Council	No		No		No		HCTA FY 2006: \$550,000 for all other Health Partnership activities.
10/1/2006	Electronic Medical Records	52.b & 53.a	Section 15.3	Develop strategy for expanding the use of Electronic Medical Records by providers under Medicaid and IowaCare. Focus initially on strategies that would improve quality of care.	Jennifer Steenblock	Quarterly; Medical Assistance Projections and Assessment Council	No		No		No		HCTA FY 2006: \$100,000
1/1/2007	Provider Incentive Payment Program	52.b & 53.b	Section 15.4	Design and implement a provider incentive payment program for Medicaid and IowaCare providers based on an evaluation of private sector models.	Jennifer Steenblock/Marty Swartz	Quarterly; Medical Assistance Projections and Assessment Council	Yes	9/1/2006	Yes	9/1/2006	No	MMIS	HCTA FY 2006: \$550,000 for all other Health Partnership activities.
1/1/2007	MR/DD Physical Health	52.a	Section 15.5	Work with UI colleges of medicine, dentistry, nursing, pharmacy, and public health, UIHC to determine whether the physical and dental health needs of MR/DD Medicaid recipients are being fully addressed and identify barriers to care.	Jennifer Steenblock/Eileen Creager	7/1/07; Governor, General Assembly & Quarterly; Medical Assistance Projections and Assessment Council	No		No		No		HCTA FY 2006: \$550,000 for all other Health Partnership activities.

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7/1/2007	Smoking Cessation	52.b & 53.c	Section 15.6	In collaboration with DPH, implement a program with the goal of reducing smoking among Medicaid children to less than 1%, and Medicaid adults to less than 10%	Jennifer Steenblock	Quarterly; Medical Assistance Projections and Assessment Council	No		No		No		HCTA FY 2006: \$550,000 for all other Health Partnership activities.
7/1/2008	Dental Home	52.b & 53.d	Section 15.7	Establish process for every child less than 12 to have a designated dental home to receive preventive screenings and preventive care identified by EPSDT	Jennifer Steenblock/Sally Nadolsky	Quarterly; Medical Assistance Projections and Assessment Council	No		No		No		HCTA FY 2006: \$550,000 for all other Health Partnership activities.
7/1/2005	Task Force Indigent Health Care	52.h	Section 16.1	Establish the Task Force on Indigent Health Care and identify local funds expended for uncompensated care that may be maximized through federal match.	Gene Gessow		No		No		No		
7/1/2005	Task Force Indigent Health Care	52.h	Section 16.2	Establish definitions and data submission requirements for the members of the Task Force, including definition of indigent care, actual cost of indigent care, usual and customary charge that would otherwise apply, demographic information on individuals receiving indigent care, health status, funding source of payment for indigent care (property tax or other local funding), extent any part of the cost is paid by the individual, insurer, or other third party.	Gene Gessow	Annually to DHS/Task Force beginning with FY 2005	No		No		No		
7/1/2005	Task Force Indigent Health Care	52.h	Section 16.3	Identify members, schedule 8 meetings (6 prior to 3/1/06), in locations around the state.	Gene Gessow		No		No		No		
7/1/2005	Task Force Indigent Health Care	52.h & 53.ef	Section 16.4	Report on membership, data submitted by Task Force members, observations or recommendations of the Task Force.	Gene Gessow	Intervals determined by Council; Medical Assistance Projections and Assessment Council	No		No		No		
12/31/2005	Task Force Indigent Health Care	52.h	Section 16.5	Task Force initial report on its efforts and findings	Gene Gessow	Annually; Governor, General Assembly	No		No		No		
7/1/2005	Evaluation	52.c	Section 17	Contract with independent consulting firm to evaluate the cost and quality of care through Medicaid and IowaCare with the cost and quality of care provided through private insurance and managed care organizations in Iowa. Evaluate improvements by Medicaid and IowaCare in eh cost and quality of care compared to the prior year.	Mary Tavegia	Annually	No		No		No	RFP by 2/1/06; Selection by 5/1/06; Report due to DHS 10/1/05	HCTA FY 2006: \$100,000 for all audits, evaluations and studies.

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7/1/2006	Evaluation	52.c & 53.g	Section 18	Evaluate the performance of each component of the Iowa Medicaid Enterprise using the performance standards contained in the contracts.	Mary Tavegia	Annually	No		No		No	Develop a report that analyzes and compiles the contract performance measures.	HCTA FY 2006: \$100,000 for all audits, evaluations and studies.
7/1/2005	Clinicians Advisory Panel	52.i	Section 19	Medical Director of IME, with approval of Medicaid Director, assemble a Clinicians Advisory Panel to make recommendations to DHS on clinically appropriate health care utilization management and coverage.	Jennifer Steenblock	Medicaid Director report quarterly to Medical Assistance Projections and Assessment Council & prepare an annual report.	No		No		No		
7/1/2005	Third Party Pricing		Section 20	Consult with Insurance Division to specify definitions and formats for third party payors to report to DHS on the rates they pay providers, or the usual an customary charges. Review the data and recommend changes.	Patti Ernst-Becker	Annually; Governor and General Assembly	Yes		No		No		
7/1/2005	Medical Assistance Projections and Assessment Council	53.h	Section 21	Provide reports and staff support as specified in the Act and as necessary, including quarterly reports on all initiatives in the Act and audited financial statements related to the expansion population submitted by the providers. Participate in joint forecast with DOM and LSA.	Patti Ernst-Becker	Quarterly & as requested; Medical Assistance Projections and Assessment Council	Yes		No		No	Specify requirements for audited financial statements for IowaCare providers.	
7/1/2005	Eliminate IGTs		Section 22	Submit State Plan Amendments limiting payments to public hospitals and nursing facilities and under the Graduate Medical Education Program to no more than actual cost	Patti Ernst-Becker		Yes		Yes		No	MMIS	
7/1/2005	Evaluation		Section 23	Contract with a CPA to provide an analysis regarding compliance with: No new provider taxes, public hospitals and nursing facilities are not paid more than actual costs, that the state is not recycling federal funds.	Patti Ernst-Becker	Annually; Governor and General Assembly	No		No		No	RFP by 2/1/06; Selection by 5/1/06; Report due to DHS 10/1/05	HCTA FY 2006: \$100,000 for all audits, evaluations and studies.
7/1/2005	Health Care Transformation Account	52.g	Section 24	Set up a Health Care Transformation Account separate from the General Fund.	Patti Ernst-Becker/Dean Wheeler		No		No		No	1/3 Accounting System	
7/1/2005	IowaCare Account	52.g	Section 25	Set up an IowaCare Account separate from the General Fund. Establish rules to administer the Account. Treasurer of State shall provide report to DHS Director.	Patti Ernst-Becker/Dean Wheeler		Yes	7/1/2005	No		No	1/3 Accounting System	

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7/1/2005	IowaCare Account	52.g	Section 25.5	Establish process to do a cost settlement for the IowaCare Account. Payments to providers are made in 12 equal monthly payments based on the appropriation. After the close of the fiscal year, DHS shall determine the amount of payments attributable to the General Fund, federal financial participation collected for expansion services, graduate medical education, and disproportionate share hospital funds, based on claims data showing actual expenditures.	Patti Ernst-Becker/Dean Wheeler		No		No		No	MMIS - change system to adjudicate IowaCare claims, but not pay the claims. The providers are paid prospectively.	IowaCare Account FY 2006: \$27,284,584 UIHC, \$40,000,000 Broadlawns (up to \$37.0M guaranteed, rest paid if federally matchable), \$9,098,425 Cherokee, \$1,977,305 Clarinda, \$9,045,894 Independence, \$5,752,587 Mt. Pleasant. HCTA FY 2006: \$2,000,000 transfer to the IowaCare Account to supplement the IowaCare appropriation to Broadlawns.
7/1/2005	IowaCare Account	52.g	Section 25.6	Sign a 28E Agreement with Broadlawns Medical Center to include the property tax payments to the IowaCare Account, and the method of payments to Broadlawns from the IowaCare Account. Also includes exceptions to the deadline for the 20 day submission of clean claims requirement, and data reporting requirements. Also include any DHS payments for implementation costs.	Patti Ernst-Becker		No		No		No		
7/1/2005	IowaCare Account	52.g	Section 25.7	Execute a 28E agreement with the University of Iowa Hospitals and Clinics, including exceptions for the 20 day claims submission requirement and data reporting requirements.	Patti Ernst-Becker		No		No		No		
1/1/2010	Evaluation	52.c	Section 27	State Auditor shall complete an audit of the IowaCare Program during FY 2009.	none	Governor, General Assembly	No		No		No		
7/1/2005	IowaCare Account		Section 28	Requires DHS to pay one-time implementation costs, at the discretion of the DHS.	Gene Gessow		No		No		No		
7/1/2005	Eliminate IGTs		Section 34	Eliminate nursing facility prospective payments and IGT.	Jennifer Steenblock		Yes	7/1/2005	Yes	7/1/2005	No		
7/1/2005	UIHC High Cost Adjustment		Section 35	Implement high cost adjustment payment to UIHC. Write up detailed proposal for CMS approval. Eliminate as of June 30, 2005.	Patti Ernst-Becker		No		Yes	7/1/2005	No	Write details of proposal with UIHC for CMS approval.	
7/1/2005	Supplemental Physician Payment		Section 36	Implement Supplemental Physician Payment for FY 2004 and FY 2005. Write up detailed proposal for CMS approval. Eliminate as of June 30, 2005.	Patti Ernst-Becker		No		Yes	7/1/2005	No	Write details of proposal with UIHC for CMS approval.	
12/31/2005	Home and Community Based Services		Section 37	In consultation with provider and consumer organizations, explore opportunities under Medicaid to assist individuals in transitioning from Institutional settings to home and community based settings.	Eileen Creager	Governor, General Assembly	No		No		No		

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7/1/2005	Eliminate IGTs		Section 38.1	Withdraw Nursing Facility Tax Waiver and SPA.	Jennifer Steenblock		Yes	7/1/2005	Yes	7/1/2005	No		
7/1/2005	Eliminate IGTs		Section 38.2	Eliminate hospital Upper Payment Limit IGT as of June 30, 2005.	Patti Ernst-Becker		Yes	7/1/2005	Yes	7/1/2005	No		
7/1/2005	Eliminate IGTs		Section 38.3	Eliminate Supplemental Disproportionate Share Hospitals and Graduate Medical Education IGTs as of June 30, 2005.	Patti Ernst-Becker		Yes	7/1/2005	Yes	7/1/2005	No		
7/1/2005	Eliminate IGTs		Section 38.4	Eliminate High Cost Adjustment as of June 30, 2005.	Patti Ernst-Becker		Yes	7/1/2005	Yes	7/1/2005	No		
7/1/2005	Eliminate IGTs		Section 38.5	Eliminate Supplemental Physician Payments as of June 30, 2005.	Patti Ernst-Becker		Yes	7/1/2005	Yes	7/1/2005	No		
7/1/2005	Eliminate IGTs		Section 35.6	Eliminate Nursing Facility Upper Payment Limit IGT as of June 30, 2005	Jennifer Steenblock		Yes	7/1/2005	Yes	7/1/2005	No		
7/1/2005	Waiver EPSDT		Section 35.7	Request a waiver of EPSDT requirements for IowaCare implementation.	Sally Nadolsky		No		No		No		
7/1/2005	Pharmacy Co-payments		Section 42	Revise SPA for Pharmacy Co-payments	Susan Parker		No		yes		No	MMIS	
7/1/2005	Obstetrical Care Program		Section 43	Requires the Dept. of Public Health to establish and operate a statewide obstetrical and newborn indigent patient care program. (Same program as existed previously).	Dept. of Public Health		No		No		No		
12/31/2005	Inmate Health Care		Section 61	Convene a workgroup including DHS, DOC, Board of Regents and UIHC to review health care for inmates, students patients, and former inmates at the UIHC. The review includes actual costs to UIHC, number of institutional persons served at UIHC, types of treatment and care provided, existing sources of revenue available, cost to the other entities for these individuals' care, effect of any proposed alternatives.	Director Concannon/discussed with UIHC they may want to take the lead	Governor, General Assembly	No		No		No		
7/1/2007	MHI Services	52.a & 52.j	Section 62.3©	Convene a workgroup including DHS, Directors of all ICF/MRs, Iowa State Association of Counties, Iowa Association of Community Providers, other interested parties to develop a plan to reduce the number of individuals in ICF/MR and increase the number with access to home and community based services.	PC Keen/Patti Ernst-Becker	General Assembly	No		No		Yes		
7/1/2005	MHI Services	52.a	Section 62.4	Submit a Waiver to CMS to allow the following coverage at the State Medical Institution: Medicaid payments for inpatient and outpatient hospital services, DSH payments, imposition of an assessment on ICF/MR facilities.	PC Keen/Patti Ernst-Becker/Lucinda Wonderlich-Fuller/Debbie Johnson		Yes -for DSH	7/1/2005	Yes - for DSH		Yes	IABC, T19, MMIS, ISIS	