

**EIGHTY-SIXTH GENERAL ASSEMBLY
2016 REGULAR SESSION
DAILY
SENATE CLIP SHEET**

FEBRUARY 15, 2016

SENATE FILE 2157

S-5005

1 Amend Senate File 2157 as follows:

2 1. Page 1, after line 28 by inserting:

3 <Sec. _____. Section 43.27, Code 2016, is amended to
4 read as follows:

5 43.27 Printing of ballots.

6 The text printed on ballots of each political party
7 shall be ~~printed~~ in black ink, on separate sheets of
8 paper, uniform in quality, texture, and size, with the
9 name of the political party printed at the head of
10 ~~said~~ the ballots, which ballots shall be prepared by
11 the commissioner in the same manner as for the general
12 election, except as in this chapter provided. The
13 commissioner may print the ballots for each political
14 party using a different color for each party. If
15 colored paper is used, all of the ballots for each
16 separate party shall be uniform in color.

17 Sec. _____. Section 52.28, Code 2016, is amended to
18 read as follows:

19 52.28 Optical scan voting system ballot forms.

20 The commissioner of each county in which the use
21 of an optical scan voting system in one or more
22 precincts has been authorized shall print text on
23 optical scan ballots using black ink on white paper
24 and shall determine the arrangement of candidates'
25 names and public questions upon the ballot or ballots
26 used with the system. The ballot information shall
27 be arranged as required by chapters 43 and 49, and by
28 any relevant provisions of any statutes which specify
29 the form of ballots for special elections, so far
30 as possible within the constraints of the physical
31 characteristics of the optical scan voting system in
32 use in that county. The state commissioner may adopt
33 rules requiring a reasonable degree of uniformity among
34 counties in arrangement of optical scan voting system
35 ballots.>

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- 1 2. Title page, line 2, after <program,> by
- 2 inserting <the printing of ballots,>
- 3 3. By renumbering as necessary.

By JEFF DANIELSON

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SF 2125 – Medicaid Managed Care Contracts, Immediate Termination (LSB5965SV)
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Fiscal Note Version – New

Description

Senate File 2125 requires the Department of Human Services (DHS) to terminate the contracts signed with each of the three managed care organizations to administer the Iowa high quality health care initiative (Medicaid managed care). The Bill also directs the DHS to continue to pursue other initiatives to realign the health care delivery system and provide holistic, integrated, patient-centered care while moving toward a value-based model of payment.

Background

The DHS issued a request for proposal in February 2015 with the intent of contracting with two to four managed care vendors to operate the majority of the Medicaid, hawk-i, and Iowa Health and Wellness Programs beginning January 1, 2016. The DHS awarded contracts to four companies on August 17, 2015. One of the four contracts was later terminated. The federal government announced on December 17, 2015, that the State had not met the criteria to implement managed care and implementation was delayed to March 1, 2016, pending final federal approval.

Assumptions

Estimates regarding projected managed care savings are based on information provided by the DHS in conjunction with the actuarial firm Milliman Inc., and the Medicaid Forecasting Group (consisting of staff from the DHS, Department of Management (DOM), and the Legislative Services Agency). The savings compare capitation rates paid to Managed Care Organizations (MCOs) with current fee-for service rates and trends, and also the shifting of some administrative functions from Iowa Medicaid Enterprise vendors to MCOs.

Fiscal Impact

This Bill is estimated to increase General Fund expenditures by \$27.4 million in FY 2016 and \$111.0 million in FY 2017. The impact for FY 2018 cannot be determined due to a number of unknown factors, most notably the capitation rates paid to the MCOs. There may also be additional administrative costs in the short term due to ramping up contracts with Medicaid and hawk-i vendors that have expired or are set to expire. In addition, it is unknown if vendors such as Wellmark (hawk-i provider) or Magellan (Medicaid and Iowa Health and Wellness behavioral health provider) will be interested in reestablishing contracts with the State for the services they were providing. Please see the chart below for details of the estimated savings by appropriations that will not be realized:

Managed Care Related Savings	FY 2016	FY 2017
Medicaid	\$ 37,925,965	\$ 104,477,783
CHIP	1,216,047	2,522,217
Medical Contracts	2,000,000	4,000,000
Total	\$ 41,142,012	\$ 111,000,000
Savings Prorated for Two Month Delay in FY 2016	\$ 27,428,008	\$ 111,000,000

Sources

DHS, DOM, Milliman Inc., LSA analysis

/s/ Holly M. Lyons

February 11, 2016

The fiscal note for this bill was prepared pursuant to [Joint Rule 17](#) and the Iowa Code. Data used in developing this fiscal note is available from the Fiscal Services Division of the LSA on request.
