CHAPTER 92

IOWACARE

441—92.1(249A,249J) Definitions.

"Medical Home" as defined in Iowa Code Section 135.158

"Provider –directed care coordination services" means provider-directed services in a clinical setting aimed at managing all aspects of a member's care, ensuring quality of care and safety. All aspects of care are coordinated by the clinical staff team, under the direction of a physician. The team must include a dedicated care coordinator.

"Nonparticipating provider" means a hospital licensed pursuant to Chapter 135B that is not an IowaCare provider pursuant to 441-92.8(1).

~~**441-92.2(5)** *Payment of assessed premiums.* As a condition of eligibility for IowaCare, an applicant or member must pay premiums in accordance with 441—92.7(249A,249J). Premiums incurred and unpaid from a previous certification period must be paid in full before an applicant can establish new eligibility under this chapter.~~

441-92.7(1) *Premium amount.* The monthly premium amount shall be established for a 12-month period beginning with the first month of eligibility, based on projected monthly income for the 12-month period.

a. The monthly premium amount is based on 5% of the household's countable monthly income. ~~as a percentage of the federal poverty level for a household of that size. Effective April 1, 2009, premium amounts based on this percentage are as follows:~~

~~When the household's income is at or below: Each member's premium amount is:~~

~~100% of federal poverty level $ 0~~

~~110% of federal poverty level $45~~

~~120% of federal poverty level $49~~

~~130% of federal poverty level $54~~

~~140% of federal poverty level $58~~

~~150% of federal poverty level $63~~

~~160% of federal poverty level $67~~

~~170% of federal poverty level $72~~

~~180% of federal poverty level $76~~

~~190% of federal poverty level $81~~

~~200% of federal poverty level $85~~

~~*b*. The listed premium amount is calculated based on the lowest income level in each 10 percent increment for a one-person household.~~ Households with income at or below ~~100~~ 150 percent of the poverty level are not subject to a premium. Premiums for households with income over ~~100~~ 150 percent of the poverty level are 5 percent of the applicable income level. The department will update these amounts annually on April 1 using the latest federal poverty level guidelines.

c. The cost of premiums paid for HAWK-I shall be deducted from the premium assessed according to this subrule.

d. The monthly premium established for a 12-month certification period shall not be increased due to an increase in income or a change in household size.

e. The premium may be reduced prospectively during the 12-month certification period if the member declares a reduction in projected average monthly income or an increase in household size or is granted a hardship exemption.

f. Households with only one member will be assessed a premium of 5 % of their countable income rounded down to the nearest dollar. Households with 2 members will each be assessed a premium of 2 1/2 % of their countable income rounded down to the nearest dollar.

g. Households that include a considered person who pays a Medicaid premium shall not be accessed an IowaCare premium.

441-92.7(4) *Failure to pay premium.* If the member fails to declare a hardship by the date the premium is due or to pay the assessed premium by the 60th day after the due date the assessed premium amount will be sent to collections. ~~or to declare a hardship by the date the premium is due, the department shall cancel IowaCare benefits effective the last day of the next calendar month. A member whose IowaCare benefits are canceled due to nonpayment of premiums must reapply to establish IowaCare eligibility.~~

441—92.8(249A,249J) Benefits. Under IowaCare, payment will be made only for services and providers as specified in this rule. No payment will be made for any service provided elsewhere or by another provider.

441-92.8(1) *Provider network.* Except as provided in subrules 92.8(3) through 92.8~~(5)~~(6), IowaCare members shall have medical assistance only for services provided to the member by:

a. The University of Iowa Hospitals and Clinics; or

b. Broadlawns Medical Center in Des Moines; or

~~*c.* A state mental health institute, exclusive of the units providing substance abuse treatment, services to gero-psychiatric patients, or treatment for sexually violent predators; or~~

c. Federally qualified health centers (FQHC) as designated by the Department, added to the network using a phased in approach. The phase-in shall be based on addressing the most underserved areas of the state, medical home readiness, and subject to the availability of funds.

d. Any physician, advanced registered nurse practitioner, or physician assistant who is part of a medical institution listed in this subrule. Physician assistants are able to render covered services as auxiliary personnel pursuant to 441—subrule 78.1(13).

441-92.8(2) *Covered services.*

a. Services shall be limited to the services covered by the Iowa Medicaid program pursuant to 441—Chapter 78, 441—79.9(249A), ~~and 441 Chapter 85, Division I.~~ All conditions of service provision shall apply in the same manner as under the regular Iowa Medicaid program and pursuant to 441—Chapter 78, 441—79.3(249A), 441—79.5(249A), 441—79.6(249A), 441—79.8(249A) through 441—79.14(249A), and applicable provider manuals. These conditions include, but are not limited to, prior authorization requirements and exclusions for cosmetic procedures or those otherwise determined not to be required to meet the medical need of the patient.

b. Medical home services as specified in 441-92.8(4). The department shall enroll IowaCare members residing in designated counties geographically nearby a designated medical home provider with the designated medical home provider. Residents of counties geographically located near the medical home shall utilize the medical home provider for covered services

available from that provider. The member must receive a referral from the medical home provider to another IowaCare provider in order for services delivered by an IowaCare provider other than the medical home, to be covered.

c. Hospital services delivered by a nonparticipating provider as defined in 441-92.1. A hospital licensed pursuant to Chapter 135B may be reimbursed for covered IowaCare services pursuant to 441-92.8(2)(a), subject to the following limitations:

(1) The nonparticipating provider determines that the medical status of the IowaCare member indicates a medical emergency as specified by the Department, and that it is not possible to transfer the member to an appropriate IowaCare provider due to the medical status of the member or because there is a lack of inpatient capacity. The nonparticipating provider shall document the medical emergency and inform the appropriate IowaCare provider and the Iowa Medicaid Enterprise immediately after the member has been stabilized.

(2) The individual is enrolled in IowaCare pursuant to the Iowa Medicaid Enterprise Eligibility Verification System at the time the services are delivered.

(3) If the conditions listed above are met as specified, a nonparticipating hospital may be reimbursed for covered IowaCare services from the point of admission to the emergency room, up to the point of discharge or transfer to the IowaCare provider. This does not include emergency or non-emergency transportation services.

(4) Services may be reimbursed until the nonparticipating provider reimbursement fund is exhausted. After funds are depleted all claims will be denied.

92.8(4) *Medical home.* Effective October 1, 2010, the providers designated pursuant to 98(2).1 shall be medical homes, as defined in Iowa Code section 135.158. As medical homes, the providers shall meet medical home standards and shall receive enhanced medical home reimbursements pursuant to 92.8(7). The medical home shall meet all of the minimum standards including: :

a. Have National Committee for Quality Assurance (NCQA) Level 1 certification, or equivalent measurement during year one, transitioning to state certification if available.

b. Provide provider-directed care coordination services.

c. Provide members with access to health care and information.

d. Provide wellness and disease prevention services.

e. Create and maintain chronic disease information in a searchable disease registry.

f. Demonstrate evidence of implementation of an electronic health record (EHR) system.

g. Participate in and report on quality improvement processes.

h. Have executed a contract with the Department to be an IowaCare medical home. The contract shall include performance measurements and specify medical home expectations and standards.

i. Effective July 1, 2011, Medical Homes who achieve a higher level of accreditation from NCQA or equivalent will be designated as such.

j. If the Iowa Department of Public Health adopts rules that provide for a statewide medical home certification process or standards, the Iowa Department of Public Health rules shall take precedence over these rules and shall apply to IowaCare medical home providers.

92.8~~(4)~~(5) *Routine preventive medical examinations.*

a. Any physician, advanced registered nurse practitioner, or physician assistant who participates in Iowa Medicaid, including but not limited to providers available through a free clinic~~,~~ or a rural health clinic~~, or a federally qualified health center~~. Physician assistants are able to render covered services as auxiliary personnel pursuant to 441—subrule 78.1(13).

b. A provider that bills IowaCare for a routine preventive medical examination shall use diagnosis code V70 and evaluation and management CPT code 99202, 99203, 99204, 99212, 99213, or 99214, as appropriate to the level of service provided. Basic laboratory work may also be billed in association with the medical examination, as appropriate and necessary.

c. If an IowaCare member is enrolled with a medical home all primary care services must be obtained through the medical home. Preventive exams are covered when delivered by the medical home provider only.

92.8~~(5)~~(6) *Drugs for smoking cessation.* IowaCare members may obtain outpatient prescription drugs for smoking cessation that are related to another appropriately billed IowaCare service from any pharmacy participating in the Iowa Medicaid program.

92.8(7) Reimbursement methodologies.

a. Federally qualified health centers.

(1) Effective October 1, 2010, physician services provided in the FQHC to IowaCare members will be reimbursed based on the Medicaid physician fee schedule in effect on the date of service, limited to the amount appropriated for the fiscal year.

(2) Effective July 1, 2010, physician services provided by University of Iowa physicians to IowaCare members will be reimbursed based on the Medicaid physician fee

schedule in effect on the date of service, limited to the amount appropriated for the fiscal year.

b. IowaCare medical home payments. Effective October 1, 2010, IowaCare providers who meet the medical home certification standards pursuant to 92.8(4) and have contracted with the Department shall receive a medical home payment for each member assigned to the medical home by the Department, and in addition to any other IowaCare reimbursement methodologies. The PMPM payment shall begin the first day of the month following the member's assignment to the medical home.

(1) Effective October 1, 2010, the medical home payment will be on a per member per month basis in an amount determined by the Department, but no more than $4 per member per month.

(2) Effective July 1, 2011, the Department shall implement a tiered per member per month method that is tied to medical home levels designated by a nationally recognized medical home accreditation organization.

(3) In addition to the PMPM payment above, IowaCare medical homes will be eligible for a performance payment to be paid by October 31, following the end of the fiscal year, for achieving medical home performance benchmarks designated by the Department and as specified in the medical home contract with IowaCare medical home providers. The performance payment is in addition to any other IowaCare reimbursement as designated pursuant to the contract with the medical home provider.

c. Inpatient hospital services provided by IowaCare provider network.

(1) Inpatient hospital services provided by the University of Iowa Hospitals and Clinics. Inpatient hospital services provided by UIHC will be paid based on 100 percent

of reasonable and allowable cost. An interim rate based on the Medicaid reimbursement rates and methodologies as of November 30, 2009 shall be used to price submitted claims. At the end of the cost reporting period, a reconciliation based on the hospitals' as-filed CMS 2552 cost report, for the payment period, and IowaCare claims data as extracted from MMIS by the Department will be performed. The aggregate payments under the interim methodology will be determined and compared to the IowaCare program costs as determined from the hospital's cost report. For purposes of this rule, aggregate payments include amounts received for the IowaCare program, outlier payments, as well as patient and third party payments up to the allowed amount. If the aggregate payments exceed the hospital's IowaCare costs the amount by which payments exceed actual costs will be requested and collected from the hospitals. If the aggregate payments are less than actual IowaCare costs an additional payment equal to the amount below the IowaCare costs will be made to the hospital.

(2) Inpatient hospital services provided by Broadlawns Medical Center. Inpatient hospital services provided by Broadlawns Medical Center shall be paid at the Medicaid reimbursement rates and methodologies in effect on November 30, 2009.

d. Outpatient hospital services provided by IowaCare provider network. Outpatient hospital services provided by IowaCare provider network shall be paid at the Medicaid reimbursement rates and methodologies in effect on November 30, 2009.

e. Non-hospital services provided by IowaCare provider network excluding services provided by FQHCs. Non-hospital services provided by IowaCare provider network shall be paid at the Medicaid fee schedule amounts as of November 30, 2009, except for preventative exam

codes in which the fee schedule amounts shall be based on the Medicaid physician fee schedule in effect on the date of service.

f. Nonparticipating hospital services provided outside the IowaCare provider network. Nonparticipating hospitals shall be paid at the Medicaid reimbursement rates and methodolgies in effect on December 1, 2009 up to the amount appropriated. No payment shall be made after appropriated funds are exhausted.

441—92.12(249A,249J) Terminating eligibility. IowaCare eligibility shall end when any of the following occur:

1. The certification period ends.

2. The member begins receiving medical assistance in a coverage group under 441—subrules 75.1(1) through 75.1(40).

~~3. The member does not pay premiums as required by 441—92.7(249A,249J).~~

43. The member no longer meets the nonfinancial eligibility requirements under 441—92.2(249A,249J).

~~5~~4. The member is found to have been ineligible at the time the eligibility determination was made due to member misrepresentation or member or agency error.

~~6~~5. The member dies.

441—92.13(249A,249J) Recovery. The department shall recover from a member all Medicaid funds incorrectly expended on behalf of the member in accordance with 441—76.12(249A) and any unpaid premiums in accordance with 441-76.12 (249A).

92.13(1) The department shall recover Medicaid funds expended on behalf of a member and any unpaid premiums from the member's estate in accordance with 441—76.12(249A).