



Iowa Health & Human Services Market Profile



Health & Human Services Market Profile Overview

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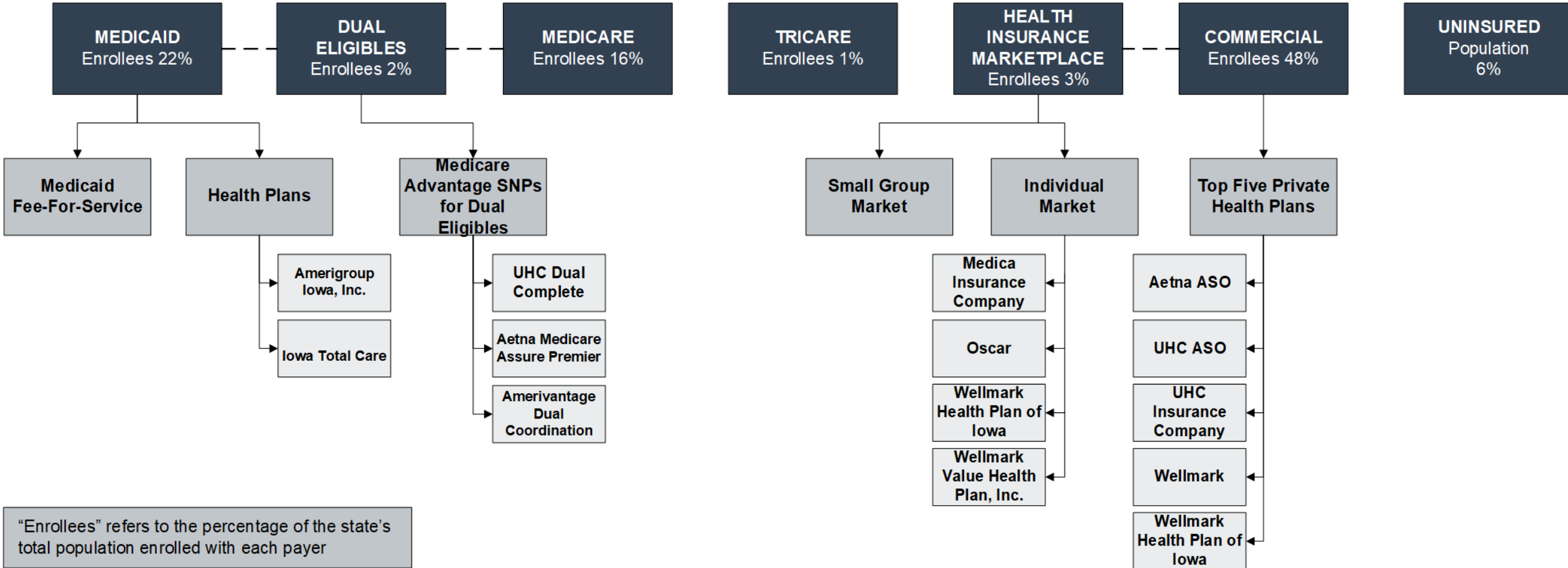
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A. Executive Summary

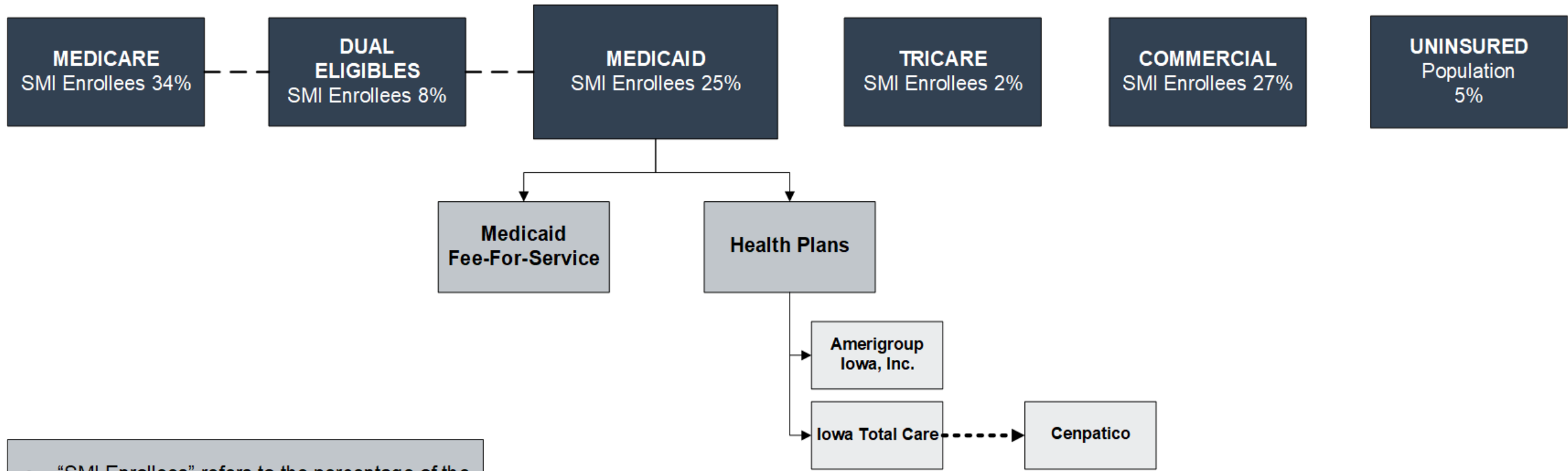
A.1. Iowa Physical Health Care Coverage by Payer

Total Iowa Population- 3,193,079
 Estimated SMI Population- 232,086



*Totals may not equal 100% due to rounding

A.1. Iowa Behavioral Health Care Coverage by Payer



- “SMI Enrollees” refers to the percentage of the state’s total SMI population enrolled with each payer.
- -.-> Denotes a behavioral health subcontractor.

*Totals may not equal 100% due to rounding

A.2. Health & Human Services Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	Health plans are responsible for care coordination for at-risk populations.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program	✓	The state offers four Medicaid ACOs
Affordable Care Act (ACA) Model Health Home	✓	The state has two health home programs: one for individuals with chronic conditions and one for individuals with Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED).
Patient-Centered Medical Home (PCMH)	✓	Provider organizations that operate as Medicaid health homes for individuals with chronic conditions must earn PCMH accreditation.
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)	✓	Health plans are responsible for providing LTSS to the managed care population.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	Iowa operates six CCBHC under the federal expansion grant.

A.3. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

- The Department of Public Health delivers physical health services to the safety-net population by operating 28 free clinics throughout the state.

Mental Health Services

- The Department of Human Services oversees the operations of 14 county-funded Mental Health and Disabilities Service (MHDS) regions that provide mental health services to uninsured individuals.

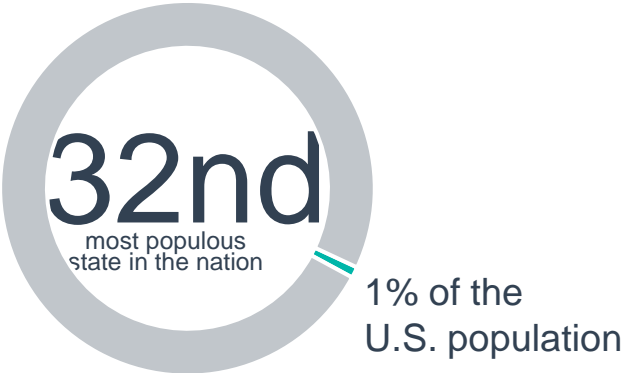
Addiction Treatment Services

- The Department of Public Health funds a network of 19 provider organizations, each responsible for two or more counties, to provide safety-net addiction treatment services.

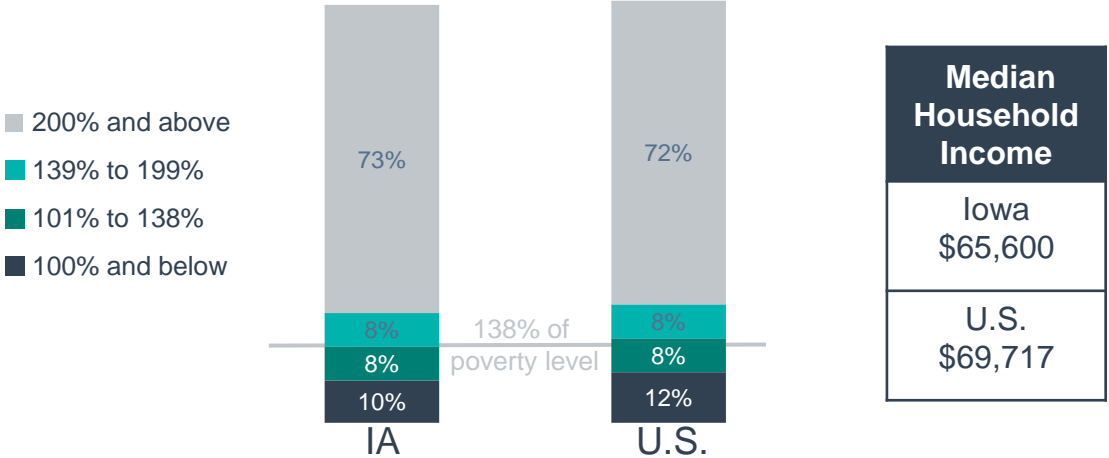
B. Iowa Health Financing System Overview

B.1. Population Demographics

Total Iowa Population- 3,193,079
 Estimated SMI Population- 232,086



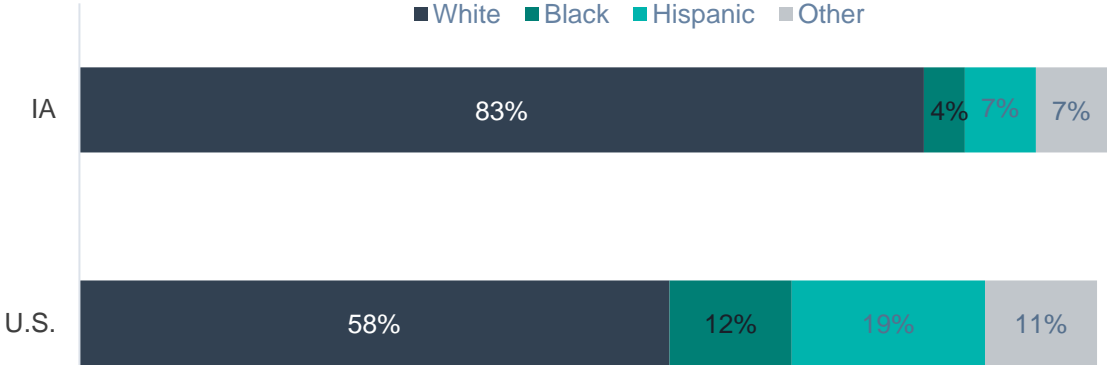
Population Distribution By Income To Poverty Threshold Ratio



Population Distribution By Age



Iowa & U.S. Racial Composition



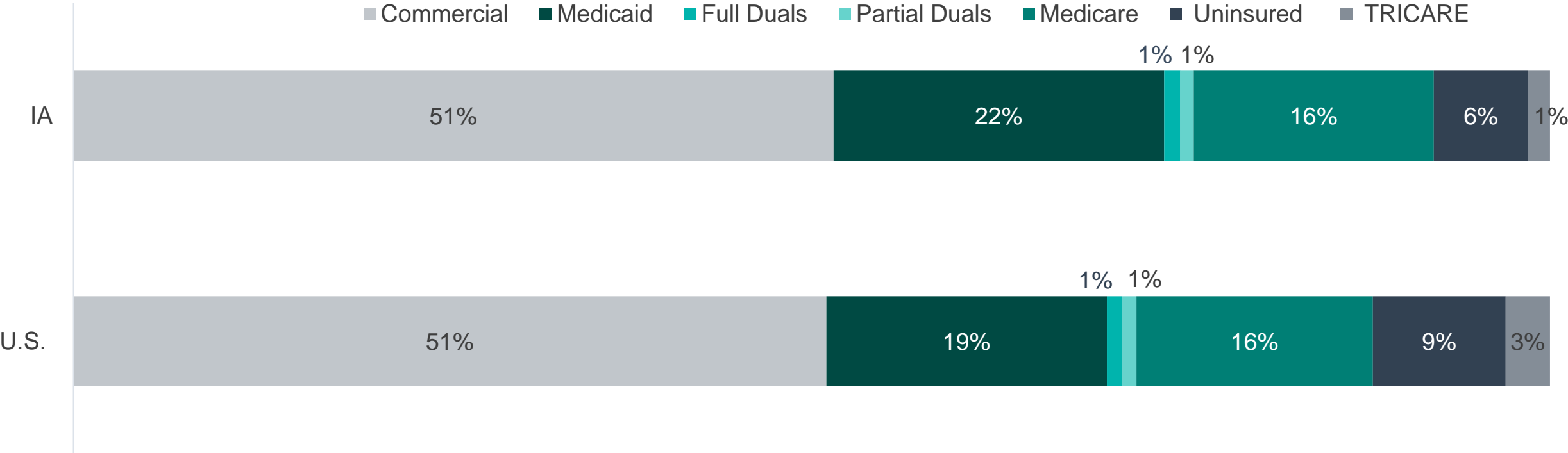
*Totals may not equal 100% due to rounding

B.2. Population Centers

Metropolitan Statistical Areas (MSAs)		
MSA	Iowa MSA Residents	Percent Of Population
Total MSA Population	3,066,999	96%
Omaha-Council Bluffs, NE-IA	971,637	30%
Des Moines-West Des Moines, IA-IL	719,146	23%
Davenport-Moline-Rock Island, IA-IL	381,568	12%
Cedar Rapids, IA	275,435	8%
Iowa City, IA	177,239	6%
Waterloo-Cedar Falls, IA	167,796	5%
Sioux City, IA-NE-SD	149,265	5%
Ames, IA	126,195	4%
Dubuque, IA	98,718	3%

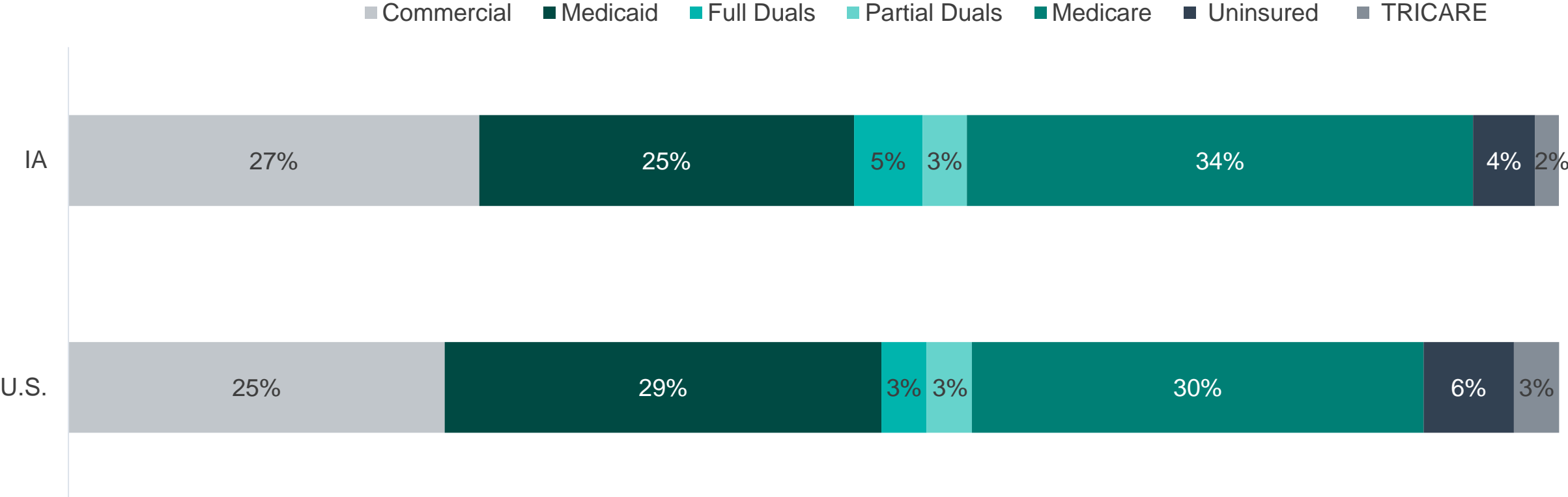


B.3. Population Distribution By Payer: National vs. State



*Totals may not equal 100% due to rounding

B.3. SMI Population Distribution By Payer: National vs. State



*Totals may not equal 100% due to rounding

B.4. Largest Iowa Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Wellmark, Inc.	Commercial	717,639
Iowa Medicare fee-for-service (FFS)	Medicare	443,267
Wellmark Health Plan of Iowa	Commercial	313,963
Amerigroup Health Link	Medicaid managed care	281,315
Iowa Total Care	Medicaid managed care	279,809
UnitedHealthcare	Commercial administrative service organization (ASO)	207,103
Amerigroup Iowa Wellness Plan	Medicaid managed care	168,452
Iowa Total Care Wellness Plan	Medicaid managed care	126,569
UnitedHealthcare Iowa Wellness Plan	Medicaid managed care	103,841
Aetna	Commercial ASO	101,853

* Medicaid enrollment as of November 2022; TRICARE as of January 2023; Commercial as of November 2022; Medicare enrollment as of November 2022

B.4. Largest Iowa Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	443,267	141,845
Wellmark, Inc	Commercial	717,639	29,423
Amerigroup Health Link	Medicaid managed care	281,315	24,193
UnitedHealthcare Health Link	Medicaid managed care	279,809	24,604
Iowa Total Care Health Link	Medicaid managed care	207,103	17,811
Wellmark Health Plan of Iowa	Commercial	313,963	12,872
Amerigroup Iowa Wellness Plan	Medicaid managed care	126,569	10,885
Coventry Advantra	Medicare Advantage	27,968	8,950
Iowa Total Care Wellness Plan	Medicaid managed care	103,841	8,930
UnitedHealthcare Iowa Wellness Plan	Medicaid managed care	101,853	8,759

* Medicaid enrollment as of November 2022; TRICARE as of January 2023; Commercial as of November 2022; Medicare enrollment as of November 2022

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Plan Marketplace Percentage	3%
Type of Marketplace	State partnership marketplace
Individual Enrollment Contact	https://www.healthcare.gov/
	1-800-318-2596
Small Business Enrollment Contact	No small group plans are available through the marketplace. Employers must purchase coverage directly from an insurance carrier or through an insurance broker.

2023 Individual Market Health Plans
<ol style="list-style-type: none"> 1. Medica Insurance Company 2. Wellmark Health Plan of Iowa 3. Oscar

2023 Small Group Market Health Plans
None

B.6. Accountable Care Organizations

Next Generation Model ACOs

1. UnityPoint Accountable Care, LLC

10. Medicare Shared Savings ACOs

- | | |
|---|--|
| 1. Alegant Health Partners, LLC | 10. MercyOne ACO V, LLC |
| 2. Caravan Health ACO 15, LLC | 11. Mercy Rural ACO, LLC |
| 3. Caravan Health ACO 20, LLC | 12. MHN ACO, LLC |
| 4. Caravan Health ACO 41, LLC | 13. Midwest Independent Physicians LLC |
| 5. Genesis Accountable Care Organization | 14. Nebraska Health Network, LLC |
| 6. Heartland Health ACO | 15. NPG Health Collaborative LLC |
| 7. Mercy ACO, LLC | 16. Physicians Accountable Care Solutions, LLC |
| 8. Mercy Health Network ACO, LLC | 17. Think ACO, LLC |
| 9. MercyCare Accountable Care Organization, LLC | |

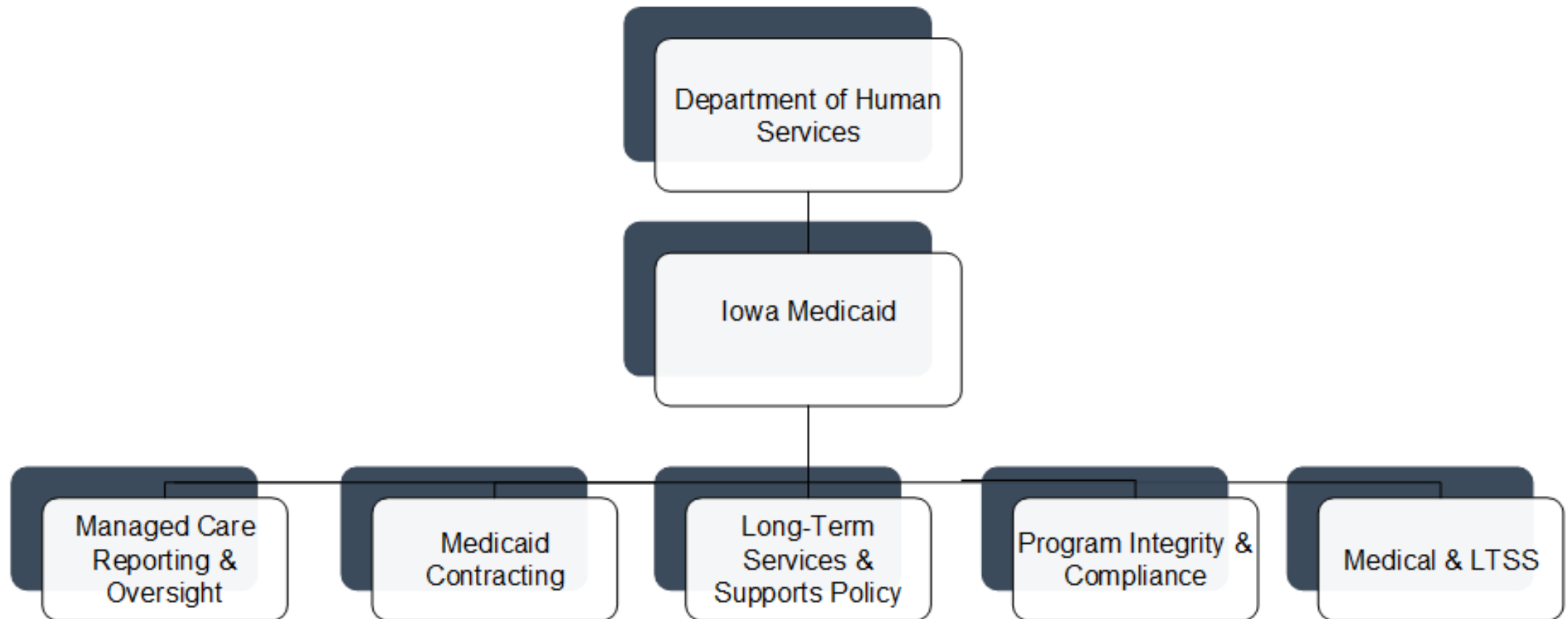
B.6. Accountable Care Organizations:

Medicaid ACOs	
1.	Broadlawns Medical Center
2.	IowaHealth+ Medicaid Wellness ACO
3.	Mercy ACO, LLC
4.	UnityPoint Accountable Care, LLC

Commercial ACOs	
ACO	Commercial Insurer
Family Health Care of Siouxland	Wellmark BCBS of Iowa
Great River Health Systems	Wellmark BCBS of Iowa
The Iowa Clinic PC	Wellmark BCBS of Iowa
UnityPoint Accountable Care, LLC	Aetna, BCBS of Illinois, UnitedHealthcare

C. Medicaid Administration, Governance & Operations

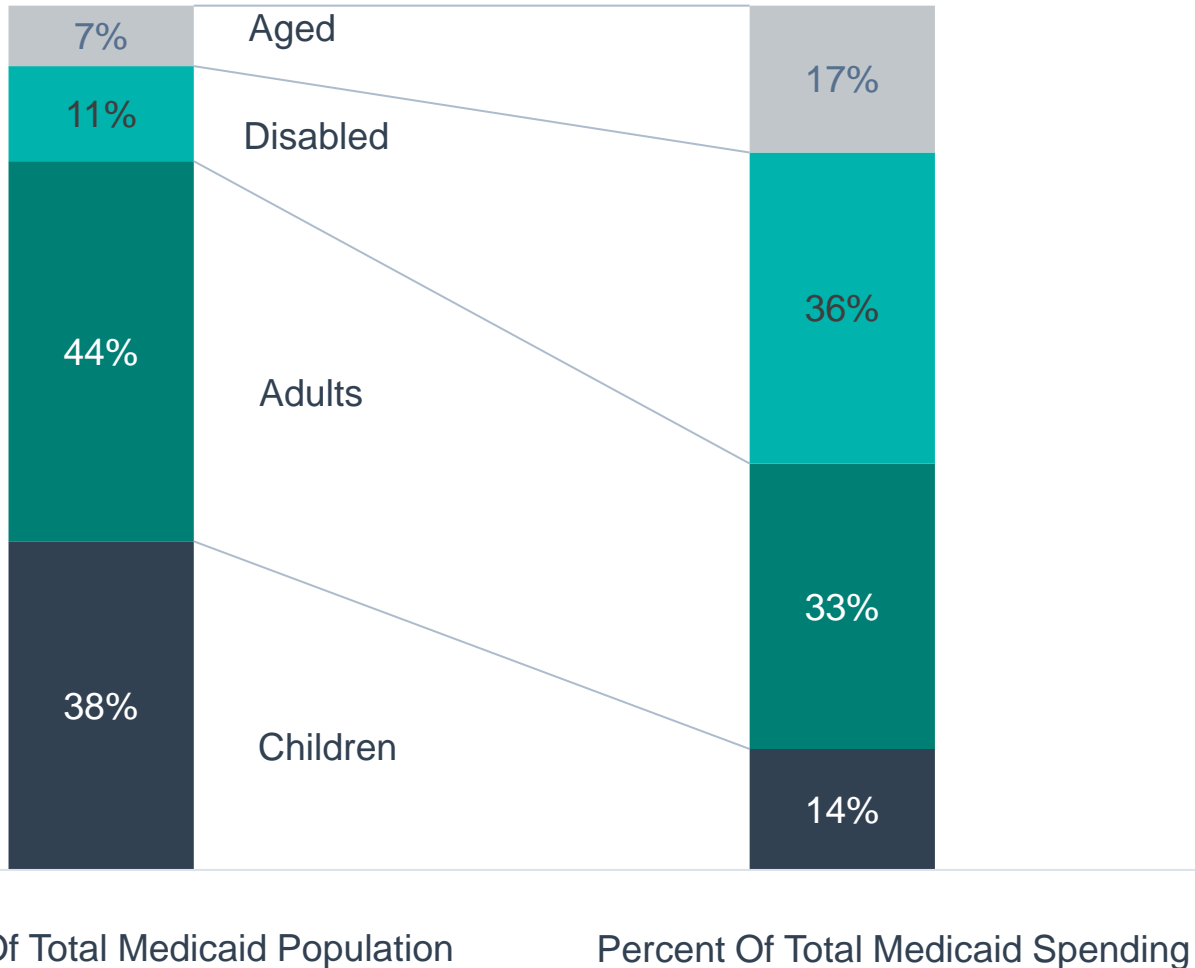
C.1. Medicaid Governance: Organization Chart



C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Kelly Garcia	Director	Iowa Department of Human Services	director@dhs.state.ia.us
Elizabeth Matney	State Medicaid Directory	Iowa Medicaid	liz.matney@iowa.gov
Julie Lovelady	Medicaid Deputy Administrator, Director	Iowa Medicaid	jlovelady@dhs.state.ia.us
Joanne Bush	Director, Managed Care Reporting and Oversight	Iowa Medicaid	jbush@dhs.state.ia.us
Kera Oestreich	Director, Medicaid Contracting	Iowa Medicaid	koestre@dhs.state.ia.us
Paula Motsinger	Director, Long-Term Services & Supports Policy	Iowa Medicaid	pmotsin@dhs.state.ia.us
Jennifer Steenblock	Director, Program Integrity and Compliance	Iowa Medicaid	jsteenb@dhs.state.ia.us
Rebecca Curtiss	Director, Quality Innovation and Medical Policy	Iowa Medicaid	rebecca.curtiss@idph.iowa.gov

C.2. Medicaid Program Spending By Eligibility Group



Medicaid Spending Per Enrollee, FY 2020		
	U.S.	Iowa
All populations	\$8,718	\$9,085
Children	\$3,495	\$3,346
Adults	\$5,461	\$6,784
Expansion adults	\$7,227	\$6,990
Blind and disabled	\$23,123	\$25,830
Aged	\$18,552	\$23,242

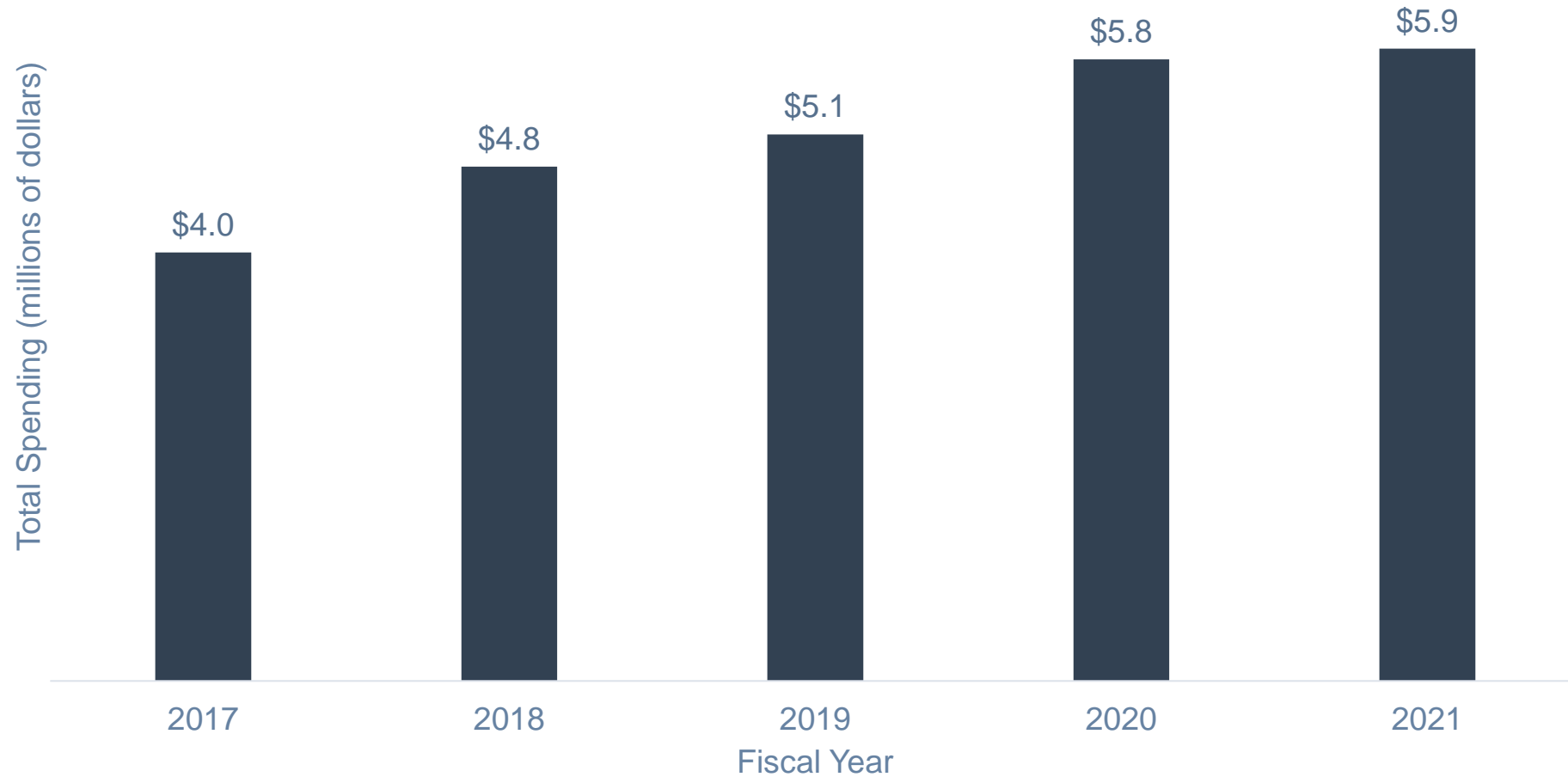
C.2. Medicaid Program Spending: Budget

Budget Item	SFY21 Spending	Percent Of Budget
Managed care and premium assistance	\$5,439,000,000	91%
Medicare premiums and coinsurance	\$176,000,000	3%
Hospital	\$152,000,000	3%
Home- and community-based LTSS	\$52,000,000	1%
Other acute services	\$48,000,000	1%
Clinic and health center	\$47,000,000	1%
Institutional LTSS	\$43,000,000	<1%
Dental	\$26,000,000	<1%
Physician	\$13,000,000	<1%
Other practitioner	\$2,000,000	<1%
Drugs	\$1,000,000	<1%
Budget Total: \$5,999,000,000		

Federal & County Financial Participation	
FY 2023 Federal Medical Assistance Percentage (FMAP)	69.3%
CY 2023 Newly Eligible FMAP (expansion population)	88%
Counties contribute to state Medicaid share	No.

*Totals may not equal 100% due to rounding

C.2. Medicaid Program Spending: Change Over Time



C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	Yes
Date Of Expansion	January 2014
Medicaid Eligibility Income Limit For Able-Bodied Adults	<ul style="list-style-type: none"> 138% of the Federal Poverty Level (FPL) Note. The Patient Protection and Affordable Care Act (PPACA) disregards 5% of income for eligibility
Legislation Used To Expand Medicaid	SF 446, 85th General Assembly
Number Of Individuals Enrolled In The Expansion Group (March 2022)	246,686
Number Of Enrollees Newly Eligible Due To Expansion	193,142
Benefits Plan For Expansion Population	<ul style="list-style-type: none"> The alternative benefit plan (ABP) is based on a small group marketplace plan and provides benefits similar to those of the state plan. <ul style="list-style-type: none"> LTSS covered under the ABP are limited to state plan home health services and 120 days of nursing facility care. Behavioral health waiver services and assertive community treatment are not covered under the ABP. In order to receive health home services, expansion enrollees must receive a medical exemption. Medically frail individuals must be offered the full array of state plan services. Individuals with SMI or chronic addiction are considered to be medically frail. The state implemented a process to ensure continuity of care upon receiving services.

C.4. Medicaid Program Benefits

Federally Mandated Services

1. Inpatient hospital services
2. Outpatient hospital services
3. Mental health and substance use disorder inpatient/outpatient services
4. Rural Health Clinic services
5. Federally Qualified Health Center (FQHC) services
6. Laboratory and x-ray services
7. Nursing facilities for individuals 21 and over
8. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
9. Family planning services and supplies
10. Free standing birth centers
11. Pregnancy-related and postpartum services
12. Nurse midwife services
13. Tobacco cessation programs for pregnant women
14. Physician services
15. Medical and surgical services of a dentist
16. Home health services
17. Nurse practitioner services
18. Non-emergency transportation to medical care

Iowa's Optional Services

1. Case management services
2. Chiropractic services
3. Clinical services
4. Dental services, including dentures
5. Hearing aids
6. Diagnostic, preventive, and rehabilitative services
7. Durable medical equipment and supplies
8. Optometry and eyeglasses
9. Hospice services
10. IMD services for individuals over age 65
11. Inpatient psychiatric services for individuals 21 and under
12. Intermediate care facility for individuals with intellectual disabilities (ICF/IDD) services
13. Nursing facility services for individuals 21 and under
14. Occupational and physical therapy
15. Other practitioners' services
16. Podiatric services
17. Prescribed drugs
18. Speech, hearing, and language therapy services
19. Transplant services

D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	Medicaid Fee-For-Service (FFS)	Medicaid Managed Care
Enrollment (January 2023)	50,590	830,557
SMI Enrollment	<ul style="list-style-type: none"> Iowa does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI. As a result, the majority of the SMI population (94%) is enrolled in managed care. 	
Management	Department of Human Services, Iowa Medicaid Enterprise	Two health plans
Payment Model	FFS	Capitated rate
Geographic Service Area	Statewide	Statewide

Total Medicaid: 881,147 | Total Medicaid With SMI: 75,778

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment		
Total Medicaid population distribution	As of January 2023: 6% in fee-for-service (FFS); 94% in managed care	
SMI population inclusion in managed care	<ul style="list-style-type: none"> Iowa does not specifically preclude individuals with SMI from enrolling in managed care; therefore, the majority of the SMI population is enrolled in managed care. Estimated 6% of the SMI population in FFS; 94% in managed care 	
Dual eligible population inclusion in managed care	<ul style="list-style-type: none"> Managed care is mandatory for full benefit dual eligibles Estimated 23% of population in FFS; 77% in managed care 	
Long-term services and supports (LTSS) population inclusion in managed care	<ul style="list-style-type: none"> All Medicaid managed care beneficiaries in need of LTSS receive services through the health plan's capitation rate. 	
Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	FFS Population	Managed Care Population
Traditional behavioral health	Covered FFS by the state	Included in the health plan's capitation rate
Specialty behavioral health	Covered FFS by the state	Included in the health plan's capitation rate
Pharmaceuticals	Covered FFS by the state	Included in the health plan's capitation rate
Long-term services and supports (LTSS)	Covered FFS by the state	Included in the health plan's capitation rate

D.1. Medicaid System Overview: Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	Health plans are responsible for care coordination for at-risk populations.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program	✓	The state offers Medicaid ACOs.
Affordable Care Act (ACA) Model Health Home	✓	The state has two health home programs: one for individuals with chronic conditions and one for individuals with SMI or SED.
Patient-Centered Medical Home (PCMH)	✓	Provider organizations that operate as Medicaid health homes for individuals with chronic conditions must earn PCMH accreditation.
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)	✓	Health plans are responsible for providing LTSS to the managed care population.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	Iowa operates six CCBHC under the federal expansion grant.

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Parents and caretakers			X
Children			X
Blind and disabled individuals			X
Aged individuals			X
Dual eligibles	Partial benefit dual eligibles		Full benefit dual eligibles
Medicaid expansion			X
Individuals residing in nursing homes			X
Individuals residing in ICF/IDD			X
Individuals in foster care			X
Other populations	<ul style="list-style-type: none"> • Premium payment program • Emergency services only • Medically needy • Presumptive eligibility • Retroactive eligibility 	<ul style="list-style-type: none"> • American Indian or Alaskan Native individuals • PACE 	

D.2. Medicaid FFS Program: Overview

- Iowa's FFS enrollment as of January 2023 was 75,778, 6% of the Medicaid population.

D.2. Medicaid FFS Program: Behavioral Health Benefits

- Behavioral health services and pharmacy are provided FFS by the state for individuals that receive FFS benefits.
- When Iowa implemented its managed care program in April 2016, the state ended its behavioral health carve-out to a behavioral health organization. As a result, the FFS population lost access to behavioral health benefits available through the state's section 1915 (b)(3) waiver for individuals enrolled in managed care.

FFS Mental Health Benefits

1. Behavioral health intervention services
2. Inpatient treatment
3. Outpatient treatment
4. Partial hospitalization
5. Day treatment
6. Counseling
7. Psychiatric medical institutions for children
8. Assertive community treatment for individuals with SMI
 - a. Medication education, management, and monitoring
 - b. Integrated therapy and counseling
 - c. Skill teaching and development
 - d. Community support
 - e. Care management
 - f. Crisis response or intervention
 - g. Work-related services

FFS Addiction Treatment Benefits

1. Inpatient treatment
2. Outpatient treatment
3. Counseling and intervention
4. Mental health assessment

D.2. Medicaid FFS Program: SMI Population

- Iowa does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI; however, individuals with SMI may be enrolled in FFS based on other criteria.
- As of January 2023, *OPEN MINDS* estimates that 6% of the SMI population was enrolled in FFS.
- Health homes and assertive community treatment (ACT) are available for individuals with SMI.

D.2. Medicaid FFS Program: Pharmacy Benefit

Iowa FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	No
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes, antidepressants, antipsychotics, anticonvulsants, and anxiolytics are included in the general pharmacy PDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, narcotic antagonists and alcohol deterrents are included in the general pharmacy PDL.
Coverage Of Antipsychotic Injectable Medications	Covered as a pharmacy benefit; Step therapy is required.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	<ul style="list-style-type: none"> • Non-preferred drugs require prior approval. • Step therapy is in place for atypical antipsychotics. • Prior authorization using additional clinical criteria is required for some behavioral health and addiction treatment drugs. • Prior authorization is required for all non-preferred opioids that exceed the morphine milligram equivalent (MME) threshold.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Members who use Medicaid benefits at a frequency, or in an amount that is considered overuse, are restricted to one pharmacy, one hospital, and one primary care physician to assist in coordination of all Medicaid services.

D.3. Medicaid Managed Care Program: Overview

- Managed care enrollment as of January 2023 was 830,557, 94% of the Medicaid population.
- The managed care program is called IA Health Link. IA Health Link serves two different population groups who have different benefits and cost-sharing requirements:
 - Non-expansion population: Aged, blind, and disabled individuals; children; and parents and caretaker relatives. These enrollees receive the full-benefit package and are not responsible for additional cost-sharing.
 - Medicaid expansion population: Childless adults with income less than 138% of the FPL. These enrollees are subject to cost-sharing requirements and receive an alternative benefit package.
- The state contracts with two managed health plans to provide physical health and behavioral health services, pharmacy, and long-term services and supports (LTSS) to both the Medicaid expansion and non-expansion population.
- The health plan's start date determines the percentage of the population that must be in value-based arrangements. For Amerigroup and Iowa Total Care percentage of enrollees in value-based arrangements for 2022 is 40%.
 - Incentives and/or risks in qualifying arrangements must take into consideration both a cost component and the state's approved set of quality measures, called the Value Index Score (VIS).
- The Department of Human Services (DHS) currently operates two health plans – Iowa Total Care and Amerigroup.
 - New protections for LTSS members include level of care assessments to ensure additional quality oversight for Long-Term Services and Supports members, credentialing and claim payment system issues.
 - New contracts incorporate policy changes and legislative requirements, which include additional funding for providers, including nursing facilities, Federally Qualified Health Centers, Intermediate Care Facilities for the Intellectually Disabled, Rural Health Clinics, and increased access to services.
- From March 2020, through April 1, 2023, Iowa Medicaid was required to maintain continuous health care coverage for members. This meant that if a member's situation changed (e.g., financially) in a way that would normally disqualify them from the program, Iowa Medicaid was required to maintain coverage for the person during the public health emergency (PHE).
- On December 29, 2022, President Biden signed the Consolidated Appropriations Act of 2023 that ends the Medicaid program's continuous coverage requirement as of April 1, 2023.

D.3. Medicaid Managed Care Program: Iowa Wellness Program

- The Iowa Wellness Program is a section 1115 waiver-based expansion of the Medicaid program for persons aged 19 to 64 with incomes between 0% and 138% of the federal poverty level (FPL).
 - Services are delivered through the IA Health Link health plans.
- The program offers an alternative benefits plan (ABP) that differs from the state plan benefits offered to the non-expansion population.
- After their first year in the program, households with incomes between 50% and 100% FPL are required to pay \$5 monthly premiums. Households with incomes between 100% and 133% FPL are required to pay \$10 monthly premiums. If an individual visits the emergency room for non-emergency services, a copayment of \$8 will be charged.
 - Individuals who accomplish two healthy behaviors (health risk assessment and a physical or dental exam) can have their premiums waived for the year.
 - Unpaid premiums are considered a collectible debt owed to the state and do not result in loss of coverage for the enrollee.

D.3. Medicaid Managed Care Program: Health Plan Characteristics

Amerigroup Iowa, Inc.

1. Profit status: For-profit
2. Parent company: Anthem, Inc.
3. Behavioral health subcontractor: None
4. Pharmacy benefit manager: None
5. Enrollment share: 55%

Iowa Total Care, Inc.

1. Profit status: For-profit
2. Parent company: WellCare-Centene
3. Behavioral health subcontractor: Cenpatico
4. Pharmacy benefit manager: Envolve
Pharmacy Solutions
5. Enrollment share: 45%

D.3. Medicaid Managed Care Program: Behavioral Health Overview

- Behavioral health and pharmacy benefits are included in the health plan's capitation rate.
- Individuals with SMI are eligible to receive assertive community treatment (ACT), health home services, and 1915 (b)(3) waiver services.
 - These services are not available to members of the Medicaid expansion population unless they demonstrate medical need.
- For individuals between the ages of 22 and 64, with the consent of the enrollee, health plans may offer inpatient psychiatric treatment in an institution for mental disease for stays that are 15 days or less in a calendar month in lieu of similar services covered by the state plan.

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

Managed Care Mental Health Benefits	Managed Care Addiction Treatment Benefits	Services For Individuals With SMI*
<ol style="list-style-type: none"> 1. Inpatient services 2. Outpatient therapy 3. Medication management 4. Community-based and facility sub-acute services 5. Crisis services 6. Care consultation 7. Health home services 8. Stabilization services 9. Behavioral health intervention services 10. Psychiatric medical institutions for children 11. Court-ordered services 	<ol style="list-style-type: none"> 1. Inpatient services 2. Outpatient treatment 3. Detoxification services 4. Partial hospitalization and day treatment 5. Clinically managed, non-residential treatment 6. Medically monitored, non-residential treatment 7. Intake, assessment, and diagnosis 8. Evaluation, treatment planning, and service coordination 9. Counseling in an opioid treatment program 10. Psychiatric medical institutions for children 11. Court-ordered services 	<ol style="list-style-type: none"> 1. Assertive community treatment <ol style="list-style-type: none"> a. Medication education, management, and monitoring b. Integrated therapy and counseling c. Skill teaching and development d. Community support e. Care management f. Crisis response g. Work-related services 2. 1915 (b)(3) services <ol style="list-style-type: none"> a. Intensive psychiatric rehabilitation b. Community support services c. Peer support d. Residential addiction treatment

*Not available for members of the expansion

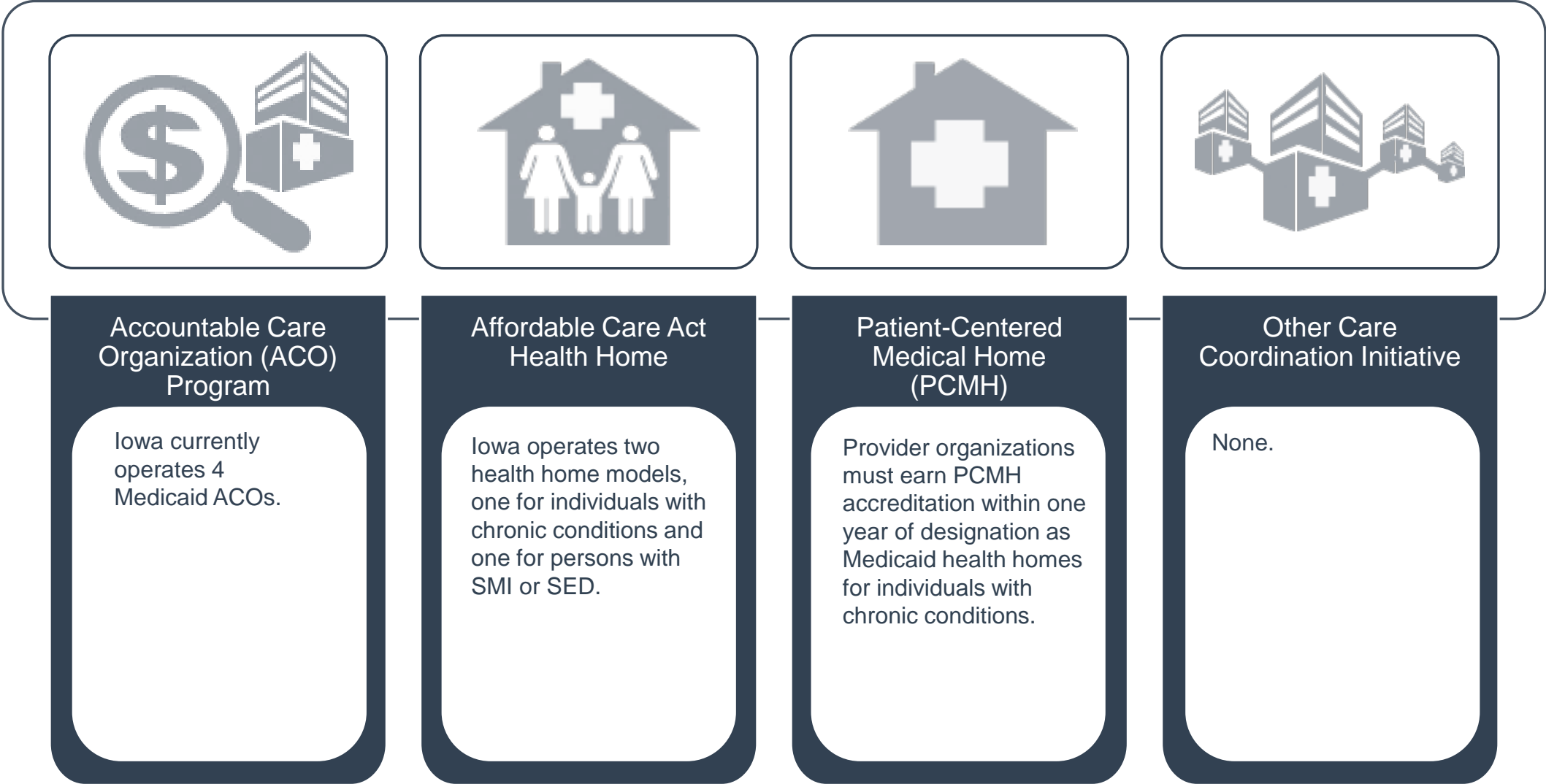
D.3. Medicaid Managed Care Program: SMI Population

- Iowa does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI.
- As of January 2023, *OPEN MINDS* estimates that 94% of the SMI population was enrolled in managed care.
- Health homes and ACT are available for individuals with SMI. Managed care enrollees with SMI are eligible to receive 1915 (b)(3) waiver services not available to the FFS population.

D.3. Medicaid Managed Care Program: Pharmacy Benefit

Iowa Managed Care Program Pharmacy Benefit	
Responsible For Financing General Pharmacy Benefit	Health plan; Hemophilia drugs are covered by the state.
Responsible For Financing Mental Health Pharmacy Benefit	Health plan
Health Plan Uses A Preferred Drug List (PDL) For General Pharmacy	The health plans are required to adhere to the state’s PDL. The state’s PDL includes both mental health and addiction treatment drugs.
Health Plan Uses A PDL For Mental Health Drugs	
Health Plan Uses A PDL For Addiction Treatment Drugs	
Health Plan Use Of Utilization Restrictions For Mental Health & Addiction Treatment Drugs	<p>The health plans are required to adhere to the state’s utilization restrictions for behavioral health drugs.</p> <ul style="list-style-type: none"> • Non-preferred drugs require prior approval. • Step therapy is in place for atypical antipsychotics. • Prior authorization using additional clinical criteria is required for some behavioral health and addiction treatment drugs. • Prior authorization is required for all non-preferred opioids that exceed the morphine milligram equivalent (MME) threshold.
Health Plan Allowed To Implement Pharmacy Lock-In Program	The health plans may implement restriction programs subject to state approval.

D.4. Medicaid Program: Care Coordination Initiatives



D.4. State Medicaid Health Home Characteristics

Integrated Health Homes For Individuals With Serious Mental Illness (SMI)	
Target Population	<ul style="list-style-type: none"> Adults with SMI and children with SED
Enrollment Model	<ul style="list-style-type: none"> Health homes identify and engage qualifying members treated at their practices. The state or health plan may also attribute members, but those members may opt out. Members eligible for both Iowa health homes programs may choose one program in which they wish to enroll.
Geographic Service Area	<ul style="list-style-type: none"> Authorized to operate statewide There are 32 chronic health homes serving 97 of Iowa's 99 counties as of January 2020.
Care Delivery Model	<ul style="list-style-type: none"> Team of health care professionals (e.g., physicians, social workers, behavioral health specialists, etc.) led by lead entity Provision of the six core health home functions Lead entity is responsible for data sharing using health information technology
Payment Model	<ul style="list-style-type: none"> FFS: Tiered PMPM rate- Tier 5 (adult): \$80.39; Tier 6 (child): \$103.39; Tier 7 (adult intense case management): \$280.39; Tier 8 (child intense case management): \$303.39 Managed care: Reimbursement structures proposed by each health plan and approved by the state Iowa Total Care plans to operate a health home program. Care management monitoring for treatment gaps is the minimum activity required to qualify for payment
Practice Performance & Improvement	<ul style="list-style-type: none"> Readmission rates Hospital, SNF, and ER admission rates Self-matched pre-program and program PMPM costs per enrollee; Case-control-matched PMPM cost comparisons

D.4. State Medicaid Health Home Characteristics

Iowa Health Home Services	
Target Population	<ul style="list-style-type: none"> Individuals with two chronic conditions, or one chronic condition and at-risk of another
Enrollment Model	<ul style="list-style-type: none"> Health home provider organizations identify and engage qualifying members treated at their practices. Individuals may opt into the program. The state or managed care health plans may also attribute members, but those members may opt out. Members eligible for both Iowa health homes programs may choose one program in which they wish to enroll.
Geographic Service Area	Authorized statewide
Care Delivery Model	<ul style="list-style-type: none"> Individual or group practices, rural health clinics, community mental health centers, and FQHCs may be designated as health homes Health homes perform the six core health home functions Continuity of care document must be maintained for each participant Use of health information technology is required.
Payment Model	<ul style="list-style-type: none"> FFS: Tiered PMPM payment based on the participant's number of chronic conditions- One to three conditions: \$12.80; Four to six conditions: \$25.60; Seven to nine conditions: \$51.21; Ten or more conditions: \$76.81 Managed care: Payment structures proposed by each health plan and approved by the state. Iowa Total Care is operating in the health home program. Care management monitoring for treatment gaps is the minimum activity required to qualify for payment
Practice Performance & Improvement	<ul style="list-style-type: none"> NCQA PCMH recognition within first year of operation EHR measures which must be reported using a continuity of care document via the Iowa Health Information Network Providers can receive a performance payment of up to 20% of total annual PMPM based on achievement of quality and performance benchmarks Managed care: Performance payment structures were developed by each health plan and were approved by the state.

D.5. Medicaid Program: Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
Iowa Wellness Plan (11-W-00289/5)	<ul style="list-style-type: none"> • Authorizes an alternative Medicaid expansion program for childless adults with income up to 138% of the FPL • Waives the three-month retroactive eligibility period for all enrollment groups except pregnant women and infants 	1115	None	01/01/17	12/31/24
Iowa's High Quality Healthcare Initiative (IA-08)	Authorizes the state's managed care program for the majority of Medicaid enrollees	1915 (b1), 1915 (b3), 1915 (b4)	None	04/01/21	03/31/26

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2023 Enrollment Cap	Operating Unit	Concurrent Management Authority
IA HCBS Intellectual Disabilities (0242.R06.00)	Individuals with I/DD who would normally receive intermediate care facility services.	14,633	DHS	N/A
IA HCBS Elderly Waiver (4155.R06.00)	Individuals who have been deemed necessary to receive nursing facility or skilled nursing facility level of care.	10,653	DHS	N/A
IA Children's Mental Health (0819.R02.00)	Individuals under the age of 21 who would normally be institutionalized and would instead be given community supports.	1,699	Iowa Department of Human Services (DHS)	N/A
IA HCBS - Brain Injury (BI) (0299.R05.00)	Individuals with a TBI who would normally meet the criteria to receive nursing facility or skilled nursing facility services.	1,682	DHS	N/A
IA HCBS AIDS/HIV (0213.R06.00)	Individuals who have a diagnosis of HIV or AIDS who would normally receive institutional services.	38	DHS	N/A

D.6. Medicaid Program: New Initiatives

- Iowa has no pending new initiatives to the state's Medicaid program.

E. Dual Eligible Financing & Service Delivery System

E.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics		
Characteristics	Managed Care	PACE
Enrollment (March 2021)*	56,594	606**
Estimated SMI Enrollment	18,110	193
Management	Two health plans	Two non-profit organizations
Payment Model	Capitated rate	Blended capitated rate
Geographic Service Area	Statewide	Select counties

Total Dual Eligible Enrollment: 57,200 | Total Dual Eligible Enrollment With SMI: 18,304

Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

** PACE enrollment as of January 2023

E.2. Largest Dual Eligible Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	January 2023 Enrollment	Estimated SMI Enrollment
UnitedHealthcare Dual Complete	UnitedHealthcare	Medicare Advantage D-SNP	18,490	5,917
Amerivantage Dual Coordination	Anthem, Inc	Medicare Advantage D-SNP	6,378	2,041
Aetna Medicare Assure Premier	Aetna/ CVS	Medicare Advantage D-SNP	4,121	1,319
HumanaChoice	Humana, Inc	Medicare Advantage D-SNP	4,053	1,297
Immanuel Pathways PACE	Immanuel Pathways	PACE	380	122
Siouxland PACE	Iowa Health System	PACE	226	72

E.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- Dual eligible enrollment as of March 2021 was 57,200.
- Medicare covers most acute services (which may include psychiatric care); whereas Medicaid (the payer of last resort) covers LTSS and non-physician behavioral health services.
- Unless they meet FFS criteria or are enrolled in PACE, dual eligibles receive Medicaid services through the Medicaid managed care program.
- D-SNP enrollment as of January 2023 was 33,042, D-SNP SMI enrollment was 10,574.

E.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- The state has no pending dual eligible initiatives.

F. Long-Term Services & Supports Financing & Service Delivery System

F.1. LTSS Financing & Service Delivery System

- Iowa’s MLTSS population receives long-term services and supports through health plans contracted with Medicaid managed care. Iowa’s managed care program is called IA Health Link and provides beneficiaries with comprehensive physical health, behavioral health, pharmacy, and long-term services and supports.

LTSS Medicaid System Characteristics	
Characteristics	Medicaid Managed Care
Enrollment (September 2022)	36,059
Estimated SMI Enrollment	11,538
Management	<ul style="list-style-type: none"> Physical health: Two Health Plans Behavioral health: Two Health Plans
Payment Model	<ul style="list-style-type: none"> Physical health: Capitated rate Behavioral health: Behavioral Health Services Only (BHSOs) and Behavioral Health Administrative Service Organizations (BH-ASOs)
Geographic Service Area	Statewide

F.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Disabled adults			X
Disabled children			X
Blind individuals			X
Aged individuals			X
Dual eligibles	Partial Benefit Enrollees		Full Benefit Enrollees
Individuals with I/DD			X
Individuals residing in nursing homes			X
Individuals residing in ICF/IDD			X
Other HCBS Recipients			X
Other populations			

F.2. LTSS Medicaid Financing & Delivery System: Overview

- In Iowa, LTSS services are offered by IA Health Link, and by extension the two health plans associated with it.
- IA Health Link covers a majority of LTSS services, including HCBS services, ICF/IDD, Residential Care Facilities, Nursing facilities and Skilled Nursing Facilities, Community-based Neurobehavioral rehabilitation services, and Medical Assistance Income Trust.
- The state has an additional series of seven waivers that offer specialized care for the HCBS population. See [slide 46](#) for a list of waivers.

F.3. Medicaid LTSS Program: Health Plan Characteristics

Amerigroup Iowa, Inc.
1. Profit status: For-profit
2. Parent company: Anthem, Inc.
3. Behavioral health subcontractor: None
4. Pharmacy benefit manager: None
5. Enrollment share: 58%

Iowa Total Care, Inc.
1. Profit status: For-profit
2. Parent company: WellCare-Centene
3. Behavioral health subcontractor: Cenpatico
4. Pharmacy benefit manager: Envolve Pharmacy Solutions
5. Enrollment share: 42%

F.4. Medicaid LTSS Program: Health Benefits

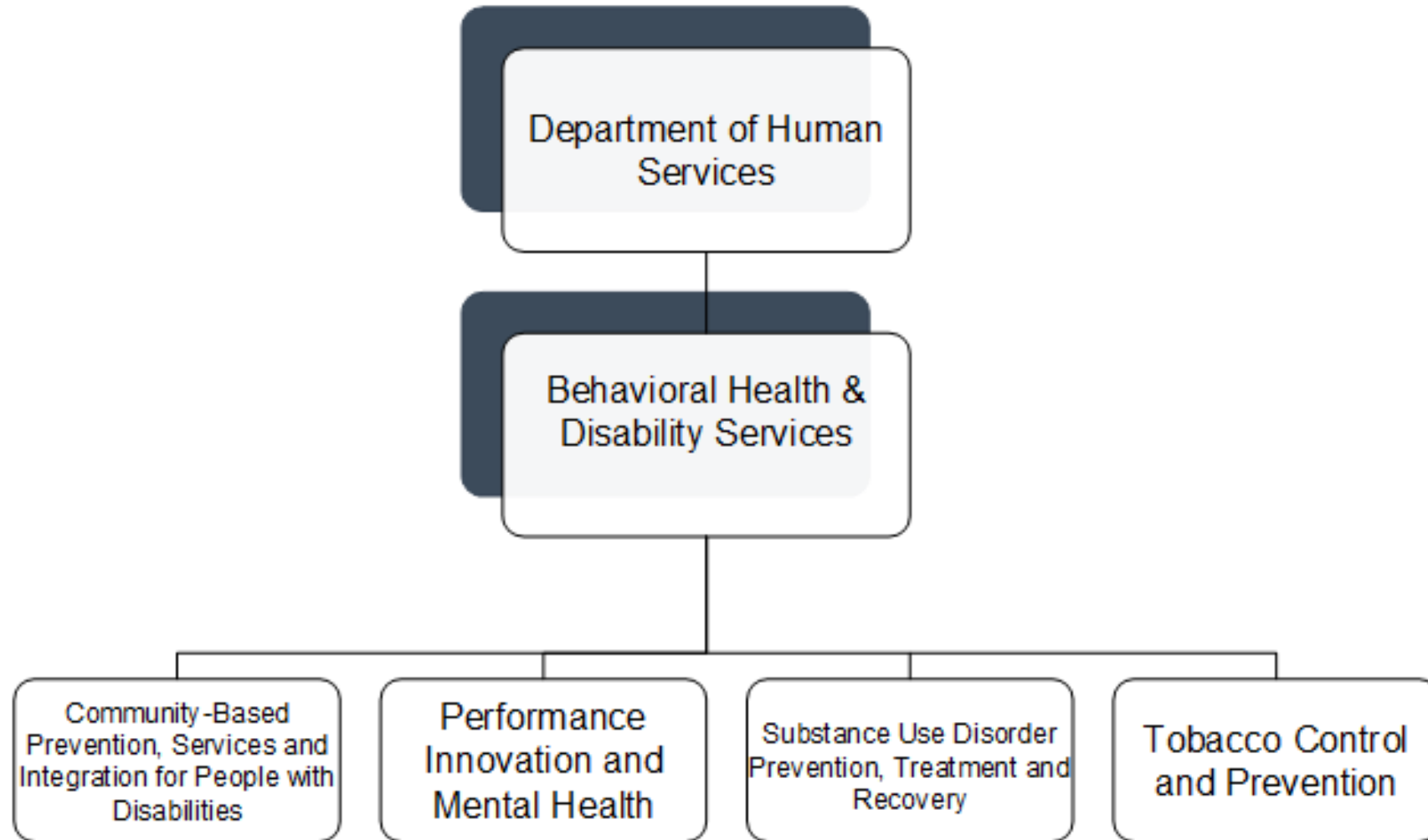
Managed Care Mental Health Benefits	Managed Care Addiction Treatment Benefits	Services For Individuals With SMI*
<ol style="list-style-type: none"> 1. Inpatient services 2. Outpatient therapy 3. Medication management 4. Community-based and facility sub-acute services 5. Crisis services 6. Care consultation 7. Health home services 8. Stabilization services 9. Behavioral health intervention services 10. Psychiatric medical institutions for children 11. Court-ordered services 	<ol style="list-style-type: none"> 1. Inpatient services 2. Outpatient treatment 3. Detoxification services 4. Partial hospitalization and day treatment 5. Clinically managed, non-residential treatment 6. Medically monitored, non-residential treatment 7. Intake, assessment, and diagnosis 8. Evaluation, treatment planning, and service coordination 9. Counseling in an opioid treatment program 10. Psychiatric medical institutions for children 11. Court-ordered services 	<ol style="list-style-type: none"> 1. Assertive community treatment <ol style="list-style-type: none"> a. Medication education, management, and monitoring b. Integrated therapy and counseling c. Skill teaching and development d. Community support e. Care management f. Crisis response g. Work-related services 2. 1915 (b)(3) services <ol style="list-style-type: none"> a. Intensive psychiatric rehabilitation b. Community support services c. Peer support d. Residential addiction treatment

F.5. LTSS Medicaid Financing & Delivery System: New Initiatives

- Iowa has no pending initiatives that will influence the finance or delivery systems of the LTSS population.

G. State Behavioral Health Administration & Finance System

G.1. Division Of Behavioral Health & Disability Services: Organization Chart



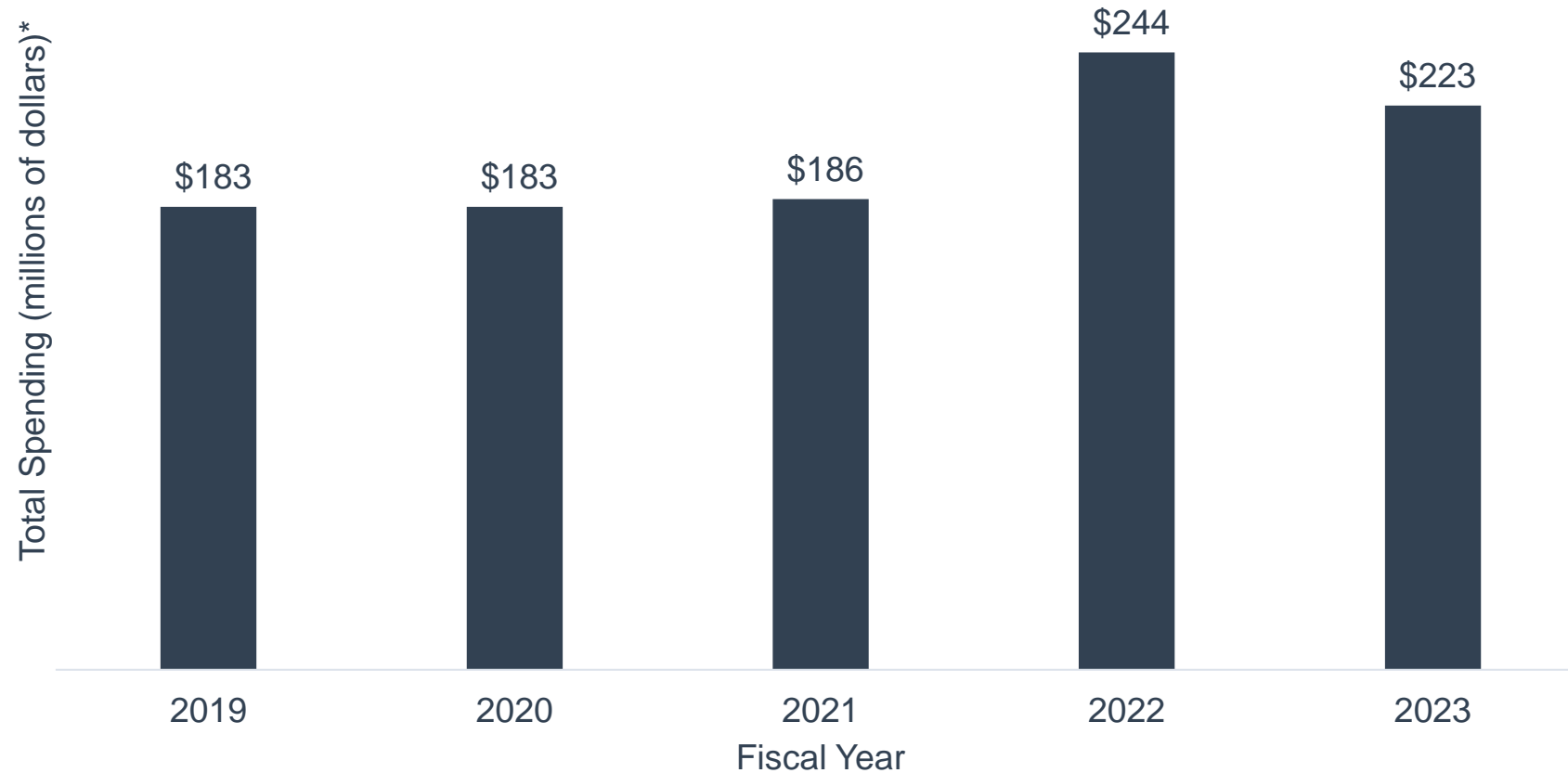
G.1. Division Of Mental Health & Disability Services: Key Leadership

Name	Position	Department	Email
Kelly Garcia	Director	Department of Human Services	kgarcia@dhs.state.ia.us
Marissa Eyanson	Division Administrator	Division of Behavioral Health and Disability Services	meyanso@dhs.state.ia.us
Kathy Jordan	Director, Community-Based Prevention Services and Integration for People with Disabilities	Division of Behavioral Health and Disability Services	kjordan@dhs.state.ia.us
Theresa Armstrong	Director, Performance Innovation and Mental Health	Division of Behavioral Health and Disability Services	tarmstr1@dhs.state.ia.us
DeAnn Decker	Director, Substance Use Disorder Prevention, Treatment and Recovery	Division of Behavioral Health and Disability Services	deann.decker@idph.iowa.gov
Jerilyn Oshel	Director, Tobacco Control and Prevention	Division of Behavioral Health and Disability Services	jerilyn.oshel@idph.iowa.gov

G.2. Division Of Behavioral Health & Disability Services: Spending

Budget Item	SFY 2023 Budget Enacted	Percent Of Budget
MDHS Regional Funding	\$121,234,022	54%
Independence Mental Health Institute	\$19,688,928	9%
Administration	\$19,658,508	9%
Cherokee Mental Health Institute	\$15,613,624	7%
Glenwood Resource Center	\$16,288,739	7%
Civil Commitment Unit for Sexual Offenders	\$13,891,276	6%
Woodward Resource Center	\$13,237,937	6%
Department-wide duties	\$4,172,123	2%
Conner Training	\$33,632	<1%
Budget Total: \$223,818,789		

G.2. Division Of Mental Health & Disability Services: Spending Over Time



* FY 2019 -2022 actual spending; 2023 budget recommended

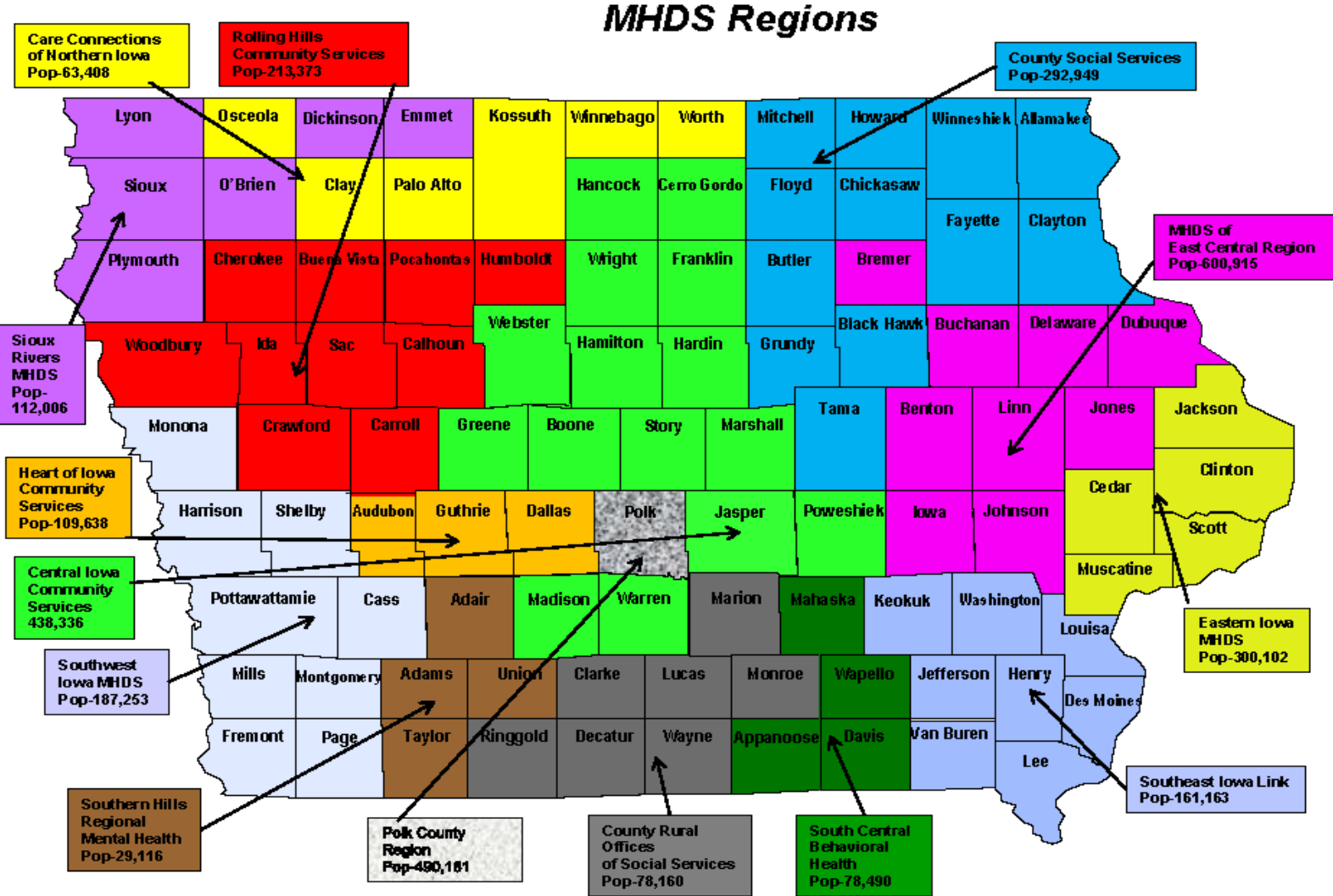
G.3. State Psychiatric Institutions

Institution	Location	Beds
Cherokee Mental Health Institute	Cherokee	36
Independence Mental Health Institute	Independence	56
Total		92

G.4. Behavioral Health Safety-Net Delivery System

- Iowa provides mental health services for the safety-net population through a delivery system composed of 14 Mental Health and Disabilities Service (MHDS) regions. Unless granted an exemption by the state, a county must join with at least three other contiguous counties to form an MHDS region.
- The MHDS regions are required to ensure that a set of core services are available to adult Iowans with mental illness or an intellectual disability, including:
 - Treatment
 - Basic crisis response
 - Support for community living
 - Recovery services
 - Service coordination
 - Access centers
 - Assertive community treatment (ACT) services
 - Comprehensive facility and community-based crisis services
 - Intensive residential service homes
- After an MHDS region has ensured that core services are available to eligible individuals, the region may provide additional core services including:
 - Justice system involved services
 - Advanced evidence-based treatment
- As of July 1, 2022, funding for mental Health services will be provided by the state. This new legislation provides funding for mental health services from Iowa's general fund and includes an "incentive growth factor" to potentially allocate additional funds to mental health regions.

G.4. Behavioral Health Safety-Net Delivery System: MHDS Regions



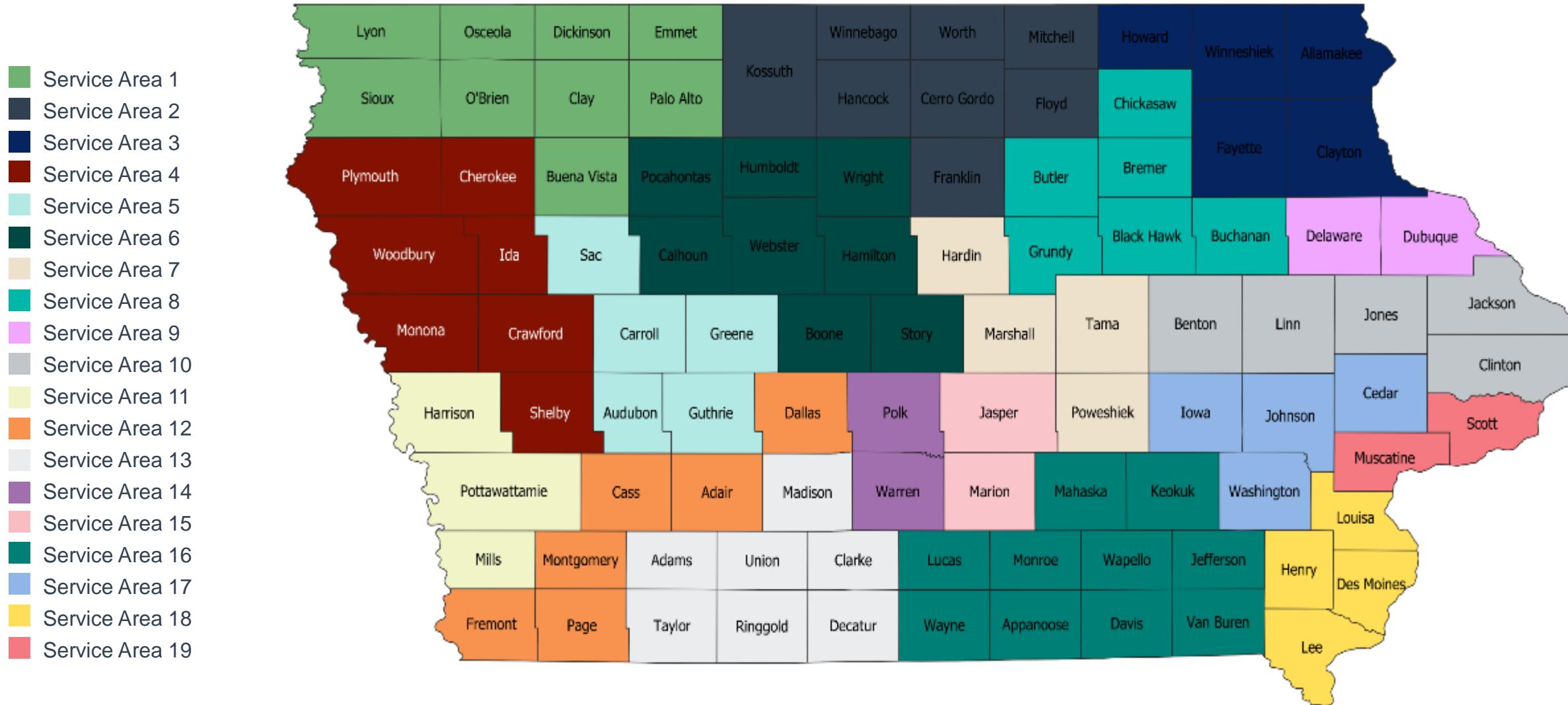
G.4. Behavioral Health Safety-Net Delivery System: MHDS Regions

MHDS Region	Counties Served
Central Iowa Community Services	Boone, Franklin, Greene, Hamilton, Hardin, Jasper, Madison, Marshall, Poweshiek, Story, Warren
County Rural Offices of Social Services	Clarke, Decatur, Lucas, Marion, Monroe, Ringgold, Wayne
County Social Services	Allamakee, Black Hawk, Butler, Cerro Gordo, Chickasaw, Clayton, Emmet, Fayette, Floyd, Grundy, Hancock, Howard, Humboldt, Mitchell, Pocahontas, Tama, Webster, Winneshiek, Wright
Eastern Iowa MHDS Region	Cedar, Clinton, Jackson, Muscatine, Scott
Heart of Iowa Region	Audubon, Dallas, Guthrie
MHDS of the East Central Region	Benton, Bremer, Buchanan, Delaware, Dubuque, Iowa, Johnson, Jones, Linn
Northwest Iowa Care Connection	Clay, Kossuth, Osceola, Palo Alto, Winnebago, Worth
Polk County Health Services	Polk
Rolling Hills Community Services Region	Buena Vista, Calhoun, Carroll, Cherokee, Crawford, Ida, Sac, Woodbury
Sioux Rivers MHDS	Dickinson, Lyon, O'Brien, Plymouth, Sioux
South Central Behavioral Health Region	Appanoose, Davis, Mahaska, Wapello
Southeast Iowa Link	Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Van Buren, Washington
Southern Hills Regional Mental Health	Adair, Adams, Taylor, Union
Southwest Iowa MHDS Region	Cass, Fremont, Harrison, Mills, Monona, Montgomery, Page, Pottawattamie, Shelby

G.4. Behavioral Health Safety-Net Delivery System: Addiction Treatment Services

- Iowa residents without insurance can receive addiction assessment and treatment services from regional provider organizations funded by the Iowa Department of Health & Human Services.
 - Each provider organization is responsible for services in one or more counties.
 - Uninsured persons with incomes above 200% FPL are charged for services on a sliding scale.
- Persons with an income at or below 200% FPL, who are not otherwise eligible for Medicaid, may enroll in the Medicaid managed care program to receive a limited-benefit package of IDPH services.
 - The treatment is provided using state funding through IDPH.
 - The health plans are required to contract with IDPH addiction treatment provider organizations operating in 20 service areas.
 - The health plans are reimbursed by IDPH for payments made to provider organizations plus an administrative service fee.
 - Provider organizations are at-risk for IDPH services. Each provider organization is paid for the minimum number of clients that it is expected to serve. Monthly prospective payments are made using service projections and case rates. Most organizations exceed their contract minimums.
 - IDHHS services include:
 - a. Outpatient and intensive outpatient treatment
 - b. Partial hospitalization
 - c. Residential treatment
 - d. Medically managed inpatient treatment
 - e. Emergency and ambulance services
 - f. Intake, assessment, and diagnosis
 - g. Evaluation, planning, and coordination
 - h. Counseling
 - i. Court-ordered treatment
 - j. Low, medium, and high-intensity residential treatment
- The IDHHS addiction treatment centers also serve the Medicaid population. The Medicaid health plans must contract with these organizations for the provision of section 1915 (b)(3) waiver addiction treatment services.

G.4. Behavioral Health Safety-Net Delivery System: IDHHS Service Areas



G.4. Behavioral Health Safety-Net Delivery System: IDHHS Service Areas

Service Area	Addiction Treatment Provider Organization	Counties
1	Compass Pointe	Buena Vista, Clay, Dickinson, Emmet, Lyon, O'Brien, Osceola, Palo Alto, Sioux
2	Prairie Ridge Integrated Behavioral Healthcare	Cerro Gordo, Floyd, Franklin, Hancock, Kossuth, Mitchell, Winnebago, Worth
3	Northeast Iowa Mental Health Center	Allamakee, Clayton, Fayette, Howard, Winneshiek
4	Jackson Recovery Centers, Inc.	Cherokee, Crawford, Ida, Monona, Plymouth, Shelby, Woodbury
5	Community Opportunities, dba, New Opportunities	Audubon, Carroll, Greene, Guthrie, Sac
6	Community and Family Resources	Boone, Calhoun, Hamilton, Humboldt, Pocahontas, Story, Webster, Wright
7	Substance Abuse Treatment Unit of Central Iowa	Hardin, Marshall, Poweshiek, Tama
8	Pathways Behavioral Services	Black Hawk, Bremer, Buchanan, Butler, Chickasaw, Grundy
9	Substance Abuse Services Center	Delaware, Dubuque
10	Area Substance Abuse Council, Inc.	Benton, Clinton, Jackson, Jones, Linn

G.4. Behavioral Health Safety-Net Delivery System: IDHHS Service Areas

Service Area	Addiction Treatment Provider Organization	Counties
11	Heartland Family Service	Harrison, Mills, Pottawattamie
12	Zion Recovery Services, Inc.	Adair, Cass, Dallas, Fremont, Montgomery, Page
13	Crossroads Behavioral Health Services	Adams, Clarke, Decatur, Madison, Ringgold, Taylor, Union
14	Broadlawns Medical Center, House of Mercy, Prelude Behavioral Services, United Community Services	Polk, Warren
15	House of Mercy, United Community Services	Jasper, Marion
16	Southern Iowa Economic Development Association	Appanoose, Davis, Jefferson, Keokuk, Lucas, Mahaska, Monroe, Van Buren, Wapello, Wayne
17	Prelude Behavioral Services	Cedar, Iowa, Johnson, Washington
18	Alcohol and Drug Dependency Services	Des Moines, Henry, Lee, Louisa
19	Center for Alcohol & Drug Services, Inc., New Horizons	Muscatine, Scott

H. Appendices

H.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.1% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022, January). Results from the 2020 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved January 2023 from https://www.samhsa.gov/data/sites/default/files/reports/rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/2020NSDUHDetTabs01112022.zip
Medicaid	8.6% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2022, January). Results from the 2020 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved January 2023 from https://www.samhsa.gov/data/sites/default/files/reports/rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/2020NSDUHDetTabs01112022.zip
Medicare	16% of persons in the Medicare population, not dually eligible for Medicaid	Centers for Medicare and Medicaid Services. (2021). Medicare-Medicaid Coordination Office Report to Congress. Retrieved January 2023 from https://www.cms.gov/files/document/reporttocongressmmco.pdf

H.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	25% of persons in the Medicare population dually eligible for partial Medicaid benefits	Congressional Budget Office. (2013, June). Dual-Eligible Beneficiaries of Medicare and Medicaid: Characteristics, Health Care Spends, and Evolving Policies. Retrieved January 2023 from https://www.cbo.gov/sites/default/files/113th-congress-2013-2014/reports/44308_DualEligibles2.pdf
	30% of persons in the Medicare population dually eligible for full Medicaid benefits	
Other Public	5.6% of persons served by the Veterans Administration health care system or the TRICARE military health system	United States Department of Defense. (2013, May 17). Efficacy and Cost of Case Management Services for TRICARE Behavioral Health Clients with Serious Mental Health Problems. Retrieved January 2023 from https://www.pdhealth.mil/efficacy-and-cost-case-management-services-tricare-behavioral-health-clients-serious-mental-health-0
No Health Care Insurance	5.6% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2017, September 7). Results from the 2016 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved January 2023 from https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.pdf

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
Carve-out		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(l) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC’s mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2023, the FPL is \$13,590 for an individual and \$27,750 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit-by-unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
Health Home		A “whole person” care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program, but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals age 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care) but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

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