
STATE OF IOWA DEPARTMENT OF

Health ^{AND} Human

SERVICES

Managed Care 101

October 2022

Overview

- On April 1, 2016, Iowa Medicaid transitioned to a managed care program, known as IA Health Link. As a result of this transition the model for service delivery and reimbursement changed from a primarily Fee-for-Service (FFS) model to a risk based Managed Care Organization (MCO) model.
- Today, the MCOs (Amerigroup and Iowa Total Care) provide members with comprehensive health care services, including physical health, behavioral health and long-term services and supports.
 - Approximately 95% of all Iowa Medicaid Members are enrolled in an MCO with 5% remaining in FFS.
 - Iowa's Hawki population is served by the same Medicaid MCOs and included in the total MCO population.
- On August 2022 Molina HealthCare was selected as the third managed care organization and is expected to start providing services on July 1, 2023.

Contract overview

	ITC	AGP	Molina
Contract start date	7/1/2019	7/1/2023	7/1/2023
Contract term and possible extensions	<p>Base Contract: 7/01/2019 thru 06/30/2023</p> <p>Possible Extensions: This contract may be extended for one (1) additional 2-year extension.</p> <p>Executed extensions: none</p>	<p>Base Contract: 7/1/2023 thru 06/30/2027</p> <p>Possible Extensions: This contract may be extended up to two (2) additional 2-year extensions.</p> <p>Executed extensions: none</p>	<p>Base Contract: 7/1/2023 thru 06/30/2027</p> <p>Possible Extensions: This contract may be extended up to two (2) additional 2-year extensions.</p> <p>Executed extensions: none</p>
Contract end date including all extensions.	6/30/2025	06/30/31	06/30/31
Any DAS waivers in place	None	None	None

Managed Care Oversight

- Performance monitoring and data analysis are critical components in assessing how well the MCOs are maintaining and improving the quality of care delivered to members.
- The contract is the mechanism by which MCOs are held responsible for addressing quality of care at both the programmatic and individual provider level. They contain several requirements based on quality initiatives and measurements.
- HHS deploys multiple oversight tools in this effort including quarterly and annual performance reports.
 - These reports are posted to the HHS website:
 - <https://dhs.iowa.gov/ime/about/performance-data/MC-quarterly-reports>
 - <https://dhs.iowa.gov/ime/about/performance-data/annualreports>

Managed Care Oversight (Cont.)

- HHS annually evaluates the IA Health Link program through an external quality review and evaluation of national performance measures.
- Review of National Performance Measures.
- Health Effectiveness Data and Information Set (HEDIS) measures:
 - HEDIS is a comprehensive set of standardized performance measures designed to provide purchasers and consumers with the information they need for reliable comparison of health plan performance. HEDIS measures relate to many significant public health issues, such as cancer, heart disease, smoking, asthma and diabetes.

Managed Care Oversight (Cont.)

- External Quality Review (EQR).
 - EQR is the analysis and evaluation by and External Quality Organization (EQRO) of information on quality, timeliness and access to the health care services that a managed care plan provides to members.
 - Annual EQR is required by federal law.
- An EQR of the MCOs is conducted annually related to quality outcomes, timeliness of services, and access to the services covered under each contract.
 - Annual EQR are posted to the HHS website:
 - <https://dhs.iowa.gov/ime/about/performance-data/annualreports>

Pay for Performance (P4P)

- HHS has established a pay for performance program under which the MCO may receive compensation if certain conditions are met.
 - During each measurement year, HHS withholds a portion of the approved capitation payments from the MCOs.
 - The MCO may be eligible to receive some or all the withheld funds based on the MCO performance in areas determined by the HHS.
 - Operational measures addressing data submitted to HHS.
 - Health Outcomes measures.
 - The MCO must go above the contractual performance standards to receive the withheld amount, the standards that the MCO must meet are outlined in the contract.
 - Managed Care contracts are posted to the HHS website:
 - https://dhs.iowa.gov/Managed_Care_Plan_Contracts

Quality Oversight and Improvement

- In compliance with state and federal regulations, the MCOs submit quality improvement data to HHS on a monthly, quarterly, bi-annual and annual basis. These reports include:
 - Documentation of MCO management of specific populations.
 - Consumer supports.
 - Program operations.
- These comprehensive reports are compliance-focused, with several elements required by:
 - Oversight legislation.
 - Identified health outcomes.

Quality Oversight and Improvement

- HHS examines the data from a compliance perspective.
 - Additional analysis reviews are conducted if any issues are identified.
- Reports submitted address either specific contract obligations or federal Medicaid requirements.
- Monthly demographic and quarterly performance reports are posted to the HHS website:
 - <https://dhs.iowa.gov/ime/about/performance-data>

Contract Compliance

- The MCO contracts have remedy options in place to address compliance issues as they arise. Remedy options include performance improvement plans, corrective action plans and liquidated damages.
- HHS has created a road map that outlines what remedies will be applied in various compliance situations. The goal is clear expectations and transparency.
- The managed care reporting and oversight bureau works in tandem with Iowa Medicaid units and other HHS divisions for performance review.

What services are covered under Managed Care?

- Traditional Medicaid services including medical care in inpatient and outpatient settings
 - Behavioral health care, emergency and non-emergency medical transportation, etc.
- Facility based services such as:
 - Nursing Facilities services, Intermediate Care for Facilities for individuals with Intellectual Disabilities, Psychiatric Medical Institution for Children, Mental Health institutes, Residential Care facilities and State resource centers.
- Home and Community-Based Services (HCBS) waiver services like:
 - HIV/AIDS, Brain Injury, Children's Mental Health, etc.
- B-3 Mental Health and Substance Use Services including intensive psychiatric rehabilitation, community support services, peer support, respite and residential substance use treatment (only available through managed care)
- Services in Institutions for Mental Disease (only available through managed care for 15 days per calendar month)
- Please see <https://dhs.iowa.gov/sites/default/files/Comm519.pdf?091620192106> for additional information.

Questions