

Twenty-First Amendment to the Iowa Health Link Contract

This Amendment to Contract Number MED-20-001 is effective as of November 6, 2024 between the Iowa Department of Health and Human Services (Agency) and Iowa Total Care (Contractor).

Section 1: Amendment to Contract Language

The Contract is amended as follows:

Revision 1. Name/Principal Address of Agency is hereby replaced as follows:

Iowa Department of Health and Human Services
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-1002

Revision 2. Agency Billing Contact Address is hereby replaced as follows:

Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319-1002

Revision 3. Agency Contract Manager (hereafter “Contract Manager”) Address is hereby replaced as follows:

Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319-1002

Revision 4. Agency Contract Owner (hereafter “Contract Owner”) Address is hereby replaced as follows:

Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319-1002

Revision 5. Exhibit G. Pandemic-Related Contract Provisions, COVID 19 Vaccination Administration Carve-Out, is hereby replaced as follows:

The Agency will exclude from the capitation rates the costs associated with COVID 19 vaccine administration services. Contractor shall continue to provide coverage for COVID 19 vaccine administration services. The Agency will reimburse the Contractor on a retrospective basis for such claims using the Medicare payment methodology and rates for the same services and consistent with CMS guidance and Agency policy as published in any and all provider informational letters (IL).

However, payments to Contractor under this provision shall be limited to the lower of (1) what Medicare would have paid for the same services for a Medicare eligible individual and consistent with all published ILs, or (2) the Contractor’s actual out-of-pocket payments for such services. Per CMS guidelines, this COVID 19 Vaccination Administration Carve-Out ends on September 30, 2024. After this end date, costs associated with COVID vaccine administration services are included in the capitation rates. Invoice

runout periods will be set at the discretion of the agency and will be communicated to the contractor via policy clarification.

Revision 6. Effective July 1, 2024, the state is updating the rates for SFY25. Updated Special Contract Amendment below.

Revision 7. Federal Funds. The following federal funds information is provided



Contract Payments include Federal Funds? Yes	
UEI#: CXEJB873WLN7	
The Name of the Pass-Through Entity: Iowa Department of Health and Human Services	
CFDA #: 93.778	Federal Awarding Agency Name: Centers for Medicare and Medicaid Services (CMS)
Grant Name: Title XIX: The Medical Assistance Program	
CFDA #: 93.767	Federal Awarding Agency Name: Centers for Medicare and Medicaid Services (CMS)
Grant Name: Children’s Health Insurance Program	

Section 2: Ratification & Authorization

Except as expressly amended and supplemented herein, the Contract shall remain in full force and effect, and the parties hereby ratify and confirm the terms and conditions thereof. Each party to this Amendment represents and warrants to the other that it has the right, power, and authority to enter into and perform its obligations under this Amendment, and it has taken all requisite actions (corporate, statutory, or otherwise) to approve execution, delivery and performance of this Amendment, and that this Amendment constitutes a legal, valid, and binding obligation.

Section 3: Execution

IN WITNESS WHEREOF, in consideration of the mutual covenants set forth above and for other good and valuable consideration, the receipt, adequacy and legal sufficiency of which are hereby acknowledged, the parties have entered into the above Amendment and have caused their duly authorized representatives to execute this Amendment.

Contractor, Iowa Total Care		Agency, Iowa Department of Health and Human Services	
Signature of Authorized Representative: 	Date: 10.21.2024	Signature of Authorized Representative: 	Date: Nov 22, 2024
Printed Name: Mitch Wasden		Printed Name: Kelly Garcia	
Title: CEO and Plan President		Title: Director	

Special Contract Amendment – SFY2025 Rates

SFY25 Addendum #1 Rates Withhold Summary

Cap Group	Rate Cell	SFY23 Statewide MMs	Iowa Total Care Rates					Paid to MCOs		Premium Tax	
			Rates - Net Additional Payments	Withhold PMPM	Rates - Net Withhold, Net Additional Payments	GME PMPM	GEMT PMPM	Rates - Net Withhold, Gross Additional Payments	Loaded Rates - Net Withhold, Gross Additional Payments	Loaded Rates - Gross Withhold, Gross Additional Payments	
Reference			(A)	(B) = (A) * 2%	(C) = (A) - (B)	(D)	(E)	(F) = (C) + (D) + (E)	(G) = (F) / (1 - 0.975%)	(H) = [(A) + (D) + (E)] / (1 - 0.975%)	
H	Children 0-59 days M&F	52,245	\$ 2,544.36	\$ 50.89	\$ 2,493.47	\$ 5.04	\$ 3.88	\$ 2,502.39	\$ 2,527.03	\$ 2,578.42	
H	Children 60-364 days M&F	189,808	\$ 356.36	\$ 7.13	\$ 349.23	\$ 5.04	\$ 2.46	\$ 356.73	\$ 360.24	\$ 367.44	
H	Children 1-4 M&F	871,813	\$ 206.39	\$ 4.13	\$ 202.26	\$ 5.04	\$ 1.29	\$ 208.59	\$ 210.64	\$ 214.81	
H	Children 5-14 M&F	1,797,787	\$ 200.40	\$ 4.01	\$ 196.39	\$ 5.04	\$ 0.77	\$ 202.20	\$ 204.19	\$ 208.24	
H	Children 15-20 F	398,378	\$ 353.94	\$ 7.08	\$ 346.86	\$ 5.04	\$ 3.16	\$ 355.06	\$ 358.56	\$ 365.71	
H	Children 15-20 M	390,930	\$ 249.92	\$ 5.00	\$ 244.92	\$ 5.04	\$ 2.50	\$ 252.46	\$ 254.95	\$ 259.99	
I	CHIP - Hawki	566,560	\$ 191.30	\$ 3.83	\$ 187.47	-	\$ 0.67	\$ 188.14	\$ 189.99	\$ 193.86	
H	Non-Expansion Adults 21-34 F	413,050	\$ 483.45	\$ 9.67	\$ 473.78	\$ 5.04	\$ 5.48	\$ 484.30	\$ 489.07	\$ 498.83	
H	Non-Expansion Adults 21-34 M	104,281	\$ 289.91	\$ 5.80	\$ 284.11	\$ 5.04	\$ 4.10	\$ 293.25	\$ 296.14	\$ 301.99	
H	Non-Expansion Adults 35-49 F	286,743	\$ 717.75	\$ 14.36	\$ 703.40	\$ 5.04	\$ 5.92	\$ 714.36	\$ 721.38	\$ 735.88	
H	Non-Expansion Adults 35-49 M	118,351	\$ 562.05	\$ 11.24	\$ 550.81	\$ 5.04	\$ 4.54	\$ 560.39	\$ 565.91	\$ 577.26	
H	Non-Expansion Adults 50+ M&F	60,547	\$ 886.49	\$ 17.73	\$ 868.76	\$ 5.04	\$ 5.93	\$ 879.73	\$ 888.39	\$ 906.30	
I	Pregnant Women	163,050	\$ 405.21	\$ 8.10	\$ 397.11	\$ 5.04	\$ 2.07	\$ 404.22	\$ 408.20	\$ 416.38	
J	WP 19-24 F (Medically Exempt)	11,911	\$ 1,231.95	\$ 24.64	\$ 1,207.31	-	\$ 20.88	\$ 1,228.19	\$ 1,240.28	\$ 1,265.17	
J	WP 19-24 M (Medically Exempt)	9,322	\$ 2,086.68	\$ 41.73	\$ 2,044.95	-	\$ 22.21	\$ 2,067.16	\$ 2,087.51	\$ 2,129.65	
J	WP 25-34 F (Medically Exempt)	42,930	\$ 1,390.80	\$ 27.82	\$ 1,362.98	-	\$ 17.52	\$ 1,380.50	\$ 1,394.09	\$ 1,422.19	
J	WP 25-34 M (Medically Exempt)	42,458	\$ 1,420.14	\$ 28.40	\$ 1,391.74	-	\$ 24.15	\$ 1,415.89	\$ 1,429.83	\$ 1,458.51	
J	WP 35-49 F (Medically Exempt)	68,081	\$ 1,706.39	\$ 34.13	\$ 1,672.26	-	\$ 19.44	\$ 1,691.70	\$ 1,708.36	\$ 1,742.82	
J	WP 35-49 M (Medically Exempt)	64,548	\$ 1,537.45	\$ 30.75	\$ 1,506.70	-	\$ 34.49	\$ 1,541.19	\$ 1,556.36	\$ 1,587.42	
J	WP 50+ M&F (Medically Exempt)	94,484	\$ 2,204.28	\$ 44.09	\$ 2,160.19	-	\$ 33.19	\$ 2,193.38	\$ 2,214.98	\$ 2,259.50	
K	WP 19-24 F (Non-Medically Exempt)	295,239	\$ 348.30	\$ 6.97	\$ 341.33	-	\$ 3.09	\$ 344.42	\$ 347.81	\$ 354.85	
K	WP 19-24 M (Non-Medically Exempt)	270,284	\$ 219.50	\$ 4.39	\$ 215.11	-	\$ 2.83	\$ 217.94	\$ 220.09	\$ 224.52	
K	WP 25-34 F (Non-Medically Exempt)	361,260	\$ 420.64	\$ 8.41	\$ 412.23	-	\$ 3.14	\$ 415.37	\$ 419.46	\$ 427.95	
K	WP 25-34 M (Non-Medically Exempt)	342,617	\$ 322.23	\$ 6.44	\$ 315.79	-	\$ 4.72	\$ 320.51	\$ 323.67	\$ 330.17	
K	WP 35-49 F (Non-Medically Exempt)	365,685	\$ 668.56	\$ 13.37	\$ 655.19	-	\$ 4.31	\$ 659.50	\$ 665.99	\$ 679.50	
K	WP 35-49 M (Non-Medically Exempt)	355,312	\$ 562.17	\$ 11.24	\$ 550.93	-	\$ 6.78	\$ 557.71	\$ 563.20	\$ 574.55	
K	WP 50+ M&F (Non-Medically Exempt)	552,381	\$ 993.28	\$ 19.87	\$ 973.41	-	\$ 7.71	\$ 981.12	\$ 990.78	\$ 1,010.85	
M	ABD Non-Dual <21 M&F	127,506	\$ 1,223.07	\$ 24.46	\$ 1,198.61	\$ 5.04	\$ 6.14	\$ 1,209.79	\$ 1,221.70	\$ 1,246.40	
M	ABD Non-Dual 21+ M&F	239,598	\$ 2,025.27	\$ 40.51	\$ 1,984.76	\$ 5.04	\$ 33.97	\$ 2,023.77	\$ 2,043.70	\$ 2,084.60	
N	Residential Care Facility	3,876	\$ 9,117.40	\$ 182.35	\$ 8,935.05	\$ 5.04	\$ 16.01	\$ 8,956.10	\$ 9,044.28	\$ 9,228.43	
O	Breast and Cervical Cancer	1,415	\$ 3,337.94	\$ 66.76	\$ 3,271.18	-	\$ 3.79	\$ 3,274.97	\$ 3,307.22	\$ 3,374.63	
P	Dual Eligible 0-64 M&F	372,008	\$ 839.48	\$ 16.79	\$ 822.69	-	\$ 1.82	\$ 824.51	\$ 832.63	\$ 849.58	
P	Dual Eligible 65+ M&F	179,652	\$ 291.61	\$ 5.83	\$ 285.78	-	\$ 1.08	\$ 286.86	\$ 289.68	\$ 295.57	
Q	Custodial Care Nursing Facility <65	21,757	\$ 5,889.92	\$ 117.80	\$ 5,772.12	\$ 5.04	\$ 29.83	\$ 5,806.99	\$ 5,864.17	\$ 5,983.13	
Q	Custodial Care Nursing Facility 65+	107,945	\$ 4,465.15	\$ 89.30	\$ 4,375.85	-	\$ 3.50	\$ 4,379.35	\$ 4,422.47	\$ 4,512.65	
R	Elderly HCBS Waiver	89,540	\$ 4,465.15	\$ 89.30	\$ 4,375.85	-	\$ 3.98	\$ 4,379.83	\$ 4,422.95	\$ 4,513.13	
S	Non-Dual Skilled Nursing Facility	1,994	\$ 5,889.92	\$ 117.80	\$ 5,772.12	\$ 5.04	\$ 62.01	\$ 5,839.17	\$ 5,896.66	\$ 6,015.62	
T	Dual HCBS Waivers: PD; H&D	16,046	\$ 5,889.92	\$ 117.80	\$ 5,772.12	-	\$ 2.24	\$ 5,774.36	\$ 5,831.21	\$ 5,950.17	
U	Non-Dual HCBS Waivers: PD; H&D; AIDS	18,974	\$ 5,889.92	\$ 117.80	\$ 5,772.12	\$ 5.04	\$ 20.58	\$ 5,797.74	\$ 5,854.82	\$ 5,973.78	
V	Brain Injury HCBS Waiver	15,397	\$ 5,889.92	\$ 117.80	\$ 5,772.12	\$ 5.04	\$ 9.39	\$ 5,786.55	\$ 5,843.52	\$ 5,962.48	
W	ICF/ID	11,855	\$ 8,065.43	\$ 161.31	\$ 7,904.12	\$ 5.04	\$ 7.00	\$ 7,916.16	\$ 7,994.10	\$ 8,157.00	
X	State Resource Center	2,829	\$ 8,065.43	\$ 161.31	\$ 7,904.12	\$ 5.04	\$ 9.23	\$ 7,918.39	\$ 7,996.35	\$ 8,159.25	
Y	Intellectual Disability HCBS Waiver	136,740	\$ 8,065.43	\$ 161.31	\$ 7,904.12	\$ 5.04	\$ 3.94	\$ 7,913.10	\$ 7,991.01	\$ 8,153.91	
Z	PMIC	3,443	\$ 3,986.63	\$ 79.73	\$ 3,906.90	\$ 5.04	\$ 22.57	\$ 3,934.51	\$ 3,973.25	\$ 4,053.76	
O	Children's Mental Health HCBS Waiver	13,870	\$ 3,986.63	\$ 79.73	\$ 3,906.90	\$ 5.04	\$ 5.93	\$ 3,917.87	\$ 3,956.45	\$ 4,036.96	
D	CHIP - Children 0-59 days M&F	878	\$ 2,544.36	\$ 50.89	\$ 2,493.47	-	\$ 3.88	\$ 2,497.35	\$ 2,521.94	\$ 2,573.33	
D	CHIP - Children 60-364 days M&F	3,069	\$ 356.36	\$ 7.13	\$ 349.23	-	\$ 2.46	\$ 351.69	\$ 355.15	\$ 362.35	
D	CHIP - Children 1-4 M&F	919	\$ 206.39	\$ 4.13	\$ 202.26	-	\$ 1.29	\$ 203.55	\$ 205.55	\$ 209.72	
D	CHIP - Children 5-14 M&F	137,252	\$ 200.40	\$ 4.01	\$ 196.39	-	\$ 0.77	\$ 197.16	\$ 199.10	\$ 203.15	
D	CHIP - Children 15-20 F	30,165	\$ 353.94	\$ 7.08	\$ 346.86	-	\$ 3.16	\$ 350.02	\$ 353.47	\$ 360.62	
D	CHIP - Children 15-20 M	30,224	\$ 249.92	\$ 5.00	\$ 244.92	-	\$ 2.50	\$ 247.42	\$ 249.86	\$ 254.91	
D	TANF Maternity Case Rate	7,595	\$ 6,676.02	\$ 133.52	\$ 6,542.50	-	\$ -	\$ 6,542.50	\$ 6,606.92	\$ 6,741.75	
D	Pregnant Women Maternity Case Rate	5,499	\$ 5,909.07	\$ 118.18	\$ 5,790.89	-	\$ -	\$ 5,790.89	\$ 5,847.91	\$ 5,967.25	
	Total	9,857,007	\$ 760.11	\$ 15.20	\$ 744.91	\$ 2.78	\$ 4.67	\$ 752.37	\$ 759.77	\$ 775.13	

MED-20-001 Iowa Total Care AMD 21 DSO

Final Audit Report

2024-11-22

Created:	2024-11-19
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