

**Twenty-Third Amendment to the Iowa Health Link Contract**

This Amendment to Contract Number MED-20-001 is effective as of April 1, 2025, 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. Effective January 1, 2025, the state is updating the rates for SFY25. Updated Special Contract Amendment below.**

**Revision 2. Federal Funds.** The following federal funds information is provided



<b>Contract Payments include Federal Funds?</b> Yes	
UEI#: CXEJB873WLN7	
<b>The Name of the Pass-Through Entity:</b> Iowa Department of Health and Human Services	
ALN #: 93.778	<b>Federal Awarding Agency Name:</b> Centers for Medicare and Medicaid Services (CMS)
<b>Grant Name:</b> Title XIX: The Medical Assistance Program	
ALN #: 93.767	<b>Federal Awarding Agency Name:</b> Centers for Medicare and Medicaid Services (CMS)
<b>Grant Name:</b> 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.

<b>Contractor, Iowa Total Care</b>		<b>Agency, Iowa Department of Health and Human Services</b>	
Signature of Authorized Representative: 	Date: 03.03.2025	Signature of Authorized Representative: 	Date: 03/03/2025
Printed Name: Mitch Wasden		Printed Name: Kelly Garcia	
Title: CEO and Plan President		Title: Director	

**Special Contract Amendment – SFY2025 Rates**  
**SFY25 Midyear Rating Withhold Summary**

Cap Group	Rate Cell	Iowa Total Care Rates							Premium Tax	
		SFY23 Statewide MMs	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 - 0.95%)	(H) = [(A) + (D) + (E)] / (1 - 0.95%)
H	Children 0-59 days M&F	52,245	\$ 2,595.29	\$ 51.91	\$ 2,543.38	\$ 5.04	\$ 3.91	\$ 2,552.33	\$ 2,576.81	\$ 2,629.22
H	Children 60-364 days M&F	189,808	\$ 363.44	\$ 7.27	\$ 356.17	\$ 5.04	\$ 2.48	\$ 363.69	\$ 367.18	\$ 374.52
H	Children 1-4 M&F	871,813	\$ 215.24	\$ 4.30	\$ 210.94	\$ 5.04	\$ 1.30	\$ 217.28	\$ 219.36	\$ 223.71
H	Children 5-14 M&F	1,797,787	\$ 207.17	\$ 4.14	\$ 203.03	\$ 5.04	\$ 0.78	\$ 208.85	\$ 210.85	\$ 215.03
H	Children 15-20 F	398,378	\$ 365.35	\$ 7.31	\$ 358.04	\$ 5.04	\$ 3.19	\$ 366.27	\$ 369.78	\$ 377.16
H	Children 15-20 M	390,930	\$ 248.13	\$ 4.96	\$ 243.17	\$ 5.04	\$ 2.52	\$ 250.73	\$ 253.13	\$ 258.14
I	CHIP - Hawki	566,560	\$ 193.29	\$ 3.87	\$ 189.42	\$ -	\$ 0.68	\$ 190.10	\$ 191.92	\$ 195.83
H	Non-Expansion Adults 21-34 F	413,050	\$ 503.14	\$ 10.06	\$ 493.08	\$ 5.04	\$ 5.54	\$ 503.66	\$ 508.49	\$ 518.65
H	Non-Expansion Adults 21-34 M	104,281	\$ 323.28	\$ 6.47	\$ 316.81	\$ 5.04	\$ 4.14	\$ 325.99	\$ 329.12	\$ 335.65
H	Non-Expansion Adults 35-49 F	286,743	\$ 739.99	\$ 14.80	\$ 725.19	\$ 5.04	\$ 5.98	\$ 736.21	\$ 743.27	\$ 758.21
H	Non-Expansion Adults 35-49 M	118,351	\$ 587.56	\$ 11.75	\$ 575.81	\$ 5.04	\$ 4.59	\$ 585.44	\$ 591.06	\$ 602.92
H	Non-Expansion Adults 50+ M&F	60,547	\$ 916.63	\$ 18.33	\$ 898.30	\$ 5.04	\$ 5.99	\$ 909.33	\$ 918.05	\$ 936.56
J	Pregnant Women	163,050	\$ 413.79	\$ 8.28	\$ 405.51	\$ 5.04	\$ 2.09	\$ 412.64	\$ 416.60	\$ 424.96
J	WP 19-24 F (Medically Exempt)	11,911	\$ 1,281.83	\$ 25.64	\$ 1,256.19	\$ -	\$ 21.09	\$ 1,277.28	\$ 1,289.53	\$ 1,315.42
J	WP 19-24 M (Medically Exempt)	9,322	\$ 1,936.59	\$ 38.73	\$ 1,897.86	\$ -	\$ 22.43	\$ 1,920.29	\$ 1,938.71	\$ 1,977.81
J	WP 25-34 F (Medically Exempt)	42,930	\$ 1,406.51	\$ 28.13	\$ 1,378.38	\$ -	\$ 17.70	\$ 1,396.08	\$ 1,409.47	\$ 1,437.87
J	WP 25-34 M (Medically Exempt)	42,458	\$ 1,463.70	\$ 29.27	\$ 1,434.43	\$ -	\$ 24.40	\$ 1,458.83	\$ 1,472.82	\$ 1,502.37
J	WP 35-49 F (Medically Exempt)	68,081	\$ 1,756.09	\$ 35.12	\$ 1,720.97	\$ -	\$ 19.63	\$ 1,740.60	\$ 1,757.29	\$ 1,792.75
J	WP 35-49 M (Medically Exempt)	64,548	\$ 1,566.05	\$ 31.32	\$ 1,534.73	\$ -	\$ 34.83	\$ 1,569.56	\$ 1,584.61	\$ 1,616.23
J	WP 50+ M&F (Medically Exempt)	94,484	\$ 2,260.74	\$ 45.21	\$ 2,215.53	\$ -	\$ 33.52	\$ 2,249.05	\$ 2,270.62	\$ 2,316.26
K	WP 19-24 F (Non-Medically Exempt)	295,239	\$ 357.67	\$ 7.15	\$ 350.52	\$ -	\$ 3.12	\$ 353.64	\$ 357.03	\$ 364.25
K	WP 19-24 M (Non-Medically Exempt)	270,284	\$ 226.23	\$ 4.52	\$ 221.71	\$ -	\$ 2.85	\$ 224.56	\$ 226.71	\$ 231.28
K	WP 25-34 F (Non-Medically Exempt)	361,260	\$ 440.17	\$ 8.80	\$ 431.37	\$ -	\$ 3.17	\$ 434.54	\$ 438.71	\$ 447.59
K	WP 25-34 M (Non-Medically Exempt)	342,617	\$ 336.15	\$ 6.72	\$ 329.43	\$ -	\$ 4.77	\$ 334.20	\$ 337.41	\$ 344.19
K	WP 35-49 F (Non-Medically Exempt)	365,685	\$ 676.71	\$ 13.53	\$ 663.18	\$ -	\$ 4.35	\$ 667.53	\$ 673.93	\$ 687.59
K	WP 35-49 M (Non-Medically Exempt)	355,312	\$ 572.21	\$ 11.44	\$ 560.77	\$ -	\$ 6.85	\$ 567.62	\$ 573.06	\$ 584.61
K	WP 50+ M&F (Non-Medically Exempt)	552,381	\$ 1,029.19	\$ 20.58	\$ 1,008.61	\$ -	\$ 7.79	\$ 1,016.40	\$ 1,026.15	\$ 1,046.93
M	ABD Non-Dual <21 M&F	127,506	\$ 1,204.71	\$ 24.09	\$ 1,180.62	\$ 5.04	\$ 6.20	\$ 1,191.86	\$ 1,203.29	\$ 1,227.61
M	ABD Non-Dual 21+ M&F	239,598	\$ 2,070.97	\$ 41.42	\$ 2,029.55	\$ 5.04	\$ 34.30	\$ 2,068.89	\$ 2,088.73	\$ 2,130.55
N	Residential Care Facility	3,876	\$ 9,154.56	\$ 183.09	\$ 8,971.47	\$ 5.04	\$ 16.17	\$ 8,992.68	\$ 9,078.93	\$ 9,263.78
O	Breast and Cervical Cancer	1,415	\$ 3,404.37	\$ 68.09	\$ 3,336.28	\$ -	\$ 3.82	\$ 3,340.10	\$ 3,372.14	\$ 3,440.88
P	Dual Eligible 0-64 M&F	372,008	\$ 872.03	\$ 17.44	\$ 854.59	\$ -	\$ 1.84	\$ 856.43	\$ 864.64	\$ 882.25
P	Dual Eligible 65+ M&F	179,652	\$ 293.06	\$ 5.86	\$ 287.20	\$ -	\$ 1.10	\$ 288.30	\$ 291.07	\$ 296.98
Q	Custodial Care Nursing Facility <65	21,757	\$ 5,949.48	\$ 118.99	\$ 5,830.49	\$ 5.04	\$ 30.13	\$ 5,865.66	\$ 5,921.92	\$ 6,042.05
Q	Custodial Care Nursing Facility 65+	107,945	\$ 4,517.97	\$ 90.36	\$ 4,427.61	\$ -	\$ 3.54	\$ 4,431.15	\$ 4,473.65	\$ 4,564.88
R	Elderly HCBS Waiver	89,540	\$ 4,517.97	\$ 90.36	\$ 4,427.61	\$ -	\$ 4.02	\$ 4,431.63	\$ 4,474.13	\$ 4,565.36
S	Non-Dual Skilled Nursing Facility	1,994	\$ 5,949.48	\$ 118.99	\$ 5,830.49	\$ 5.04	\$ 62.62	\$ 5,898.15	\$ 5,954.72	\$ 6,074.85
T	Dual HCBS Waivers: PD; H&D	16,046	\$ 5,949.48	\$ 118.99	\$ 5,830.49	\$ -	\$ 2.26	\$ 5,832.75	\$ 5,888.69	\$ 6,008.82
U	Non-Dual HCBS Waivers: PD; H&D; AID	18,974	\$ 5,949.48	\$ 118.99	\$ 5,830.49	\$ 5.04	\$ 20.78	\$ 5,856.31	\$ 5,912.48	\$ 6,032.61
V	Brain Injury HCBS Waiver	15,397	\$ 5,949.48	\$ 118.99	\$ 5,830.49	\$ 5.04	\$ 9.48	\$ 5,845.01	\$ 5,901.07	\$ 6,021.20
W	ICF/ID	11,855	\$ 8,220.59	\$ 164.41	\$ 8,056.18	\$ 5.04	\$ 7.07	\$ 8,068.29	\$ 8,145.67	\$ 8,311.66
X	State Resource Center	2,829	\$ 8,220.59	\$ 164.41	\$ 8,056.18	\$ 5.04	\$ 9.33	\$ 8,070.55	\$ 8,147.96	\$ 8,313.94
Y	Intellectual Disability HCBS Waiver	136,740	\$ 8,220.59	\$ 164.41	\$ 8,056.18	\$ 5.04	\$ 3.98	\$ 8,065.20	\$ 8,142.55	\$ 8,308.54
Z	PMIC	3,443	\$ 4,014.88	\$ 80.30	\$ 3,934.58	\$ 5.04	\$ 22.79	\$ 3,962.41	\$ 4,000.41	\$ 4,081.48
D	Children's Mental Health HCBS Waiver	13,870	\$ 4,014.88	\$ 80.30	\$ 3,934.58	\$ 5.04	\$ 5.98	\$ 3,945.60	\$ 3,983.44	\$ 4,064.51
D	CHIP - Children 0-59 days M&F	878	\$ 2,595.29	\$ 51.91	\$ 2,543.38	\$ -	\$ 3.91	\$ 2,547.29	\$ 2,571.72	\$ 2,624.13
D	CHIP - Children 60-364 days M&F	3,069	\$ 363.44	\$ 7.27	\$ 356.17	\$ -	\$ 2.48	\$ 358.65	\$ 362.09	\$ 369.43
D	CHIP - Children 1-4 M&F	919	\$ 215.24	\$ 4.30	\$ 210.94	\$ -	\$ 1.30	\$ 212.24	\$ 214.28	\$ 218.62
D	CHIP - Children 5-14 M&F	137,252	\$ 207.17	\$ 4.14	\$ 203.03	\$ -	\$ 0.78	\$ 203.81	\$ 205.76	\$ 209.94
D	CHIP - Children 15-20 F	30,165	\$ 365.35	\$ 7.31	\$ 358.04	\$ -	\$ 3.19	\$ 361.23	\$ 364.69	\$ 372.07
D	CHIP - Children 15-20 M	30,224	\$ 248.13	\$ 4.96	\$ 243.17	\$ -	\$ 2.52	\$ 245.69	\$ 248.05	\$ 253.05
D	TANF Maternity Case Rate	7,595	\$ 6,742.29	\$ 134.85	\$ 6,607.44	\$ -	\$ -	\$ 6,607.44	\$ 6,670.81	\$ 6,806.96
D	Pregnant Women Maternity Case Rate	5,499	\$ 5,967.72	\$ 119.35	\$ 5,848.37	\$ -	\$ -	\$ 5,848.37	\$ 5,904.46	\$ 6,024.96
	<b>Total</b>	<b>9,857,007</b>	<b>\$ 777.40</b>	<b>\$ 15.55</b>	<b>\$ 761.85</b>	<b>\$ 2.78</b>	<b>\$ 4.72</b>	<b>\$ 769.35</b>	<b>\$ 776.73</b>	<b>\$ 792.42</b>





# Medicaid - MED-20-001 Iowa Health Link AMD 23

Final Audit Report

2025-03-03

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