

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-1850



State Demonstrations Group

August 29, 2025

Rebecca Curtiss
Interim Medicaid Director
Iowa Medicaid Enterprise
Iowa Department of Human Services
1305 E Walnut Street
Des Moines, Iowa 50319

Dear Interim Director Curtiss:

The Centers for Medicare & Medicaid Services (CMS) completed its review of the Interim Evaluation Report, which is required by the Special Terms and Conditions (STCs), specifically STC 52 “Interim Evaluation Report” of the “Iowa Wellness Plan” section 1115 demonstration (Project No: 11-W-00289/7). This report covers approximately the first 2.5 years of the demonstration period, analyzing data from January 2020 through October 31, 2022. CMS determined that the evaluation report, submitted in November 2023 and revised in November 2024, is in alignment with the approved Evaluation Design and the requirements set forth in the STCs, and therefore approves the state’s Interim Evaluation Report.

In accordance with STC 52, the approved Interim Evaluation Report may now be posted to the state’s Medicaid website within 30 calendar days. CMS will also post the evaluation report on Medicaid.gov.

The COVID-19 public health emergency (PHE) overlapped with a substantial portion of the demonstration’s approval period and had a significant impact on the demonstration’s programs and interim evaluation. Due to the PHE, many demonstration programs were suspended starting in March 2020—healthy behavior incentive requirements were paused until June 1, 2023, premiums until June 30, 2024, and other elements of cost-sharing (like copays) until June 1, 2024. In addition, planned evaluation activities were delayed (e.g., a beneficiary survey to evaluate the impact of the waiver of retroactive eligibility was delayed from spring 2021 to fall 2023). The evaluation period also varies across demonstration component and data source. Lastly, the PHE affected enrollment into the IWP. As a result, the findings from the Interim Evaluation Report are preliminary, descriptive in nature, and unable to support causal conclusions about the demonstration’s impact. Preliminary findings demonstrate no difference in changes in uncompensated care, charity care, or bad debt among critical access hospitals (CAH) versus non-CAH before and after implementation of the waiver of retroactive eligibility.

Data on the healthy behavior incentives suggest that the proportion of members completing a wellness exam increased over the years of enrollment in the program, with the greatest percentage (39 percent) being in the eighth year (2021). Dental provider self-reports indicate that the proportion of general dentists who reported accepting new adult patients with Dental Wellness Plan (DWP) remained relatively stable between 2019 and 2021 at approximately 28 percent, although most dentists accepting new patients with DWP placed limits on acceptance, such as family members of existing patients or emergencies. Overall, findings from member experience surveys suggest that IWP beneficiaries had similar experiences to their traditional Iowa Medicaid counterparts in the domains of access, quality of care, and satisfaction. CMS looks forward to further analysis as the state continues to assess the impact of its programs during the current demonstration approval period and employs thoughtful and rigorous evaluation methods in the Summative Evaluation Report.

We look forward to our continued partnership on the Iowa Wellness Plan section 1115 demonstration. If you have any questions, please contact your CMS demonstration team.

Sincerely,

Danielle Daly
Director
Division of Demonstration Monitoring and Evaluation

cc: Lee Herko, State Monitoring Lead, CMS Medicaid and CHIP Operations Group