

Managed Care Program Annual Report (MCPAR) for Iowa: Health Link

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|-----------------|--------------------|------------------|---------------|
| Due date | Last edited | Edited by | Status |
| 12/27/2025 | 12/18/2025 | Jason Holst | In progress |

| Indicator | Response |
|---|--------------|
| Exclusion of CHIP from MCPAR Enrollees in separate CHIP programs funded under Title XXI should not be reported in the MCPAR. Please check this box if the state is unable to remove information about Separate CHIP enrollees from its reporting on this program. | Not Selected |
| Did you submit or do you plan on submitting a Network Adequacy and Access Assurances (NAAAR) Report for this program for this reporting period through the MDCT online tool? If "No", please complete the following questions under each plan. | No |

Section A: Program Information

Point of Contact

| Number | Indicator | Response |
|--------|---|------------------------------|
| A1 | State name Auto-populated from your account profile. | Iowa |
| A2a | Contact name First and last name of the contact person. States that do not wish to list a specific individual on the report are encouraged to use a department or program-wide email address that will allow anyone with questions to quickly reach someone who can provide answers. | Latisha McGuire |
| A2b | Contact email address Enter email address. Department or program-wide email addresses ok. | latisha.mcguire@hhs.iowa.gov |
| A3a | Submitter name CMS receives this data upon submission of this MCPAR report. | Not answered |
| A3b | Submitter email address CMS receives this data upon submission of this MCPAR report. | Not answered |
| A4 | Date of report submission CMS receives this date upon submission of this MCPAR report. | Not answered |

Reporting Period

| Number | Indicator | Response |
|--------|---|-------------|
| A5a | Reporting period start date Auto-populated from report dashboard. | 07/01/2024 |
| A5b | Reporting period end date Auto-populated from report dashboard. | 06/30/2025 |
| A6 | Program name Auto-populated from report dashboard. | Health Link |

Add plans (A.7)

Enter the name of each plan that participates in the program for which the state is reporting data.

| Indicator | Response |
|------------------|---|
| Plan name | Iowa Total Care Inc. Wellpoint Iowa Inc. Molina Healthcare of Iowa Inc. |


Add BSS entities (A.8)

Enter the names of Beneficiary Support System (BSS) entities that support enrollees in the program for which the state is reporting data. Learn more about BSS entities at 42 CFR 438.71. See Glossary in Excel Workbook for the definition of BSS entities.

Examples of BSS entity types include a: State or Local Government Entity, Ombudsman Program, State Health Insurance Program (SHIP), Aging and Disability Resource Network (ADRN), Center for Independent Living (CIL), Legal Assistance Organization, Community-based Organization, Subcontractor, Enrollment Broker, Consultant, or Academic/Research Organization.

| Indicator | Response |
|-----------------|------------------------------|
| BSS entity name | Iowa Office of Ombudsmen |
| | Enrollment Broker - Conduent |
| | HHS Staff - Joel Ball |

Add In Lieu of Services and Settings (A.9)

 **Beginning December 2025, this section must be completed by states that authorize ILOS. Submission of this data before December 2025 is optional.**

This section must be completed if any ILOSs *other than short term stays in an Institution for Mental Diseases (IMD)* are authorized for this managed care program. **Enter the name of each ILOS offered as it is identified in the managed care plan contract(s).** Guidance on In Lieu of Services on Medicaid.gov.

| Indicator | Response |
|-----------|--|
| ILOS name | Pre-tenancy and tenancy sustaining services |
| | Housing transition navigation services |
| | Case management |
| | Respite care services |
| | Personal care services |
| | Medically tailored meals |
| | Assistive services/devices |
| | Home modifications |
| | Vehicle modifications |
| | Intermittent Supported Community Living Services (SCL) |
| | Supported employment services |
| | Personal emergency response system |
| | Specialized medical equipment |
| | Adult day care |
| | Non-medical transportation |

Section B: State-Level Indicators

Topic I. Program Characteristics and Enrollment

| Number | Indicator | Response |
|--------|---|----------|
| BI.1 | Statewide Medicaid enrollment Enter the average number of individuals enrolled in Medicaid per month during the reporting year (i.e., average member months). Include all FFS and managed care enrollees and count each person only once, regardless of the delivery system(s) in which they are enrolled. | 633,044 |
| BI.2 | Statewide Medicaid managed care enrollment Enter the average number of individuals enrolled in any type of Medicaid managed care per month during the reporting year (i.e., average member months). Include all managed care programs and count each person only once, even if they are enrolled in multiple managed care programs or plans. | 594,461 |

Topic III. Encounter Data Report

| Number | Indicator | Response |
|---------------|--|---|
| BIII.1 | <p>Data validation entity</p> <p>Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs.</p> <p>Encounter data validation includes verifying the accuracy, completeness, timeliness, and/or consistency of encounter data records submitted to the state by Medicaid managed care plans. Validation steps may include pre-acceptance edits and post-acceptance analyses. See Glossary in Excel Workbook for more information.</p> | <p>State Medicaid agency staff</p> <p>Other state agency staff</p> <p>EQRO</p> <p>Other third-party vendor</p> <p>Proprietary system(s)</p> |
| BIII.2 | <p>HIPAA compliance of proprietary system(s) for encounter data validation</p> <p>Were the system(s) utilized fully HIPAA compliant? Select one.</p> | <p>Yes</p> |

Topic X: Program Integrity

| Number | Indicator | Response |
|-------------|---|--|
| BX.1 | <p>Payment risks between the state and plans</p> <p>Describe service-specific or other focused PI activities that the state conducted during the past year in this managed care program. Examples include analyses focused on use of long-term services and supports (LTSS) or prescription drugs or activities that focused on specific payment issues to identify, address, and prevent fraud, waste or abuse. Consider data analytics, reviews of under/overutilization, and other activities. If no PI activities were performed, enter "No PI activities were performed during the reporting period" as your response. "N/A" is not an acceptable response.</p> | <p>In SFY2025, numerous analytic projects and work was completed and focused on the managed care programs. 1. SURS Reports – Peer to peer comparisons to identify outliers and anomalies (e.g. overutilization) of providers 2. Vulnerability Assessment – More than 100 algorithms were delivered through this FWA reporting service including algorithms addressing medical and LTSS vulnerabilities 3. Algorithms – examples listed below: a. Home Delivered Meals b. CPAP/BiPAP Supplies c. School-based Services - Transportation d. Telehealth - Excessive Billing, Unapproved Services, Q3014 Site Fee e. Home Delivered Meals 4. Capitation Payment Sweeps: a. Services after Death b. Incarcerated Members c. HIPP Members 5. Other activities to note are: a. Encounter data quality work improved monitoring: 1. Client Participation 2. Third Party Liability 3. Procedure Code not in MMIS 4. Potential Duplicates b. Annual audits on the MCOs. 1. The MCO audit topics included provider screening and credentialing, non-specific professional codes, and provider audits.</p> |
| BX.2 | <p>Contract standard for overpayments</p> <p>Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.</p> | <p>State has established a hybrid system</p> |
| BX.3 | <p>Location of contract provision stating overpayment standard</p> <p>Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).</p> | <p>Section 12.8 Recovery of Overpayment</p> |
| BX.4 | <p>Description of overpayment contract standard</p> <p>Briefly describe the overpayment standard selected in indicator B.X.2.</p> | <p>The managed care plans are allowed to retain any overpayments they collect as a result of their identified overpayments.</p> |

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|--------------|---|---|
| BX.5 | <p>State overpayment reporting monitoring</p> <p>Describe how the state monitors plan performance in reporting overpayments to the state, e.g. does the state track compliance with this requirement and/or timeliness of reporting?</p> <p>The regulations at 438.604(a)(7), 608(a)(2) and 608(a)(3) require plan reporting to the state on various overpayment topics (whether annually or promptly). This indicator is asking the state how it monitors that reporting.</p> | <p>The managed care plans report overpayment recoveries on a monthly basis. The Department tracks timeliness, accuracy, performance, and completeness of report. The Department reviews the report for the identified overpayments to collect, the monthly amount collected, and the total to date collected. The Department audits the managed care plans to ensure the reported overpayments collected were reported correctly and the overpayments were collected by the managed care plans.</p> |
| BX.6 | <p>Changes in beneficiary circumstances</p> <p>Describe how the state ensures timely and accurate reconciliation of enrollment files between the state and plans to ensure appropriate payments for enrollees experiencing a change in status (e.g., incarcerated, deceased, switching plans).</p> | <p>The Department runs a reconciliation of the managed care enrollment files with the incarceration, deceased, and HIPP files to determine if there were capitations payments made for those members. If there were capitation payments made, the Department will pull back capitation payments in the amount identified as being paid in error.</p> |
| BX.7a | <p>Changes in provider circumstances: Monitoring plans</p> <p>Does the state monitor whether plans report provider "for cause" terminations in a timely manner under 42 CFR 438.608(a)(4)? Select one.</p> | <p>Yes</p> |
| BX.7b | <p>Changes in provider circumstances: Metrics</p> <p>Does the state use a metric or indicator to assess plan reporting performance? Select one.</p> | <p>Yes</p> |
| BX.7c | <p>Changes in provider circumstances: Describe metric</p> <p>Describe the metric or indicator that the state uses.</p> | <p>The managed care plans are required to report on a monthly basis through the PI reporting their provider actions, which include "for cause" actions.</p> |
| BX.8a | <p>Federal database checks: Excluded person or entities</p> | <p>No</p> |

During the state's federal database checks, did the state find any person or entity excluded? Select one. Consistent with the requirements at 42 CFR 455.436 and 438.602, the State must confirm the identity and determine the exclusion status of the MCO, PIHP, PAHP, PCCM or PCCM entity, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of the MCO, PIHP, PAHP, PCCM or PCCM entity through routine checks of Federal databases.

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| BX.9a | Website posting of 5 percent or more ownership control | No |
| | Does the state post on its website the names of individuals and entities with 5% or more ownership or control interest in MCOs, PIHPs, PAHPs, PCCMs and PCCM entities and subcontractors? Refer to 42 CFR 438.602(g)(3) and 455.104. | |

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|--------------|---|---|
| BX.10 | Periodic audits | https://hhs.iowa.gov/about/data-reports/medicaid-reports |
| | If the state conducted any audits during the contract year to determine the accuracy, truthfulness, and completeness of the encounter and financial data submitted by the plans, provide the link(s) to the audit results. Refer to 42 CFR 438.602(e). If no audits were conducted, please enter "No such audits were conducted during the reporting year" as your response. "N/A" is not an acceptable response. | |

Topic XIII. Prior Authorization



Beginning June 2026, Indicators B.XIII.1a-b-2a-b must be completed. Submission of this data before June 2026 is optional.

| Number | Indicator | Response |
|--------|--|--------------------|
| N/A | Are you reporting data prior to June 2026? | Not reporting data |

Section C: Program-Level Indicators

Topic I: Program Characteristics

| Number | Indicator | Response |
|--------|--|---|
| C1I.1 | Program contract Enter the title of the contract between the state and plans participating in the managed care program. | Iowa Health Link |
| N/A | Enter the date of the contract between the state and plans participating in the managed care program. | 07/01/2023 |
| C1I.2 | Contract URL Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program. | https://hhs.iowa.gov/programs/welcome-iowa-medicaid/medicaid-contracts |
| C1I.3 | Program type What is the type of MCPs that contract with the state to provide the services covered under the program? Select one. | Managed Care Organization (MCO) |
| C1I.4a | Special program benefits Are any of the four special benefit types covered by the managed care program: (1) behavioral health, (2) long-term services and supports, (3) dental, and (4) transportation, or (5) none of the above? Select one or more. Only list the benefit type if it is a covered service as specified in a contract between the state and managed care plans participating in the program. Benefits available to eligible program enrollees via fee-for-service should not be listed here. | Behavioral health Long-term services and supports (LTSS) Transportation |
| C1I.4b | Variation in special benefits What are any variations in the availability of special benefits within the program (e.g. by service area or population)? Enter "N/A" if not applicable. | N/A |
| C1I.5 | Program enrollment Enter the average number of individuals enrolled in this managed care program per | 594,461 |

month during the reporting year (i.e., average member months).

C1I.6

Changes to enrollment or benefits

There were no major changes to the population or benefits during the reporting year.

Briefly explain any major changes to the population enrolled in or benefits provided by the managed care program during the reporting year. If there were no major changes, please enter "There were no major changes to the population or benefits during the reporting year" as your response. "N/A" is not an acceptable response.

Topic III: Encounter Data Report

| Number | Indicator | Response |
|---------|---|--|
| C1III.1 | <p>Uses of encounter data</p> <p>For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more.</p> <p>Federal regulations require that states, through their contracts with MCPs, collect and maintain sufficient enrollee encounter data to identify the provider who delivers any item(s) or service(s) to enrollees (42 CFR 438.242(c)(1)).</p> | <p>Rate setting</p> <p>Quality/performance measurement</p> <p>Monitoring and reporting</p> <p>Contract oversight</p> <p>Program integrity</p> <p>Policy making and decision support</p> |
| C1III.2 | <p>Criteria/measures to evaluate MCP performance</p> <p>What types of measures are used by the state to evaluate managed care plan performance in encounter data submission and correction? Select one or more.</p> <p>Federal regulations also require that states validate that submitted enrollee encounter data they receive is a complete and accurate representation of the services provided to enrollees under the contract between the state and the MCO, PIHP, or PAHP. 42 CFR 438.242(d).</p> | <p>Timeliness of initial data submissions</p> <p>Use of correct file formats</p> <p>Provider ID field complete</p> <p>Overall data accuracy (as determined through data validation)</p> <p>Other, specify – EQR study reports are conducted. Ad Hoc analysis of encounter data is performed to identify data quality issues which are remediated with the MCO.</p> |
| C1III.3 | <p>Encounter data performance criteria contract language</p> <p>Provide reference(s) to the contract section(s) that describe the criteria by which managed care plan performance on encounter data submission and correction will be measured. Use contract section references, not page numbers.</p> | <p>K.42 - K.45, M.03v</p> |

| | | |
|----------------|---|--|
| C1III.4 | Financial penalties contract language Provide reference(s) to the contract section(s) that describes any financial penalties the state may impose on plans for the types of failures to meet encounter data submission and quality standards. Use contract section references, not page numbers. | Exhibit A, Section 4 |
| C1III.5 | Incentives for encounter data quality Describe the types of incentives that may be awarded to managed care plans for encounter data quality. Reply with "N/A" if the plan does not use incentives to award encounter data quality. | SFY25 - Molina only - Pay for Performance Standard : Exhibit A, Section 3 Performance Standard 3: Within 90 days of the end of each quarter the Contractor's accepted encounter data shall match the contractor's submitted financial information within plus or minus 2% using reporting criteria set forth in the F1 reporting template. |
| C1III.6 | Barriers to collecting/validating encounter data Describe any barriers to collecting and/or validating managed care plan encounter data that the state has experienced during the reporting year. If there were no barriers, please enter "The state did not experience any barriers to collecting or validating encounter data during the reporting year" as your response. "N/A" is not an acceptable response. | Manual validation processes were a barrier to validating encounter data in SFY2025. |

Topic IV. Appeals, State Fair Hearings & Grievances

| Number | Indicator | Response |
|--------|--|---|
| C1IV.1 | <p>State’s definition of “critical incident”, as used for reporting purposes in its MLTSS program</p> <p>If this report is being completed for a managed care program that covers LTSS, what is the definition that the state uses for “critical incidents” within the managed care program? Respond with “N/A” if the managed care program does not cover LTSS.</p> | <p>As per the Critical Incident Reporting Update training provided by IHHS on 10/25/24 (https://hhs.iowa.gov/medicaid/provider-services/provider-trainings/cbt), the definition of "major incidents", which is synonymous with "critical incidents", includes the following: 1. Results in a physical injury to or by the member that requires treatment from a medical professional or admission to a hospital; 2. Results in the death of the member; 3. Results in a report of Child abuse pursuant to Iowa Code section 232.69 or a report of dependent adult abuse pursuant to Iowa Code section 235B.3; 4. Requires emergency mental health treatment for the member (EMS, Crisis Response, ER visit, Hospitalization); 5. Requires the intervention of law enforcement, including contacts, arrests, and incarcerations; 6. Involves a member’s location being unknown by provider staff who are assigned protective oversight; 7. Constitutes a prescription medication error or a pattern of medication errors that leads to the outcome in results 1, 2, 3, 4, 5, or 9 8. NEW - involves the use of a restraint of any kind (authorized or unauthorized); 9. NEW - Requires medical treatment for the member (emergency room, admission to a hospital, treatment from an EMT, urgent care treatment, etc.)</p> |
| C1IV.2 | <p>State definition of “timely” resolution for standard appeals</p> <p>Provide the state’s definition of timely resolution for standard appeals in the managed care program. Per 42 CFR §438.408(b)(2), states must establish a timeframe for timely resolution of standard appeals that is no longer than 30 calendar days from the day the MCO, PIHP or PAHP receives the appeal.</p> | <p>H.7.01. Resolution Deadline. Contractor shall resolve each Appeal and provide Notice, as expeditiously as the Enrolled Member’s health condition requires within thirty (30) Days from the day the Contractor receives the Appeal. See: 42 C.F.R. § 438.408(a); 42 C.F.R. § 438.408(b)(2); 42 C.F.R. § 457.1260. {From CMSC H.7.01}. H.7.02. Resolution Extensions. Contractor may extend the timeframe for processing an Appeal by up to fourteen (14) Days if the Enrolled Member requests the extension, or if the Contractor shows that there is need for additional information and that the delay is in the Enrolled Member’s interest (upon State request). See: 42 C.F.R. § 438.408(c)(1); 42 C.F.R. § 438.408(b)(2); 42 C.F.R. § 457.1260. {From CMSC H.7.02 – H.7.03}. H.7.03. Extension Obligations. If Contractor extends the timeline for an Appeal not at the request of the Enrolled</p> |

Member, Contractor shall: a) Make reasonable efforts to give the Enrolled Member prompt oral Notice of the delay. b) Give the Enrolled Member written Notice, within two (2) Days, of the reason for the decision to extend the timeframe and inform the Enrolled Member of the right to file a Grievance if the Enrolled Member disagrees with that decision. c) Resolve the Appeal as expeditiously as the Enrolled Member's health condition requires and no later than the date the extension expires. See: 42 C.F.R. § 438.408(c)(2)(i) - (iii); 42 C.F.R. § 438.408(b)(2); 42 C.F.R. § 457.1260. {From CMSC H.7.04 - H.7.06}.

C1IV.3

State definition of "timely" resolution for expedited appeals

Provide the state's definition of timely resolution for expedited appeals in the managed care program.
Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal.

H.7.04. Expedited Appeal Deadline. Contractor shall resolve each expedited Appeal and provide Notice, as expeditiously as the Enrolled Member's health condition requires, within seventy-two (72) hours after the Contractor receives the expedited Appeal request. See: 42 C.F.R. § 438.408(a); 42 C.F.R. § 438.408(b)(3); 42 C.F.R. § 457.1260. {From CMSC H.7.07}. H.7.05. Extensions – Expedited Appeals. Contractor may extend the timeframe for processing an expedited Appeal by up to fourteen (14) Days: a) If the Enrolled Member requests the extension; or b) If the Contractor shows that there is need for additional information and that the delay is in the Enrolled Member's interest (upon State request). See: 42 C.F.R. § 438.408(c)(1)(i) - (ii); 42 C.F.R. § 438.408(b)(3); 42 C.F.R. § 457.1260. {From CMSC H.7.08 - H.7.09}. H.7.06. Extension Obligations. If Contractor extends the timeline for processing an expedited Appeal not at the request of the Enrolled Member, Contractor shall: a) Make reasonable efforts to give the Enrolled Member prompt oral Notice of the delay. b) Give the Enrolled Member written Notice, within two (2) Days, of the reason for the decision to extend the timeframe and inform the Enrolled Member of the right to file a Grievance if the Enrolled Member disagrees with that decision. c) Resolve the Appeal as expeditiously as the Enrolled Member's health condition requires and no later than the date the extension expires. See: 42 C.F.R. § 438.408(c)(2)(i) - (iii); 42 C.F.R. § 438.408(b)(3); 42 C.F.R. § 457.1260. {From CMSC H.7.10 - H.7.12}.

C1IV.4**State definition of “timely” resolution for grievances**

Provide the state’s definition of timely resolution for grievances in the managed care program. Per 42 CFR §438.408(b)(1), states must establish a timeframe for timely resolution of grievances that is no longer than 90 calendar days from the day the MCO, PIHP or PAHP receives the grievance.

H.10.04. Timeline for Resolutions. Contractor shall resolve each Grievance and provide Notice, as expeditiously as the Enrolled Member’s health condition requires, within thirty (30) Days from the day the Contractor receives the Grievance. See: 42 C.F.R. § 438.408(a); 42 C.F.R. § 438.408(b)(1); 42 C.F.R. § 457.1260. {From CMSC H.10.04}. H.10.05. Extension of Timeline. Contractor may extend the timeframe for processing a Grievance by up to fourteen (14) Days: a) If the Enrolled Member requests the extension; or b) If the Contractor shows that there is need for additional information and that the delay is in the Enrolled Member’s interest (upon State request). See: 42 C.F.R. § 438.408(c)(1)(i) - (ii); 438.408(b)(1); 42 C.F.R. § 457.1260. {From CMSC H.10.05 - H.10.06}. H.10.06. Extension Notice Obligation. If Contractor extends the timeline for a Grievance not at the request of the Enrolled Member, it must: a) Make reasonable efforts to give the Enrolled Member prompt oral Notice of the delay. b) Give the Enrolled Member written Notice, within two (2) Days, of the reason for the decision to extend the timeframe and inform the Enrolled Member of the right to file a Grievance if the Enrolled Member disagrees with that decision. See: 42 C.F.R. § 438.408(c)(2)(i) - (ii); 42 C.F.R. § 438.408(b)(1); 42 C.F.R. § 457.1260. {From CMSC H.10.07 - H.10.08}.

Topic V. Availability, Accessibility and Network Adequacy

Network Adequacy

| Number | Indicator | Response |
|--------------|---|--|
| C1V.1 | Gaps/challenges in network adequacy What are the state's biggest challenges? Describe any challenges MCPs have maintaining adequate networks and meeting access standards. If the state and MCPs did not encounter any challenges, please enter "No challenges were encountered" as your response. "N/A" is not an acceptable response. | One of the biggest challenges is identifying specialty providers in rural areas. |
| C1V.2 | State response to gaps in network adequacy How does the state work with MCPs to address gaps in network adequacy? | The state provides exceptions to the standard when there are no Medicaid providers enrolled in the geographic areas under review. We encourage our managed care partners to leverage value-based purchasing arrangements to improve provider reimbursement rates. This creates an opportunity to maintain and potentially expand network adequacy. |

Access Measures

Describe the measures the state uses to monitor availability, accessibility, and network adequacy. Report at the program level.

Revisions to the Medicaid managed care regulations in 2016 and 2020 built on existing requirements that managed care plans maintain provider networks sufficient to ensure adequate access to covered services by: (1) requiring states to develop quantitative network adequacy standards for at least eight specified provider types if covered under the contract, and to make these standards available online; (2) strengthening network adequacy monitoring requirements; and (3) addressing the needs of people with long-term care service needs (42 CFR 438.66; 42 CFR 438.68).

42 CFR 438.66(e) specifies that the MCPAR must provide information on and an assessment of the availability and accessibility of covered services within the MCO, PHIP, or PAHP contracts, including network adequacy standards for each managed care program.



Complete

C2.V.3 Standard type: Maximum time or distance

1 / 8

C2.V.2 Measure standard

30 minutes or miles

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider

Primary care

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.3 Standard type: Maximum time or distance

2 / 8

C2.V.2 Measure standard

60 minutes or miles for 75% of Population 90 minutes or miles for 100% of Population

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider

Specialist

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.3 Standard type: Maximum time or distance

3 / 8

C2.V.2 Measure standard

Inpatient Urban - 60 minutes or miles for Urban Population Inpatient Rural - 90 minutes or miles for Rural Population Outpatient - 30 minutes or miles

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider

Mental health

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.3 Standard type: Maximum time or distance

4 / 8

C2.V.2 Measure standard

30 minutes or miles

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider

Hospital

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.3 Standard type: Minimum number of network providers

5 / 8

C2.V.2 Measure standard

For LTSS Personal Care Assistant: 2 per County

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider

C2.V.5 Region

C2.V.6 Population

LTSS

Statewide

MLTSS

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.3 Standard type: Maximum time or distance

6 / 8

C2.V.2 Measure standard

For LTSS Adult Day Care: Urban: 30 min/ 30 mile Rural: 60 min/ 60 mile 2 per County

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider

LTSS

C2.V.5 Region

Statewide

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.3 Standard type: Minimum number of network providers

7 / 8

C2.V.2 Measure standard

For LTSS Assistive Technology: 2 per County

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider

LTSS

C2.V.5 Region

Statewide

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.3 Standard type: Maximum time or distance

8 / 8

C2.V.2 Measure standard

For SNF: Urban: 30 min/ 30 mile Rural: 60 min/ 60 mile 2 per County

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider

LTSS

C2.V.5 Region

Statewide

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Topic IX: Beneficiary Support System (BSS)

| Number | Indicator | Response |
|--------|---|--|
| C1IX.1 | <p>BSS website</p> <p>List the website(s) and/or email address(es) that beneficiaries use to seek assistance from the BSS through electronic means. Separate entries with commas.</p> | <p>Iowa Medicaid Member Services provides enrollment broker and choice counseling services. Information is provided at the following website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/member-services Ombudsman: Beneficiaries are able to access services to the Managed Care Ombudsman program through the website and email address provided below. https://hhs.iowa.gov/contacts/managed-care-ombudsman sltco@hhs.iowa.gov</p> |
| C1IX.2 | <p>BSS auxiliary aids and services</p> <p>How do BSS entities offer services in a manner that is accessible to all beneficiaries who need their services, including beneficiaries with disabilities, as required by 42 CFR 438.71(b)(2)? CFR 438.71 requires that the beneficiary support system be accessible in multiple ways including phone, Internet, in-person, and via auxiliary aids and services when requested.</p> | <p>Iowa Medicaid Member Services: Inquiries can be made by contacting Member Services call center by phone, mail or email. Iowa Medicaid Member Services (Monday to Friday from 8 a.m. to 5 p.m.) 1-800-338-8366 (Toll Free) 515-256-4606 (Des Moines Area) 515-725-1351 (Fax) IMEmember@hhs.iowa.gov For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking, call Relay Iowa TTY at 1-800-735-2942.</p> <p>Ombudsman: Inquires can be made by contacting the Managed Care Ombudsman's office and representatives are available to beneficiaries, even those with disabilities, in person or via-mail to our Des Moines location, via phone, the internet or through our Managed Care Ombudsman email inbox that goes directly to a representative. Beneficiaries can also directly file a complaint or concern with their Managed Care Organization and submit it online: https://hhs.iowa.gov/programs/programs-and-services/aging-services/ltcombudsman/mco-ombudsman See contact information below. Office of the State Long-Term Care Ombudsman 510 E 12th St., Ste. 2 Des Moines, IA 50319 (866) 236-1430 sltco@hhs.iowa.gov</p> |
| C1IX.3 | <p>BSS LTSS program data</p> <p>How do BSS entities assist the state with identifying, remediating, and resolving systemic issues based on a review of LTSS program data such as grievances and appeals or critical incident data? Refer to 42 CFR 438.71(d)(4).</p> | <p>Reports can be found at this link: https://hhs.iowa.gov/programs/programs-and-services/aging-services/ltcombudsman/mco-ombudsman sltco@hhs.iowa.gov</p> |

| | | |
|---------------|---|---|
| C1IX.4 | State evaluation of BSS entity performance What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance? | Enrollment Broker: Information and Choice Counseling, enrollment, disenrollment, RFI, maintain data, escalated member issues are monitored by the state contract manager. The Managed Care Ombudsman program is established in state legislation and is an independent, separate entity from the state Medicaid agency. |
|---------------|---|---|

Topic X: Program Integrity

| Number | Indicator | Response |
|--------------|---|----------|
| C1X.3 | Prohibited affiliation disclosure Did any plans disclose prohibited affiliations? If the state took action, enter those actions under D: Plan-level Indicators, Section VIII - Sanctions (Corresponds with Tab D3 in the Excel Workbook). Refer to 42 CFR 438.610(d). | No |

Topic XII. Mental Health and Substance Use Disorder Parity

| Number | Indicator | Response |
|----------|---|------------|
| C1XII.4 | <p>Does this program include MCOs?</p> <p>If “Yes”, please complete the following questions.</p> | Yes |
| C1XII.5 | <p>Are ANY services provided to MCO enrollees by a PIHP, PAHP, or FFS delivery system?</p> <p>(i.e. some services are delivered via fee for service (FFS), prepaid inpatient health plan (PIHP), or prepaid ambulatory health plan (PAHP) delivery system)</p> | Yes |
| C1XII.6 | <p>Did the State or MCOs complete the most recent parity analysis(es)?</p> | State |
| C1XII.7a | <p>Have there been any events in the reporting period that necessitated an update to the parity analysis(es)?</p> <p>(e.g. changes in benefits, quantitative treatment limits (QTLs), non-quantitative treatment limits (NQTLs), or financial requirements; the addition of a new managed care plan (MCP) providing services to MCO enrollees; and/or deficiencies corrected)</p> | No |
| C1XII.8 | <p>When was the last parity analysis(es) for this program completed?</p> <p>States with ANY services provided to MCO enrollees by an entity other than an MCO should report the date the state completed its most recent summary parity analysis report. States with NO services provided to MCO enrollees by an entity other than an MCO should report the most recent date any MCO sent the state its parity analysis (the state may have multiple reports, one for each MCO).</p> | 09/12/2025 |
| C1XII.9 | <p>When was the last parity analysis(es) for this program</p> | 12/05/2018 |

submitted to CMS?

States with ANY services provided to MCO enrollees by an entity other than an MCO should report the date the state's most recent summary parity analysis report was submitted to CMS. States with NO services provided to MCO enrollees by an entity other than an MCO should report the most recent date the state submitted any MCO's parity report to CMS (the state may have multiple parity reports, one for each MCO).

| | | |
|------------------|--|----|
| C1XII.10a | In the last analysis(es) conducted, were any deficiencies identified? | No |
|------------------|--|----|

| | | |
|------------------|--|-----|
| C1XII.12a | Has the state posted the current parity analysis(es) covering this program on its website? The current parity analysis/analyses must be posted on the state Medicaid program website. States with ANY services provided to MCO enrollees by an entity other than MCO should have a single state summary parity analysis report. States with NO services provided to MCO enrollees by an entity other than the MCO may have multiple parity reports (by MCO), in which case all MCOs' separate analyses must be posted. A "Yes" response means that the parity analysis for either the state or for ALL MCOs has been posted. | Yes |
|------------------|--|-----|

| | | |
|------------------|--|---|
| C1XII.12b | <p>Provide the URL link(s).</p> <p>Response must be a valid hyperlink/URL beginning with "http://" or "https://". Separate links with commas.</p> | <p>https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhhs.iowa.gov%2Fmedia%2F17202%2Fdownload%3Finline&data=05%7C02%7Cjason.holst%40hhs.iowa.gov%7Ccb547a5d304e44b34d1d08de26d79b31%7C8d2c7b4d085a4617853638a76d19b0da%7C1%7C0%7C638990904614333153%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMilslkFOljoiTWFpbCIsIlIdUljoyfQ%3D%3D%7C0%7C%7C%7C&sdata=Wl7NaPL%2BkKRheKGP6epxbJc%2BSZ%2Bg%2FGQUfMP35L0k9ik%3D&reserved=0</p> |
|------------------|--|---|

Section D: Plan-Level Indicators

Topic I. Program Characteristics & Enrollment

| Number | Indicator | Response |
|----------------------|---|--|
| D1I.1 | Plan enrollment Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months). | Iowa Total Care Inc. 199,593 Wellpoint Iowa Inc. 220,749 Molina Healthcare of Iowa Inc. 174,119 |
| D1I.2 | Plan share of Medicaid What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment? Numerator: Plan enrollment (D1.I.1)Denominator: Statewide Medicaid enrollment (B.I.1) | Iowa Total Care Inc. 31.5% Wellpoint Iowa Inc. 34.9% Molina Healthcare of Iowa Inc. 27.5% |
| D1I.3 | Plan share of any Medicaid managed care What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in any type of managed care?Numerator: Plan enrollment (D1.I.1)Denominator: Statewide Medicaid managed care enrollment (B.I.2) | Iowa Total Care Inc. 33.6% Wellpoint Iowa Inc. 37.1% Molina Healthcare of Iowa Inc. 29.3% |
| D1I.4: Parent | Organization: The name of the parent entity that controls the Medicaid Managed Care Plan. If the managed care plan is owned or controlled by a separate entity (parent), report the name of that entity. If the managed care plan is not controlled by a separate entity, please report the managed care plan name in this field. | Iowa Total Care Inc. Centene Wellpoint Iowa Inc. Elevance Health Molina Healthcare of Iowa Inc. Molina Healthcare Inc. |

Topic II. Financial Performance

| Number | Indicator | Response |
|---------|---|---|
| D1II.1a | Medical Loss Ratio (MLR) What is the MLR percentage? Per 42 CFR 438.66(e)(2)(i), the Managed Care Program Annual Report must provide information on the Financial performance of each MCO, PIHP, and PAHP, including MLR experience. If MLR data are not available for this reporting period due to data lags, enter the MLR calculated for the most recently available reporting period and indicate the reporting period in item D1.II.3 below. See Glossary in Excel Workbook for the regulatory definition of MLR. Write MLR as a percentage: for example, write 92% rather than 0.92. | Iowa Total Care Inc. 94.5% |
| | | Wellpoint Iowa Inc. 96.3% |
| | | Molina Healthcare of Iowa Inc. 90.1% |
| D1II.1b | Level of aggregation What is the aggregation level that best describes the MLR being reported in the previous indicator? Select one. As permitted under 42 CFR 438.8(i), states are allowed to aggregate data for reporting purposes across programs and populations. | Iowa Total Care Inc. Statewide all programs & populations |
| | | Wellpoint Iowa Inc. Statewide all programs & populations |
| | | Molina Healthcare of Iowa Inc. Statewide all programs & populations |
| D1II.2 | Population specific MLR description Does the state require plans to submit separate MLR calculations for specific populations served within this program, for example, MLTSS or Group VIII expansion enrollees? If so, describe the populations here. Enter "N/A" if not applicable. See glossary for the regulatory definition of MLR. | Iowa Total Care Inc. N/A |
| | | Wellpoint Iowa Inc. N/A |
| | | Molina Healthcare of Iowa Inc. N/A |
| D1II.3 | MLR reporting period discrepancies Does the data reported in item D1.II.1a cover a different time period than the MCPAR report? | Iowa Total Care Inc. Yes |
| | | Wellpoint Iowa Inc. |

Yes

Molina Healthcare of Iowa Inc.

Yes

N/A

Enter the start date.

Iowa Total Care Inc.

07/01/2023

Wellpoint Iowa Inc.

07/01/2023

Molina Healthcare of Iowa Inc.

07/01/2023

N/A

Enter the end date.

Iowa Total Care Inc.

06/30/2024

Wellpoint Iowa Inc.

06/30/2024

Molina Healthcare of Iowa Inc.

06/30/2024

Topic III. Encounter Data

| Number | Indicator | Response |
|---------|---|---|
| D1III.1 | <p>Definition of timely encounter data submissions</p> <p>Describe the state's standard for timely encounter data submissions used in this program.</p> <p>If reporting frequencies and standards differ by type of encounter within this program, please explain.</p> | <p>Iowa Total Care Inc.</p> <p>K.44. Reporting Format and Batch Submission Schedule. The Contractor shall submit encounter Claims in an electronic format that adheres to the data Specifications set forth by the Agency and in any State or federally mandated electronic Claims submission standards. The Agency will have all of the remedies provided to it under the Contract, including liquidated damages, for failure to comply with these requirements. Drug encounter data shall be submitted by the Contractor once (1) a weeks for adjudicated Claims in support of the Iowa Medicaid's Drug Rebate invoicing process identified in Section F.11. All encounter data including the drug encounter data shall be submitted by the twentieth (20th) of the following month (i.e., subsequent to the month for which data are reflected). All corrections to the monthly encounter data submission shall be finalized within forty-five (45) Days from the date the initial error report for the month was sent to the Contractor or fifty-nine (59) Days from the date the initial encounter data were due. The error rate for encounter data shall not exceed one percent (1%). The Agency will notify the Contractor of changes made to calculate encounter data timeliness, accuracy, and Quality sixty (60) Days prior to implementation.</p> <p>Wellpoint Iowa Inc.</p> <p>K.44. Reporting Format and Batch Submission Schedule. The Contractor shall submit encounter Claims in an electronic format that adheres to the data Specifications set forth by the Agency and in any State or federally mandated electronic Claims submission standards. The Agency will have all of the remedies provided to it under the Contract, including liquidated damages, for failure to comply with these requirements. Drug encounter data shall be submitted by the Contractor once (1) a weeks for adjudicated Claims in support of the Iowa Medicaid's Drug</p> |

Rebate invoicing process identified in Section F.11. All encounter data including the drug encounter data shall be submitted by the twentieth (20th) of the following month (i.e., subsequent to the month for which data are reflected). All corrections to the monthly encounter data submission shall be finalized within forty-five (45) Days from the date the initial error report for the month was sent to the Contractor or fifty-nine (59) Days from the date the initial encounter data were due. The error rate for encounter data shall not exceed one percent (1%). The Agency will notify the Contractor of changes made to calculate encounter data timeliness, accuracy, and Quality sixty (60) Days prior to implementation

Molina Healthcare of Iowa Inc.

K.44. Reporting Format and Batch Submission Schedule. The Contractor shall submit encounter Claims in an electronic format that adheres to the data Specifications set forth by the Agency and in any State or federally mandated electronic Claims submission standards. The Agency will have all of the remedies provided to it under the Contract, including liquidated damages, for failure to comply with these requirements. Drug encounter data shall be submitted by the Contractor once (1) a weeks for adjudicated Claims in support of the Iowa Medicaid's Drug Rebate invoicing process identified in Section F.11. All encounter data including the drug encounter data shall be submitted by the twentieth (20th) of the following month (i.e., subsequent to the month for which data are reflected). All corrections to the monthly encounter data submission shall be finalized within forty-five (45) Days from the date the initial error report for the month was sent to the Contractor or fifty-nine (59) Days from the date the initial encounter data were due. The error rate for encounter data shall not exceed one percent (1%). The Agency will notify the Contractor of changes made to calculate encounter data timeliness, accuracy, and Quality sixty (60) Days prior to implementation.

| | | |
|----------------|---|---|
| D1III.2 | <p>Share of encounter data submissions that met state’s timely submission requirements</p> <p>What percent of the plan’s encounter data file submissions (submitted during the reporting year) met state requirements for timely submission? If the state has not yet received any encounter data file submissions for the entire contract year when it submits this report, the state should enter here the percentage of encounter data submissions that were compliant out of the file submissions it has received from the managed care plan for the reporting year.</p> | <p>Iowa Total Care Inc.</p> <p>98.57%</p> <p>Wellpoint Iowa Inc.</p> <p>100%</p> <p>Molina Healthcare of Iowa Inc.</p> <p>100%</p> |
| D1III.3 | <p>Share of encounter data submissions that were HIPAA compliant</p> <p>What percent of the plan’s encounter data submissions (submitted during the reporting year) met state requirements for HIPAA compliance? If the state has not yet received encounter data submissions for the entire contract period when it submits this report, enter here percentage of encounter data submissions that were compliant out of the proportion received from the managed care plan for the reporting year.</p> | <p>Iowa Total Care Inc.</p> <p>100%</p> <p>Wellpoint Iowa Inc.</p> <p>100%</p> <p>Molina Healthcare of Iowa Inc.</p> <p>100%</p> |

Topic IV. Appeals, State Fair Hearings & Grievances

Appeals Overview

| Number | Indicator | Response |
|---------|--|---------------------------------------|
| D1IV.1 | Appeals resolved (at the plan level) Enter the total number of appeals resolved during the reporting year. An appeal is “resolved” at the plan level when the plan has issued a decision, regardless of whether the decision was wholly or partially favorable or adverse to the beneficiary, and regardless of whether the beneficiary (or the beneficiary’s representative) chooses to file a request for a State Fair Hearing or External Medical Review. | Iowa Total Care Inc. |
| | | 1,684 |
| | | Wellpoint Iowa Inc. |
| | | 1,457 |
| | | Molina Healthcare of Iowa Inc. |
| | | 1,211 |
| | | |
| | | |
| D1IV.1a | Appeals denied Enter the total number of appeals resolved during the reporting period (D1.IV.1) that were denied (adverse) to the enrollee. | Iowa Total Care Inc. |
| | | 624 |
| | | Wellpoint Iowa Inc. |
| | | 869 |
| | | Molina Healthcare of Iowa Inc. |
| | | 200 |
| | | |
| | | |
| D1IV.1b | Appeals resolved in partial favor of enrollee Enter the total number of appeals (D1.IV.1) resolved during the reporting period in partial favor of the enrollee. | Iowa Total Care Inc. |
| | | 46 |
| | | Wellpoint Iowa Inc. |
| | | 41 |
| | | Molina Healthcare of Iowa Inc. |
| | | 15 |
| | | |
| | | |
| D1IV.1c | Appeals resolved in favor of enrollee Enter the total number of appeals (D1.IV.1) resolved during the reporting period in favor of the enrollee. | Iowa Total Care Inc. |
| | | 1,011 |
| | | Wellpoint Iowa Inc. |
| | | 547 |
| | | Molina Healthcare of Iowa Inc. |
| | | 994 |
| | | |
| | | |
| D1IV.2 | Active appeals Enter the total number of appeals still pending or in | Iowa Total Care Inc. |
| | | 64 |

process (not yet resolved) as of the end of the reporting year.

Wellpoint Iowa Inc.

51

Molina Healthcare of Iowa Inc.

7

D1IV.3

Appeals filed on behalf of LTSS users

Enter the total number of appeals filed during the reporting year by or on behalf of LTSS users. Enter "N/A" if not applicable. An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the appeal was filed).

Iowa Total Care Inc.

332

Wellpoint Iowa Inc.

219

Molina Healthcare of Iowa Inc.

184

D1IV.4

Number of critical incidents filed during the reporting year by (or on behalf of) an LTSS user who previously filed an appeal

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed appeals in the reporting year. If the managed care plan does not cover LTSS, enter "N/A". Also, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, enter "N/A". The appeal and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the appeal need to have been filed in relation to delivery of LTSS — they may have been filed for any reason, related to any service received (or desired) by an LTSS user. To calculate this

Iowa Total Care Inc.

18

Wellpoint Iowa Inc.

194

Molina Healthcare of Iowa Inc.

19

number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed an appeal during the reporting year, and whether the filing of the appeal preceded the filing of the critical incident.

| | | |
|----------------|---|---|
| D1IV.5a | Standard appeals for which timely resolution was provided Enter the total number of standard appeals for which timely resolution was provided by plan within the reporting year. See 42 CFR §438.408(b)(2) for requirements related to timely resolution of standard appeals. | Iowa Total Care Inc. 1,637 Wellpoint Iowa Inc. 1,420 Molina Healthcare of Iowa Inc. 1,023 |
| D1IV.5b | Expedited appeals for which timely resolution was provided Enter the total number of expedited appeals for which timely resolution was provided by plan within the reporting year. See 42 CFR §438.408(b)(3) for requirements related to timely resolution of standard appeals. | Iowa Total Care Inc. 47 Wellpoint Iowa Inc. 37 Molina Healthcare of Iowa Inc. 188 |
| D1IV.6a | Resolved appeals related to denial of authorization or limited authorization of a service Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of authorization for a service not yet rendered or limited authorization of a service. (Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c). | Iowa Total Care Inc. 1,591 Wellpoint Iowa Inc. 1,424 Molina Healthcare of Iowa Inc. 1,103 |
| D1IV.6b | Resolved appeals related to reduction, suspension, or termination of a previously authorized service Enter the total number of appeals resolved by the plan | Iowa Total Care Inc. 93 Wellpoint Iowa Inc. 25 |

| | | |
|----------------|---|---|
| | during the reporting year that were related to the plan's reduction, suspension, or termination of a previously authorized service. | Molina Healthcare of Iowa Inc. 108 |
| D1IV.6c | Resolved appeals related to payment denial Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial, in whole or in part, of payment for a service that was already rendered. | Iowa Total Care Inc. 0 Wellpoint Iowa Inc. 1 Molina Healthcare of Iowa Inc. 0 |
| D1IV.6d | Resolved appeals related to service timeliness Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to provide services in a timely manner (as defined by the state). | Iowa Total Care Inc. 0 Wellpoint Iowa Inc. 0 Molina Healthcare of Iowa Inc. 0 |
| D1IV.6e | Resolved appeals related to lack of timely plan response to an appeal or grievance Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to act within the timeframes provided at 42 CFR §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals. | Iowa Total Care Inc. 0 Wellpoint Iowa Inc. 0 Molina Healthcare of Iowa Inc. 0 |
| D1IV.6f | Resolved appeals related to plan denial of an enrollee's right to request out-of-network care Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to exercise their right, under 42 CFR §438.52(b)(2)(ii), to obtain services outside the network (only applicable to residents of rural areas with only one MCO). | Iowa Total Care Inc. 0 Wellpoint Iowa Inc. 7 Molina Healthcare of Iowa Inc. 0 |

| | | |
|----------------|---|---|
| D1IV.6g | Resolved appeals related to denial of an enrollee's request to dispute financial liability Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to dispute a financial liability. | Iowa Total Care Inc. 0 Wellpoint Iowa Inc. 0 Molina Healthcare of Iowa Inc. 0 |
|----------------|---|---|

Appeals by Service

Number of appeals resolved during the reporting period related to various services.
Note: A single appeal may be related to multiple service types and may therefore be counted in multiple categories.

| Number | Indicator | Response |
|---------|---|--|
| D1IV.7a | <p>Resolved appeals related to general inpatient services</p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include appeals related to inpatient behavioral health services – those should be included in indicator D1.IV.7c. If the managed care plan does not cover general inpatient services, enter “N/A”.</p> | <p>Iowa Total Care Inc.</p> <p>6</p> <p>Wellpoint Iowa Inc.</p> <p>53</p> <p>Molina Healthcare of Iowa Inc.</p> <p>23</p> |
| D1IV.7b | <p>Resolved appeals related to general outpatient services</p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to general outpatient care not specifically listed in this section (e.g., primary and preventive services, specialist care, diagnostic and lab testing). Please do not include appeals related to outpatient behavioral health services – those should be included in indicator D1.IV.7d. If the managed care plan does not cover general outpatient services, enter “N/A”.</p> | <p>Iowa Total Care Inc.</p> <p>326</p> <p>Wellpoint Iowa Inc.</p> <p>843</p> <p>Molina Healthcare of Iowa Inc.</p> <p>216</p> |
| D1IV.7c | <p>Resolved appeals related to inpatient behavioral health services</p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover inpatient behavioral health services, enter “N/A”.</p> | <p>Iowa Total Care Inc.</p> <p>21</p> <p>Wellpoint Iowa Inc.</p> <p>109</p> <p>Molina Healthcare of Iowa Inc.</p> <p>1</p> |
| D1IV.7d | <p>Resolved appeals related to outpatient behavioral health services</p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient mental health and/or</p> | <p>Iowa Total Care Inc.</p> <p>63</p> <p>Wellpoint Iowa Inc.</p> <p>61</p> |

substance use services. If the managed care plan does not cover outpatient behavioral health services, enter "N/A".

Molina Healthcare of Iowa Inc.
99

D1IV.7e

Resolved appeals related to covered outpatient prescription drugs

Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover outpatient prescription drugs, enter "N/A".

Iowa Total Care Inc.

508

Wellpoint Iowa Inc.

366

Molina Healthcare of Iowa Inc.

739

D1IV.7f

Resolved appeals related to skilled nursing facility (SNF) services

Enter the total number of appeals resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover skilled nursing services, enter "N/A".

Iowa Total Care Inc.

0

Wellpoint Iowa Inc.

9

Molina Healthcare of Iowa Inc.

2

D1IV.7g

Resolved appeals related to long-term services and supports (LTSS)

Enter the total number of appeals resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover LTSS services, enter "N/A". (Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).

Iowa Total Care Inc.

103

Wellpoint Iowa Inc.

13

Molina Healthcare of Iowa Inc.

117

D1IV.7h

Resolved appeals related to dental services

Enter the total number of appeals resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover dental services, enter "N/A".

Iowa Total Care Inc.

N/A

Wellpoint Iowa Inc.

N/A

Molina Healthcare of Iowa Inc.

| | | |
|-----------------|---|---|
| D1IV.7i | Resolved appeals related to non-emergency medical transportation (NEMT) Enter the total number of appeals resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover NEMT, enter "N/A". | Iowa Total Care Inc. 0 Wellpoint Iowa Inc. 0 Molina Healthcare of Iowa Inc. 0 |
| D1IV.7k: | Resolved appeals related to durable medical equipment (DME) & supplies Enter the total number of appeals resolved by the plan during the reporting year that were related to DME and/or supplies. If the managed care plan does not cover this type of service, enter "N/A". | Iowa Total Care Inc. 433 Wellpoint Iowa Inc. 237 Molina Healthcare of Iowa Inc. 0 |
| D1IV.7l: | Resolved appeals related to home health / hospice Enter the total number of appeals resolved by the plan during the reporting year that were related to home health and/or hospice. If the managed care plan does not cover this type of service, enter "N/A". | Iowa Total Care Inc. 0 Wellpoint Iowa Inc. 7 Molina Healthcare of Iowa Inc. 0 |
| D1IV.7m: | Resolved appeals related to emergency services / emergency department Enter the total number of appeals resolved by the plan during the reporting year that were related to emergency services and/or provided in the emergency department. Do not include appeals related to emergency outpatient behavioral health – those should be included in indicator D1.IV.7d. If the managed care plan does not cover this type of service, enter "N/A". | Iowa Total Care Inc. 0 Wellpoint Iowa Inc. 0 Molina Healthcare of Iowa Inc. 0 |
| D1IV.7n: | Resolved appeals related to therapies | Iowa Total Care Inc. 224 |

Enter the total number of appeals resolved by the plan during the reporting year that were related to speech language pathology services or occupational, physical, or respiratory therapy services. If the managed care plan does not cover this type of service, enter "N/A".

Wellpoint Iowa Inc.

65

Molina Healthcare of Iowa Inc.

0

D1IV.7o

Resolved appeals related to other service types

Enter the total number of appeals resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.7a-n paid primarily by Medicaid, enter "N/A".

Iowa Total Care Inc.

0

Wellpoint Iowa Inc.

3

Molina Healthcare of Iowa Inc.

14

State Fair Hearings

| Number | Indicator | Response |
|---------|--|---------------------------------------|
| D1IV.8a | State Fair Hearing requests Enter the total number of State Fair Hearing requests resolved during the reporting year with the plan that issued an adverse benefit determination. | Iowa Total Care Inc. |
| | | 179 |
| | | Wellpoint Iowa Inc. |
| | | 118 |
| | | Molina Healthcare of Iowa Inc. |
| | | 27 |
| D1IV.8b | State Fair Hearings resulting in a favorable decision for the enrollee Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee. | Iowa Total Care Inc. |
| | | 42 |
| | | Wellpoint Iowa Inc. |
| | | 11 |
| | | Molina Healthcare of Iowa Inc. |
| | | 9 |
| D1IV.8c | State Fair Hearings resulting in an adverse decision for the enrollee Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee. | Iowa Total Care Inc. |
| | | 63 |
| | | Wellpoint Iowa Inc. |
| | | 20 |
| | | Molina Healthcare of Iowa Inc. |
| | | 4 |
| D1IV.8d | State Fair Hearings retracted prior to reaching a decision Enter the total number of State Fair Hearing decisions retracted (by the enrollee or the representative who filed a State Fair Hearing request on behalf of the enrollee) during the reporting year prior to reaching a decision. | Iowa Total Care Inc. |
| | | 74 |
| | | Wellpoint Iowa Inc. |
| | | 87 |
| | | Molina Healthcare of Iowa Inc. |
| | | 14 |
| D1IV.9a | External Medical Reviews resulting in a favorable decision for the enrollee If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the | Iowa Total Care Inc. |
| | | N/A |
| | | Wellpoint Iowa Inc. |
| | | 0 |

reporting year that were partially or fully favorable to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B).

Molina Healthcare of Iowa Inc.

N/A

D1IV.9b

External Medical Reviews resulting in an adverse decision for the enrollee

If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were adverse to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B).

Iowa Total Care Inc.

N/A

Wellpoint Iowa Inc.

0

Molina Healthcare of Iowa Inc.

N/A

Grievances Overview

| Number | Indicator | Response |
|---------|---|---------------------------------------|
| D1IV.10 | Grievances resolved Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care. A grievance is “resolved” when it has reached completion and been closed by the plan. | Iowa Total Care Inc. |
| | | 772 |
| | | Wellpoint Iowa Inc. |
| | | 1,922 |
| | | Molina Healthcare of Iowa Inc. |
| | | 14,491 |
| D1IV.11 | Active grievances Enter the total number of grievances still pending or in process (not yet resolved) as of the end of the reporting year. | Iowa Total Care Inc. |
| | | 24 |
| | | Wellpoint Iowa Inc. |
| | | 78 |
| | | Molina Healthcare of Iowa Inc. |
| | | 1 |
| D1IV.12 | Grievances filed on behalf of LTSS users Enter the total number of grievances filed during the reporting year by or on behalf of LTSS users. An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the grievance was filed). If this does not apply, enter N/A. | Iowa Total Care Inc. |
| | | 168 |
| | | Wellpoint Iowa Inc. |
| | | 344 |
| | | Molina Healthcare of Iowa Inc. |
| | | 316 |
| D1IV.13 | Number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed a grievance For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed grievances in the reporting year. The grievance and critical incident do not have to have been “related” to the same issue - they only need to have been filed by (or on behalf of) the | Iowa Total Care Inc. |
| | | 18 |
| | | Wellpoint Iowa Inc. |
| | | 242 |
| | | Molina Healthcare of Iowa Inc. |
| | | 52 |

same enrollee. Neither the critical incident nor the grievance need to have been filed in relation to delivery of LTSS - they may have been filed for any reason, related to any service received (or desired) by an LTSS user. If the managed care plan does not cover LTSS, the state should enter "N/A" in this field. Additionally, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, the state can enter "N/A" in this field. To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed a grievance during the reporting year, and whether the filing of the grievance preceded the filing of the critical incident.

| | | |
|----------------|---|---------------------------------------|
| D1IV.14 | Number of grievances for which timely resolution was provided | Iowa Total Care Inc. |
| | Enter the number of grievances for which timely resolution was provided by plan during the reporting year. See 42 CFR §438.408(b)(1) for requirements related to the timely resolution of grievances. | 772 |
| | | Wellpoint Iowa Inc. |
| | | 1,919 |
| | | Molina Healthcare of Iowa Inc. |
| | | 14,491 |

Grievances by Service

Report the number of grievances resolved by plan during the reporting period by service.

| Number | Indicator | Response |
|----------|--|---------------------------------------|
| D1IV.15a | Resolved grievances related to general inpatient services Enter the total number of grievances resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include grievances related to inpatient behavioral health services — those should be included in indicator D1.IV.15c. If the managed care plan does not cover this type of service, enter “N/A”. | Iowa Total Care Inc. |
| | | 0 |
| | | Wellpoint Iowa Inc. |
| | | 15 |
| | | Molina Healthcare of Iowa Inc. |
| | | 180 |
| | | |
| | | |
| D1IV.15b | Resolved grievances related to general outpatient services Enter the total number of grievances resolved by the plan during the reporting year that were related to general outpatient care not specifically listed in this section (e.g., primary and preventive services, specialist care, diagnostic and lab testing). Do not include grievances related to outpatient behavioral health services - those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter “N/A”. | Iowa Total Care Inc. |
| | | 249 |
| | | Wellpoint Iowa Inc. |
| | | 658 |
| | | Molina Healthcare of Iowa Inc. |
| | | 2,957 |
| | | |
| | | |
| D1IV.15c | Resolved grievances related to inpatient behavioral health services Enter the total number of grievances resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter “N/A”. | Iowa Total Care Inc. |
| | | 0 |
| | | Wellpoint Iowa Inc. |
| | | 9 |
| | | Molina Healthcare of Iowa Inc. |
| | | 0 |
| | | |
| | | |
| D1IV.15d | Resolved grievances related to outpatient behavioral health services Enter the total number of grievances resolved by the plan during the reporting year that | Iowa Total Care Inc. |
| | | 0 |
| | | Wellpoint Iowa Inc. |
| | | |

were related to outpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".

20

Molina Healthcare of Iowa Inc.

328

D1IV.15e

Resolved grievances related to coverage of outpatient prescription drugs

Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover this type of service, enter "N/A".

Iowa Total Care Inc.

25

Wellpoint Iowa Inc.

43

Molina Healthcare of Iowa Inc.

1,220

D1IV.15f

Resolved grievances related to skilled nursing facility (SNF) services

Enter the total number of grievances resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover this type of service, enter "N/A".

Iowa Total Care Inc.

0

Wellpoint Iowa Inc.

0

Molina Healthcare of Iowa Inc.

22

D1IV.15g

Resolved grievances related to long-term services and supports (LTSS)

Enter the total number of grievances resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover this type of service, enter "N/A".

Iowa Total Care Inc.

0

Wellpoint Iowa Inc.

2

Molina Healthcare of Iowa Inc.

15

D1IV.15h

Resolved grievances related to dental services

Enter the total number of grievances resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover this type of service, enter "N/A".

Iowa Total Care Inc.

N/A

Wellpoint Iowa Inc.

36

Molina Healthcare of Iowa Inc.

0

| | | |
|-----------------|--|--|
| D1IV.15i | <p>Resolved grievances related to non-emergency medical transportation (NEMT)</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover this type of service, enter "N/A".</p> | <p>Iowa Total Care Inc.</p> <p>264</p> <p>Wellpoint Iowa Inc.</p> <p>447</p> <p>Molina Healthcare of Iowa Inc.</p> <p>811</p> |
| D1IV.15k | <p>Resolved grievances related to durable medical equipment (DME) & supplies</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to DME and/or supplies. If the managed care plan does not cover this type of service, enter "N/A".</p> | <p>Iowa Total Care Inc.</p> <p>4</p> <p>Wellpoint Iowa Inc.</p> <p>54</p> <p>Molina Healthcare of Iowa Inc.</p> <p>0</p> |
| D1IV.15l | <p>Resolved grievances related to home health / hospice</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to home health and/or hospice. If the managed care plan does not cover this type of service, enter "N/A".</p> | <p>Iowa Total Care Inc.</p> <p>0</p> <p>Wellpoint Iowa Inc.</p> <p>21</p> <p>Molina Healthcare of Iowa Inc.</p> <p>0</p> |
| D1IV.15m | <p>Resolved grievances related to emergency services / emergency department</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to emergency services and/or provided in the emergency department. Do not include grievances related to emergency outpatient behavioral health - those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter "N/A".</p> | <p>Iowa Total Care Inc.</p> <p>0</p> <p>Wellpoint Iowa Inc.</p> <p>0</p> <p>Molina Healthcare of Iowa Inc.</p> <p>0</p> |
| D1IV.15n | <p>Resolved grievances related to therapies</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that</p> | <p>Iowa Total Care Inc.</p> <p>1</p> <p>Wellpoint Iowa Inc.</p> |

were related to speech language pathology services or occupational, physical, or respiratory therapy services. If the managed care plan does not cover this type of service, enter "N/A".

4

Molina Healthcare of Iowa Inc.

0

D1IV.15o

Resolved grievances related to other service types

Enter the total number of grievances resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.15a-n paid primarily by Medicaid, enter "N/A".

Iowa Total Care Inc.

229

Wellpoint Iowa Inc.

692

Molina Healthcare of Iowa Inc.

8,958

Grievances by Reason

Report the number of grievances resolved by plan during the reporting period by reason.

| Number | Indicator | Response |
|-----------------|---|---|
| D1IV.16a | Resolved grievances related to plan or provider customer service Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider customer service.Customer service grievances include complaints about interactions with the plan's Member Services department, provider offices or facilities, plan marketing agents, or any other plan or provider representatives. | Iowa Total Care Inc. 317 Wellpoint Iowa Inc. 434 Molina Healthcare of Iowa Inc. 558 |
| D1IV.16b | Resolved grievances related to plan or provider care management/case management Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider care management/case management.Care management/case management grievances include complaints about the timeliness of an assessment or complaints about the plan or provider care or case management process. | Iowa Total Care Inc. 3 Wellpoint Iowa Inc. 54 Molina Healthcare of Iowa Inc. 34 |
| D1IV.16c | Resolved grievances related to network adequacy or access to care/services from plan or provider Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care.Access to care grievances include complaints about difficulties finding qualified in-network providers, excessive travel or wait times, or other access issues. | Iowa Total Care Inc. 352 Wellpoint Iowa Inc. 318 Molina Healthcare of Iowa Inc. 8,508 |
| D1IV.16d | Resolved grievances related to quality of care Enter the total number of grievances resolved by the plan during the reporting year that were related to quality of care.Quality of care grievances include complaints about the effectiveness, efficiency, equity, patient-centeredness, safety, and/or acceptability of care provided by a provider or the plan. | Iowa Total Care Inc. 0 Wellpoint Iowa Inc. 85 Molina Healthcare of Iowa Inc. 119 |
| D1IV.16e | Resolved grievances related to plan communications Enter the total number of grievances resolved by the plan during the | Iowa Total Care Inc. 1 |

reporting year that were related to plan communications. Plan communication grievances include grievances related to the clarity or accuracy of enrollee materials or other plan communications or to an enrollee's access to or the accessibility of enrollee materials or plan communications.

Wellpoint Iowa Inc.

106

Molina Healthcare of Iowa Inc.

108

D1IV.16f

Resolved grievances related to payment or billing issues

Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason related to payment or billing issues.

Iowa Total Care Inc.

44

Wellpoint Iowa Inc.

362

Molina Healthcare of Iowa Inc.

3,238

D1IV.16g

Resolved grievances related to suspected fraud

Enter the total number of grievances resolved by the plan during the reporting year that were related to suspected fraud. Suspected fraud grievances include suspected cases of financial/payment fraud perpetrated by a provider, payer, or other entity. Note: grievances reported in this row should only include grievances submitted to the managed care plan, not grievances submitted to another entity, such as a state Ombudsman or Office of the Inspector General.

Iowa Total Care Inc.

0

Wellpoint Iowa Inc.

15

Molina Healthcare of Iowa Inc.

968

D1IV.16h

Resolved grievances related to abuse, neglect or exploitation

Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation. Abuse/neglect/exploitation grievances include cases involving potential or actual patient harm.

Iowa Total Care Inc.

0

Wellpoint Iowa Inc.

0

Molina Healthcare of Iowa Inc.

0

D1IV.16i

Resolved grievances related to lack of timely plan response to a prior authorization/service authorization or appeal (including requests to expedite or extend appeals)

Enter the total number of grievances resolved by the plan during the reporting year that were filed due to a lack of timely plan response to a

Iowa Total Care Inc.

0

Wellpoint Iowa Inc.

35

Molina Healthcare of Iowa Inc.

service authorization or appeal request (including requests to expedite or extend appeals).

0

D1IV.16j

Resolved grievances related to plan denial of expedited appeal

Enter the total number of grievances resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request for an expedited appeal. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal. If a plan denies a request for an expedited appeal, the enrollee or their representative have the right to file a grievance.

Iowa Total Care Inc.

0

Wellpoint Iowa Inc.

0

Molina Healthcare of Iowa Inc.

0

D1IV.16k

Resolved grievances filed for other reasons

Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason other than the reasons listed above.

Iowa Total Care Inc.

55

Wellpoint Iowa Inc.

513

Molina Healthcare of Iowa Inc.

958

Topic VII: Quality & Performance Measures

Report on individual measures in each of the following eight domains: (1) Primary care access and preventive care, (2) Maternal and perinatal health, (3) Care of acute and chronic conditions, (4) Behavioral health care, (5) Dental and oral health services, (6) Health plan enrollee experience of care, (7) Long-term services and supports, and (8) Other. For composite measures, be sure to include each individual sub-measure component.



Complete

D2.VII.1 Measure Name: CCS

1 / 4

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

Cervical Cancer Screening (CCS) 21-64

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Traditional Medicaid, Iowa Health and Wellness, Hawki (CHIP)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Iowa Total Care Inc.

63.99%

Wellpoint Iowa Inc.

59.12%

Molina Healthcare of Iowa Inc.

57.91%



Complete

D2.VII.1 Measure Name: PPC

2 / 4

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

Prenatal and Postpartum Care (PPC) Postpartum Care

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Traditional Medicaid, Iowa Health and Wellness, Hawki (CHIP)

D2.VII.6 Measure Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

HEDIS

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Iowa Total Care Inc.

86.62%

Wellpoint Iowa Inc.

83.21%

Molina Healthcare of Iowa Inc.

80.54%



Complete

D2.VII.1 Measure Name: AMR

3 / 4

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

Asthma Medication Ratio (AMR) - Total All Ages

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Traditional Medicaid, Iowa Health and Wellness, Hawki (CHIP)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Iowa Total Care Inc.

64.90%

Wellpoint Iowa Inc.

64.47%

Molina Healthcare of Iowa Inc.

N/A



Complete

D2.VII.1 Measure Name: FUH

4 / 4

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

Follow-Up After Hospitalization For Mental Illness (FUH) - 30 days (Total)

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Traditional Medicaid, Iowa Health and Wellness, Hawki (CHIP)

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Iowa Total Care Inc.

80.94%

Wellpoint Iowa Inc.

82.71%

Molina Healthcare of Iowa Inc.

62.08%

Topic VIII. Sanctions

Describe sanctions that the state has issued for each plan. Report all known actions across the following domains: sanctions, administrative penalties, corrective action plans, other. The state should include all sanctions the state issued regardless of what entity identified the non-compliance (e.g. the state, an auditing body, the plan, a contracted entity like an external quality review organization).

42 CFR 438.66(e)(2)(viii) specifies that the MCPAR include the results of any sanctions or corrective action plans imposed by the State or other formal or informal intervention with a contracted MCO, PIHP, PAHP, or PCCM entity to improve performance.



Complete

D3.VIII.1 Intervention type: Corrective action plan

1 / 63

D3.VIII.2 Plan performance issue

Performance improvement

D3.VIII.3 Plan name

Wellpoint Iowa Inc.

D3.VIII.4 Reason for intervention

Claims payment issues

Sanction details**D3.VIII.5 Instances of non-compliance**

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

07/25/2024

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 09/16/2024

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)

2 / 63

D3.VIII.2 Plan performance issue

Performance Improvement

D3.VIII.3 Plan name

Wellpoint Iowa Inc.

D3.VIII.4 Reason for intervention

Provider Credentialing

Sanction details**D3.VIII.5 Instances of non-compliance**

2

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

01/03/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)

3 / 63

D3.VIII.2 Plan performance issue

Performance Improvement

D3.VIII.3 Plan name

Wellpoint Iowa Inc.

D3.VIII.4 Reason for intervention

Drug Rebate

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

01/27/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)

4 / 63

D3.VIII.2 Plan performance issue

Performance Improvement

D3.VIII.3 Plan name

Wellpoint Iowa Inc.

D3.VIII.4 Reason for intervention

Network provider listings

Sanction details

D3.VIII.5 Instances of non-compliance

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

02/04/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)

5 / 63

D3.VIII.2 Plan performance issuePerformance
Improvement**D3.VIII.3 Plan name**

Wellpoint Iowa Inc.

D3.VIII.4 Reason for intervention

Maps

Sanction details**D3.VIII.5 Instances of non-compliance**

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

02/04/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)

6 / 63

D3.VIII.2 Plan performance issuePerformance
Improvement**D3.VIII.3 Plan name**

Wellpoint Iowa Inc.

D3.VIII.4 Reason for intervention

Provider Credentialing

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

02/04/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)

7 / 63

D3.VIII.2 Plan performance issue

Performance Improvement

D3.VIII.3 Plan name

Wellpoint Iowa Inc.

D3.VIII.4 Reason for intervention

Care Plans submitted

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

02/04/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)

8 / 63

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

Wellpoint Iowa Inc.

Performance
Improvement

D3.VIII.4 Reason for intervention

Provider Incentives

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

02/04/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)

9 / 63

D3.VIII.2 Plan performance issue

Performance
Improvement

D3.VIII.3 Plan name

Wellpoint Iowa Inc.

D3.VIII.4 Reason for intervention

Single Case Agreement Reporting

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

02/04/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 10 / 63

D3.VIII.2 Plan performance issue **D3.VIII.3 Plan name**
Wellpoint Iowa Inc.

Performance
Improvement

D3.VIII.4 Reason for intervention

MLR Calculation

Sanction details

D3.VIII.5 Instances of non-compliance
1

D3.VIII.6 Sanction amount
\$0

D3.VIII.7 Date assessed
02/04/2025

D3.VIII.8 Remediation date non-compliance was corrected
Remediation in progress

D3.VIII.9 Corrective action plan
No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 11 / 63

D3.VIII.2 Plan performance issue **D3.VIII.3 Plan name**
Wellpoint Iowa Inc.

Performance
Improvement

D3.VIII.4 Reason for intervention

Completion of Initial & Comprehensive Health Risk Assessment

Sanction details

D3.VIII.5 Instances of non-compliance
2

D3.VIII.6 Sanction amount
\$0

D3.VIII.7 Date assessed
04/07/2025

D3.VIII.8 Remediation date non-compliance was corrected
Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 12 / 63

D3.VIII.2 Plan performance issue **D3.VIII.3 Plan name**
Wellpoint Iowa Inc.

Performance
Improvement

D3.VIII.4 Reason for intervention

Non-LTSS Reassessments and Update of Care Plans

Sanction details

D3.VIII.5 Instances of non-compliance
2

D3.VIII.6 Sanction amount
\$0

D3.VIII.7 Date assessed
04/07/2025

D3.VIII.8 Remediation date non-compliance was corrected
Remediation in progress

D3.VIII.9 Corrective action plan
No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 13 / 63

D3.VIII.2 Plan performance issue **D3.VIII.3 Plan name**
Wellpoint Iowa Inc.

Performance
Improvement

D3.VIII.4 Reason for intervention

Completion of Initial & Comprehensive Health Risk Assessment

Sanction details

D3.VIII.5 Instances of non-compliance
2

D3.VIII.6 Sanction amount
\$0

D3.VIII.7 Date assessed

04/07/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 14 / 63**D3.VIII.2 Plan performance issue**

Performance Improvement

D3.VIII.3 Plan name

Wellpoint Iowa Inc.

D3.VIII.4 Reason for intervention

Non-LTSS Reassessments and Update of Care Plans

Sanction details**D3.VIII.5 Instances of non-compliance**

2

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

07/10/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 15 / 63**D3.VIII.2 Plan performance issue**

Performance Improvement

D3.VIII.3 Plan name

Wellpoint Iowa Inc.

D3.VIII.4 Reason for intervention

Geo Access & Exceptions

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/09/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)

16 / 63

D3.VIII.2 Plan performance issue

Performance Improvement

D3.VIII.3 Plan name

Wellpoint Iowa Inc.

D3.VIII.4 Reason for intervention

MDS Section Q Referrals

Sanction details**D3.VIII.5 Instances of non-compliance**

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/09/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)

17 / 63

D3.VIII.2 Plan performance issue**D3.VIII.3 Plan name**

Wellpoint Iowa Inc.

Performance
Improvement

D3.VIII.4 Reason for intervention

Fall Risk Management

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/09/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 18 / 63

D3.VIII.2 Plan performance issue

Performance
Improvement

D3.VIII.3 Plan name

Wellpoint Iowa Inc.

D3.VIII.4 Reason for intervention

Care Plans Completed

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/09/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 19 / 63

D3.VIII.2 Plan performance issue **D3.VIII.3 Plan name**
Wellpoint Iowa Inc.

Performance
Improvement

D3.VIII.4 Reason for intervention

Prior Authorizations

Sanction details

D3.VIII.5 Instances of non-compliance
1

D3.VIII.6 Sanction amount
\$0

D3.VIII.7 Date assessed
10/09/2025

D3.VIII.8 Remediation date non-compliance was corrected
Remediation in progress

D3.VIII.9 Corrective action plan
No



D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 20 / 63

D3.VIII.2 Plan performance issue **D3.VIII.3 Plan name**
Wellpoint Iowa Inc.

Performance
Improvement

D3.VIII.4 Reason for intervention

Requests for Information

Sanction details

D3.VIII.5 Instances of non-compliance
1

D3.VIII.6 Sanction amount
\$0

D3.VIII.7 Date assessed
10/09/2025

D3.VIII.8 Remediation date non-compliance was corrected
Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 21 / 63

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Iowa Total Care Inc.

D3.VIII.4 Reason for intervention

Unresolved drug rebate disputes for September and October 2024

Sanction details

D3.VIII.5 Instances of non-compliance

7

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

01/24/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 22 / 63

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Iowa Total Care Inc.

D3.VIII.4 Reason for intervention

AccQual B11 Network Provider Listings & Exceptions Geographic Access

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

02/04/2025

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 02/04/2025

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 23 / 63**D3.VIII.2 Plan performance issue**

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Iowa Total Care Inc.

D3.VIII.4 Reason for intervention

FinAdm C-1 Provider Incentives

Sanction details**D3.VIII.5 Instances of non-compliance**

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

02/04/2025

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 02/04/2025

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 24 / 63**D3.VIII.2 Plan performance issue**

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Iowa Total Care Inc.

D3.VIII.4 Reason for intervention

PI8-PI10_Program Integrity Cumulative-Quarterly Update and Reporting, PI_11 Single Case Agreements

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

02/04/2025

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 02/04/2025

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)

25 / 63

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Iowa Total Care Inc.

D3.VIII.4 Reason for intervention

FinAdm F1 Iowa Financial MRT MLR Calculation

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

02/04/2025

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 02/04/2025

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)

26 / 63

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

Iowa Total Care Inc.

Reporting (timeliness, completeness, accuracy)

D3.VIII.4 Reason for intervention

Program Integrity Report - July 2024 PI_1 Investigate Activities

Sanction details

D3.VIII.5 Instances of non-compliance
2

D3.VIII.6 Sanction amount
\$0

D3.VIII.7 Date assessed
02/04/2025

D3.VIII.8 Remediation date non-compliance was corrected
Yes, remediated 02/04/2025

D3.VIII.9 Corrective action plan
No



D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 27 / 63

D3.VIII.2 Plan performance issue
Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name
Iowa Total Care Inc.

D3.VIII.4 Reason for intervention

Program Integrity Report - July 2024 PI_14 Total Non-PI Recoveries

Sanction details

D3.VIII.5 Instances of non-compliance
2

D3.VIII.6 Sanction amount
\$0

D3.VIII.7 Date assessed
02/04/2025

D3.VIII.8 Remediation date non-compliance was corrected
Yes, remediated 02/04/2025

D3.VIII.9 Corrective action plan
No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 28 / 63

D3.VIII.2 Plan performance issue **D3.VIII.3 Plan name**
Iowa Total Care Inc.
Reporting (timeliness, completeness, accuracy)

D3.VIII.4 Reason for intervention

Program Integrity Report - August 2024 PI_14 Total None-PI Recoveries

Sanction details

D3.VIII.5 Instances of non-compliance
2

D3.VIII.6 Sanction amount
\$0

D3.VIII.7 Date assessed
02/04/2025

D3.VIII.8 Remediation date non-compliance was corrected
Yes, remediated 02/04/2025

D3.VIII.9 Corrective action plan
No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 29 / 63

D3.VIII.2 Plan performance issue **D3.VIII.3 Plan name**
Iowa Total Care Inc.
Reporting (timeliness, completeness, accuracy)

D3.VIII.4 Reason for intervention

Program Integrity Report - September 2024 PI_6 MCO Provider Action

Sanction details

D3.VIII.5 Instances of non-compliance
1

D3.VIII.6 Sanction amount
\$0

D3.VIII.7 Date assessed
02/04/2025

D3.VIII.8 Remediation date non-compliance was corrected
Yes, remediated 02/04/2025

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 30 / 63

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Iowa Total Care Inc.

D3.VIII.4 Reason for intervention

Failure to timely report and remediate member rights and safety concerns

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

03/14/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 31 / 63

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Iowa Total Care Inc.

D3.VIII.4 Reason for intervention

HCBS Quarterly Reporting for Q1 SFY2025 - performance standard not met for all seven waivers and Hab - tied to the IPES

Sanction details

D3.VIII.5 Instances of non-compliance

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

04/07/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 32 / 63**D3.VIII.2 Plan performance issue**

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Iowa Total Care Inc.

D3.VIII.4 Reason for intervention

Q2 SFY2025 Reporting - Oct, Nov, Dec 2024 - B_11 Network Provider Listings & Exceptions - Geographic Access - formal exception not provided - performance standard not met

Sanction details**D3.VIII.5 Instances of non-compliance**

2

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

04/07/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 33 / 63**D3.VIII.2 Plan performance issue**

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Iowa Total Care Inc.

D3.VIII.4 Reason for intervention

Q2 SFY2025 Reporting - Oct, Nov, Dec 2024 - F1 Prior Authorizations - performance standard not met for expedited non-pharmacy PA's

Sanction details**D3.VIII.5 Instances of non-compliance**

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

04/07/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)

34 / 63

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Iowa Total Care Inc.

D3.VIII.4 Reason for intervention

November 2024 Monthly Reporting for Q2 - PI_3 Recovery - not accurate and not complete - ITC used \$0.00 vs leaving blank which skewed the report

Sanction details**D3.VIII.5 Instances of non-compliance**

2

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

04/07/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)

35 / 63

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Iowa Total Care Inc.

D3.VIII.4 Reason for intervention

December 2024 Monthly Reporting for Q2 - PI_3 Recovery - not accurate, column incorrectly populated

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

04/07/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)

36 / 63

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Iowa Total Care Inc.

D3.VIII.4 Reason for intervention

December 2024 Monthly Reporting for Q2 - PI_4 - Credible Allegation of Fraud - CAF - not accurate and not complete - missing information for a provider

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

D3.VIII.8 Remediation date non-compliance was corrected

04/07/2025

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 37 / 63

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Iowa Total Care Inc.

D3.VIII.4 Reason for intervention

December 2024 Monthly Reporting for Q2 - PI_5 IME Provider Action - not accurate - information for CAF listed on the wrong report template

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

04/07/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 38 / 63

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Iowa Total Care Inc.

D3.VIII.4 Reason for intervention

HCBS Quarterly Reporting for Q2 SFY2025 - performance standard not met for all seven waivers and Hab - tied to the IPES

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

07/01/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 39 / 63

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Iowa Total Care Inc.

D3.VIII.4 Reason for intervention

Q3 SFY2025 Reporting - Jan, Feb, Mar 2025 - A_10 Member Grievances and Appeals - performance standard not met

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

07/01/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 40 / 63

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

Iowa Total Care Inc.

Reporting (timeliness,
completeness, accuracy)

D3.VIII.4 Reason for intervention

Q3 SFY2025 Reporting - Jan, Feb, Mar 2025 - PI_8 Cost Avoidance/Cost
Savings - not accurate

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

07/01/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 41 / 63

D3.VIII.2 Plan performance issue

Reporting (timeliness,
completeness, accuracy)

D3.VIII.3 Plan name

Iowa Total Care Inc.

D3.VIII.4 Reason for intervention

Q3 SFY2025 Reporting - Jan, Feb, Mar 2025 - PI_11 Single Case Agreements -
not complete

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

07/01/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 42 / 63

D3.VIII.2 Plan performance issue **D3.VIII.3 Plan name**
Iowa Total Care Inc.
Reporting (timeliness, completeness, accuracy)

D3.VIII.4 Reason for intervention

Q3 SFY2025 Reporting - Jan, Feb, Mar 2025 - A8/B6 Helplines - performance standard not met

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

07/01/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 43 / 63

D3.VIII.2 Plan performance issue **D3.VIII.3 Plan name**
Iowa Total Care Inc.
Reporting (timeliness, completeness, accuracy)

D3.VIII.4 Reason for intervention

January 2025 Monthly Reporting for Q3 - PI_1 Investigate Activities - performance standard and accuracy not met

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

07/01/2025

D3.VIII.8 Remediation date non-compliance was corrected

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 44 / 63**D3.VIII.2 Plan performance issue**

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Iowa Total Care Inc.

D3.VIII.4 Reason for intervention

January 2025 Monthly Reporting for Q3 - PI_4 Credible Allegation of Fraud - not complete

Sanction details**D3.VIII.5 Instances of non-compliance**

2

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

07/01/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 45 / 63**D3.VIII.2 Plan performance issue**

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Iowa Total Care Inc.

D3.VIII.4 Reason for intervention

March 2025 Monthly Reporting for Q3 - PI_1 Investigate Activities - not complete

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

07/01/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 46 / 63

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Iowa Total Care Inc.

D3.VIII.4 Reason for intervention

March 2025 Monthly Reporting for Q3 - PI_7 Requests for PI Information - performance standard not met and not complete

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

07/01/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 47 / 63

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

Iowa Total Care Inc.

Reporting (timeliness, completeness, accuracy)

D3.VIII.4 Reason for intervention

March 2025 Monthly Reporting for Q3 - PI_14 PI Recoveries - not accurate

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

07/01/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

48 / 63

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Iowa Total Care Inc.

D3.VIII.4 Reason for intervention

Split by Month Quarterly Reporting for Q4 - F1 - Prior Authorizations - performance standard not met for expedited grievances (98%), should be at 99%.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

10/09/2025

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 11/15/2025

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)

49 / 63

D3.VIII.2 Plan performance issue

Performance
Improvement

D3.VIII.3 Plan name

Molina Healthcare of Iowa Inc.

D3.VIII.4 Reason for intervention

Production Files late or inaccurate

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

08/05/2024

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 09/01/2024

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)

50 / 63

D3.VIII.2 Plan performance issue

Performance
Improvement

D3.VIII.3 Plan name

Molina Healthcare of Iowa Inc.

D3.VIII.4 Reason for intervention

Production Files late or inaccurate

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

12/09/2024

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 01/01/2025

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 51 / 63

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Molina Healthcare of Iowa Inc.

D3.VIII.4 Reason for intervention

E5 Claims Reprocessing 70% under 90%

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

02/07/2025

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 04/07/2025

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 52 / 63

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Molina Healthcare of Iowa Inc.

D3.VIII.4 Reason for intervention

PI11 Single Case Agreement Report submission did not include attestations and agreements.

Sanction details

D3.VIII.5 Instances of non-compliance

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

02/07/2025

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 04/07/2025

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 53 / 63**D3.VIII.2 Plan performance issue**

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Molina Healthcare of Iowa Inc.

D3.VIII.4 Reason for intervention

December PI 4 Missing CAF for K.K. Cross UPIC Lift of Ethos Not Reported

Sanction details**D3.VIII.5 Instances of non-compliance**

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

03/03/2025

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 04/07/2025

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 54 / 63**D3.VIII.2 Plan performance issue**

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Molina Healthcare of Iowa Inc.

D3.VIII.4 Reason for intervention

December PI 7 Missing: Monthly SSDMF checks

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

03/03/2025

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 04/07/2025

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 55 / 63**D3.VIII.2 Plan performance issue**

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Molina Healthcare of Iowa Inc.

D3.VIII.4 Reason for intervention

SFY25 Q2 Quarterly Report Review F1 Annual MRT was submitted using V3 template instead of V4 template

Sanction details**D3.VIII.5 Instances of non-compliance**

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

04/07/2025

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 07/10/2025

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 56 / 63**D3.VIII.2 Plan performance issue****D3.VIII.3 Plan name**

Molina Healthcare of Iowa Inc.

Reporting (timeliness, completeness, accuracy)

D3.VIII.4 Reason for intervention

SFY25 Q1 Quarterly HCBS Reporting BI Waiver HW-b2 was 81.25%

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

04/07/2025

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 07/10/2025

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 57 / 63

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Molina Healthcare of Iowa Inc.

D3.VIII.4 Reason for intervention

January monthly reporting PI-14 Molina inadvertently included COB/TPL on December and January reports.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

04/07/2025

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 05/02/2025

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)

58 / 63

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Molina Healthcare of Iowa Inc.

D3.VIII.4 Reason for intervention

RESCINDED February Monthly Reporting PI-3 18 cases are noted as in appeal and there was no change in the amount - only 1 is pending recoupment and the change in amount was not documented in progress notes.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

05/02/2025

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 07/01/2025

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)

59 / 63

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Molina Healthcare of Iowa Inc.

D3.VIII.4 Reason for intervention

RESCINDED February Monthly Reporting PI-4 CAF letters that were issued prior to Go Live, input the date you received the list of CAFs to be in place. This column doesn't change if there is a CAF lift., the date of the lift should be in Column M. Column G and M should not be the same.

Sanction details

D3.VIII.5 Instances of non-compliance

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

05/02/2025

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 07/01/2025

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 60 / 63**D3.VIII.2 Plan performance issue**

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Molina Healthcare of Iowa Inc.

D3.VIII.4 Reason for intervention

Q2 HCBS reporting measures for Habilitation did not meet 85% or above
 October SP-3 reported as 80% and measure SP-4 reported as 83%
 November SP-3 reported as 71% and measure SP-4 reported as 71%
 December SP-3 reported as 43% and SP-4 reported as 67%

Sanction details**D3.VIII.5 Instances of non-compliance**

2

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

07/10/2025

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 08/30/2025

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 61 / 63**D3.VIII.2 Plan performance issue**

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Molina Healthcare of Iowa Inc.

D3.VIII.4 Reason for intervention

Q3 PI-8 Accuracy- Several of the amounts reported are recoveries and not avoidance or savings.

Sanction details**D3.VIII.5 Instances of non-compliance**

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

07/10/2025

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 08/30/2025

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 62 / 63**D3.VIII.2 Plan performance issue**

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Molina Healthcare of Iowa Inc.

D3.VIII.4 Reason for intervention

Q4 - SFTP B-11: Accuracy not met. Termed providers were included in this reporting.

Sanction details**D3.VIII.5 Instances of non-compliance**

1

D3.VIII.6 Sanction amount

\$0

D3.VIII.7 Date assessed

10/09/2025

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 11/30/2025

D3.VIII.9 Corrective action plan

No



D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)

63 / 63

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name
Molina Healthcare of Iowa Inc.

Reporting (timeliness, completeness, accuracy)

D3.VIII.4 Reason for intervention

Q4 - EVV Verification Methods G1: Accuracy not met. Data was not aggregated correctly.

Sanction details

| | |
|--|--|
| D3.VIII.5 Instances of non-compliance | D3.VIII.6 Sanction amount |
| 1 | \$0 |
| D3.VIII.7 Date assessed | D3.VIII.8 Remediation date non-compliance was corrected |
| 10/09/2025 | Yes, remediated 11/30/2025 |
| D3.VIII.9 Corrective action plan | |
| No | |

Topic X. Program Integrity

| Number | Indicator | Response |
|--------|---|---|
| D1X.1 | Dedicated program integrity staff Report or enter the number of dedicated program integrity staff for routine internal monitoring and compliance risks. Refer to 42 CFR 438.608(a)(1)(vii). | Iowa Total Care Inc. |
| | | 3 |
| | | Wellpoint Iowa Inc. |
| | | 8 |
| | | Molina Healthcare of Iowa Inc. |
| | | 2 |
| D1X.2 | Count of opened program integrity investigations How many program integrity investigations were opened by the plan during the reporting year? | Iowa Total Care Inc. |
| | | 81 |
| | | Wellpoint Iowa Inc. |
| | | 203 |
| | | Molina Healthcare of Iowa Inc. |
| | | 47 |
| D1X.4 | Count of resolved program integrity investigations How many program integrity investigations were resolved by the plan during the reporting year? | Iowa Total Care Inc. |
| | | 95 |
| | | Wellpoint Iowa Inc. |
| | | 267 |
| | | Molina Healthcare of Iowa Inc. |
| | | 51 |
| D1X.6 | Referral path for program integrity referrals to the state What is the referral path that the plan uses to make program integrity referrals to the state? Select one. | Iowa Total Care Inc. |
| | | Makes referrals to the State Medicaid Agency (SMA) only |
| | | Wellpoint Iowa Inc. |
| | | Makes referrals to the State Medicaid Agency (SMA) only |
| | | Molina Healthcare of Iowa Inc. |
| | | Makes referrals to the State Medicaid Agency (SMA) only |
| D1X.7 | Count of program integrity referrals to the state | Iowa Total Care Inc. |
| | | |

Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of referrals made.

6

Wellpoint Iowa Inc.

15

Molina Healthcare of Iowa Inc.

34

D1X.9a: Plan overpayment reporting to the state: Start Date

What is the start date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state?

Iowa Total Care Inc.

07/01/2024

Wellpoint Iowa Inc.

07/01/2024

Molina Healthcare of Iowa Inc.

07/01/2024

D1X.9b: Plan overpayment reporting to the state: End Date

What is the end date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state?

Iowa Total Care Inc.

06/30/2025

Wellpoint Iowa Inc.

06/30/2025

Molina Healthcare of Iowa Inc.

06/30/2025

D1X.9c: Plan overpayment reporting to the state: Dollar amount

From the plan's latest annual overpayment recovery report, what is the total amount of overpayments recovered?

Iowa Total Care Inc.

\$655,128.42

Wellpoint Iowa Inc.

\$1,156,041.77

Molina Healthcare of Iowa Inc.

\$220,824.68

D1X.9d: Plan overpayment reporting to the state: Corresponding premium revenue

What is the total amount of premium revenue for the corresponding reporting period (D1.X.9a-b)? (Premium revenue as defined in MLR reporting under 438.8(f)(2))

Iowa Total Care Inc.

\$3,003,856,322

Wellpoint Iowa Inc.

\$2,730,857,767

Molina Healthcare of Iowa Inc.

\$1,876,019,671

D1X.10

**Changes in beneficiary
circumstances**

Select the frequency the plan
reports changes in beneficiary
circumstances to the state.

Iowa Total Care Inc.

Weekly

Wellpoint Iowa Inc.

Weekly

Molina Healthcare of Iowa Inc.

Weekly

Topic XI: ILOS



Beginning December 2025, this section must be completed by states that authorize ILOS. Submission of this data before December 2025 is optional.

If ILOSs are authorized for this program, report for each plan: if the plan offered any ILOS; if “Yes”, which ILOS the plan offered; and utilization data for each ILOS offered. If the plan offered an ILOS during the reporting period but there was no utilization, check that the ILOS was offered but enter “0” for utilization.


| Number | Indicator | Response |
|---------|--|--|
| D4XI.1 | ILOSs offered by plan Indicate whether this plan offered any ILOS to their enrollees. | Iowa Total Care Inc. Yes, at least 1 ILOS is offered by this plan |
| | | Wellpoint Iowa Inc. Yes, at least 1 ILOS is offered by this plan |
| | | Molina Healthcare of Iowa Inc. Yes, at least 1 ILOS is offered by this plan |
| D4XI.2a | ILOSs utilization by plan Select all ILOSs offered by this plan during the contract rating period. For each ILOS offered by the plan, enter the deduplicated number of enrollees that utilized this ILOS during the contract rating period. If the plan offered this ILOS during the contract rating period but there was no utilization, enter "0". | Iowa Total Care Inc. Pre-tenancy and tenancy sustaining services: Housing transition navigation services: Case management: Respite care services: Personal care services: Medically tailored meals: Assistive services/devices: Home modifications: Vehicle modifications: Intermittent Supported Community Living Services (SCL): Supported employment services: Personal emergency response system: Specialized medical equipment: Adult day care: Non-medical transportation: |
| | | Wellpoint Iowa Inc. Pre-tenancy and tenancy sustaining services: Housing transition navigation services: Case management: Respite care services: Personal care services: Medically tailored meals: Assistive services/devices: Home modifications: Vehicle modifications: Intermittent Supported Community Living Services (SCL): |

Supported employment services:
Personal emergency response system:
Specialized medical equipment:
Adult day care:
Non-medical transportation:

Molina Healthcare of Iowa Inc.

Pre-tenancy and tenancy sustaining services:
Housing transition navigation services:
Case management:
Respite care services:
Personal care services:
Medically tailored meals:
Assistive services/devices:
Home modifications:
Vehicle modifications:
Intermittent Supported Community Living Services (SCL):
Supported employment services:
Personal emergency response system:
Specialized medical equipment:
Adult day care:
Non-medical transportation:

Topic XIII. Prior Authorization

 **Beginning June 2026, Indicators D1.XIII.1-15 must be completed. Submission of this data including partial reporting on some but not all plans, before June 2026 is optional; if you choose not to respond prior to June 2026, select “Not reporting data”.**

| Number | Indicator | Response |
|--------|---|--------------------|
| N/A | Are you reporting data prior to June 2026? If “Yes”, please complete the following questions under each plan. | Not reporting data |

Topic XIV. Patient Access API Usage

⚠ Beginning June 2026, Indicators D1.XIV.1-2 must be completed. Submission of this data before June 2026 is optional; if you choose not to respond prior to June 2026, select “Not reporting data”.

| Number | Indicator | Response |
|--------|---|--------------------|
| N/A | Are you reporting data prior to June 2026? If “Yes”, please complete the following questions under each plan. | Not reporting data |

Section E: BSS Entity Indicators

Topic IX. Beneficiary Support System (BSS) Entities

Per 42 CFR 438.66(e)(2)(ix), the Managed Care Program Annual Report must provide information on and an assessment of the operation of the managed care program including activities and performance of the beneficiary support system. Information on how BSS entities support program-level functions is on the Program-Level BSS page.

| Number | Indicator | Response |
|--------|---|--|
| EIX.1 | BSS entity type What type of entity performed each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b). | Iowa Office of Ombudsmen Ombudsman Program |
| | | Enrollment Broker - Conduent Enrollment Broker |
| | | HHS Staff - Joel Ball State Government Entity |
| EIX.2 | BSS entity role What are the roles performed by the BSS entity? Check all that apply. Refer to 42 CFR 438.71(b). | Iowa Office of Ombudsmen Beneficiary Outreach |
| | | LTSS Complaint Access Point |
| | | LTSS Grievance/Appeals Education |
| | | LTSS Grievance/Appeals Assistance |
| | | Review/Oversight of LTSS Data |
| | | Enrollment Broker - Conduent Enrollment Broker/Choice Counseling |
| | | Review/Oversight of LTSS Data |
| | | Other, specify – Enrollment, disenrollment, RFI, Escalate Member Issues |
| | | HHS Staff - Joel Ball LTSS Grievance/Appeals Assistance |

Section F: Notes

Notes

Use this section to optionally add more context about your submission. If you choose not to respond, proceed to “Review & submit.”

| Number | Indicator | Response |
|--------|------------------|--|
| F1 | Notes (optional) | Under Topic XII regarding Mental Health and Substance Use Disorder Parity, the most recent report was completed on 9/12/25, but has not yet been submitted to CMS. That is why the date for the most recently submitted report in this section is 12/5/18. |