

Eleventh Amendment to the Iowa Health Link Contract

This Amendment to Contract Number MED-24-005 is effective as of April 1, 2026 between the Iowa Department of Health and Human Services (Agency) and Molina Healthcare of Iowa, Inc. (Contractor).

Section 1: Amendment to Contract Language

The Contract is amended as follows:

Revision 1. Table E.02. Iowa Wellness Plan Benefits Coverage List, is hereby amended as follows:

Table E.02: Iowa Wellness Plan Benefits Coverage List

Iowa Wellness Plan Benefit Limits			
Service Category	Covered	Duration, Scope, exclusions, and Limitations	
1. Ambulatory Services			
Primary Care Illness/injury Physician Services	Yes		
Specialty Physician Visits	Yes	Iowa's Benchmark does not mention prior authorizations for this service but Iowa will be following Medicaid prior authorization guidelines where only some services will require prior authorization.	
Home Health Services	Yes	Private Duty Nursing/Personal Care Services are only available to 19- and 20-year-olds through EPSDT	
Chiropractic Care therapeutic adjustive manipulative	Yes		
Outpatient surgery	Yes		

Second Surgical Opinion	Yes		
Allergy Testing & Injections	Yes		
Chemotherapy-Outpatient	Yes		
IV Infusion Services	Yes		
Radiation Therapy Outpatient	Yes		
Dialysis	Yes	Covered as an inpatient or in a Medicare approved dialysis center (outpatient).	
Anesthesia	Yes		
Walk-in Centers	Yes		
AIDS/HIV parity	Yes		
Access to clinical trials	Yes	Medical necessity will be determined on a case-by-case basis through the Prior Authorization process.	
Genetic Counseling/Diagnostic Testing	Yes	Prior authorization required. Must be an appropriate candidate and outcome is expected to determine a covered course of tx and not just informational.	
TMJ	Yes		
2. Emergency Services			
Emergency Room Services	Yes		
Emergency Transportation-Ambulance and Air Ambulance	Yes	No other method of transportation is appropriate. Services required to treat patient illness or injury are not available in the facility where the patient is currently receiving care if patient is an inpatient at a facility. Patient is transported to the nearest hospital or nursing facility in network with adequate facilities to treat condition. In emergency situation, patient	

		may seek care at the nearest appropriate facility whether the facility is in or out of network.	
Urgent Care Centers/Facilities Emergency Clinics (non-hospital)	Yes		
3. Hospitalization			
General Inpatient Hospital Care	Yes		
Inpatient Physician Services	Yes		
Inpatient Surgical Services	Yes		
Non-Cosmetic Reconstructive Surgery	Yes	Cosmetic services, supplies or drugs are not covered unless provided primarily to restore function lost or impaired as the result of an illness, accidental injury, or a birth defect including treatment for any complications resulting from noncovered cosmetic procedures.	
Transplant Organ and Tissue	Yes	Covered- certain bone marrow/stem cell transfers from a living donor, heart, heart/lung, kidney, liver, lung, pancreas, pancreas/kidney, small bowel. Not Covered- transport of living donor, services/supplies related to mechanical or non-human organs, transplant services and supplies not listed in this section including complications.	

Congenital Abnormalities Correction	Yes		
Anesthesia	Yes		
Hospice Care - Inpatient & Outpatient	Yes	Terminally ill patient and have a life expectancy of six months or less. In accordance with Section 2302 of the Affordable Care Act, individuals under age 21 (age 19 and 20 for purposes of this benchmark plan), must receive hospice care concurrently with curative care.	
Hospice Respite - Inpatient	Yes	Limited to fifteen (15) Days per lifetime for inpatient respite care. Fifteen (15) Days per lifetime for outpatient hospice respite care. Hospice respite care must be used in increments of not more than five (5) Days at a time.	
Chemotherapy - Inpatient	Yes		
Radiation Therapy - Inpatient	Yes		
Breast Reconstruction	Yes		
4. Maternity & Newborn Care			
Maternity/Pregnancy Services - Pre & Postnatal Care - Delivery & Inpatient maternity - Nutritional	Yes	Enrolled Member is required to report pregnancy and eligibility for consideration of Benefits under the Medicaid State Plan. If length of stay is less than 48 or 96 hours, a follow-up postpartum home visit by an RN is covered.	
Tobacco Cessation for Pregnant Women	Yes		
Midwife Services	Yes		
5. Mental Health Behavioral Health Substance Abuse			
Mental Health/Behavioral Health Inpatient Treatment	Yes	Those with disabling mental disorders will be considered Medically Exempt and enrolled in the Medicaid State	

		Plan. Residential treatment is not covered.	
Mental Health/Behavioral Health Outpatient Treatment	Yes	Those with disabling mental disorders will be considered Medically Exempt and enrolled in the Medicaid State Plan.	
Substance Abuse Inpatient Treatment	Yes	Enrolled Members with disabling substance use disorder will be considered Medically Exempt and enrolled in the Medicaid State Plan. Residential treatment is not covered.	
Substance Abuse Outpatient Treatment	Yes	Enrolled Members with disabling substance use disorder will be considered Medically Exempt and enrolled in the Medicaid State Plan.	
6. Prescription Drugs			
Prescription Drugs	Yes	Iowa's ABP prescription drug benefit plan is the same (duplication of plan) as the approved Medicaid State Plan for prescribed drugs.	
7. Rehabilitative and Habilitative Services and Devices			

<p>Physical Therapy, Occupational Therapy, Speech Therapy</p>	<p>Yes</p>	<p>Rehabilitative speech therapy services are covered when related to a specific illness, injury, or impairment and involve the mechanics of phonation, articulation or swallowing. Services must be provided by a licensed or certified speech pathologist. Speech therapy requires prior approval.</p> <p>Not Covered: Physical therapy and occupational therapy provided as an inpatient in the absence of a separate medical condition that requires hospitalization.</p> <p>Speech therapy not provided by licensed or certified speech therapist.</p> <p>PT, OT and ST are considered rehab/hab services. The 60 visit limit is combined between habilitation and rehabilitation; however, the limit may be exceeded based on medical necessity.</p>	
<p>Inhalation therapy</p>	<p>Yes</p>	<p>Limit of sixty (60) visits in a twelve (12) month period.</p>	
<p>Medical and Surgical supplies</p>	<p>Yes</p>	<p>Non-covered- elastic stockings or bandages including trusses, lumbar braces, garter belts and similar items that can be purchased without a prescription.</p>	
<p>Durable Medical Equipment</p>	<p>Yes</p>	<p>Non-covered items include: elastic stockings or bandages including trusses, lumbar braces, garter belts, and similar items that are available for purchase without a prescription.</p>	

Orthotics	Yes		
Prosthetics	Yes		
Cardiac Rehabilitation	Yes		
Pulmonary Rehabilitation	Yes		
Skilled Nursing Services	Yes	Covered in nursing facilities, skilled nursing facilities and hospital swing beds.	
8. Laboratory Services			
Lab Tests	Yes		
X-Rays	Yes		
Imaging/Diagnostics MRI CT PET	Yes		
Sleep Studies	Yes	Treatment for snoring not covered. Claims must be for a diagnosis of sleep apnea.	
Pathology	Yes		
9. Preventive Wellness Chronic Disease Management			
Preventive Care	Yes	Limited to ACA required preventive services.	
Nutritional Counseling	Yes	Max forty (40) units allowed for twelve (12) month period	
Counseling and Education Services	Yes	Not covered: Bereavement, family, or marriage counseling. Education other than diabetes.	
Family Planning	Yes		
Vision Care Exams (Adult)	Yes	Only allowed once per year. Not covered - Surgery to correct a refractive error, eyeglasses or contact lenses including charges related to fitting, prescribing of corrective lenses, eye examinations for the fitting of eye wear. This does not limit the medical exams for Enrolled Members. Medical exams should be coded properly for accurate claim adjudication.	

Immunizations	Yes	Not covered- immunizations for travel	
Colorectal Cancer Screening	Yes		
Screening Mammography	Yes	One (1) per year.	
Hearing Exam (Adult)	Yes	Limit of one (1) hearing exam per year. Only allowed once per year. Hearing aids not covered.	
Diabetes - med necessary equip & supplies Education	Yes		
Screening Pap tests	Yes		
Gynecological exam	Yes	One (1) per year.	
Prostate cancer screening	Yes	One (1) per year for men age fifty (50) to sixty-four (64) years.	
Foot Care	Yes	Must be related to medical condition, routine services are not covered.	
Tobacco Cessation	Yes	Treatment and medical eval for nicotine dependence	
10. Pediatric Services including oral & vision			
EPSDT Ages 19 and 20	Yes	Covered for ages 19-20.	
Benefits Not Provided			
Acupuncture	No	Not covered	
Infertility Diagnosis and Treatment	No	Not covered- infertility treatment resulting from voluntary sterilization, relating to collection/purchase of donor semen or eggs, freezing of the same, surrogate services, infertility diagnosis and tx, and tubal/vasectomy reversals, fertility drugs.	

Bariatric Surgery	No	Not covered.	
Residential Services	No		
Non-emergency Transportation Services	No		
Tobacco Cessation	No	Not covered	
Breast Reduction	No		

Revision 2. Effective July 1, 2025, the state is adjusting the capitation rates for SFY2026. Updated Special Contract Amendment below.

Contract Payments include Federal Funds? Yes	
UEI#: S419DSARU593	
The Name of the Pass-Through Entity: Iowa Department of Health and Human Services	
ALN #: 93.778	Federal Awarding Agency Name: Centers for Medicare and Medicaid Services (CMS)
Grant Name: Title XIX: The Medical Assistance Program	
ALN #: 93.767	Federal Awarding Agency Name: Centers for Medicare and Medicaid Services (CMS)
Grant Name: Children's Health Insurance Program	



Section 2: Ratification & Authorization

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

Section 3: Execution

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

Contractor, Molina Healthcare of Iowa, Inc.	Agency, Iowa Department of Health and Human Services
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Signature of Authorized Representative: 	Date: 03/09/2026	Signature of Authorized Representative: 	Date: 03/17/2026
Printed Name: Jennifer H. Vermeer		Printed Name: Lee Grossman	
Title: Iowa Plan President		Title: Director	

Special Contract Amendment – Adjusted SFY2026 Rates

SFY26 Rating Withhold Summary		Molina Healthcare Rates							Paid to MCOs	
Cap Group	Rate Cell	SFY24 Statewide MMs	Rates - Less Add-ons	Withhold PMPM	Rates - Less Withhold, Less Add-ons	GME PMPM	GEMT PMPM	Rates - Less Withhold, Plus Add-ons	Loaded Rates - Less Withhold, Plus Add-ons	Loaded Rates - Plus Add-ons
Reference		(A)	(B) = (A) * 2%	(C) = (A) - (B)	(D)	(E)	(F) = (C) + (D) + (E)	(G) = (F) / (1 - 0.950%)	(H) = [(A) + (D) + (E)] / (1 - 0.950%)	
H	Children 0-59 days M&F	50,469	\$ 3,123.50	\$ 62.47	\$ 3,061.03	\$ 5.04	\$ 4.07	\$ 3,070.14	\$ 3,099.59	\$ 3,162.66
H	Children 60-364 days M&F	189,102	\$ 351.96	\$ 7.04	\$ 344.92	\$ 5.04	\$ 2.28	\$ 352.24	\$ 355.62	\$ 362.73
H	Children 1-4 M&F	723,137	\$ 215.36	\$ 4.31	\$ 211.05	\$ 5.04	\$ 1.49	\$ 217.58	\$ 219.67	\$ 224.02
H	Children 5-14 M&F	1,528,605	\$ 199.80	\$ 4.00	\$ 195.80	\$ 5.04	\$ 0.93	\$ 201.77	\$ 203.71	\$ 207.74
H	Children 15-20 F	319,187	\$ 329.33	\$ 6.59	\$ 322.74	\$ 5.04	\$ 4.20	\$ 331.98	\$ 335.16	\$ 341.82
H	Children 15-20 M	307,109	\$ 216.16	\$ 4.32	\$ 211.84	\$ 5.04	\$ 2.76	\$ 219.64	\$ 221.75	\$ 226.11
1	CHIP - Hawki	675,431	\$ 197.49	\$ 3.95	\$ 193.54	\$ -	\$ 0.81	\$ 194.35	\$ 196.21	\$ 200.20
H	Non-Expansion Adults 21-34 F	327,411	\$ 489.00	\$ 9.78	\$ 479.22	\$ 5.04	\$ 6.39	\$ 490.65	\$ 495.36	\$ 505.23
H	Non-Expansion Adults 21-34 M	76,215	\$ 290.90	\$ 5.82	\$ 285.08	\$ 5.04	\$ 4.99	\$ 295.11	\$ 297.94	\$ 303.82
H	Non-Expansion Adults 35-49 F	229,650	\$ 723.92	\$ 14.48	\$ 709.44	\$ 5.04	\$ 7.50	\$ 721.98	\$ 728.90	\$ 743.52
H	Non-Expansion Adults 35-49 M	91,304	\$ 515.21	\$ 10.30	\$ 504.91	\$ 5.04	\$ 5.68	\$ 515.63	\$ 520.58	\$ 530.97
H	Non-Expansion Adults 50+ M&F	45,126	\$ 869.86	\$ 17.40	\$ 852.46	\$ 5.04	\$ 7.52	\$ 865.02	\$ 873.32	\$ 890.88
I	Pregnant Women	135,961	\$ 402.80	\$ 8.06	\$ 394.74	\$ 5.04	\$ 3.44	\$ 403.22	\$ 407.09	\$ 415.22
J	WP 19-24 F (Medically Exempt)	9,476	\$ 1,474.71	\$ 29.49	\$ 1,445.22	\$ -	\$ 27.69	\$ 1,472.91	\$ 1,487.04	\$ 1,516.81
J	WP 19-24 M (Medically Exempt)	7,641	\$ 2,001.10	\$ 40.02	\$ 1,961.08	\$ -	\$ 22.72	\$ 1,983.80	\$ 2,002.83	\$ 2,043.23
J	WP 25-34 F (Medically Exempt)	34,644	\$ 1,654.43	\$ 33.09	\$ 1,621.34	\$ -	\$ 31.02	\$ 1,652.36	\$ 1,668.21	\$ 1,701.62
J	WP 25-34 M (Medically Exempt)	34,526	\$ 1,567.79	\$ 31.36	\$ 1,536.43	\$ -	\$ 34.31	\$ 1,570.74	\$ 1,585.81	\$ 1,617.47
J	WP 35-49 F (Medically Exempt)	58,263	\$ 1,876.77	\$ 37.54	\$ 1,839.23	\$ -	\$ 29.89	\$ 1,869.12	\$ 1,887.05	\$ 1,924.95
J	WP 35-49 M (Medically Exempt)	55,976	\$ 1,832.51	\$ 36.65	\$ 1,795.86	\$ -	\$ 46.01	\$ 1,841.87	\$ 1,859.54	\$ 1,896.54
J	WP 50+ M&F (Medically Exempt)	85,612	\$ 2,396.08	\$ 47.92	\$ 2,348.16	\$ -	\$ 46.90	\$ 2,395.06	\$ 2,418.03	\$ 2,466.41
K	WP 19-24 F (Non-Medically Exempt)	230,316	\$ 315.92	\$ 6.32	\$ 309.60	\$ -	\$ 4.06	\$ 313.66	\$ 316.67	\$ 323.05
K	WP 19-24 M (Non-Medically Exempt)	198,303	\$ 232.71	\$ 4.65	\$ 228.06	\$ -	\$ 3.73	\$ 231.79	\$ 234.01	\$ 238.71
K	WP 25-34 F (Non-Medically Exempt)	287,549	\$ 414.35	\$ 8.29	\$ 406.06	\$ -	\$ 4.50	\$ 410.56	\$ 414.50	\$ 422.87
K	WP 25-34 M (Non-Medically Exempt)	258,250	\$ 352.78	\$ 7.06	\$ 345.72	\$ -	\$ 5.53	\$ 351.25	\$ 354.62	\$ 361.75
K	WP 35-49 F (Non-Medically Exempt)	302,449	\$ 657.66	\$ 13.15	\$ 644.51	\$ -	\$ 6.27	\$ 650.78	\$ 657.02	\$ 670.30
K	WP 35-49 M (Non-Medically Exempt)	288,760	\$ 542.90	\$ 10.86	\$ 532.04	\$ -	\$ 8.92	\$ 540.96	\$ 546.15	\$ 557.11
K	WP 50+ M&F (Non-Medically Exempt)	464,419	\$ 945.19	\$ 18.90	\$ 926.29	\$ -	\$ 9.66	\$ 935.95	\$ 944.93	\$ 964.01
M	ABD Non-Dual <21 M&F	127,575	\$ 1,124.00	\$ 22.48	\$ 1,101.52	\$ 5.04	\$ 6.72	\$ 1,113.28	\$ 1,123.96	\$ 1,146.65
M	ABD Non-Dual 21+ M&F	229,723	\$ 1,925.63	\$ 38.51	\$ 1,887.12	\$ 5.04	\$ 39.35	\$ 1,931.51	\$ 1,950.04	\$ 1,988.91
N	Residential Care Facility	3,998	\$ 9,083.38	\$ 181.67	\$ 8,901.71	\$ 5.04	\$ 33.27	\$ 8,940.02	\$ 9,025.76	\$ 9,209.18
O	Breast and Cervical Cancer	1,076	\$ 2,461.60	\$ 49.23	\$ 2,412.37	\$ -	\$ 6.32	\$ 2,418.69	\$ 2,441.89	\$ 2,491.59
P	Dual Eligible 0-64 M&F	293,195	\$ 554.57	\$ 11.09	\$ 543.48	\$ -	\$ 1.15	\$ 544.63	\$ 549.85	\$ 561.05
P	Dual Eligible 65+ M&F	126,471	\$ 240.78	\$ 4.82	\$ 235.96	\$ -	\$ 0.69	\$ 236.65	\$ 238.92	\$ 243.79
Q	Custodial Care Nursing Facility <65	20,633	\$ 7,630.54	\$ 152.61	\$ 7,477.93	\$ 5.04	\$ 28.42	\$ 7,511.39	\$ 7,583.43	\$ 7,737.51
Q	Custodial Care Nursing Facility 65+	108,742	\$ 5,916.55	\$ 118.33	\$ 5,798.22	\$ -	\$ 1.42	\$ 5,799.64	\$ 5,855.27	\$ 5,974.73
R	Elderly HCBS Waiver	89,574	\$ 5,916.55	\$ 118.33	\$ 5,798.22	\$ -	\$ 2.88	\$ 5,801.10	\$ 5,856.74	\$ 5,976.20
S	Non-Dual Skilled Nursing Facility	1,942	\$ 7,630.54	\$ 152.61	\$ 7,477.93	\$ 5.04	\$ 89.03	\$ 7,572.00	\$ 7,644.62	\$ 7,798.70
T	Dual HCBS Waivers: PD; H&D	16,259	\$ 7,630.54	\$ 152.61	\$ 7,477.93	\$ -	\$ 0.65	\$ 7,478.58	\$ 7,550.31	\$ 7,704.38
U	Non-Dual HCBS Waivers: PD; H&D; AIDS	19,394	\$ 7,630.54	\$ 152.61	\$ 7,477.93	\$ 5.04	\$ 27.70	\$ 7,510.67	\$ 7,582.71	\$ 7,736.78
V	Brain Injury HCBS Waiver	15,540	\$ 7,630.54	\$ 152.61	\$ 7,477.93	\$ 5.04	\$ 13.38	\$ 7,496.35	\$ 7,568.25	\$ 7,722.32
W	ICF/ID	10,741	\$ 9,605.40	\$ 192.11	\$ 9,413.29	\$ 5.04	\$ 11.72	\$ 9,430.05	\$ 9,520.49	\$ 9,714.45
X	State Resource Center	2,122	\$ 9,605.40	\$ 192.11	\$ 9,413.29	\$ 5.04	\$ 4.97	\$ 9,423.30	\$ 9,513.68	\$ 9,707.63
Y	Intellectual Disability HCBS Waiver	140,460	\$ 9,605.40	\$ 192.11	\$ 9,413.29	\$ 5.04	\$ 6.25	\$ 9,424.58	\$ 9,514.97	\$ 9,708.92
Z	PMIC	3,175	\$ 4,285.54	\$ 85.71	\$ 4,199.83	\$ 5.04	\$ 12.82	\$ 4,217.69	\$ 4,258.14	\$ 4,344.67
O	Children's Mental Health HCBS Waiver	13,881	\$ 4,285.54	\$ 85.71	\$ 4,199.83	\$ 5.04	\$ 6.36	\$ 4,211.23	\$ 4,251.62	\$ 4,338.15
D	CHIP - Children 0-59 days M&F	1,020	\$ 3,123.50	\$ 62.47	\$ 3,061.03	\$ -	\$ 4.07	\$ 3,065.10	\$ 3,094.50	\$ 3,157.57
D	CHIP - Children 60-364 days M&F	3,338	\$ 351.96	\$ 7.04	\$ 344.92	\$ -	\$ 2.28	\$ 347.20	\$ 350.53	\$ 357.64
D	CHIP - Children 1-4 M&F	1,254	\$ 215.36	\$ 4.31	\$ 211.05	\$ -	\$ 1.49	\$ 212.54	\$ 214.58	\$ 218.93
D	CHIP - Children 5-14 M&F	144,992	\$ 199.80	\$ 4.00	\$ 195.80	\$ -	\$ 0.93	\$ 196.73	\$ 198.62	\$ 202.66
D	CHIP - Children 15-20 F	30,856	\$ 329.33	\$ 6.59	\$ 322.74	\$ -	\$ 4.20	\$ 326.94	\$ 330.08	\$ 336.73
D	CHIP - Children 15-20 M	30,163	\$ 216.16	\$ 4.32	\$ 211.84	\$ -	\$ 2.76	\$ 214.60	\$ 216.66	\$ 221.02
	TANF Maternity Case Rate	6,084	\$ 6,411.19	\$ 128.22	\$ 6,282.97	\$ -	\$ -	\$ 6,282.97	\$ 6,343.23	\$ 6,472.68
	Pregnant Women Maternity Case Rate	6,437	\$ 5,968.97	\$ 119.38	\$ 5,849.59	\$ -	\$ -	\$ 5,849.59	\$ 5,905.69	\$ 6,026.22
	Total	8,451,015	\$ 874.32	\$ 17.49	\$ 856.84	\$ 2.75	\$ 5.88	\$ 865.46	\$ 873.77	\$ 891.42