

Fourteenth Amendment to the MED-20-001 Contract

This Fourteenth Amendment to Contract Number MED-20-001 is effective as of January 1, 2023 between the Iowa Department of Human Services (Agency) and Iowa Total Care (Contractor).

Revision 1: Amendment to Contract Language

Section 3.2.6.8.3.1.1 is amended to read as follows:

3.2.6.8.3.1.1 Carve out Iowa Medicaid managed care prescriptions and other products from the 340B program.

If this methodology is chosen, the Contractor shall ensure that the entity: (i) uses only non-340B drugs, vaccines, and diabetic supplies for all Iowa Medicaid managed care enrollees served; (ii) only bills the Contractor for drugs, vaccines, and diabetic supplies purchased outside the 340B program; (iii) does not bill the Contractor for drugs, vaccines, or diabetic supplies purchased through the 340B program; and (iv) consults the Iowa Medicaid Managed Care Pharmacy Identification for assistance in identifying Medicaid managed care enrollees.

Revision 2: Amendment to Contract Language

Section 3.2.6.10.1 Drug Encounter Claim Submission is amended to read as follows:

The Contractor shall submit a claim-level detail file weekly of drug encounters to the Agency or its designee.

Revision 3: Amendment to Contract Language

Section 8.6 is amended to read as follows:

8.6 Member Website

The Contractor shall develop a member website available in English and Spanish that is accessible and functional via cell phone. The member website shall include, at minimum, the information required in the enrollment materials as described in Section 8.2.6. The provider network information available via the member website shall be searchable and updated, at minimum, every thirty (30) days. All website materials shall be submitted, prior to posting, for the Agency review and approval in accordance with Section 8.2.4.

Revision 4. Exhibit D, TABLE D2: IOWA WELLNESS PLAN BENEFITS COVERAGE LIST is amended to read as follows:

Transplant Organ and Tissue: “small bowel” has been removed, as this is not a covered transplant.

Covered- certain bone marrow/stem cell transfers from a living donor, heart, heart/lung, kidney, liver, lung, pancreas, pancreas/kidney. (“Small bowel” removed)

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.

Revision 5. Exhibit I has been amended and reads as follows:

Exhibit I: State Directed Payments

I.5 ARPA Section 9817 Home and Community Based Services (HCBS) - Description of Arrangement.

The State Medicaid Agency directs the MCOs to make payments to eligible HCB service providers for targeted projects approved in the Iowa Spending Plan for Implementation of the American Rescue Plan Act of 2021, Section 9817.

The Contractor shall make a onetime payment to providers of HCB services for:

- a) Recruitment and Retention Provider Grants.

Recruitment and Retention Provider Grants:

The directed payment for direct care workers was developed in consultation with CMS and is based on CMS guidance related to the American Rescue Plan Act of 2021 (ARP) and Iowa's ARP 9817 spending plan. The direct care worker directed payment, as described in the directed payment pre-print, is a one- time payment from Iowa to the contracted Health Link managed care organizations (MCOs) for each full- time equivalent direct care worker.

The directed payment is an investment in recruiting and retention for direct care workers including those that provided applied behavioral analysis, behavioral health intervention services, prevocational, supported employment, adult day care, in-home family therapy, family , community support supported community living, consumer directed attendant care, day habilitation, respite, home-based habilitation or was a consumer choices option (CCO) participant employing direct care workers for dates of service between July 1, 2021, and June 30, 2022, and paid by a Medicaid contracted MCO.

Iowa Medicaid identified direct care workers and CCO employees for whom each MCO is responsible for payment, to ensure that only one payment will be received. Iowa Medicaid determined the amount per full time equivalent to be distributed to each eligible HCBS provider and CCO participant. Iowa Medicaid issued the directed payments to the MCOs based on the number of qualifying direct care worker full- time equivalents to ensure that only one MCO receives payment to direct recruitment and retention grant funds to each Home and Community Based Service (HCBS) provider or CCO participant.

Iowa Medicaid will reconcile these payments for each MCO by HCBS provider or CCO participant to ensure the integrity of the investment in recruiting and retention. The information on payments made, including the HCBS provider or CCO participants identifiable information and date of payment, will be collected and reconciled. A specific procedure code has been established for the claims to distinguish these payments. Iowa Medicaid has retained auditing rights to determine if payments have been paid to the correct HCBS provider or CCO participant.

In aggregate the value of the directed payment that was made to the MCO's for SFY22 is \$107, 486,949 and has been allocated between the contracted Health Link MCO's. In SFY23, \$962,745.70 was allocated to the SFY22 directed payments to account for the original projection shortfall.

Revision 6: The document attached to this Amendment as Exhibit 1 is hereby incorporated into the Contract as Special Contract Attachment 3.2-07.

Mid-Year Addendum to IA Health Link SFY23

Psychiatric Intensive Care (PIC) Medicaid Rate - Effective January 1, 2023, the State is implementing a Medicaid rate for PIC hospital stays.

Non-Medical Load - The revised SFY23 rate submission, dated September 1, 2022, included a total non-medical load of 7.6% in aggregate (the amount is rounded and varies by rate cell). The 7.6% aggregate non-medical load is comprised of an administrative component (5.97%) and a profit, risk, and contingency component (1.75%). For the SFY23 mid-year rates, the administrative portion of the total non-medical load for each rate cell remains unchanged on a PMPM basis for each MCO, such that the PMPM by rate cell remains the same as the PMPM within the revised SFY23 rates. The profit, risk, and contingency load has remained at 1.75% of premium for each rate cell. The January 1, 2023 programmatic changes results in a slight increase to the overall SFY23 mid-year capitation rates, but the total non-medical load remains a rounded 7.6% on a program-wide basis based on the CY19 statewide membership.

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

Contract Payments include Federal Funds? Yes	
DUNS #: 080218547	
The Name of the Pass-Through Entity: Iowa Department of Human Services	
CFDA #: 93.778 Title XIX: The Medical Assistance Program	Federal Awarding Agency Name: Centers for Medicare and Medicaid Services (CMS)
CDFA #: 93.767 Children’s Health Insurance Program	Federal Awarding Agency Name: Centers for Medicare and Medicaid Services (CMS)

Section 2: Ratification & Authorization

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

Section 3: Execution

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

Contractor, Iowa Total Care		Agency, Iowa Department of Human Services	
Signature of Authorized Representative: 	Date: 02.15.2023	Signature of Authorized Representative: <u>Kelly Garcia</u> <small>Kelly Garcia (Feb 17, 2023 16:23 CST)</small>	Date: Feb 17, 2023
Printed Name: Mitch Wasden	Printed Name: Kelly Garcia		
Title: Plan President and CEO	Title: Director		

Special Contract Attachment 3.2.07

Rate Cell	Iowa Total Care Mid-Year Rates, Net Withhold	SFY23 Mid-Year Rates Net Additional Payments	Withhold PMPM	SFY23 Mid-Year Rates Net Withhold, Net Additional Payments	GME PMPM	GEMT PMPM	SFY23 Mid-Year Rates, Net Withhold Gross Additional Payments
Children 0-59 days M&F	24,253	\$ 2,297.88	\$ 45.96	\$ 2,251.92	\$ 4.45	\$ 4.07	\$ 2,260.44
Children 60-364 days M&F	93,890	\$ 329.62	\$ 6.59	\$ 323.03	\$ 4.45	\$ 1.71	\$ 329.20
Children 1-4 M&F	314,290	\$ 172.53	\$ 3.45	\$ 169.08	\$ 4.45	\$ 0.95	\$ 174.48
Children 5-14 M&F	617,110	\$ 167.33	\$ 3.35	\$ 163.98	\$ 4.45	\$ 0.59	\$ 169.02
Children 15-20 F	104,202	\$ 276.33	\$ 5.53	\$ 270.80	\$ 4.45	\$ 2.66	\$ 277.92
Children 15-20 M	95,865	\$ 210.59	\$ 4.21	\$ 206.38	\$ 4.45	\$ 1.76	\$ 212.59
CHIP - Hawki	193,806	\$ 162.69	\$ 3.25	\$ 159.44	\$ -	\$ 0.44	\$ 159.87
Non-Expansion Adults 21-34 F	146,774	\$ 424.77	\$ 8.50	\$ 416.28	\$ 4.45	\$ 4.61	\$ 425.33
Non-Expansion Adults 21-34 M	32,601	\$ 275.48	\$ 5.51	\$ 269.97	\$ 4.45	\$ 2.77	\$ 277.19
Non-Expansion Adults 35-49 F	82,566	\$ 613.93	\$ 12.28	\$ 601.66	\$ 4.45	\$ 5.22	\$ 611.33
Non-Expansion Adults 35-49 M	34,238	\$ 471.20	\$ 9.42	\$ 461.78	\$ 4.45	\$ 3.81	\$ 470.03
Non-Expansion Adults 50+ M&F	15,993	\$ 756.89	\$ 15.14	\$ 741.75	\$ 4.45	\$ 5.39	\$ 751.59

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Pregnant Women	35,546	\$ 276.73	\$ 5.53	\$ 271.19	\$ 4.45	\$ 4.03	\$ 279.67
WP 19-24 F (Medically Exempt)	4,043	\$ 978.69	\$ 19.57	\$ 959.11	-	\$ 15.31	\$ 974.42
WP 19-24 M (Medically Exempt)	3,598	\$ 1,210.80	\$ 24.22	\$ 1,186.59	-	\$ 10.53	\$ 1,197.11
WP 25-34 F (Medically Exempt)	12,594	\$ 1,052.37	\$ 21.05	\$ 1,031.32	-	\$ 13.50	\$ 1,044.82
WP 25-34 M (Medically Exempt)	12,658	\$ 1,093.12	\$ 21.86	\$ 1,071.26	-	\$ 20.45	\$ 1,091.71
WP 35-49 F (Medically Exempt)	18,553	\$ 1,413.28	\$ 28.27	\$ 1,385.02	-	\$ 16.85	\$ 1,401.87
WP 35-49 M (Medically Exempt)	16,802	\$ 1,285.90	\$ 25.72	\$ 1,260.18	-	\$ 22.94	\$ 1,283.13
WP 50+ M&F (Medically Exempt)	26,321	\$ 1,744.67	\$ 34.89	\$ 1,709.78	-	\$ 22.90	\$ 1,732.68
WP 19-24 F (Non-Medically Exempt)	98,274	\$ 253.60	\$ 5.07	\$ 248.53	-	\$ 2.95	\$ 251.48
WP 19-24 M (Non-Medically Exempt)	81,045	\$ 190.91	\$ 3.82	\$ 187.09	-	\$ 2.97	\$ 190.06
WP 25-34 F (Non-Medically Exempt)	113,937	\$ 337.54	\$ 6.75	\$ 330.79	-	\$ 2.76	\$ 333.56
WP 25-34 M (Non-Medically Exempt)	99,569	\$ 297.34	\$ 5.95	\$ 291.39	-	\$ 4.52	\$ 295.91
WP 35-49 F (Non-Medically Exempt)	109,923	\$ 551.33	\$ 11.03	\$ 540.30	-	\$ 3.99	\$ 544.29
WP 35-49 M (Non-Medically Exempt)	104,975	\$ 490.60	\$ 9.81	\$ 480.79	-	\$ 5.89	\$ 486.68
WP 50+ M&F (Non-Medically Exempt)	181,018	\$ 854.08	\$ 17.08	\$ 836.99	-	\$ 5.79	\$ 842.78
ABD Non-Dual <21 M&F	41,000	\$ 1,038.03	\$ 20.76	\$ 1,017.27	4.45	\$ 4.82	\$ 1,026.54
ABD Non-Dual 21+ M&F	95,092	\$ 1,765.75	\$ 35.31	\$ 1,730.43	4.45	\$ 21.94	\$ 1,756.82
Residential Care Facility	2,083	\$ 7,734.87	\$ 154.70	\$ 7,580.17	4.45	\$ 9.82	\$ 7,594.44
Breast and Cervical Cancer	800	\$ 2,253.48	\$ 45.07	\$ 2,208.41	-	\$ 0.67	\$ 2,209.08
Dual Eligible 0-64 M&F	128,275	\$ 628.64	\$ 12.57	\$ 616.07	-	\$ 1.35	\$ 617.42

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Dual Eligible 65+ M&F	38,893	\$	227.74	\$	4.55	\$	223.19	\$	-	\$	1.22	\$	224.41
Custodial Care Nursing Facility <65	8,392	\$	4,892.05	\$	97.84	\$	4,794.21	\$	4.45	\$	11.39	\$	4,810.05
Custodial Care Nursing Facility 65+	55,785	\$	3,705.07	\$	74.10	\$	3,630.97	\$	-	\$	1.29	\$	3,632.26
Elderly HCBS Waiver	39,317	\$	3,705.07	\$	74.10	\$	3,630.97	\$	-	\$	3.38	\$	3,634.34
Non-Dual Skilled Nursing Facility	770	\$	4,892.05	\$	97.84	\$	4,794.21	\$	4.45	\$	19.48	\$	4,818.14
Dual HCBS Waivers: PD; H&D	6,259	\$	4,892.05	\$	97.84	\$	4,794.21	\$	-	\$	3.79	\$	4,798.00
Non-Dual HCBS Waivers: PD; H&D; AIDS	5,619	\$	4,892.05	\$	97.84	\$	4,794.21	\$	4.45	\$	17.16	\$	4,815.82
Brain Injury HCBS Waiver	6,319	\$	4,892.05	\$	97.84	\$	4,794.21	\$	4.45	\$	6.02	\$	4,804.67
ICF/ID	5,822	\$	7,347.96	\$	146.96	\$	7,201.00	\$	4.45	\$	5.43	\$	7,210.88
State Resource Center	1,714	\$	7,347.96	\$	146.96	\$	7,201.00	\$	4.45	\$	0.71	\$	7,206.17
Intellectual Disability HCBS Waiver	54,700	\$	7,347.96	\$	146.96	\$	7,201.00	\$	4.45	\$	3.29	\$	7,208.75
PMIC	1,408	\$	3,746.13	\$	74.92	\$	3,671.21	\$	4.45	\$	12.62	\$	3,688.28
Children's Mental Health HCBS Waiver	3,442	\$	3,746.13	\$	74.92	\$	3,671.21	\$	4.45	\$	5.59	\$	3,681.25
CHIP - Children 0-59 days M&F	193	\$	2,297.88	\$	45.96	\$	2,251.92	\$	-	\$	4.07	\$	2,255.99
CHIP - Children 60-364 days M&F	1,092	\$	329.62	\$	6.59	\$	323.03	\$	-	\$	1.71	\$	324.75
CHIP - Children 1-4 M&F	3	\$	172.53	\$	3.45	\$	169.08	\$	-	\$	0.95	\$	170.03
CHIP - Children 5-14 M&F	62,849	\$	167.33	\$	3.35	\$	163.98	\$	-	\$	0.59	\$	164.57
CHIP - Children 15-20 F	9,676	\$	276.33	\$	5.53	\$	270.80	\$	-	\$	2.66	\$	273.47
CHIP - Children 15-20 M	9,771	\$	210.59	\$	4.21	\$	206.38	\$	-	\$	1.76	\$	208.14
TANF Maternity Case Rate	3,257	\$	6,628.73	\$	132.57	\$	6,496.16	\$	-	\$	-	\$	6,496.16
Pregnant Women Maternity Case Rate	3,081	\$	5,823.95	\$	116.48	\$	5,707.47	\$	-	\$	-	\$	5,707.47
Total	3,253,713	\$	714.33	\$	14.29	\$	700.04	\$	2.49	\$	3.56	\$	706.09