

STATE OF IOWA DEPARTMENT OF
Health AND **Human**
SERVICES

Iowa Medicaid Strategic Plan

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Strategic Framework

MISSION

Iowa Medicaid is committed to ensuring that – all members have equitable access to high quality services that promote dignity, barriers are removed to increase health engagement, and whole person health is improved across populations.

VISION

Iowa Medicaid works diligently to operate a fiscally responsible and sustainable program that improves the lives of its members through effective internal and external collaboration, innovative solutions to identified challenges, and data driven program improvement.

VALUES

PARTNERSHIP

We are dedicated to building relationships amongst internal team members as well as with community stakeholders to improve communication patterns, building trust through transparency, and fuel the ability to create meaningful change. Partnerships also assist in maximizing resources through shared responsibility and workload.

INTEGRITY

Honesty, transparency, and consistent application of the organizational value structure builds trust with the lowans we serve. The Medicaid program learns from mistakes, is committed to following through with commitments, and communicates openly about concerns.

DIVERSITY, EQUITY AND INCLUSION (DEI)

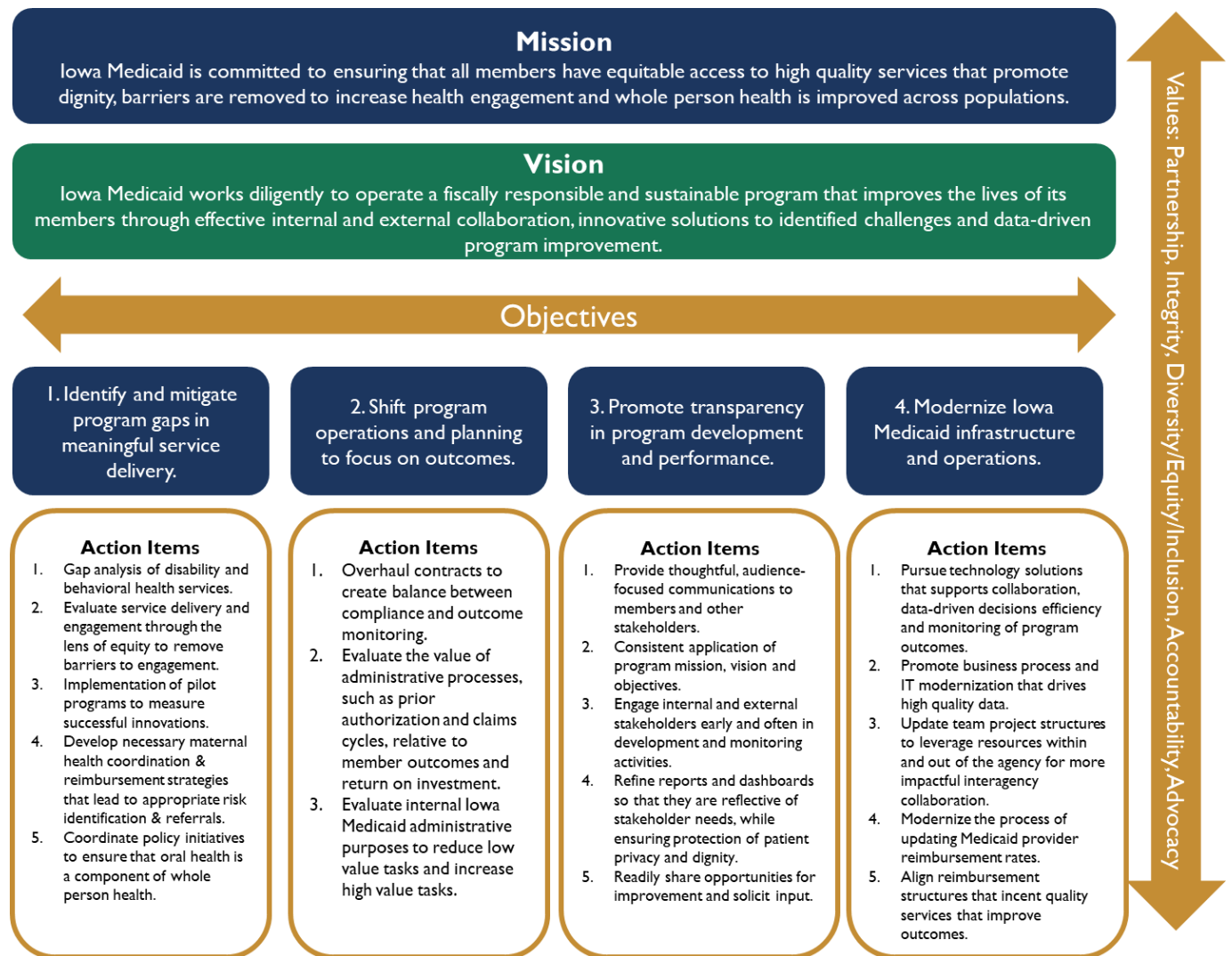
Medicaid, by design, is a safety net program that assists individuals in overcoming barriers to healthcare. Focusing on the populations and geographic areas where healthcare is accessed at lower levels is as important as focusing on where it is successful. It is critical to promote solutions that align with the value of DEI and bring a broad base of stakeholder input to the table, including those with lived experience.

ACCOUNTABILITY

Accountability to communicate concerns, articulate expectations, identify solutions, and timely resolution is multidirectional and valued by all engaged. The Medicaid team has ownership in in the strategic plan and creating successful outcomes for the program.

ADVOCACY

The Medicaid program is committed to advocating for our taxpayers, recipients, healthcare providers, staff, and other stakeholders in all that we do. As a team, we bring our voices to the table in determining solutions that have the greatest impact to all and engage partners to do the same.



Core Services

Iowa Medicaid provides health insurance to over 700,000 individuals in Iowa, making it the second largest insurer in the state. Not only does Iowa Medicaid provide coverage for traditional health care services, such as visits to a local doctor, it also is the primary payer and coordination point for 50 percent of the births in the state, Long Term Services and Supports, Substance Use Treatment, and Mental Health Treatment. With this comes great responsibility to have a mission that aims to improve lives through high quality healthcare.

Medicaid is funded by a blend of limited state and federal taxpayer dollars which makes it imperative to be deliberate and mindful of the policy development, implementation, and monitoring. It also includes significant responsibility in ensuring that federal and state taxpayer dollars are spent in a responsible manner that maximizes positive health outcomes and efficiency while also continuing robust oversight of waste, fraud, and abuse. In an effort to create long-lasting sustainability, the Medicaid program will foster clear channels of communication and collaboration with internal and external stakeholders to ensure all resources are leveraged to maximize positive impact to the State of Iowa. Ultimately, a well operating Medicaid program that improves access to services and the health outcomes for Iowans should have a positive economic effect to the state.

The team at Iowa Medicaid is dedicated to the program and committed to promoting innovative solutions and compiling data for ongoing program management and process improvement. Support of staff input, purposeful team building, and regular discussion of the strategic plan is critical for leadership to build into their activities each day. Mission, Vision, Values, and Objectives are a resource all staff will use in driving daily decisions and interactions.

External and Internal Assessment

To determine how best to effectively provide services, it is critical to do both an external and internal environmental scan. The external scan enables the department to recognize, and where possible minimize, the potential challenges to accomplishing our work as well as to maximize opportunities. The internal scan enables the department to identify internal strengths and weaknesses that impact our success and to then capitalize on strengths and address weaknesses.

EXTERNAL CONTEXT

CHALLENGES

- Medicaid has layers of rules at the state and federal level, and it can be challenging for external stakeholders to understand limitations.
- Priorities across stakeholders are often siloed to interest groups and tied to personal investment.

OPPORTUNITIES

- There is great opportunity in opening communication on how the Iowa Medicaid program functions and limitations it faces.
- Gathering stakeholders across interest groups to work on policy development, outcome monitoring and improvement may assist in more global program discussions.

INTERNAL CONTEXT

WEAKNESSES

- The program is continually changing which can be a stress on staff resources and focus.
- Iowa Medicaid staff have felt disconnected from a program vision and strategy.

STRENGTHS

- The Iowa Medicaid program has staff that are passionate about the success of the program and commitment to serve.
- Iowa Medicaid staff have valuable perspectives about strategic vision and goals which have been built into this plan.

Iowa Medicaid Strategic Objectives

The Iowa Medicaid Strategic Plan is comprised of four objectives that are centered on:

Ensuring that all members have equitable access to high quality services that promote dignity, barriers are removed to increase health engagement, and whole person health is improved across populations.

OBJECTIVE 1

Identify and mitigate program gaps in meaningful service delivery.

Increase access to high quality services that improve health outcomes for Medicaid members regardless of geography, race or economic status.

OBJECTIVE 2

Shift program operations and planning to focus on outcomes.

Align internal and external resources with the vision and values of the agency.

OBJECTIVE 3

Promote transparency in program development and performance.

Develop and maintain relationships to promote increased engagement in program oversight and innovation.

OBJECTIVE 4

Modernize Iowa Medicaid infrastructure and operations.

Maximize efficient use of resources through improved business process design, functional based team collaboration and integrating modern technology solutions.

Objective I: Identify and mitigate program gaps in meaningful service delivery.

MEASURABLE GOALS

- Decreased disposition days for individuals awaiting discharge from hospital to appropriate community placement.
- Increased in-state placements as a percentage of total placements.
- Increased preventative visits for Medicaid members in areas with a high social vulnerability index.
- Increased cancer screenings for Medicaid members in areas with a high social vulnerability index.
- Increased child immunizations for Medicaid members in areas with a high social vulnerability index.
- Increased pre- and post-partum encounters.
- Decreased maternal linked morbidity and mortality.

	Strategies	Outcome Measures	Work Plan Actions
I.1	Gap analysis of disability and behavioral health services.	Being developed during the Community-Based Services Evaluation.	<ul style="list-style-type: none"> • Identify entity to conduct analysis. • Define parameters of analysis. Focus on disability waiver services. • Identify and mobilize the team for SME support (Iowa Medicaid, MHDS, DPH, ACFS) • Analysis brought to internal and external stakeholders for review and feedback. • Draft report on findings and recommendations.
I.2	Evaluate service delivery and engagement through the lens of equity.	Behavioral health, maternal health primary care, telehealth services	<ul style="list-style-type: none"> • Identify entity to conduct analysis (may need procurement).

		<p>and non-emergent ED visits services are accessed by:</p> <ul style="list-style-type: none"> • Race • Ethnicity • Age • Geography 	<ul style="list-style-type: none"> • Define parameters. Focus on socioeconomic and geographical disparities and barriers to access. <p>Key areas</p> <ul style="list-style-type: none"> ○ Preventative services (well-visits, cancer screenings, immunizations) ○ Pre- and post-natal care ○ PCP engagement vs. use of emergent care • Identify and mobilize team for SME support. (IME, MHDS, ACFS, DPH) • Analysis brought to internal and external stakeholders for review and feedback. • Draft report on findings and recommendations.
I.3	Implementation of pilot programs to measure successful innovations.	In progress with the 9817 plan.	<ul style="list-style-type: none"> • Develop teams by policy/program/function. • Compile data from gap analyses to support pilot program goals. • Leverage current federal enhanced funding and other resources to lift sustainable proposals. • Develop mechanisms to monitor and report on return on investment.
I.4	Develop necessary maternal health coordination and reimbursement strategies that lead to appropriate risk identification and referrals that lead to better outcomes for mothers and children.	<p>Percentage of antepartum and post-partum services accessed.</p> <p>Percentage of lactation supports accessed.</p> <p>Percentage of live births weighing less than 2,500 grams.</p> <p>Percentage of cesareans conducted relative to all deliveries.</p>	<ul style="list-style-type: none"> • Identify and mobilize team for SME support. (IME, DPH, ACFS) • Evaluate other state maternal health program to determine comparability. • Compile information to determine actionable items and fiscal impacts: <ul style="list-style-type: none"> ○ Data from gap analyses to support pilots or proposed program changes. ○ Maternal Health Taskforce feedback and recommendations. • Determine if pilot projects possible through grant or supplemental funding. • Draft report on findings and recommendations.
I.5	Coordinate policy initiatives to ensure that oral health is a component of whole person health.	Percentage of individuals leveraging preventative services.	<ul style="list-style-type: none"> • Identify team and mechanisms to coordinate programs. (IME, DPH, MCOs)

		Number of individuals utilizing the emergency department for dental services.	<ul style="list-style-type: none">• Compile information from relevant coordination points on how they are currently integrating efforts.• Identify gaps in coordination and services.• Draft report on findings and recommendations.
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Objective 2: Shift program operations and planning to focus on outcomes.

MEASURABLE GOALS

- Improved customer/consumer satisfaction survey responses.
- Increased staff resources dedicated to strategic policy evaluation and monitoring of member health outcomes.
- Increased Medicaid supplemental payment programs tied to improved member outcomes.
- Decreased member grievances.
- Decreased member appeals.

	Strategies	Outcome Measures	Work Plan Actions
2.1	Overhaul managed care and professional services contracts to create balance between compliance and outcome monitoring.	Contracting bureau, need targets and measurable outcome.	<ul style="list-style-type: none"> • Evaluate contract terms and requirements to reduce efforts that yield minimal return. • Develop outcome measures to monitor performance for functional work to align with agency vision. • Develop remedy structure to mitigate identified compliance issues that aligns with agency vision. • Solicit feedback from stakeholders. • Implement contract updates and monitoring plan.
2.2	Evaluate the value of administrative processes, such as prior authorization and claims cycles, relative to member outcomes and return on investment.	TBD – establish through PA workgroup and modernization priorities.	<ul style="list-style-type: none"> • Identify and mobilize team for SME support. (IME, MCOs, Member and Provider Stakeholders) • Research and evaluate other state models representing best practice. • Evaluate administrative process return on investment by segment (i.e. percentage of prior authorizations by service that are approved or overturned at appeal). • Determine if there are business processes that would more effectively meet the desired outcome by segment. • Draft contract language or provider manual updates that reflect business

			process changes that support desired outcome.
2.3	Evaluate internal Iowa Medicaid administrative purposes to reduce low value tasks and increase high value tasks.	TBD – establish through PA workgroup and modernization priorities.	<ul style="list-style-type: none"> • Solicit volunteers from Iowa Medicaid staff for assignment to this project. • Survey state and vendor staff to gain information on time spent and value add of daily tasks. • Compile data and present recommendations to leadership. • Implement two-year plan to include process improvement implementation, annual staff feedback, and outcome monitoring.

Objective 3: Promote transparency in program development and performance.

MEASURABLE GOALS

- Solicit professional goals from staff and needed professional development by September 1, 2021.
- Quarterly evaluation and planning of professional development opportunities for Medicaid staff.
- Increased engagement opportunities for state Medicaid staff with stakeholders across the state.
- Monthly review of program mission, vision, objectives and measurable goals with state and vendor staff.
- Develop calendar of monthly stakeholder engagement and publish to internal master calendar.
- Quarterly survey of external stakeholder perspectives and priorities.
- Roll out annual survey of external stakeholder data requests.

	Strategies	Outcome Measures	Work Plan Actions
3.1	Consistent application of program mission, vision and objectives.	All publicly disseminated information includes reference to strategic components.	<ul style="list-style-type: none"> • Projects, presentations, and meetings will link talking points to the agreed upon mission, vision and objectives. • Presentations on performance will include perspective on where metrics are showing progress on objectives or highlighting need for solutions. • Solicited feedback from stakeholders will be prompted by parameters of mission, vision, and objectives. • Proposals (including to Director, Governor, Legislature, and federal partners) will have anchor in mission, vision, and objectives and be communicated as such.
3.2	Engage internal and external stakeholders early and often in development and monitoring activities.	<p>Increase in program and policy changes with documented stakeholder input.</p> <p>Decreased re-work due to unanticipated impacts.</p>	<ul style="list-style-type: none"> • Comprehensive list of internal and external stakeholder groups to be compiled by agency leadership and inclusive of critical policy and process intersection points. • Project team planning will include internal and external stakeholder

			<p>feedback loop for development and monitoring.</p> <ul style="list-style-type: none"> • Internal and external stakeholders to be surveyed on a quarterly basis to collect feedback on program success and effectiveness of collaboration.
3.3	Refine reports and dashboards so that they are reflective of stakeholder need.	Dashboard overhaul will go live July 2023.	<ul style="list-style-type: none"> • Solicit volunteers from Iowa Medicaid staff for assignment to this project. • Survey internal and external stakeholders to gain insight on data/metrics that are perceived to measure success or opportunities for improvement in the Medicaid program. • Compile survey data and present recommendations to leadership. • Implement plan to include process update reports/dashboards and annual stakeholder feedback.

Objective 4: Modernize Iowa Medicaid infrastructure and operations.

MEASURABLE GOALS

- Federal approval of advanced planning documents for Medicaid modernization.
- Development of dashboards to monitor progress on desired outcomes and measurable goals.
- Development of team structures that align with project needs.
- Development of collaboration tools that support consistent staff input on agency mission and project goals.
- Quarterly reporting of progress, obstacles, and stakeholder engagement related to agency objectives.
- Decreased provider claim reprocessing.
- Decreased provider claim resubmission.

	Strategies	Outcome Measures	Work Plan Actions
4.1	Pursue technology solutions that support collaboration, data driven decisions, efficiency, and monitoring of program outcomes.	<p>Bureaus have developed Teams collaboration channels.</p> <p>SharePoint framework developed and pending staff to begin implementation work.</p>	<ul style="list-style-type: none"> • Collect staff feedback on solutions that would improve collaboration, increase process efficiency, and monitoring of program outcomes. • Inventory available resources across agency and contracted vendors. <ul style="list-style-type: none"> ○ Professional Services Vendors: Medical Services, Program Integrity, Provider Cost Audit, CORE, Member and Provider Services, Revenue Collection, Pharmacy POS ○ Other Contracts: University of Iowa PPC, Optumas, Milliman, HMA, IACP, CyncHealth (IHIN) ○ DHS: DoIT, Bureau of Contracting Support ○ DPH ○ IDA ○ OCIO ○ Homeland Security • Determine if there are gaps that cannot be leveraged through available resources and draft recommendations.

<p>4.2</p>	<p>Update team project structures to leverage resources within and outside of agency.</p>	<p>Increase team satisfaction related to knowledge sharing and inclusion in planning and implementation.</p> <p>Decreased re-work due to unanticipated impacts.</p>	<ul style="list-style-type: none"> • Develop functional team structures across Medicaid bureaus, professional services units, and external entities (as necessary). ○ Form teams that can collaborate early and effectively across policy, operations, and informational technology to maximize efficiency and project success. • Solicit volunteers and/or designated assignments for each functional team. • Formalize team structures, governance, and dotted line relationships outside of Medicaid agency. • Integrate team structures into project planning.
<p>4.3</p>	<p>Modernize the process of updating Medicaid provider reimbursement rates.</p>	<p>Proposal completed, pending feedback from appropriation authorities.</p>	<ul style="list-style-type: none"> • Compile information from all relevant entities on rate structures/methodologies, timing of pricing updates, effective date of updates, and processing timelines. (IME, MCOs) • Evaluate process inefficiencies due to retroactive effective dates, claims reprocessing, etc. • Prioritize work plan to address inefficiencies and highest yield from improvement. • Draft report on findings and recommendations.
<p>4.4</p>	<p>Align reimbursement structures that incent quality services that improve outcomes.</p>	<p>Increased reimbursement strategies tied to quality outcomes.</p>	<ul style="list-style-type: none"> • Identify and mobilize team for SME support. (IME, Fiscal) • Research and evaluate possible reimbursement structures that have not been fully capitalized on by the state. • Evaluate other state supplemental and outcome-based reimbursement strategies to identify opportunities. • Determine if there are reimbursement strategies that would assist the Medicaid program and

			<p>service provider meet goals that align with the agency vision.</p> <ul style="list-style-type: none">• Draft report on findings and recommendations.
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Iowa Medicaid

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