



## Iowa Medicaid Managed Health Care Program

### Background

Iowa Medicaid piloted its first managed health care program in 1990. The program began in seven counties, and was named the Medicaid Patient Access to Services System (MediPASS).

The goal of the managed health care program was to help address rising costs for inappropriate use of the emergency room. Members of a managed care program choose, or are assigned a primary care provider (PCP). The PCP is responsible for coordinating the member's care.

By establishing a primary care provider, the MediPASS pilot found that members began to seek care in the correct setting. The program was expanded statewide in 1993, targeting specific Medicaid populations. The program primarily serves the Temporary Assistance for Needy Families (TANF) population, and includes many families and children.

Today, the MediPASS program is available in 93 of the 99 counties, and has around 220,000 members monthly.

### Key Points of Managed Care:

1. Focused on primary care and establishing a primary care provider for each member.
2. Members are able to choose a primary care provider, or are assigned one if no choice is made.
3. Managed care has been used in Medicaid with some existing populations since 1990.
4. Expanded to the Iowa Wellness Plan in 2014.

### Primary Care Provider Enrollment

#### Provider Enrollment

The MediPASS program permits certain provider types to serve as a PCP, including: family practice, general practice, internal medicine, pediatrics, OB/GYN, ARNPs and certified nurse midwives. Providers determine how many Medicaid patients the practice is willing to accept, up to a maximum of 1,500 patients. The provider may choose to restrict patients accepted by age, gender, or require that the member be a current patient.

Additionally, the provider selects the counties from which the practice will accept patients. After the selection, the provider signs a patient manager agreement, and is paid an additional \$2 per member per month for care coordination.

#### County Assignments

Each county must meet provider access standards prior to launching the MediPASS program. There must be a sufficient number of provider slots available, which is generally 1.5 times the number of potential enrollees. Once access standards are met, managed care may begin in the county.

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## Member Choice

The managed care program must always include choice for the member. Members who live in a county where managed care is available are assigned a PCP. The member may make an alternative selection instead of accepting the default PCP, and is provided with a list of available PCPs in the county. The initial PCP default assignment is performed systematically, and based on:

- History of enrollment with a provider (previously enrolled with the provider)
- Provider closest to home
- Appropriate provider (ex. Pediatrician for a child, if possible)

## Health Maintenance Organization

The Iowa Medicaid managed care program allows certain health maintenance organizations (HMO) to participate. The HMO must be certified by the Iowa Insurance Division, have a provider panel that meets potential member enrollment, accept contract requirements and rates, and must be a county where MediPASS is currently available. Iowa Medicaid contracts with one HMO, Meridian Health Plan. Meridian began its contract in March 2012.

The HMO is currently available in 23 counties, and has approximately 41,000 members. The HMO is included in the tentative assignment process, receiving 50 percent of the tentative assignments in the county, per federal requirements. Members are still able to select another PCP, if desired.

## Iowa Medicaid HMO History

Various HMOs have been partnering with Iowa Medicaid since the managed care program began in 1990. HMOs involved with Iowa Medicaid prior to Meridian include:

- John Deere: 1990- June 2004
  - Average Monthly Enrollment: 27,600
- Care Choices: 1995- June 1999
  - Average Monthly Enrollment: 5,000
- SHARE: 1998-December 2001
  - Average Monthly Enrollment: 2,100
- Coventry: 1998-January 2009
  - Average Monthly Enrollment: 3,400
- Iowa Health Solutions: October 1997- January 2005
  - Average Monthly Enrollment: 20,000
- Meridian Health Plan: March 2012- Current
  - Average Monthly Enrollment: 41,000

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## Iowa Wellness Plan

The Iowa Wellness Plan uses a managed care program, based on the program requirements for MediPASS. The Iowa Wellness Plan has a unique network, meaning that providers must agree to the Iowa Wellness Plan agreement, and become Iowa Wellness Plan patient managers. MediPASS providers did not automatically become Iowa Wellness Plan providers, though many serve both populations. The Iowa Wellness Plan pays a \$4 per member per month care coordination fee.

The Iowa Wellness Plan managed care program is available to members in 74 counties as of January 2014. An additional nine counties will be available beginning in March 2014.

Members follow a similar tentative assignment process as the MediPASS program, and are able to choose another PCP, if desired. The HMO is also available to Iowa Wellness Plan members in 23 counties. The Iowa Wellness Plan managed care program will continue to grow in coming months.

### Iowa Wellness Plan Managed Care: As of January 2014



- Counties in light blue are Iowa Wellness Plan Managed Care
- Counties in dark blue can have Iowa Wellness Plan Managed Care or HMO
- Counties in white are non-managed care for January 2014 (Fee-for-service)