

Table of Contents

State/Territory Name: Iowa

State Plan Amendment (SPA) #: 23-0027

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

IA - Submission Package - IA2023MS00040 - (IA-23-0027) - Health Homes

Summary Reviewable Units Analyst Notes **Approval Letter** Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
7500 Security Boulevard
Mail Stop S2-26-12
Baltimore, MD 21244



Center for Medicaid & CHIP Services

January 30, 2024

Elizabeth Matney
Medicaid Director
Iowa Department of Health and Human Services
1305 East Walnut Street
Des Moines, IA 50319

Re: Approval of State Plan Amendment IA-23-0027 Migrated_HH.IA-16-012 - Chronic Conditions Health Home - Managed Care Implementation

Dear Elizabeth Matney,

On December 20, 2023, the Centers for Medicare and Medicaid Services (CMS) received Iowa State Plan Amendment (SPA) IA-23-0027 for Migrated_HH.IA-16-012 - Chronic Conditions Health Home - Managed Care Implementation to end the Health Home Program as part of their transition plan.

We approve Iowa State Plan Amendment (SPA) IA-23-0027 with an effective date(s) of December 31, 2023.

If you have any questions regarding this amendment, please contact Lee Herko at Lee.Herko@cms.hhs.gov

Sincerely,
James G. Scott, Director
Division of Program Operations
Center for Medicaid & CHIP Services

IA - Submission Package - IA2023MS00040 - (IA-23-0027) - Health Homes

[Summary](#) [Reviewable Units](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | IA2023MS00040 | IA-23-0027 | Migrated_HH.IA-16-012 - Chronic Conditions Health Home - Managed Care Implementation

CMS-10434 OMB 0938-1188

Package Header

Package ID	IA2023MS00040	SPA ID	IA-23-0027
Submission Type	Official	Initial Submission Date	12/20/2023
Approval Date	01/30/2024	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Iowa

Medicaid Agency Name: Iowa Department of Health and Human Services

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | IA2023MS00040 | IA-23-0027 | Migrated_HH.IA-16-012 - Chronic Conditions Health Home - Managed Care Implementation

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SPA ID and Effective Date

SPA ID IA-23-0027

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Program Termination - Phase-Out Plan	12/31/2023	IA-21-05

Page Number of the Superseded Plan Section or Attachment (If Applicable):

All pages

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | IA2023MS00040 | IA-23-0027 | Migrated_HH.IA-16-012 - Chronic Conditions Health Home - Managed Care Implementation

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Executive Summary

Summary Description Including Goals and Objectives The reason for termination is the significant decline in participation by eligible organizations. Provider participation has decreased from 24 CCHH organizations with 122 clinics in 2018 to six CCHH organizations with 11 clinics in October of 2022. Mercy and UnityPoint were the two largest organizations with the majority of their clinics participating in the program. With ACO options with the MCOs and the overlap of member attribution they chose to no longer obtain National Committee for Quality Assurance Patient-Centered Medical Home (NCQA PCMH) Recognition and disenroll from the CCHH program. Other Health Homes were acquired by Mercy and by default, disenrolled from the program. FQHCs make up the remainder of the program and many feel the program is too administratively burdensome. Provider engagement, despite MCO outreach efforts and work with The Iowa Primary Care Association and FQHCs, has declined to only two (2) CCHH participants on monthly program calls and webinars. Member enrollment has also declined significantly since the program moved to managed care. The last enrollment report prior to managed care was 6,898 (September 2015) compared to 969 members in October of 2022. CCHH provider billing is significantly less than member enrollment. With the average enrollment at 1,420 over the last three (3) years, only 69% of potential PMPM were paid.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$0
Second	2024	\$3454

Federal Statute / Regulation Citation

Section 2703 of the PPACA

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | IA2023MS00040 | IA-23-0027 | Migrated_HH.IA-16-012 - Chronic Conditions Health Home - Managed Care Implementation

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Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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IA - Submission Package - IA2023MS00040 - (IA-23-0027) - Health Homes

Summary Reviewable Units Analyst Notes Approval Letter Transaction Logs News **Related Actions**

Health Homes Program Termination - Phase-Out Plan

MEDICAID | Medicaid State Plan | Health Homes | IA2023MS00040 | IA-23-0027 | Migrated_HH.IA-16-012 - Chronic Conditions Health Home - Managed Care Implementation

CMS-10434 OMB 0938-1188

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Superseded SPA ID	IA-21-05		
	User-Entered		

Provide a description of the phase-out or transition plan for the Health Homes Program that is being terminated

Describe the reason for termination

Significant decline in participation from eligible organizations

Describe the overall approach the state will use to terminating the program

Iowa intends to terminate the Chronic Condition Health Homes State Plan Amendment (CCHH SPA) on December 31, 2023. Alternate chronic condition, care coordination models currently in place will continue to serve the population impacted by the termination of the CCHH SPA. The state will provide advance public notice and tribal notice of the departments intent to terminate the CCHH SPA by August 2023. The State in coordination with the MCOs has developed a plan to ensure a smooth transition and continuity of care for the impacted population. Each of the MCOs will reach out to enrolled CCHH Providers in their network to discuss a transition strategy. Members will receive letters notifying them of the transition as well as a warm handoff. New member enrollments will cease November 1, 2023, with all remaining members disenrolled and transitioned to alternate care coordination services by December 31, 2023.

Indicate method of termination

Termination effective date

- The state will terminate all participants from the Health Homes Program on the same date
- The state will phase-out the termination of participation in the Health Homes Program

12/31/2023

Describe the process the state will use to transition all participants and how referrals will be made to other health care providers

- Notify Public with an informational letter outlining the transition plan (August 2023).
- Post public/tribal notice for public comment (August 2023).
- Submit to CMS the notification to terminate (September 2023).
- Complete the Member Transition Document with an assessment of transition options (by October 3, 2023).
- Reach out to the Health Home and discuss a strategy based on information in the transition document.
- Mail letters to the members. This letter will inform enrolled members on their options for support.
- Coordinate the transition with a warm handoff.
- Stop new member enrollments November 1, 2023.
- Disenroll all remaining members December 31, 2023
- Repeal (State) the Administrative Rules for CCHH effective January 2024

The State will meet with the 2 MCOs individually bi-weekly beginning 90 days before termination (October 3, 2023) to 20 days before termination, then weekly individually to discuss their list of enrolled members prior to beginning the transition of the program. The Member Transition Document will be sent to the State one day in advance of the meeting.

- Member Transition Document
 - Name, DOB, State ID, Health Home, Tier, options for transition (ACO, Care Management, Case Management, IHH), member contact date, date of warm handoff, disenrollment date, and notes.
- Members will be reviewed 90 days before termination to determine:
 - If members can be attributed to *Iowa Health+ or another ACO
 - If the members are accessing waiver services and communicate this with the CBCM so they can determine if members will need additional support or changes.
 - If member is on a waiver waitlist, will notify waitlist staff of the change and have them contact members to determine if member needs additional supports/services and offer medical management care management services to them.
 - Review member's record to see if they would possibly qualify for waivers, if on currently receiving or on waitlist, and communicate with members to see if they would like to apply and assist them with applying.
 - Will review members for mental health diagnosis and offer IHH services to members, including habilitation.

Lead Entities and the State will reach out to the Health Home and discuss a strategy based on information in the transition document.

Lead Entities and the State will mail letters to enrolled Health Home Members. This letter will inform enrolled members that speaks to the need for a transition expectations and timeline, available options for them to choose, and contact information.

Lead Entities and the State will support a warm handoff during the transition.

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