



**Overview:** The Monitoring Report for the section 1115 eligibility and coverage demonstrations consists of a Monitoring Report Workbook (Part A), Monitoring Report Template (Part B), and a Budget Neutrality Workbook (Part C). Each state with an approved eligibility and coverage policy in its section 1115 demonstration should complete only one Monitoring Report Template (Part B) that encompasses all eligibility and coverage policies approved in its demonstration as well as the demonstration overall, in accordance with the demonstration's special terms and conditions (STC). This state-specific Part B Template reflects the composition of the eligibility and coverage policies in the state's demonstration. If the eligibility and coverage policies are part of a broader section 1115 demonstration, the state should report on the entire demonstration in the sections that apply to all eligibility and coverage demonstrations.

CMS will work with the state to ensure there is no duplication in the reporting requirements for different components of the demonstration. For more information and any questions, the state should contact the section 1115 demonstration team.

**Medicaid Section 1115 Eligibility and Coverage Demonstrations  
Monitoring Report Template**

*Note: PRA Disclosure Statement to be added here*

**1. Title page for the state’s eligibility and coverage demonstration or eligibility and coverage policy components of the broader demonstration**

*This section collects information on the approval features of the state’s section 1115 demonstration overall, followed by information for each eligibility and coverage policy. The state completed this title page as part of its eligibility and coverage monitoring protocol(s). The state should complete this table using the corresponding information from its CMS-approved monitoring protocol(s) and submit this as the title page of all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are below the table.*

Overall section 1115 demonstration	
State	Iowa
Demonstration name	Iowa Wellness Plan Section 1115 Demonstration
Approval period for section 1115 demonstration	01/01/2020 – 12/31/2024
Demonstration year and quarter	<i>EandC DY4Q2</i>
Reporting period	<i>04/01/2023 – 07/31/2023</i>
Premiums or account payments	
Premiums or account payments start date	01/01/2020
Implementation date, if different from premiums or account payments start date	N/A
Healthy behavior incentives	
Healthy behavior incentives start date	<i>01/01/2020</i>
Implementation date, if different from healthy behavior incentives start date	<i>N/A</i>
Retroactive eligibility waiver	
Retroactive eligibility waiver start date	<i>01/01/2020</i>
Implementation date, if different from retroactive eligibility waiver start date	<i>N/A</i>
Dental wellness plan	
Dental wellness plan start date	<i>07/01/2021</i>
Implementation date, if different from Dental wellness plan start date	<i>N/A</i>

Notes:

1. **Eligibility and coverage demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective* date listed in the state’s STCs at time of eligibility and coverage demonstration approval. For example, if the state’s STCs at the time of eligibility and coverage demonstration approval note that the demonstration is effective January 1, 2020 – December 31, 2025, the

state should consider January 1, 2020 to be the start date of the demonstration. Note that that the effective date is considered to be the first day the state may begin its eligibility and coverage demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on December 15, 2020, with an effective date of January 1, 2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

2. **Implementation date of policy:** The date of implementation for each eligibility and coverage policy in the state’s demonstration.

## 2. Executive summary

*The executive summary should be reported in the fillable box below. It is intended for summary-level information only. The recommended word count is 500 words or less.*

The PHE unwind plan is happening this quarter. Redistribution of renewal dates happened in February. Renewals were mailed with a renewal month of April, with the first discontinuances to happen in June.

IHAWP Healthy Behaviors resumed in June 2023. An Informational Letter (IL) was sent to providers, and outreach was made to members as well about this topic. This gives members one year to perform their healthy behaviors to gain the opportunity to avoid being assessed a premium at their first renewal after 06/01/24. No IHAWP premiums will be assessed before 06/01/24.

The Public Policy Center of Iowa (PPC) spent the quarter on several projects. They developed a first draft for a Non-Emergency Medical Transportation (NEMT) report and presented the highlights of the report to Iowa Medicaid at a monthly meeting. Sampling protocol was developed and tested for a New Enrollee Survey to address retroactive eligibility. A final draft was completed of the IHAWP Covid Impacts report and presented to the Quality Committee this quarter for feedback.

For the DWP, outreach was done by both MCPs to newly enrolled members who completed the PreViser equity assessment survey. During this outreach, the plans answered questions these members had about the DWP, and also assisted them in making an appointment with a dentist.

Additional information about the IWP can be found at <https://hhs.iowa.gov/ihawp>. Please contact Jeanette Brandner at 515-630-9703 or [jbrandn@dhs.state.ia.us](mailto:jbrandn@dhs.state.ia.us) should you have any questions about this report.

**3. Narrative information on implementation, by eligibility and coverage policy and reporting topic**

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>Premiums and account payments (PR)</b>			
<b>PR.Mod_1. Eligibility and payment amounts</b>			
<b>PR.Mod_1.1 Metric trends</b>			
1.1.1 Discuss any data trends related to beneficiaries subject to premiums or account payments. Describe and explain changes (+ or -) greater than two percent.		PR_1; PR_8-10	<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
1.1.2 Discuss any data trends related to changes in premium amounts after mid-year change in circumstance or renewal.		PR_11-14; PR_18-20	<i>The state does not report these measures.</i>
1.1.3 Discuss any data trends related to beneficiaries who are granted exemptions from premiums or account payments. Describe and explain changes (+ or -) greater than two percent.		PR_2	<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
1.1.4 Discuss any data trends related to beneficiaries who paid a premium or account payment during that month. Describe and explain changes (+ or -) greater than two percent.		PR_3; PR_21	<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
1.1.5 Discuss any data trends related to beneficiaries who were subject to premiums or account payments but declared hardship. Describe and explain changes (+ or -) greater than two percent.		PR_4	<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>PR.Mod_1.2 Implementation update</b>			
1.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how the state defines: 1.2.1.a Beneficiaries exempt from premiums or account payments			<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
1.2.1.b Beneficiaries subject to premiums or account payments but exempt from compliance actions			<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
1.2.1.c Process for claiming financial hardship			<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
1.2.1.d Process for determining premium or account contribution amounts beneficiaries will pay			<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
1.2.1.e Process for determining that beneficiaries have reached the aggregate spending cap specified in the STCs			<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
1.2.1.f Other policy changes			<i>There have been no other policy changes.</i>



Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>PR.Mod_2. Beneficiary account operations</b>			
<b>PR.Mod_2.1 Metric trends – <i>No metric trend analysis is required for this reporting topic.</i></b>			
<b>PR.Mod_2.2 Implementation update</b>			
2.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how beneficiary health accounts are administered, including the role of vendors.			<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
2.2.2 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how beneficiary health accounts work, including state contributions, use of account funds to pay for services, and rules for account rollovers and balances.			<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>PR.Mod_3. Invoicing and payments</b>			
<b>PR.Mod_3.1 Metric trends – <i>No metric trend analysis is required for this reporting topic.</i></b>			
<b>PR.Mod_3.2 Implementation update</b>			
3.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to invoicing and payment processes (including invoicing, beneficiary payments, grace periods, and deadlines for reporting a change in circumstance that would affect premium liability, and compliance actions).			<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
3.2.2 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to procedures for beneficiaries to pay premiums or account payments, or for third parties to pay premiums or account payments on behalf of beneficiaries.			<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>PR.Mod_4. Reduction to premiums for non-income related reasons</b>			
<b>PR.Mod_4.1 Metric trends -- <i>No metric trend analysis is required for this reporting topic.</i></b>			
<b>PR.Mod_4.2 Implementation update</b>			
4.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to incentives or rewards related to premium or account payments (if applicable).			<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>PR.Mod_5. Operationalize strategies for noncompliance</b>			
<b>PR.Mod_5.1 Metric trends</b>			
5.1.1 Discuss any data trends related to the number of beneficiaries who have experienced the below. Describe and explain changes (+ or -) greater than two percent. 5.1.1.i New disenrollments		PR_15	<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
5.1.1.ii New suspensions		PR_17	<i>Iowa does not report this metric.</i>
5.1.2 Discuss any data trends related to beneficiaries in grace periods, non-eligibility periods, and/or other statuses. Describe and explain changes (+ or -) greater than two percent.		PR_5-6; PR_16	<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
5.1.3 Discuss any data trends related to the number of beneficiaries who had collectible debt. Describe and explain changes (+ or -) greater than two percent.		PR_7	<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
<b>PR.Mod_5.2 Implementation update</b>			
5.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to: 5.2.1.a Implementation of compliance actions			<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5.2.1.b Processes for identifying and tracking beneficiaries at risk of noncompliance			<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
5.2.1.c Process for providing advance notice to beneficiaries at risk of suspension or disenrollment for noncompliance			<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
5.2.1.d Processes for tracking and pursuing collectible debts (if applicable)			<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
5.2.1.e Processes for screening those at risk of disenrollment for other Medicaid eligibility groups or exemptions			<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
5.2.1.f Appeals processes for beneficiaries subject to premium requirements			<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>PR.Mod_6. Develop comprehensive communications strategy</b>			
<b>PR.Mod_6.1 Metric trends – <i>No metric trend analysis is required for this reporting topic.</i></b>			
<b>PR.Mod_6.2 Implementation update</b>			
6.2.1 Compared to the details outlined in the implementation plan, describe any change or expected changes to the state’s strategy to communicate with beneficiaries about: 6.2.1.a Compared to the details outlined in the implementation plan, describe any change or expected changes to the state’s strategy to communicate with beneficiaries about:			<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
6.2.1.b Payment process			<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
6.2.1.c Rewards for payment (if any)			<i>N/A</i>
6.2.1.d Processes for reporting changes in income, making hardship claims, and filing appeals			<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.1.e Consequences of nonpayment			<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
6.2.1.f Non-eligibility periods			<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
6.2.2 Compared to the details outlined in the implementation plan, describe any change or expected changes to the information provided on beneficiary invoices.			<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
6.2.3 Describe any communication or outreach that was conducted with partners, such as managed care organizations or other contractors, during this reporting period.			<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
6.2.4 Compared to the details outlined in the implementation plan, describe any changes or challenges with how materials or communications were accessible to beneficiaries with limited English proficiency, with low literacy, and in rural areas, and other diverse groups.			<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>PR.Mod_7. Develop and modify systems</b>			
<b>PR.Mod_7.1 Metric trends – <i>No metric trend analysis is required for this reporting topic.</i></b>			
<b>PR.Mod_7.2 Implementation update</b>			
7.2.1 Describe whether the state has developed or enhanced its systems capabilities as described in the implementation plan for: 7.2.1.a Accepting premiums or account payments			<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
7.2.1.b Tracking premiums or account payments			<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
7.2.1.c Establishing beneficiary accounts (if applicable)			<i>N/A</i>
7.2.1.d Operationalizing compliance actions (if applicable)			<i>N/A</i>
7.2.2 Describe any additional systems modifications that the state is planning to implement.			<i>No changes</i>



Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>PR.Mod_8. State-specific metrics</b>			
<b>PR.Mod_8.1 Metric trends</b>			
8.1.1 Discuss any data trends related to state-specific metrics. Describe and explain changes (+ or -) greater than two percent.			<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>Healthy behavior incentives (HB)</b>			
<b>HB.Mod_1. Healthy behavior incentives</b>			
<b>HB.Mod_1.1 Metric trends</b>			
1.1.1 Discuss any data trends related to the enrollment among beneficiaries subject to healthy behavior incentives. Describe and explain changes (+ or -) greater than two percent.		<i>HB_1</i>	<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter, therefore no healthy behaviors were implemented. The state plans to begin resuming Premiums effective 06/01/24 at annual renewal. This gives members 1 year chance to complete their healthy behaviors as the program requires. Therefore, the Healthy Behaviors program resumed on 06/01/2023. Some members were still completing Healthy Behaviors prior to this, which is the reason for the data in April and May.</i>
1.1.2 Discuss any data trends related to the below. Describe and explain changes (+ or -) greater than two percent. 1.1.2.a Beneficiaries using all incentivized healthy behaviors, by service		<i>HB_2</i>	<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter, therefore no healthy behaviors were implemented. The state plans to begin resuming Premiums effective 06/01/24 at annual renewal. This gives members 1 year chance to complete their healthy behaviors as the program requires. Therefore, the Healthy Behaviors program resumed on 06/01/2023. Some members were still completing Healthy Behaviors prior to this, which is the reason for the data in April and May.</i>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.1.2.b Beneficiaries using incentivized healthy behaviors documented through claims, by service		<i>HB_3</i>	<p><i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter, therefore no healthy behaviors were implemented. The state plans to begin resuming Premiums effective 06/01/24 at annual renewal. This gives members 1 year chance to complete their healthy behaviors as the program requires. Therefore, the Healthy Behaviors program resumed on 06/01/2023. Some members were still completing Healthy Behaviors prior to this, which is the reason for the data in April and May.</i></p>
1.1.2.c Beneficiaries using incentivized behaviors not documented through claims, by service		<i>HB_4</i>	<p><i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter, therefore no healthy behaviors were implemented. The state plans to begin resuming Premiums effective 06/01/24 at annual renewal. This gives members 1 year chance to complete their healthy behaviors as the program requires. Therefore, the Healthy Behaviors program resumed on 06/01/2023. Some members were still completing Healthy Behaviors prior to this, which is the reason for the data in April and May.</i></p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.1.3 Discuss any data trends related to beneficiaries granted a reward, such as premium reductions, financial rewards, or additional covered benefits, for completion of incentivized healthy behaviors. Describe and explain changes (+ or -) greater than two percent.		<i>HB_5-7</i>	<i>The state does not report these metrics.</i>
<b>HB.Mod_1.2 Implementation update</b>			
1.2.1 Compared to the demonstration design details outlined in the STCs, describe any changes or expected changes to how the state identifies and defines: 1.2.1.a Beneficiaries subject to healthy behavior incentives			<i>There are no changes to how the state identifies these beneficiaries this quarter.</i>
1.2.1.b Beneficiaries exempt from healthy behaviors incentives			<i>There are no changes to how the state identifies these beneficiaries this quarter.</i>
1.2.1.c Incentivized healthy behaviors that beneficiaries can complete			<i>There are no changes to how the state identifies these incentivized healthy behaviors this quarter.</i>
1.2.1.d Rewards granted for the completion of incentivized healthy behaviors			<i>There are no changes to rewards granted for the completion of incentivized healthy behaviors this quarter.</i>
1.2.1.e Other policy changes			<i>The healthy behaviors program resumed 06/01/23, after the end of the PHE on 05/11/23.</i>
1.2.2 Describe any communication with beneficiaries about healthy behavior incentives.			<i>Outreach was done with members and providers to advise of the resumption of the healthy behaviors program prior to 06/01/23.</i>
1.2.3 Describe any outreach or educational activities to providers, managed care organizations, or other partners about programs that incentivize particular healthy behaviors.			<i>Outreach was done with members and providers to advise of the resumption of the healthy behaviors program prior to 06/01/23.</i>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.2.4 Highlight significant demonstration operations or policy considerations that impacted or could impact beneficiary participation, demonstration enrollment or rewards granted for completion of incentivized healthy behaviors. Note any activity that may accelerate or impede the policy’s implementation.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>HB.Mod_2. State-specific metrics</b>			
<b>HB.Mod_2.1 Metric trends</b>			
2.1.1 Discuss any data trends related to state-specific metrics. Describe and explain changes (+ or -) greater than two percent.			<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter, therefore no healthy behaviors were implemented. The state plans to begin resuming Premiums effective 06/01/24 at annual renewal. This gives members 1 year chance to complete their healthy behaviors as the program requires. Therefore, the Healthy Behaviors program resumed on 06/01/2023. Some members were still completing Healthy Behaviors prior to this, which is the reason for the data in April and May.</i>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>Retroactive eligibility waiver (RW)</b>			
<b>RW.Mod_1. Retroactive eligibility waiver and demonstration requirements</b>			
<b>RW.Mod_1.1 Metric trends</b>			
1.1.1 Discuss any data trends related to beneficiaries subject to retroactive eligibility waivers. Describe and explain changes (+ or -) greater than two percent.	X	<i>RW_1-3</i>	
<b>RW.Mod_1.2 Implementation update</b>			
1.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how the state will determine whether beneficiaries are exempt from the retroactive eligibility waiver.			<i>No changes anticipated</i>
1.2.2 Compared to the demonstration design details outlined in the implementation plan, describe any modifications or expected modifications to Medicaid applications to reflect the retroactive eligibility waiver.			<i>No changes anticipated</i>
1.2.3 Report any modifications to the appeals processes for beneficiaries subject to retroactive eligibility waivers.			<i>No modifications to the appeals process anticipated.</i>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>RW.Mod_2. Develop comprehensive communications strategy</b>			
<b>RW.Mod_2.1 Metric trends – <i>No metric trend analysis is required for this reporting topic.</i></b>			
<b>RW.Mod_2.2 Implementation update</b>			
2.2.1 Compared to the details outlined in the implementation plan, describe any change or expected changes to the state’s strategy for communicating to beneficiaries about changes to retroactive eligibility policies.			<i>No changes have occurred. No changes are anticipated.</i>
2.2.2 Describe any communication or outreach that was conducted with partner organizations, including managed care organizations and community organizations.	X		
2.2.3 Describe any communication or outreach that was conducted with providers.	X		



Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>RW.Mod_3. State-specific metrics</b>			
<b>RW.Mod_3.1 Metric trends</b>			
3.1.1 Discuss any data trends related to state-specific metrics. Describe and explain changes (+ or -) greater than two percent.	X		

Prompt	State has no trends/update (place an X)	Related metric(s) (if any)	State response
<b>Dental wellness plan</b>			
<b>DWP.Mod_1. Specify dental wellness plan policies</b>			
<b>DWP.Mod_1.1 Metric trends</b>			
1.1.1 Discuss any data trends related to quality of care and health outcomes. Describe and explain changes (+ or -) greater than two percent.		IA_DWP_1-5	<i>These are annual measures that are not due to be reported again until November 2023.</i>
1.1.2 Discuss any data trends related to appeals and grievances. Describe and explain changes (+ or -) greater than two percent.		IA_DWP_6-8	Appeals for denial of care dropped from 54 in the 1 <sup>st</sup> Quarter to 50 in the 2 <sup>nd</sup> quarter. An 8% decrease. Grievances for care quality remained the consistent with a 0% change. Grievances for provider or managed care entities dropped 20%, from 1395 in the 1 <sup>st</sup> quarter to 1160 in the 2 <sup>nd</sup> quarter.
1.1.3 Discuss any data trends related to access to care. Describe and explain changes (+ or -) greater than two percent.		IA_DWP_9-12	DWP measures for Primary Care and also Specialist provider availability for kids aged 0-20, remained steady at a 2% decrease. Specialist Provider active participation for kids aged 0-20 decreased only 1%. And Primary Care Provider active participation for kids aged 0-20 decreased by 4% from 1,112 in the 1 <sup>st</sup> Quarter to 1,068 in the 2 <sup>nd</sup> Quarter.

Prompt	State has no trends/update (place an X)	Related metric(s) (if any)	State response
<b>DWP.Mod_1.2 Implementation update</b>			
1.2.1 Highlight significant demonstration operations or policy considerations that could positively or negatively impact quality of care and health outcome, appeals and grievances, access to care, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See Monitoring Report Instructions for more detail.			<i>Outreach was done by both plans to newly enrolled members who completed the PreViser equity assessment survey. Outreach was then completed by the plans to answer questions these members had on the DWP, and also to assist them in making an appointment with a dentist.</i>
1.2.2 Compared to the demonstration design details outlined in the implementation plan, describe any modifications or expected modifications.			<i>No anticipated changes.</i>

**4. Narrative information on implementation for any demonstration with eligibility and coverage policies**

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>AD.Mod_1 Metrics and operations for any demonstrations with eligibility and coverage policies (Any demonstration topics are applicable for reporting on the state’s broader section 1115 demonstration. In support of CMS's efforts to simplify data collection and support analysis across states, report for <u>all beneficiaries in the demonstration</u>, not only those subject to eligibility and coverage policies.)</b>			
<b>AD.Mod_1.1 Metric trends</b>			
1.1.1 Discuss any data trends related to overall enrollment in the demonstration. Describe and explain changes (+ or -) greater than two percent.		<i>AD_1-5</i>	<p>At the end of this quarter, Iowa had 253,193 total enrollees in the Iowa Wellness Plan (IWP). This is a 2.0% decrease from the prior quarter. The average number of new enrollees per month over the prior quarter was 1,856, decreasing 12% from the prior quarter.</p> <p>The decrease in new enrollment can be attributed to the MOE for the PHE. With an increasingly large number of members maintaining coverage, the amount of members who need to apply as new enrollees is low. Even though the PHE unwind began the last month of this quarter in June, the bulk of the decrease in this category was from the first month of the quarter in April.</p> <p>Although the numbers show children under 19 enrolled in the IWP, these numbers are due to technical errors due to overrides in the eligibility system due to the PHE and are being addressed to correct the issue.</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.1.2 Discuss any data trends related to mid-year loss of demonstration eligibility. At a minimum, changes (+ or -) greater than two percent should be described.		<i>AD_6-10</i>	Iowa Medicaid began its PHE unwind process in February, redistributing renewal dates for members, with a renewal date of April. In this redistribution, members who had been determined otherwise ineligible for Medicaid, but maintained coverage due to the MOE, were moved to the front of this redistribution process. The first batch of discontinuances from this redistribution occurred in June during the 2 <sup>nd</sup> quarter. For these reasons, there is a significant change (more than 2%) in the number of beneficiaries determined ineligible at renewal for this quarter.
1.1.3 Discuss any data trends related to enrollment duration at time of disenrollment. Describe and explain changes (+ or -) greater than two percent.		<i>AD_11-13</i>	Not reported by the State of Iowa.
1.1.4 Discuss any data trends related to renewals. Describe and explain changes (+ or -) greater than two percent.		<i>AD_14-21</i>	Iowa Medicaid began its PHE unwind process in February, redistributing renewal dates for members, with a renewal date of April. In this redistribution, members who had been determined otherwise ineligible for Medicaid, but maintained coverage due to the MOE, were moved to the front of this redistribution process. The first batch of discontinuances from this redistribution occurred in June during the 2 <sup>nd</sup> quarter. For these reasons, there is a significant change (more than 2%) in the number of beneficiaries both due for renewal and determined ineligible at renewal for this quarter.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.1.5 Discuss any data trends related to cost sharing limits. Describe and explain changes (+ or -) greater than two percent.		AD_22	The AD_22 measure indicates “Beneficiaries who renewed ex-parte”. This is not a cost share measure. The number of beneficiaries who renewed ex-parte also saw a large decrease due to the redistribution efforts. Iowa Medicaid identified as many beneficiaries as they could who would be eligible to renew ex-parte from this redistribution effort to reduce the number of renewals necessary to mail in February. The decrease in ex-parte renewals in the 2 <sup>nd</sup> quarter was due to a rebound from the larger effort made in the 1 <sup>st</sup> quarter to renew for this reason.
1.1.6 Discuss any data trends related to appeals and grievances. Describe and explain changes (+ or -) greater than two percent.		AD_23-27	Iowa does not report this metric
1.1.7 Discuss any data trends related to access to care. Describe and explain changes (+ or -) greater than two percent.		AD_28-36	<p>For IHAWP, primary care provider (PCP) availability increased 6%, and the PCP active participation decreased by 6%. Additionally, the Specialist provider availability decreased 1% while the active specialist provider participation decreased by 8%.</p> <p><i>The annual measure AD_36 will be reported next on the annual report for the CY 3<sup>rd</sup> Quarter.</i></p>
1.1.8 Discuss any data trends related to quality of care and health outcomes. Describe and explain changes (+ or -) greater than two percent.		AD_37-43	<i>These annual measures will be reported next on the annual report for the CY 3<sup>rd</sup> Quarter.</i>
1.1.9 Discuss any data trends related to administrative costs. Describe and explain changes (+ or -) greater than two percent.		AD_44	<i>This annual measure will be reported next on the annual report for the CY 3<sup>rd</sup> Quarter.</i>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>AD.Mod_1.2. Implementation update</b>			
1.2.1 Highlight significant demonstration operations or policy considerations that could positively or negatively impact beneficiary enrollment, compliance with requirements, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See Monitoring Report Instructions for more detail.			Iowa Medicaid began its PHE unwind process in February, redistributing renewal dates for members, with a renewal date of April. In this redistribution, members who had been determined otherwise ineligible for Medicaid, but maintained coverage due to the MOE, were moved to the front of this redistribution process. The first batch of discontinuances from this redistribution occurred in June during the 2 <sup>nd</sup> quarter. This caused many changes over/under 2% for most measures.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>AD.Mod_2. State-specific metrics</b>			
<b>AD.Mod_2.1 Metric trends</b>			
2.1.1 Discuss any data trends related to state-specific metrics. Discuss each state-specific metric trend in a separate row. Describe and explain changes (+ or -) greater than two percent.	X		



**5. Narrative information on other reporting topics**

Prompt	State has no update to report (place an X)	State response
<b>1. Budget neutrality</b>		
<b>1.1 Current status and analysis</b>		
1.1.1 Discuss the current status of budget neutrality and provide an analysis of the budget neutrality to date. If the eligibility and coverage policy component is part of a comprehensive demonstration, the state should provide an analysis of the eligibility and coverage policy related budget neutrality and an analysis of budget neutrality as a whole.	X	
<b>1.2 Implementation update</b>		
1.2.1 Describe any anticipated program changes that may impact financial/budget neutrality.		No anticipated changes.

Prompt	State has no update to report (place an X)	State response
<b>2. Eligibility and coverage demonstration evaluation update</b>		
<b>2.1 Narrative information</b>		
2.1.1 Provide updates on eligibility and coverage policy evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. There are specific requirements per 42 Code of Federal Regulations (CFR) § 431.428a(10) for annual [monitoring] reports. See Monitoring Report Instructions for more details.		The Public Policy Center of Iowa (PPC) spent the quarter on several projects. They developed a first draft for a Non-Emergency Medical Transportation (NEMT) report and presented the highlights of the report to Iowa Medicaid at a monthly meeting. Sampling protocol was developed and tested for a New Enrollee Survey to address retroactive eligibility. A final draft was completed of the IHAWP Covid Impacts report and presented to the Quality Committee this quarter for feedback.
2.1.2 Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.	X	
2.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates.		The preliminary draft of the IHAWP Process Evaluation was completed in the 2 <sup>nd</sup> quarter. A meeting was set up to review the draft with the Quality Committee in the 3 <sup>rd</sup> quarter. The final draft of the HBI Phone Survey report and the 2022 IHAWP Member Survey report were both sent for director approval by the end of this quarter. They were both completed and published in July 2023. The 2021 DWP Provider Survey was finalized and published in June 2023.

Prompt	State has no update to report (place an X)	State response
<b>3. Other eligibility and coverage demonstration reporting</b>		
<b>3.1 General reporting requirements</b>		
3.1.1 Describe whether the state foresees the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes.	X	
3.1.2 Compared to the details outlined in the STCs and the monitoring protocol, describe whether the state has formally requested any changes or whether the state expects to formally request any changes to: 3.1.2.a The schedule for completing and submitting monitoring reports	X	
3.1.2.b The content or completeness of submitted monitoring reports and or future monitoring reports	X	
3.1.3 Describe whether the state has identified any real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.	X	
3.1.4 Provide updates on the results of beneficiary satisfaction surveys, if conducted during the reporting year, including updates on grievances and appeals from beneficiaries, per 42 CFR 431.428(a)5		IA does not report on the AD measures for grievances and appeals for IHAWP.

Prompt	State has no update to report (place an X)	State response
<b>3.2 Post-award public forum</b>		
3.2.1 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held indicating any resulting action items or issues. A summary of the post-award public forum should be included here for the period during which the forum was held and in the annual monitoring report.		N/A

Prompt	State has no update to report (place an X)	State response
<b>4. Notable state achievements and/or innovations</b>		
<b>4.1 Narrative information</b>		
4.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies (1) pursuant to the eligibility and coverage policy hypotheses (or if broader demonstration, then eligibility and coverage policy related) or (2) that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms (e.g., number of impacted beneficiaries).		The average number of new enrollees for the IWP per month over the 2nd quarter was 1856. This demonstrates the continued need for health care coverage for individuals ages 19-64.

\*The state should remove all example text from the table prior to submission.

Note: States must prominently display the following notice on any display of measure rates based on NCQA technical specifications for 1115 eligibility and coverage demonstration monitoring metrics:

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