



**Overview:** The Medicaid Section 1115 Eligibility and Coverage Demonstrations Monitoring Report contains information on the following policies:<sup>1</sup>

1. Premiums or account payments (PR)
2. Health behavior incentives (HB)
3. Community engagement (CE)
4. Retroactive eligibility waivers (RW)
5. Non-eligibility periods (NEP)

Each state with an approved eligibility and coverage demonstration will receive a customized version of the Monitoring Report Template that includes each eligibility and coverage policy in its demonstration and the sections applicable for the demonstration overall. 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. In those situations, 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, the state should contact the section 1115 eligibility and coverage demonstration monitoring and evaluation mailbox ([1115MonitoringandEvaluation@cms.hhs.gov](mailto:1115MonitoringandEvaluation@cms.hhs.gov)), copying the state's CMS demonstration team on the message.

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<sup>1</sup> For other eligibility and coverage policies, such as non-emergency medical transportation and marketplace-focused premium assistance, see general guidance for monitoring and evaluation available on [Medicaid.gov](https://www.medicaid.gov).

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

*The state should complete this title page at the beginning of a demonstration and submit as the title page of all monitoring reports. The content of this table should stay consistent over time.*

*This section collects information on the state’s section 1115 demonstration overall, followed by information for each eligibility and coverage policy. This form should be submitted as the title page for all eligibility and coverage monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are provided 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	EandC DY2Q4
Reporting period	10/01/2021-12/31/2021
Premiums or account payments	
Premiums or account payments start date <sup>a</sup>	01/01/2020
Implementation date, if different from premiums or account payments start date <sup>b</sup>	N/A
Health behavior incentives	
Health behavior incentives start date	01/01/2020
Implementation date, if different from health behavior incentives start date	N/A
Retroactive eligibility waiver	
Retroactive eligibility waiver start date	01/01/2020
Implementation date, if different from retroactive eligibility waiver start date	N/A

<sup>a</sup> **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 the effective date of the eligibility and coverage demonstration may differ from the date CMS approved the demonstration.

<sup>b</sup> **Implementation date of policy:** The date the state implemented each eligibility and coverage policy in its demonstration.

## 2. Executive summary (500 words or less)

Iowa continued to work on & develop the new quality metrics for 1115 waiver reporting in the 4<sup>th</sup> Quarter. This is being uploaded to PDMA as the Annual report, but the annual measures for 2020 were added to the revised 3<sup>rd</sup> Quarter report at the advice our CMS analyst. This report covers only 4<sup>th</sup> Quarter 2021.

Open enrollment was in place this quarter for the federal marketplace. Individuals who were determined during application or renewal at the federal marketplace to possibly be eligible for state Medicaid, had their applications forwarded and processed by Medicaid. This process drove the increase in new enrollees for the 4<sup>th</sup> quarter.

Since June of 2021, review forms began to be sent again. (Reviews had paused momentarily during the PHE.) Passive renewals began again for all members who had a review due. For those members who continue to be eligible, their next renewal date was advanced 1 year. For those members that could not be passively renewed, and who did not respond to the paper review form sent in the mail, their eligibility date was moved forward only 3 months. Due to the MOE, members could not be discontinued. Their renewal date was extended for only 3 months in an attempt to reach them again in the near future, not knowing if the PHE would be extended or ended at that time. This caused an increase in the number of members eligible for renewal. Some of the same members that just had a renewal in the prior quarter, are now having another renewal in the 4<sup>th</sup> quarter, in an attempt to gain updated information.

In October, the eligibility system ran a batch process that discontinued many members in error. Those members were all manually reinstated before the end of the quarter. This event was reflected in the larger number of members determined ineligible for Medicaid.

Prior to the end of the PHE, Iowa plans to end the cost sharing and Healthy Behaviors (HB) requirements associated with the DWP. A letter of intent was sent to CMS this quarter, and ongoing communication with CMS for this process will continue. At this time, there will be no change to the cost sharing and HB for the IWP.

Although all premium contributions have been waived during the PHE, some members continued to send their contributions through either check or automatic withdrawal from their bank or credit union. In October, Iowa sent refunds to IWP and DWP members with a credit balance.

Approximately 300,000 Medicaid children were moved from fee for service (FFS) dental and placed into the DWP in the 3<sup>rd</sup> Quarter. Outreach programs through the MCO's were initiated for these dental plans. Text messaging and postcard campaigns are taking place to engage members and encourage them to get a preventative service or other necessary dental health service completed.

Additional information about the IWP can be found at <https://dhs.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**

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
<b>Premiums and account payments</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.	<b>X</b>	<i>PR_1; PR_8-10</i>	<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.	<b>X</b>	<i>PR_11-14; PR_18-20</i>	<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.	<b>X</b>	<i>PR_2</i>	<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.	<b>X</b>	<i>PR_3; PR_21</i>	<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.	<b>X</b>	<i>PR_4</i>	<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>

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Prompt	State has no trends/ update (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.i Beneficiaries exempt from premiums or account payments	X		<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
1.2.1.ii Beneficiaries subject to premiums or account payments but exempt from compliance actions	X		<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
1.2.1.iii Process for claiming financial hardship	X		<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
1.2.1.iv Process for determining premium or account contribution amounts beneficiaries will pay	X		<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
1.2.1.v Process for determining that beneficiaries have reached the aggregate spending cap specified in the STCs	X		<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
1.2.1.vi Other policy changes	X		<i>There have been no other policy changes.</i>

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Prompt	State has no trends/ update (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 – No metric trend analysis is required for this reporting topic.</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.	X		<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.	X		<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
<b>PR.Mod_3. Invoicing and payments</b>			
<b>PR.Mod_3.1 Metric trends – No metric trend analysis is required for this reporting topic.</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).	X		<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.	X		<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>

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Prompt	State has no trends/ update (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).	X		<i>There have been no changes in the quarter.</i>

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Prompt	State has no trends/ update (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	X	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	X	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.	X	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.	X	PR_7	<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter. Iowa was developing reporting mechanisms for this measure 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.i Implementation of compliance actions	X		<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
5.2.1.ii Processes for identifying and tracking beneficiaries at risk of noncompliance	X		<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
5.2.1.iii Process for providing advance notice to beneficiaries at risk of suspension or disenrollment for noncompliance	X		<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
5.2.1.iv Processes for tracking and pursuing collectible debts (if applicable)	X		<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>



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Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
5.2.1.v Processes for screening those at risk of disenrollment for other Medicaid eligibility groups or exemptions	X		<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
5.2.1.vi Appeals processes for beneficiaries subject to premium requirements	X		<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>

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Prompt	State has no trends/ update (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.i Invoicing schedule, current premium owed, outstanding premium owed, and basis for premium amounts	X		<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
6.2.1.ii Payment process	X		<i>No changes anticipated at this time.</i>
6.2.1.iii Rewards for payment (if any)	X		<i>N/A</i>
6.2.1.iv Processes for reporting changes in income, making hardship claims, and filing appeals	X		<i>No changes anticipated at this time.</i>
6.2.1.v Consequences of nonpayment	X		<i>No changes anticipated at this time.</i>
6.2.1.vi Non-eligibility periods	X		<i>No changes anticipated at this time.</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.	X		<i>No changes anticipated at this time.</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.	X		<i>Continued communication with the MCOs regarding continuation of the PHE.</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.	X		<i>No changes.</i>

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Prompt	State has no trends/ update (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:	X		<i>The state is reviewing the process of resuming the accepting and tracking of premiums after the PHE ends.</i>
7.2.1.i Accepting premiums or account payments			<i>See above</i>
7.2.1.ii Tracking premiums or account payments			<i>See above</i>
7.2.1.iii Establishing beneficiary accounts (if applicable)	X		<i>N/A</i>
7.2.1.iv Operationalizing compliance actions (if applicable)	X		<i>N/A</i>
7.2.2 Describe any additional systems modifications that the state is planning to implement.	X		<i>No changes</i>
<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.	X		<i>No state specific metrics</i>

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Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
<b>Health behavior incentives</b>			
<b>HB.Mod_1. Health 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 health behavior incentives. Describe and explain changes (+ or -) greater than two percent.	X	HB_1	<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter and therefore no healthy behaviors have been implemented. Even though the healthy behaviors program is not being implemented, the state was able to pull data associated with this metric.</i>
1.1.2 Discuss any data trends related to: the below. Describe and explain changes (+ or -) greater than two percent. 1.1.2.i Beneficiaries using all incentivized health behaviors, by service	X	HB_2	<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter and therefore no healthy behaviors have been implemented. Even though the healthy behaviors program is not being implemented, the state was able to pull data associated with this metric.</i>
1.1.2.ii Beneficiaries using incentivized health behaviors documented through claims, by service	X	HB_3	<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter and therefore no healthy behaviors have been implemented. Even though the healthy behaviors program is not being implemented, the state was able to pull data associated with this metric.</i>
1.1.2.iii Beneficiaries using incentivized behaviors not documented through claims, by service	X	HB_4	<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter and therefore no healthy behaviors have been implemented. Even though the healthy behaviors program is not being implemented, the state was able to pull data associated with this metric.</i>

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Prompt	State has no trends/ update (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 health behaviors. Describe and explain changes (+ or -) greater than two percent.	X	HB_5-7	<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.i Beneficiaries subject to health behavior incentives	X		<i>The state is planning to discontinue HB for the Dental Wellness Plan. A letter of intent and communication has been submitted CMS in the 4<sup>th</sup> Quarter for this change.</i>
1.2.1.ii Beneficiaries exempt from health behaviors incentives	X		<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter and therefore no healthy behaviors have been implemented.</i>
1.2.1.iii Incentivized health behaviors that beneficiaries can complete	X		<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter and therefore no healthy behaviors have been implemented.</i>
1.2.1.iv Rewards granted for the completion of incentivized health behaviors	X		<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter and therefore no healthy behaviors have been implemented.</i>
1.2.1.v Other policy changes	X		<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter and therefore no healthy behaviors have been implemented.</i>
1.2.2 Describe any communication with beneficiaries about health behavior incentives.	X		<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter and therefore no healthy behaviors have been implemented.</i>

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Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
1.2.3 Describe any outreach or educational activities to providers, managed care organizations, or other partners about programs that incentivize particular health behaviors.	X		<i>The state is reviewing outreach and education activities for reinstating HB after the PHE ends.</i>
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 health behaviors. Note any activity that may accelerate or impede the policy’s implementation.	X		<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter and therefore no healthy behaviors have been implemented.</i>
<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.	X		<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter and therefore no healthy behaviors have been implemented.</i>

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Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
<b>Retroactive eligibility waiver</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>Insert the metric related to the trend reported.</i>  <i>RW_1-3</i>	<i>The state was able to develop a reporting mechanism for the numerator of the RW_1 metric for the IHAWP plan, however is still unable to report any subpopulations associated with it. The state is unable to report RW_1 at all for the DWP.</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.	X		<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.	X		<i>No changes anticipated</i>
1.2.3 Report any modifications to the appeals processes for beneficiaries subject to retroactive eligibility waivers.	X		<i>No modifications to the appeals process.</i>
<b>RW.Mod_2. Develop comprehensive communications strategy</b>			
<b>RW.Mod_2.1 Metric trends – No metric trend analysis is required for this reporting topic.</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.	X		<i>No changes have occurred.</i>
2.2.2 Describe any communication or outreach that was conducted with partner organizations, including managed care organizations and community organizations.	X		<i>No additional communication has occurred</i>

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Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
2.2.3 Describe any communication or outreach that was conducted with providers.	X		<i>No additional communication has occurred</i>
<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		<i>No state specific measures</i>



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

Prompt	State has no trends/ update (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 all beneficiaries in the demonstration, 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 233,970 total enrollees in the Iowa Wellness Plan (IWP). This is a 3.0% increase from the prior quarter. The average number of new enrollees per month over the 4<sup>th</sup> quarter was 2,715 and increased 7% from the prior quarter. CY 4<sup>th</sup> Qtr. marks the annual open enrollment for the Federal Marketplace. People who apply for or try to renew their FFM coverage and are determined to be within income limits for state Medicaid, are referred to the State for an eligibility determination for Medicaid. This contributes to the increase in new enrollees for 4<sup>th</sup> quarter.</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>
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>	<p>An average 3,066 beneficiaries were determined ineligible for IWP. Members determined to be ineligible remain on IWP as per the MOE. The eligibility system ran an October batch process that discontinued many members in error. Those members were all manually reinstated before the end of the quarter.</p>
1.1.3 Discuss any data trends related to enrollment duration at time of disenrollment. Describe and explain changes (+ or -) greater than two percent.	X	<i>AD_11-13</i>	Not reported by the State of Iowa.

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Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
1.1.4 Discuss any data trends related to renewals. Describe and explain changes (+ or -) greater than two percent.		<i>AD_14-22</i>	The average number of beneficiaries who renewed ex parte per month during this quarter is 10,521. Since June of this year, passive renewals are ran at the member’s renewal month. For those members who continue to be eligible, their eligibility renewal date advanced 1 year. For those members that could not be passively renewed, and did not return the review form, their eligibility date was moved forward only 3 months. This contributed to the 11% increase in the 4 <sup>th</sup> Quarter. Those members who were only renewed for 3 months in 3 <sup>rd</sup> quarter, are being reviewed again in the 4 <sup>th</sup> quarter.
1.1.5 Discuss any data trends related to cost sharing limits. Describe and explain changes (+ or -) greater than two percent.	X	<i>AD_23</i>	Iowa does not report this metric
1.1.6 Discuss any data trends related to appeals and grievances. Describe and explain changes (+ or -) greater than two percent.	X	<i>AD_24-27</i>	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.		<i>AD_28-36</i>	There was an increase in primary care providers of 4% and an increase in specialist providers of 5%. We will continue to monitor trends as we develop a baseline for these newer measures.
1.1.8 Discuss any data trends related to quality of care and health outcomes. Describe and explain changes (+ or -) greater than two percent.	X	<i>AD_37-43</i>	Iowa will monitor for trends with the next annual report due in November 2022.
1.1.9 Discuss any data trends related to administrative costs. Describe and explain changes (+ or -) greater than two percent.	X	<i>AD_44</i>	Iowa will monitor for trends with the next annual report due in November 2022.

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Prompt	State has no trends/ update (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.	X		<i>Due to maintenance of effort requirements during the PHE, Iowa has not been disenrolling members thus the enrollment numbers maybe higher than normal.</i>
<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		N/A

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

Prompt	State has no update (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	N/A
<b>1.2 Implementation update</b>		
1.2.1 Describe any anticipated program changes that may impact financial/budget neutrality.	X	N/A
<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 Code of Federal Regulations for annual monitoring reports. See Monitoring Report Instructions for more details.		During 3rd quarter, a provider survey was developed for the DWP. Including a timeline, vendor activities, cost estimates, and inclusion criteria for the survey. The data from that survey is in the process of being analyzed throughout this 4 <sup>th</sup> quarter. The report should be written and released by summer of 2022.
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.		The DWP survey was mailed out in August of 2021 along with a reminder postcard and a second mailing in September of 2021. Data continues to be collected in the 4 <sup>th</sup> Qtr.
2.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates.		The DWP survey analysis will be completed in early 2022.

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Prompt	State has no update (place an X)	State response
<b>3. Other 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.		Iowa will need to make changes to the STCs to remove Dental HB, prior to the end of the PHE. We are in communication with CMS on this issue.
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.i The schedule for completing and submitting monitoring reports		Iowa has submitted a letter of intent to remove HB & contributions from the Dental Wellness Plan.
3.1.2.ii 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.		Work is continuing to identify pregnant women in the IWP to ensure there will continue to be no cost sharing for these members once the PHE ends.
<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.		In September 2021 a public forum was held during the Medicaid Assistance Advisory Committee (MAAC). This included an update on IWP activities during the year 2020. No issues or action items were identified during this forum.

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Prompt	State has no update (place an X)	State response
<b>4. Notable state achievements and/or innovations</b>		
<b>4.1 Narrative information</b>		
<p>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.</p>		<p>The average number of new enrollees for the IWP per month over the 4<sup>th</sup> quarter was 2,715. This demonstrates the continued need for health care coverage for individuals ages 19-64.</p> <p>The DWP initiated outreach efforts to the new members that transitioned to the program in the 3<sup>rd</sup> quarter. Both MCO’s reported successful text messaging campaigns for outreach; one MCO (MCNA) additionally sent post cards to new members. MCNA reported that within 60 days of sending the texts and postcards, 10% of those members received a dental service, and 38% of those members received a preventative service in that time frame.</p>

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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