



Overview: The Medicaid Section 1115 Eligibility and Coverage Demonstrations Monitoring Report contains information on the following policies:¹

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), copying the state's CMS demonstration team on the message.

¹ 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 DY3Q4
Reporting period	10/01/2022 – 12/31/2022
Premiums or account payments	
Premiums or account payments start date ^a	01/01/2020
Implementation date, if different from premiums or account payments start date ^b	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

^a **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.

^b **Implementation date of policy:** The date the state implemented each eligibility and coverage policy in its demonstration.

2. Executive summary (500 words or less)

The IHAWP program continued to grow in total number of members, largely due to the Maintenance of Effort (MOE) of the Public Health Emergency (PHE). However, at the end of this quarter, states received guidance that they may resume Medicaid disenrollments effective 04/01/23. Guidance on this process was received in the following quarter.

The DWP MCP's reported some exciting information this quarter as to some of the activities they've been working on. Delta Dental of IA (DDIA) staffed a table at the IA Community Health Conference to share information about DWP with healthcare professionals. MCNA Dental increased their fee schedule to a minimum of 110% of the state Medicaid fee schedule. This increased fee schedule is for all services effective for dates starting 10/1/22. Additionally, in recognition of the importance of preventative care, MCNA increased their fees for preventative services (CDT codes D1110 – D1354) to 120% of the state Medicaid fee schedule. MCNA also implemented two value-based incentives that reward providers for effective dental home practices. The first value-based payment is a \$10 incentive payment for ensuring continuity of care through timely recall visits. The second value-based payment rewards providers for establishment of a dental home. Providers will receive an additional \$20 for conducting a comprehensive patient exam or a comprehensive periodontal exam within 100 days of the completion of a problem focused exam on a new patient.

The Public Policy Center of Iowa (PPC) submitted their draft of the DWP Provider Survey report to Iowa Medicaid for review. They also began writing drafts of reports for the Healthy Behaviors Program's Member Phone Survey, the Member Experiences Member Survey, and the NEMT waiver.

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 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
Premiums and account payments			
PR.Mod_1. Eligibility and payment amounts			
PR.Mod_1.1 Metric trends			
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.		<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.		<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.		<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.		<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.		<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
PR.Mod_1.2 Implementation update			
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			<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			<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			<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			<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			<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
1.2.1.vi Other policy changes			<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
PR.Mod_2. Beneficiary account operations			
PR.Mod_2.1 Metric trends – No metric trend analysis is required for this reporting topic.			
PR.Mod_2.2 Implementation update			
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>
PR.Mod_3. Invoicing and payments			
PR.Mod_3.1 Metric trends – No metric trend analysis is required for this reporting topic.			
PR.Mod_3.2 Implementation update			
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>

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Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
PR.Mod_4. Reduction to premiums for non-income related reasons			
PR.Mod_4.1 Metric trends -- <i>No metric trend analysis is required for this reporting topic.</i>			
PR.Mod_4.2 Implementation update			
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>

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Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
PR.Mod_5. Operationalize strategies for noncompliance			
PR.Mod_5.1 Metric trends			
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>
PR.Mod_5.2 Implementation update			
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			<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			<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			<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)			<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			<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			<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
PR.Mod_6. Develop comprehensive communications strategy			
PR.Mod_6.1 Metric trends – <i>No metric trend analysis is required for this reporting topic.</i>			
PR.Mod_6.2 Implementation update			
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			<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
6.2.1.ii Payment process			<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
6.2.1.iii Rewards for payment (if any)			N/A
6.2.1.iv 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>
6.2.1.v Consequences of nonpayment			<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
6.2.1.vi 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>

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Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
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>

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Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
PR.Mod_7. Develop and modify systems			
PR.Mod_7.1 Metric trends – <i>No metric trend analysis is required for this reporting topic.</i>			
PR.Mod_7.2 Implementation update			
7.2.1 Describe whether the state has developed or enhanced its systems capabilities as described in the implementation plan for:			<i>Due to the public health emergency the state has suspended premiums (contributions) during this quarter.</i>
7.2.1.i 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.ii 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.iii Establishing beneficiary accounts (if applicable)			<i>N/A</i>
7.2.1.iv 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>
PR.Mod_8. State-specific metrics			
PR.Mod_8.1 Metric trends			
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>

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Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
Health behavior incentives			
HB.Mod_1. Health behavior incentives			
HB.Mod_1.1 Metric trends			
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.		<i>HB_1</i>	<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		<i>HB_2</i>	<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		<i>HB_3</i>	<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		<i>HB_4</i>	<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.		HB_5-7	<i>The state does not report these metrics.</i>
HB.Mod_1.2 Implementation update			
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			<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.ii Beneficiaries exempt from health behaviors incentives			<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			<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			<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			<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.			<i>The state is reviewing outreach and education activities for reinstating HB after the PHE ends for IHAWP.</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.			<i>The state is reviewing outreach and education activities for reinstating HB after the PHE ends for IHAWP.</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.			<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>
HB.Mod_2. State-specific metrics			
HB.Mod_2.1 Metric trends			
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 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
Retroactive eligibility waiver			
RW.Mod_1. Retroactive eligibility waiver and demonstration requirements			
RW.Mod_1.1 Metric trends			
1.1.1 Discuss any data trends related to beneficiaries subject to retroactive eligibility waivers. Describe and explain changes (+ or -) greater than two percent.		<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>
RW.Mod_1.2 Implementation update			
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.</i>
RW.Mod_2. Develop comprehensive communications strategy			
RW.Mod_2.1 Metric trends – No metric trend analysis is required for this reporting topic.			
RW.Mod_2.2 Implementation update			
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.</i>
2.2.2 Describe any communication or outreach that was conducted with partner organizations, including managed care organizations and community organizations.			<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.			<i>No additional communication has occurred</i>
RW.Mod_3. State-specific metrics			
RW.Mod_3.1 Metric trends			
3.1.1 Discuss any data trends related to state-specific metrics. Describe and explain changes (+ or -) greater than two percent.			<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
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.)			
AD.Mod_1.1. Metric trends			
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 254,151 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 4th quarter was 2,610, increasing 18% from the prior quarter.</p> <p>At the end of this quarter, Iowa had 530,642 total enrollees in the Dental Wellness Plan (DWP). This is a 2.0% increase from the prior quarter. The average number of new enrollees per month over the 4th quarter was 3,929, decreasing 16% from the prior quarter.</p> <p>The increase in total enrollment for both programs can be attributed to the Maintenance of Effort (MOE) during the PHE.</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>

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Prompt	State has no trends/ update (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>	<p>The IHAWP program saw an increase in the number of beneficiaries that were determined ineligible for reasons other than renewal of 3%, and an increase of 2% due to a change in circumstances.</p> <p>The DWP program saw a decrease of 4% in the number of beneficiaries that were determined ineligible for reasons other than renewal, and a decrease of 18% due to a change in circumstances.</p> <p>The changes in both of these programs can be attributed to the Maintenance of Effort (MOE) for the PHE. Members determined to be ineligible after reporting a change or at renewal still remain on the program as per the MOE.</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.		<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_14-22</i>	<p>For the IHAWP program, the number of beneficiaries who renewed ex parte increased 15% from the prior quarter. The number of beneficiaries due for renewal increased 10%.</p> <p>For the DWP program, the number of beneficiaries who renewed ex parte decreased 3% from the prior quarter. The number of beneficiaries due for renewal increased 1%.</p> <p>The changes in both of these programs can be attributed to the Maintenance of Effort (MOE) for the PHE.</p>
1.1.5 Discuss any data trends related to cost sharing limits. Describe and explain changes (+ or -) greater than two percent.		<i>AD_23</i>	Iowa does not report this metric

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Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
1.1.6 Discuss any data trends related to appeals and grievances. Describe and explain changes (+ or -) greater than two percent.		AD_24-27	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 2%, but the PCP active participation increased by 27%. Additionally, the Specialist provider availability increased 1% while the active specialist provider participation decreased by 1%.</p> <p><i>The annual measure AD_36 was reported on the annual report for the 3rd 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 were reported on the annual report for the 3rd 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 was reported on the annual report for the 3rd Quarter.</i>
AD.Mod_1.2. Implementation update			
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.			<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>
AD.Mod_2. State-specific metrics			
AD.Mod_2.1 Metric trends			

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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.			N/A
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5. Narrative information on other reporting topics

Prompt	State has no update (place an X)	State response
1. Budget neutrality		
1.1 Current status and analysis		
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.		N/A
1.2 Implementation update		
1.2.1 Describe any anticipated program changes that may impact financial/budget neutrality.		N/A

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Prompt	State has no update (place an X)	State response
2. Eligibility and coverage demonstration evaluation update		
2.1 Narrative information		
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.		The Public Policy Center of Iowa (PPC) incorporated final changes into the DWP Provider Survey Report this quarter. They completed analysis for and began writing the Healthy Behaviors Program Member Phone Survey Report. Data analysis was finalized and a first draft began on the IHAWP Member Experiences Member Survey Report. PPC began the draft of a final report of the NEMT waiver. Sample sites were identified and interviews were conducted for the upcoming IHAWP Process Evaluation report.
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.		Iowa Medicaid submitted to CMS a proposed DWP Hypotheses and Analyses for the IWP evaluation in 12/2022. In a letter sent on December 7, 2021, Iowa Medicaid notified CMS of our intent to remove Dental Healthy Behaviors at the end of the PHE. This policy change necessitates a modification in the evaluation completed by the University of Iowa Public Policy (PPC) related to hypotheses and research questions to the Dental Wellness Plan/Iowa Health and Wellness Plan evaluation. In the process of making the evaluation plan more appropriate for the current design of the program, the PPC has pared down this portion of the evaluation significantly, including the following: <ul style="list-style-type: none"> • 5 hypotheses down to 4 • 37 sub-hypotheses down to 14 • 22 research questions down to 13
2.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates.		PPC is working on research and development of the IHAWP 2023 Process Evaluation report.

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Prompt	State has no update (place an X)	State response
3. Other demonstration reporting		
3.1 General reporting requirements		
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.		The DWP evaluation needs to be changed due to the discontinuance of the Healthy Behaviors program at the end of the PHE. See 3.1.2 for details on updates to this.
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 Medicaid submitted to CMS a proposed DWP Hypotheses and Analyses for the IWP evaluation in 12/2022. In a letter sent on December 7, 2021, Iowa Medicaid notified CMS of our intent to remove Dental Healthy Behaviors at the end of the PHE. This policy change necessitates a modification in the evaluation completed by the University of Iowa Public Policy (PPC) related to hypotheses and research questions to the Dental Wellness Plan/Iowa Health and Wellness Plan evaluation. In the process of making the evaluation plan more appropriate for the current design of the program, the PPC has pared down this portion of the evaluation significantly, including the following: <ul style="list-style-type: none"> • 5 hypotheses down to 4 • 37 sub-hypotheses down to 14 • 22 research questions down to 13
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.		The 5% cost sharing project for all Medicaid members, to include IHAWP, is underway and in the testing phase. As a reminder, no cost sharing is being issued during the PHE. Cost sharing will not resume until a future date after the end of the PHE.
3.2 Post-award public forum		
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

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Prompt	State has no update (place an X)	State response
4. Notable state achievements and/or innovations		
4.1 Narrative information		
<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 4th quarter was 2,610. This is an increase of 18% over the prior quarter and demonstrates the continued need for health care coverage for individuals ages 19-64.</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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