A comparison of <u>Iowa Medicaid</u>, the <u>Iowa Health and Wellness Plan</u>, and the <u>Iowa Marketplace Choice Plan</u> –Teresa Bomhoff

A focus on integrated care, care management, coordination of care, improving health outcomes, and higher quality care – 7-27-13

Health Insurance Program	Medicaid	Iowa Health and Wellness Plan (5 year waiver request 2014-2018)	Iowa Marketplace Choice Plan (5 year waiver request 2014-2018)	Iowa Health Insurance Marketplace	Employer Sponsored Insurance (ESI)
Present Population categories covered + financial criteria	Pregnant women Infants/Children Families with dependent children Aged, blind, disabled ---*asset limitations* ---*income limitations - generally up to 100% of federal poverty level*	Iowa Care program ceases to exist December 31, 2013 – covered adults up to 200% FPL	Iowa Care program ceases to exist December 31, 2013 – covered adults up to 200% FPL	Iowa Care program ceases to exist December 31, 2013 – covered adults up to 200% FPL	Helps Medicaid members get or keep health insurance by paying for the insurance premium. ---Someone in home must receive Medicaid and employer health insurance must be cost effective
New population categories covered + financial criteria MAGI refers to the new Medicaid computerized program to determine applicant income eligibility	<u>Medically frail adults</u> 19 to 64 with income up to and including **138%** federal poverty level - Will use MAGI based calculations to determine financial eligibility Integrated health homes being implemented by Magellan for adults and children who meet the definition of medically frail and for existing clients. **Year round enrollment**	<u>Non-medically</u> frail adults 19 to 64 with income up to and including **100%** federal poverty level who are not eligible for other categories of Medicaid or Medicare and do not have access to cost effective ESI coverage. <u>Medically frail</u> adults up to **138%** federal poverty level <u>who choose</u> **not to be enrolled** in Medicaid. Will use MAGI based calculations to determine financial eligibility **Year round enrollment**	<u>Non-medically</u> frail adults 19 to 64 who are not eligible for other categories of Medicaid or Medicare, with income of **101%** up to and including **138%** federal poverty level and do not have access to cost effective ESI coverage. Will use MAGI based calculations to determine financial eligibility **Year round enrollment**	Households between **139% and 400%** of the federal poverty level Open enrollment 10-1-13 through March 31, 2014 – after initial year will be Oct-Dec of each year Coverage effective 1-1-14	Households up to and including **138%** federal poverty level with access to cost effective ESI coverage
Out of pocket expense *Federal 5% out-of-pocket maximum limit*	No premiums <u>CMS cost sharing guidelines</u> $4 copayment for outpatient visits $75 copayment for inpatient stay $4-$8 copayment per prescription However, It is up to providers whether cost sharing will be required and requested	Participants with income exceeding 50% federal poverty level will be required to pay monthly premiums. 1st year – premiums are waived – after 1st year premiums are forgiven if preventative and wellness activities completed. Copayment of $10 for non-emergency use of emergency dept.	Premium assistance to purchase insurance in marketplace (silver plan) – at least 2 QHP plans are offered 1st year – premiums are waived – after 1st year premiums are forgiven if preventative and wellness activities completed. Copayment of $10 for non-emergency use of emergency dept.	Premium assistance to purchase insurance in the marketplace (silver plan)	Premium assistance under Iowa's existing Health Insurance Premium Payment Program (HIPP)
Required benefits	10 areas of Essential health benefits plus additional services	10 areas of Essential health benefits indexed to the State Employee Plan benefits with supplemental dental benefits	10 areas of Essential health benefits indexed to the State Employee Plan benefits with supplemental dental benefits	10 areas of Essential Health benefits	10 areas of Essential Health benefits
Provider coverage	Medicaid provider network Managed care through Magellan Medical homes/integrated health homes	Medicaid provider network <u>Delivery systems are:</u> Managed care, Primary Care Providers (PCP's) gatekeepers, and Accountable Care Organizations (ACO's)	Insurance company provider network	Insurance company provider network	Insurance company provider network
Estimated enrollees By 2016	43,437 medically frail including those needing long term services and supports (from waiver public notice)	76,417	32,148		17,793

Family Size	100% FPL	138% FPL	400% FPL
1	$11,490	$15,856 ($7.62/hr)	$45,960
2	$15,510	$21,404	$62,040
3	$19,530	$26,951	$78,120
4	$23,550	$32,499	$94,200
5	$27,570	$38,047	$110,280
6	$31,590	$43,594	$126,360
7	$35,610	$49,142	$142,440
8	$39,630	$54,689	$158,520

Federal minimum wage rate is $7.25/hour

Definition of medically frail: An individual will be considered medically frail if he or she has any one or any combination of the following:
1. Disabling mental disorder
2. A chronic substance abuse disorder
3. Serious and complex medical condition
4. Physical, intellectual, or developmental disability that significantly impairs the individual's ability to perform one or more activities of daily living, or
5. A determination of disability based on Social Security Administration criteria

<u>Determination of emergency use of ER:</u> Requires that the condition be perceived as life threatening or causing additional harm without immediate medical care.

Bronze plan – 60%
Silver plan – 70%
Gold plan – 80%
Platinum plan – 90%

1