

CHAPTER 92

IOWACARE

**441—92.1(249A,249J) Definitions.**

“Medical Home” as defined in Iowa Code Section 135.158

“Provider –directed care coordination services” means provider-directed services in a clinical setting aimed at managing all aspects of a member’s care, ensuring quality of care and safety. All aspects of care are coordinated by the clinical staff team, under the direction of a physician. The team must include a dedicated care coordinator.

**441—92.8(249A,249J) Benefits.** Under IowaCare, payment will be made only for services and providers as specified in this rule. No payment will be made for any service provided elsewhere or by another provider.

**92.8(1) Provider network.** Except as provided in subrules 92.8(3) through 92.8(~~5~~)(6), IowaCare members shall have medical assistance only for services provided to the member by:

- a. The University of Iowa Hospitals and Clinics; or
- b. Broadlawns Medical Center in Des Moines; or
- ~~c. A state mental health institute, exclusive of the units providing substance abuse treatment, services to geriatric patients, or treatment for sexually violent predators; or~~
- c. Federally qualified health centers (FQHC) as defined by the Department using a phased in approach. The phase-in shall be based on addressing the most underserved areas of the state, and subject to the availability of funds.

d. Any physician, advanced registered nurse practitioner, or physician assistant who is part of a medical institution listed in this subrule. Physician assistants are able to render covered services as auxiliary personnel pursuant to 441—subrule 78.1(13).

**92.8(2) Covered services.**

a. Services shall be limited to the services covered by the Iowa Medicaid program pursuant to 441—Chapter 78, 441—79.9(249A), and ~~441—Chapter 85, Division I.~~ All conditions of service provision shall apply in the same manner as under the regular Iowa Medicaid program and pursuant to 441—Chapter 78, 441—79.3(249A), 441—79.5(249A), 441—79.6(249A), 441—79.8(249A) through 441—79.14(249A), and applicable provider manuals. These conditions include, but are not limited to, prior authorization requirements and exclusions for cosmetic procedures or those otherwise determined not to be required to meet the medical need of the patient.

b. Covered services delivered through a medical home model as specified in 441-92.8(4). Residents of counties geographically located nearby the medical home shall utilize the medical home provider for covered services available from that provider. The department shall enroll members residing in designated counties with the designated medical home provider. The member must receive a referral from the medical home provider to another IowaCare provider in order for services delivered by an IowaCare provider other than the medical home, to be covered.

c. Emergency services provided outside the IowaCare provider network. Covered services also include emergency services provided by hospitals located in Iowa, limited to the following:

(1) The individual is enrolled in IowaCare pursuant to the Iowa Medicaid Enterprise Eligibility Verification System at the time the services are delivered; and,

(2) The services are emergency services, as designated by the Department, and it is not medically possible to postpone provision of services; and

(3) It is not medically possible to transfer the member to an IowaCare provider, or the IowaCare provider does not have sufficient capacity to accept the member; and

(4) The provision of emergency services is followed by an inpatient admission; and

(5) The treating provider has consulted with the IowaCare provider network hospital and the providers jointly agree that the conditions for payment are met.

(6) Prior to submitting a medical claim for reimbursement, the treating hospital shall request a prior authorization from Iowa Medicaid Enterprise Medical Services unit. The prior authorization request shall include documentation meeting specified standards for the consultation.

(7) If the conditions listed above are met as specified, a provider outside the IowaCare provider network may be reimbursed. The covered services include services that meet the definition of covered IowaCare services pursuant to subparagraph b of this section, provided by the provider from the time of entry to the emergency room admission, up to the point of discharge or transfer to the IowaCare provider are covered, up to the amount appropriated. This does not include emergency or non-emergency transportation services.

**92.8(4) Medical home.** Effective October 1, 2010, the providers designated pursuant to 98(2).1 shall be medical homes, as defined in Iowa Code section 135.158. As medical homes, the providers shall meet medical home standards and shall receive enhanced medical home

reimbursements pursuant to 92.8(7). The medical home shall meet all of the minimum standards including: :

a. Have National Committee for Quality Assurance (NCQA) Level 1 certification, or equivalent measurement during year one, transitioning to state certification if available.

b. Provide provider-directed care coordination services.

c. Provide members with access to health care and information.

d. Provide wellness and disease prevention services.

e. Create and maintain chronic disease information in a searchable disease registry.

f. Demonstrate evidence of implementation of an electronic health record (EHR) system.

g. Participate in and report on quality improvement processes.

h. Have executed a contract with the Department to be an IowaCare medical home. The contract shall include performance measurements and specify medical home expectations and standards.

i. Effective July 1, 2011, Medical Homes who achieve a higher level of accreditation from NCQA or equivalent will be designated as such.

i. If the Iowa Department of Public Health adopts rules that provide for a statewide medical home certification process or standards, the Iowa Department of Public Health rules shall take precedence over these rules and shall apply to IowaCare medical home providers.

**92.8(4)(5)** *Routine preventive medical examinations.*

(2) Any physician, advanced registered nurse practitioner, or physician assistant who participates in Iowa Medicaid, including but not limited to providers available through a free

clinic, or a rural health clinic, or a federally qualified health center. Physician assistants are able to render covered services as auxiliary personnel pursuant to 441—subrule 78.1(13).

b. A provider that bills IowaCare for a routine preventive medical examination shall use diagnosis code V70 and evaluation and management CPT code 99202, 99203, 99204, 99212, 99213, or 99214, as appropriate to the level of service provided. Basic laboratory work may also be billed in association with the medical examination, as appropriate and necessary.

c. If an IowaCare member is enrolled with a medical home all primary care services must be obtained through the medical home. Preventive exams are covered when delivered by the medical home provider only.

**92.8(5)(6)** *Drugs for smoking cessation.* IowaCare members may obtain outpatient prescription drugs for smoking cessation that are related to another appropriately billed IowaCare service from any pharmacy participating in the Iowa Medicaid program.

**92.8(7)** Reimbursement methodologies.

a. Federally qualified health centers.

(1) Effective October 1, 2010, physician services provided in the FQHC to IowaCare members will be reimbursed based on the Medicaid physician fee schedule in effect on the date of service, limited to the amount appropriated for the fiscal year

(2) Effective July 1, 2010, physician services provided by University of Iowa physicians to IowaCare members will be reimbursed based on the Medicaid physician fee schedule in effect on the date of service, limited to the amount appropriated for the fiscal year.

b. IowaCare medical home payments. Effective October 1, 2010, IowaCare providers who meet the medical home certification standards pursuant to 92.8(4) and have contracted with

the Department shall receive a medical home payment for each member assigned to the medical home by the Department, and in addition to any other IowaCare reimbursement methodologies. The PMPM payment shall begin the first day of the month following the member's assignment to the medical home.

(1) Effective October 1, 2010, the medical home payment will be on a per member per month basis in an amount determined by the Department, but no more than \$4 per member per month.

(2) Effective July 1, 2011, the Department shall implement a tiered per member per month method that is tied to medical home levels designated by nationally recognized medical home accreditation.

(3) In addition to the PMPM payment above, IowaCare medical homes will be eligible for a performance payment to be paid by October 31 following the end of the fiscal year for achieving medical home performance benchmarks designated by the Department and as specified in the medical home contract with IowaCare medical home providers. The performance payment is in addition to any other IowaCare reimbursement as designated pursuant to the contract with the medical home provider.

c. Inpatient hospital services provided by IowaCare provider network.

(1) Inpatient hospital services provided by the University of Iowa Hospitals and Clinics. Inpatient hospital services provided by UIHC will be paid based on 100 percent of reasonable and allowable cost. An interim rate based on the Medicaid reimbursement rates and methodologies as of November 30, 2009 shall be used to price submitted claims. At the end of the cost reporting period, a reconciliation based on the hospitals' as-filed CMS 2552 cost report, for the payment period, and IowaCare claims data as

extracted from MMIS by the Department will be performed. The aggregate payments under the interim methodology will be determined and compared to the actual IowaCare program costs as determined from the hospital's audited or desk reviewed cost report. For purposes of this rule, aggregate payments include amounts received for the IowaCare program, outlier payments, as well as patient and third party payments up to the allowed amount. If the aggregate payments exceed the hospital's actual IowaCare costs the amount by which payments exceed actual costs will be requested and collected from the hospitals. If the aggregate payments are less than actual IowaCare costs an additional payment will be made to the hospital.

(2) Inpatient hospital services provided by Broadlawns Medical Center. Inpatient hospital services provided by Broadlawns Medical Center shall be paid at the Medicaid reimbursement rates and methodologies in effect on November 30, 2009.

d. Outpatient hospital services provided by IowaCare provider network. Outpatient hospital services provided by IowaCare provider network shall be paid at the Medicaid reimbursement rates and methodologies in effect on November 30, 2009.

e. Non-hospital services provided by IowaCare provider network excluding services provided by FQHCs. Non-hospital services provided by IowaCare provider network shall be paid at the Medicaid fee schedule amounts as of November 30, 2009, except for preventative exam codes in which the fee schedule amounts shall be based on the Medicaid physician fee schedule in effect on the date of service.

f. Emergency services provided outside the IowaCare provider network. Hospitals located in Iowa shall be paid at the Medicaid reimbursement rates and methodologies in effect on

December 1, 2009 up to the amount appropriated. No payment shall be made after appropriated funds are exhausted.