



IOWA HOUSE DEMOCRATS

BILL SUMMARY

Medicaid Efficiency HF 2462

Status of Bill: House Calendar

Committee: Human Resources (21-0)

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Lead Democrat: Rep. Heddens

Floor Manager: Rep. Koester

Summary

Division I-hawk-i

Transfers capitation process and member premium collection from a third party company to the Iowa Medicaid Enterprise (IME) for the hawk-i program.

Division II-Incarceration Data

Creates a standard system for all 99 counties to share monthly incarceration data with IME. Report has to include date of commitment or discharge. The Department of Human Services (DHS) will create a reporting system for counties to update inmate populations. Federal regulations prohibit Medicaid from paying for care for inmates except for inpatient hospital claims. This data will help IME to not pay out capitation rates that they shouldn't be paying.

Division III-Intent Language

Language that states the General Assembly intends to promote the effective and efficient administration of the Medicaid program.

Division IV-Pharmacy Copayment

Institutes a flat copayment of \$1.00 for all prescriptions. Currently, there are different copayments for drugs on the preferred list and the non-preferred list. With the implementation of a federal rule, Medicaid members will no longer receive a non-preferred drug unless it is medically necessary, so all drug copayments will be at the preferred amount of \$1.00.

Division V-Medical Assistance Advisory Council (MAAC)

Directs the MAAC to review all data collected for reporting to the General Assembly. The MAAC is then to make recommendations to the Governor and General Assembly determining which data points and information should be included in future reports.

Division VI-Reimbursement for Targeted Case Management

Instead of being reimbursed at 100% of the reasonable costs, beginning July 1, 2018, targeted case management will be reimbursed based on a statewide fee schedule developed by DHS. Services by non-state-owned providers will be reimbursed according to this fee schedule without reconciliation, while state-owned providers will be reimbursed at 100% of the actual and allowable cost of providing the service.

Thien, Kelsey [LEGIS]G:\Caucus Staff\Kelsey.Thien\2018 Session\Bill Summaries\Corrected-Need to Print\HF 2462-Medicaid Efficiency.docx|February 26, 2018|9:25 AM