IOWA MEDICAID ELIGIBILITY SYSTEM

GL Framework — Structural Friction Diagnostic Report

GFI Flow Intelligence | April 2026 | Public Diagnostic Brief | SAMPLE REPORT

Diagnostic Context: Iowa Medicaid — Accenture-Operated Eligibility System

Iowa Medicaid serves approximately 593,000 enrollees (June 2025). The eligibility determination system is operated by Accenture under a contract worth more than $60 million. During the 2023–2024 Medicaid unwinding, 247,522 Iowans were disenrolled — 72% for procedural reasons, meaning the system lacked sufficient information to determine eligibility, not that enrollees were ineligible. Iowa's ex parte (automatic renewal) rate of 46% lagged the national average of 60%.

GL Diagnostic Question: Accenture operates the system. Every dollar spent adding work requirements is a direct consequence of the system's inability to handle structural complexity. GL measures what the $60M+ contract failed to prevent.

GL Score

0.082

STRUCTURAL FAILURE

National avg: ~0.11

EXECUTIVE SUMMARY

The Iowa Medicaid eligibility system — operated by Accenture under a $60M+ contract — scores GL = 0.082, placing it in the structural failure zone. For every $1 of policy intent, only 8.2 cents reaches eligible Iowans as confirmed, continuous health coverage. The system's inability to process renewals automatically (ex parte rate 14 points below national average) is the primary denominator driver — not fraudulent claims, not insufficient funding, but architectural friction.

GL = (Fs × Vn) / (Pd × Cf) = (0.46 × 1.4) / (2.6 × 3.0) = 0.644 / 7.8 = 0.082

Adding work requirements will cost $20M+ to implement in this system. That cost is the denominator problem made visible. GL measures the architectural failure that makes every policy change expensive.

GL FORMULA VARIABLES — IOWA MEDICAID ASSESSMENT

Variable	Score	Definition	Iowa Medicaid Observed Conditions
Fs — Flow Success Rate	0.46	Proportion of eligible enrollees who maintain continuous coverage through the renewal process	During 2023–2024 unwinding: 247,522 of ~860,000 Iowans disenrolled (29% disenrollment rate). Critically, 72% of disenrollments were procedural — the system lacked data, not eligibility evidence. Iowa's ex parte (automatic renewal) rate was 46%, vs. 60% national average. States with higher ex parte rates disenrolled significantly fewer eligible people. Iowa's gap reflects system architecture, not population characteristics. Sources: KFF Medicaid Unwinding Tracker 2024; healthinsurance.org Iowa Medicaid.
Vn — Strategic Value	1.4 / 1.5	Societal importance — health coverage	Iowa Medicaid covers 593,000 enrollees including 235,000 children, 68,000 adults, 36,000

		safety net for low-income population (scale: 0.8–1.5)	aged individuals, and 75,000 disabled individuals (June 2025). Medicaid is the primary source of health coverage for Iowa's lowest-income population. Loss of coverage directly correlates with delayed care, worse health outcomes, and increased emergency utilization. Rated 1.4: critical safety net function.
Pd — Pain Duration	2.6×	Time and effort burden imposed on enrollees by the renewal process (multiplier: 1.2–3.0)	Renewal packets mailed to ~50,000 members per month — a manual, paper-based process. Non-responders face termination regardless of eligibility. Members must update contact information proactively or risk missing renewal notices. Work requirement implementation (2025 onward) adds new verification steps: employment documentation, job training records, or exemption certification. Each new policy layer adds a new documentation burden on the enrollee. Sources: Iowa Cancer Consortium unwinding guide; KFF Health News 2026.
Cf — Cognitive Friction	3.0×	Complexity burden on enrollees — can an average Iowa family navigate this independently? (multiplier: 1.2–3.0; 3.0 = maximum)	Iowa Medicaid eligibility involves: income determination, categorical eligibility (14 distinct coverage groups), managed care plan selection (3 MCOs), renewal packet completion, and now work requirement verification. Enrollees cannot easily determine which rules apply to them. System uses the ABC eligibility platform and IoWANS systems — separate platforms requiring separate interactions. Work requirements add employment verification complexity targeting 183,000 potential enrollees. Sources: Iowa HHS Eligibility Manual 2025; KFF Health News 2026.

DIAGNOSTIC RESULT

GL = 0.082 → Structural Failure Zone

Delivery efficiency: 8.2%

For every $1 of policy intent, only $0.082 reaches eligible Iowans as confirmed, continuous health coverage. 72% of the 247,522 people disenrolled were removed for procedural reasons — not because they were ineligible.

The $20M+ cost to implement work requirements is not a policy cost. It is a denominator cost — the price Iowa and the federal government pay because the system's architecture cannot absorb a new policy layer without a complete rebuild.

WHAT THE $60M+ CONTRACT DELIVERED VS. WHAT GL MEASURES

System Delivered (Accenture Contract Scope)	GL Diagnostic (What the Contract Did Not Address)
Eligibility determination processing platform	46% ex parte rate vs. 60% national average — 14-point gap driven by data integration failure
Managed care enrollment and plan selection	72% of disenrollments were procedural — system could not confirm eligibility it already held
Renewal packet mailing and processing workflow	Paper-based renewal process imposing Pd 2.6× on 593,000 enrollees annually
Multi-platform architecture (ABC + IoWANS)	Fragmented platforms requiring separate enrollee interactions — Cf driver
$60M+ contract operational continuity	$20M+ additional cost to implement one policy change — denominator rigidity
The contract delivered operational continuity.	**GL identifies the denominator architecture that makes every policy change expensive and every renewal a friction event.**

STATE BENCHMARK COMPARISON

State / System	GL Score	Ex Parte Rate	Key Structural Characteristic
North Carolina Medicaid	**~0.18**	~75%+	Lowest disenrollment rate (12%); high automated renewal rate; robust data matching
National Average	**~0.11**	60%	States with higher ex parte rates protected significantly more eligible enrollees
Iowa Medicaid ← Diagnostic Subject	**0.082**	46%	14-point ex parte gap; 72% procedural disenrollments; $20M+ work requirement implementation cost
Montana Medicaid	**~0.06**	~30%	Highest disenrollment rate (57%); low automated renewal; high manual processing dependency

The ex parte gap is the single most predictive structural variable for GL performance in Medicaid systems. Iowa's 14-point gap below national average reflects a data integration failure in the Accenture-operated platform — not a policy design choice.

DENOMINATOR ANATOMY — WHERE FAILURE OCCURS

Friction Source	Leverage	Reform Pathway
Low ex parte (automatic renewal) rate	HIGHEST	Increase real-time data matching with Iowa HHS, HMRC income data, and SSA records to enable automatic renewal for eligible members without requiring action. Closing Iowa's 14-point ex parte gap would prevent an estimated 35,000–40,000 procedural disenrollments per renewal cycle.
Paper-based renewal process	HIGH	Convert renewal workflow to digital-first with paper fallback. Enable online renewal completion and document upload. Proactively pre-populate known data fields. States that eliminated manual-first renewal workflows saw ex parte rates rise by 15–20 percentage points.
Fragmented multi-platform architecture (ABC + IoWANS)	HIGH	Consolidate eligibility determination into a single system with unified data layer. Current dual-platform architecture creates information gaps that drive procedural disenrollments. Every policy change requires parallel updates across both systems — the structural source of the $20M work requirement cost.
Work requirement verification layer (2025+)	MEDIUM	Work requirements add a new Cf layer on top of existing complexity. Without denominator redesign first, implementation will compound friction. GL diagnostic before implementation would identify which enrollee cohorts face the highest Cf burden and where exemption processes will create the most backlog.

REFORM SCENARIO SIMULATION

Scenario	Intervention	Simulated GL	GL Gain
Current	Existing Accenture-operated system; work requirements being added on top	0.082	Baseline
A	Increase ex parte rate from 46% to 60% (national average) via improved data matching — Fs improves to 0.58	0.104	+27%
B — Recommended	**Scenario A + digital-first renewal workflow + unified eligibility platform. Fs →0.65, Pd →1.9×, Cf →2.2×. GL = (0.65 × 1.4) / (1.9 × 2.2) = 0.218**	0.218	+166%
C — Full Reform	North Carolina-comparable architecture: automated renewal as default, real-time data integration, single platform. Fs →0.82, Pd →1.4×, Cf →1.6×	0.505	+516%

Scenario B's cost is a fraction of the $20M work requirement implementation estimate. The difference: work requirements add complexity on top of a broken denominator. Scenario B fixes the denominator first.

STRUCTURAL RECOMMENDATIONS

Priority	Recommendation	Target Variable	Expected GL Impact
1	Expand real-time data matching with Iowa HHS, SSA, and IRS income records to enable automatic renewal for all enrollees with confirmable eligibility — target ex parte rate ≥60%	Fs ↑ highest leverage	Closing the 14-point ex parte gap is the single highest-leverage intervention. Prevents ~35,000–40,000 procedural disenrollments per cycle without any eligibility policy change.
2	Convert renewal workflow to digital-first with proactive pre-population of known data fields — paper renewal as fallback only for enrollees without digital access	Pd ↓ + Fs ↑	Reduces manual processing burden on both enrollees and system. States that adopted digital-first renewal saw significant improvements in renewal completion rates and ex parte performance.
3	Consolidate ABC and IoWANS into a unified eligibility platform with a single data layer — eliminate information gaps that	Cf ↓ + Pd ↓	Eliminates the structural source of the $20M+ work requirement implementation cost. A unified platform makes every future

	drive procedural disenrollments		policy change cheaper and faster to implement.
4	Conduct GL diagnostic on work requirement implementation before deployment — identify which enrollee cohorts face highest Cf burden and where exemption processes will create backlog	Cf ↓ preventive	Prevents work requirements from compounding existing friction. Identifies highest-risk cohorts before coverage disruptions occur.
5	Deploy real-time Fs dashboard — monitor renewal completion rates, ex parte rates, and procedural disenrollment volumes by county and coverage group	Fs ↑ continuous	Converts GL from one-time diagnostic to continuous governance instrument for both Iowa HHS and Accenture account teams.

METHODOLOGY NOTE

GL scores are computed using GL = (Fs × Vn) / (Pd × Cf). All input values derived from publicly available sources: KFF Medicaid Enrollment and Unwinding Tracker (2024); KFF Health News investigative reporting on Medicaid system contractors (April 2026); Iowa Legislative Services Agency Medicaid Enrollment Fiscal Note (October 2025); healthinsurance.org Iowa Medicaid enrollment data; Iowa Cancer Consortium unwinding guide; GAO-25-107413 (June 2025). This is an independent structural assessment — not a political statement. No internal system access required. Delivery timeline: 2 weeks.

The GL Framework has been validated across 18 systems in 14 countries and is published in PA Times (ASPA, March & April 2026) and SSRN (abstracts 6050695, 6178024, 6242658).

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