



Your Guide to Medicaid Fee-for-Service (FFS)



Member Services:

Toll Free: **1-800-338-8366**

Local: **515-256-4606**

Website: <http://dhs.iowa.gov/ime/members>

Email: IMEMemberServices@dhs.state.ia.us

*Para solicitar este documento en español, comuníquese con Servicios para Miembros al teléfono **1-800-338-8366** de 8 a.m. a 5 p.m., de lunes a viernes.*

*For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking, call Relay Iowa TTY at **1-800-735-2942**.*

Welcome to Iowa Medicaid

Medicaid is a health insurance program for certain groups of people based on income levels. In addition to meeting certain income levels, you need to meet specific eligibility requirements before you can be considered for Medicaid. The following are some of these general requirements:

- A child under the age of 21
- A parent living with a child under the age of 18
- A woman who is pregnant
- A woman in need of treatment for breast or cervical cancer
- A person who is elderly (age 65 or older)
- A person who is disabled according to Social Security standards
- An adult between the ages of 19 and 64 and whose income is at or below 133 percent of the Federal Poverty Level (FPL)
- A person who is a resident of Iowa and a U.S. citizen
- Others may qualify

Inside this booklet, you will find information about the three Iowa Medicaid coverage groups and corresponding programs: **IA Health Link**, **Medicaid Fee-for-Service (FFS)**, and **Healthy and Well Kids in Iowa (*hawk-i*)**. Please take a few minutes to review the information in this booklet and if you have any questions, contact the Iowa Medicaid Member Services call center at:

Toll Free: **1-800-338-8366**

In the Des Moines area: **515-256-4606**

Fax: 515-725-1351

Email: IMEMemberServices@dhs.state.ia.us

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Member Responsibilities

As a Medicaid Fee-for-Service (FFS) member, it is your responsibility to:

- Be knowledgeable about your medical coverage.
- Keep all appointments you make with providers or call to cancel or reschedule. Some providers may stop seeing you if you miss one or more scheduled appointments.
- Ask **only** for medical services that are medically necessary. DHS may limit your services if you use Medicaid for services that are not necessary.
- Tell Iowa Medicaid Member Services about any changes to other health insurance coverage. Tell them if coverage ends, if you lose or get new coverage, or if you change insurance companies.
- Tell your medical providers about anyone else who may be legally responsible to pay your medical bills.
- Report to Iowa Medicaid Member Services if you are injured in an accident or if you claim medical negligence for something that required medical treatment.
- Report any settlements you get from lawsuits, insurance claims, or worker's compensation claims. Medicaid can be denied or canceled if you don't tell DHS about these settlements.
- Contact the Iowa Medicaid Enterprise (IME) if you were in a trauma-related incident. Some examples of trauma include any type of unexpected accident or injury that causes harm to the individual, including but not limited to, automobile or slip and fall. You or an IME representative must give consent before any documents will be released. Call the IME Revenue Collections/Lien Recovery Unit at **1-800-543-6742** or **515-256-4620** in the Des Moines area, Monday through Friday from 8 a.m. to 5 p.m.

Iowa Medicaid Fee-for-Service (FFS)

Some Iowa Medicaid members are served through a Fee-for-Service (FFS) system where their health care providers are paid separately for each service (like an office visit, test, or procedure). Members who are not transitioning to the IA Health Link managed care program will remain in Medicaid FFS. This includes members who qualify for or receive services from the following FFS programs:

- **Iowa Health and Wellness Program**

On January 1, 2014, Medicaid began to offer a health coverage option to adults age 19-64 with income up to and including 133 percent of the Federal Poverty Level (FPL). (A limited number of members in this program will be in the Medicaid FFS coverage program. The majority of Iowa Health and Wellness Plan members will be in the IA Health Link Program.)

- **Health Insurance Premium Payment Program (HIPP)**
- **Medicare Savings Program (MSP)**
- **Qualified Medicare Beneficiary (QMB)**
- **Specified Low-Income Medicare Beneficiary (SLMB)**
- **Three Day Emergency**
- **Medically Needy** (also known as the **spenddown program**)
- **Presumptive Eligibility** (subject to change once ongoing eligibility is determined)
- **Retroactive Eligibility for Previous Months**
- **American Indian or Alaskan Native program**

American Indians and Alaskan Natives may choose to enroll in the Managed Care program. If you are a member who identifies as American Indian or Alaskan Native, contact Iowa Medicaid Member Services at 1-800-338-8366 to learn about your healthcare options.

- **Program of All-Inclusive Care for the Elderly (PACE) program**

Please continue reading for further information on the Iowa Medicaid FFS program and if you have any questions, contact Iowa Medicaid Member Services Call Center at:

Toll Free: **1-800-338-8366**

In the Des Moines area: **515-256-4606**

Fax: 515-725-1351

Email: IMEMemberServices@dhs.state.ia.us

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Iowa Health and Wellness Plan

A limited number of members in this program will be in the Medicaid FFS coverage program. The majority of Iowa Health and Wellness Plan members will be in the IA Health Link Program. The Iowa Health and Wellness Plan refers to one plan that includes two separate coverage programs. All Iowa Health and Wellness Plan members are covered for the same types of health benefits but how members get medical care is different for each program. Eligibility is based on household income. To be eligible for the Iowa Health and Wellness Plan, you must:

- Be an adult age 19 to 64
- Have an income that does not exceed 133 percent of the Federal Poverty Level
 - Approximately \$15,521 for an individual
 - Approximately \$20, 921 for a family of two (or higher depending on family size)
- Live in Iowa and be a U.S. citizen
- Not be otherwise eligible for Medicaid or Medicare

For further information, go to: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/IHAWP>

Health Insurance Premium Payment Program (HIPP)

The HIPP program helps people get or keep health insurance through their employer by reimbursing the cost of the health insurance premium. HIPP helps by paying for the insurance premium. To qualify for HIPP:

- You or someone in your home must have Medicaid.
- You must have health insurance or be able to get it through your employer.
- The health insurance must be cost-effective.

AIDS/HIV Health Insurance Premium Payment (HIPP)

The AIDS/HIV HIPP program helps people living with AIDS/HIV-related illness. It pays their health insurance premiums when they become too ill to work. To qualify for services under the AIDS/HIV HIPP program, the person must:

- Not qualify for Medicaid
- Be a resident of Iowa
- Provide a doctor's certification that the person cannot work because of AIDS or HIV-related illness
- Be the health insurance plan policyholder or a dependent on the spouse's plan
- Have "liquid" assets (cash, stocks, bank accounts, etc.) less than \$10,000
- Meet the income limits

The HIPP program does not provide premium assistance for:

- Insurance for someone who does not live in your home.
- School plans based on enrollment or attendance as a student.
- An insurance plan that pays income to the policyholder or pays only limited amounts for services.
- Plans that are limited to a temporary period of time.

- Plans that have an absent parent as the policyholder, or when the policyholder is not part of your Medicaid household.
- An insurance premium that is used to reduce the Medically Needy Spenddown amount for Medicaid or used as a deduction in computing the client participation.
- Anyone covered by Medicare, Medicaid Kids with Special Needs (MKSNS), Iowa Family Planning Network (IFPN), or Health Insurance Plan Iowa (HIPIOWA).
- Insurance is maintained on the Medicaid-eligible persons in the household through more than one source (e.g., insurance maintained by both parents, or a parent and a stepparent, self and a parent).

For further information, go to: <http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

For questions regarding HIPP:

Toll Free: **1-888-346-9562**

Fax: 515-725-0725

Email: hipp@dhs.state.ia.us

Medicare Savings Program (MSP)

Medicaid is a joint federal and state program that helps pay medical costs for individuals with limited income and resources. Individuals with Medicare Part A and/or Part B, who have limited income and resources, may get help paying for their out-of-pocket medical expenses from their State Medicaid Program. Iowa has programs that can help pay your Medicare expenses, like your premiums, deductible, and coinsurance.

Qualified Medicare Beneficiary (QMB)

Under the QMB program, Medicaid only pays Medicare premiums, deductibles, and coinsurance for persons who are qualified Medicare beneficiaries. If you have Medicare Part A and your resources and income are within QMB limits, you could be eligible as a qualified Medicare beneficiary.

Specified Low-Income Medicare Beneficiary (SLMB)

SLMB will only pay your Medicare Part B premium. The income limit is over 100 percent but less than 135 percent of the federal poverty level. Ask your DHS worker about SLMB.

For further information, go to: <https://dhs.iowa.gov/sites/default/files/Comm060.pdf>

For questions regarding MSP, QMB, or SLMB, please contact your local DHS office.

Three Day Emergency

Up to three days of Medicaid is available to pay for the cost of emergency services for aliens who do not meet citizenship, alien status or social security number requirements. The emergency services must be provided in a facility such as a hospital, clinic or office that can provide the required care after the emergency medical condition has occurred.

Medically Needy (also known as the **spenddown program**)

If your income is too high for Medicaid but your medical costs are so high that it uses up most of your income, you may qualify for some payment help through the Medically Needy plan. If you qualify, you are responsible for paying some of the costs of your medical expenses. Medically Needy covers:

Pregnant women if:

- Family income is over 300 percent of the federal poverty limits (FPL) for a household of the same size. This includes the unborn baby.
- Family resources are not more than \$10,000. People under age 21 if family income is over the income limit for regular Medicaid.

People who are aged, blind or disabled who:

- Would be eligible for SSI (Supplementary Security Income) except that income or resources (assets) are over the limit, and
- Are age 65 or older, or
- Are legally blind as defined by Social Security, or
- Are disabled as defined by Social Security.

Adults who care for dependent children under the age of 19 and still in school, if:

- They are the parent, aunt, uncle, grandparent or disabled stepparent of a dependent child, and
- Their income is over the income limit for Medicaid for families, or their resources (assets) are over the resource limit for Medicaid for families.

For further information, go to: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/medically-needy>

Presumptive Eligibility

Presumptive eligibility (PE) provides Medicaid for a limited time while a formal Medicaid eligibility determination is being made by the Iowa Department of Human Services (DHS). The goal of the presumptive eligibility process is to offer immediate health care coverage to people likely to be Medicaid eligible, before there has been a full Medicaid determination. Based on a household's statements regarding their circumstances and income, a qualified entity (QE) can enter the applicant's information into the Medicaid Presumptive Eligibility Portal (MPEP). If determined to be eligible, the applicant will have temporary Medicaid eligibility during the presumptive eligibility period. A "qualified entity" or QE is generally defined as an enrolled Iowa Medicaid provider who is certified by DHS and is authorized to make presumptive eligibility determinations.

Retroactive Eligibility for Previous Months

You may qualify for Medicaid for up to three months before the month you applied. These months are called the "retroactive period."

You can qualify for retroactive benefits only if **all** of these statements are true:

- You have medical bills for services that you received during the retroactive period. (The bills can be paid or unpaid.)
- The bills are for services covered by Medicaid.
- You would have qualified for Medicaid in the months you got services, if you had applied.

There is an exception. These groups do **not** allow retroactive benefits:

- Iowa Family Planning Network (IFPN)
- Home- and Community-Based Services Waiver (HCBS)
- Program for All-Inclusive Care for the Elderly (PACE)
- Qualified Medicare Beneficiary (QMB)

For questions regarding Retroactive Eligibility, please contact your local DHS office.

American Indian or Alaskan Native

American Indians and Alaskan Natives may choose to enroll in the Managed Care program. If you are a member who identifies as American Indian or Alaskan Native and would like to enroll in the IA Health Link Managed Care program, please contact Iowa Medicaid Member Services.

American Indian or Alaska Native benefits:

- When eligible American Indians and Alaska Natives enroll in Medicaid or the Children's Health Insurance Program (CHIP), they are able to get the robust package of health benefits these programs provide.
- Indian Health Facilities benefit when they get federal reimbursement for services delivered to Medicaid and CHIP members.
- Medicaid and CHIP can help American Indian and Alaska Native families as well as their communities.

Program of All-Inclusive Care for the Elderly (PACE) Program

PACE is a program that blends Medicaid and Medicare funding. The PACE program must provide all Medicare and Iowa Medicaid covered services as well as other services that will improve and maintain the member's overall health status. The focus of the PACE program is to provide needed services that will allow persons to stay in their homes and communities. Long-term care services are covered, if necessary.

PACE Eligibility Requirements

The PACE program is designed for members who:

- Are 55 years of age or older
- Live in a PACE-designated county
- Have chronic illnesses or disabilities that require a level of care equal to nursing facility services
- Can live safely in their homes and community with help from PACE services

Services Available at the PACE Center	Other PACE Benefits
<ul style="list-style-type: none"> • Meals • Nutritional counseling • Personal care services • Physical therapy, occupational therapy, and other restorative therapies • Primary medical care (including physician and nursing services) • Recreational therapy and social activities • Social work services • Transportation • Prescription drugs 	<ul style="list-style-type: none"> • Ambulance services • Audiology services • Dental services • Home health services • Hospice services • Inpatient hospital services • Laboratory and x-ray services • Medical equipment and supplies • Nursing facility services • Optometric services • Outpatient hospital services • Palliative care services • Podiatry services

Interdisciplinary Team

The PACE center staff, representing the services listed above; the PACE member, the PACE transportation driver, and the PACE center manager are the PACE interdisciplinary team (IDT). The IDT determines medically necessary services and coordinates all care.

Applying for the PACE Program

PACE designated counties and PACE providers are listed at the following link:
<http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/pace>

A PACE enrollment coordinator will schedule a meeting to provide further information about the PACE program. If you would like to proceed with an application for the PACE program, the PACE enrollment coordinator and PACE staff will assist you throughout the application process.

IA Health Link Managed Care Program

All new Iowa Medicaid members will receive their Medicaid coverage directly from Iowa Medicaid as a Fee-for-Service (FFS) member for the first two months of service. After eligibility is determined for new members, most members will be placed in the IA Health Link managed care program. Members who will be transitioning to the IA Health Link managed care program will receive information regarding their transition in their first two months of health coverage as an Iowa Medicaid member. IA Health Link is a program that gives members quality health coverage that is covered by a Managed Care Organization (MCO), also known as a health plan. Members in this program choose which MCO will manage their care. Most members who get coverage through Iowa Medicaid will be enrolled in this managed care program.

For information about each MCO and their provider network, you can contact them directly!

Amerigroup Iowa, Inc.

Member Services Phone: **1-800-600-4441**

Website: www.myamerigroup.com/IA

Member Services Email: MPSWeb@amerigroup.com

AmeriHealth Caritas Iowa, Inc.

Member Services Phone: **1-855-332-2440**

Website: www.amerhealthcaritas.com

Member Services Email: members@amerihealthcaritasia.com

UnitedHealthcare Plan of the River Valley, Inc.

Member Services Phone: **1-800-464-9484**

Website: www.UHCCommunityPlan.com

Each MCO will have a network of providers across the state of Iowa who members may see for care. The MCOs will coordinate care to help members stay healthy. Examples of members who will be transitioning to the IA Health Link Managed Care Program are:

- **Iowa Health and Wellness Program**

On January 1, 2014, Medicaid began to offer a health coverage option to adults age 19-64 with income up to and including 133 percent of the Federal Poverty Level (FPL). (A limited number of members in this program will be in the Medicaid FFS coverage program. The majority of Iowa Health and Wellness Plan members will be in the IA Health Link Program.)

- **Long Term Care (LTC)**

- **Home- and Community-Based Services (HCBS) Waivers**
- **Intermediate Care Facilities for Persons with Intellectual Disabilities**
- **Residential Care Facilities**
- **Nursing Facilities and Skilled Nursing Facilities**

- **Medicaid for Employed People with Disabilities (MEPD)**

- **Medicare Assistance (Dual Eligibility)**

- **Iowa Family Planning Network (IFPN)**

For access to the full IA Health Link Managed Care handbook, please visit:

http://dhs.iowa.gov/sites/default/files/IAHealthLinkMemberHandbook_FinalOnlineVersion.pdf

For further information on the IA Health Link Managed Care program, please visit:

<http://dhs.iowa.gov/iahealthlink>

Iowa Health and Wellness Plan

A limited number of members in this program will be in the Medicaid FFS coverage program. The majority of Iowa Health and Wellness Plan members will be in the IA Health Link Program. The Iowa Health and Wellness Plan refers to one plan that includes two separate coverage programs. All Iowa Health and Wellness Plan members are covered for the same types of health benefits but how members get medical care is different for each program. Eligibility is based on household income. To be eligible for the Iowa Health and Wellness Plan, you must:

- Be an adult age 19 to 64
- Have an income that does not exceed 133 percent of the Federal Poverty Level
 - Approximately \$15,521 for an individual
 - Approximately \$20,921 for a family of two (or higher depending on family size)
- Live in Iowa and be a U.S. citizen
- Not be otherwise eligible for Medicaid or Medicare

For further information, go to: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/IHAWP>

Long Term Care (LTC) Services

Long term care services are available for Medicaid members to help them maintain a good quality of life in settings such as their home or, if needed, in a facility. Services are intended to help people reach the highest degree of independence possible. Some available LTC services are:

Home- and Community-Based Services (HCBS) Waivers

Home- and Community-Based Services (HCBS) are for people with disabilities and older Iowans who need services to allow them to maintain a good quality of life and stay in their home and community instead of going to an institution. You must be eligible for Medicaid and also meet the requirements of the HCBS program you are applying for and/or receiving. You will need to be certified as being in need of nursing facility level care, skilled nursing facility level care, hospital level care, or being in need of intermediate care or an intermediate care facility for the intellectually disabled. For more information about each HCBS waiver program please visit: <http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs>

Iowa currently has seven HCBS waiver programs:

- AIDS/HIV waiver
- Brain injury waiver
- Children's mental health waiver
- Elderly waiver
- Health and disability waiver
- Intellectual disability waiver
- Physical disability waiver

Intermediate Care Facilities for Persons with Intellectual Disabilities

Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID) provide 24-hour active treatment and services for persons with intellectual disabilities and other related conditions.

Residential Care Facilities

Residential Care Facilities (RCF) provide organized continuous 24-hour care and services for persons who need supports other than nursing care.

Nursing Facilities and Skilled Nursing Facilities

Nursing facilities provide 24-hour care for individuals who need nursing or skilled nursing care. Medicaid helps with the cost of care in nursing facilities, but you must be medically and financially eligible for care in a nursing facility.

For questions regarding Long Term Care Services, please contact your local DHS office.

Medicaid for Employed People with Disabilities (MEPD)

MEPD is a Medicaid coverage group to allow persons with disabilities to work and continue to have access to medical assistance. MEPD members have all Iowa Medicaid benefits.

People who are disabled and have earned income can get Medicaid under the MEPD program when the person:

- Is under the age 65.
- Is still considered to be disabled based on SSI medical criteria for disability.
- Has earned income from employment or self-employment.
- Meets general SSI-related Medicaid eligibility requirements.
- Is not eligible for any other Medicaid coverage group other than QMB, SLMB, or Medically Needy.
- Have resources less than \$12,000 for an individual and \$13,000 for a couple.
- Has net family income less than 250 percent of the federal poverty level.
- Pays any premium due for the month of eligibility.

For further information on the MEPD program, please visit:

<http://dhs.iowa.gov/ime/members/medicaid-a-to-z/mepd>

For questions regarding Medicaid for Employed People with Disabilities (MEPD), please contact your local DHS office.

Medicare Assistance (Dual Eligibility)

If your income is low and you have a hard time paying Medicare premiums, Medicaid may be able to help pay the premiums. (Please refer to Medicare Savings Program.)

Iowa Family Planning Network (IFPN)

Services are available for men and women between the ages of 12 and 54. Iowa's Family Planning Network (IFPN) waiver program may be able to help with the cost of family planning related services.

Services available in the IFPN:

- Birth control exams and advice
- Limited testing and treatment for sexually transmitted diseases (STDs)
- Pap tests
- Birth control supplies for men and women
- Voluntary sterilization for men and women who are over the age of 21 and have signed a valid sterilization consent form

Services NOT available in the IFPN:

- Hospital visits (except during sterilization)
- Dental
- Vision
- Chiropractic care
- Medical or health care services not related to those covered by IFPN

To check your coverage call Member Services at **1-800-338-8366** or in the Des Moines area at **515-256-4606**.

For further information on the IFPN program, please visit: <http://dhs.iowa.gov/ime/members/who-receives-medicaid>

For questions regarding Iowa Family Planning Network (IFPN), please contact your local DHS office.

Healthy and Well Kids in Iowa (*hawk-i*)

Iowa offers *hawk-i* health care coverage for uninsured children of working families. The amount members pay is based on your family's income. No family pays more than \$40 a month and some families pay nothing at all. A child who qualifies for *hawk-i* health insurance will get all of his or her health care services through a health plan that has agreed to participate in the program.

For information about each MCO and their provider network, you can contact them directly!

Amerigroup Iowa, Inc.

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Website: www.myamerigroup.com/IA

AmeriHealth Caritas Iowa, Inc.

Member Services Phone: **1-855-332-2440**

Website: www.amerihealthcaritas.com

UnitedHealthcare Plan of the River Valley, Inc.

Member Services Phone: **1-800-464-9484**

Website: www.UHCCommunityPlan.com

For information about the available dental services and available dental providers, please call:

Delta Dental

Member Services Phone: 1-800-544-0718

Website: <http://www.deltadentalia.com/>

For further information on the Healthy and Well Kids in Iowa (**hawk-i**) program, please visit:

<http://www.hawk-i.org/>

Basic Medicaid Fee-for-Service (FFS) Information

Please continue reading for further information on the Iowa Medicaid FFS program and if you have any questions, contact Iowa Medicaid Member Services Call Center at:

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Limits to Medicaid-Covered Services

Some medical services may require certain approvals or may not be covered at all. Listed below are some limits to Medicaid service coverage; this is not a complete list. Please speak with your healthcare provider if you have questions about these service limitations.

- Limits to coverage for organ and tissue transplants. Only certain types of transplants are covered. For some transplants, you must get approval **before** the transplant. Your provider should know what types of transplants are covered and when approval is needed.
- **No** coverage for surgery for obesity without approval before the surgery. Only certain types of surgeries for obesity are covered, even with approval. Your medical provider should know what is covered. The provider will ask for the approval.
- **No** coverage for cosmetic, plastic, or reconstructive surgery to improve appearance for psychiatric purposes.
- **No** coverage for flatfoot treatment and routine foot care, such as cutting or removing corns or calluses and trimming nails.
- **No** coverage for acupuncture treatments.
- Call the Iowa Department of Human Services (DHS) if you suspect that someone is misusing their Medicaid benefits or someone who is not your provider requests your Medicaid information. Please call the Iowa Department of Human Services at 1-800-831-1394, Monday through Friday from 8 a.m. to 5 p.m.

Iowa Medicaid Benefits Packages

Plan Benefits	Traditional Medicaid Eligibility	Iowa Health and Wellness Plan		Iowa Family Planning Network	Home- and Community-Based Services
		Iowa Wellness Plan	Medically Exempt Coverage (Medicaid State Plan)		
Ambulatory Patient Services <ul style="list-style-type: none"> • Physician services • Primary care 	Covered	Covered	Covered	Not covered	Covered
Chiropractic	Covered	Covered	Covered	Not covered	Covered
Dental	Covered through Iowa Medicaid	Covered through the Dental Wellness Plan	Covered through the Dental Wellness Plan	Not covered	Covered through Iowa Medicaid
Emergency Services <ul style="list-style-type: none"> • Emergency room • Ambulance 	Covered	Covered	Covered	Not covered	Covered
Family Planning Services	Covered	Covered	Covered	Covered	Covered
Hearing Aids	Covered	Not covered	Covered	Not covered	Covered
Home Health	Covered	Covered Private duty nursing and personal care is not covered	Covered	Not covered	Covered
Hospice	Covered Respite: May only be used in five-day spans	Covered Respite: 15 day inpatient and 15 day outpatient lifetime limit	Covered Respite: May only be used in five-day spans	Not covered	Covered Respite: May only be used in five-day spans
Hospitalization	Covered	Covered	Covered	Not covered, with exception to sterilization	Covered
Lab Services <ul style="list-style-type: none"> • X-rays • Lab tests 	Covered	Covered	Covered	Not covered	Covered
Prescription Drugs	Covered	Covered	Covered	Limited to birth control	Covered

Plan Benefits	Traditional Medicaid Eligibility	Iowa Health and Wellness Plan		Iowa Family Planning Network	Home- and Community-Based Services
		Iowa Wellness Plan	Medically Exempt Coverage (Medicaid State Plan)		
Mental Health and Substance Use Disorder Services Inpatient/Outpatient Services provided by: <ul style="list-style-type: none"> • Hospitals • Psychiatrists • Psychologists • Social workers • Family and marital therapists • Licensed mental health counselors 	Covered	Covered	Covered	Not covered	Covered
Other Mental Health Services	Covered	Not covered	Behavioral Health Intervention Services (BHIS) Assertive Community Treatment (ACT)	Not covered	Behavioral Health Intervention Services (BHIS) Assertive Community Treatment (ACT)
Other Benefits <ul style="list-style-type: none"> • Bariatric surgery • Temporomandibular Joint (TMJ) • Intermediate care facility (nursing facility) • Intermediate care facility for the intellectually disabled 	Covered Not covered	Not covered Not covered	Covered Covered	Not covered Not covered	Covered Covered
Podiatry	Covered	Covered Routine foot care	Covered	Not covered	Covered

Plan Benefits	Traditional Medicaid Eligibility	Iowa Health and Wellness Plan		Iowa Family Planning Network	Home- and Community-Based Services
		Iowa Wellness Plan	Medically Exempt Coverage (Medicaid State Plan)		
Rehabilitative and Habilitative Services <ul style="list-style-type: none"> • Physical therapy • Occupational therapy • Speech therapy 	Covered	Covered 60 visits covered each year for each therapy type	Covered; no limits	Not covered	Covered; no limits
Skilled Nursing Facility	Covered	Limited to 120 days annually	Limited to 120 days annually	Not covered	Covered; no limits
Non-Emergent Medical Transportation	Covered	Not covered	Covered	Not covered	Covered
Vision Care Exams	Covered	Covered	Covered	Not covered	Covered
Eyeglasses	Covered	Not covered	Covered	Not covered	Covered

Ambulance

In an emergency, call 911 for an ambulance. Tell the ambulance driver to take you to the nearest hospital.

But remember, Medicaid will pay for ambulance transportation to a hospital or skilled nursing facility **only** when it would be dangerous for your health for you to go on your own.

Medicaid may cover an air ambulance when a ground ambulance can't get you to care fast enough. If an ambulance is called to your home and you decline transport, Iowa Medicaid will not pay for the charges. You may be billed and be responsible for payment.

Ambulatory Surgical Center

Medicaid covers surgical services that are medically necessary, with the same limits as for doctor services.

Appeals Process

An appeal is a formal process involving the Department of Human Services (DHS) and the Department of Inspections and Appeals (DIA) regarding unpaid medical bills.

What is an appeal?

An **appeal** is asking for a hearing because you do not like a decision DHS makes. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7].

How do I appeal?

Filing an appeal is easy. You can appeal in person, by telephone or in writing for Food Assistance or Medicaid. You must appeal in writing for all other programs. To appeal in writing, do **one** of the following:

- Complete an appeal electronically at <https://dhssecure.dhs.state.ia.us/forms/>, **or**
- Write a letter telling us why you think a decision is wrong, **or**
- Fill out an Appeal and Request for Hearing form. You can get this form at your county DHS office.

Send or take your appeal to:

**Department of Human Services
Appeals Section, 5th Floor
1305 E Walnut Street
Des Moines, IA 50319-0114**

If you need help filing an appeal, ask your county DHS office.

How long do I have to appeal?

For Food Assistance or Medicaid, you have 90 calendar days to file an appeal from the date of a decision. For all other programs, you must file an appeal:

- Within 30 calendar days of the date of decision **or**
- Before the date of decision goes into effect

If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you get a hearing. If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

Can I continue to get benefits when my appeal is pending?

You may keep your benefits until an appeal is final or through the end of your certification period if you file and appeal.

- Within 10 calendar days of the date the notice is received. A notice is considered to be received 5 calendar days after the date on the notice or
- Before the date a decision goes into effect

Any benefits you get while your appeal is being decided may have to be paid back if the Department's action is correct.

How will I know if I get a hearing?

You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. This letter will tell you why you did not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

Can I have someone else help me in the hearing?

You or someone else, such as a friend or relative can tell why you disagree with the Department's decision. You may also have a lawyer help you, but the Department will not pay for one. Your county DHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 515-243-1193.

Policy Regarding Discrimination, Harassment, Affirmative Action, and Equal Employment Opportunity

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees, and clients without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, please send a letter detailing your complaint to: Iowa Department of Human Services, Hoover Building, 5th Floor – Policy Bureau, 1305 E Walnut Street, Des Moines, IA 50319-0114 or via email contactdhs@dhs.state.ia.us

Right to Submit a Grievance

If you want to file a complaint involving access to care, quality of care, communication issues with your primary care provider, or unpaid medical bills and you are enrolled in the Iowa Medicaid FFS program, you may contact Iowa Medicaid Member Services call center at 1-800-338-8366 toll free or 515-256-4606 in the Des Moines area.

Behavioral Health

Most Iowa Medicaid Fee-for-Service (FFS) members are eligible for behavioral health benefits such as mental health services and substance abuse treatment. For further information, contact Iowa Medicaid Member Services.

Birth Control and Family Planning Clinics

Medicaid family planning services include counseling, medical exams, laboratory tests, medications and supplies for family planning. You can get these supplies from any provider who takes Medicaid.

Medicaid covers:

- Most birth control drugs and supplies for men and women. Brand-name birth control drugs or supplies may need your provider's approval.
- Oral contraceptives prescribed in 90-day supplies.

Card (Iowa Medicaid Eligibility Card)

All members receive a *Medical Assistance Eligibility Card* (form 470-1911).

- Keep your card until you get a new one.
- Always carry your card with you and don't let anyone else use it.
- Show your card to the provider every time you get care.
- If you lose your Medicaid card, call Iowa Medicaid Member Services.
- If you go off of Iowa Medicaid and come back on, a new card will not be issued.
- Please contact Member Services to request a new Medicaid card.



Managed Care Organization Card

In addition to the Iowa Medicaid card, IA Health Link Managed Care program members will receive a card from the Managed Care Organization (MCO) whom they are enrolled with. IA Health Link members will need to present both cards when receiving services.

Case Management (Targeted)

Medicaid Targeted Case Management (TC) is a service that manages multiple resources for Medicaid members. It is designed to help persons with intellectual disabilities, brain injury or developmental disabilities gain access to appropriate and necessary medical services and interrelated social and educational services.

Children's Services

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) "Care for Kids"

EPSDT is a program for children to receive preventative health care services including oral health services. EPSDT covers Medicaid eligible children ages birth through 20 years of age at no charge. EPSDT will cover health exams and Medicaid will cover any follow-up services needed as a result of the screening.

Services covered by EPSDT:

- Regular medical checkups
- Information about growth, diet, and development
- Immunizations (shots) like measles and mumps
- Regular vision and hearing checkups
- Regular dental checkups

To find out if a doctor, clinic or dentist offers Care for Kids, ask if they are a "Medicaid Provider." Any Medicaid provider can offer the services.

Infant and Toddler Services: Early ACCESS Program

Early ACCESS is Iowa's Individuals with Disabilities Education Act (IDEA) Part C early intervention system. If you have questions or concerns about how your infant or toddler plays, hears, sees, talks, eats or moves, contact Early ACCESS.

Services are available via phone, email, or the Iowa Family Support Network website. Intake and referral specialists are available by phone Monday through Friday, 8 a.m. to 6 p.m. at **1-888-IAKIDS1 (1-888-425-4371)**.

For further information on the Early ACCESS program, you may also visit:

<http://www.iafamilysupportnetwork.org/early-access-iowa/what-is-ea>

Local or Area Education Services

Medicaid may cover these services provided by local or area education agencies:

- Physical therapy
- Occupational therapy
- Speech therapy
- Mental health services
- Hearing services
- Nursing services

For assistance with children's services, please contact Healthy Families at: **1-800-369-2229**

Chiropractic Services

Except for members who are pregnant or under the age of 18, Medicaid covers only Chiropractic Manipulative Therapy (CMT) for subluxation or misalignment of the spine that is proven by an x-ray.

Clinics

Clinic services have the same coverage and limits as doctors and hospitals. Public Health Clinics are only able to provide immunizations and communicable disease testing under Medicaid.

Community Mental Health Centers

Medicaid may cover services by a psychiatrist, psychologist, social worker or psychiatric nurse. The provider must be on the staff of a DHS-certified community mental health center.

Copayments

Some medical services have a copayment, which is your share of the cost. If there is a copayment, you will pay it to the provider. The provider will tell you the cost.

- You will be charged a \$3.00 copayment for each visit to the emergency room that is not considered an emergency. (See below for examples of true emergencies).
- Iowa Health and Wellness Plan members will be charged an \$8.00 copayment for each visit to the emergency room that is not considered an emergency

Examples of true emergencies are:

- A serious accident
- Poisoning
- Heart attack
- Stroke
- Severe bleeding
- Severe burns
- Severe shortness of breath

Children under the age of 21 and pregnant women **will not be** charged a copayment for any services.

Dental Services

Iowa Medicaid members will get their dental services from providers in their coverage plan. For further information on dentists in the Iowa Medicaid network, please visit <http://dhs.iowa.gov/ime/members/find-a-provider>.

Dental services may include teeth cleaning, fillings, extractions, disease control, and surgery. Dental services for Iowa Health and Wellness Plan members are available through the Dental Wellness Plan. Dental services are not available to members enrolled with the Iowa Family Planning Network.

Dental services are available to all other members through the Fee-for-Service (FFS) program. Dental services have these limits:

- Routine exam: 1 time every 6 months
- Teeth cleaning: 1 time every 6 months
- Bitewing x-ray: 1 time every 12 months
- Complete x-ray: 1 time every 5 years, unless there is a need
- Sealant: only 1 time per tooth
- Dentures: 1 time every 5 years
- Complete exam: only once per dental provider

There is a more thorough exam done if you have never been to that dentist or have not been to the dentist in three years.

Doctor Visits

Medicaid covers these services performed in an office, clinic, hospital, your own home or other places:

- Medical and surgical services
- Diagnostic tests, including lab tests
- X-rays
- Treatment procedures
- Physical exams once a year with basic lab tests for members, including children and newly settled refugees, if they qualify

Emergency (ER) and Urgent Care

Emergent Care

An emergency is considered any condition that could endanger your life or cause permanent disability if not treated immediately.

If you have a serious or disabling emergency, you do not need to call your provider. Go directly to the nearest hospital emergency room or call an ambulance. (See the previous page for the definition of emergency situations).

Urgent Care

Urgent care is when you are not in a life-threatening or a permanent disability situation and have time to call your primary care provider. If you have an urgent care situation, you should call your provider to get instructions. The following are some examples of urgent care:

- Fever
- Stomach pain
- Earaches
- Sore throat
- Upper respiratory infection
- Minor cuts and lacerations

Estate Recovery

Federal law calls for Iowa to have an estate recovery program when Medicaid dollars are used to pay for medical assistance for people who are:

- 55 years old or older at the time you get Medicaid.
- Under age 55, live in a long-term care facility and are not likely to return home.

When a person who gets medical assistance dies, their assets must be used to repay the Iowa Department of Human Services (DHS) for the money that was spent on medical care. Assets can include cash, trusts, houses, land, personal property, cars or any other asset that you own at the time of death.

The collection can be delayed if there is a surviving spouse, dependent or disabled child. The collection can also be delayed if the collection would cause hardship to your family.

For additional information about the Estate Recovery Program only, please contact:

Iowa Medicaid Estate Recovery Program
Toll Free: **877-463-7887**
Des Moines area: 515-246-9841
Email: estates@dhs.state.ia.us

Eye Exams and Eyeglasses

Vision services may include eye exams, glasses, repairs to glasses and visual aids. Covered services include:

- Lens correction
- Protective lenses
- New frames
- Safety frames
- Contact lenses
- Replacement glasses
- Vision exams

Contact Member Services for more information on eye care services.

Federally Qualified Health Center

These services are covered, with the same limits as for doctors and dentists. Covered services provided by a federally qualified health center can include doctor, nurse practitioner, physician assistant, and other ambulatory services.

Health Home for Members with Chronic Conditions

Your health home is not a building or a place of residence. It's an approach to care that provides you with a team of professionals working together to meet all your healthcare needs. In some areas, a health home may be available for enrollment. This is an opportunity for you to play a big role in your healthcare and achieve healthier results related to chronic medical conditions. Learn more about this program at <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/health-home>.

Who Does a Health Home Cover?

- Includes members enrolled in full Medicaid benefits, Medicaid-Medicare members (dually eligible), adults, and children
- Members must have at least two chronic conditions from the list below, or
- One chronic condition and at risk of a second condition from the list below:
 - Hypertension
 - Overweight
 - Heart disease
 - Diabetes
 - Asthma
 - Substance abuse
 - Mental Health

What Services are Covered by a Health Home?

- A primary care provider that manages all of your healthcare
- A nurse available to help you identify and achieve your health and wellness goals
- Access to support services to remove barriers to achieving better health
- Access to health education and promotion to address smoking, nutrition, and physical activity

- Assistance with transitional care and discharge planning after hospitalization or rehab
- Assistance in finding community resources and support services
- Assisting with managing your medication and medical treatments
- One plan of care that you participate in

How to Apply for Health Home?

It is your choice to become a part of a Health Home. This is a voluntary program, through the engagement of your provider. If you are interested in being part of a Health Home, call Member Services at **1-800-338-8366** or locally in the Des Moines area at **515-256-4606**.

Hearing Services

Medicaid Fee-for-Service (FFS) covers hearing tests and will pay for hearing aids, batteries, supplies, and repairs if you need hearing aids.

Hearing services have these limits:

- Hearing aids: 1 time every 4 years, per ear
- Hearing exams: 1 time every 4 years, per ear

Home Health Care

Home health services can be given in the member's home by a Medicare-certified home health agency for an illness or injury.

Types of care in your home include:

- Skilled nursing care
- Physical, occupational or speech therapy
- Medical social services
- Home health aide

To be covered by Medicaid, home health services must be medically necessary to treat illness or injury and ordered by your physician.

Medicaid does **not** cover:

- Home care services to help people meet personal family and domestic needs
- Full-time nursing care at home
- Private-duty nursing services at home, except for persons up to age 21 when the care is medically necessary and pre-authorized

Hospice Care

For a member who is terminally ill and who decides to forego curative care for his or her terminal illness, hospice provides palliative care that will provide pain management for the terminal illness and related conditions. In addition to pain management, hospice includes other medical, physical, intellectual, emotional, social, and spiritual services for the member and his or her family or natural caregivers consistent with the member's wishes and needs.

For further information on hospice care, please visit:

<https://dhs.iowa.gov/ime/members/medicaid-a-to-z/long-term-care/hospice>

Hospitalization

Medicaid Fee-for-Service (FFS) covers both inpatient and outpatient hospital care, with some limits. Please consult your provider for further information.

Integrated Health Home for Members with Chronic Conditions

An Integrated Health Home (IHH) is a team of professionals working together to provide whole-person, patient-centered, coordinated care for adults with a serious mental illness (SMI) and children with a serious emotional disturbance (SED).

How to Apply for Integrated Health Home?

It is your choice to become a part of an Integrated Health Home. This is a voluntary program, through the engagement of your provider. If you are interested in being part of an Integrated Health Home, call Member Services at **1-800-338-8366** or locally in the Des Moines area at **515-256-4606**.

Lab and X-ray

Medicaid FFS covers many lab and x-ray services. Please consult your provider regarding whether the test is covered. If it is not covered by Medicaid, you will have to pay for it.

Maternity Care and Birth Center Services

Maternal health centers provide:

- Prenatal care (care during pregnancy)
- Health education
- Nutritional services
- Social services and case management

Birth center services provide:

- Prenatal care
- Delivery
- Postpartum care (after the birth)

Please contact Member Services for further information on available maternity care and birth center services at **1-800-338-8366** or **515-256-4606** in the Des Moines area, Monday through Friday from 8 a.m. to 5 p.m.

Medical Equipment and Supplies

Medicaid may cover medical equipment and supplies that you need. Your doctor must write an order for equipment and supplies.

Please consult your provider regarding eligibility of medical equipment and supplies.

Member Services Call Center

Iowa Medicaid Member Services

For questions about:

- Billing
- Address changes
- Medicaid Information
- Special approval for authorizations
- New Medicaid card
- Third party liability

Toll Free: **1-800-338-8366** or in the Des Moines area at **515-256-4606**

Monday through Friday; 8 a.m. to 5 p.m.

Email: IMEMemberServices@dhs.state.ia.us

Department of Human Services (DHS) Contact Center

To report changes such as:

- Address
- Birth of a child
- Medical assistance
- Food assistance
- Cash assistance
- Child care assistance
- Lost paperwork
- Employment starts or ends
- How to apply for benefits

Toll Free: **1-877-347-5678**

Monday through Friday; 7 a.m. to 6 p.m.

Find your local DHS office: http://dhs.iowa.gov/dhs_office_locator

Mental Health and Substance Use Disorder Services (Psychologists and Social Workers)

Mental health and substance use disorder services are covered under most Iowa Medicaid coverage programs. Inpatient and outpatient services provided by the following are covered by most Iowa Medicaid programs:

- Hospitals
- Psychiatrists
- Psychologists
- Social workers
- Family and marital therapists
- Licenses mental health counselors

Other mental health services may be available. Please contact Member Services for further information on eligibility.

Before receiving service, please verify that your medical provider serves Iowa Medicaid members.

Midwife Services

Covered services include prenatal, delivery, and postpartum care and other services allowed by state law.

Payment will be made only to certified nurse-midwives who are advanced registered nurse practitioners. Medicaid will not pay lay nurse-midwives who are not advanced registered nurse practitioners.

Nursing Home Services

Medicare Certified Skilled Nursing Facilities

Medicaid helps with the cost of care in a nursing facility. A doctor must certify that you need nursing care, not a hospital, and that you qualify for medical assistance. The Iowa Medicaid Enterprise Medical Services Unit must confirm this. Medicaid may also cover the cost of care if you need the services of a certified nursing facility.

You may keep part of your income for personal needs. The rest goes for the nursing home cost, unless the Family Investment Program (FIP) is your income source.

Make sure you qualify both **medically** and **financially** for care in a nursing home. If you are admitted to a nursing home and later are found not medically or financially eligible for medical assistance, Medicaid will not pay for any care you received.

Nurse Anesthetists and Nurse Practitioners

Certified Registered Nurse Anesthetists (CRNAs)

Medicaid will pay for services allowed by state law and given by certified registered nurse anesthetists. The limits are the same as for doctors.

If a CRNA is employed by a doctor, hospital or clinic, Medicaid pays the provider that employs the CRNA. Medicaid may also pay CRNAs who are in independent practice.

Advanced Registered Nurse Practitioners (ARNPs)

Medicaid will pay for services allowed by state law and given by nurse practitioners. The limits are the same as for doctors. Medicaid may directly pay nurse practitioners who practice in a specialty recognized by the Iowa Board of Nursing.

Podiatry and Orthopedic Shoes

Orthopedic shoes, shoes for persons with diabetes, inserts, and modifications are covered only if prescribed in writing by a doctor, a physician's assistant or an advanced registered nurse practitioner. If you don't have a written prescription, you must pay for the shoes.

Medicaid covers:

- Foot surgery
- Certain prosthetic appliances for the foot

Medicaid does **not** cover:

- Treatments for flatfoot
- Routine foot care, such as clipping nails or treatment of corns and calluses

Prescriptions and Over-the-Counter Drugs

Most prescription drugs and some over-the-counter drugs are covered. A doctor or qualified medical practitioner must write the order or prescription. For some drugs, prior approval is required as stated in the preferred drug list at <http://www.iowamedicaidpdl.com>.

Pharmacists must give you the lowest-cost item in stock that meets your provider's order. They must also give you (or your caregiver) information about how to use any drug you receive.

For most drugs, the first prescription must be for a 31-day supply. Some prescriptions cannot be for more than a 15-day supply at first. Refills can then be up to the normal 31-day supply.

Refilling Prescriptions

Your pharmacist may refill a prescription only when you have used 85 percent of the supply:

- Refills for a 30-day supply are allowed after 26 days.
- Refills for a 90-day supply are allowed after 77 days.
- Ask your pharmacist for an exception if you need a longer supply or early refill of a drug or supply for reasons such as travel.

Birth Control

All birth control supplies are covered

- If there is a generic drug, you will need approval for certain brand-name birth control drugs.
- Your pharmacist, doctor, and other providers should know what is covered and what drugs need approval first.
- Oral contraceptives may be prescribed in 90-day supplies.

Prescription Drugs That Are NOT Covered

- Most cough and cold medications
- Weight-loss drugs
- Drugs for cosmetic reasons such as hair growth
- Fertility drugs
- Erectile dysfunction drugs

Medicaid Supplies

You may get up to a 90-day supply for all covered medical supplies.

Over-the-Counter Drugs

Over-the-counter drugs are in regular packages, usually in 100-unit quantities. You may get up to a 31-day supply.

Covered over-the-counter drugs include:

- Aspirin
- Acetaminophen (Tylenol®)
- Multiple vitamins and minerals for pregnant and nursing women
- Multiple vitamins and minerals (with prior approval)

You must show your Iowa Medicaid Eligibility card to your pharmacist to pay for prescription and over-the-counter drugs or supplies. If Medicaid will not pay for a drug or supply the doctor ordered, your pharmacist can explain why.

If you are not satisfied with the explanation, you may contact Iowa Medicaid Member Services. If you are still not satisfied, you can demand a formal, written notice of decision that explains your right to appeal.

Providers (Who can Provide Services to Iowa Medicaid Members)

Iowa Medicaid members will get their healthcare from providers in their coverage plan. If the provider does not participate in Iowa Medicaid, you will have to pay for the services.

Fee-for-Service (FFS) Members

In-State Providers

With Iowa Medicaid FFS, you will choose your own providers. Follow these steps:

1. To search for a provider, you can go to: <http://dhs.iowa.gov/ime/members/find-a-provider>

-OR-

Call Member Services at **1-800-338-8366** or in the Des Moines area at **515-256-4606** Monday through Friday 8 a.m. to 5 p.m.

2. Choose a doctor, dentist, pharmacy, and other providers that take Medicaid.
3. Ask the providers if they take Iowa Medicaid before you make an appointment. Some providers limit their number of Medicaid patients or don't take Medicaid.

Remember: Make sure the provider understands that you are in Iowa Medicaid. If you don't say you are an Iowa Medicaid member *before* you get services, and the provider doesn't take Iowa Medicaid, you may be billed for the entire cost.

4. Show your Iowa Medicaid card when you get to the appointment.
5. Ask if Medicaid covers the services you need or if you will have to pay for it.

Out-of-State Providers

If you are outside of Iowa and need medical care, check to see whether the provider is enrolled with Iowa Medicaid. A provider who participates in their own state's Medicaid program may not be participating in Iowa Medicaid.

A provider who is enrolled with Iowa Medicaid, must accept what Iowa Medicaid pays. Providers are not allowed to charge you for services that Iowa Medicaid covers.

IA Health Link Members

IA Health Link members will get their health care from providers in their MCO's provider network. For further information on MCO provider networks please visit the Find a Provider webpage at: <http://dhs.iowa.gov/iahealthlink/find-a-provider>

Dental services for IA Health Link members will not be covered by the MCO. For further information on dentists in the Iowa Medicaid network, visit <http://dhs.iowa.gov/ime/members/find-a-provider>

hawk-i Members

Members within this plan will get their health care from providers in their MCO's provider network. For further information on MCO provider networks please visit the **hawk-i** Health Plans webpage at: http://www.hawk-i.org/en_US/plans.html

Dental services for **hawk-i** members will not be covered by the MCO. For further information on dentists in the Iowa Medicaid network, visit <http://dhs.iowa.gov/ime/members/find-a-provider>

Rural Health Clinics

Covered services provided by a rural health clinic can include doctor services, nurse practitioner and physician assistant services, visiting nurse services, and other ambulatory services.

Therapy Services (Occupational, Physical, and Speech)

Therapy services are covered when the therapist is employed by a hospital, home health or rehabilitation agency, nursing home or doctor.

Services provided by occupational, physical, and speech therapists in their own independent practice are covered if a therapist is certified and participates in Medicaid.

There are yearly limits on the amount that can be paid, unless you get the services at a hospital outpatient department.

Tobacco Cessation (Help to Quit Smoking)

Medicaid members can get help with quitting the use of tobacco products and smoking. The program is free of charge to all Medicaid members who are age 18 and over. The program provides support over the phone through Quitline Iowa and pharmacy services for payment for nicotine replacement therapy such as patches and gum. In addition, some other drugs may be covered such as Chantix, when properly prescribed by your medical provider.

You must first make an appointment with your provider. Together, you and your doctor will decide the best plan for you.

Members can get help for smoking cessation:

- Call the toll free tobacco cessation helpline at: **1-800-784-8669** (8 a.m. until midnight)
- TDD Line for the hearing impaired at: **1-866-822-2857**
- Your medical provider can assist with a prior authorization for medications for nicotine dependence.

For further information on tobacco cessation, please visit

<https://dhs.iowa.gov/ime/members/medicaid-a-to-z/smoking-cessation>

Transportation Services

Non-Emergency Medical Transportation

The non-emergency medical transportation (NEMT) program are services available to eligible members who need a ride to get to their medical appointments. In Iowa, we use a NEMT service broker called TMS Management Group, Inc. to manage all aspects of the NEMT services from authorizing the transportation to claiming for reimbursements.

Iowa Medicaid FFS members who need a ride or want reimbursement for medical travel expenses through TMS must:

1. Call TMS at **1-866-572-7662** at least three business days **before** the medical trip or appointment.
 - Give TMS your full name, state ID number, address, phone number, and trip dates
 - Give TMS the name, address, phone number, and fax number of your medical provider

2. Once you have called TMS, they will:
 - Assess your transportation needs
 - Make sure you qualify
 - Make sure the medical provider is an Iowa Medicaid provider
 - Make sure the service is an Iowa Medicaid covered service
 - Ask for any additional information needed about the trip
 - Make sure the medical trip meets the federal and state requirements for non-emergency medical transportation travel and reimbursement
3. TMS will give the member a confirmation number when the trip is booked.
4. Members who want reimbursement after the medical trip must send TMS:
 - The confirmation number.
 - The claim form.
 - All receipts.

For further information on non-emergency medical transport (NEMT), visit <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/NEMT>

Transportation Services for Children

Local transportation is also available for children under age 21 and pregnant women for travel to medical, dental or mental health care at local providers.

- Ask your local *Care for Kids* or maternal health care coordinators to arrange transportation for you.
- For contact information, call the Health Families Line at **1-800-369-2229**.

Important Contact Information

Iowa Medicaid Member Services Call Center

Toll Free: **1-800-338-8366**

In the Des Moines area: **515-256-4606**

Email: IMEMemberServices@dhs.state.ia.us

Hours of operation: Monday through Friday, 8 a.m. to 5 p.m.

*Para solicitar este documento en español, comuníquese con Servicios para Miembros al teléfono **1-800-338-8366** de 8 a.m. a 5 p.m., de lunes a viernes.*

For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking, call Relay Iowa TTY at **1-800-735-2942**.