

# IA Health Link

## Iowa's new Medicaid modernization initiative

The Iowa Department of Human Services (DHS) will transition most Medicaid members to a new managed care program, officially named IA Health Link, as of April 1, 2016. The goal of IA Health Link is to improve the coordination and quality of care that Medicaid members receive while Iowa works towards a balanced, predictable state budget and a healthier state.

This program will be managed by contracted Managed Care Organizations (MCOs) that will provide members with comprehensive health care services, including physical health, behavioral health, and long-term care services and support.

MCOs must honor existing authorizations at the time of the member's enrollment until June 30, 2016 (90 days). MCOs must honor residential authorizations, including supported community living, home-based habilitation, and facility authorizations at the time of the member's enrollment until March 31, 2017 (1 year).

If you have questions about this change or your current health coverage, please visit [iahealthlink.gov](http://iahealthlink.gov), or call Iowa Medicaid Member Services Unit at 1-800-338-8366 or 515-256-4606. Representatives will be available Monday-Friday, 8 a.m. to 5 p.m.



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## Linking Iowa Medicaid Members to New Health Care Coverage



### Questions?

[IAHealthLink.gov](http://IAHealthLink.gov)

1-800-338-8366 | 515-256-4606

Representatives will be available  
Monday-Friday, 8 a.m. to 5 p.m.

## Program Timeline

### Summer – Fall 2015

Tele-town hall meetings, webinars, in-person meetings about IA Health Link – your chance to learn more about IA Health Link

### Fall 2015

Enrollment events – learn more about your health coverage and a chance to choose your MCO

### Fall 2015

Enrollment packet mailing – your chance to choose your MCO

### Winter 2015/2016

Enrollment confirmation mailing – lets you know that we received your MCO choice

### April 1, 2016

Managed care with IA Health Link begins!



## Member FAQ

### What is a managed care organization?

A managed care organization, or MCO, is a health insurance company that manages best-in-class health care professionals across the state. You will have the opportunity to choose your MCO in the coming months, or you may keep the MCO which the state has matched you with.

### Are all Iowa Medicaid members required to enroll with a managed care organization?

Almost all Iowa Medicaid members are required to enroll with a managed care organization (MCO), but you may be able to keep seeing your current providers if they choose to contract with an MCO. If you are interested in learning if your provider has enrolled with MCOs, visit [iahealthlink.gov](http://iahealthlink.gov), or call Iowa Medicaid Member Services at 1-800-338-8366.

### Will my benefits or provider change?

Your benefits will not change. You may continue seeing your current providers for a period of time. We have put in place several initiatives to help members maintain relationships with current providers whenever possible. MCOs must honor existing authorizations at the time of the member's enrollment until June 30, 2016 (90 days). MCOs must honor residential authorizations, including supported community living, home-based habilitation, and facility authorizations at the time of the member's enrollment until March 31, 2017 (1 year).

### Why is this changing? Why not all programs?

Understanding health care coverage can be difficult, especially if there are lots of different programs with different rules. IA Health Link brings Iowa Medicaid programs together into a single program for individuals and families to get the best care they need.



### What services are in, and which are out?

All of your benefits that you were eligible for will stay the same after the IA Health Link Program begins, unless your eligibility changes. All services are based on medical necessity. Your health professional is the best person to determine the medical necessity of a procedure for you. Your provider will work with Provider Services to determine if the service is covered.

## Member Checklist

- Is my provider in the MCO network?
- Is my pharmacy in the MCO network?
- Does the MCO have specialists close to my community?
- Does the plan have value-added services that would benefit me?
- Are there special health programs that would help me?
- Does the MCO have call centers or helplines available beyond regular business hours?