



**IA Health Link Managed Care Program
Provider Toolkit
December 2015**



August 17, 2015

Dear Iowa Medicaid health care providers,

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

This program will be administered 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. All members will have six months to two years to remain with their current provider(s), depending on the Iowa Medicaid services for which they are currently eligible. Members may keep their current medical health providers, mental health providers, and case manager until at least June 30, 2016, as long as their provider(s) choose to participate with the MCOs. The IA Health Link program has made sure that long term care or in home services and support providers will have the chance to be part of the MCOs through the end of December 2017.

Providers should contract with MCOs to continue providing care to Medicaid members. As part of ongoing network contracting, the MCOs will consider the quality of providers within their network. This reflects the priority of the DHS and MCOs to provide members the high quality care they deserve. **You will be receiving information over the next few months on contracting with a MCO.**

We understand that this is a very complex process, and that members may have many questions for you. We are here to help. This toolkit includes materials you can use to educate members about the IA Health Link program, as well as information for providers about how to participate in and support communication efforts.

You will notice this toolkit is branded IA Health Link. The IA Health Link brand previously represented the Healthy Behaviors program of the Iowa Health and Wellness Plan in 2014 through 2015, and was designed with the capability to represent future transitions for Medicaid programs, such as this new managed care program. The campaign and its website will ensure a seamless transition into the managed care program.

The enclosed documents have been developed to help communicate important information to members. Please use these materials in your local outreach efforts.

This toolkit will be continually updated as new information and educational materials are available, visit our website frequently to check for updates.

Thank you for your continued support,

Mikki Stier, MSHA, FACHE
Medicaid Director



IA Health Link Program Overview

Initiative Name

Medicaid Modernization Transition

Project Background

On February 16, 2015, the Iowa Department of Human Services (DHS) released a Request for Proposal (RFP) for Governor Branstad's Iowa High Quality Health Care Initiative also known as Medicaid Modernization. This initiative aims to improve the coordination and quality of care, while providing predictability and sustainability for Iowa taxpayers in Medicaid spending.

Under this initiative, we will enroll the vast majority of Iowa Medicaid members with a managed care organization (MCO). On August 17, 2015, DHS issued a notice of intent to award four MCOs with contracts to administer the program. The MCOs will provide comprehensive health care services, including physical health, behavioral health, and long-term services and supports.

You can learn more about the four MCOs to recently receive a bid award at <http://dhs.iowa.gov/sites/default/files/IAHealthLink-Announcement-NOI.pdf>.

The MCOs will begin providing services to members on January 1, 2016. Prior to beginning those services, DHS must prepare and transition the majority 560,000 current Medicaid members to the MCOs. In addition to the communications to members during the transition, DHS must also prepare the health care provider community, advocates, community resources, and family members.

Overall Goal

DHS aims to improve the coordination and quality of care while providing predictability and sustainability for Iowa taxpayers in Medicaid spending. To accomplish this goal, DHS has contracted with four MCOs to coordinate care for the vast majority of Medicaid members.

Bidder Awards

On Monday, August 17, 2015, DHS announced the intent to award four bidders. The bidders include:

- Amerigroup Iowa, Inc.
- AmeriHealth Caritas Iowa, Inc.
- UnitedHealthcare of the River Valley, Inc.
- WellCare of Iowa, Inc.

Provider FAQ



Find answers to frequently asked questions from providers.

Question: What is Medicaid Modernization?

Medicaid Modernization is the initiative supporting the Iowa High Quality Health Care Initiative announced by Governor Branstad on February 16, 2015. The initiative aims to improve access and care coordination, promote accountability and outcomes and provide a predictable and sustainable Medicaid budget. Through Medicaid Modernization, the Iowa Department of Human Services will contract with managed care organizations for the delivery of health care services for most Medicaid members.

Question: Will the managed care programs such as; MediPASS and the Iowa Wellness Plan through the IME continue into 2016?

Program eligibility will not change, but the majority of Medicaid members will be transitioned to managed care organizations. Members enrolled in current programs such as MediPASS and the Iowa Wellness Plan are included in that transition. Iowa Medicaid will maintain fee-for-service coverage for the limited number of members excluded from managed care.

Question: Who is excluded from participating in managed care?

Eligible members that will be excluded from managed care include:

- Members participating in the Medicare Savings Program
- Medically needy individuals
- Short-term Medicaid for undocumented individuals
- Members participating in the Health Insurance Premium Payment (HIP) Program
- *Members enrolled in the Program of All Inclusive Care for the Elderly (PACE)
- *American Indians or Alaskan Natives

*Indicates the member may opt into managed care

Question: Will Home and Community Based Services (HCBS) waiver services be available in 2016?

All the Medicaid state plan and Home and Community Based Services (HCBS) and Habilitation program benefits available today will continue to be available through the MCOs. HCBS and Habilitation providers who are enrolled with Medicaid will be part of the MCO provider network, if they choose, until December 31, 2017. After December 31, 2017, provider networks will be negotiated by the MCOs and providers.

Question: Will providers be required to enroll with all participating MCOs and the Iowa Medicaid Enterprise (IME)?

All Providers will be required to enroll with the IME. Providers will be able to choose which MCOs they wish to enroll with and will not be required to enroll with all MCOs.

Question: Where can I learn more about contracting with the MCOs?



Providers may directly contact the MCOs to learn more about the contracting process. Providers may also receive information from the MCOs as they work to build their networks.

You may access Informational Letter [1539](#) regarding the announcement DHS made on August 17, 2015 to award four bidders. DHS signed contracts with all four MCOs in October 2015.

For information on provider contracting, please see **Provider Contracting Information** on the following page.

Question: Will the MCOs have to honor existing prior authorizations?

The MCOs will honor existing authorizations for at least three months.

Question: Who is responsible for the utilization management guidelines?

The MCOs are responsible, but guidelines must be approved by DHS.

Question: Will claims be paid on a timely basis?

The MCOs are required to pay claims within similar timeframes as Medicaid.

Question: What is the claims timely filing limit for the MCOs?

Claims must be submitted within 180 days of the date of service. Claims involving third-party liability must be submitted within 365 days of the date of service.

Question: Which providers are included in the six month network transition and which providers are included in the two year transition?

Six Months:

- Physical health care providers (ex. Primary care, hospitals, specialists, etc.)
- Hospice
- Behavioral health care providers (excludes CMHCs, and IDPH-funded substance use providers)
- Case managers

Two Years:

- Nursing Facilities
- HCBS waiver and habilitation providers (excludes case managers and care coordinators)
- Community Mental Health Centers
- ICF/IDs
- Health Homes
- Substance use disorder treatment programs also in the IDPH-funded network

Question: What rates will the MCOs pay?



MCOs will pay all providers at 100% of the IME rate and/or fee as of July 1, 2015, until April 1, 2016, regardless of whether or not the provider is in-network or out-of-network with the MCO. After that, MCOs will pay out-of-network providers at 90% of base rates established by DHS until July 1, 2016. Unless specifically announced or identified the reimbursement rate floors will remain the same unless federal or state law requires changes. It is important to note that the reimbursement rate floor establishes a baseline for provider reimbursement by the MCOs. This ensures stability in provider reimbursement. Please refer to informational letter [1562](#) for details.

Question: What if there is no rate floor established in IL 1562 for the services I provide?

Providers will need to negotiate their rates with the MCOs with which they choose to enroll.

Question: I am a waiver provider, how do I find out my rates?

Waiver rates were mailed to providers on November 3, 2015. If you have not received your rate, please contact IME Provider Services at 1-800-338-7909 or by email at IMEProviderServices@dhs.state.ia.us.

Question: Where are the rates for mental health services that will be covered by the MCOs?

The IME is working on the remaining mental health rate floors based on information that IME has received from Magellan.

Question: Magellan paid my Community Mental Health Center (CMHC) an “enhanced rate,” will I still receive that rate from the MCOs?

The floor will be the alternative fee schedule rates, which is equal to the Iowa Plan non-cost reporting fee schedule rates. It is up to the provider to negotiate anything that may be beyond those rates.

Question: Will cost reporting still occur in 2016?

Iowa Medicaid cost reporting will continue at least through State Fiscal Year 2016 (June 30, 2016), for most providers. It is anticipated that cost reporting will continue unless directed otherwise by the Iowa Legislature. In other words, there will be no changes to the current process for now.

Question: Will unmet medical needs be paid based upon delay of enrollment as currently exists?

There are no changes in unmet medical needs policies with the implementation of managed care. The retroactive eligibility period is covered by traditional Medicaid fee-for-service through the Iowa Medicaid Enterprise.



Question: Will the Eligibility Verification System (ELVS) still be available to determine member eligibility and MCO selection?

ELVS is available 24 hours a day, seven days a week and will continue to provide information on the member's selected MCO and the MCO contact information. ELVS is available both through the Electronic Data Interchange Support Services (EDISS) and phone line.

- Web based eligibility is available through the Web Portal at <https://ime-ediss5010.noridian.com/iowaxchange5010/LogonDisplay.do>. Login ID and password may be obtained through EDI by submitting a [Request Form](#) to EDI or calling EDI at 1-800-967-7902.
- The ELVS phone line at: 515-323-9639 (locally in Des Moines) or 1-800-338-7752 (toll-free).



Provider Contracting Information

Providers wishing to contract with the four awarded managed care organizations should directly contact those organizations.

Providers will be required to be enrolled with Iowa Medicaid if they wish to serve members through the managed care organizations. If you are already enrolled with Iowa Medicaid, the requirement has been met at this time.

Please use the contact information below for contracting discussions with the managed care organizations.

Managed Care Organization	Contact and Phone Number
Amerigroup Iowa, Inc.	Email: lowamedicaid@amerigroup.com Phone: 1-855-789-7989
AmeriHealth Caritas Iowa, Inc.	Email: IowaProviderNetwork@amerihealthcaritas.com Phone: 1-855-287-7855
UnitedHealthcare Plan of the River Valley, Inc.	New Providers: IowaCommunityNetwork@uhc.com Phone: 888-650-3462
WellCare of Iowa, Inc.	Email: lowaproviders@ilshealth.com Phone: 1-844-482-6809

[MCO Provider Manuals](#)

[Amerigroup Iowa, Inc](#)

[AmeriHealth Caritas Iowa, Inc](#)

[UnitedHealthcare Plan of the River Valley, Inc](#)

[WellCare of Iowa, Inc](#)

MCO Specific materials are available at:

<https://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization/MCO-materials>



Provider Informational Letters

Informational Letters are the primary method of communication for the IME to update providers on any policy changes that will be or have been implemented but are not yet reflected in the published Provider Manuals. All Informational Letters are organized by their year of publication and assigned numeric sequence of the Informational Letter. All Informational Letters are posted on the website at:

<https://dhs.iowa.gov/ime/providers/rulesandpolicies/bulletins>.

Informational letters communicating managed care transition information may be easily identified with an “MC” immediately following the informational letter numerical assignment.

Managed Care Informational Letters

[1537-MC](#): Annual Provider Training

[1539-MC](#): DHS Announces Winning Bidders for Medicaid Modernization Initiative

[1541-MC](#): IA Health Link Provider Toolkit

[1562-MC](#): MCO Provider Reimbursement Floor Rate

[1563-MC](#): DHS Announces Medicaid Modernization Contracts

[1568-MC](#): Medicaid Modernization Transition-Provider Fact Sheet

[1573-MC](#): Iowa Medicaid Universal Provider Enrollment Application

[1577-MC](#): MCO Rate Floors for Private Duty Nursing and Personal Care Services

[1578-MC](#): MCO Rate Floors for Private Duty Nursing & Personal Care Services-Update

[1582-MC](#): Managed Care Organization Training Summit

Signing up for IME Informational Letters

1) Go to the Iowa Medicaid Portal Access (IMPA) at:

<https://secureapp.dhs.state.ia.us/imp/>.

2) Under the Featured Functionality column you will find: Provider Informational Letters: [Go here and sign up!](#)

- a. Enter (and confirm) the email address where you want notifications directed.
- b. Select a category from the dropdown list. Important note: “provider type” is the default category and is the basis for how these letters are sent. Iowa Medicaid providers using this service should *always* select this option.
- c. Check the box next to any topic (from the category selected in b) for which you want an email notification. The various Medicaid provider types are listed as topics.
- d. You can subscribe to as many topics as you want including a “select all” option.
- e. When you are done, click on the “Subscribe” button.



- f. At any time, you can press “Show My Topics” to see the current list of topics that are subscribed to that email address.
- 3) Once subscribed, the address will be sent an email confirmation from the List Manager (lyrisnoreply@Lists.ia.gov), for each of the topics subscribed.
- 4) With each email from the List Manager, you will have the option to unsubscribe.
- 5) Once you are subscribed, you will receive emails with a link that enables you to view any new Informational and General Letters that are published by the IME based on the topics that you have selected.



Provider Enrollment

The Iowa Medicaid Enterprise (IME) requires that all providers must be enrolled as Iowa Medicaid providers prior to enrolling with the MCOs. Providers that are currently enrolled as Iowa Medicaid providers will not need to do anything with the IME to begin the enrollment process with the MCOs. Additionally, during this transition all enrolled Iowa Medicaid providers have “deemed credentialing” meaning they will initially be considered credentialed to ensure continuity of care and allow time for any additional MCO credentialing to be completed.

To streamline the enrollment process moving forward, the IME has updated the Iowa Medicaid Provider Application, 470-02541, now called the Iowa Medicaid Universal Provider Enrollment Application to include information for both the IME and the MCOs. This application will be shared with any of the MCOs the provider selects on the application, and will allow for enrollment with multiple MCOs simultaneously. You can locate the Iowa Medicaid Universal Provider Enrollment Application here: https://dhs.iowa.gov/sites/default/files/470-0254_6.pdf.

The MCOs may have some additional information needs that were not captured by previous IME provider applications predating the IME Universal Application, Form 470-0254. For that reason, providers should work with the MCOs directly to see if any additional information is needed. Providers will then need to sign a contract with the MCO to be considered in network for that MCO.

If you have any questions, please contact the IME Provider Enrollment Unit at 1-800-338-7909, option 2 or by email at imeproviderenrollment@dhs.state.ia.us.



Member Promotional Materials

The next section of the toolkit includes several materials that can be used to communicate information about the IA Health Link program to Medicaid members. Additional materials will be released on an ongoing basis.

The following promotional materials include:

- Member FAQs
- Sample email content to members
- Member Introductory Mailing
- Member Enrollment Packet Mailing
- Sample social media posts
- Estimated campaign timeline



Member FAQs

Use the following information will help answer questions about the IA Health Link program with members.

What is the IA Health Link program?

IA Health Link is Iowa's new managed care program for Medicaid members. On January 1, 2016, most Iowa Medicaid programs will be joined together in a single managed care program that will give you the same health care coverage you know and use, but will be covered by a managed care organization.

What is a managed care organization?

A managed care organization (MCO) is a health plan. It is a type of health coverage that makes sure you get complete care that's just right for you from the managed care organization's network of providers. You will have the opportunity to choose your MCO until December 17, 2015 which will be effective for January 1, 2016. If you do not choose then the state will match you with an MCO.

Are 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 provider if they contract with a MCO. You may also choose an MCO. If you do not choose then the state will match you with an MCO in the coming months. If you are interested in learning if your program will enroll with MCOs, visit dhs.iowa.gov.

Will my benefits or provider change?

Your benefits will not change as long as you are eligible for the same program. Your medical, mental health and long term care benefits will be covered by an MCO beginning January 1, 2016. The MCO will have a network of providers across the state of Iowa for you to choose from. Your provider may change if they choose not to contract with an MCO.

Why is this changing?

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 one simple program for individuals and families to all get the best care they need.

What services are in, and which services are out?

All benefits that are available to you today will continue with your managed care organization.

Will there be continuing education for members?



Yes, ongoing education will be available in the coming months. Please check our website (<https://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization/member-materials>) periodically for event schedules and updated documents.

If I am part of the Iowa Health and Wellness Plan, will I still need to engage in healthy behaviors?

Yes, Iowa Health and Wellness Plan members still need to participate in the Healthy Behaviors program if members do not want to make a monthly contribution the following year. These help you stay healthy and can save you money. Getting a physical or dental exam is the first of many preventive health services that help you get the care you need. Remember, Iowa Health and Wellness Plan members who complete healthy behavior requirements each year will not be charged up to \$10.00 per month the following year.

How and where can I learn more?

If you have questions or comments about this change or your current health coverage, please call the Iowa Medicaid Member Services Unit at 1-800-338-8366 or 515-256-4606. Representatives will be available Monday-Friday, 8:00 a.m. to 5:00 p.m.



Sample Email Content to Members

Below is a generic email to use when questioned about the IA Health Link program, and what members can expect during this transition.

Sample

Dear [member name],

Thank you for your questions, comments, and concerns about new managed care program provided by Iowa Medicaid. The new program is called IA Health Link and will go into effect on January 1, 2016. IA Health Link will join together Medicaid programs under a single managed care program. This new program will give you the high quality health care coverage you know and use, but will be covered by a managed care organization (MCO).

A managed care organization (MCO) is a health plan. It is a type of health coverage that makes sure you get complete care that's just right for you from the managed care organization's network of providers. Almost all Iowa Medicaid members are required to enroll with a MCO, but you will be able to keep seeing your current provider if they contract with a MCO.

You should have received information about health plan options. If you have questions about this change or to select your MCO please contact the IME Member Services Unit to select your MCO for January 1, 2016. You can continue to work with your current provider(s), and coverage for health care services by the MCO will begin on January 1, 2016. The MCO does have a network of providers across the state for you to choose from.

Iowa Medicaid Member Services Unit is available at 1-800-338-8366 or 515-256-4606, if calling from the Des Moines area. Iowa Medicaid representatives will be available Monday-Friday, 8:00 a.m. to 5:00 p.m.

Sincerely/In health,

[Signature]

[Typed name]

[Position]



Member Enrollment Timeline and Process

Overview of Enrollment Process						
October 2015	November 2015	November 2015	December 2015	January 2016	February 2016	March 2016
Introductory Mailings by population	MCO Enrollment Begins	Enrollment assistance continues	December 17, 2015: Last Day to Make MCO Choice for January 2016	January 1: Begin Coverage with MCO		March 19: Member must have Good Cause to make change

Member Introductory Mailing

Summary: The Iowa Department of Human Services sent an introductory mailing regarding the managed care transition to all impacted Medicaid members. The letter contained information about the new program, impact to members and the timeline for the transition. In addition to the letter, a FAQ was included in the mailing to provide additional details.

Mailing Contents and Versions

1. Long Term Care and HCBS Waiver Members (See pages 22-25)
 - a. Includes letter and FAQ
2. Current Managed Care Members (MediPASS and Iowa Health and Wellness Plan) (See pages 26-29)
 - a. Includes letter and FAQ
3. Traditional Medicaid Members (Medicaid members in other eligibility groups) (See pages 30-33)
 - a. Includes letter and FAQ
4. **hawk-i** Members (See page 34)
 - a. Includes letter



Member Enrollment Packet Mailing

Items Included in Enrollment Packet:

1. Member Mailing Address Page
2. Tentative Assignment Letter
3. Enrollment Form
4. Return Envelope for Enrollment Form
 - a. Required for transition packets, as self-sealing enrollment form takes six weeks to produce, making it impossible to have available in transition packets
5. Managed Care Handbook
6. MCO #1 Brochure (Amerigroup)
7. MCO #2 Brochure (AmeriHealth Caritas)
8. MCO #3 Brochure (UnitedHealthcare)
9. MCO #4 Brochure (WellCare)

All items are sent in the outer mailing envelope.

[Access a sample of the enrollment packet here.](#)

Distribution

Enrollment packet distribution was completed on November 30, 2015

Member Choice of MCO

Iowa Medicaid Member Services will be the Enrollment Broker and is responsible for providing information and conflict free choice counseling for members in the selection of a MCO. Key activities to share information and support member selection of MCO:

- In-person meetings throughout state with special focus on long term care members, schedules upcoming and posted online
- Email: IMEMemberServices@dhs.state.ia.us
- Call Center: 1-800-338-8366, 8am-5pm, M-F
- Members can select their MCO through voice system option 24/7 daily

IME Member Services offers health plan choice counseling to members. Choice counseling includes answering member questions about each health plan such as:

- 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?



Changing MCOs for Good Cause

Members may disenroll from their MCO at any time throughout the year for reasons of “good cause.” “Good cause” reasons can include:

- A member’s provider is not enrolled with the MCO and that provider disenrollment impacts the members’ health outcomes
- A member needs related services to be performed at the same time and not all related services are available in the MCO network
- If there is a change in eligibility (for example PACE)

To make a change:

- Members call the Iowa Medicaid Enrollment Broker to request disenrollment for “good cause”
- Members tell the Enrollment Broker which MCO they want to switch to
- If a member has a question about whether they have a “good cause” they can call the Enrollment Broker for more information



Sample Social Media Posts

Below are sample social media posts your center can distribute through your social media channels. The goal is to provide high-level information about the IA Health Link program.

Example Facebook Posts

Are you a current Iowa Medicaid member? Most Iowa Medicaid programs will be joined together in a single managed care program called IA Health Link as of January 1, 2016. Learn more about this new program at dhs.iowa.gov.

The new IA Health Link program will give current Iowa Medicaid members access to high quality health care coverage through a managed care organization, or MCO. A MCO is a health insurance company that will make sure you receive complete health care that's right for you.

You can learn more about the new IA Health Link program at meetings that will occur around the state of Iowa to educate members on the coming change.

Current Medicaid members: **You do not need to do anything at this time.** You will get a notice to let you know when you need to make a health plan choice.

Example Twitter Posts

Are you a current #IowaMedicaid member? Learn more about the #IAHealthLink program and what it means to you: dhs.iowa.gov.

Most #IowaMedicaid programs will join together in a managed care program called #IAHealthLink on 1/1/16: dhs.iowa.gov.

Learn more about the new #IAHealthLink program at meetings near you. dhs.iowa.gov

Current #IowaMedicaid members: You do not need to do anything right now. You can continue to work with your current provider, and coverage by the MCO will begin on January 1, 2016.

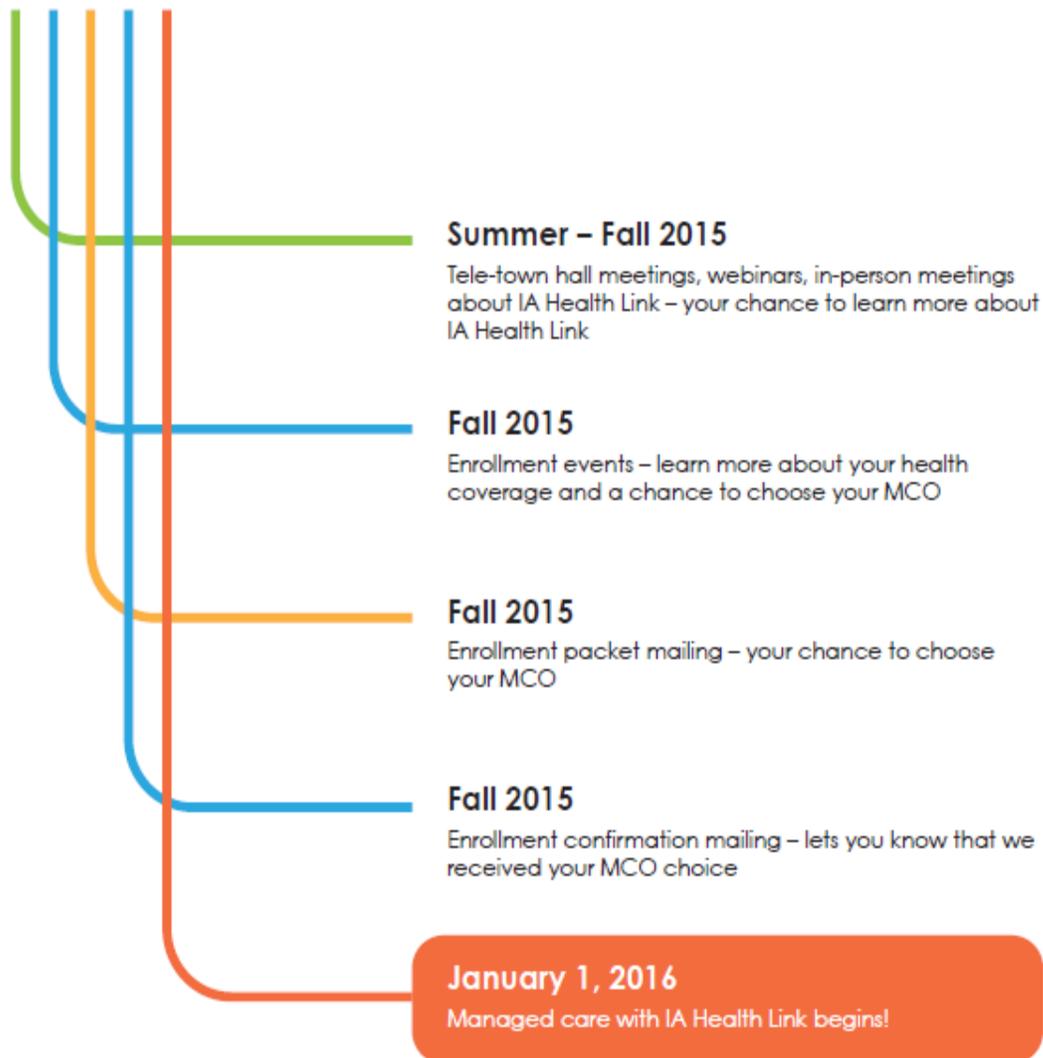
Visit dhs.iowa.gov for more information about the #IAHealthLink transition.



Planned Communications Timeline

Below outlines stakeholder communication efforts that will take place over the next several months leading to the launch of the new IA Health Link program.

Steps to IA Health Link Timeline





Contact Information

For additional information on the new managed care program called IA Health Link and the Iowa High Quality Health Care Initiative also known as Medicaid Modernization, please visit the DHS website or call Iowa Provider Services at 1-800-338-7909. Medicaid representatives will be available Monday-Friday, 7:30 a.m. to 4:30 p.m.

Members are encouraged to call Iowa Medicaid Member Services Unit at 1-800-338-8366 or in the Des Moines area at 515-256-4606. Medicaid representatives will be available Monday-Friday, 8:00 a.m. to 5:00 p.m.

Additional Resources for Medicaid Modernization Information

[Medicaid Modernization Fact Sheet](#)

[Medicaid Modernization Frequently Asked Questions](#)

[Medicaid Modernization One Page Fact Sheet](#)

[MCO Comparison Chart for Value-Added Services](#)

[MCO Comparison Chart for Value-Added Services - Highlights](#)

[Member Enrollment Fact Sheet](#)

[IA Health Link Brochure](#)

MCO Provider Network Search Portals

[Amerigroup Provider Search Portal](#)

[AmeriHealth Caritas Provider Search Portal](#)

[UnitedHealthcare Provider Search Portal](#)

[WellCare Provider Search Portal](#)