

Medicaid Modernization Frequently Asked Questions



Medicaid Modernization: Iowa High Quality Health Initiative Responses to Stakeholder Questions

Table of Contents

**This document is updated with the most recent information on a frequent basis. Please refer to the date in the footer of the document to confirm the most recently published version.*

General Questions

1. [What is Modernization?](#)
2. [Covered Services](#)
3. [Impact on Current Program](#)
4. [Savings](#)
5. [Federal Approval Process](#)
6. [Implementation Timelines](#)

Provider Questions

7. [Network and Rates](#)
8. [Processing](#)
9. [Prior Authorization](#)
10. [Pharmacy Services](#)
11. [Reporting](#)
12. [Requirements](#)
13. [Appeals](#)

Member Questions

14. [Differences in Services](#)
15. [Enrollment](#)
16. [Services](#)
17. [Providers](#)
18. [Appeals](#)
19. [Questions and Comments](#)

Medicaid Modernization Request for Proposal Fact Sheet

The information provided in this document reflects the Medicaid Modernization as defined by the scope of work in the agency's request for Proposal (RFP), Iowa High Quality Healthcare Initiative, RFP# MED-16-009, issued February 16, 2015.

The Agency's written and oral responses to questions issued through this forum will not be considered part of the Iowa High Quality Healthcare Initiative RFP. If the Agency decides to change the RFP, the Agency will issue an amendment.

Medicaid Modernization Frequently Asked Questions



General Questions

Section 1: What is Modernization?

Question: Given the complexity of the MFP program and requirements of CMS, can the MFP program be included in the excluded populations listed in 3.1.1.2?

Answer: The LTC services under MFP will be covered through FFS through the grant. Physical and behavioral health will be covered through the MCO, therefore the members cannot be excluded.

[Back to table of contents](#)

Section 2: Covered Services

Question: The RFP does not specifically refer to requirements for children's mental health. This is not a question.

Answer: Children's Mental Health Services will continue to be covered as they are today.

Question: If I understood the comment correctly, the MCOs will contract with current TCM provider agencies to provide the community-based case management for ID and other waivers. It was further stated that the TCM providers are responsible for developing relationships with chosen MCO companies. Is this correct? When will the contracts for the MCOs be available? When will those contracts be due to the MCOs? Is it likely that the MCOs will contract with individual counties? Or would regional case management services be a likely contract instead of individual counties?

Answer: Current targeted case managers may continue to provide case management services until June 30, 2016. All case management services will be transitioned to the MCOs by December 31, 2016. The MCOs can choose to subcontract that work.

Question: What is the plan for Case Management? Is the MCO going to contract with the counties? Many of these consumers do not have family members or parents to advocate for them therefore for many of them their case manager is their advocate. How can you take that away?

Answer: Current targeted case managers may continue to provide case management services until June 30, 2016. All case management services will be transitioned to the MCOs by December 31, 2016. The MCOs can choose to subcontract that work.

[Back to table of contents](#)

Medicaid Modernization Frequently Asked Questions



Section 3: Impact on Current Program

Question: Does DHS still intend for the Transition Specialist to provide the Community Based Case Management service for the 365 days after transition for the duration of the MFP Grant?

Answer: Yes, it is expected that the Transition Specialist will provide the Community Based Case Management services for the 365 days after transition for the duration of the MFP Grant.

Question: 4.3.10 Transition between facilities:

- Is the intent of this section to assure that the Contractor requires community providers to strengthen discharge policies so that members are not discharged without alternative and appropriate services in place?
- Could there be penalties for the Contractor and/or the providers if involuntary discharges continue to happen?

Answer: Yes, this is the intent of the RFP. Currently there are no penalties attributed to the contractor for this specific reason but the contractor could attribute penalties to their provider network for inappropriate or excessive involuntary discharges.

Question: 4.3.12.1 Care Coordination Requirements: In the MFP program, the Transition Specialist performs this role. Does DHS intend that the Transition Specialist continue to provide outreach and advocacy to residents of facilities for the duration of the MFP grant and attend the residents' care planning meetings?

Answer: The MFP administrative vendor will be part of the planning process and the MFP transition specialist will focus on transition activities.

Question: 4.3.12.5 Community Transition Activities: In the MFP program, the Transition Specialist facilitates the development of the transition plan and assists the member with finding and arranging for community housing, supports and providers. Does DHS intend for the Transition Specialist to continue these activities for the duration the MFP grant?

Answer: The state's designee will continue to authorize services for the first 365 days. It is expected the Transition Specialist will continue these services for the duration of the MFP grant.

Question: 4.3.12.6 Post Transition Monitoring: The MFP Transition Specialist currently provides the post transition monitoring. Does DHS intend for the Transitions Specialist to continue this activity for the duration of the grant?

Answer: Yes, the Transition Specialist will continue this activity for the duration of the grant.

Medicaid Modernization Frequently Asked Questions



Question: Will there be the opportunity in the managed care program to expand the MFP program to the other waiver populations currently not served?

Answer: The MFP program is under the purview of DHS. DHS will continue to make decisions regarding the MFP program.

Question: Will it be the State or the Contractor that will contract with the State's MFP designee to coordinate the MFP grant?

Answer: MFP will continue to be administered by DHS in partnership with an administrative vendor. The MCOs are required to coordinate with the MFP program.

[Back to table of contents](#)

Section 4: Savings

Questions and answers to come

[Back to table of contents](#)

Section 5: Federal Approval Process

Questions and answers to come

[Back to table of contents](#)

Section 6: Implementation Timelines

Questions and answers to come

[Back to table of contents](#)

Medicaid Modernization Frequently Asked Questions



[Provider Questions](#)

Section 7: Network and Rates

Question: How does the cost report and rate setting methodology and processes for rebasing change with NFs & MCOs? Will DHS be seeking regulatory and legislative changes to change the rate setting methodology outlined in IAC Chapter 481-81 and 249A to allow the MCO to pay different rates?

Answer: The provider network and current rates will remain in place for nursing facilities until December 31, 2017. Provider network and reimbursement rates after this time period will be negotiated by the MCOs and providers as the MCOs establish their networks.

Question: Will the Department require that the negotiated rates with MCOs for facilities, HCBS waivers and CHMC providers after December 2017 not be less than payment equal to the provider specific payment rates calculated by the IME within the current regulatory requirements for rate setting, while allowing the MCO to negotiate mutually acceptable higher rates for patients requiring more complex medical care? Or do you expect to change regulations to allow the MCOs to pay providers lower rates than current regulations and statutory language?

Answer: At a minimum, we expect Medicaid rates will continue at the rate in effect as of December 31, 2015.

[Back to table of contents](#)

Section 8: Processing

Questions and answers to come

[Back to table of contents](#)

Section 9: Prior Authorization

Questions and answers to come

[Back to table of contents](#)

Section 10: Pharmacy Services

Questions and answers to come

Medicaid Modernization Frequently Asked Questions



[Back to table of contents](#)

Section 11: Reporting

Questions and answers to come

[Back to table of contents](#)

Section 12: Requirements

Questions and answers to come

[Back to table of contents](#)

Section 13: Appeals

Questions and answers to come

[Back to table of contents](#)

Medicaid Modernization Frequently Asked Questions



[Member Questions](#)

Section 14: Differences in Services

Questions and answers to come

[Back to table of contents](#)

Section 15: Enrollment

Questions and answers to come

[Back to table of contents](#)

Section 16: Services

Questions and answers to come

[Back to table of contents](#)

Section 17: Providers

Question: As I understand it, there will be up to four managed care plans to choose from each of whom will have a list of providers. My daughter currently has three major doctors-her internist, her cardiologist and her psychiatrist. She also gets HCBS services from three providers largely because she has relationships with the direct service providers which aren't easy to establish. What if some of the doctors and service providers are in one network and some in another? My daughter has a very, very difficult time with any change and I am concerned about rocking the "apple cart" which can send her into years of difficulty.

Answer: The member should choose the plan that best fits their needs. The MCO is expected to work with the member to ensure the best care coordination possible.

[Back to table of contents](#)

Section 18: Appeals

Questions and answers to come

[Back to table of contents](#)

Medicaid Modernization Frequently Asked Questions



Section 19: Questions and Comments

Questions and answers to come

[Back to table of contents](#)

The information provided in this document reflects the Medicaid Modernization as defined by the scope of work in the agency's request for Proposal (RFP), Iowa High Quality Healthcare Initiative, RFP# MED-16-009, issued February 16, 2015.

The Agency's written and oral responses to questions issued through this forum will not be considered part of the Iowa High Quality Healthcare Initiative RFP. If the Agency decides to change the RFP, the Agency will issue an amendment.