



# Iowa Department of Human Services

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## INFORMATIONAL LETTER NO.1597

**DATE:** December 30, 2015

**TO:** Iowa Medicaid Hospitals, Physicians, Certified Nurse Midwives, Advanced Registered Nurse Practitioners, Federally Qualified Health Clinics, Rural Health Clinics, Clinical Social Workers, Behavioral Health Providers, Behavioral Health Intervention Services Providers, Habilitation Providers, Psychiatric Medical Institutions for Children (PMIC), Community Mental Health Centers

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

**RE:** Behavioral Health and Substance Abuse Services

**EFFECTIVE:** January 1, 2016

The Iowa Plan will end on December 31, 2015. Magellan will continue to administer the Iowa Plan for services provided through that date. Effective for dates of service on or after January 1, 2016, the IME will be responsible for coverage of Medicaid funded mental health and substance abuse services previously paid through Magellan until the launch of the IA Health Link on March 1, 2016. This letter provides updates and direction on several key questions anticipated as a result of this transition.

### Member Continuity of Care

All currently enrolled Iowa Medicaid providers can continue to see Medicaid members and receive reimbursement. Members will receive coverage directly through Iowa Medicaid. Providers will be paid the current Medicaid reimbursement rates (Magellan rates) during the transition period. Providers are encouraged to enroll with the IME as soon as possible to maintain continuity of care. Providers will find enrollment resources on the IME [Provider Enrollment](#)<sup>1</sup> webpage.

### Covered Services

All services currently covered by Magellan will be covered by IME through a fee-for-services basis. This includes those services that were identified as 1915 (b)(3) services, or "B-3". All covered services may be identified through the IME fee schedule [Fee Schedule](#)<sup>2</sup>.

### Timely Filing

Providers have 365 days from the date of service to submit a claim to IME. A claim may be resubmitted or adjusted if it is submitted within 365 days from the last date of adjudication. No claim will be paid past 2 years from the date of service.

<sup>1</sup> <https://dhs.iowa.gov/ime/providers/enrollment/providerenrollment>

<sup>2</sup> <http://dhs.iowa.gov/ime/providers/csrp/fee-schedule>

## **Prior Authorized Services**

The following services must be prior authorized by IME before the service is provided. If a service is not listed below the IME will not require a Prior Authorization (PA).

- Inpatient psychiatric hospital (Involuntary admission is approved for 48 hours before a prior authorization is needed). The IME will communicate the PA method by January 1, 2016.
- PMIC
  - Facilities must request a PMIC level of care authorization by contacting the IME Medical Services Unit at 888-424-2070 or locally in Des Moines at 256-4624, emailing PMIC2@dhs.state.ia.us, or by faxing the request to 515-725-0931. The Certification of Need for Inpatient Psychiatric Services can be used to provide certification of the need for care in accordance with Iowa Administrative Code (IAC) 85.22(3).
- Habilitation services will be prior authorized through the service plan development process facilitated by the Integrated Health Homes (IHH) and are not required to be submitted to the IME.
  - The Integrated Health Home (IHH) Care Coordinator (CC) must have a service plan in place detailing the services to be received in accordance with 441 IAC 78.27(4) Comprehensive service plans. The service plan must be signed and dated.
  - The Service plan must detail the provider, provider number, procedure code, number of units and rate for the services to be provided.
  - The IHH CC will issue a Notice of Authorization (NOA) based on the service plan which includes appeal rights per the department's policy.
  - The Habilitation service provider will bill the IME for those services following the proper billing procedures for that service.
  - The staff delivering the service must document the services as required per 441 IAC 79.3 and records must be maintained in accordance with the rule as well.
  - The IME will be conducting post service quality assurance reviews to ensure services were authorized and delivered in accordance with administrative rules and the member's service plan.

## **Existing Prior Authorizations**

All existing prior authorizations approved by Magellan will remain in effect through February 29, 2016. No further action will be required of providers.

## **Notification of Member Visit**

Once prior authorization has been approved, if needed, providers do not have to notify anyone of a member's visit or when the service is delivered however, proper documentation must be maintained for each service.

## **Billing for Services Provided in December 2015 and January 2016**

- Providers should bill Magellan for service dates on or before December 31, 2015 and IME for service dates on or after January 1, 2016, for services paid by a discrete time unit or by the day.

- Providers must bill Magellan for episodes with admission dates on or before December 31, 2015 and IME with admission dates on or after January 1, 2016, for services that are paid by episode.
- All providers should bill their usual and customary fee. The IME has established rates for each service available at the fee schedule listed above.
- Providers will submit claims using the CMS-1500 for professional services and the UB-04 for the facility or residential based services.
- Notice of Decisions should be issued by the case manager, targeted case manager or IHH. A template Notice of Decision [Notice of Decision](#)<sup>3</sup> has been attached for your reference. Please note that appeal language as stated on this form must be included on all notices. All Notice of Decisions should be on the issuing organization's letterhead.

### Provider Resources

Providers are encouraged to visit the [DHS website](#)<sup>4</sup> for current information such as:

- The IME has detailed claim form instructions for all providers on the [Claim Forms and Instructions](#)<sup>5</sup> webpage.
- The IME [fee schedule](#)<sup>6</sup> is a list of the payment amounts, by provider type, associated with the health care procedures and services covered by the IME. Behavioral health Rates and Fees are effective January 1, 2016.
- IME policies and procedures are available in the IME [Provider Manuals](#)<sup>7</sup>
- Providers may access historical [Informational Letters](#)<sup>8</sup> which are used to clarify and explain new and existing programs and policies.
  - To register for informational letters go to the [Iowa Medicaid Portal Access \(IMPA\)](#)<sup>9</sup> at: and follow the prompts at "Go Here and Sign up"
- Member eligibility can be confirmed through two mechanisms:
  - Eligibility Verification System (ELVS)
  - Electronic Data Interchange Support Services (EDISS)
- ELVS is an automated electronic phone system that allows providers to verify member eligibility 24 hours a day, seven days a week. Phone eligibility verification is available at 515-323-9639 (locally in Des Moines) 1-800-338-7752 (toll-free).
  - Requires a valid and active provider NPI number.
- EDISS Web Portal is available 24 hours a day, seven days a week and can be used to submit real-time requests for Eligibility, including multiple requests.
  - Login ID and password may be obtained through EDI by submitting the request form [Request Form](#)<sup>10</sup> to EDI or calling EDI at 1-800-967-7902.

<sup>3</sup> [https://dhs.iowa.gov/sites/default/files/NOD\\_Example.pdf](https://dhs.iowa.gov/sites/default/files/NOD_Example.pdf)

<sup>4</sup> <http://dhs.iowa.gov/ime/providers>

<sup>5</sup> <http://dhs.iowa.gov/ime/Providers/claims-and-billing/ClaimsPage>

<sup>6</sup> <https://dhs.iowa.gov/ime/providers/csrp/fee-schedule>

<sup>7</sup> <https://dhs.iowa.gov/policy-manuals/medicaid-provider>

<sup>8</sup> <https://dhs.iowa.gov/ime/providers/rulesandpolicies/bulletins>

<sup>9</sup> <https://secureapp.dhs.state.ia.us/impa/>

- The IME has also established informational call center for providers to facilitate understanding of the Iowa Medicaid program and to assist in resolution of claim issues, eligibility verification, and policy clarification. A Provider Services informational call center is staffed Monday through Friday 7:30 A.M. to 4:30 P.M. for providers, except for state holidays. Provider Services may be reached at 1-800-338-7909, or locally in Des Moines at (515)-256-4609, or by email at: [IMEProviderServices@dhs.state.ia.us](mailto:IMEProviderServices@dhs.state.ia.us).
- Provider training is available on the [Provider Training](#)<sup>11</sup> web page. Future informational letters announcing behavioral health provider specific training will be published soon.

If you have any questions please contact the IME Provider Services Unit at 1-800-338-7909, locally in Des Moines at 515-256-4609, or by email at [IMEproviderservices@dhs.state.ia.us](mailto:IMEproviderservices@dhs.state.ia.us).

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<sup>10</sup> [www.edisweb.com/docs/med/add-access-request-IME.pdf](http://www.edisweb.com/docs/med/add-access-request-IME.pdf)

<sup>11</sup> <https://dhs.iowa.gov/ime/Providers/tools-trainings-and-services/ATRegistration>