



## Your Guide to Medicaid



Member Services:  
Toll Free: 1-800-338-8366  
Local: 515-256-4606

Website: [www.ime.state.ia.us](http://www.ime.state.ia.us) Email: [IMEMemberServices@dhs.state.ia.us](mailto:IMEMemberServices@dhs.state.ia.us)

*Para solicitar este folleto en español, por favor póngase en contacto con Servicios para Miembros.*

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# Your Guide to Medicaid

## Part I: Basic Medicaid Information

This guide tells you what Medicaid covers (pays for) and how to use the program.

- Keep this guide! Use it to learn more about your Medicaid benefits.
- **This booklet does not include benefits covered under the Iowa Health and Wellness Plan.**

### Your Medical Assistance Eligibility Card

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All members receive a new *Medical Assistance Eligibility Card*, form 470-1911.

- ◆ Keep your card until you receive 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 card, call Member Services to ask for a new one.

**Member Services: 1-800-338-8366**

**Member Services in the Des Moines area: 1-515-256-4606**

Member Services Call Center is available Monday through Friday 8:00 a.m. until 5:00 p.m.

### Retroactive Medicaid Eligibility

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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)
- Call your local Department of Human Services (DHS) office if you think you or a family member qualifies for retroactive Medicaid.

## **Who Can Provide Services**

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### **Providers**

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

1. To search for a provider, you can go to:  
<https://secureapp.dhs.state.ia.us/providersearche/> or call Member Services at 1-800-338-8366 or in the Des Moines area at (515)-256-4606 Monday through Friday 8:00 a.m. until 5:00 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.
  - a. **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 *Medical Assistance Eligibility Card* when you get to the appointment.
5. Ask if Medicaid covers the service you need or if you will have to pay for it.

### **Away from Home**

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 Medicaid in another state may not be participating in Iowa Medicaid.

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

If the provider does not participate in Iowa Medicaid, you will have to pay for the services.

## **Managed Care**

Some Medicaid members get health care through MediPASS or a Health Maintenance Organization (HMO). Read more about MediPASS and HMOs on page 22.

### **Mental Health and Substance Abuse (Behavioral Health)**

- ◆ Read about how to get these services through the Iowa Plan on page 22.

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

- ◆ Read about how to get these services through PACE on page 23.

## **Copayments**

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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.

There is a copayment:

- ◆ If federal rules require one.
- ◆ If the service is not a service Medicaid requires but the state chooses to cover it. Examples are dental services and prescription drugs.
- ◆ For emergency room services if the visit is not an emergency.

Examples of true emergencies are:

- ◆ Heavy bleeding
- ◆ Chest pain
- ◆ Trouble breathing
- ◆ Bad burns
- ◆ Broken bone
- ◆ Choking
- ◆ Blacking out (fainting)
- ◆ Suddenly unable to move or speak
- ◆ Poisoning

There is **no** copayment:

- ◆ For care covered by Medicaid in a skilled nursing facility or nursing facility.
- ◆ If you are pregnant.
- ◆ If you are under age 21.
- ◆ For services provided by an HMO.

## Limits to Medicaid-Covered Services

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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 or 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.

## Member Responsibilities

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As a Medicaid member, it is your responsibility to:

- ◆ 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 your representative must give consent before any documents will be released. Call the IME Revenue Collections/Lien Recovery Unit at **1-888-543-6742** or **1-515-256-4620** in the Des Moines area Monday through Friday from 8:00 a.m. until 5:00 p.m.

- ◆ Ensure your medical card or member identification number is not used by anyone else.
- ◆ Call the Iowa Department of Human Services 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 7:00 a.m. until 6:00 p.m.

## **Member Services Call Center**

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The Member Services Call Center toll-free telephone numbers are:

**1-800-338-8366** and **1-515-256-4606** in the Des Moines area Monday through Friday from 8:00 a.m. until 5:00 p.m.

Your Member Services Call Center can answer questions and help with:

- ◆ Changing your address
- ◆ Asking for a new card
- ◆ Getting general Medicaid information
- ◆ Enrolling in Managed Health Care (MHC), including MediPASS and HMO
- ◆ Getting special approvals (special authorizations)
- ◆ Asking about third-party liability (TPL)
  - Medicaid is a “payer of last resort.” This means that any other insurance you have must be billed first.
- ◆ Bills you’ve received for services you thought were covered

If you are calling about unpaid bills you think Medicaid should have covered, please have these things ready when you call:

- ◆ The medical bill.
- ◆ A brief description of the services provided.
- ◆ The member ID number on the *Medical Assistance Eligibility Card* of the person who received the bill for services provided.

You may also write or fax the Member Services Call Center at:

**The Iowa Medicaid Enterprise**  
**Attention: Billing**  
**PO Box 36510**  
**Des Moines, IA 50315**  
**Fax number: 515-725-1351**

Or go to <http://www.ime.state.ia.us> or email us at [IMEMemberServices@dhs.state.ia.us](mailto:IMEMemberServices@dhs.state.ia.us).



Contact your county DHS office:

- ◆ If you move
- ◆ If you change your phone number
- ◆ If you have a change in income
- ◆ At the birth of a child
- ◆ At the death of a Medicaid member
- ◆ To ask about Medical Assistance, Food Assistance, Family Investment Program or Child Care Assistance

To find your county DHS office visit

[http://www.dhs.state.ia.us/Consumers/Find\\_Help/MapLocations.html](http://www.dhs.state.ia.us/Consumers/Find_Help/MapLocations.html) or call IME Member Services at 1-800-338-8366.

Call the DHS Call Center at **1-877-347-5678** to:

- ◆ Correct the spelling of your name
- ◆ Change your name because of marriage or divorce
- ◆ Update the number of persons who live in your household
- ◆ Change a date of birth or Social Security number
- ◆ Report a gain or loss in financial resources

## **Appeals and Grievances**

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**Appeals:** An Appeal is a formal process involving the Department of Human Services and the Department of Inspections and Appeals regarding unpaid medical bills.

**Grievances:** A Grievance is a complaint involving access to care, quality of care, or communication issues with your primary care physician.

### **You Have the Right to Appeal**

#### **What is an appeal?**

An **appeal** is asking for a hearing because you do not like a decision the Department of Human Services (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 must appeal in writing by doing **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, 5<sup>th</sup> Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask your county DHS office.

### **How long do I have to appeal?**

You have 90 calendar days to file an appeal from the date of a decision.

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 an 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. The 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, Des Moines, IA 50319-0114 or via email [contactdhs@dhs.state.ia.us](mailto: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 an HMO, please contact the HMO and work through their grievance process. If you feel that the HMO is not acting on your complaint, you may contact the Member Services Call Center at 1-800-338-8366 toll free or 515-256-4606 in the Des Moines area.

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 Wellness Plan, please contact the Member Services Call Center at 1-800-338-8366 toll free or 515-256-4606 in the Des Moines area.

## **Part II: Basic Medicaid Benefits**

The following lists some Medicaid benefits and details about coverage. For all services you receive, be sure the provider is a Medicaid provider **before** you receive care. If the provider is not a Medicaid provider you will have to pay for the services you received.

### **Ambulance**

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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 Centers**

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

### **Birth Control and Family Planning Clinics**

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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 or your health plan.

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.

### **Case Management (Targeted)**

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Targeted case management makes it easier to get help with your medical care and social needs. Case management services are available to Medicaid members with:

- ◆ Intellectual disabilities
- ◆ Developmental disabilities
- ◆ Chronic mental illness

Targeted case management services include:

- ◆ Talking to the case manager to be sure all services and living-arrangement needs are identified
- ◆ Help to make sure there is an individual comprehensive plan (ICP) that addresses the total need for services and living arrangements
- ◆ Help getting the services and living arrangements in the ICP
- ◆ Help to make sure all providers follow the ICP
- ◆ Monitoring services and living arrangements to make sure they are still appropriate
- ◆ Help getting a referral to the appropriate provider in a crisis
- ◆ Discharge-planning activities for institutionalized persons:
  - For no more than 60 days before the estimated discharge date
  - For case manager discharge activities different from the institution's discharge-planning activities

## **Chiropractic Services**

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Except for members who are pregnant or under the age of 18, Medicaid covers only this chiropractic service:

- ◆ Chiropractic Manipulative Therapy (CMT) for subluxation or misalignment of the spine that is proven by an x-ray.

## **Clinics**

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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.

## **Dental Services**

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Dental services may include teeth cleaning, fillings, extractions, disease control, and surgery.

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

This is a more thorough exam done if you have never been to that dentist or have not been to the dentist in 3 years.

- Contact your local I-Smile Coordinator if you need help finding a dentist who will see you or your child under 21 years of age. You can find your I-Smile Coordinator by calling **1-866-764-5315** toll-free or going to <http://www.idph.state.ia.us/webmap/default.asp?map=ismile>.

## **Doctor Visits**

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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

Limits to these services are listed on page 4.

## **Emergency Room Care**

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Go to an emergency room when you have a serious medical problem and it's not safe to wait. There is **no** co-pay when the member is:

- ◆ In need of emergency service, or
  - ◆ Admitted to a hospital for inpatient stay, or
  - ◆ Under age 21, or
  - ◆ Pregnant, or
  - ◆ Receiving family planning services
- Members may have a copayment when the visit is not for a true emergency. Also, members on MediPASS may be billed for emergency room visits that are not a true emergency if they do not have a referral from their assigned MediPASS primary care provider.

## **Eye Exams and Eyeglasses**

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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 Centers**

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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.

## **Hearing Services**

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Medicaid 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- and Community-Based Service (HCBS) Waiver Programs**

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You may qualify for an HCBS waiver program if you need care in a medical facility but would rather stay at home or would return home if the services you need could be arranged. HCBS waivers provide services in the home and community. HCBS waiver programs work to help people with disabilities or certain age groups.

Medical facilities include hospitals, nursing facilities, or intermediate care facilities for individuals with an intellectual disability.

Iowa 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
- Contact the local office of the Iowa Department of Human Services to see if you qualify for a waiver program.

For additional information on HCBS waivers go to "Are Home & Community Based Services Right for You?" at: [www.ime.state.ia.us/docs/HCBSbrochure102606.pdf](http://www.ime.state.ia.us/docs/HCBSbrochure102606.pdf).

## **Home Health Care**

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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, these 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**

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Hospice provides care to members who are terminally ill and wish to be comfortable and peaceful when they are dying. Hospice care can be given wherever the member is living.

Hospice services provided by a home health agency are covered if the agency has been certified to participate in Medicare and Medicaid.

Services can include nursing, hospice aide, social work, chaplain, volunteers, and durable medical equipment.

## **Hospital and Urgent Care**

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Medicaid covers both inpatient and outpatient hospital care, with some limits.

You may have a copayment when an emergency room visit is not for a true emergency. Go to your own doctor or to an urgent care clinic instead of an emergency room for:

- ◆ Sprained wrist or ankle
- ◆ Earache
- ◆ Cough
- ◆ Fever
- ◆ Vomiting
- ◆ Medical supplies and equipment

## **Lab and X-ray**

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Medicaid covers many lab and x-ray services. Be sure to ask whether the test is covered. If it is not covered, you will have to pay for it.

## **Maternity Care and Birth Center Services**

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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)

## **Medical Equipment and Supplies**

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

Examples of equipment and supplies Medicaid covers:

- ◆ Wheelchairs
- ◆ Prosthetic devices
- ◆ Bandages or wound-care supplies
- ◆ Oxygen and supplies

Medicaid does **not** cover:

- ◆ Air conditioners
- ◆ Dehumidifiers
- ◆ Blenders
- ◆ Massage devices
- ◆ Exercise equipment

## **Mental Health Services (Psychologists and Social Workers)**

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Mental health services are covered if the provider is practicing independently or employed by a hospital, a home health or rehabilitation agency, a community mental health center or a doctor.

Medicaid may pay for the services of a:

- ◆ Mental health counselor
- ◆ Marital and family counselor
- ◆ Certified drug counselor

Medicaid may also pay for covered services by a provider in private practice. See the Iowa Plan services on page 22.



## **Midwife Services**

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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**

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### **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 skilled 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 found not medically or financially eligible for medical assistance, Medicaid will not pay for any care you received.

## **Nurse Anesthetists and Nurse Practitioners**

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### **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**

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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

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.

## **Prescriptions and Over-the-Counter Drugs**

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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, you must get approval from Medicaid first.

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.

Your pharmacist may refill a prescription only when you have used 85% 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.

All birth control drugs and 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 include:

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

Over-the-counter drugs are in regular packages, usually in 100-unit quantities. You may get up to a 31-day supply. You may get up to a 90-day supply of all covered medical supplies.

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 *Medical Assistance 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. See page 6.

## **Rural Health Clinics**

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

## **Therapy Services (Occupational, Physical, and Speech)**

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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 the 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)**

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

Medicaid covers these drugs to help you quit smoking:

- ◆ Chantix
- ◆ Bupropion (generic for Zyban)
- ◆ Nicotine-replacement patches
- ◆ Nicotine gum

If your provider chooses Chantix, over-the-counter nicotine-replacement patches or gum, you must get Quitline Iowa counseling. Here is how to join Quitline Iowa:

1. Fill out an authorization form at your provider's office.
2. Your provider will fax the form to Quitline Iowa.
3. Quitline Iowa will contact you for information and enroll you.
4. Quitline Iowa will send a form to Iowa Medicaid for your medication.
5. Pick up your medication at your pharmacy once Iowa Medicaid approves it.

If you do not follow the steps above, you may have to pay for the services and drugs you receive.

## **Transportation Services**

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### **Non-Emergency Medical Transportation (NEMT)**

Non-emergency medical transportation provides members with transportation or reimbursement (money paid back) for travel to medical, dental, pharmacy, and mental health appointments or services.

TMS is the agency that provides help with transportation.

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

- ◆ 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

TMS 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

TMS will give the member a confirmation number when the trip is booked.

Members who want reimbursement after the medical trip must send TMS:

- ◆ The confirmation number
- ◆ The claim form
- ◆ All receipts

- Learn more about non-emergency medical transportation at <http://www.ime.state.ia.us/members/index.html>.
- Medical transportation is **not** covered under Iowa Family Planning Network (IFPN).

### **Other Transportation Services**

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 Healthy Families Line at **1-800-369-2229**.

## **Part III: Other Program Benefits**

### **Behavioral Health Intervention Services (BHIS)**

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BHIS services are provided through the Iowa Plan (see page 22). The services provide support, direction and teaching interventions in a community-based or residential group-care environment. Services are designed to improve the adult or child's level of functioning related to a mental illness. The main goal is to help the member and the member's family to learn age-appropriate skills to manage behavior and have self-control.

### **Children's Services**

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

EPSDT covers health exams for children under the age of 21 who get Medicaid. Medicaid will cover any follow-up services needed as a result of the screening.

A complete screening examination includes:

- ◆ Health and developmental history
  - ◆ Well child physical examination and measurements
  - ◆ Vision and hearing screening
  - ◆ Oral (mouth) health assessment
    - At the age of 12 months, children should see a dentist.
  - ◆ Mental health and nutritional assessments
  - ◆ Lab tests
  - ◆ Immunizations (shots)
  - ◆ Health education
- For help finding a provider, making an appointment or getting transportation for medical care, call the Healthy Families Line at **1-800-369-2229**.

## **Infant and Toddler Services**

Medical services are also provided through the Early Access program. These services are covered for children ages 0 through 3:

- ◆ Developmental assessments
  - ◆ Audiology (hearing)
  - ◆ Nursing
  - ◆ Nutrition
  - ◆ Occupational and physical therapy
  - ◆ Speech/language therapy
  - ◆ Vision
- For help, call 1-888-IA-KIDS1 (888-425-4371) or go to: <http://www.earlyaccessiowa.org>.

## **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

## **Community Mental Health Centers**

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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.

## **Estate Recovery Program**

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Federal law calls for Iowa to have an estate recovery program when Medicaid dollars are used to pay for medical help if you 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 money, material things, land, etc.

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 financial troubles to the surviving persons. If you have any questions about estate recoveries please go to <http://www.ime.state.ia.us/Estate.html>.

## **Habilitation Services—Home- and Community-Based Services (HCBS)**

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These services are designed to meet the needs of members with a history of chronic mental illness. A team led by a case manager will write a comprehensive service plan identifying needed services.

Covered services include:

- ◆ Home-based habilitation
- ◆ Day habilitation
- ◆ Pre-vocational services
- ◆ Supported employment

## **Health Home for Members with Chronic Conditions**

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In some areas a health home may be available for enrollment. Enrolling in a health home could mean that you must disenroll from any other managed care program. You will have the opportunity to discontinue your participation in a health home at any time.

Members with specific chronic conditions may qualify for additional services to help manage those conditions. A member can expect:

- ◆ A primary care practitioner that manages all your health care
- ◆ 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
- ◆ Assistance with managing your medication and medical treatments

The member must have one chronic condition and at risk of a second condition from the list below, or at least two chronic conditions from the list below:

- ◆ Hypertension
- ◆ Overweight
- ◆ Heart disease
- ◆ Diabetes
- ◆ Asthma
- ◆ Substance abuse
- ◆ Mental health condition

## **How to Apply for Health Home**

It is your choice to become part of a health home. This is a voluntary program. If you are interested in being part of a health home, call the Member Services Call Center at 1-800-338-8366 or locally in the Des Moines area at 515-256-4606. Members with a serious persistent mental illness can also access health home services through trained providers. Ask your behavioral health provider for more information or call the Member Services Call Center.

## **Health Insurance Premium Payment (HIPP)**

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This program helps Medicaid members get or keep health insurance. 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 policy holder or a dependent on the spouse's plan
  - ◆ Have "liquid" assets (cash, stocks, bank accounts, etc.) of less than \$10,000
  - ◆ Meet the income limits
- To apply or contact HIPP, call **1-888-346-9562** toll-free, or email [hipp@dhs.state.ia.us](mailto:hipp@dhs.state.ia.us), or go to <http://www.dhs.state.ia.us/hipp>.

## **Intermediate Care Facilities for Persons with an Intellectual Disability and Related Conditions (ICF/ID)**

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An ICF/ID provides 24-hour care and services for persons with an intellectual disability or other related conditions.

- ◆ Services must be provided in a licensed facility setting.
  - ◆ Persons must first be eligible for Medicaid and approved by the Iowa Medicaid Enterprise Medical Services.
- Contact the DHS local office to learn more about this program.



## Iowa Plan for Behavioral Health

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Most Medicaid members are enrolled in the Iowa Plan for Behavioral Health (Iowa Plan). The Iowa Plan is a statewide managed care program for mental health services and substance abuse treatment. Ask about the Iowa Plan toll-free at **1-800-317-3738**.

If you are enrolled in the Iowa Plan:

- ◆ You have the right to know how to get these Medicaid benefits.
- ◆ You will receive an information packet soon after you qualify for Medicaid.
- ◆ You can call the toll-free number if you have questions about mental health or substance abuse services.

To find a provider through the Iowa Plan, call the toll-free number for a list of providers. Or you may go directly to a provider to get care. Show your Medicaid card to the provider so the provider can check to see if you are in the Iowa Plan.

If your provider is not part of the Iowa Plan, the provider may want to join or refer you to another provider.

In a mental health or substance abuse emergency, go directly to a hospital emergency room to be evaluated for appropriate care and treatment.

## Managed Health Care

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If you are an Iowa Medicaid member and live in a county where there is Managed Health Care, you may be required to join a plan. This does not take away any Medicaid benefits. You may choose either a health maintenance organization (HMO) or a MediPASS doctor. IME will assign a provider if you do not choose.

With managed health care:

- ◆ You have a primary care doctor
- ◆ You build a doctor–patient relationship
- ◆ When you need medical services, you have a phone number to call and a doctor and staff who know you
- ◆ You get the medical care you need from your own doctor instead of from an impersonal emergency room or a doctor you don't know
- ◆ It's easier for you and your children to get preventive services to stay healthy—things like shots for children and a yearly PAP and pelvic exam for women

Managed Health Care changes the way you get some medical services, so be sure to read about your choices and how to get Medicaid services in Managed Health Care. You will get more written information once you choose (or are assigned if you don't choose).

- Call Member Services workdays (Monday through Friday) from 8:00 a.m. to 5:00 p.m. at **1-800-338-8366**, or **1-515-256-4606** in the Des Moines area.

You can also call if you have any problems after you are enrolled or if you want to change your enrollment. You may ask for a change if you're not happy with your choice or if your circumstances change (for example, if you move or your doctor retires).

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

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PACE helps Medicaid members stay healthy and live in the community as long as possible. The PACE program will coordinate and provide all preventive, primary, in-home acute, and long-term care services for persons age 55 and older.

- Contact Member Services workdays (Monday through Friday) from 8:00 a.m. to 5:00 p.m. at **1-800-338-8366**, or **1-515-256-4606** in the Des Moines area to tell you if you live in a county that has a PACE program. The Member Services representative will give you contact information for the PACE program.

## **Important Contact Information**

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Use this page to keep track of important phone numbers for all your health care needs. Keep this near your phone for use in contacting the right people to help you with your health care.

### **Member Services Call Center**

Toll Free: 1-800-338-8366

In the Des Moines area: 515-256-4606

Hours of operation: Monday through Friday 8:00 a.m. to 5:00 p.m.

Email: [IMEMemberServices@dhs.state.ia.us](mailto:IMEMemberServices@dhs.state.ia.us)

Website: [www.ime.state.ia.us](http://www.ime.state.ia.us)

### **Mental Health and Substance Abuse**

Toll Free: 1-800-317-3738 (24 hours per day)

**Primary Care Provider:** \_\_\_\_\_

**Hospital:** \_\_\_\_\_

**Emergency:** 911