IOWA DEPARTMENT OF HUMAN SERVICES
IOWA MEDICAID ENTERPRISE - MEMBER SERVICES
PO BOX 36510
DES MOINES, IA 50315-0314

<MEMBER NAME>
<ADDRESS 1>
<ADDRESS 2>
<CITY>, <ST> <ZIP>

<Date>
<Case Number>

Welcome to the IA Health Link Program

Most Iowa Medicaid programs are covered by the managed care program called IA Health Link. A Managed Care Organization, or MCO, is a health plan that coordinates care for a member. You have three MCOs to choose from for your IA Health Link coverage.

Please follow the three steps below to choose a health care plan that best fits you.

Step 1

- **Review**
- Enclosed is information about your choice in managed care organizations (MCOs). Review this information to make the best choice for you and/or your family member's health care needs.

Step 2

- **Choose**
- For each person listed on the back of this letter, choose the MCO that best fits their needs. Everyone does not have to have the same MCO.
- You must make a choice by your **Choice Period End Date** which is **<<Choice-Date>>**

Step 3

- **Enroll**
- Phone: Call Iowa Medicaid Member Services at **1-800-338-8366** or locally in the Des Moines area at **515-256-4606**.
- Mail: Return the enrollment form included in this packet using the postage paid envelope.
- Email: Iowa Medicaid Member Services at IMEMemberServices@dhs.state.ia.us.

You will find information in this packet about the three MCOs that you can choose to be your health plan:

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

* **PACE** (Program of All-Inclusive Care for the Elderly) is another managed care program option for members age 55 or older who live in certain Iowa counties and meet certain level of care requirements. Information about the PACE program can be found in your IA Health Link Member Handbook.

For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking, call Relay Iowa TTY at 1-800-735-2942.

What will happen next?

- You will receive a Confirmation of Coverage Letter that:
  - Confirms your MCO choice(s) or assignment and your MCO coverage start date.
- Ongoing MCO selection process:
  - You have until the **Choice Period End Date** listed to change your MCO.
  - **Choice Counseling** is available by calling Iowa Medicaid Member Services.
  - If you need **In-Person Assistance**, call Iowa Medicaid Member Services.
  - You have **90 days** from the **Choice Period End Date** listed in this letter to change your MCO for any reason.
  - You may change your MCO choice annually. You will be notified of your annual enrollment period.
  - You may change your MCO at any time for reasons of "Good Cause." For more information on "Good Cause," please see page 8 in the IA Health Link handbook: http://dhs.iowa.gov/sites/default/files/IAHealthLinkMemberHandbook_FinalOnlineVersion.pdf

You may call Iowa Medicaid Member Services at **1-800-338-8366** or locally in the Des Moines area at **515-256-4606**, Monday through Friday, from 8 a.m. to 5 p.m. You also have the option to email general questions to Member Services at IMEMemberServices@dhs.state.ia.us.

*Para solicitar este documento en español, comuníquese con Servicios para Miembros al teléfono **1-800-338-8366** de 8 a.m. a 5 p.m., de lunes a viernes.*

** Each member listed has been given a choice assignment noted below.* ***If you like the already chosen assignment, you do not need to do anything.*** ***If you do not like the chosen assignment, please follow the three steps at the front of this letter to make your own choice.***

Member Name	MCO	State ID Number
<Last Name, First Name>	<MCO>	<SID>
<Last Name, First Name>	<MCO>	<SID>
<Last Name, First Name>	<MCO>	<SID>
<Last Name, First Name>	<MCO>	<SID>

For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking, call Relay Iowa TTY at 1-800-735-2942.

Iowa Department of Human Services

ia health link

IA Health Link Managed Care Organization Enrollment

Welcome to IA Health Link. Please see the enclosed information about each Managed Care Organization (MCO) available to you. You must select one MCO to enroll with. If you do not select a plan, the MCO listed on your enrollment letter will be your MCO. After you complete this form, please return it in the postage paid envelope provided. You do not need a stamp to return this form by mail or you may also fax your completed form to 515-725-1351.

Complete this form with blue or black ink.

Name of Person to Enroll	Date of Birth of Person to Enroll	ID Number of Person to Enroll	Check One MCO	
			☐ Amerigroup Iowa, Inc. ☐ AmeriHealth Caritas Iowa, Inc.	☐ UnitedHealthcare Plan of the River Valley, Inc.
			☐ Amerigroup Iowa, Inc. ☐ AmeriHealth Caritas Iowa, Inc.	☐ UnitedHealthcare Plan of the River Valley, Inc.
			☐ Amerigroup Iowa, Inc. ☐ AmeriHealth Caritas Iowa, Inc.	☐ UnitedHealthcare Plan of the River Valley, Inc.
			☐ Amerigroup Iowa, Inc. ☐ AmeriHealth Caritas Iowa, Inc.	☐ UnitedHealthcare Plan of the River Valley, Inc.

Reason for changing your MCO:_____

Your Address (Street, City, and Zip Code)	Your Phone Number	Sign Here

If you have questions about how to complete this form, call Member Services at **1-800-338-8366** or locally in the Des Moines area at 515-256-4606, Monday through Friday from 8 a.m. – 5 p.m.

Para solicitar este documento en español, comuníquese con Servicios al Afiliado al teléfono 1-800-338-8366, de lunes a viernes desde las 8 a.m. hasta las 5 p.m.

For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking, call Relay Iowa TTY at 1-800-735-2942.

470-5356 (Rev. 2/16)

Iowa Department of Human Services

ia health link

Comm. 476 (Rev. 3/16)

IA Health Link Managed Care Program

Iowa Medicaid Member Services:
Toll Free: 1-800-338-8366
Local: 515-256-4606
Website: www.IAHealthLink.gov
Email: IMEMemberServices@dhs.state.ia.us

Para solicitar este documento en español, comuníquese con Servicios para Miembros al teléfono 1-800-338-8366 de 8 a.m. a 5 p.m., de lunes a viernes.

For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking, call Relay Iowa TTY at 1-800-735-2942.

Welcome to IA Health Link

Inside this booklet, you will find information about the IA Health Link program. IA Health Link is a managed care program that works to make sure you get the health care that you need. Please take a few minutes to review the information in this booklet and if you have any questions, contact the Iowa Medicaid Member Services Call Center at:

Toll Free: 1-800-338-8366
In the Des Moines area: 515-256-4606
Fax: 515-725-1351
Email: IMEMemberServices@dhs.state.ia.us

Table of Contents

Welcome to IA Health Link 2
Your Managed Care Organization (MCO) Options 3
Services Covered Before the MCO Selection Takes Effect 3
PACE 4
Managed Health Care with IA Health Link 5
Who is Enrolled in Managed Health Care with IA Health Link? 5
Choosing a Managed Care Organization 6
Can I Change Managed Care Organizations Later? 7
Member Requested Disenrollment for “Good Cause” 7
What Happens If I Move? 7
IA Health Link Benefits 8
Home- and Community-Based Services 12
Iowa Family Planning Network Services 12
Dental Services 13
The Dental Wellness Plan 13
Other Transportation Services 14
Emergency (ER) and Urgent Care 14
Healthy Behaviors Program for the Iowa Wellness Plan Members 14
Copayments 15
Iowa Medicaid Card 15
Managed Care Organization Card 15
Interpreter Services 16
Help with Insurance Premium Payments 16
Estate Recovery 16
Important Notes 16
Contact Information for Concerns 17
Member Rights and Responsibilities 17
Appeals and Grievances 18
Questions 20
Important Contact Information 20

Your Managed Care Organization (MCO) Options

IA Health Link is a program that gives you quality health coverage that is covered by a Manage Care Organization (MCO), also known as a health plan. You get to choose which MCO will manage your care.

Each MCO will have a network of providers across the state of Iowa who you may see for care. The MCOs will also coordinate your care to help you stay healthy. Below you will find contact information for each MCO. For more information about each MCO and their provider network, give them a call.

Amerigroup Iowa, Inc.
Member Services Phone: 1-800-600-4441
Website: www.myamerigroup.com/IA
Member Services Email: MPSWeb@amerigroup.com

AmeriHealth Caritas Iowa, Inc.
Member Services Phone: 1-855-332-2440
Website: www.amerihealthcaritas.com
Member Services Email: members@amerihealthcaritasia.com

UnitedHealthcare Plan of the River Valley, Inc.
Member Services Phone: 1-800-464-9484
Website: www.UHCCommunityPlan.com

Services Covered Before the MCO Selection Takes Effect

The time period before a member's MCO choice takes effect and during the months where some members may receive retroactive coverage is called Fee for Service. During this time members will receive the same benefits through Fee for Service as they would with the MCO. While you are in Fee for Service your benefits are covered by Iowa Medicaid. Iowa Medicaid only pays for services from providers who are enrolled with the Iowa Medicaid program.

While on Fee for Service please direct any questions about your coverage or bills to Iowa Medicaid Member Services at 1-800-338-8366 or in the Des Moines area at 515-256-4606.

For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking, call Relay Iowa TTY at 1-800-735-2942.

PACE

PACE (Program of All-Inclusive Care for the Elderly) is a managed care program that blends Medicaid and Medicare funding. The PACE program must provide all Medicare and Iowa Medicaid covered services as well as other services that will improve and maintain the member's overall health status. The focus of the PACE program is to provide needed services that will allow persons to stay in their homes and communities. Long-term care services are covered, however, if necessary.

Eligibility Requirements

The PACE program is designed for members who:

- Are 55 years of age or older
- Live in a PACE-designated county
- Have chronic illnesses or disabilities that require a level of care equal to nursing facility services
- Can live safely in their homes and community with help from PACE services

Services Available at the PACE Center	Other PACE Benefits
• Meals • Nutritional counseling • Personal care services • Physical therapy, occupational therapy, and other restorative therapies • Primary medical care (including physician and nursing services) • Recreational therapy and social activities • Social work services • Transportation • Prescription drugs	• Ambulance services • Audiology services • Dental services • Home health services • Hospice services • Inpatient hospital services • Laboratory and X-ray services • Medical equipment and supplies • Nursing facility services • Optometric services • Outpatient hospital services • Palliative care services • Podiatry services

Interdisciplinary Team

The PACE center staff, representing the services listed above; the PACE member, the PACE transportation driver, and the PACE center manager are the PACE interdisciplinary team (IDT). The IDT determines medically necessary services and coordinates all care.

Applying for the PACE Program

PACE designated counties and PACE providers are listed at the following link: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/pace

A PACE enrollment coordinator will schedule a meeting to provide further information about the PACE program. If you would like to proceed with an application for the PACE program, the PACE enrollment coordinator and PACE staff will assist you throughout the application process.

Managed Health Care with IA Health Link

Most Iowa Medicaid programs are covered by the managed care program called IA Health Link. A Managed Care Organization, or MCO, is a health plan that coordinates care for a member. You have three MCOs to choose from for your IA Health Link coverage. The coverage offered by the providers in the MCOs will be just right for you.

You can have one MCO for the whole family or you can have a different MCO for each family member. You will then see a provider who works with the MCO that you choose. Your health care provider will be the one to provide you treatment.

Who is Enrolled in Managed Health Care with IA Health Link?

Most members who get coverage by Iowa Medicaid will be enrolled in the Managed Care program and will select an MCO. The benefits you receive from your selected MCO will depend on the type of Medicaid coverage you qualify for.

There are some members who are excluded from Managed Health Care. They are listed below:

- Members who qualify for the Health Insurance Premium Payment program (HIPP) – See page 16 for more information on HIPP.
- Members who qualify for the Medicare Savings Program (MSP) only.
  - Qualified Medicare Beneficiary plan (QMB)
  - Specified Low-Income Medicare Beneficiary (SLMB)
- Members who are on the three day emergency plan.
- Members who are on the Medically Needy program also known as the spenddown program.
- Presumptively eligible members (subject to change once ongoing eligibility is determined).
- Members who receive eligibility retroactively for previous months.

Some members may choose to enroll in the Managed Health Care program:

- Members who are enrolled with the PACE program. If you are a member enrolled with PACE, please contact your PACE provider before making any changes to your plan. Your PACE provider will assist you with disenrolling with PACE and enrolling with the IA Health Link Managed Care program.

- American Indian or Alaskan Native members may also choose to enroll in the Managed Care program. If you are a member who identifies as American Indian or Alaskan Native, contact Iowa Medicaid Member Services at 1-800-338-8366 to learn about enrolling in the IA Health Link Managed Care program.

If you are unsure of the type of Medicaid program you are eligible for, please contact Iowa Medicaid Member Services for assistance at 1-800-338-8366 or locally in the Des Moines area at 515-256-4606, Monday through Friday, from 8 a.m. until 5 p.m. You may also email questions to Iowa Medicaid Member Services at IMEMemberServices@dhs.state.ia.us.

Choosing a Managed Care Organization

Contact the Iowa Medicaid Member Services Call Center and choose an MCO from the list included in your enrollment packet. You may enroll in the following ways:

- Complete the IA Health Link enrollment form included with your IA Health Link enrollment packet and return it by mail at no cost to you.

  You can also download a copy of the IA Health Link enrollment form at https://dhs.iowa.gov/ime/members
- Call the Iowa Medicaid Member Services Call Center, Monday through Friday from 8 a.m. – 5 p.m. toll free at 1-800-338-8366 or in the Des Moines area at 515-256-4606.
- For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking, call Relay Iowa TTY at 1-800-735-2942.
- Email Iowa Medicaid Member Services at IMEMemberServices@dhs.state.ia.us
- Fax your enrollment form to 515-725-1351.

Iowa Medicaid Member Services will offer MCO choice counseling to members in person or by phone at 1-800-338-8366. Choice counseling includes answering member questions about each MCO 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 MCO have additional services that would benefit me?

Call or email Iowa Medicaid Member Services to find out how to access in-person help.

Important notes:

- If you are pregnant, you must notify the Department of Human Services (DHS). This may change the type of Medicaid coverage you get. You may reach DHS by calling 1-877-347-5678.
- Once the baby has been born, you must notify the Department of Human Services Call Center as soon as you are able at 1-877-347-5678.
- When the baby has been enrolled with IA Health Link you will get another enrollment packet in the mail. At that time you may choose an MCO for your newborn baby.
- If you are pregnant and enrolled with an MCO, your baby will also be enrolled in the same MCO at the time of birth.

Can I Change Managed Care Organizations Later?

A goal of the IA Health Link Program is for you to have an MCO you are comfortable with who can help you access health care services. The program requires that you are enrolled with an MCO. When you receive your enrollment letter, you will be notified of when you will need to make an MCO choice. You will have 90 days to change your MCO for any reason. After the 90-day period, you will remain with that MCO until the next annual open enrollment. Changes cannot be made during the twelve-month period with the exception of the following:

- A request for disenrollment by the member for **Good Cause**.
- A request for disenrollment by the MCO for **Good Cause**.

You will receive a notice in the mail approximately 60 days before the end of your 12-month enrollment period notifying you that you can change your MCO, if you choose.

Member Requested Disenrollment for "Good Cause"

Because we want you to be happy with your MCO, you may contact Iowa Medicaid Member Services to explain why you feel you need to change your MCO during your 12 months of closed enrollment. A request for this change, called disenrollment, will require Good Cause. Some examples of Good Cause for disenrollment include:

1) Needing services from a provider within a different MCO's network.

2) The MCO plan does not cover the services you need due to moral or religious objections.

3) Insufficient quality of care given by your MCO.

- Inadequate treatment given for your medical diagnosis
- Inadequate use of referrals/specialty care providers
  - Refusal to give referrals for second opinions
  - Refusal to give referrals to Maternal Health Centers for a pregnant member who is requesting the referral
- Deviations from the Standards of Treatment guidelines

4) Medical services provided in an untimely manner.

- Urgent care not provided or referred by the primary provider within 24 hours
- Routine care not provided by or referred by the primary provider within 2-4 weeks

5) Availability of a new, previously unavailable provider, who is enrolled with a different MCO than whom you are enrolled with.

What Happens If I Move?

If you move, please contact the Department of Human Services Call Center at 1-877-347-5678 and contact your MCO. Your MCO will have information on how to receive services in your new area.

IA Health Link Benefits

As a member of the IA Health Link program you will receive comprehensive health benefits through an MCO that you get to choose. Some services may require prior approval. Please work with your health care provider to determine if the specific service you need is covered. You may contact the MCO to find providers you can see for your medical care described below.

IA Health Link Managed Care Benefits Package					
Plan Benefits	**Traditional Medicaid Eligibility**	**Iowa Health and Wellness Plan**		**Iowa Family Planning Network**	**Home- and Community-Based Services**
		Iowa Wellness Plan	**Medically Exempt Coverage (Medicaid State Plan)**		
Ambulatory Patient Services • **Physician services** • **Primary care**	Covered	Covered	Covered	Not covered	Covered
Chiropractic	Covered	Covered	Covered	Not covered	Covered
Dental	Covered through Iowa Medicaid	Covered through the Dental Wellness Plan	Covered through the Dental Wellness Plan	Not covered	Covered through Iowa Medicaid
Emergency Services • **Emergency room** • **Ambulance**	Covered	Covered	Covered	Not covered	Covered
Family planning services	Covered	Covered	Covered	Covered	Covered
Hearing Aids	Covered	Not covered	Covered	Not covered	Covered
Home Health	Covered	Covered Private duty nursing and personal care is not covered	Covered	Not covered	Covered

Plan Benefits	Traditional Medicaid Eligibility	Iowa Health and Wellness Plan		Iowa Family Planning Network	Home- and Community-Based Services
		Iowa Wellness Plan	Medically Exempt Coverage (Medicaid State Plan)		
Hospice	Covered Respite: may only be used in five day spans	Covered Respite: 15 day inpatient and 15 day outpatient lifetime limit	Covered Respite: may only be used in five day spans	Not covered	Covered Respite: may only be used in five day spans
Hospitalization	Covered	Covered	Covered	Not covered – with exception to sterilization	Covered
Lab Services • **X-rays** • **Lab tests**	Covered	Covered	Covered	Not covered	Covered
Mental Health and Substance Use Disorder Services Inpatient/Outpatient services provided by: • **Hospitals** • **Psychiatrist** • **Psychologist** • **Social workers** • **Family and marital therapists** • **Licensed mental health counselors**	Covered	Covered	Covered	Not covered	Covered
Other Mental Health Services	Covered	Not covered	Behavioral Health Intervention Services (BHIS) Assertive Community Treatment (ACT)	Not covered	Behavioral Health Intervention Services (BHIS) Assertive Community Treatment (ACT)

Plan Benefits	Traditional Medicaid Eligibility	Iowa Health and Wellness Plan		Iowa Family Planning Network	Home- and Community-Based Services
		Iowa Wellness Plan	Medically Exempt Coverage (Medicaid State Plan)		
Other Benefits					
• **Bariatric surgery**	Covered	Not covered	Covered	Not covered	Covered
• **Temporomandibular Joint (TMJ)**	Not covered	Not covered	Covered	Not covered	Covered
• **Intermediate care facility (nursing facility)**	Covered	Not covered	Not covered, available under other eligible groups	Not covered	Available under certain Waiver programs
• **Intermediate care facility for the intellectually disabled**	Covered	Not covered	Not covered, available under other eligible groups	Not covered	Available under certain Waiver programs
Podiatry	Covered	Covered Routine foot care is not covered unless it's part of a member's overall treatment related to certain health care conditions	Covered	Not covered	Covered
Prescription Drugs	Covered	Covered	Covered	Limited to birth control	Covered
Rehabilitative and Habilitative Services • **Physical therapy** • **Occupational therapy** • **Speech therapy**	Covered	Covered 60 visits covered each year for each therapy type	Covered, no limits	Not covered	Covered, no limits
Skilled Nursing Facility	Covered, no limits	Limited to 120 days annually	Limited to 120 days annually	Not covered	Covered, no limits

Plan Benefits	Traditional Medicaid Eligibility	Iowa Health and Wellness Plan		Iowa Family Planning Network	Home- and Community-Based Services
		Iowa Wellness Plan	Medically Exempt Coverage (Medicaid State Plan)		
Non-Emergent Medical Transportation	Covered	Not covered	Covered	Not covered	Covered
Vision Care Exams	Covered	Covered	Covered	Not covered	Covered
Eyeglasses	Covered	Not covered	Covered	Not covered	Covered

Home- and Community-Based Services

Home- and Community-Based Services (HCBS) are for people with disabilities and older Iowans who need services to allow them to maintain a good quality of life and stay in their home and community instead of going to an institution. You must be eligible for Medicaid and also meet the requirements of the HCBS program you are applying for and/or receiving. You will need to be certified as being in need of nursing facility level of care, skilled nursing facility level of care, hospital level of care, or being in need of care in an intermediate care facility for the intellectually disabled.

Iowa currently has seven Medicaid HCBS waivers:

- AIDS/HIV Waiver
- Brain Injury Waiver
- Children's Mental Health Waiver
- Elderly Waiver
- Health and Disability Waiver
- Intellectual Disability Waiver
- Physical Disability Waiver

Services are intended to help people reach the highest degree of independence possible. For more information about each HCBS Waiver program please visit http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/waivers

Iowa Family Planning Network Services

Iowa Family Planning Network (IFPN) Services are available for men and women aged 12 through 54. Services available to those who are eligible include:

- Birth control exams and advice
- Limited testing and treatment for sexually transmitted diseases (STDs)
- Pap tests
- Birth control supplies for men and women
- Voluntary sterilization for men and women who are over the age of 21 and have signed a valid sterilization consent form

If you are only eligible for IFPN, you do not have coverage for services such as:

- Hospital visits (except during sterilization)
- Dental
- Vision
- Chiropractic care
- Medical or health care services not related to those covered by IFPN

You will use the same MCO card but only family planning services are covered. To check your coverage call Iowa Medicaid Member Services at 1-800-338-8366 or 515-256-4606.

For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking, call Relay Iowa TTY at 1-800-735-2942.

Dental Services

Dental services for Iowa Health and Wellness Plan members are available through the Dental Wellness Plan. Dental services are not available to members enrolled with the Iowa Family Planning Network.

Dental services are available to all other members through the Fee for Service program. The services are not part of those provided by the MCO. Services 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

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

The Dental Wellness Plan

Members enrolled in the Iowa Health and Wellness Plan have the benefit of dental coverage. This dental coverage is managed by Delta Dental. The earned benefit dental program allows for you to get core benefits as soon as you're a member. More services become available to you when you follow a healthy dental plan.

Core benefits include:

- X-rays
- Cleanings
- Fluoride
- Emergency services
- Fix teeth/dentures for basic needs, like eating, talking, and pain

Delta Dental will send you your dental insurance card and handbook to get you started toward a healthy smile. For more information about the Dental Wellness Plan call 1-888-472-2793.

Other Transportation Services

Local transportation may be available for children under the age of 21 and pregnant women for travel to medical or dental care at local programs.

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**.

Emergency (ER) and Urgent Care

Emergent Care

An emergency is considered any condition that could endanger your life or cause permanent disability if not treated immediately.

If you have a serious or disabling emergency, you do not need to call your provider or your MCO. Go directly to the nearest hospital emergency room or call an ambulance. The following are examples of emergencies:

- A serious accident
- Poisoning
- Heart attack
- Stroke
- Severe bleeding
- Severe burns
- Severe shortness of breath

Contact your MCO for all follow-up care. Do not return to the emergency room for the follow-up care. Your provider will either provide or authorize this care.

Urgent Care

Urgent care is when you are not in a life-threatening or a permanent disability situation and have time to call your managed health care provider. If you have an urgent care situation, you should call your provider or MCO to get instructions. The following are some examples of urgent care:

- Fever
- Stomach pain
- Earaches
- Sore throat
- Upper respiratory infection
- Minor cuts and lacerations

Healthy Behaviors Program for the Iowa Wellness Plan Members

Members of the Iowa Wellness Plan have a chance to play a bigger part in their health care through the Healthy Behaviors Program. The Healthy Behaviors program allows members to become aware of their health status through two activities. Those activities are a Health Risk Assessment (HRA) and an annual wellness exam which includes an exam with your primary care provider **or** a dental exam with your dental provider. Members may complete both Healthy Behaviors each year so that their health coverage contributions can be waived in their next enrollment year.

For more information about the Healthy Behaviors program visit: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/iahealthlink/your_benefits.

Copayments

Some medical services may have a copayment, which is your share of the cost. If there is a copayment, you will pay it to the provider of the service.

- You will be charged a $3.00 copayment for each visit to the emergency room that is not considered an emergency. (See page 14 for the definition of emergency situations.)
- Iowa Health and Wellness Plan members will be charged an $8.00 copayment for each visit to the emergency room that is not considered an emergency. (See page 14 for the definition of emergency situations.)
- Children under the age of 21 and pregnant women **will not be** charged a copayment for any services.

Iowa Medicaid Card

All members receive a *Medical Assistance Eligibility Card* (form 470-1911).

- Keep your card until you get 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 Medicaid card, call Iowa Medicaid Member Services.
- If you go off of Iowa Medicaid and come back on, a new card will not be issued. Please contact Member Services to request a new Medicaid card.

Managed Care Organization Card

In addition to the Iowa Medicaid card, you will receive a card from the Managed Care Organization (MCO) whom you are enrolled with.

- Be sure to have **both** cards ready when you go to your provider.
- If you lose your MCO card, call your MCO to ask for a new one. (See MCO contact information on page 3.)

Interpreter Services

We can arrange for an interpreter to help you speak with us in almost any language. Please call Iowa Medicaid Member Services for help at 1-800-338-8366 or locally in the Des Moines area at 515-256-4606, Monday through Friday, from 8 a.m. until 5 p.m. Share with the representative who takes your call the language you need and they will find an interpreter.

For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking, call Relay Iowa TTY at 1-800-735-2942.

Para solicitar este documento en español, comuníquese con Servicios para Miembros al teléfono 1-800-338-8366 de 8 a.m. a 5 p.m., de lunes a viernes.

Help with Insurance Premium Payments

The Health Insurance Premium Payment (HIPP) program is a service available to people who get Medicaid. The HIPP program helps people get or keep health insurance through their employer by reimbursing the cost of the health insurance premium. The HIPP program is a way for the state of Iowa to save money.

To complete an application over the phone or for questions call 1-888-346-9562.

For a paper application, please visit www.dhs.state.ia.us/hipp. Applications may be returned by fax at 1-515-725-0725 or email at hipp@dhs.state.ia.us.

Estate Recovery

Estate recovery legal reference: 441 IAC 75.28(7)

The cost of medical assistance is subject to recovery from the estate of certain Medicaid members. Members affected by the estate recovery policy are those who:

- Are 55 years of age or older, regardless of where they are living; or
- Are under age 55 and:
    - Reside in a nursing facility, an intermediate care facility for persons with an intellectually disability, or a mental health institute, and
    - Cannot reasonably be expected to be discharged and return home.

Important Notes

- For **mental health or substance abuse services**, you should call your MCO. Your MCO will let you know how to move forward with getting services.
- If you receive a bill for a medical service that you believe should be covered by your MCO, contact your MCO and let them know about the bill. Your MCO can help determine if the cost is covered.
- If you do **not** show your Iowa Medicaid or MCO card to the provider or hospital, you may have to pay the bill yourself.

Contact Information for Concerns

- Your MCO is responsible for helping you with your health care. If you feel you are not getting the care that you need, call the Iowa Medicaid Member Services Call Center at 1-800-338-8366, Monday through Friday from 8 a.m. until 5 p.m.
- Assistance is available to Iowa Medicaid members who wish to have a complaint about their services researched.

  For members receiving long-term care services or home- and community-based waiver services, independent advocacy services are available. You may contact:

  Office of the State Long-Term Care Ombudsman
  510 E. 12th Street
  Des Moines, IA 50319

  (515) 725-3333 or 1-866-236-1430 (toll-free nationwide)

Member Rights and Responsibilities

Member Rights

- To receive timely, appropriate, and accessible medical care
- To obtain a second opinion regarding a medical diagnosis
- To choose the provider of your choice from the providers available with your MCO
- To change your MCO as allowed by program policy
- To appeal a decision that you do not agree with
- To be treated with respect and dignity
- To be treated without discrimination with regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status
- To participate in decisions regarding your health care, including the right to refuse treatment

Member Responsibilities

- To be knowledgeable about your medical coverage
- To obtain routine and ongoing care from your provider in an office setting
- To contact your provider before emergency room visits with the exception of situations requiring emergency care. (See page 14 for the definition of emergency situations.)
- To carry your current medical assistance card and MCO card at all times and present it when accessing medical care.

- To call the number on the reverse side of your medical cards if you move or have incorrect information printed on your medical cards
- To be responsible for any medical bills if you do not present your Iowa Medicaid card or MCO card at the time of your visit
- To be responsible for any medical bills for services provided by a practitioner who is not participating in the Iowa Medicaid program or is not enrolled with your MCO

Appeals and Grievances

You Have the Right to Appeal

IA Health Link members have the right to file an appeal with their respective MCO, before filing an appeal with Iowa Medicaid. For benefit or service-related issues, please contact your MCO to learn about your appeal rights with them. (See page 3 for MCO contact information.)

If an Iowa Medicaid member is dissatisfied with the MCO's decision, the member can access the State Fair Hearing appeal process through the Department of Human Services (DHS).

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 can appeal in person, by telephone or in writing for Food Assistance or Medicaid. You must appeal in writing for all other programs. To appeal in writing, do **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 the Department of Human Services, Appeals Section, 5th 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?

For Food Assistance or Medicaid, you have 90 calendar days to file an appeal from the date of a decision. For all other programs, you must file an appeal:

- Within 30 calendar days of the date of a decision or
- Before the date a decision goes into effect

If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing.

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. This 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 Street, Des Moines, IA 50319-0114 or via email 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 MCO, please contact the MCO and work through their grievance process. If you feel that the MCO is not acting on your complaint, you may contact the Iowa Medicaid 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 IA Health Link Managed Care program, please contact the Iowa Medicaid Member Services Call Center at 1-800-338-8366 toll free or 515-256-4606 in the Des Moines area.

Questions

If you have questions about IA Health Link, you may contact the Iowa Medicaid Member Services Call Center at **1-800-338-8366** toll free or 515-256-4606 in the Des Moines area. You may also email questions to Member Services at IMEMemberServices@dhs.state.ia.us. If you have questions about your MCO, you may contact the MCO at their phone number, provided below:

Amerigroup Iowa, Inc. Phone: 1-800-600-4441

AmeriHealth Caritas Iowa, Inc. Phone: 1-855-332-2440

UnitedHealthcare Plan of the River Valley, Inc. Phone: 1-800-464-9484

Important Contact Information

Iowa Medicaid Member Services Call Center

Toll Free: 1-800-338-8366

In the Des Moines area: 515-256-4606

Email: IMEMemberServices@dhs.state.ia.us

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

For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking, call Relay Iowa TTY at 1-800-735-2942.

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.

MCO: _____

Health Care Provider: _____

Hospital: _____

Iowa Medicaid Member Services Call Center: 1-800-338-8366 toll free; 515-256-4606 Des Moines area

Emergency: 911

Website: www.IAHealthLink.gov Email: IMEMemberServices@dhs.state.us

Your health comes first.
Make us your first choice.

Amerigroup
An Anthem Company

Amerigroup is proud to be part of the new Medicaid program in Iowa.

We're one of three IA Health Link managed care organizations (MCOs) in your neighborhood. We know you have unique needs – not all of them health-related – and we know how to meet them. We help millions of people get the care they need every day. Now we're ready to support you, every step of the way.

Why join Amerigroup?

Because you'll get all your regular Medicaid benefits, plus extras to help you and your family live healthy, like:

- Free Boys & Girls Club membership
- Help getting free mobile phone service* with:
  - Up to 250 free monthly minutes to call family, friends and doctors
  - 100 bonus lifetime minutes
- Video chats with doctors through LiveHealth Online
- Equipment to help with daily living
- Extra personal assistant services to help support members' health and well-being
- Free weight management program for adults who qualify
- Free stop-smoking program for adults

*For eligible households

And let's not forget your regular health benefits.
We're working with doctors, clinics and hospitals throughout Iowa to make sure you can easily use the Medicaid benefits you're entitled to, such as:

- The right doctor for your needs
- Preventive health services
- Behavioral health services
- Pharmacy services
- EPSDT/well-child visits
- Emergency medical services
- Home health services
- Hospital services
- Long-term services and supports
- Health screenings and more

All at no or low cost

You need:	We have:
A health plan that understands you and your family	Years of experience focusing on Medicaid, CHIP, SSI and home- and community-based services waiver programs
Trusted doctors, hospitals and clinics near your home	A growing network of doctors, specialists, clinics, hospitals and pharmacies in your neighborhood, and we're adding more every day
Support to help you manage your health and life	Dedicated care managers to work with your family, doctors and community groups to help you where and when you need it

ia health link

Want to learn more?
Call us at
1-800-600-4441 (TTY 711).

IA-MEM-0082-15 08.15

ia health link | AmeriHealth Caritas™ Iowa

AmeriHealth Caritas Iowa is excited to have been chosen as one of the Medicaid managed care plans for the Iowa High Quality Health Care Initiative.

We believe it is important to be involved in the community. That is why we are hiring local people from the community to work at our health plan. We are working with community groups and providers to get to know you better. Our goal is to make sure you get the right care in the right place at the right time.

AmeriHealth Caritas Iowa also believes everyone should have access to quality health care and services. We respect your health care needs and will treat you with the dignity you deserve. We are committed to delivering health care through innovative services and programs that will make it easier for you to take care of your health.

We are ready to serve you in Iowa's new Medicaid managed care program. We have been providing Medicaid managed care for over 30 years. Today, we are helping more than 6.9 million members in 15 states and the District of Columbia. We help people get care, stay well and build healthy communities.

At AmeriHealth Caritas Iowa, care is the heart of our work. We are looking forward to helping Iowa become an even healthier state.

For more information, call 1-855-332-2440. TTY 1-844-214-2471.

www.amerihealthcaritas.com

WITH AMERIHEALTH CARITAS IOWA, YOU WILL RECEIVE GREAT CARE THROUGH OUR ENHANCED BENEFITS:

- CARE Card. Earn rewards for healthy behaviors.
- Wellness centers in select locations. Talk to someone about your care, take classes and get information about our programs and events.
- Maternity programs and incentives, including BrightStart®.
- Free cell phone program for qualified members. Stay in touch with us about your health.
- Free gym membership to select locations.*
- And more!

*Based on program rules.

ACIA-1522-24

Helping to make health care **simpler in Iowa.**

We're UnitedHealthcare Community Plan of Iowa. We're dedicated to helping make health care simpler, so our members get the care they need, when they need it.

We offer a wide range of benefits designed for:

- Pregnant mothers and their babies.
- Children up to age 19.
- Low income adults and families.
- People living with disabilities or other serious health conditions.
- People who need extra help to live on their own.

Serving Iowans for three decades.

We have served members in Iowa since the 1980s. UnitedHealthcare provides health benefits to more than 490,000 members in Iowa. This includes people who get coverage through employers, the armed forces and Medicare programs. It also includes more than 9,000 ***hawk-i*** members.

Our members can expect:

- Access to a wide range of care providers across Iowa.
- 24/7 access to a nurse for questions about their health and care.
- Extra support and programs to help reach health goals.
- Experienced care managers to work with members who have complex health conditions.

We look forward to serving more Iowans through IA Health Link.

We connect our members to thousands of providers, clinics and hospitals in Iowa.

We serve more than 5 million members in 23 states.

We team up with national partners to provide programs that support lifelong health.

To learn more about UnitedHealthcare Community Plan, visit:

UHCCommunityPlan.com

Or call: 1-800-464-9484

UnitedHealthcare Plan of the River Valley, Inc.

ia health link | UnitedHealthcare Community Plan

935-CST8690_EN-S 9/15 © 2015 United Healthcare Services, Inc. All rights reserved.