Discussion Topics:

- Overview
- Programs
- Forms and Billing
- Updates
- Resources
- Contact Information
- Q/A
Iowa Medicaid Enterprise Overview
Iowa Medicaid Administration

- Since 2005, the Iowa Medicaid Enterprise (IME) has administered the Iowa Medicaid program.
- IME unites State workers and 8 different “best of breed” vendors in a contract model that manages the Medicaid program.
- The IME assures members receive quality health care in an efficient and transparent manner.
Iowa Medicaid 2012 Statistics

- Total Iowa Medicaid member enrollment as of March 2012: 492,812; continuing an upward trend
  - 2011 enrollment: 463,372
  - 2010 enrollment: 433,739
  - 2009 enrollment: 394,399

- There are approximately 35,000 **unduplicated** enrolled Iowa Medicaid providers
Medicaid Enrollment - Projected for SFY 2013

- Child: 46%
- Adult: 34%
- Aged: 6%
- Disabled: 14%
Medicaid Expenditures – Projected for SFY 2013

- Child: 17%
- Adult: 16%
- Aged: 19%
- Disabled: 48%
Basic Provider Categories

- **Institutional Providers** – offer facility based services, such as hospital and nursing home care.
- **Professional Services Providers** – are individually licensed healthcare professionals such as; physicians, nurse practitioners, medical supply dealers, dentists.
- **Home and Community Based Service (HCBS) Providers** - furnish services designed to keep members out of institutions.
Member Eligibility
Medical Assistance Card

- Medical assistance card is “good” as long as the individual has Iowa Medicaid
  - Lost, damaged or stolen cards can be replaced
- No specific eligibility month or program is indicated on the card
- Eligibility must be verified through ELVS or the Web Portal
Retroactive Eligibility

• May receive a Notice Of Decision (NOD) from DHS granting retroactive eligibility
• Claims must be submitted with a copy of the Notice of Decision within 365 days of the NOD issue date
• Eligibility granted more than 24 months after the date of service special steps need to be taken in claims processing
Checking Eligibility

• ELVS- Eligibility Verification System
  24 hours a day/7 days a week
  1-800-338-7752
  515-323-9639 (Des Moines Area)

• Provider Services
  7:30am- 4:30pm
  1-800-338-7909
  515-256-4609 (Des Moines Area)

• ELVS (EDISS) through the web portal.
Iowa Medicaid Programs
IowaCare Eligibility Card
IowaCare Network

• 8 Medical Homes (FQHCs) as of 1/1/12
  – 2 Hospitals: University of Iowa and Broadlawns
  – 6 FQHCs across the state

• Effective 11/1/11 various funding “pools” were instituted
  – Care Coordination
  – Laboratory and Radiology
  – Non-covered services (Broadlawns)
IowaCare Services

- Inpatient & outpatient hospital care at in-network hospital
- Doctor and nursing services at the hospital
- Primary care at assigned Medical Home
- *Some* dental services
- Prenatal care
- Help to quit tobacco (see below)
- Emergent services resulting in an inpatient stay at out-of-network hospitals ($2 million cap per FY)
IowaCare Expansion

• Legislation allowed additional funding for non-covered services

• 2010: $2 million emergency services resulting in an inpatient stay

• 2011: $500,000 for laboratory & radiology services
  $1.5 million for care coordination services following an inpatient stay
Iowa Family Planning Network (IFPN)

- Covers only specifically identified family planning services
- Members may receive family planning services from any Iowa Medicaid provider
- Members can have IowaCare and IFPN
- Request the list of covered services and diagnosis from IME Provider Services
- Informational Letters 1097 & 1105 describe program updates
Lock in

• Typically for members who have misused Medicaid
• Members can be restricted to:
  – One Primary Care Provider (PCP)
  – One hospital
  – One pharmacy
  – One specialty care provider
• Referrals must be obtained from the lock-in PCP before services are rendered
• Refer to Informational Letter 1029
Medically Needy (spend down)

- Medicaid program that helps individuals with medical bills if they have high medical bills that use up most or all of their income
- May qualify for a spenddown
  - Typically 2 month certification period
  - Claims must be billed to the IME - IME does the accounting
- Medical Assistance Cards
QMB/SLMB

- QMB (Qualified Medicare Beneficiary)
- QMB with Spenddown
- SLMB (Special Low Income Medicare Beneficiary)
- SLMB with Spenddown
Medicaid for Employed People with Disabilities (MEPD)

- Members pay a monthly premium for services
- Access to full Medicaid Benefits
- Prescription services included for members that do not have Medicare
- MEPD pays for Medicare premiums
- Details available at www.ime.state.ia.us/HCBS/MEPDIIndex.html
MediPASS

- Purpose
  - Assure access to services
  - Assure coordination & consolidation of care
  - Educate members to access medical care from the most appropriate point
- Mandatory in many counties
- IME pays administrative fee of $2.00 per member per month
MediPASS Members

- Children, families with children, pregnant women
- Sent enrollment packet outlining program
- Must make 1st choice within 10-45 days
- Can continue to make choices for 90 days
- Close enrollment for 6 months after end of open period
- Not required of:
  - Native Americans
  - Children receiving comprehensive Title V services
  - Elderly and Disabled
MediPASS (continued)

- Provider types that provide primary care services
  - MD
  - ARNP
  - DO
  - Midwives
  - RHC
  - FQHC

- Provider Specialties
  - Family practice
  - General Practice
  - Pediatric
  - Obstetrics
  - Internal Medicine
MediPASS Providers

• Can fine tune their agreement to suit their own practice
  – Open or closed panel
  – Maximum number of members accepted
  – Gender of enrollees
  – Age range of enrollees

• Can alter agreements at any time with written notification

• Can disenroll members for good cause
MediPASS Referrals

• Treating provider must obtain a referral from the MediPASS provider
• Paper referrals not required by the IME
• Referrals should be solicited prior to service
  – MediPASS provider must either treat or refer
  – IME Medical Services staff can mediate when necessary
• If solicited after service, then choice is up to MediPASS provider; no mediation available
Magellan Behavioral Health
Iowa Plan

- State wide plan that covers most Medicaid members
- Most services are billed to the Iowa Plan contractor, currently Magellan Behavioral Health Services
- Members that are not enrolled with the Iowa Plan have services paid through the IME
Psychiatric Medical Institutions of Children (PMIC)

• Transition of PMIC services effective 7/1/12
• PMICs will need to contract with Magellan
• Ancillary Services will still be submitted to Iowa Medicaid
• Transition information available at: www.magellanofiowa.com/for-providers-ia/pmic-transition.aspx
Contacting Magellan

• Providers call:
  – Toll-free  (800) 638-8820
  – Local Des Moines area (515) 223-0306

• Website: www.magellanofiowa.com
  – State plan specific information:
    www.magellanprovider.com/MHS/MGL/about/handbooks/supplements/iowaplan/index.asp
Miscellaneous Topics
Updating TPL with Iowa Medicaid

- Members can call Member Services to update their insurance information

- Complete the Insurance Questionnaire (IQ) found at [www.ime.state.ia.us/Providers/Forms.html](http://www.ime.state.ia.us/Providers/Forms.html) – Form #470-2826

- The IQ form can be emailed to [revcol@dhs.state.ia.us](mailto:revcol@dhs.state.ia.us) or faxed to 515-725-1352
Timely Filing Guidelines

• Claims must be filed within 365 days of the date of service (DOS).
• A claim that is timely adjudicated (paid, denied, or suspended), will have an additional 365 days from the adjudication date to resubmit, not to exceed 2 years from the DOS.
• Last Clarified on Informational Letter 637
Timely Filing (continued)

• Claim Adjustments:
  – Requests for claim adjustments must be made within 365 days of the payment date
  – Claim credits are not subject to a time limit

*Discussion of adjustment/recoupment forms will follow
Exceptions to Timely Filing

• Retroactive eligibility:
  – Needs to be billed with the Notice of Decision (NOD)
  – Submit claims within 365 days of the date on the NOD

• Third-party related delays
  – Need to include reason for delay
  – Within 365 days of TPL payment
  – Must include EOB
Exceptions to Policy

Request an Exception to Policy at:

www.dhs.state.ia.us/dhs/appeals/ask_exception.html

• Criteria for an exception to policy:
  – Extreme need for an item/service
  – Exceptional circumstances
  – Result of net saving to the state

• Rules that cannot be bypassed with an exception to policy:
  – Rules that are based on Federal policy or state law
  – Program eligibility requirement, i.e. income guidelines or resource limits

• If an Exception to Policy has been approved:
  – Submit claim with a copy of the Approval to the address listed on the letter
  – Submit claim electronically, see IL 757.
Health Information Technology (HIT)

• Federal incentives to Medicaid providers
• To promote adoption and meaningful use of electronic health records (EHR)
• Administered by the State Medicaid Program
• Eligible providers must meet minimum patient volume thresholds for Medicaid incentives
• Up to $63,750 is available to each eligible professional over a six year period
• 90% federal matching funds for statewide initiatives that promote the adoption and use of HIT

www.ime.state.ia.us/Providers/EHRIncentives.html
## Patient Threshold Eligibility

<table>
<thead>
<tr>
<th>Entity</th>
<th>Minimum Medicaid patient volume threshold</th>
<th>Or the Medicaid EP practices predominately in an FQHC or RHC – 30% needy individual patient volume threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>Pediatricians</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Dentists</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>CNMs</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>Pas when practicing at an FQHC/RHC that is so led by a PA</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>NPs</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>Acute care hospitals</td>
<td>10%</td>
<td>N/A</td>
</tr>
<tr>
<td>Children’s hospitals</td>
<td>No requirement</td>
<td></td>
</tr>
</tbody>
</table>
HIT (continued)

• Provider Incentive Payment Program (PIPP) available for attestation

• As of April 10, 2012 Iowa has approved payments to over 866 eligible professionals and hospitals totaling over 40 million in incentive payments

• Questions or Comments may be sent to: imeincentives@dhs.state.ia.us

Kelly Peiper, Medicaid HIT Provider Incentive Coordinator
515-974-3071
or Melissa Brown Eligibility Program Specialist
515-974-3123
HIT Additional Information and Resources

- CMS EHR Incentive Program

- List of Certified EHR Technology
  http://oncchpl.force.com/ehrcert

- Iowa State Medicaid IT Plan (SMHP)
  www.ime.state.ia.us/docs/2011_iowa_SMHPv2%202011-09-19.pdf

- Iowa EHR Program FAQ
  www.ime.state.ia.us/docs/EHR%20FAQ.pdf
Iowa Medicaid Billing and Forms
Electronic Billing

- Providers must enroll with EDISS through their Total OnBoarding program
- PC-ACE Pro32- Free software available through DHS
- PC-Ace Pro32 Help documents available at: www.ime.state.ia.us/Providers/Forms.html#PAPHD
- Refer to Informational Letter 1115 for transition details
# IOWA MEDICAID

**FEBRUARY 2012 CLAIMS ADJUDICATION**

<table>
<thead>
<tr>
<th>CLAIM TYPE</th>
<th>PAID</th>
<th>DENIED</th>
<th>TOTAL</th>
<th>PERCENT DENIED</th>
<th>PERCENT EMC</th>
<th>DAYS RECEIPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICARE PART B</td>
<td>118,433</td>
<td>19,356</td>
<td>137,789</td>
<td>14.0%</td>
<td>90.4%</td>
<td>4.8</td>
</tr>
<tr>
<td>DENTAL</td>
<td>32,183</td>
<td>3,453</td>
<td>35,636</td>
<td>9.7%</td>
<td>57.4%</td>
<td>6.0</td>
</tr>
<tr>
<td>INPATIENT</td>
<td>6,257</td>
<td>2,572</td>
<td>8,829</td>
<td>29.1%</td>
<td>81.2%</td>
<td>6.5</td>
</tr>
<tr>
<td>CMS 1500</td>
<td>370,557</td>
<td>114,574</td>
<td>485,131</td>
<td>23.6%</td>
<td>81.7%</td>
<td>6.0</td>
</tr>
<tr>
<td>LONG TERM CARE</td>
<td>16,607</td>
<td>3,418</td>
<td>20,025</td>
<td>17.1%</td>
<td>95.8%</td>
<td>5.3</td>
</tr>
<tr>
<td>OUTPATIENT</td>
<td>100,401</td>
<td>21,931</td>
<td>122,332</td>
<td>17.9%</td>
<td>84.7%</td>
<td>5.6</td>
</tr>
<tr>
<td>PHARMACY</td>
<td>448,778</td>
<td>1,770</td>
<td>450,548</td>
<td>0.4%</td>
<td>100.0%</td>
<td>7.2</td>
</tr>
<tr>
<td>OP X-OVER</td>
<td>42,053</td>
<td>5,211</td>
<td>47,264</td>
<td>11.0%</td>
<td>90.9%</td>
<td>4.8</td>
</tr>
<tr>
<td>WAIVER</td>
<td>53,899</td>
<td>7,243</td>
<td>61,142</td>
<td>11.8%</td>
<td>79.2%</td>
<td>5.2</td>
</tr>
<tr>
<td>IP X-OVER</td>
<td>4,567</td>
<td>940</td>
<td>5,507</td>
<td>17.1%</td>
<td>81.5%</td>
<td>6.0</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td>1,193,735</td>
<td>180,468</td>
<td>1,374,203</td>
<td>13.13%</td>
<td>84.3%</td>
<td></td>
</tr>
</tbody>
</table>
Prior Authorizations (PA)

- Form 470-0829 Available on the IME website: www.ime.state.ia.us/Providers/Forms.html

- Does not override
  - Eligibility
  - Primary Insurance
  - Claim form completion

- Questions-contact PA unit directly at: 888-242-2070 or (515) 256-4624
Dental Prior Authorization

• Refer to Informational Letter 1120 for codes that require a PA
• PA requests are faxed to Medical Services Dental PA unit
• Fax number 515-725-0938
Dental Prior Authorization (PA) continued

• Most requested PA dental services:
  – Periodontal scaling and root planing
  – Periodontal maintenance
  – Partial dentures
  – Crowns
  – Orthodontia

• Most commonly denied PA requests:
  – Fixed bridges (due to 8 posterior teeth in occlusion &/or no medical reason
  – Partial dentures (due to 8 posterior teeth in occlusion or frequency limitation)
Medicare Crossover Template

• As of 9/1/11 providers MUST submit either the institutional or professional form
  – Medicare/HMO EOB must be attached

• Informational letter 1032

• Forms and instructions are located on the IME website: www.ime.state.ia.us/Providers/claims.html
### MEDICARE CROSSOVER INVOICE (PROFESSIONAL)

**IOWA MEDICAID**

**USE CAPITAL LETTERS ONLY**

#### SECTION 1: MEDICAL INFORMATION

1. MEDICARE ID: [ ]
2. MEDICARE PAYMENT DATE: [ ]

#### SECTION 2: PROVIDER INFORMATION

1. PROVIDER'S NAME: [ ]
2. PROVIDER'S ADDRESS, CITY, STATE: [ ]
3. PROVIDER'S MEDICAID ID: [ ]
4. PROVIDER'S NPI: [ ]

#### SECTION 3: OTHER INSURANCE INFORMATION

16. IS THERE ANOTHER INSURANCE? (Y/N): [ ]
17. OTHER INSURANCE LIMITS: [ ]
18. OTHER INSURANCE COVERAGE: [ ]
19. OTHER INSURANCE DEDUCTIBLE: [ ]
20. OTHER INSURANCE AMOUNT PAID: [ ]

#### SECTION 4: PREVIOUS BILLING INFORMATION

<table>
<thead>
<tr>
<th>BILLING PERIOD</th>
<th>TOTAL BILLED AMOUNT</th>
<th>TOTAL ALLOWED AMOUNT</th>
<th>TOTAL DEDUCTIBLE</th>
<th>TOTAL COVERAGE</th>
<th>TOTAL PAYMENT</th>
<th>TOTAL PROCEED</th>
<th>MEDICARE PAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<td>5</td>
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<td></td>
</tr>
</tbody>
</table>

#### SECTION 5: SIGNATURES OF PROVIDER OR SUPPLIER

26. PROVIDER SIGNATURE: [ ]
27. SIGNATURE DATE: [ ]

473-4736 (Rev. 05/2016)
Returned to Provider (RTP) Statistics

• 38,809 RTP letters created and sent in 2011:
  – 4,314 RTP letters sent due to using the wrong form
  – 3,254 RTP letters sent due to an invalid TCN
  – 2,882 RTP letters sent due to a state ID error
  – 2,521 RTP letters sent due to an NPI number error
  – 2,321 RTP letters sent due to trying to adjust/recoup a denied claim
  – 2,080 RTP letters sent because the claim was paid correctly
  – 2,076 RTP letters sent because the provider was not being specific enough with the changes that they want

• 131,070 Adjustments and Recoupments submitted in 2011 (approx 2520/week)
  – Over 25% of requests are returned, due to various reasons
    *Adjustment and Recoupment requests need to be filled out correctly
Top Reasons RTP by Claim Type

- **CMS-1500:**
  - Missing or invalid NPI #
  - Multiple claims submitted with one set of documentation
- **UB-04:**
  - Medicaid payer name is missing in box 50
  - Missing or invalid type of bill in box 3
  - The claim is a photocopy
- **Medicare Crossovers:**
  - A Medicare EOB submitted without a Crossover Invoice
  - Crossover Invoice is submitted without a Medicare EOB
  - Multiple Crossover Invoices submitted with the Medicare EOB
- **Dental:**
  - The claim is an unacceptable version
  - The claim is a photocopy
Adjustments/Recoupments
Adjustments

• Adjustment Form is located on the IME provider website (form # 470-0040)
  – Use to request changes or corrections to claims already paid by Iowa Medicaid
  – Adjustment requests MUST HAVE a corrected claim or Remittance Advice (RA) with changes attached
  – Corrected claims should include all charges that need processing. (not just the line that needs correcting)
  – Changes made on the RA must be clear
Adjustment Request

Return Requests to: Iowa Medicaid Enterprise
PO Box 36450
Des Moines, IA 50315

Download this form @ http://www.ime.state.ia.us/Providers/Forms.html#2F

SECTION A: Reason for adjustment; please select at least one reason.

- A corrected claim and/or remittance advice (with changes, when applicable) must be attached with each request.
- Denied claims should be resubmitted
- Do not use red ink

Please select changes or corrections to be made:

- Primary Insurance
- Dates of Service
- Medical Review Needed
- Patient Liability
- Diagnosis Code(s)
- Medicare Adjustment (EOMB from Medicare must be attached)
- Units
- Line Number(s)
- Billed Amount
- Line Number(s)
- Procedure Code(s)
- Line Number(s)
- Modifier(s)
- Line Number(s)
- Adding New Claim Detail
- Line Number(s)

Please Specify the Reason for the Adjustment Request:

SECTION B: This section must be completed to process the request.

- 17-Digit TIN:
- NPI Number: Taxonomy: Zip:
- State ID: Patient Acct #:

Signature: Date:
Recoupments

- Recoupment form is located on the IME provider website (form # 470-4987)
  - Recoupment request form is used to request that Medicaid take back the full claim payment
  - Recoupment request MUST HAVE a Remittance Advice (RA) attached

- Informational letter 1111
SECTION A: Reason recoupment; please select at least one reason.

- Iowa Care
- Billed in Error
- Other** (please specify below)

- Recoupment requests will result in a retraction of an entire claim payment. A remittance advice must be attached for processing.
- DO NOT use this form for primary insurance payment adjustments.

**Please specify the reason for the recoupment request: ____________

SECTION B: This section must be completed to process the request.

- 17-Digit TCN: ____________
- NPI Number: ____________ Taxonomy: ____________ Zip ____________
- State ID: ____________ Patient Acc#: ____________

Signature: ____________ Date: ____________
Provider Inquiry

• Form is located on the IME provider website (Form # 470-3744)

• When to use:
  – To initiate an investigation into a claim denial
  – To request Medical Services review

• When not to use:
  – To add documentation to a claim
  – To update/change/correct a paid claim
Iowa Department of Human Services
Iowa Medicaid Program

PROVIDER INQUIRY

Please check the type of inquiry below:

- Inquiry about payment or medical determination of a **specific claim** (TCN below)
- **General Issue** regarding Medicaid policy (an example TCN may be reference below)

Attach supporting documentation. Check applicable boxes:

- Claim form
- Remittance copy
- Other pertinent information for possible claim reprocessing

---

1. **17-DIGIT TCN** *Required if about a specific claim*

   [TCN input field]

2. **NATURE OF INQUIRY:**

   [Blank input field]

---

**INQUIRY**

Date [Input field]

MAIL TO:
IME Provider Services
P. O. BOX 36450
DES MOINES IA 50315

Date [Input field]

Provider Signature: [Input field]

IME Signature: [Input field]

Provider NPI# [Input field]

Member ID# [Input field]

Phone Number [Input field]

**FOR IME USE ONLY**

PR Inquiry Log # [Input field]

Received Date Stamp: [Input field]

---

Name [Input field]

Address [Input field]

City [Input field]  State [Input field]  Zip Code [Input field]

470-3744 (Rev. 5/09)
IME Updates
Provider Enrollment Renewal

• Providers will designate:
  – Administrator
  – Signatory

• Ownership control

• Background checks disclosure

• IMPA will be utilized for this task

• Refer to Informational Letter 1128
Affordable Care Act

• January 1, 2014 – Medicaid Expansion in the Affordable Care Act (ACA):
  – Expands Medicaid to 138% of the Federal Poverty Level (no longer tied to categories)
  – No asset or resource tests
  – Changes income calculated to ‘Modified Adjusted Gross Income’ (MAGI), a tax based method for most Medicaid categories
• Primary impact – projected to add approx. 150,000 adults to the Iowa Medicaid program
ICD-10

• April 17th, 2012 Department of Health and Human Services proposed a one year Implementation delay
• Includes a proposed rule that would adopt a standard unique Health Plan Identifier (HPID)
• IME moving forward with transitioning process
• CMS ICD-10 resources and information: www.cms.gov/Medicare/Coding/ICD10/index.html
IME Resources
Fraud and abuse

• To report instances of possible fraud or abuse, contact one of the following telephone numbers

Medicaid Fraud Control Unit
800-831-1394

Medicaid Program Integrity
877-446-3787 or
515-256-4615(Des Moines area)
Claims address:
IME
PO Box 150001
Des Moines, IA 50315

Correspondence address:
IME
PO Box 36450
Des Moines, IA 50315

IME Provider Services:
800-338-7909
515-256-4609
(Des Moines area)

ELVS:
800-338-7752
515-323-9639
(Des Moines area)
IME Communication & Information

- IME Website: www.ime.state.ia.us
- Provider Services phone line
- Remittance Advice comments
- Email Updates
- Informational Letters
IME Website

www.ime.state.ia.us

- Download forms
- Access Provider Manuals (updated/revised available beginning 7/1/12)
- Access Informational Letters
- Links to the Web Portal (claims submission & eligibility information)
- Provider training documents & Webinars
- New & improved website coming summer 2013
ELVS

• Voice response system
• Eligibility Information available 24/7
• Providers can verify
  – Monthly eligibility
  – Spenddown
  – TPL insurance
  – Managed Health Care information
  – Current check amounts
  – Limited vision and dental history
  – Iowa Plan
EDISS Web Portal

• Available 24/7
• Check member eligibility
• Check claim status
• Submit batch claims
• Enroll with EDISS through Total OnBoarding

www.edissweb.com/med/
Iowa Medicaid Portal Access

https://secureapp.dhs.state.ia.us/impa/
IMPA

• View weekly remittance advice online 24/7
  – History going back 18 months

• Incident Reporting:
  – Required of HCBS waiver & habilitation providers

• Document uploading for Waiver Prior Authorization

• Presumptive Eligibility:
  – Creates the opportunity to obtain Medicaid covered services while formal Medicaid eligibility is being determined by DHS
  – Contact Provider Enrollment for more information 1-800-338-7909 (option 2) or 515-256-4609 (option 2)
Remittance Advice
Informational Letters

Welcome to the Iowa Medicaid Portal Application!

Click here for the User Registration Guide

Featured Functionality

- Provider Enrollment Renewal Guide
- Provider Informational Letters - Go here and sign up!
- Provider incident reporting - As a provider, you can have the ability to report, track and monitor incidents in "real time".
- Remittance Advice - View weekly remittance advice online at your convenience.
Provider Services Outreach Staff

• Outreach Staff provides the following services:
  – On-site training
  – Escalated claims issues
  – Please send an email to imeproviderservices@dhs.state.ia.us
You Have Now Completed General Policies & Procedures 2012
Thank you

Questions?