



Cedar Rapids IA Health Link Public Comment Meeting

Tuesday, July 19, 2016

Time: 3 p.m. – 5 p.m.

Kirkwood Community College

234 Cedar Hall

6301 Kirkwood Blvd SW

Cedar Rapids, IA

Meeting Comments and Questions

IME/DHS Staff	MCO Representatives	MAAC Representatives
Jennifer Steenblock - present	Amerigroup Iowa, Inc. - present	Dennis Tibbin- present
Lindsay Buechel - present	AmeriHealth Caritas Iowa, Inc. - present	Sarah Allen- present
Sean Bagniewski - present	UnitedHealthcare Plan of the River Valley, Inc. - present	
Korey Buchanan – present		

Comments:

Billing

A provider stated that they have had zero claims paid by Amerigroup Iowa. Provider stated that they were told that they were mailed to incorrect address. Provider stated they asked that the address be corrected and was told only one provider out of five were corrected under the same group NPI. Provider stated they are not contracted with Amerigroup. Provider stated that they are contracted with AmeriHealth Caritas Iowa and crossover Medicare claims are not being paid correctly.

Additional Comments:

- Provider stated that there is a lack of written policy with the MCO's and two out of three MCO's don't really have written policies. Provider stated that when asked of the MCO's for written policies they are told that it is proprietary information.
- Provider stated that there are inconsistencies with answers from MCO's when calling the MCO's. Provider stated AmeriHealth has no medical policies on their website. Provider stated that procedures that Medicaid paid for the MCO's are inconsistent with paying the same procedure.
- Provider had comment about assisted living and elderly waiver services. Provider stated that traditionally they would receive a notice of decision that would tell them which services are provided for a patient and then they would be able to bill Medicaid. Now patients get approved and are not getting a notice of decision until they are with an MCO and are not able to get a clear answer from Medicaid on how to get the notice of decision or what to bill. Provider stated that they are having trouble finding out from Medicaid rather they can bill Medicaid for the same services when the patient is in limbo.



- Provider had a comment tied to the elderly waiver. Provider stated that there is a specific DHS practice which is confusing to individuals. Provider stated that people which applied for the elderly waiver get a letter from DHS stating that they are approved, but it's misleading and they are not eligible for MCO funding. Provider stated that she's spoken to families that have received this letter and provider is not able to provide services. Provider stated that communication between DHS and the MCO's needs to improve as well as DHS and the consumer needs to improve. Provider stated that a patient was told it was up to the provider to approve the elderly waiver. Provider stated that DHS is giving inaccurate communication.
- Provider stated that as a presumptive provider they are being asked for patient information by the MCO's.

Questions:

1. When will caseloads be cut?
2. Who should be called to get an address changed?
3. Is UnitedHealthcare Plan of the River Valley (UHC) and Amerigroup Iowa Inc. going to have a system that providers can access to view approvals?