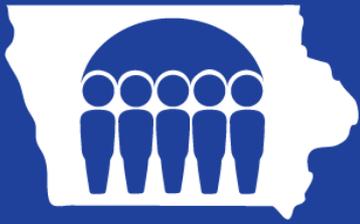




IA Health Link Transition Update

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Care

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Member Activities

- Member Populations
- Member Benefits
- DHS Member Outreach & Education
- Stakeholder Outreach & Assistance
- Member Enrollment

Member Enrollment Activities

Overview of Process

Step 1: Introductory Mailing

Step 2: Tentative MCO Assignment

Step 3: MCO Contacts Member

Step 4: New Member Enrollment

Step 5: New Member HCBS Waiver

Step 6: MCO Changes for 'Good Cause'

Step 7: Enrollment Broker Role



Member Populations

Included:

Majority of Medicaid members

- Low income families and children
- *hawk-i*
- Iowa Health and Wellness Plan
- Long Term Care
- HCBS Waivers

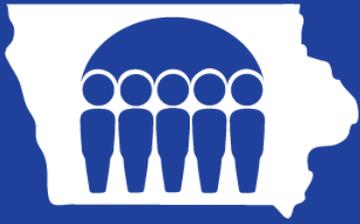
Excluded:

- PACE - can opt in to MCO
- Programs where Medicaid already pays premiums: HIPP, Medicare Savings Program only
- Medically Needy
- American Indians/Alaskan Natives (members can opt-in)
- Undocumented persons eligible for short-term emergency services only



Member Benefits

- Physical health care in inpatient and outpatient settings, behavioral health care, transportation, etc.
- Facility-based services such as Nursing Facilities, Intermediate Care for Persons with Intellectual Disabilities, Psychiatric Medical Institution for Children, Mental Health Institutes and State Resource Centers
- Home and Community-Based Services (HCBS) waiver services
- Dental services are “carved out” – continue same as today



DHS Member Outreach & Education

- Tele-townhall meetings
- Events and trainings
- Newsletters
- Member educational materials
- Member mailings
- Earned media
- Community partnerships
- Coordination with stakeholders and providers
- Advisory and member-based focus groups
- Website content
- Webinars



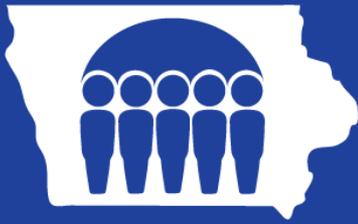
Stakeholder Outreach & Assistance

- Stakeholder toolkit is now available online to all stakeholders to support accurate information in the transition to current Medicaid members
- Posted week of September 8
- Information includes:
 - IA Health Link Program Overview
 - Links to FAQs, Factsheets and DHS Website updates
 - Help in selecting an MCO Materials
 - Member Promotional Materials
 - Member Introductory Mailings



MCO Stakeholder Outreach

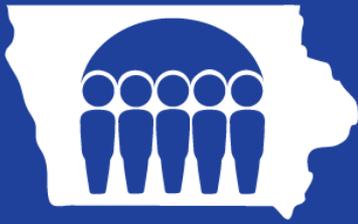
- MCOs have begun to reach out to stakeholders to assist in promoting an understanding of managed care benefits
- DHS must approve public facing materials such as marketing materials and member letters
- DHS has held stakeholder meetings with more to come, webinars upcoming including enrollment help



Member Enrollment Activities

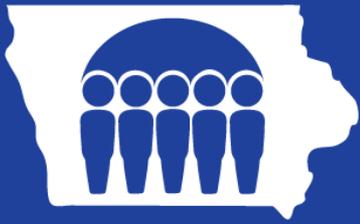
Overview of Enrollment Process

September 2015	October 2015	November 2015	December 2015	January 2016	February 2016	March 2016
Introductory Mailings by population	MCO Enrollment Begins	Enrollment assistance continues	December 17, 2015: Last Day to Make MCO Choice for January 2016	January 1: Begin Coverage with MCO		March 19: Member must have Good Cause to make change
				December 18, 2015- March 18, 2016: Member can change MCO without Good Cause		



Step 1: Introductory Mailings

- Introductory mailings sent to members per the following schedule, and posted online:
 - Long Term Care, hawk-I, Other Medicaid groups and Current managed care versions
 - Mailing throughout September
- Mailings will include:
 - Timeline
 - FAQ
 - Links to education materials, toolkits online
 - Contacts for questions



Step 2: Tentative MCO Assignment

Member enrollment packets mailed October through November

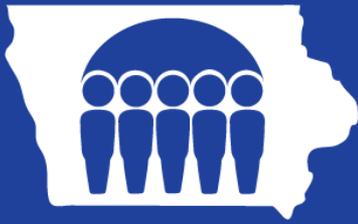
- Tentative assignment included and based on algorithm to keep families together under one MCO
- Staggered mailing by program enrollment similar to introductory mailing
- Current members have until December 17 to choose for January 2016, with an additional 90 days after the January assignment to change MCOs for any reason
- DHS notifies MCO of selection through enrollment file



Step 3: MCO Contacts Member

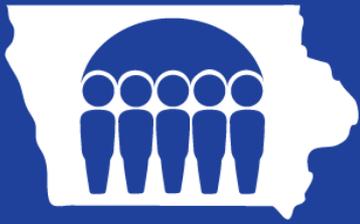
MCOs will distribute enrollment materials to new members within 5 business days of receipt of member enrollment selection

- Examples of enrollment materials:
 - Provider directory
 - MCO contact information
 - Services available
 - Grievance and appeal information
 - Member protections, rights, and responsibilities
 - Information on how to contact the Enrollment Broker
 - Contact information and role of the Ombudsman



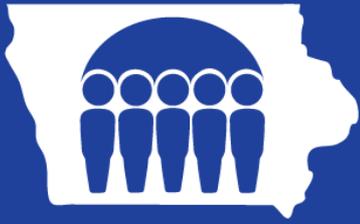
Step 4: New Member Enrollment

- Starting December 8, 2015, and ongoing, the date of eligibility for new members will impact the date they are enrolled with an MCO
 - This is because there is a point in which there is a IT system cut off to review to the MCO to ensure the beginning of the month capitation
- When the member is eligible but is unable to be enrolled in the MCO in the month in which they apply - services will be paid for by the Medicaid Fee for Service program until they are enrolled with the MCO the following month
 - Both medical and behavioral services



Step 5: New Member - HCBS Waiver

- Slots will continue to be authorized through approval of waiver applications and state legislation
- DHS will continue to manage the waiting list and assignments
- Some members are not Medicaid eligible prior to being given an HCBS waiver slot. The department is in the process of determining how best to implement HCBS services in these instances
 - Timing of level of care determination
 - Financial determinations
 - Service planning critical to MCO assignment and member choice



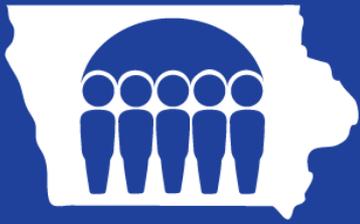
Step 6: MCO Changes for 'Good Cause'

- Members may disenroll from their MCO at any time throughout the year for reasons of “good cause”
- “Good cause” reasons can include:
 - A member’s provider is not enrolled with the MCO and that provider disenrollment impacts the members’ health outcomes
 - A member needs related services to be performed at the same time and not all related services are available in the MCO network
 - If there is a change in eligibility (for example PACE)



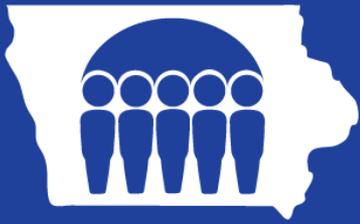
Good Cause Cont.

- To make a change:
 - Members call the Iowa Medicaid Enrollment Broker to request disenrollment for “good cause”
 - Members tell the Enrollment Broker which MCO they want to switch to
 - If a member has a question about whether they have a “good cause” they can call the Enrollment Broker for more information



Member Services

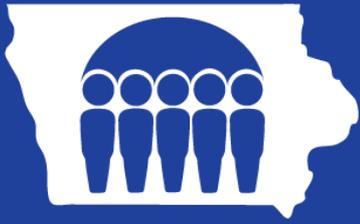
- Member Services is the independent Enrollment Broker and responsible for providing information and conflict free choice counseling for members in the selection of a MCO
- Key activities to share information and support member selection of MCO:
 - In-person meetings throughout state with special focus on long term care members, schedules upcoming and posted online
 - Email: IMEMemberServices@dhs.state.ia.us
 - Call Center: 1-800-338-8366, 8am-5pm, M-F
 - Members can select their MCO through voice system option 24/7 daily. Can leave message for call back



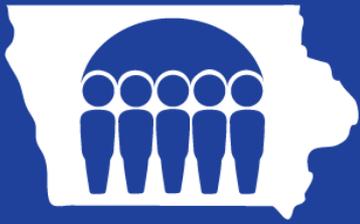
Member Services Cont.

Member Services will offer health plan choice counseling to members. Choice counseling includes answering member questions about each health plan 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 plan have value-added services that would benefit me?
- Are there special health programs that would help me?
- Does the MCO have call centers or helplines available beyond regular business hours?

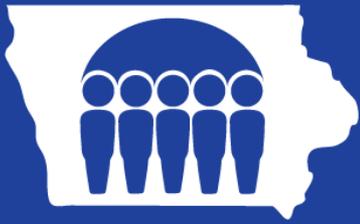


Questions & Answers



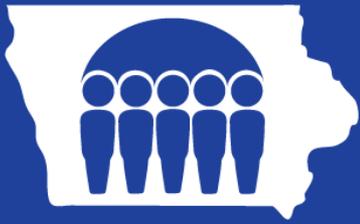
Member Questions

Question	Answer
What if I missed the cutoff to change my MCO?	Please call the Member Services Unit at 1-800-338-8366
What if my provider isn't in my selected network?	You may use the 90-day period to select an MCO in which your provider is accessible to you
What if I don't like my MCO and want to change?	After January 1, 2016, you have 90 days to choose a different MCO, then you will stay with your MCO unless for good cause
Will my family be part of my MCO?	Families can choose to be in the same MCO, tentative assignment are made to do just that



Member Questions Cont.

Question	Answer
Will members still pay premiums if they do so today?	Yes, per existing requirements
Will there be appeal rights?	Yes, with the MCO and then the state
Will my benefits change? If my level of care changes, who do I contact for review?	Benefits stay the same unless level of care needs change or eligibility changes. Members can contact Member Services for more information about benefits
Who authorizes services?	MCOs do. Based on state policy and administrative rule, the state reviews if level of care changes



Information and Questions

	Contact Information
General Information	http://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization
Modernization Stakeholder Questions	Email: MedicaidModernization@dhs.state.ia.us
Modernization Member Questions	Contact Member Services Phone: 1-800-338-8366 Email: IMEMemberServices@dhs.state.ia.us
Modernization Provider Questions	Contact Provider Services Phone: 1-800-338-7909 Email: IMEProviderServices@dhs.state.ia.us