



Burlington IA Health Link Public Comment Meeting

Tuesday, April 12, 2016

Time: 3 p.m. – 5 p.m.

Catfish Bend Inn & Spa / Pzazz Convention and Event Center
Hall B, 3001 Winegard Dr.
Burlington, IA

Meeting Comments and Questions

IME/DHS Staff	MCO Representatives	MAAC Representatives
Debbie Johnson – present	Amerigroup Iowa, Inc. - present	Paula Connolly- present
Julie Lovelady - present	AmeriHealth Caritas Iowa, Inc. - present	Anthony Carroll- present
Lindsay Buechel - present	UnitedHealthcare Plan of the River Valley, Inc. - present	
Sean Bagniewski - present		
Stefanie Madsen – present		

Comments:

Case Management:

A provider stated a member who was on a waiver had not been contacted by a case manager yet.

Floor Rates:

A provider stated the established floor rates by DHS are less than what the provider actually receives and because of this; providers have not been able to contract with the MCOs. The provider takes a 10% penalty if not contracted with the MCO. The members are able to transfer to a different MCO but the providers/ organizations suffer.

HIPP Members:

Members enrolled in the Health Insurance Premium Payment Program (HIPP) are confused if they are enrolling with an MCO. Members on HIPP are receiving enrollment packets from the MCOs.

Credentialing:

A provider states they have received signed contracts back from the MCOs but have not received verification from the MCOs that their contracts have been approved.

Additional Comments:

Provider stated managed care transition was going well so far. Provider stated there was no indication the transition has been detrimental to members. Provider stated that they were pleased with the MCO's outreach efforts. A provider stated that administration costs are rising as there were previously two transportation sources and there are now seven. Provider stated that they use Association Agreements that exceed HIPAA and now MCOs are requiring a more expensive process. A member stated they were enrolled with two MCOs. Finally, more than one member stated that they have not yet received their member ID cards from their selected MCO.



Questions:

1. Why do providers have to go through the MCO and the Iowa Medicaid Enterprise for credentialing?
2. Why do providers have to wait to complete the MCO application until the IME application is completed?
3. What if a Hospital is not contracted with the MCO that members are enrolled with?
4. Where do providers send claims to? Should they be submitted to the payer or to the MCO directly?
5. Are EPSDT cases covered through UnitedHealthcare Plan of the River Valley (UHC)?
6. If providers submit Prior Authorizations (PAs), will the provider receive a fax if they get approved?
7. If providers have a 48 hour turnaround time and the Prior Authorization can sometimes take up to three days to be approved, how do providers stay in compliance?
8. How do providers know the member's quantity and timeframe eligibility for Durable Medical Equipment (DME) products and supplies?
9. How can providers find out approved quantities of products aside from calling the MCO's every day and when the information is not available in the MCO provider manuals?
10. If a provider has not received information on the process of their credentialing with an MCO, will their credentialing be retroactive, and will the provider receive the out-of-network rate during this time?
11. If services for a patient are not covered through the hospital will the Long Term Care facility the patient belongs to be responsible for those charges?
12. Why does UHC have a unique revenue code when compared to the standard billing guidelines?
13. There was a document stating providers could not allow clients to use their phone, fax or other office supplies to find out their MCO information. Where can members go to get the information if they need assistance?
14. Previously under Magellan, a substance treatment center was required to make contact when the facility was full or unable to take any more residents. Does a provider need to contact the MCOs now, or what requirements do they now follow?
15. Substance Disorder programs are required to do Prior Authorizations (PAs) because the program covers the state of Iowa. How are said programs going to receive their PAs back quickly?