



## Frequently Asked Questions

### What is the IA Health Link Program?

On April 1, 2016, most Iowa Medicaid programs were joined together into one managed care program called IA Health Link. Most existing Medicaid members were enrolled in IA Health Link on April 1, 2016, and most new members who became eligible after April 1, 2016, will also be enrolled in IA Health Link. This program gives you health coverage through a Managed Care Organization (MCO) that you get to choose. Some Medicaid members, however, will continue to receive Medicaid coverage through a Fee-for-Service model and will not transition to the IA Health Link program. The Children's Health Insurance Program (CHIP0 services will continue to be offered through the Healthy and Well Kids in Iowa program, also known as *hawk-i*.

#### What is IA Health Link?

IA Health Link brings together physical, behavioral and long term care under one program. Most existing Medicaid members were enrolled in IA Health Link on **April 1, 2016**, and most new members who become eligible after April 1, 2016, will also be enrolled in IA Health Link.

#### When did IA Health Link begin?

The IA Health Link managed care program began on **April 1, 2016**.

#### Will I still receive Iowa Medicaid coverage before I transition to an MCO?

Your benefits will remain the same and you will receive coverage through Iowa Medicaid Fee-for-Service during your transition period.

To verify when your managed care coverage through a Managed Care Organization (MCO) will begin, **please contact Iowa Medicaid Member Services immediately at 1-800-338-8366 or 515-256-4606 (when calling from within the Des Moines area), 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.**

#### What is a Managed Care Organization (MCO)?

A Managed Care Organization, or MCO, is a health plan that coordinates care for a member. You have three MCOs to choose from:

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



## Who is included in the IA Health Link program?

- Low income families and children
- Iowa Health and Wellness Plan
- A limited number of members in this program will be in the Medicaid Fee-for-Service coverage program. The majority of Iowa Health and Wellness Plan members will be in the IA Health Link Program
- Long Term Care members
- Members on HCBS Waivers
- Medicaid for Employed People with Disabilities (MEPD)
- Dually eligible Medicaid and Medicare members
- If your income is low and you have a hard time paying Medicare premiums, Medicaid may be able to help pay the premiums.
- **hawk-i**

## Who is excluded from the IA Health Link program?

The IA Health Link managed care program includes most Medicaid members however, some members are excluded. Members who do not transition to the IA Health Link managed care program remain in Medicaid Fee-for-Service (FFS). This includes members who qualify for or receive services from the following FFS programs:

- Iowa Health and Wellness Plan
- A limited number of members in this program will be in the Medicaid Fee-for-Service coverage program. The majority of Iowa Health and Wellness Plan members will be in the IA Health Link Program
- Health Insurance Premium Payment Program (HIPP)
- Medicare Savings Program (MSP)
- Qualified Medicare Beneficiary (QMB)
- Specified Low-Income Medicare Beneficiary (SLMB)
- Three Day Emergency
- Up to 3 days of Medicaid is available to pay for the cost of emergency services for aliens who do not meet citizenship, alien status, or social security number requirements. The emergency services must be provided in a facility such as a hospital, clinic, or office that can provide the required care after the emergency medical condition has occurred.
- Medically Needy (also known as the spenddown program)
- Presumptive Eligibility (subject to change once ongoing eligibility is determined)
- Retroactive Eligibility for Previous Months

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### **Optional Enrollment:**

- Program of All-Inclusive Care for the Elderly (PACE) program
- American Indian or Alaskan Native program (American Indians and Alaskan Natives may 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.)

### **Why did Iowa make this change?**

This plan brings health care delivery under one system, which allows for Medicaid enrolled family members to get care from the same health plan. This creates one system of care to help the delivery of efficient, coordinated and improved health care and creates responsibility in health care coordination.

### **Where can I find more information online?**

IA Health Link has Facebook, Twitter, and YouTube pages available that include regular updates and information about the IA Health Link program.

#### **Facebook:**

- You can search for our Facebook page by typing **IA Health Link** in the search bar
- You can also go to: [www.facebook.com/iahealthlink](http://www.facebook.com/iahealthlink)

#### **Twitter:**

- You can search for our Twitter page by typing **IAHealthLink** in the search bar
- You can also go to: [www.twitter.com/IAHealthLink](http://www.twitter.com/IAHealthLink)

#### **YouTube:**

- You can search for our YouTube page by typing **Iowa Department of Human Services** in the search bar

Provider Specific information can be found by reading provider bulletins called Informational Letters that clarify and explain new and existing programs and policy. Informational Letters may be found at:

<https://dhs.iowa.gov/ime/providers/rulesandpolicies/bulletins/>



## **IA Health Link Enrollment Packet**

### **I have received my enrollment packet, what do I need to do now? Or how long do I have to change my MCO?**

If you are happy with the health plan that has been assigned to you, you do not need to do anything. If you do not like the MCO that has been tentatively assigned to you, you have 90 days from your choice period end date to change your MCO for any reason, and for “Good Cause” reasons after that.

### **What is my “Choice Period End Date”?**

Your choice period end date is listed on your MCO Enrollment Letter that is in your IA Health Link enrollment packet. Members must change their MCO by this date for the change to take effect the following month. You will also have 90 days from this date to change your MCO for any reason.

### **I have not received or have misplaced my MCO enrollment packet, who can I contact?**

Newly eligible members will receive their benefits directly from Iowa Medicaid Fee-for-Service for approximately the first two months of receiving benefits. Eligible members who will be transitioning to managed care will receive their IA Health Link enrollment packet approximately one month after becoming eligible for Iowa Medicaid benefits.

**If you have not received your member enrollment packet, please contact Iowa Medicaid Member Services immediately at 1-800-338-8366 or 515-256-4606 (when calling from within the Des Moines area), Monday through Friday, 8 a.m. to 5p.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.**

## **Managed Care Organization (MCO)**

### **What is a Managed Care Organization (MCO)?**

A Managed Care Organization, or MCO, is a health plan that coordinates care for a member. You have three MCOs to choose from:

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

## Will I get a new ID card?

IA Health Link program members will have two cards.

1. You will keep your current Iowa Medicaid Card for dental services or Fee-for-Service. Your Iowa Medicaid identification number will remain the same.
2. You will receive an MCO ID card from your selected MCO. Your Iowa Medicaid identification number will remain the same however, your MCO may assign you a separate MCO identification number.

Please bring both ID Cards to your provider appointments. If you have lost your Iowa Medicaid ID card, or have not yet received your Iowa Medicaid ID card, **you can contact Iowa Medicaid Member Services at 1-800-338-8366 to request a new one.**

## When will my ID card arrive?

You should receive an ID card from your health plan before your MCO enrollment date. If you (do not/did not) make a choice, you will receive an ID card from the MCO assigned to you which is listed on your Confirmation of Coverage Letter.

## Who am I getting my ID card from?

You will get a card from your new plan. You will also receive a Confirmation of Coverage letter from the Iowa Medicaid Enterprise in the weeks leading up to your MCO enrollment.

Members who do not know their MCO assignment or have not received their Confirmation of Coverage letter, please call the IME Member Services Unit at 1-800-338-8366 or 515-256-4606 (when calling from within the Des Moines area), 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.

## What do I do if my ID card is not from the MCO that I selected?

If you made a selection or your eligibility changed after the choice period end date, you may have received a card in error. We based our mailing on that initial selection date.  
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To verify your current MCO selection, please call the IME Member Services Unit at 1-800-338-8366 or 515-256-4606 (when calling from within the Des Moines area), Monday – 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.

### **I got a card in the mail for MCO X, but I didn't think I was part of managed care anymore?**

If your eligibility changes after your choice period end date, then you may have received a card in error. *(Continued on following page)*

To verify your current benefits status, please call the IME Member Services Unit at 1-800-338-8366 or 515-256-4606 (when calling from within the Des Moines area), Monday – 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.

### **I'm not a member getting coverage through managed care but I got a card, is this a HIPAA breach?**

No, exchanges of Iowa Medicaid eligibility and enrollment information are permitted under HIPAA. The health plans are HIPAA-compliant and we have special business agreements that impose the same privacy and data security obligations that we have at Iowa Medicaid.

### **How do I know which MCO is best for me?**

There are many resources available on the DHS webpage to assist in making your MCO choice, such as the Provider Search Portal, and the MCO Value-Added Services Comparison Chart. All are available on the IA Health Link webpage.

### **How do I turn in my MCO choice?**

Members can make an MCO choice by turning in the Managed Care Organization Enrollment Form in one of the following ways:

- Email: [IMEmemberservices@dhs.state.ia.us](mailto:IMEmemberservices@dhs.state.ia.us)
  - Fax to 515-725-1351
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- Return form in the postage paid envelope that is included in a members enrollment packet
- Phone: Iowa Medicaid Member Services at 1-800-338-8366 or 515-256 4606 (when calling from within the Des Moines area), 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.

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Members can also make an MCO choice by sending an email to [IMEMemberservices@dhs.state.ia.us](mailto:IMEMemberservices@dhs.state.ia.us) with the following information:

- Member Name
- Member Date of Birth
- Member's State ID Number
- Member's Address on File

If you do not provide all four pieces of information, we will not be able to process your MCO choice.

### **How was my plan selected?**

Newly eligible Medicaid members are tentatively assigned to an MCO in their IA Health Link enrollment packet. Tentative assignments are random and based on an algorithm that aims to keep families together. Each newly eligible IA Health Link managed care member has the opportunity to choose the MCO that best fits their healthcare needs and/or the healthcare needs of their family member(s). If you do not like the MCO that has been tentatively assigned to you, you have 90 days from your choice period end date to change your MCO for any reason.

### **What happens if I don't choose an MCO?**

If you do not choose an MCO from the options provided, the state will assign you to one of the three MCOs. If you would like to select a different health plan, you have 90 days from your choice period end date to change your MCO for any reason.

### **What are the dates for making an MCO change?**

- If you are happy with the health plan that has been assigned to you, you do not need to do anything
  - Members will have 90 days from their Choice Period End Date to change their MCO for any reason
  - After the 90 days, and throughout the year, members may change their MCO for "Good Cause" reasons
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“Good Cause” Examples:

- A member’s provider is not in their MCO provider network
- There has been a change in a member’s eligibility (for example, PACE)

**What is my ‘Choice Period End Date’?**

Your choice period end date is listed on your MCO Enrollment Letter that is in your IA Health Link enrollment Packet. Members must change their MCO by this date for the change to take effect the following month. You will also have 90 days from this date to change your MCO for any reason.

**When will my choice take effect?**

Members who change their MCO will continue to receive MCO coverage from their current MCO until the MCO change takes effect. Please note, if you change your MCO in the middle of the month, the change may not take effect for two months.

Members wishing to change their MCO selection will have the following choice cut-off dates for the 2016 year:

Choice Cut-Off Date	Effective Coverage Date
April 18, 2016	May 1, 2016
May 19, 2016	June 1, 2016
June 16, 2016	July 1, 2016
July 19, 2016	August 1, 2016
August 18, 2016	September 1, 2016
September 16, 2016	October 1, 2016
October 19, 2016	November 1, 2016
November 17, 2016	December 1, 2016
December 19, 2016	January 1, 2017

**How to Read this Chart:**

**Effective Coverage Date:** Date that MCO change will take effect.

**Choice Cut-Off Date:** Members must change their MCO by this date for the change to take effect by the Effective Date.

**For example:** The last day to make an MCO choice for coverage effective May 1, 2016, is April 18, 2016. If a member changes their MCO between April 18, 2016, and May 19, 2016, this change will not take effect until June 1, 2016.



**Important Note:**

Members who change their MCO after the choice cut-off date will continue to receive MCO coverage from their current MCO until the MCO change takes effect.

**What is the Confirmation of Coverage Letter?**

The Confirmation of Coverage Letter lists members within your household and their chosen or assigned MCO, as well as the contact information for their MCO. The MCO listed on this letter will be the MCO that you will begin receiving coverage from on your enrollment date.

**I selected a different MCO than what the letter states?**

Iowa Medicaid may not have received your MCO selection prior to sending out your Confirmation of Coverage Letter, but we can update your chosen MCO.

If you would like to select a different health plan, you will have 90 days from your choice period end date to change your MCO for any reason. After that, members may change their MCO throughout the year for reasons of "Good Cause."

If a member would like to confirm their MCO choice, or change their MCO, they may contact **Iowa Medicaid Member Services immediately at 1-800-338-8366 or 515-256-4606 (when calling from within the Des Moines area), 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.**

## **Benefits and Services**

**Will my benefits change?**

Benefits members currently receive will continue after enrolling with an MCO, (if eligible) including but not limited to; inpatient and outpatient, behavioral health care, transportation (for members who currently are eligible for service), facility-based services and HCBS waiver services.

**How do I know if a service is covered with IA Health Link or not?**

MCOs are required to cover, at a minimum, all of the services that Iowa Medicaid currently covers. All of your benefits that you were eligible for before IA Health Link will stay the same after enrolling with an MCO, unless your eligibility changes. Your provider will work with the MCOs to determine if the service is covered.



## **What will happen with pharmacy services?**

As of April 1, 2016, pharmacy services for members enrolled in managed care are covered by the MCOs.

## **Do I have a co-pay?**

IA Health Link members may have a co-pay from \$1 to \$8 depending on their coverage group, their MCO and the type of service. All three MCOs require a co-pay for non-emergent ER visits. In the case of a true emergency, the member is not responsible for a co-pay. Each MCO has a different co-pay policy. For additional information members should contact their MCO directly.

### Members Exempt from Co-Pays:

American Indians  
Alaska Natives  
Family Planning Waiver  
Pregnant Women  
Medicaid members under 21

### For AmeriHealth Caritas Iowa Members:

AmeriHealth Caritas Iowa sent Member ID Cards to Iowa Health and Wellness Plan members indicating a \$3 co-pay for pharmacy in error. All pharmacies have been notified and their systems have been corrected to show that Iowa Health and Wellness Plan members do not have a co-pay for pharmacy services.

## **What if I have an emergency and the hospital is not in my MCO's network?**

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

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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.

### **What about 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. Some examples are:

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

### **I have an upcoming appointment and need to schedule NEMT, who do I contact?**

Members who need to schedule a trip for April 1, 2016, or after will contact their assigned MCO.

Members who do not know their MCO assignment or have questions regarding NEMT can call the IME Member Services Unit at 1-800-338-8366 or 515-256-4606 (when calling from within the Des Moines area), 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.



### Which NEMT company does my MCO use?

Each of the MCOs has a transportation vendor. Members may contact their assigned MCO's non-emergency medical transportation (NEMT) broker at the numbers below to schedule their NEMT services:

Member's MCO	NEMT Contact Information
Amerigroup Iowa, Inc.	NEMT Broker: <b>Logisticare</b> Phone: <b>1-844-544-1389</b>
AmeriHealth Caritas Iowa, Inc.	NEMT Broker: <b>Access2Care</b> Phone: <b>1-855-346-9760</b>
UnitedHealthcare Plan of the River Valley, Inc.	NEMT Broker: <b>MTM</b> Phone: <b>1-888-513-1613</b>

### What about my dental coverage?

Dental coverage will remain the same as it is today; dental coverage will remain with Iowa Medicaid or the Dental Wellness Plan. If the member had no dental coverage before the change, they will not have dental coverage after.

### How do I arrange a ride for a dental appointment, or other Non-Emergency Medical Transportation (NEMT)?

Please contact your MCO directly; they will help with your transportation needs.

### Even though my MCO is not covering my dental services, will transportation to my dental appointment still be provided by my MCO?

Yes, even though your MCO does not cover your dental services, they will cover transportation to your dental services.



## What is the Long Term Services and Supports (LTSS) Ombudsman Program?

This is a program to assist members receiving **long term care** services. The goal of the LTSS Ombudsman program is to provide information about Medicaid managed care options and member's rights. The office of ombudsman serves as a resource for answers regarding managed care rules and to investigate complaints made by, or on behalf of, members.

## Who is the LTSS Ombudsman Program for?

In Iowa, the LTSS Ombudsman program was established to advocate for the rights and wishes of Medicaid managed care members who either:

1. Receive care in a Health Care Facility
2. Are in an Assisted Living Program
3. Reside in an Elder Group Home
4. Members enrolled in one of the HCBS waiver programs

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

## I am not in one of the populations listed, can I receive help from the LTSS Ombudsman Program?

No. The program acts as an advocate for members classified as **Long Term Care Members** (*listed above*). Members who are not in this population may contact their MCO's member services department directly for further assistance with their program and benefits. If a member is still having questions or concerns, they may contact Iowa Medicaid Member Services for further assistance.

### Why would I contact the LTSS Ombudsman?

- Ask for assistance resolving a concern that impacts the quality of care provided by your MCO.
- Learn more about the rights of Medicaid members enrolled in a LTSS managed care plan;
- Clarify state or federal regulations on managed care policies;
- Obtain information about or assistance with a specific topic, such as the process for choosing or changing an MCO and care plan choices;
- Learn about other available resources, such as legal assistance, in-home services and nutrition consultation, or request a speaker.

### How do I contact the LTSS Ombudsman?

You may call the LTSS Ombudsman at: **866-236-1430**

**-OR-**

You can go to: [www.iowaaging.gov](http://www.iowaaging.gov)

## Prior Authorizations

### How will prior authorizations be handled during the transition?

From April 1-30, 2016, no prior authorizations will be required, except for pharmacy drug claims.

During the first 90 days of the transition, all existing prior authorizations will be honored. During the first 90-day grace period, providers will be able to establish new authorizations following the policies of the member's selected MCO.

Once enrolled with your MCO, your Medicaid provider whether in-network or out-of-network must follow the MCO's PA requirements included in the health plans' Provider Manuals. Please work with your provider and MCO regarding any potential Prior Authorizations.

### What is the turnaround time for prior authorizations?

Prior authorizations must be handled within 7 days, though most will likely be turned in just a few days or less.

### **What is the direct number for prior authorizations?**

- Amerigroup: 1-800-454-3730
- AmeriHealth: 1-844-411-0604
- UnitedHealthcare: 1-888-650-3462

### **What will happen with pharmacy services?**

As of April 1, 2016, pharmacy services for members enrolled in managed care are covered by the MCOs.

## **Providers**

### **What is the correct date/s for how long members can see providers outside the MCO network and receive 100 percent reimbursement? And then 90 percent?**

As of April 1, 2016, all out-of-network providers will receive 90 percent reimbursement rates indefinitely.

The 90 percent out-of-network rate applies to out-of-state providers as well, unless the MCO and the provider come to a single case agreement, the MCO may pay more.

### **Can I keep my current provider?**

Each Managed Care Organization has a list of providers in their network and are adding more providers each day. You will want to make sure that your provider is within your MCO's network once you are enrolled in the managed care program. If your provider is out of your MCO's provider network, they may still continue to see you however, they may also refuse to see you.

Before receiving services from your providers, please show them your MCO card to let them know your chosen MCO and ask them which MCO networks they are signed with. If your provider is not in your MCO's provider network, this is a "Good Cause" reason to change your MCO. If you do not wish to change your MCO, you may choose another provider within your MCO's provider network.

## **With the start of IA Health Link, could providers stop seeing patients?**

We want Iowa's Medicaid providers to have the tools they need to continue seeing Medicaid patients after the transition to the IA Health Link program.

And we've tried to make this process simpler for them in a number of ways including:

- Making the provider enrollment application and credentialing process easier

Most providers often contract with private insurance companies, and we continue to assist them in the process of signing up with the MCOs.

## **What if I choose an MCO and my provider chooses a different MCO? Will my visit still be covered or will I have to pay out-of-pocket?**

You will never be forced to pay out-of-pocket for an Iowa Medicaid Provider. The provider may accept the out-of-network rate from the MCO, or refuse to see the patient.

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Each Managed Care Organization has a list of providers in their network and are adding more providers each day. You will want to make sure that your provider is within your MCO's network once you are enrolled in the managed care program. If your provider is out of your MCO's provider network, they may still continue to see you however, they may also refuse to see you.

Before receiving services from your providers, please show them your MCO card to let them know your chosen MCO and ask them which MCO networks. If your provider is not in your MCO's provider network, this is a 'Good Cause' reason to change your MCO. If you do not wish to change your MCO, you may choose another provider within your MCO's provider network.

## **A lot of patients are sent to Mayo Clinic in Rochester for services that are not offered in our state. Will the MCOs be contracted with these facilities?**

While each MCO has signed a number of the out-of-state providers that are currently enrolled in Medicaid today, others have indicated that they will only serve members in the future through single case agreements, such as the Mayo Clinic in Rochester.

## **What is the process for providers who refer members to Mayo Clinic in Rochester and out-of-state providers?**

Providers making such referrals will need to work with a given member's MCO, with considerations including, but not limited to: the medical need for the referral, the unavailability of in-state and/or in-network providers able to provide the medically necessary care, etc.

### **What does any willing provider mean?**

Any willing provider means that the MCOs must offer to contract with all current Medicaid providers—at 100 percent of the established rate reimbursement floor—for a period of time.

- Until September 30, 2016 for physical and behavioral health care
- Until March 31, 2018 for long term services and supports

### **Will the provider transition dates extend with the delay in implementation?**

MCOs must offer contracts to medical and behavioral providers until at least September 30, 2016. MCOs must offer contracts to long term care and Home- and Community-Based Service (HCBS) providers until March 31, 2018.

### **How will PCPs be utilized under MCOs?**

The providers will be reimbursed on any services they are enrolled with the MCOs to provide.

### **If a member goes to urgent care or an emergency room, for something that is not determined to be ‘urgent care,’ will the member be charged?**

Urgent care or a “walk-in clinics” have no limit as to what constitutes an urgent condition for rendering services. Regardless of the status as urgent or non-urgent there is no penalty or financial responsibility to the member for seeking care for a sudden or persistent medical condition in this setting.

For emergency room visits the hospital will make the determination if a member’s care is urgent or non-urgent. If it is determined to be non-urgent, the member may have a copayment, depending on their MCO. The member will be notified if their care is non-urgent prior to services being rendered.

### **If a member of IA Health Link sees a provider who is a registered FFS provider with IME, but not signed with any MCO and not willing to work with the MCOs, will the state pay?**

No, the state will not pay. The provider may accept the 90 percent out-of-network rate from the member’s MCO, or refuse to see the member. A provider who knowingly treats a Medicaid member cannot bill the member for the rate difference of services rendered. If a Medicaid provider refuses to accept the out-of-network rate, they cannot bill the patient directly.



## **Can patients be billed from providers who are not participating with the MCOs or Medicaid?**

Yes. The provider must notify the member that they will pay out of pocket prior to services, or the provider may refuse to see the patient.

## **Case Management**

### **Can I keep my Case Manager?**

You will keep the same case manager you worked with before enrollment in an MCO. This will likely be the case manager that you've had for some time unless the agency they work for doesn't plan to offer services under the managed care program. You can continue with that case manager until at least September 30, 2016.

After that, your MCO will coordinate with you on the best way for you to continue receiving case management services through their health plan. If your case manager is no longer available, or if you want to make a switch, your MCO will provide a new case manager for you.

### **What other options do I have for case management?**

Members may continue with current case managers until at least September 30, 2016.

After that, your MCO will coordinate with you on the best way for you to continue receiving case management services through their health plan. If your case manager is no longer available, or if you want to make a switch, your MCO will provide a new case manager for you.

## **Medicaid Programs**

### **What's happening with the Lock-in program?**

Most Iowa Medicaid members transitioned to the managed care program on April 1, 2016. The MCOs are responsible for managing their members including setting their own criteria for care management programs, such as the lock-in program, per their contracts. All three MCOs will be using a lock-in program. Please contact your MCO directly for more information.



## **Will the MediPASS and Iowa Wellness Plan programs continue?**

Program eligibility has not changed, but the majority of Medicaid programs such as MediPASS and the Iowa Wellness Plan have transitioned to managed care. As of April 1, 2016, members in this population receive coverage from an MCO.

## **I am part of the Iowa Health and Wellness Plan, will I still need to finish my healthy behaviors?**

Yes. Iowa Health and Wellness Plan members still need to finish their Healthy Behaviors. These help you stay healthy and save you money. Getting a wellness exam or dental exam is the first of many health services that make sure you get the care you need. Remember, Iowa Health and Wellness Plan members who complete healthy behavior requirements each year will not be charged a monthly contribution in the following year.

## **Resources**

### **How do I contact the MCOs?**

- Amerigroup Iowa, Inc.  
Phone: 1-800-600-4441  
Website: [www.myamerigroup.com/IA](http://www.myamerigroup.com/IA)
- AmeriHealth Caritas  
Phone: 1-855-332-2440  
Website: [www.amerhealthcaritasia.com](http://www.amerhealthcaritasia.com)
- UnitedHealthcare Plan of the River Valley  
Phone: 1-800-464-9484  
Website: [www.UHCCommunityPlan.com/ia](http://www.UHCCommunityPlan.com/ia)

### **What is the Long Term Services and Supports (LTSS) Ombudsman Program?**

This is a program to assist members receiving **long term care** services. The goal of the LTSS Ombudsman program is to provide information about Medicaid managed care options and member's rights. The office of ombudsman serves as a resource for answers regarding managed care rules and to investigate complaints made by, or on behalf of, members.

### **Who is the LTSS Ombudsman Program for?**

In Iowa, the LTSS Ombudsman program was established to advocate for the rights and wishes of Medicaid managed care members who either:

5. Receive care in a Health Care Facility
6. Are in an Assisted Living Program
7. Reside in an Elder Group Home
8. Members enrolled in one of the HCBS waiver programs
  - AIDS/HIV
  - Brain Injury
  - Children's Mental Health
  - Elderly
  - Health and Disability
  - Intellectual Disability
  - Physical Disability

**I am not in one of the populations listed, can I receive help from the LTSS Ombudsman Program?**

No. The program acts as an advocate for members classified as **Long Term Care Members** (*listed above*). Members who are not in this population may contact their MCO's member services department directly for further assistance with their program and benefits. If a member is still having questions or concerns, they may contact Iowa Medicaid Member Services for further assistance.

**Why would I contact the LTSS Ombudsman?**

- Ask for assistance resolving a concern that impacts the quality of care provided by your MCO.
- Learn more about the rights of Medicaid members enrolled in a LTSS managed care plan;
- Clarify state or federal regulations on managed care policies;
- Obtain information about or assistance with a specific topic, such as the process for choosing or changing an MCO and care plan choices;
- Learn about other available resources, such as legal assistance, in-home services and nutrition consultation, or request a speaker.

**How do I contact the LTSS Ombudsman?**

You may call the LTSS Ombudsman at: **866-236-1430**

**-OR-**

You can go to: [www.iowaaging.gov](http://www.iowaaging.gov)