



Frequently Asked Questions

What is the IA Health Link Program?

Most Medicaid members are enrolled in the IA Health Link managed care program. 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 (CHIP) 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 Medicaid members are enrolled in the IA Health Link managed care program. 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.

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. For further information on your benefits, please see the [Managed Care Covered Benefits Comparison Grid](#) on the DHS webpage under the 'Resources' tab on the left-hand navigation menu.

To verify when your managed care coverage through a Managed Care Organization (MCO) will begin, **please contact 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.**



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 creates one system of care to help the delivery of efficient, coordinated and improved health care, creating responsibility in health care coordination.



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 the date your managed care coverage begins to change your MCO for any reason, and for “Good Cause” reasons after that.

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 the date your managed care coverage begins to change your MCO for any reason. You also may change your MCO throughout the year for reasons of ‘Good Cause.’

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 the date your managed care coverage begins 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. Existing Medicaid members whose eligibility has changed and 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.

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, under 'Resources' on the left-hand navigation menu.

How do I turn in my MCO choice?

Members can make an MCO choice one of the following ways:

- Return form in the postage paid envelope that is included in a members IA Health Link MCO enrollment packet
- Call 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.
- Fax to 515-725-1351
- Members can also make an MCO choice by sending an email to 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
 - Reason for MCO change

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

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 the date your managed care coverage begins 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 the date their managed care coverage begins to change their MCO for any reason
- After the 90 days, and throughout the year, members may change their MCO for “Good Cause” reasons

“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 the date your managed care coverage begins 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 2017 year:

Choice Cut-Off Date	Effective Coverage Date
December 19, 2016	January 1, 2017
January 19, 2017	February 1, 2017
February 16, 2017	March 1, 2017
March 17, 2017	April 1, 2017
April 18, 2017	May 1, 2017
May 18, 2017	June 1, 2017
June 16, 2017	July 1, 2017
July 19, 2017	August 1, 2017
August 17, 2017	September 1, 2017
September 18, 2017	October 1, 2017
October 19, 2017	November 1, 2017
November 16, 2017	December 1, 2017
December 19, 2017	January 1, 2018

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 February 1, 2017, is January 19, 2017. If a member changes their MCO between January 20, 2017, and February 16, 2017, this change will not take effect until March 1, 2017.

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 the date your managed care coverage begins 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.

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 MCO 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.

If your MCO coverage has begun and you have not yet received your MCO ID card, please reach out to your MCO immediately for assistance.

Who am I getting my ID card from?

After your initial MCO selection period has ended (your choice period end date on your MCO Enrollment Letter within your IA Health Link enrollment packet) you will receive a Confirmation of Coverage letter from the Iowa Medicaid Enterprise. The Confirmation of Coverage letter will confirm your health plan, and you will get a card from the plan listed on the letter before your MCO coverage begins.

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. 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.

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.



MCO Annual Enrollment (Current IA Health Link Members)

Do I have to change my MCO?

You do not have to change your MCO. If you like your current MCO, you do not need to do anything.

If you would like to change your MCO, 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.

Do I need to let Iowa Medicaid know if I am staying with my current MCO?

If you are not changing your MCO, you do not need to contact Iowa Medicaid. Your coverage with your current MCO will continue without interruption.

How do I know which MCO is right for me?

You should choose the MCO that best fits your needs, or the needs of your family. 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, under 'Resources' on the left-hand navigation menu.

How long do I have to change my MCO?

You are given an Annual Enrollment Period of 60 days to change your MCO for any reason. Your Annual Enrollment Period is listed on your Annual Enrollment Letter that is in your Annual Enrollment packet.

What if I don't make a change in my MCO now but I want to later?

You are given an Annual Enrollment Period of 60 days to change your MCO for any reason. After your Annual Enrollment Period has ended, and throughout the year, you must change your MCO for reasons of "Good Cause."



How do I change my MCO?

Phone: You may 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.

Mail: Iowa Medicaid Member Services can mail you an MCO enrollment form that you can mail, fax, or scan and email back to the IME. You may 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, 8:00 a.m. to 5 p.m.

Email: You can also email Iowa Medicaid Member Services at IMEMemberServices@dhs.state.ia.us

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.

When will my choice take effect?

Your choice will take effect the month after your annual enrollment period has ended.

Why doesn't my choice take effect immediately?

Your choice will not take effect until your annual enrollment date. Your annual enrollment date is based on when you first began enrollment in managed care.

Will I still receive Medicaid benefits before I start coverage with my new MCO?

You will continue to receive Medicaid benefits from your current MCO until your coverage begins with your new MCO.

Will my benefits change?

As long as your Medicaid eligibility does not change, your benefits will remain the same no matter which MCO you select. Each MCO does have additional Value-Added Services that are particular to their plan. You may want to review these services to see which benefits will be most beneficial to you.



Will I get a new ID card?

If you change your MCO, you will receive an ID card from your new MCO approximately 1-2 weeks before your coverage begins.

If you do not make a choice, you will not receive a new ID card from your MCO.

I have an upcoming appointment, which ID card do I use?

You will continue to use your current MCO ID card until you begin coverage with your new MCO.

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.

For further information on your benefits, please see the [Managed Care Covered Benefits Comparison Grid](#) on the DHS webpage under the 'Resources' tab on the left-hand navigation menu.

What will happen with pharmacy services?

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

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.

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

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

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 should 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.

Members may also contact their MCO directly with any questions they may have regarding NEMT services. *(Continued on following page)*

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



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: Logisticare Phone: 1-844-544-1389
AmeriHealth Caritas Iowa, Inc.	NEMT Broker: Access2Care Phone: 1-855-346-9760
UnitedHealthcare Plan of the River Valley, Inc.	NEMT Broker: MTM Phone: 1-888-513-1613

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.

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

Please contact your MCO, or your MCO's NEMT Broker directly; they will help with your transportation needs.



I recently gave birth, will my newborn receive MCO coverage? If so, how do I enroll my newborn?

In situations where an MCO enrolled Medicaid member gives birth, the newborn is automatically enrolled with the mother's MCO. **The mother must notify their DHS Income Maintenance Worker of the birth and complete the necessary enrollment application.** Once the newborn is determined eligible and the MCO assignment has occurred, the mother will have 90 days from the date the newborn's managed care coverage begins to change the newborn's MCO for any reason. The choice period end date will be listed on the newborn's MCO enrollment letter within the IA Health Link MCO enrollment packet.

For further information, please see [Informational Letter No. 1673-MC dated May 25, 2016](#).

Are smoking cessation services still available with my MCO?

Smoking cessation services are available for members enrolled with an MCO. If you wish to learn more about your benefits, you will need to contact your primary care provider for assistance in contacting your MCO in following your MCO's counseling requirements. You can also find more information about your MCO's smoking cessation services at:

Amerigroup Iowa, Inc.: www.myamerigroup.com/ia

AmeriHealth Caritas: www.amerihealthcaritasia.com

UnitedHealthcare Plan of the River Valley: www.UHCCommunityPlan.com/ia

For further information please see [Informational Letter No. 1680-MC dated June 13, 2016](#).

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

Prior Authorizations

How will prior authorizations be handled during the transition?

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.

Pharmacy Drug Claim Prior Authorizations

Pharmacy drug claim prior authorizations will be processed differently than all other prior authorizations. As of April 1, 2016, all prescribers, whether in-network or out-of-network, must follow the MCOs' pharmacy drug PA requirements included in the health plans Provider Manuals. Drug claims requiring a prior authorization will not be processed by the MCOs if there is not an approved prior authorization in place. Providers should continue to follow the IME pharmacy drug prior authorization policies and processes for the Fee-for-Service members.

Other Prior Authorizations

For the first year (April 1, 2016 – March 31, 2017), existing prior authorizations at the time of the member's enrollment will be honored for the first 90 days of the member's enrollment with the MCO.

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After the first year (April 1, 2017 – Ongoing), existing prior authorizations will be honored for the first 30 days or as otherwise determined by the health plan.

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.

Pharmacy prior authorizations will be processed within 24 hours of the provider's PA submission.

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

My current provider is not in my MCO's network, can I continue to see my 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 choose not 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.

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 covered service. The provider may accept the out-of-network rate from the MCO, or choose not to see the patient.

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 choose not 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.

Note: *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. Members may be charged for services that are not covered by Iowa Medicaid, or are not medically necessary. However, per the Iowa Administrative Code 79.9(4) "Recipients must be informed before the service is provided that the recipient will be responsible for the bill if a non-covered service is provided."

A lot of patients are sent to Mayo Clinic in Rochester for services that are not offered in our state. Are the MCOs 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 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.

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 choose not 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 choose not to see the patient.

Case Management

Can I keep my Case Manager?

Your MCO will coordinate with you on the best way for you to continue receiving case management services through their health plan. Each MCO has their own case managers within their network. You will want to verify with your MCO if your current case manager is within their network.

What other options do I have for case management?

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

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.

How is Health Behaviors data transferred between the IME and the MCO?

The IME is responsible for tracking healthy behaviors and determining if a member has earned the waiver of their program. When you complete a healthy behavior, your MCO sends that information to the IME. However, you do have to complete your healthy behaviors each year.

Is it the MCO's responsibility to remind the patients to complete their Healthy Behaviors?



Yes, as the member's health plan, it is the responsibility of the MCO to remind members to complete their healthy behaviors. Completing healthy behaviors helps members to stay healthy and get the care that they need.

Will the MCOs send lists to providers of completion status' of Healthy Behaviors for their Iowa Health and Wellness Plan members?

At this point the MCOs do not intend to do this. It is recommended that all members get an annual wellness exam and complete the Health Risk Assessment. Asking all patients if they have done both is a way for members and their health care providers to work together in helping the member be healthy and stay healthy.

Are members who identify as American Indian or Alaska Native (AI/AN) required to enroll with an MCO?

Medicaid members that are AI/AN, and have not chosen the AI/AN "Race Option" on their Medicaid application will automatically be enrolled with an MCO. In order for members in this population to remain as Fee-for-Service, and not be required to enroll with an MCO, the member will need to take action and contact the **Department of Human Services' (DHS) Call Center at 1-877-347-5678** to have their member application revised prior to initial MCO assignment. If the member chooses not to take any action, the member is considered to have "opted in" to the managed care program.

For members enrolled in managed care that desire to be switched to Fee-for-Service after correcting their race on their application, the member will then need to also contact the **Iowa Medicaid Enterprise Member Services call center at 1-800-338-8366 or locally in the Des Moines area at 515-256-4606** to make this choice.

For further information please see [Informational Letter No. 1672-MC dated May 10, 2016](#).

Members in Long Term Care programs, and in nursing facilities, are required to have their Level of Care evaluated. Who will determine a member's Level of Care?

All initial admission Level of Care (LOC) determinations are made by the IME Medical Services Unit for all Medicaid members, regardless if enrolled in managed care or Fee-for-Service (FFS). Admission LOC also includes those discharged from Medicaid greater than ninety days for reasons other than hospitalization, or those reviews for persons who are admitted to a nursing facility as private pay, then later make application for Medicaid.

Continued Stay Reviews (CSRs) for medical approval are the responsibility of the member's MCO, unless the member is FFS. Any changes to the LOC determined at the time of the CSR for MCO enrolled members will be forwarded by the MCO to the IME Medical Services Unit for review.



For further information please see [Informational Letter No. 1674-MC dated May 25, 2016](#).

Resources

How do I contact the MCOs?

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

Where can I find important documents?

You can find all IA Health Link documents on the DHS Resources Webpage at: www.dhs.iowa.gov/iahealthlink/resources.

Where can I find new announcements and updates to the IA Health Link program?

- **The Iowa Health Link Overview page** under the 'News and Announcements' heading: www.dhs.iowa.gov/iahealthlink.
- **Facebook:** www.facebook.com/iahealthlink/
- **Twitter:** www.twitter.com/iahealthlink
- **YouTube:**
 - Go to: www.youtube.com
 - In the search bar, type in: Iowa Department of Human Services