IA Health Link Provider Networks Fact Sheet

Contracting and Credentialing

Effective April 1, 2016, providers serving IA Health Link members will work directly with the Managed Care Organizations (MCOs). Providers may contract with as many of the three selected MCOs as they wish. The MCOs may not prevent a provider from participating in more than one network. Providers are encouraged to complete the contracting process with MCOs as early as possible to ensure participation for services provided in April 2016.

Claims Process:

1. Beginning April 1, 2016, all claims for MCO-enrolled members must be submitted directly to the appropriate MCO, adhering to the MCO's claims submission and timeliness guidelines. The agency has directed that the MCO provider agreements will require that providers submit claims within 90 days if third party liability is not involved.
2. Any willing provider means that the MCOs must offer to contract with all current Medicaid physical and behavioral health care providers-at 100 percent of the established rate reimbursement floor-until September 30, 2016. The MCOs must offer to contract with all Medicaid Long Term Care and Home- and Community-Based Services (HCBS) providers-at 100 percent of the established rate reimbursement floor-until March 31, 2018.
3. The MCOs will be required to pay the claims for covered Medicaid services to existing Medicaid providers, regardless of whether or not the provider is in-network with the MCO. Providers that are not in the member's MCO network may accept the 90 percent out-of-network rate, or 90 percent of the FFS (Fee-for-Service) rate. If a Medicaid provider refuses to accept the out-of-network rate, they may refuse to see the member but cannot bill the patient directly.
4. Providers should work with the MCOs to determine the policies and process for submitting both in- and out-of-network claims for MCO members.
    - Only claims for Medicaid Fee-for-Service members should be submitted to the Iowa Medicaid Enterprise. Please see the Iowa Medicaid Populations listed below for Fee- for-Service populations. The designated membership will be specified on the member's MCO ID card, and may be verified through the Eligibility Verification System (ELVS) portal and phone line beginning April 1, 2016.
5. All prior authorizations will be handled by the Iowa Medicaid Enterprise Medical Services unit until April 1, 2016. During the first 30 days of the transition to managed care, from April 1, 2016 to April 30, 2016, no prior authorizations will be required, except for pharmacy drug claims.
6. 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.
    - **Existing Authorizations:** MCOs must honor authorizations for 90 days after the time of the member's enrollment (June 30, 2016)
    - **Non-Residential:** MCOs must honor non-residential HCBS authorizations at the

time of the member's enrollment until an assessment is conducted and service plan is updated
- **Residential:** MCOs must honor supported community living, home based habilitation, and facility authorizations for one year after the time of the member's enrollment (March 31, 2017)
- **Exceptions to Policy:** For the duration of the exception period

7. MCOs must offer providers reimbursement in accordance with the Agency designated floor. It is important to keep in mind that the MCO capitation rates were developed with historical data so there is limited ability to pay above this amount.

Provider Network

In order to facilitate a smooth transition on April 1, 2016, each of the three MCOs must accept current Iowa Medicaid providers, as outlined below.

Physical and Behavioral Health Care Providers

The MCOs must accept claims submitted for billable Medicaid services for all physical and behavioral health care providers currently enrolled with Iowa Medicaid until September 30, 2016. This includes providers who have not contracted with the MCO and are considered out-of-network. Note that the reimbursement rate for out of network providers is 90 percent of the Medicaid floor or 90 percent of the FFS rate.

Providers include:

- Physical health care providers (ex. Primary care, hospitals, specialists, etc.)
- Behavioral health care providers (excludes CMHCs and IDPH-funded substance abuse providers)
- Case managers and care coordinators

Long Term Care and Home and Community-Based Services (HCBS) Providers

The MCOs must accept claims submitted for billable Medicaid services for all long term care and HCBS providers currently enrolled with Medicaid until March 31, 2018. This includes providers who have not contracted with the MCO and are considered out-of-network. Note that the reimbursement rate for out of network providers is 90 percent of the Medicaid floor or 90 percent of the FFS rate.

Providers include:

- Nursing facilities
- HCBS waiver and habilitation providers (case managers and care coordinators excluded)
- Community mental health centers (CMHCs)
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/ID)
- Health Homes
- Substance use disorder treatment programs also in the Iowa Department of Public Health-funded network

MCO Contact Information

Managed Care Organization	Contact and Phone Number
Amerigroup Iowa, Inc.	Email: iowamedicaid@amerigroup.com Phone: 1-800-454-3730
AmeriHealth Caritas Iowa, Inc.	Email: IowaProviderNetwork@amerihealthcaritas.com Phone: 1-855-287-7855
UnitedHealthcare Plan of the River Valley, Inc.	New Providers: IowaCommunityNetwork@uhc.com Phone: 1-888-650-3462 Or contact your current contract manager

Member Populations

MCO Populations	Iowa Medicaid Populations – Fee-for-Service
• Iowa Health and Wellness Plan • Long Term Care • Home- and Community-Based Services (HCBS) Waivers • Medicaid for Employed People with Disabilities (MEPD) • Medicare Assistance (Dual-Eligibility) • Iowa Family Planning Network (IFPN) • ***hawk-i***	• Iowa Health and Wellness Plan (A small portion of members in this population) • PACE (member option) • American Indian/Alaskan Native (member option) • Medically Needy • Programs where Medicaid pays premiums such as the Health Insurance Premium Payment Program (HIPP) and those eligible for the Medicare Savings Program (MSP) only • Qualified Medicare Beneficiary (QMB) • Specified Low-Income Medicare Beneficiary (SLMB) • Retroactive Eligibility for previous months • Undocumented persons eligible for short-term emergency services only • Presumptive and retroactive eligibility

Additional Questions and Information

Contact Iowa Medicaid Provider Services at 1-800-338-7909, 7:30 a.m. – 4:30 p.m., Monday- Friday, or by email at IMEProviderServices@dhs.state.ia.us.
More information can be found in the IA Health Link Provider Toolkit [1].

[1] https://dhs.iowa.gov/sites/default/files/IAHealthLink_ProviderToolkit_FINAL.PDF