



**IA Health Link Managed Care Program  
Provider Toolkit  
March 2016**



March 3, 2015

Dear Iowa Medicaid health care providers,

The Iowa Department of Human Services (DHS) will be transitioning most Iowa Medicaid members to a new managed care program, officially named IA Health Link. The goals of IA Health Link are to improve the coordination and quality of care that Medicaid members receive, and to become a healthier state, while Iowa works towards a balanced, predictable state budget. The Centers for Medicare and Medicaid Services (CMS) has issued its decision on the implementation of the IA Health Link program. The program will now begin on April 1, 2016.

This program will be administered by three contracted managed care organizations (MCOs) that will provide members with comprehensive health care services, including physical, behavioral and long term care services and support. Members may keep their current medical health providers, mental health providers, and case manager until at least August 31, 2016, as long as their provider(s) choose to participate with the MCOs. The IA Health Link program has made sure that long term care or in home services and support providers will have the chance to be part of the MCOs through the end of March 2018.

Providers should contract with MCOs to continue providing care to Medicaid members. As part of ongoing network contracting, the MCOs will consider the quality of providers within their network. This reflects the priority of the DHS and MCOs to provide members the high quality care they deserve. We encourage providers to continue working with the MCOs to complete contracts and credentialing requirements in time for the April 1, 2016, launch date.

We understand that this is a very complex process. We are here to help. This toolkit includes materials you can use to educate members about the IA Health Link program, as well as information for providers about how to participate in and support communication efforts.

The enclosed documents have been developed to help communicate important information to members. Please use these materials in your local outreach efforts.

**This toolkit will be continually updated as new information and educational materials are available, visit our [website](#) frequently to check for updates.**

Thank you for your continued support,

Mikki Stier, MSHA,  
FACHE Medicaid Director



## **IA Health Link Program Overview**

### **Initiative Name**

Medicaid Modernization Transition

### **Project Background**

On February 16, 2015, the Iowa Department of Human Services (DHS) released a Request for Proposal (RFP) for Governor Branstad's Iowa High Quality Health Care Initiative also known as Medicaid Modernization. This initiative aims to improve the coordination and quality of care, while providing predictability and sustainability for Iowa taxpayers in Medicaid spending.

Under this initiative, we will enroll the vast majority of Iowa Medicaid members with a managed care organization (MCO). On August 17, 2015, DHS issued a notice of intent to award four MCOs with contracts to administer the program. On December 18, 2015, the contract with WellCare of Iowa was terminated following an appeals process. The remaining three MCOs will provide comprehensive health care services, including physical health, behavioral health and long-term services and supports.

You can learn more about the three MCOs to recently receive a bid award by reading the [DHS press release](#)<sup>1</sup>.

The MCOs will begin providing services to members on April 1, 2016. Prior to beginning those services, DHS must prepare and transition the majority of the 560,000 current Medicaid members to the MCOs. In addition to the communications to members during the transition, DHS must also prepare the health care provider community, advocates, community resources, and family members.

### **Overall Goal**

DHS aims to improve the coordination and quality of care while providing predictability and sustainability for Iowa taxpayers in Medicaid spending. To accomplish this goal, DHS has contracted with three MCOs to coordinate care for the vast majority of Medicaid members.

### **Bidder Awards**

On Monday, August 17, 2015, DHS announced the intent to award four bidders. On December 18, 2015, the contract with WellCare of Iowa was terminated following an appeals process. The remaining three bidders include::

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

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<sup>1</sup> <http://dhs.iowa.gov/sites/default/files/IAHealthLink-Announcement-NOI.pdf>



## Provider FAQ

*Find answers to frequently asked questions from providers.*

### **Question: What is Medicaid Modernization?**

Medicaid Modernization is the initiative supporting the Iowa High Quality Health Care Initiative announced by Governor Branstad on February 16, 2015. The initiative aims to improve access and care coordination, promote accountability and outcomes and provide a predictable and sustainable Medicaid budget. Through Medicaid Modernization, the Iowa Department of Human Services will contract with managed care organizations for the delivery of health care services for most Medicaid members.

### **Question: Will the IME's managed care programs such as; MediPASS and the Iowa Wellness Plan continue into 2016?**

MediPASS and Wellness Plan program members will remain Fee-for-Service through March 31, 2016. Beginning April 1, 2016, members in these populations will receive coverage from MCOs. Program eligibility will not change, but the majority of Medicaid members will be transitioned to managed care. Iowa Medicaid will maintain fee-for-service coverage for the limited number of members excluded from managed care.

### **Question: Who is excluded from participating in managed care?**

Eligible members that will be excluded from managed care include:

- A limited number of Iowa Health and Wellness Plan members
- Members participating in the Medicare Savings Program
- Medically needy individuals
- Short-term Medicaid for undocumented individuals
- Members participating in the Health Insurance Premium Payment (HIPP) Program
- Qualified Medicare Beneficiary (QMB)
- Specified Low-Income Medicare Beneficiary (SLMB)
- Presumptive Eligibles
- Retroactive Eligibles from Previous Months
- \*Members enrolled in the Program of All Inclusive Care for the Elderly (PACE)
- \*American Indians or Alaskan Natives

*\*Indicates the member may opt into managed care*

### **Question: Will Home- and Community-Based Services (HCBS) waiver services be available in 2016?**

All the Medicaid state plan and Home- and Community-Based Services (HCBS) and Habilitation program benefits available today will continue to be available through the MCOs. HCBS and Habilitation providers who are enrolled with Medicaid will be part of the MCO provider network, if they choose, until March 31, 2018. After March 31, 2018, provider networks will be negotiated by the MCOs and providers.

**Question: Will providers be required to enroll with all participating MCOs and the Iowa Medicaid Enterprise (IME)?**

All Providers will be required to enroll with the IME. Providers will be able to choose which MCOs they wish to enroll with. Although providers will not be required to enroll with all MCOs, it is in their best interest to do so and are therefore encouraged to enroll with all MCOs.

**Question: Where can I learn more about contracting with the MCOs?**

Providers may directly contact the MCOs to learn more about the contracting process. Providers may also receive information from the MCOs as they work to build their networks.

You may access Informational Letter [1539<sup>2</sup>](#) regarding the announcement DHS made on August 17, 2015 to award four bidders. DHS signed contracts with four MCOs in October 2015 but on December 18, 2015, the contract with one of the four MCOs, WellCare of Iowa, was terminated following an appeals process.

For MCO contact information regarding provider contracting, please scroll to the subsequent pages below to see **Provider Contracting Information** or find the MCO contact information on the [DHS website<sup>3</sup>](#).

**Question: Will the MCOs have to honor existing prior authorizations?**

All prior authorizations will be handled by the IME Medical Services unit until April 1, 2016. After April 1, 2016, all carriers will honor existing prior authorizations for a period of 90 days (until June 30, 2016) as part of the transition, as announced in the [Informational Letter 1591-MC<sup>4</sup>](#). During this 90-day grace period, providers will be able to establish new authorizations following the policies of the member's selected MCO. For the first 30 days, April 1-30, 2016, no prior authorizations will be required, except for pharmacy drug claims.

**Question: Who is responsible for the utilization management guidelines?**

The MCOs are responsible, but guidelines must be approved by DHS.

**Question: Will claims be paid on a timely basis?**

The MCOs must pay or deny 90 percent of clean claims within 14 calendar days of receipt, 99.5 percent of clean claims within 21 calendar days of the date of receipt or 100 percent of all claims within 90 calendar days of receipt.

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<sup>2</sup> [https://dhs.iowa.gov/sites/default/files/1539\\_DHS\\_Announces\\_Winning\\_Bidders\\_for\\_Medicaid\\_Modernization\\_Initiative.pdf](https://dhs.iowa.gov/sites/default/files/1539_DHS_Announces_Winning_Bidders_for_Medicaid_Modernization_Initiative.pdf)

<sup>3</sup> <https://dhs.iowa.gov/ime/providers/MCO-contact-info>

<sup>4</sup> [https://dhs.iowa.gov/sites/default/files/1591-MC\\_PriorAuthorizationsforProvidersParticipatingwithManagedCareOrganizations.pdf](https://dhs.iowa.gov/sites/default/files/1591-MC_PriorAuthorizationsforProvidersParticipatingwithManagedCareOrganizations.pdf)



**Question: What is the claims timely filing limit for the MCOs?**

Claims must be submitted within 180 days of the date of service. Claims involving third-party liability must be submitted within 365 days of the date of service.

**Question: Which providers are included in the six-month network transition and which providers are included in the two-year transition?**

Six Months:

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

Two Years:

- Nursing Facilities
- HCBS waiver and habilitation providers (excludes case managers and care coordinators)
- Community Mental Health Centers
- ICF/IDs
- Health Homes
- Substance use disorder treatment programs also in the IDPH-funded network

**Question: What rates will the MCOs pay?**

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. MCOs will pay in-network providers at or above the rate floor which is 100% of the IME rate and/or fee. Unless specifically announced or identified, the reimbursement rate floors will remain the same unless federal or state law requires changes. It is important to note that the reimbursement rate floor establishes a baseline for provider reimbursement by the MCOs. This ensures stability in provider reimbursement. Please refer to informational letter [1562<sup>5</sup>](#) for details.

**Question: What if there is no rate floor established in IL 1562 for the services I provide?**

Providers will need to negotiate their rates with the MCOs with which they choose to enroll.

**Question: I am a waiver provider, how do I find out my rates?**

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<sup>5</sup>[https://dhs.iowa.gov/sites/default/files/1562\\_ManagedCareOrganizationProviderReimbursementRateFloors.pdf](https://dhs.iowa.gov/sites/default/files/1562_ManagedCareOrganizationProviderReimbursementRateFloors.pdf)



Waiver rates were mailed to providers on November 3, 2015. If you have not received your rate, please contact IME Provider Services at 1-800-338-7909 or by email at [IMEProviderServices@dhs.state.ia.us](mailto:IMEProviderServices@dhs.state.ia.us).

**Question: Where are the rates for mental health services that will be covered by the MCOs?**

The IME is working on the remaining mental health rate floors based on information that IME has received from Magellan.

**Question: Magellan paid my Community Mental Health Center (CMHC) an “enhanced rate,” will I still receive that rate from the MCOs?**

The floor will be the alternative fee schedule rates, which is equal to the Iowa Plan non-cost reporting fee schedule rates. It is up to the provider to negotiate anything that may be beyond those rates.

**Question: Will cost reporting still occur in 2016?**

Iowa Medicaid cost reporting will continue at least through State Fiscal Year 2016 (June 30, 2016), for most providers. It is anticipated that cost reporting will continue unless directed otherwise by the Iowa Legislature. In other words, there will be no changes to the current process for now.

**Question: Will unmet medical needs be paid based upon delay of enrollment as currently exists?**

There are no changes in unmet medical needs policies with the implementation of managed care. The retroactive eligibility period is covered by Medicaid Fee- for-Service through the Iowa Medicaid Enterprise.

**Question: Will the Eligibility Verification System (ELVS) still be available to determine member eligibility and MCO selection?**

ELVS is available 24 hours a day, seven days a week and will continue to provide information on the member’s selected MCO and the MCO contact information. ELVS is available both through the Electronic Data Interchange Support Services (EDISS) and phone line.

- Web based eligibility is available through the [ELVS Web Portal](https://ime-ediss5010.noridian.com/iowaxchange5010/LogonDisplay.do)<sup>6</sup>. Login ID and password may be obtained through EDI by submitting a [Request Form](http://www.edissweb.com/docs/med/add-access-request-IME.pdf)<sup>7</sup> to EDI or calling EDI at 1-800-967-7902.
- The ELVS phone line at: 515-323-9639 (locally in Des Moines) or 1-800-338-7752 (toll-free).

<sup>6</sup> <https://ime-ediss5010.noridian.com/iowaxchange5010/LogonDisplay.do>

<sup>7</sup> <http://www.edissweb.com/docs/med/add-access-request-IME.pdf>



## Provider Contracting Information

Providers wishing to contract with the three awarded managed care organizations should directly contact those organizations. Providers will be required to be enrolled with Iowa Medicaid if they wish to serve members through the managed care organizations. If you are already enrolled with Iowa Medicaid, the requirement has been met at this time.

Please use the contact information below for contracting discussions with the managed care organizations.

Managed Care Organization	Contact and Phone Number
Amerigroup Iowa, Inc.	Email: <a href="mailto:iowamedicaid@amerigroup.com">iowamedicaid@amerigroup.com</a> Phone: 1-855-789-7989
AmeriHealth Caritas Iowa, Inc.	Email: <a href="mailto:iowaProviderNetwork@amerihealthcaritas.com">iowaProviderNetwork@amerihealthcaritas.com</a> Phone: 1-855-287-7855
UnitedHealthcare Plan of the River Valley, Inc.	Email: (New Providers): <a href="mailto:iowaCommunityNetwork@uhc.com">iowaCommunityNetwork@uhc.com</a> Phone: 888-650-3462

### MCO Provider Manuals

[Amerigroup Iowa, Inc.](#)<sup>8</sup>

[AmeriHealth Caritas Iowa, Inc.](#)<sup>9</sup>

[UnitedHealthcare Plan of the River Valley, Inc.](#)<sup>10</sup>

MCO-specific materials are available at in the [Medicaid Modernization website](#).<sup>11</sup>

<sup>8</sup> <https://myamerigroup.com/ia/Pages/welcome.aspx>

<sup>9</sup> <http://www.amerihealthcaritasia.com/pdf/provider/provider-manual.pdf>

<sup>10</sup> <http://www.uhccommunityplan.com/health-professionals/ia/provider-admin-manual.html>

<sup>11</sup> <https://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization/MCO-materials>

## Provider Informational Letters

Informational Letters are the primary method of communication for the IME to update providers on any policy changes that will be or have been implemented but are not yet reflected in the published Provider Manuals. All Informational Letters are organized by their year of publication and assigned numeric sequence of the Informational Letter. All Informational Letters are posted on the [Informational Letter web page](#)<sup>12</sup>.

Informational letters communicating managed care transition information may be easily identified with an “MC” immediately following the informational letter numerical assignment.

## Managed Care Informational Letters

Access the latest Managed Care informational letters from Iowa Medicaid on the [DHS website](#).

## Signing up for IME Informational Letters

- 1) Go to the [Iowa Medicaid Portal Access \(IMPA\) website](#)<sup>13</sup>.
- 2) Under the Featured Functionality column you will find: Provider Informational Letters: Go here and sign up!
  - a. Enter (and confirm) the email address where you want notifications directed.
  - b. Select a category from the dropdown list. Important note: “provider type” is the default category and is the basis for how these letters are sent. Iowa Medicaid providers using this service should *always* select this option.

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<sup>12</sup> <https://dhs.iowa.gov/ime/providers/rulesandpolicies/bulletins>

<sup>13</sup> <https://secureapp.dhs.state.ia.us/impa/>



- c. Check the box next to any topic (from the category selected in b) for which you want an email notification. The various Medicaid provider types are listed as topics.
  - d. You can subscribe to as many topics as you want including a “select all” option.
  - e. When you are done, click on the “Subscribe” button.
  - f. At any time, you can press “Show My Topics” to see the current list of topics that are subscribed to that email address.
- 3) Once subscribed, the address will be sent an email confirmation from the List Manager (lyrisnoreply@Lists.ia.gov), for each of the topics subscribed.
  - 4) With each email from the List Manager, you will have the option to unsubscribe.
  - 5) Once you are subscribed, you will receive emails with a link that enables you to view any new Informational and General Letters that are published by the IME based on the topics that you have selected.

## Provider Enrollment

The Iowa Medicaid Enterprise (IME) requires that all providers must be enrolled as Iowa Medicaid providers prior to enrolling with the MCOs. Providers that are currently enrolled as Iowa Medicaid providers will not need to do anything with the IME to begin the enrollment process with the MCOs. Additionally, during this transition all enrolled Iowa Medicaid providers have “deemed credentialing” meaning they will initially be considered credentialed to ensure continuity of care and allow time for any additional MCO credentialing to be completed. To streamline the enrollment process moving forward, the IME has updated the Iowa Medicaid Provider Application, 470-02541, now called the Iowa Medicaid Universal Provider Enrollment Application to include information for both the IME and the MCOs. This application will be shared with any of the MCOs the provider selects on the application, and will allow for enrollment with multiple MCOs simultaneously. Access the [Iowa Medicaid Universal Provider Enrollment Application](#).<sup>14</sup>

The MCOs may have some additional information needs that were not captured by previous IME provider applications predating the IME Universal Application, Form 470-0254. For that reason, providers should work with the MCOs directly to see if any additional information is needed. Providers will then need to sign a contract with the MCO to be considered in network for that MCO.

If you have any questions, please contact the IME Provider Enrollment Unit at 1-800-338-7909, option 2 or by email at [imeproviderenrollment@dhs.state.ia.us](mailto:imeproviderenrollment@dhs.state.ia.us).

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<sup>14</sup> [https://dhs.iowa.gov/sites/default/files/470-0254\\_6.pdf](https://dhs.iowa.gov/sites/default/files/470-0254_6.pdf)



## Member Promotional Materials

The next section of the toolkit includes several materials that can be used to communicate information about the IA Health Link program to Medicaid members. Additional materials are continuously being developed to meet member need for information and will be released on an ongoing basis.

**The following is a sampling of member information/promotion materials that are available:**

- Member FAQs
- Sample email content to members
- Member Introductory Mailing
- Member Enrollment Packet Mailing
- Sample social media posts
- Estimated campaign timeline

You can access the most complete and up-to-date list of member information and promotional materials with links to samples on the [DHS website](https://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization/member-materials).<sup>15</sup>

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<sup>15</sup> <https://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization/member-materials>



## Member FAQs

Use the following information will help answer questions about the IA Health Link program with members.

### **What is the IA Health Link program?**

IA Health Link is now the name for the Iowa Medicaid managed care program. IA Health Link brings together physical, behavioral and long term care under one program.

### **What is a managed care organization?**

An MCO is an organization that the Department of Human Services has contracted with to offer health coverage. The MCO health plans are similar to health plans or 'health insurance' enjoyed by most Iowans.

### **Are Iowa Medicaid members *required* to enroll with a managed care organization?**

Almost all Iowa Medicaid members are required to enroll with a managed care organization (MCO), but you may be able to keep seeing your current provider if they contract with a MCO. You may also choose an MCO. If you do not choose then the state will match you with an MCO in the coming months. If you are interested in learning if your program will enroll with MCOs, visit [dhs.iowa.gov](http://dhs.iowa.gov).

### **Will my benefits or provider change?**

The health plans must offer ALL current benefits available through the Medicaid program, and each plan offers incentives and benefits beyond what traditional Medicaid offers. You may continue to see your providers for a period of time. The MCO will have a network of providers across the state of Iowa for you to choose from. Your provider may change if they choose not to contract with an MCO.

### **Why is this changing?**

Understanding health care coverage can be difficult, especially if there are lots of different programs with different rules. IA Health Link brings Iowa Medicaid programs together into one simple program for individuals and families to all get the best care they need.

### **What services are in, and which services are out?**

All benefits that are available to you today will continue with your managed care organization.



**Will there be continuing education for members?**

Yes, ongoing education will be available in the coming months. Please check our [website](https://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization/member-materials)<sup>1</sup> (https://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization/member-materials) periodically for event schedules and updated documents.

**If I am part of the Iowa Health and Wellness Plan, will I still need to engage in healthy behaviors?**

Yes, Iowa Health and Wellness Plan members still need to participate in the Healthy Behaviors program if members do not want to make a monthly contribution the following year. These help you stay healthy and can save you money. Getting a physical or dental exam is the first of many preventive health services that help you get the care you need. Remember, Iowa Health and Wellness Plan members who complete healthy behavior requirements each year will not be charged up to \$10.00 per month the following year.

**How and where can I learn more?**

If you have questions or comments about this change or your current health coverage, please call the Iowa Medicaid Member Services Unit at 1-800-338-8366 or 515-256-4606. Representatives will be available Monday through Friday, 8 a.m. to 5 p.m.

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<sup>1</sup> <https://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization/member-materials>  
Updated: March 25, 2016



## Sample Email Content to Members

Below is a generic email to use when questioned about the IA Health Link program, and what members can expect during this transition.

### Sample

Dear [member name],

Thank you for your questions, comments, and concerns about new managed care program provided by Iowa Medicaid. The new program is called IA Health Link and will go into effect on April 1, 2016. IA Health Link will join together Medicaid programs under a single managed care program. This new program will give you the high quality health care coverage you know and use, but will be covered by a managed care organization (MCO).

A managed care organization (MCO) is a health plan. It is a type of health coverage that makes sure you get complete care that's just right for you from the managed care organization's network of providers. Almost all Iowa Medicaid members are required to enroll with a MCO, but you will be able to keep seeing your current provider if they contract with an MCO.

You should have received information about health plan options. If you have questions about this change or to select your MCO please contact the IME Member Services Unit. You can continue to work with your current provider(s), and coverage for health care services by the MCO will begin on April 1, 2016. The MCO does have a network of providers across the state for you to choose from.

Iowa Medicaid Member Services Unit is available at 1-800-338-8366 or 515-256-4606, if calling from the Des Moines area. Iowa Medicaid representatives will be available Monday through Friday, 8 a.m. to 5 p.m.

Sincerely/In health,

[Signature]

[Typed name]

[Position]

## Member Enrollment Timeline and Process

### Overview of Enrollment Process

November 2015	November 2015	December 2015	December 2015	January 2016	April 2016
Introductory Mailings by population	MCO Enrollment Begins	Enrollment assistance continues	Enrollment assistance continues	Enrollment assistance continues	April 1: Begin coverage with MCO

### Member Introductory Mailing

**Summary:** The Iowa Department of Human Services sent an introductory mailing regarding the managed care transition to all impacted Medicaid members. The letter contained information about the new program, impact to members and the timeline for the transition. In addition to the letter, an FAQ was included in the mailing to provide additional details.

#### **Mailing Contents and Versions**

1. Long Term Care and HCBS Waiver Members
  - a. Includes letter and FAQ
2. Current Managed Care Members (MediPASS and Iowa Health and Wellness Plan)
  - a. Includes letter and FAQ
3. Traditional Medicaid Members (Medicaid members in other eligibility groups)
  - a. Includes letter and FAQ
4. *hawk-i* Members
  - a. Includes letter



## **Member Enrollment Packet Mailing**

### **Items Included in Enrollment Packet:**

1. Member Mailing Address Page
2. Tentative Assignment Letter
3. Enrollment Form
4. Return Envelope for Enrollment Form
  - a. Required for transition packets, as self-sealing enrollment form takes six weeks to produce, making it impossible to have available in transition packets
5. Managed Care Handbook
6. MCO #1 Brochure (Amerigroup)
7. MCO #2 Brochure (AmeriHealth Caritas)
8. MCO #3 Brochure (UnitedHealthcare)

All items are sent in the outer mailing envelope.

[Access a sample of the enrollment packet.](#)<sup>16</sup>

### **Distribution**

Enrollment packet distribution was completed on November 30, 2015

### **Member Choice of MCO**

Iowa Medicaid Member Services will be the Enrollment Broker and is 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](mailto:IMEMemberServices@dhs.state.ia.us)
- Call Center: 1-800-338-8366, 8 a.m. to 5 p.m., Monday through Friday
- Members can select their MCO through voice system option 24/7 daily

IME Member Services offers 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?

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<sup>16</sup> [https://dhs.iowa.gov/sites/default/files/EnrollmentPacket\\_Sample\\_Nov2015.pdf](https://dhs.iowa.gov/sites/default/files/EnrollmentPacket_Sample_Nov2015.pdf)



### **Changing MCOs 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)

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



## Sample Social Media Posts

Below are sample social media posts your center can distribute through your social media channels. The goal is to provide high-level information about the IA Health Link program.

### Example Facebook Posts

Are you a current Iowa Medicaid member? Most Iowa Medicaid programs will be joined together in a single managed care program called IA Health Link as of April 1, 2016. Learn more about this new program at [dhs.iowa.gov](http://dhs.iowa.gov).

The new IA Health Link program will give current Iowa Medicaid members access to high quality health care coverage through a managed care organization, or MCO. A MCO is a health insurance company that will make sure you receive complete health care that's right for you.

You can learn more about the new IA Health Link program at meetings that will occur around the state of Iowa to educate members on the coming change.

### Example Twitter Posts

Are you a current #IowaMedicaid member? Learn more about the #IAHealthLink program and what it means to you: [www.IAHealthLink.gov](http://www.IAHealthLink.gov).

Most #IowaMedicaid programs will join together in a managed care program called #IAHealthLink on 4/1/16: [www.IAHealthLink.gov](http://www.IAHealthLink.gov).

Learn more about the new #IAHealthLink program at meetings near you. [www.IAHealthLink.gov](http://www.IAHealthLink.gov)

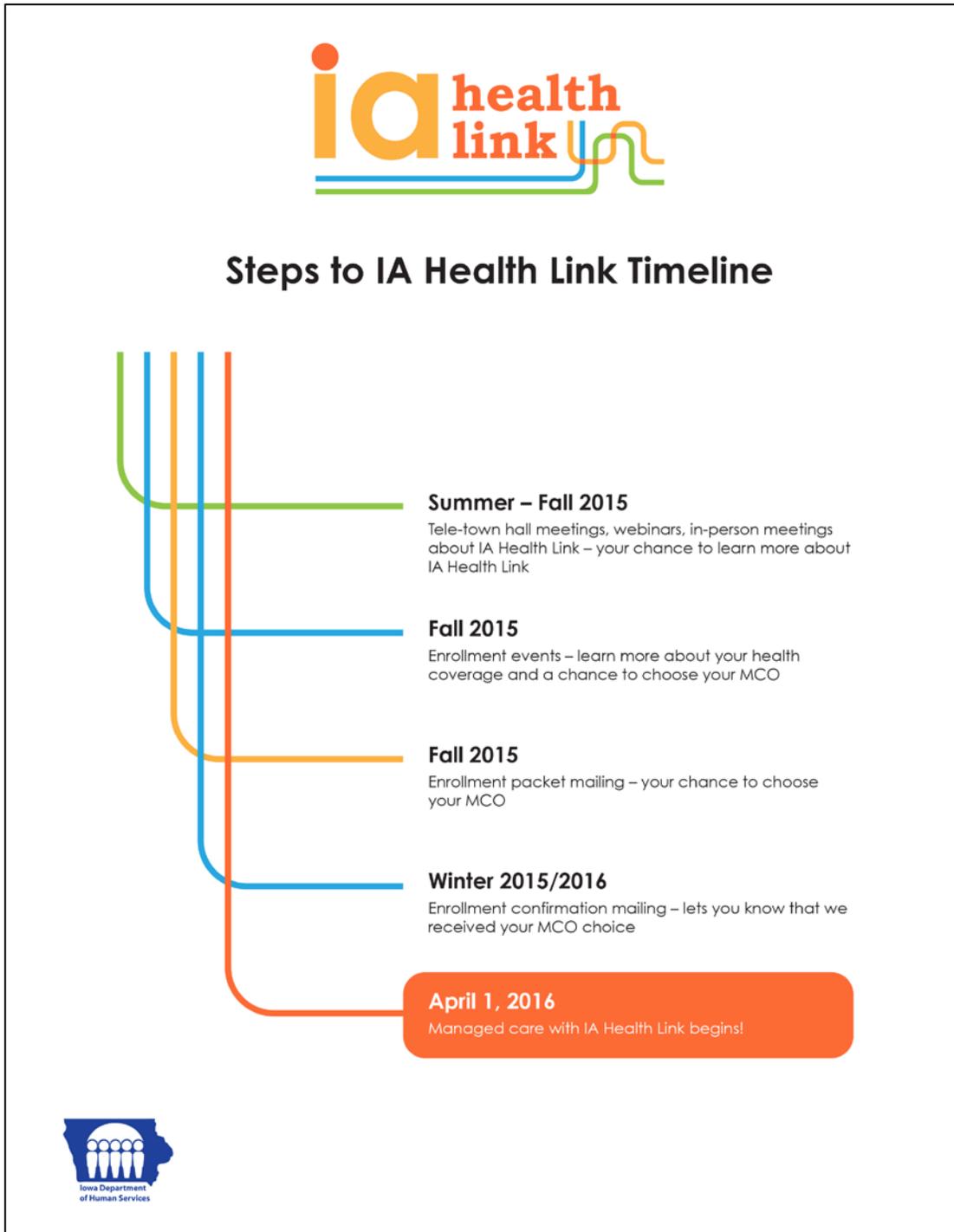
Current #IowaMedicaid members: You do not need to do anything right now. You can continue to work with your current provider, and coverage by the MCO will begin on April 1, 2016.

Visit [www.IAHealthLink.gov](http://www.IAHealthLink.gov) for more information about the #IAHealthLink transition.



## Planned Communications Timeline

Below outlines stakeholder communication efforts that will take place over the next several months leading to the launch of the new IA Health Link program.





## Contact Information

For additional information on the new managed care program called IA Health Link and the Iowa High Quality Health Care Initiative also known as Medicaid Modernization, please visit the DHS website or call Iowa Provider Services at 1-800-338-7909. Medicaid representatives will be available Monday through Friday, 7:30 a.m. to 4:30 p.m.

Members are encouraged to call Iowa Medicaid Member Services Unit at 1-800-338-8366 or in the Des Moines area at 515-256-4606. Medicaid representatives will be available Monday through Friday, 8 a.m. to 5 p.m.

### Additional Resources for Medicaid Modernization Information

[Medicaid Modernization Fact Sheet<sup>17</sup>](#)

[Medicaid Modernization Frequently Asked Questions<sup>18</sup>](#)

[Medicaid Modernization One Page Fact Sheet<sup>19</sup>](#)

[MCO Comparison Chart for Value-Added Services<sup>20</sup>](#)

[MCO Comparison Chart for Value-Added Services - Highlights<sup>21</sup>](#)

[Member Enrollment Fact Sheet<sup>22</sup>](#)

[IA Health Link Brochure<sup>23</sup>](#)

### MCO Provider Network Search Directory

[Amerigroup Provider Search Portal<sup>24</sup>](#)

[AmeriHealth Caritas Provider Search Portal<sup>25</sup>](#)

[UnitedHealthcare Provider Search Portal<sup>26</sup>](#)

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<sup>17</sup> [http://dhs.iowa.gov/sites/default/files/IME\\_ModernizationFactSheet\\_03042015.pdf](http://dhs.iowa.gov/sites/default/files/IME_ModernizationFactSheet_03042015.pdf)

<sup>18</sup> [http://dhs.iowa.gov/sites/default/files/IME\\_MedicaidModernization\\_FAQ.pdf](http://dhs.iowa.gov/sites/default/files/IME_MedicaidModernization_FAQ.pdf)

<sup>19</sup> [http://dhs.iowa.gov/sites/default/files/Modernization\\_Transition\\_Factsheet\\_072015.pdf](http://dhs.iowa.gov/sites/default/files/Modernization_Transition_Factsheet_072015.pdf)

<sup>20</sup> [https://dhs.iowa.gov/sites/default/files/ValueAddedServicesComparisonChart\\_2015\\_12\\_02.pdf](https://dhs.iowa.gov/sites/default/files/ValueAddedServicesComparisonChart_2015_12_02.pdf)

<sup>21</sup> <https://dhs.iowa.gov/sites/default/files/ValueAddedServicesComparisonHighlights.pdf>

<sup>22</sup> [https://dhs.iowa.gov/sites/default/files/IAHealthLink\\_MemberEnrollment\\_Factsheet.pdf](https://dhs.iowa.gov/sites/default/files/IAHealthLink_MemberEnrollment_Factsheet.pdf)

<sup>23</sup> [https://dhs.iowa.gov/sites/default/files/IAHealthLink\\_Brochure\\_FINAL.pdf](https://dhs.iowa.gov/sites/default/files/IAHealthLink_Brochure_FINAL.pdf)

<sup>24</sup> <http://amerigroup.prismisp.com/>

<sup>25</sup> <http://amerihealthcaritasiowa.prismisp.com/?Brandcode=acia>

<sup>26</sup> <http://www.uhcommunityplan.com/ia/medicaid/community-plan-health-link/find-a-provider.html>