



## Iowa Health and Wellness Plan Implementation: Frequently Asked Questions

The following are common questions related to the implementation and daily functions of the Iowa Health and Wellness Plan.

### Enrollment and Eligibility

#### ***When did coverage under the Iowa Health and Wellness Plan begin?***

Coverage under the Iowa Health and Wellness Plan began January 1, 2014, as originally planned.

#### ***What is the best way to find out the status of an application that has been submitted through the Department of Human Services (DHS) Portal?***

Individuals can check the status of a Medicaid application submitted to DHS by contacting the DHS Contact Center at 1-855-889-7985 (7am-6pm, Monday- Friday).

#### ***What is the standard processing time for a Medicaid application received by the Iowa Department of Human Services?***

The standard processing time for applications submitted to DHS is 30-45 days.

#### ***Some individuals have applied for Medicaid coverage and have not yet received an eligibility determination. If an individual has a medical emergency and visits an emergency department, should the individual explain the situation to hospital staff?***

The individual should inform staff of the situation, but please note, until the eligibility determination is received, DHS cannot guarantee the medical bills will be paid by Medicaid.

#### ***Should an individual waiting on a Medicaid eligibility determination seek presumptive coverage at a qualified hospital during the interim period?***

Adults may seek presumptive coverage through a hospital, if needed. Hospital presumptive determinations are effective on the date of application.

#### ***If an individual has not received a Medicaid eligibility determination for the Iowa Health and Wellness Plan and has immediate prescription drug coverage needs, is there a way to have the prescriptions covered?***

If an individual is determined to be Medicaid eligible, the individual may receive retroactive eligibility to potentially cover any medical bills during the retroactive-eligible time period. This means that those individuals eligible for coverage will be eligible for benefits on the first of the month of the application date. So, for example, an individual who enrolls on January 30 will have coverage effective January 1. Adults may also visit a hospital that provides presumptive Medicaid eligibility if health care needs arise prior to receiving a Medicaid determination. The ELVS line is updated within 48 hours

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of eligibility being confirmed. Providers are encouraged to call the ELVS line (available 24/7 at 1-800-338-7752) to ascertain current status for those who have indicated that an application has been made. The birth date and social security number can be used in lieu of a Medicaid state ID number.

## ***Does the Iowa Health and Wellness Plan follow the same federal Medicaid guidelines related to immigration and eligibility for Medicaid?***

Yes. The Iowa Health and Wellness Plan follows all existing Medicaid guidelines related to eligibility for immigrants.

## ***How can people sign up for health care coverage?***

- Apply online at <https://dhsservices.iowa.gov>
- Apply by phone through the DHS Contact Center at 1-855-889-7985 (open 7am-6pm, Monday- Friday)
- Apply on paper and mail the application to the address listed on the form
- Apply in person at a local DHS office
- You may need your Social Security number or document numbers for legal immigrants; employer and income information for your family such as paystubs, or wage and statements; any current health insurance policy numbers; and any information about job-related health insurance that's available to your family.

## **Retroactive Eligibility**

### ***Are Iowa Health and Wellness Plan members able to receive retroactive coverage?***

Yes. The Iowa Wellness Plan and Iowa Marketplace Choice Plan will adhere to existing Medicaid eligibility guidelines.

- Coverage Effective Date: First day of the month of application
  - Ex. Application received on January 15, coverage would be effective January 1
- Retroactive Eligibility: Up to three months of retroactive eligibility may be available.
  - Note: Retroactive eligibility begins January 2014, with the approval of the program. Eligibility cannot be made retroactive prior to January 2014.

### ***If a provider performed medical services for a member not yet determined eligible, would Medicaid reimburse the provider for services received while the eligibility determination is pending?***

Medicaid cannot reimburse any services until a member has been approved for coverage. Medicaid members may be eligible for retroactive coverage (up to three months, or beginning of program- Iowa Health and Wellness eligibility cannot be dated any earlier than 1/1/14). Once approved for Medicaid, the member would work with the provider to get the claims submitted to Medicaid for payment, if the member is eligible for retroactive coverage. The member would give the provider their Medicaid ID

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number, and the provider would submit the eligible retroactive claims under that ID number to Iowa Medicaid.

## ***Will Iowa Wellness Plan claims for inpatient stays in January 2014 be specially handled by the IME to bypass edits related to interim claims and concurrent care?***

Please see the IME Provider Informational Letter 1312, which makes reference to interim claims.

<http://www.dhs.state.ia.us/uploads/1312%20IowaCare%20Transition%20Updates.pdf>

## **Provider Assignments and Provider Networks**

### ***How can providers make sure patients are assigned to them and eligible for the Iowa Health and Wellness Plan?***

Providers should continue to check member eligibility through the ELVS phone line or portal. This will verify members are eligible to receive covered services. Providers should also continue to reference the member listing as the source of assignments. If questions and concerns arise, we recommend providers call IME Provider Services at 1-800-338-7909. Specific questions can be answered directly as providers encounter any issues.

### ***If a member is eligible for the Iowa Health and Wellness Plan, will they still be able to use specialty providers and hospitals if needed for specialty services?***

Iowa Wellness Plan members can access Medicaid approved specialty and hospital services from any participating Medicaid provider. All referral and prior authorization requirements must be followed.

Iowa Marketplace Choice Plan members may visit providers available through the CoOpportunity Health and Coventry networks. Members should contact the health plan to confirm that a provider or specialist is in network before an appointment.

### ***How long should Iowa Marketplace Choice Plan members expect to wait for their cards from the qualified health plans after they make their plan choice?***

The qualified health plans will mail member ID cards shortly before the beginning of the month coverage begins, or during the first week of the month coverage begins.

### ***If individuals are enrolled in the Iowa Health and Wellness Plan, but would like to go to an out-of-state facility for specialty care, will Iowa Medicaid cover the services?***

*Iowa Wellness Plan:* Individuals will need to verify that the out-of-state provider is enrolled with Iowa Medicaid. If the provider is not enrolled with Iowa Medicaid, the provider may enroll. Services received from providers who are not enrolled with Iowa Medicaid may not be covered. To enroll, a provider should contact Iowa Medicaid Provider Services at 1-800-338-7909.

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*Iowa Marketplace Choice Plan:* Individuals enrolled in the Marketplace Choice Plan will need to verify that any out-of-state provider is enrolled with the health plan. Members should call the health plan directly to verify this information. Individuals enrolled with CoOpportunity Health should call 1-888-324-2064. Individuals enrolled with Coventry Health Care of Iowa should call 1-866-364-5663.

## **Member Primary Care Provider and Health Plan Enrollment**

### ***Does Iowa Medicaid prefer to receive primary care provider (PCP) change forms via mail or fax?***

Either method is accepted; there is no preference between mail and fax. Members may also call Iowa Medicaid Member Services to make the change.

### ***If an Iowa Wellness Plan member chooses to enroll will the HMO (Meridian, if available in the county) when will that enrollment be effective?***

The HMO effective date would most likely be the first day of the next month. For example, if the change request is received on January 10, the HMO change would be effective on February 1. If the change is received towards the middle of the month, say January 20, then the change would be effective March 1.

### ***Why have some Iowa Wellness Plan members not been assigned to a primary care provider? What information did those members receive?***

At this time, not all counties have managed care available. Members may access any Medicaid participating provider for care. Members living in a non-managed care county received a letter that explained that an enrollment packet would come at a later time, and that a Medicaid card would arrive in the mail. The letter also explained how to locate Medicaid providers until one is assigned.

If members have questions about locating a provider, or how to use their coverage, please instruct them to call IME Member Services at 1-800-338-8366 (8am-5pm, M-F) or visit the website at <http://www.ime.state.ia.us/Members/index.html>.

Packets will be sent to members as their county of residence becomes a managed care county. Until that time, members may see any Iowa Medicaid provider.

### ***When a provider or patient completes the medically exempt survey or referral form, how is the patient notified if they have been moved to the Medicaid State Plan? How long does Iowa Medicaid anticipate it will take to process the medically exempt surveys and referrals?***

The member will receive a letter in the mail after the medically exempt form is processed and the determination is made. The letter will explain the move to the Medicaid State Plan, and reference the option to stay enrolled in the current program. Members are given the choice to remain in the Iowa Wellness Plan, if desired. Iowa Marketplace Choice Plan members who are medically exempt may remain in the State

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Medicaid Plan, or the Iowa Wellness Plan. This is the way in which members are notified about their medically exempt status. If a member submits a survey and is not exempt, a similar letter will be sent indicating that the member is enrolled in the correct plan based on their needs. The medically exempt effective date is generally the first day of the month after the form is received. For example, if the form is received January 15, the effective date of the State Medicaid Plan benefits would be February 1. The standard processing time for the medically exempt forms is around 5 days.

## Member Identification (ID) Cards

### ***Do Iowa Marketplace Choice Plan members receive one member ID card, or do they also receive a card from Iowa Medicaid?***

Members do receive both a Medicaid card and a card from the qualified health plan. The Medicaid card is meant to be used before the member is enrolled with the health plan, or for any services covered by the Iowa Health and Wellness Plan and not by the qualified health plan (like EPSDT). The health plan enrollment begins the first of the month after enrollment, while Medicaid begins the first of the month of application (ex. Applied Jan. 10, Medicaid begins Jan. 1, health plan enrollment is effective Feb. 1).

Members should present the qualified health plan card once it is received. Providers should use the health plan card, for billing purposes if the member has both cards.

## Premiums

### ***When do premiums apply?***

Premiums apply starting in the second year of eligibility. **No premiums are required in the first year of eligibility** as Iowans using the coverage learn about the healthy behaviors they'll need to complete.

### ***What are the premium amounts for members?***

Individuals with Income 0-50 Percent of the FPL: \$0 (no premium)

Individuals with Income 50-100 Percent of the FPL: \$5 per month

Individuals with Income 100-133 Percent of the FPL: \$10 per month

### ***What are the opportunities to waive premiums?***

Premiums for all members will be waived in the first year of eligibility. Iowa Wellness Plan and Iowa Marketplace Choice Plan members will have several opportunities to waive premium payments in the following years. All premiums will be waived if the member completes specified healthy behaviors in the year prior.

- Ex. If healthy behaviors are completed in 2014, no premiums would be required in 2015.
- Members may also claim hardship, if a hardship exists in the month.

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## Other Medicaid Services and Programs

### ***Is Non-Emergency Medical Transportation (NEMT) available to Iowa Health and Wellness Plan members?***

No. NEMT will not be a covered service for Iowa Wellness Plan or Iowa Marketplace Choice Plan members.

### ***Are Early Periodic Screening, Diagnoses and Testing (EPSDT) services available to Iowa Health and Wellness Plan members ages 19-20?***

Yes. EPSDT will be covered for Iowa Wellness Plan and Iowa Marketplace Choice Plan members age 19 and 20.

### ***Will programs such as the Medicaid for Employed Persons with Disabilities (MEPD) and the Medical Needy Program still continue to exist or are there changes coming for these programs?***

Yes, both programs will continue to exist. MEPD and Medically Needy rules and processes have not changed.

### ***Are members of the Iowa Health and Wellness Plan subject to estate recovery?***

Yes. Iowa Health and Wellness Plan members over age 55 are subject to estate recovery. Please see the link below for more information on estate recovery.

<http://www.ime.state.ia.us/Estate.html>