



## **Frequently Asked Questions**

**Q1. *Medicaid Expansion will include coverage for the same population as the Iowa Wellness Plan. What is the difference between Medicaid Expansion and Iowa Health and Wellness Plan?***

The Iowa Health and Wellness Plan is Iowa's solution to expanded Medicaid. The Iowa Wellness Plan covers members from 0-100% FPL; The Iowa Marketplace Choice covers members from 101-133% FPL.

**Q2. *How will the Iowa Health and Wellness Plan affect individuals already covered by Medicaid or IowaCare?***

The Iowa Health and Wellness Plan will not affect those who are currently enrolled in the Medicaid State Plan. The Iowa Medicaid Enterprise (IME) is working towards verifying the income of its current IowaCare Members and will be automatically enrolling individuals whose verified income meets the guidelines of the new plans. If the IME is not able to verify income then the member will be sent communication advising them that they will need to apply through the Health Insurance Marketplace at [HealthCare.gov](http://HealthCare.gov).

**Q3. *Will there be an enrollment cap for individuals applying for coverage under the Iowa Health and Wellness Plan?***

There is no limit on the number of individuals aged 19-64 that may receive coverage under either the Iowa Marketplace Choice or the Iowa Wellness Plan.

**Q4. *How is the Iowa Wellness Plan different than the IowaCare program?***

IowaCare was a limited benefit program with a limited provider network. The Iowa Wellness Plan is a comprehensive health benefit program with a statewide provider network. Members will be able to choose their primary care physician/patient manager, who will also coordinate their services with other Medicaid providers. For more information on a comparison of the two programs and benefits please click [here](#).

**Q5. *Will the Iowa Wellness Plan have an exclusive provider network as is currently with IowaCare?***

All enrolled Medicaid providers will be eligible to receive reimbursement for services that are referred or recommended by the Patient Manager. Providers who wish to participate as Patient Managers will need to enroll in the Iowa Wellness Plan by signing an Agreement, form 470-5177.

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### **Q6. How will payment for covered services be determined?**

Provider reimbursement will follow the current Medicaid guidelines with the existing fee schedule or encounter rate dependent upon the provider type.

### **Q7. Are people with employer-sponsored health insurance required to enroll in those plans and not the Health Insurance Marketplace?**

An individual can enroll in health coverage through the Health Insurance Marketplace but will not be eligible for subsidies if they have access to “affordable” Employer Sponsored Insurance (ESI). The Centers for Medicare & Medicaid Services (CMS) defined affordable as 9.5% of an individual’s income. For more information on the accessing the Health Insurance Marketplace, please visit [HealthCare.gov](http://HealthCare.gov).

### **Q8. Will members be granted retroactive eligibility under this new plan?**

Retroactive eligibility will not be granted per the legislative language, but this is subject to CMS approval and still under negotiation.

### **Q9. What options are available to uninsured patients seen in the ER or Hospital setting that have not applied for coverage options?**

Iowa will implement the Affordable Care Act requirement that will allow all hospitals enrolled with Iowa Medicaid to become Qualified Entities for the purpose of completing presumptive Medicaid applications including determination for eligibility in the Iowa Wellness Plan.

### **Q10. How can local community services organizations assist in getting the word out about open enrollment?**

Providers may visit <http://marketplace.cms.gov> to learn more about how they can assist their community, or visit <https://localhelp.healthcare.gov/> to find organizations available to help in their community.

### **Q11. Will cards show what option the person has chosen and how will a provider verify eligibility?**

Iowa Wellness Plan members will be issued a Medicaid card. Members eligible for the Iowa Marketplace Choice Plan will receive cards directly from the Qualified Health Plan they have selected or been assigned to. Eligibility can be verified via phone at 1-800-338-7752 or by visiting the web portal at [www.edissweb.com/med](http://www.edissweb.com/med).

## Iowa Health and Wellness Plan Frequently Asked Questions



### **Q12. *How will the change affect dental practices?***

The Iowa Health and Wellness Plan intends to offer a comprehensive dental benefit, however, may not be ready for implementation by January 1, 2014. More information will be available as the program is developed.

### **Q13. *Who will case manage the program?***

Primary Care Providers that enroll in the Iowa Wellness Plan will provide primary care case management (PCCM) services to members that have been assigned to them.

### **Q14. *How will the Iowa Health and Wellness Plan impact individual currently on Medicaid for Employed People with Disabilities (MEPD)?***

There are no anticipated changes to this program, or other Medicaid programs.

### **Q15. *If two individuals file their taxes separately (or one partner does not file taxes at all) should they complete their HealthCare.gov applications separately?***

Eligibility determination for the Iowa Health and Wellness Plan is based on the size and income guidelines of the entire household, therefore only one application should be submitted.

### **Q16. *If an individual does not have a stable address (i.e. homeless individuals) can they still apply?***

All individuals are welcome to apply for coverage; however everyone must list an address, even if it is simply a P.O. Box.