



Iowa's Medicaid Program Updates

Provider Services
Iowa Medicaid Enterprise



Agenda

Program Changes
Retroactive Eligibility
Re-enrollment



Program Changes

Several program changes have been made effective July 1, 2017. These include:

- Family Planning Program
- Primary Care Enhanced Payments
- Site of Service (SoS) Differential
- Medicare Part A and Part B Crossover Claims



Family Planning Program (FPP)

- The FPP is a state-funded DHS program which replaced the Iowa Family Planning Network (IFPN)
- Eligibility and covered benefits did not change.
- As of July 1, 2017, eligible IFPN members were transitioned to the FPP.
- Any health care provider receiving reimbursement for services performed for members enrolled in the FPP must attest that they do not perform abortions or maintain or operate a facility where abortions are performed, as required by Iowa Code 217.41B.



Family Planning Program (FPP)

- This change only applies to FPP enrolled members (approx. 8,000 members). This is a program with limited benefits and declining enrollment due to increased health care coverage.
- FPP and IFPN do not meet the Affordable Care Act (ACA) definition of 'minimal essential coverage.'
- It is important to distinguish family planning services and the Family Planning Program (FPP).
- Members with full Medicaid coverage or Iowa Health and Wellness Plan coverage are not impacted by this change.



Primary Care Enhanced Payments

- The primary care physician rate increase originally authorized by the federal Health Care and Education Reconciliation Act of 2010, section 1202, Pub.L. No. 111-152, 42 U.S.C. §1396a(a)(13)(C) allowed qualified primary care physicians to receive the greater of the Medicare rate or Medicaid rate for a specified set of codes.
- These enhanced rates were eliminated as part of the cost containment initiative.



Site of Service (SoS) Differential

Iowa Medicaid reimbursement rates for physician services were adjusted by applying a SoS differential to reflect the difference between the cost of services when provided in a health care facility setting and the cost of services when provided in an office setting.

Refer to IL 1800-MC-FFS



Medicare Part A and Part B Crossover Claims

- Changes have been implemented to ensure the total reimbursement for Medicare Part A and Part B crossover claims is limited to the Medicaid reimbursement amount.
- Iowa Medicaid pays the lesser of the following:
 - The cost sharing (deductible and/or coinsurance) that, absent Medicaid eligibility, would have been owed by the Medicare beneficiary, **or**
 - The difference between the sum of what Medicare and all other third party insurers paid and the Medicaid fee for the same services or items.

Refer to IL 1803-MC-FFS



Medicare Part A and Part B Crossover Claims

Submission requirement for claims that do not crossover electronically

- The IME will no longer accept the following:
 - Paper claims
 - Medicare Crossover Invoice (Institutional) form 470-4707
 - Medicare Crossover Invoice (Professional) form 470-4708
- For Medicare Part A or Part B claims that do not crossover electronically from Medicare, providers must begin submitting Medicare Part A or Part B crossover claims electronically via the 837I (Institutional) or 837P (Professional) transaction.



Tiered Rates

- An Informational Letter (IL) is being developed with details on tiered rates for the Home- and Community-Based Services (HCBS) Intellectual Disabilities (ID) waiver for the following services:
 - Daily Supported Community Living
 - Adult Day Services
 - Day Habilitation
- Tiered rates for ID will be phased-in over time with full implementation on July 1, 2019.
- The IL will include rates, new services codes, implementation dates, and more.



Adult Dental Redesign

- Effective July 1, 2017, adult Medicaid members age 19 and older, were enrolled in the Dental Wellness Plan.
- Members in the following programs will not transition to the Dental Wellness Plan:
 - PACE
 - HIPP
 - Presumptively Eligible
 - Persons eligible only for the Medicare Savings Program
 - Medically Needy
 - Periods of retroactive eligibility
 - Nonqualified immigrants receiving time-limited coverage for certain emergency medical conditions
- Dental Wellness Plan members have two dental carrier options to choose from:
 - Delta Dental of Iowa
 - MCNA Dental



Retroactive Eligibility

Effective October 1, 2017

- Retroactive benefits will be eliminated for all Iowa Medicaid eligibility groups currently eligible to receive up to three months of retroactive coverage.
- Important to Note:
 - Medicaid applications that are received by DHS on or before September 30, 2017, will still be eligible for retroactive Medicaid benefits.
 - Effective date of coverage remains unchanged and will be on the first of the month in which the application is received.
 - The elimination of retroactive coverage does not impact presumptive eligibility, annual renewals/reviews, or 90-day reconsideration periods.



Cost Reporting Requirements

- Iowa Medicaid providers that were required to submit cost reports prior to and after the IA Health Link managed care program transition are required to continue to submit reports in accordance with applicable rules under 441 Iowa Administrative Code.
- The cost report submission requirements will not change, until a change is directed by the legislature and/or changes are made to 441 Iowa Administrative Code.

More information and details on submission and reporting can be found
in **IL 1820-MC-FFS**.



Re-enrollment

- Re-enrollment process began in November 2015
- Re-enrollment must be completed by October 31, 2017
- In order to remain an active Medicaid provider, you must:
 - Complete your re-enrollment electronically via the Iowa Medicaid Portal Access (IMPA) system at:
<https://secureapp.dhs.state.ia.us/imp/>
 - Legally accept the new agreement
 - Complete the Ownership and Control Disclosure
 - Submit, if applicable, any required documentation to the IME



Upcoming Changes

- Universal Waiver Form
 - IME and the MCOs are working together to create form
 - Form will more closely reflect standard CMS-1500 form
- Mandatory Electronic Billing
 - Full conversion to electronic billing in 2018
 - Expect more information early 2018



IME Eligibility Verification Tools

Iowa Medicaid Enterprise

- Automated Line: 1-800-338-7752 (toll free) or 515-323-9639 (locally in Des Moines)
- Provider Services: 1-800-338-7909, Monday to Friday, 7:30 a.m. to 4:30 p.m.
- Web portal: <https://ime-ediss5010.noridian.com/iowaxchange5010/>

*IME systems do not contain *hawk-i* eligibility information



Contact Information and Updates



Iowa Department of Human Services

Social Media



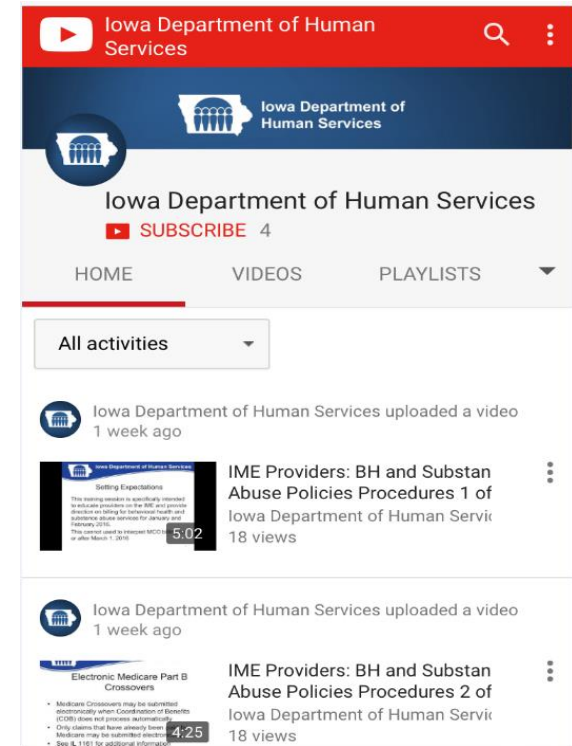
Facebook

www.facebook.com/iahealthlink



Twitter

www.twitter.com/IAHealthLink



YouTube

(Search Iowa Department of Human Services)





Non Emergency Medical Transportation (NEMT) Contact Information

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



Member's Contact Information

Member Services		
Iowa Medicaid Contacts		
Iowa Medicaid Member Services		Phone: 1-800-338-8366 8:00 a.m. – 5:00 p.m., Monday- Friday Fax: 515-725-1351 Email: IMEMemberServices@dhs.state.ia.us Website: https://dhs.iowa.gov/ime/members
<i>hawk-i</i>		Phone: 1-800-257-8563 8:00 a.m. – 6:00 p.m., Monday- Friday Website: http://www.hawk-i.org/
DHS Contact Center (Help applying for Medicaid or checking on an application)		Phone: 1-855-889-7985 7:00 a.m. – 6:00 p.m., Monday- Friday
DHS Customer Service (Report a birth, change of address, income change, etc.)		Phone: 1-877-347-5678 8:00 a.m. – 4:30 p.m., Monday- Friday
MCO Contacts		
Amerigroup Iowa, Inc.	Member Services	Phone: 1-800-600-4441 Email: MPSWeb@amerigroup.com Website: http://www.myamerigroup.com/IA
AmeriHealth Caritas Iowa, Inc.	Member Services	Phone: 1-855-332-2440 Email : members@amerihealthcaritasia.com Website: http://www.amerihealthcaritasia.com
UnitedHealthcare Plan of the River Valley, Inc.	Member Services	Phone: 1-800-464-9484 Website: http://www.uhcommunityplan.com/



Provider's Contact Information

Provider Services

Iowa Medicaid Contacts

Iowa Medicaid Provider Services

Phone: 1-800-338-7909
 7:30 a.m. – 4:30 p.m., Monday- Friday
 Fax: 515-725-1155
 Email: IMEProviderServices@dhs.state.ia.us
 Website: <https://dhs.iowa.gov/ime/providers>

Verify Medicaid Member Eligibility (including MCO assignment, beginning April 1)

Eligibility Verification System (ELVS)
 1-800-338-7752 (available 24/7)

MCO Contacts

Amerigroup Iowa, Inc.

Provider Services

Phone: 1-800-454-3730
 Email: iowamedicaid@amerigroup.com

AmeriHealth Caritas Iowa, Inc.

Provider Services

Phone: 1-855-287-7855
 Email: iowaProviderNetwork@amerihealthcaritas.com

UnitedHealthcare Plan of the River Valley, Inc.

Provider Services

Phone: 1-888-650-3462
 Email: iowaCommunityNetwork@uhc.com



More Information

	Information on the Web
General Information	http://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization
IA Health Link	http://dhs.iowa.gov/iahealthlink
Frequently Asked Questions	http://dhs.iowa.gov/iahealthlink/faqs
Dental Wellness Plan	http://dhs.iowa.gov/dental-wellness-plan
Informational Letters	http://dhs.iowa.gov/ime/providers/rulesandpolicies/bulletins
Medicaid e-News	http://dhs.iowa.gov/ime/about/IMENewsletters