



### February Executive Committee Meeting

**Tuesday, February 16, 2016**

Time: 3:00 p.m. – 4:30 p.m.

Hoover State Office Building, A-Level Conference Room 5

1305 E. Walnut St., Des Moines, IA

**Dial: 1-866-685-1580**

**Code: 515-725-1031#**

### AGENDA

- 3:00 Introductions
- 3:05 Approval of Minutes from Previous Meetings
  - January 12, 2016
  - January 19, 2016
- 3:10 Executive Committee Workplan Document Follow-Up
- 3:30 Status Update on Recently Filed Rules
- 3:40 Listening Session Meeting Format, Session Notes and Reporting Template
- 4:00 Notice of Election of Vice-Chairperson at May Full Council Meeting
- 4:05 Term Length of Executive Committee Members
- 4:15 Public Comment (Non-Executive Committee Members)
- 4:30 Adjourn

**Next Executive Committee Meeting:**

March MAAC Executive Committee Meeting

March 15, 2016

2:30 p.m. – 4:30 p.m.



### MAAC Executive Committee Summary of Meeting Minutes January 19, 2016

COMMITTEE MEMBERS	DEPARTMENT OF HUMAN SERVICES
Gerd Clabaugh - <b>present</b>	Mikki Stier - <b>present</b>
Dan Royer - <b>present</b>	Julie Lovelady
Dennis Tibben- <b>present</b>	Jennifer Steenblock
Nancy Hale – <b>phone call-in</b>	Deb Johnson - <b>present</b>
Kristie Oliver - <b>present</b>	Liz Matney
Paula Connolly – <b>phone call-in</b>	Matt Highland - <b>present</b>
Shelly Chandler - <b>present</b>	Lindsay Buechel – <b>phone call-in</b>
Anthony Carroll - <b>present</b>	Sean Bagniewski – <b>phone call-in</b>
Jim Cushing - <b>present</b>	
Kate Gainer – <b>present</b>	
Cindy Baddeloo	
OTHERS	
Diane Stahle – AG Office	Kevin Kruse – Iowa Podiatric Medical Society
Heather Adams – AG Office	Kelsey Clark – Iowa Behavioral Health Association
Megan Bendixen – Iowa Medical Society	Dan Britt – Iowa Occupational Therapy Assoc.
Molly Lopez – Iowa Chiropractic Society	
Dave Beeman – Iowa Psychological Assoc.	
Doug Sample – MAAC Public Member	

#### Introduction:

Gerd Clabaugh conducted a roll call of the Committee members and an introduction of everyone in the room and on the phone. Gerd stated that there should be a meeting minutes approval on the agenda and this point will be carried over to the next meeting in February. He introduced Heather Adams and Diane Stahle from the Attorney General's Office will presented some background information on the group's responsibilities as members of the Advisory Council and the Executive Committee.

#### MAAC Purpose, Policy, and Procedure Overview (Heather Adams and Diane Staley from the Attorney General's Office)

**Heather Adams:** Heather reviewed the statute that governs the MAAC council, Iowa Code 249A. She explained that the council's purpose is to serve the public and represent the citizens of the state. She discussed two key areas, "rule making" and "decision making" and how a clear understanding of

these two areas is essential for council members to be able to carry out their duties as prescribed by law. Heather explained open meetings and the importance of understanding quorum and its legal prescription when holding meetings that involve MAAC business. She also explained the importance of having an agenda and meeting minutes and adhering to the open records law. Heather advised the group regarding lobbying and conflicts of interest as council and executive committee members. Heather concluded by advising members to consult the AG's office to seek counsel as questions arise.

**Diane Stahle:** Diane stated that her main function is to provide representation to the Department of Human Services and that all boards and committees associated with DHS have a right to legal representation from the AG's office. She advised the council that there are three sources of information for the group, Federal Law, State Law, and Administrative Rules. She reviewed the federal law mandating that each state have a medical assistance advisory committee to broadly advise the Medicaid Agency Director about health and medical care services. Diane reviewed committee membership requirements and next steps for the Department to ensure the requirements are being met. Diane reviewed the Iowa Code outlining the duties of the full council and the executive committee, per Iowa Code 249A. She noted that the executive committee, in consultation with the full council, is tasked with making recommendations to the Director regarding budget, policy, and administration of the Medicaid program. Diane concluded by advising that anyone in this group can always contact the AG's office anytime if they have any questions.

### **Prior Authorization (PA) Process Update**

Matt Highland advised of the informational letter (IL) in development regarding Prior Authorization (PA) scheduled for distribution late in the week. Mikki Stier stated that the IL will provide clarification surrounding PA during this transition period and will also provide clarification regarding the safe harbor period of March 1 until April 30.

Jim Cushing asked if there will be more in depth information regarding the whole PA process and Shelly Chandler asked if the Department could request the MCOs come to the meeting and have discussions around PA. Mikki stated that the MCOs have aligned around the universal credentialing, but the MCOs may have different practices regarding items such as PAs. Sean Bagniewski stated all the MCOs are actively discussing their PA practices at the provider training sessions throughout the state and that a webinar recording of the information would be available. After discussion brought forward by Anthony Carroll, the Department agreed to present a shortened version of the provider training to the full MAAC.

Dan Britt with the Iowa Occupational Therapy Association (via phone call-in) brought up the subject of PAs relative to occupational therapists, and follow up was requested on the topic. Doug Sample also inquired about outstanding PAs and how those were being handled, and was advised that the Department would follow up directly. The discussion concluded with Deb Johnson reminding council members that existing PAs would be honored by the MCOs for 90 days.

### **IA Health Link Update**

Matt Highland provided an update on members mailings being sent before February 7 regarding WellCare reassignments. Matt also stated that there was a general reminder mailing that went out to all members and also a mailing regarding the *hawk-i* program which addresses their MCO choice options. Anthony requested an update regarding the two ombudsmen, seconded by Kristie Oliver. Dan Royer asked for an update regarding CMS and the approval process. Mikki stated that the Department is having weekly phone meetings with CMS regarding implementation. Jim asked about network adequacy and Mikki replied that 90% of providers are signed up at least one MCO. Shelly expressed contracting and communication concerns with the MCOs, and requested that the Department follow up. Dan Britt commented on some of the information available through the UnitedHealthcare provider portal for occupational therapists. Mikki stated that she will follow up and reach out to Dan.

## **MAAC Public Meeting Discussion**

Gerd introduced discussion regarding the public listening sessions scheduled to begin in March, outlined through Senate File 505. Gerd suggested that some kind of reporting template be developed to assist council members in reviewing comments and feedback shared at the sessions. Discussion was held amongst the committee members as to the format of the meetings, involvement of the committee members and presentations needed by the Department and best ways to ensure a productive session. Suggestions were provided by Shelly and Anthony on question format, meeting rules and process, and consistency on information shared at each meeting, and suggestions were seconded by Kristie. Shelley suggested that representatives from the Department and each of the MCOs attend the meeting to best answer public questions and provide information. Anthony agreed that it is important to have the MCO representative attend and suggests that the ombudsman's office assist in promoting the meetings. Lindsay confirmed that she will have specific dates and locations for the sessions before the next executive committee meeting in February. A reporting template draft will also be developed for February.

## **Sequencing of Meetings**

Gerd indicated he is working to develop a work plan regarding discussion topics and the appropriate timing of the topics at specific meetings. He stated that in the months before the quarterly full council meeting, the executive committee meets several times and should consider changes to the sequencing of its meetings vis-à-vis the full council. The group discussed that it would be preferable to change the meeting sequencing in those months that both the Executive Committee and the full council meet to allow the full council to meet first in those months. Staff will work on this meeting adjustment for February or May 2016.

Gerd also discussed the need to elect a Vice-Chair, per Iowa Code, and recommended it be a topic of discussion at the February full council meeting. He indicated that Iowa Administrative Rules Section 441-79.7 (1) requires a nominating committee of three be appointed to nominate Vice-Chairpersons. He recommended a vote be taken at the May 2016 full council meeting. Jim provided further suggestions about a structured agenda and topic list for future executive committee and full council meetings.

## **Additional Comments**

Dan Britt cited a concern regarding a previously issued informational letter on rate floor that is causing confusion for his constituents. Mikki stated that she will review the IL and follow up directly. Jim reiterated that there are still some provider concerns regarding rate floors, and requested information on resources for providers who would like to discuss their concerns with Iowa Medicaid. Mikki discussed the concerns with the rate floors, specifically related to the tiered rates for HCBS waiver providers and directed those individuals to contact Iowa Medicaid's Provider Cost Audit unit. Mikki concluded by stating that discussions regarding rates related to contract negotiations should take place between the MCOs and the provider and that if there is a question regarding cost reports or rate floors then they should go through Provider Cost Audit unit.

## **Adjourned at 4:27 PM**



### Executive Council Committee – SPECIAL MEETING Summary of Meeting Minutes January 12, 2016

COMMITTEE MEMBERS	PUBLIC REPRESENTATIVES
Gerd Clabaugh	
Sara Allen - IHA	
Dan Royer	
Dennis Tibben	<b>DEPARTMENT OF HUMAN SERVICES</b>
Nancy Hale	Mikki Stier
Kirstie Oliver	Julie Lovelady
Paula Connolly	Jennifer Steenblock
Shelly Chandler	Deb Johnson
Anthony Carroll	Liz Matney
Jim Cushing	Matt Highland
<b>NON-COMMITTEE MEMBERS</b>	Lindsay Buechel
Cindy Baddeloo	Sean Bagniewski
Jess Purcell Smith	

#### **Introduction:**

Introduction by Gerd on the purpose of Director Palmer's request for this special meeting of the MAAC Executive Committee and reminds the group regarding the January 19<sup>th</sup> regular Executive Committee meeting which is scheduled to start at 2:30 pm instead of the usual 3:00 pm. Roll Call:

#### **Council Update and Expectations Discussion (Director Palmer and Director Clabaugh)**

Gerd mentioned that representatives from the Attorney General's (AG) office will be at the January 19 meeting to go over statutory and administrative responsibilities as an Advisory Council. He introduced Director Palmer to share his thoughts with the Executive Committee (EC) relative to the operation of the council.

Director Palmer stated that his main objective for attending this meeting is to establish a dialogue with the members of the EC about how to work together constructively and with more frequency. He acknowledged the advisory role of the EC to the DHS and to himself. He acknowledged that there used to be a more frequent dialogue between him and the EC and would like to take this opportunity to re-establish this relationship. He posed the question to the EC, What do we need to do to establish this regular dialogue? Director Palmer gave a brief overview of his thoughts regarding the focus of the Governor's remarks at the opening of the new legislative sessions particularly the focus on Medicaid. Director Palmer framed the managed care transition initiative within the context of a holistic approach to health care. He stated that the differences in opinion forms part of the challenge of this transition. Director Palmer suggested that we should simply focus on continuing to do a better job communicating with each other and with members, providers, stakeholders, and partners. He cited that there will continue to be push back from many he still believes that March 1<sup>st</sup> will hold and the executive branch will continue to work toward that date. Director Palmer stated that ultimately, doing this right comes down to simply doing it together and he doesn't mean we have to agree on everything. He stated that even if this seems like a significant change, it forms part of a larger goal of improved health care delivery which makes the collaborative and holistic approach of delivering healthcare to low-income and vulnerable lowans even more important. We shouldn't lose sight of the fact that we are doing this within the context of a changing Iowa with changing demographics.

Director Palmer stated that the committee has a lot invested in this matter and that he would like to figure out how we can constructively work together. He stated that he is not being critical about anyone nor is he trying to intimidate anyone into simply agreeing. He stated that he would like to be more fully engaged with the Executive Committee and have an upfront candid discussion and identify opportunities. Director Palmer stated that he applauds the group for taking this on and going out to the various community outreach meetings. He asked the committee members – what do you think can we do to make this dialogue, this exchange, this relationship more constructive going forward? How do we make this exchange more civil and more open? He underscored that he would like to spend more time with each in the group to have this dialogue. He acknowledged the policy as well as technical advisory role of committee members. He admitted that he has not made himself as available to receive this advice and engage in dialogue. He stated that he wants to see how this can be improved. How can we do a better job?"

Dennis Tibben started by pointing out the issue of the timeliness of responses from the department has been a source of frustration. He stated that we, as a committee, want to give out information quickly but a long delay in responses from the department makes this very challenging. We are asking for better commitment from the department as a whole is responding to things that are discussed at the scheduled meetings. Director Palmer suggested that there should be "Action Items" in the meeting minutes. He also suggested that people should come to successive meetings with a status report on the action items. Dan Royer indicated that this group has been simply "reactive" to events or policy changes instead of being fully engaged partners and that not being fully engaged compromises the group's ability to impart information to the people we serve. He stated that oftentimes, the department states that they will review a request or question from the committee but end up not returning with a response. Director Palmer stated that to be fair, it should be kept in mind that there are many issues that this group deals with that are highly sensitive issues where the department may not be able to provide an immediate response. There may be implications in providing a response but nevertheless it necessitates a proper and thoughtful response. He stated that at the very least, knowing who in the department can best address the query is one way to address this point. Jess Purcell Smith stated that she thought a lot of the confusion stemmed from the question of eligibility and the timeline of the mailings contributed to the confusion. She did also followed up by stating that improvement in the member outreach has begun to diffuse the confusion and that consumers have a better understanding now of where they stand in all this. She stated that a second thing she would like to see happen is a regular report from the MCOs about how their grievance numbers look like to determine if there are trends and how many grievances have to go to the state and how these grievances are being resolved. Director Palmer revisited the situation surrounding the mailings and acknowledged that there was a communications issue. He stated that the department listened to multiple inputs in forming the strategy of the mailing and that the timing of the mailing was less than ideal because there was much focus on not actually doing it because that's where the world was at that point in time. Shelly Chandler expressed that there is great concern that there are three different MCOs and with it, three different systems. She pointed out that there is success with the universal credentialing and application effort among the MCOs but questioned how we can do the same around prior Authorization (PA), incident reporting etc. and coming up with a truly statewide system. She pointed out that it is part of our duties to be technical advisors to the department.

Director Palmer sympathized with this concern. He stated that he is meeting with the MCOs regularly and while being sensitive to the proprietary nature of MCOs we are encouraging integration of the process. He stated that he did not wish to see three more separate silos and that this is a shared goal at this point. Anthony Carroll echoed Dennis' point about timely response from the department and concern for items discussed with no follow-up. He acknowledged that the department does a great job on some things and but not on others. He also cited confusion about what providers can and cannot say to members regarding enrollment. Jim Cushing agreed with everything that has been said thus far. He stated that there are a lot of things discussed that we can deliver on with this group with respect to process and timely communication. He echoed others' feedback with respect to utilizing the EC for technical assistance. He acknowledged that everyone was in a "time crunch" but that the delay afforded wiggle room and we should use this time to get more feedback. He commended the pre-communication on the new set of provider training. Director Palmer expressed appreciation for this time to speak with the committee and that the offer to meet with everyone in the committee is genuine. He made a commitment to spend more time with this group to establish this closer working relationship.

### **IA Health Link Member and Provider Update**

Mikki Stier: Mikki stated that there has been a series of communication and informational letters that have gone out since the last meeting and that we continue to set plans to send out informational letters as issues are brought to our attention. Lindsay Buechel provided a very brief update on recent mailing and preview of the agenda for the January 19 meeting. She updated the group on the new set of member education outreach and provider training sessions that are scheduled for the rest of January and early February and that the latest communication activities are on the DHS website. Sean Bagniewski confirmed Lindsay's update and provides a few more points regarding the forthcoming statewide provider training sessions. Gerd Clabaugh adjourned the meeting.

**Adjourned at 2:03 PM**



## **Top IA Health Link Questions Received by Iowa Medicaid Member and Provider Services**

### **Iowa Medicaid Member Services**

#### **Top 10 Member Questions:**

1. What is IA Health Link?
2. Am I transitioning to managed care and why?
3. Are my providers participating with the MCOs/which MCOs?
4. What if all of my providers are not participating with the same MCO?
5. How long do I have to make my choice for my MCO?
6. What happens if I do not make a choice of MCO?
7. What are the differences between the MCOs?
8. Will my benefits change?
9. Do I get a new ID card from my MCO and when will it be mailed?
10. Can you confirm that my MCO choice was received and will be made?

### **Iowa Medicaid Provider Services**

#### **Top 10 Provider Questions**

1. Will the eligibility verification system (ELVS) be available after March 1 and will it identify the member's selected MCO?
2. Will out-of-network emergency services be paid at 90% or at 100%?
3. Will cost reports be used with the MCOs and are there any changes to the IME-based cost reports?
4. Will non-emergency medical transportation services be available from the MCOs?
5. Will there still be exceptions to policy (ETP) and will the MCOs honor existing ETPs, rates, etc.?
6. How will case managers be paid for member service plan development for February if the MOCs take over management in March?
7. How does the transition impact service workers who do not bill Iowa Medicaid for case management services?
8. Will the free PC-ACE Pro 32, or another free software work with the MCO claims systems?
9. Will the MCOs continue to pay for behavioral health/substance abuse services that do not currently require prior authorization, but will require authorization after March 1?
10. Will OB services be charged globally, or split billed between Iowa Medicaid and the MCO if the services span over the transition?



## Process for IA Health Link Public Comment Meetings

### Description

Per Senate File 505, the Iowa Department of Human Services will hold public comment meetings to gather input on the IA Health Link managed care program. Meetings will be held once per month, in varying locations throughout Iowa.

Each meeting will be scheduled for two hours, held in the afternoon to allow for public transportation availability, and held at the end of the work day.

Meetings will be published and promoted through the following methods:

- a. Postings at DHS offices
- b. DHS website
- c. Venue flyers
- d. Community newspapers and resources
- e. DHS social media sites
- f. Emails to stakeholders and partners
- g. Provider informational letter

### Meeting Format

1. Meetings will open with a brief introduction from the Department staff attending each meeting.
2. The introduction will include a 10 minute update and overview of the IA Health Link program, initiative goals, and relevant information updates, given by the Department.
3. Attendees will be instructed on the meeting format:
  - a. Attendees will sign in upon arrival to the meeting.
  - b. Attendees will be asked to sign up to speak and will speak in the order of the sign-up sheet.
  - c. Three-five minute speaking limit per individual, additional time permitted after all attendees wishing to speak are done.
  - d. Meetings will be comment-focused.
  - e. The Department will accept and answer questions at the end of the meeting, as time allows, ensuring there is first enough time to accept all comments.
  - f. Attendees will be encouraged to submit comments in writing as well and blank comment forms will be made available at each meeting.



### **Role of MAAC Executive Committee Members**

- No more than two MAAC Executive Committee members will attend each meeting to ensure representation at each meeting.
- MAAC Executive Committee members will observe the session, taking notes of comments on the forms provided by DHS.
- To best ensure attendees are able to speak, MAAC Executive Committee members will hold questions and comments if they are attending as the official MAAC Executive Committee representative. Members are encouraged to provide their own comments in writing and at alternative meeting dates and locations.
- After the meeting, the notes and comments forms will be immediately collected from the MAAC Executive Committee members by the Department staff.
- A summary of the comments will be compiled and shared with the full Executive Committee at the next available monthly meeting.
- A full report of comments will be compiled and shared with the full MAAC membership at the next available full council meeting.

### **Meeting Support and Staffing**

The following individuals or representatives from a specific area will attend each of the meetings:

- Iowa Medicaid/DHS Leadership (determined by Medicaid leadership)
- Iowa Medicaid Member Services (one representative)
- Iowa Medicaid Provider Services (one representative)
- Two MAAC Executive Committee Members (per committee schedule)
- Other Support Staff As Needed
- Amerigroup (one-two representatives, pending approval from leadership)
  - No direct speaking required, available for questions and to hear comments
- AmeriHealth Caritas (one-two representatives, pending approval from leadership)
  - No direct speaking required, available for questions and to hear comments
- UnitedHealthcare (one-two representatives, pending approval from leadership)
  - No direct speaking required, available for questions and to hear comments



## IA Health Link Program: Public Formal Written Comments

Name: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Customer Service Issues and Concerns:**

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**Provider Payment Comments:**

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**Access for Members:**

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Comments May Also Be Submitted Via Email to: [MedicaidModernization@dhs.state.ia.us](mailto:MedicaidModernization@dhs.state.ia.us).



## Attendee Schedule: IA Health Link Public Comment Meetings

Meeting Date	Meeting Location	IME/DHS Staff	Member and Provider Services Staff	MAAC Executive Committee Members	Other Support Staff	MCO Staff
March		1. 2.	Member: Provider:	1. 2.		AG: AH: UH:
April		1. 2.	Member: Provider:	1. 2.		AG: AH: UH:
May		1. 2.	Member: Provider:	1. 2.		AG: AH: UH:
June		1. 2.	Member: Provider:	1. 2.		AG: AH: UH:
July		1. 2.	Member: Provider:	1. 2.		AG: AH: UH:
August		1. 2.	Member: Provider:	1. 2.		AG: AH: UH:
September		1. 2.	Member: Provider:	1. 2.		AG: AH: UH:
October		1. 2.	Member: Provider:	1. 2.		AG: AH: UH:
November		1. 2.	Member: Provider:	1. 2.		AG: AH:



						UH:
December		1. 2.	Member: Provider:	1. 2.		AG: AH: UH:



## IA Health Link Public Comment Meeting Schedule

Meeting Date	Meeting Time	Meeting Location	Location Details
March 22, 2016	3:00 p.m. – 5:00 p.m.	Mason City	Historic Park Inn, Ballroom 15 W. State Street Mason City, IA 50401
April 12, 2016	3:00 p.m. – 5:00 p.m.	Burlington	Pzazz Convention and Event Center, Hall B 3001 Winegard Dr. Burlington, IA 52601
May 10, 2016	3:00 p.m. – 5:00 p.m.	Dubuque	Carnegie Stout Public Library, Aglur Auditorium 360 W. 11 <sup>th</sup> St. Dubuque, IA 52001
June 7, 2016	3:00 p.m. – 5:00 p.m.	Council Bluffs	Hilton Garden Inn, River City Ballroom 2702 Mid-American Dr. Council Bluffs, IA 51501
July 19, 2016	3:00 p.m. – 5:00 p.m.	Cedar Rapids	Kirkwood Community College, 234 Cedar Hall 6301 Kirkwood Blvd SW Cedar Rapids, IA 52404
August 23, 2016	3:00 p.m. – 5:00 p.m.	Fort Dodge	Fort Dodge Public Library 424 Central Ave. Fort Dodge, IA 50501
September 14, 2016	3:00 p.m. – 5:00 p.m.	Waterloo	Hawkeye Community College, Tama Hall Room 102 1501 E. Orange Rd. Waterloo, IA 50704
October 11, 2016	3:00 p.m. – 5:00 p.m.	Sioux City	Western Iowa Tech Community College, Cargil Auditorium (D103) 4647 Stone Ave. Sioux City, IA 51106
November 17, 2016	3:00 p.m. – 5:00 p.m.	Ottumwa	Bridge View Center, Room C4 & C5 102 Church St. Ottumwa, IA 52501
December 7, 2016	3:00 p.m. – 5:00 p.m.	Des Moines	Des Moines Central Library, Meeting Room 1000 Grand Ave. Des Moines, IA 50309



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

## INFORMATIONAL LETTER NO.1600-MC

**DATE:** January 8, 2016

**TO:** All Iowa Medicaid Providers

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

**RE:** 2016 Medicaid Modernization Update Training for Providers

**EFFECTIVE:** Immediately

The IA Health Link managed care program will begin on March 1, 2016, instead of January 1, 2016, pending final federal approval.

The IME recognizes that provider education is critical in successfully implementing this initiative. In-person provider education sessions regarding the ongoing program development and transition will be offered in 11 different communities throughout the state.

### Daily Schedule

Time	Session
9:00 AM-11:00 AM	Iowa Medicaid Transition and Updates
12:30 PM- 2:00 PM	Behavioral Health Policies and Procedures
2:30 PM- 4:00 PM	Long Term Care and the Modernization Transition

**Iowa Medicaid Transition and Updates:** A morning session designed to explain the role of the IME in the transition to managed care and focusing on the details that have emerged since September 2015. The IME will cover the updates for the first 30 minutes and allow each Managed Care Organization (MCO) 15 minutes to discuss their billing and prior authorization policies. The targeted audience includes any interested Medicaid providers. The IME topics covered will include:

- CMS Approval
- Safe Harbor
- Member Enrollment and Mailing Timeline
- Overview of New Managed Care Bureau
- Any Willing Provider and Continuity of Care
- Deemed Enrollment and the Iowa Medicaid Universal Provider Enrollment Application
- Rates

**Behavioral Health Policies and Procedures:** An afternoon session designed to introduce the newly enrolled behavioral health providers to the IME. The focus will be on general policies and procedures along with behavioral health billing requirements. The targeted audience includes any interested behavioral health providers. The IME topics covered will include:

- Determining Member Eligibility
- Billing Iowa Medicaid
- Integrated Health Homes
- Habilitation
- Incident Reporting
- Prior Authorization Process
- Iowa Medicaid Forms
- Resources and Communication

**Long Term Care and the Medicaid Modernization Transition:** An afternoon session designed to address both the long term care facility questions and waiver providers, including case managers. The targeted audience includes any interested long term care providers. The IME topics covered will include:

- Transition Timeline
- Continuity of Care
- Assessments and Level of Care
- Individualized Services Information System (ISIS)
- Waiting Lists and Reserve Slots
- Targeted Case Management Transition
- Money Follows the Person
- Cost Reports and Rates

**Registration information:** The IME will use an online registration form to manage the training sessions scheduled for each of the 11 designated communities. The registration will also simplify the sign-in process at each venue.

- If you are unable to complete and submit the registration form please contact the IME Provider Services Unit at 1-800-338-7909 and a representative will complete a form on your behalf.
- Please plan on attending the session you are registered for at the designated date and time. You will only be contacted by the IME if we are unable to accommodate your request. If you are unable to register because a session is fully booked, please review the schedule of sessions for a different location near your community.
- Actual session end times may vary depending on attendee participation. The time frames provided are an estimate and we ask that you plan accordingly.
- There is no cost to attend these sessions.

**How to Register:**

All providers are welcome to attend both morning and afternoon sessions. Please complete and submit the online [2016 Medicaid Modernization Update Training Registration Form](#)<sup>1</sup> to register for the training.

**Site Information:** Listed below are the dates, times, and locations of the Provider Education Sessions.

<b>Venue</b>	<b>Date</b>	<b>Address/Location</b>	<b>Additional Information</b>
<b>Burlington</b>	January 19, 2016	<b>Catfish Bend Inn &amp; Spa 3001 Winegard Drive Burlington, IA 52601</b>	Pzazz Convention and Event Center Event Center Parking Lot
<b>Fort Dodge</b>	January 20, 2016	<b>Iowa Central Community College East Campus 2031 Quail Avenue Fort Dodge, IA 50501</b>	Triton Room Parking in front and on the side
<b>Clear Lake</b>	January 21, 2016	<b>Best Western Holiday Lodge 2023 7th Avenue North Clear Lake, IA 50428</b>	Emerald & Topaz Meeting Room
<b>Council Bluffs</b>	January 25, 2016	<b>Hilton Garden Inn 2702 Mid America Drive Council Bluffs, IA 50501</b>	River City Ballroom
<b>Sioux City</b>	January 26, 2016	<b>Stoney Creek Hotel &amp; Conference Center 300 3rd Street Sioux City, IA 51101</b>	Salon Room
<b>Cedar Rapids</b>	January 27, 2016	<b>Clarion Hotel and Convention Center 525 33rd Avenue SW Cedar Rapids, IA 52404</b>	Colli Room
<b>Waterloo</b>	January 28, 2016	<b>Hawkeye Community College 501 East Orange Road Waterloo, IA 50704</b>	Tama Hall Room 102 Visitor Lot

<sup>1</sup> <https://www.tfaforms.com/404856>

<b>Des Moines</b>	January 29, 2016	<b>Wallace Building 502 East 9th Street Des Moines IA 50309</b>	Auditorium Free Parking Ramp West of the Building
<b>Ottumwa</b>	February 2, 2016	<b>Bridge View Center 102 Church Street Ottumwa IA, 52501</b>	Rm C4
<b>Bettendorf</b>	February 3, 2016	<b>Scott Community College 500 Belmont Road Bettendorf, IA 52722</b>	Student Life Center Visitor Parking
<b>Dubuque</b>	February 4, 2016	<b>Grand River Center 500 Bell Street Dubuque, IA 52201</b>	Meeting Room 3 Free parking ramp and two large parking lots on north side of the building

The IME appreciates your continued partnership as we work to improve the care needs of Iowa. If you have questions, please contact the IME Provider Services Unit at 1-800-338-7909 or email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

## INFORMATIONAL LETTER NO.1604-MC

**DATE:** January 22, 2016

**TO:** Iowa Medicaid Intermediate Care Facilities for the Intellectually Disabled (ICF/ID)

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

**RE:** Monthly Provider Assessment

**EFFECTIVE:** March 1, 2016

Beginning with dates of service March 1, 2016, the IME will no longer be able to recoup the monthly provider assessment through claims offset. Providers will be required to remit the money for the assessment directly to the IME by check.

Claims for dates of service March 1, 2016, and after will be billed to and paid by the managed care organizations (MCOs). The daily provider assessment is included in the rate information that the IME shared with the MCOs. The monthly provider assessment amount is located in the middle right of the per diem payment rate calculation which is mailed to your facility after completion of the review of the annual cost report.

The monthly provider assessment is due from your facility after the claims payment has been made. The period and due dates of the assessments are outlined in the following table.

Beginning Date of Service	Ending Date of Service	Month Assessment Paid to Provider	Month Assessment Collected by the IME Through Claim Offset	Month Assessment Collected by the IME Through Provider Check	Date Assessment Due to the IME
11/1/2015	11/30/2015	December 2015	January 2016		
12/1/2015	12/31/2015	January 2016	February 2016		
1/1/2016	1/31/2016	February 2016	March 2016		
2/1/2016	2/29/2016	March 2016		April 2016	April 30, 2016
3/1/2016	3/31/2016	April 2016		May 2016	May 31, 2016
4/1/2016	4/30/2016	May 2016		June 2016	June 30, 2016
5/1/2016	5/31/2016	June 2016		July 2016	July 31, 2016
6/1/2016	6/30/2016	July 2016		August 2016	August 31, 2016

The provider assessment amount indicated on the most current per diem payment rate calculation will be sent prior to March 31, 2016. This will be the amount due until a new cost report is submitted and reviewed.

Checks should be accompanied with a letter or memo for the month of the assessment being remitted and mailed to:

Iowa Medicaid Enterprise  
PO Box 36450  
Des Moines, IA 50315

If you send a package that requires a signature (certified mail or overnight) please send to:

Iowa Medicaid Enterprise  
100 Army Post Road  
Des Moines, IA 50315

If you have any questions, please contact the IME Provider Cost Audit at 866.863.8610 or email at [costaudit@dhs.state.ia.us](mailto:costaudit@dhs.state.ia.us).



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

## INFORMATIONAL LETTER NO.1606-MC

**DATE:** January 22, 2016

**TO:** Iowa Psychiatric Medical Institutions for Children (PMIC) Providers

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

**RE:** Updates for Psychiatric Medical Institutions for Children (PMIC)

**EFFECTIVE:** January 1, 2016

The IA Health Link managed care program will begin on March 1, 2016, instead of January 1, 2016, pending federal approval. This letter provides direction to PMIC providers regarding billing the IME for PMIC services beginning January 1, 2016, until the launch of the IA Health Link program on March 1, 2016.

The Iowa Plan ended December 31, 2015. For dates of service on or after January 1, 2016, the IME is responsible for coverage of Medicaid funded mental health and substance abuse services previously paid through Magellan until the launch of the IA Health Link program on March 1, 2016. Please refer to Informational Letter [1597](#)<sup>1</sup> for further information.

PMIC providers who previously billed Magellan for PMIC services using the T2048 procedure code will bill the IME using only the appropriate 3-digit **Revenue Code** on the UB04, Health Insurance Claim Form, as identified in the table below. Do not include the T2048 procedure code on your claims. Claims not billed with the appropriate revenue code will result in denial of the claim.

Revenue Code	Description
124	PMIC Bed Day
183	Therapeutic Leave Day (Use for home leave)
180	LOA General (Use of MH hospitalization)
189	LOA Other (Use for elopements)

Please refer to the [PMIC Provider Manual](#)<sup>2</sup> for billing policies and claim form instructions.

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

<sup>1</sup> [https://dhs.iowa.gov/sites/default/files/1597\\_BehavioralHealth\\_and\\_SubstanceAbuseServices.pdf](https://dhs.iowa.gov/sites/default/files/1597_BehavioralHealth_and_SubstanceAbuseServices.pdf)

<sup>2</sup> <http://dhs.iowa.gov/sites/default/files/PMIC.pdf>



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

## INFORMATIONAL LETTER NO.1607-MC

**DATE:** January 21, 2016

**TO:** All Iowa Medicaid Providers Excluding Individual Consumer Directed Attendant Care (CDAC)

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

**RE:** Updated-Prior Authorizations (PA) for Providers Participating with Managed Care Organizations (MCOs)

**EFFECTIVE:** March 1, 2016

The IA Health Link managed care program will begin on March 1, 2016, instead of January 1, 2016, pending final federal approval. Informational Letter [1591](#)<sup>1</sup> directed providers on the PA process for the IA Health Link program. This letter is intended to further clarify this process for both pharmacy drugs that require a PA and all other services.

PAs are used by the IME to ensure program integrity by requiring that all services are medically necessary. The MCOs will honor existing IME PAs for 90 days for all services and providers.

### For New or Renewal of Services during the Safe Harbor Period:

- Effective March 1, 2016, the MCOs will be responsible for PA requests and authorizations.
- Providers should continue to seek PA under the MCOs' policies to ensure timely and appropriate reimbursement.
- Beginning March 1, 2016, all prescribers, whether in-network or out-of-network, must follow the MCOs' pharmacy drug PA requirements included in the health plans provider manuals.
- Drug claims requiring a PA will not be processed by the MCOs if there is not an approved PA in place.

Providers should continue to follow the IME pharmacy drug PA policies and processes for the Fee-for-Service (FFS) members. See the following pages for the PA process for all other services.

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

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<sup>1</sup> [https://dhs.iowa.gov/sites/default/files/1591-MC\\_PriorAuthorizationsforProvidersParticipatingwithManagedCareOrganizations.pdf](https://dhs.iowa.gov/sites/default/files/1591-MC_PriorAuthorizationsforProvidersParticipatingwithManagedCareOrganizations.pdf)

## **Prior Authorization (PA) Process**

**\*Applies to all services and providers except pharmacy drug prior authorizations. Prescribers must follow the pharmacy drug prior authorization process with the member's managed care organization (MCO) regardless of network status\***

### **Front End - Dates of Service March 1, 2016 - March 31, 2016:**

1. Prior authorizations with the MCOs are strongly encouraged so that providers can become accustomed to the MCO specific policies and procedures. Out-of-network providers are encouraged to become accustomed to the PA process of each MCO but will not be expected to obtain PAs for medically necessary services during this time.
2. Providers should continue to treat and refer members as they currently do to ensure continuity of care for routine services.
3. Providers should seek single case agreements or contract with MCOs if they plan to continue to serve one or more Medicaid members after March 1, 2016.
4. Provider training and outreach provided by the MCOs shall be comprehensive and open to in-network and out-of-network providers. Training shall include PA and billing processes such that avoidable delays in provider payment or member service delivery shall not occur.
5. Each MCO shall have additional training materials on their website accessible for both in-network and out-of-network providers.
6. MCOs will have call centers open for additional PA requests and education. Accurate and timely information shall be incorporated in the call center scripts and job aids related to the PA process for in-network and out-of-network providers.
7. All existing PAs at the time of the member enrollment shall be honored for the first 90 days or as otherwise designated in the contract.
8. Existing PAs shall be loaded into each MCO's system based on their membership.
9. Home and Community Based Services (HCBS) service plans shall be loaded into each MCO's system based on their membership.
  - a. HCBS service plans cannot be altered without an updated assessment,
  - b. Assessments shall only be performed annually or if a member has a significant change in needs.

### **Back End - Dates of Service March 1, 2016 - March 31, 2016:**

10. Lack of PAs on file will not prevent claims from being paid for these dates of service.
11. Claims shall be paid by the MCO within the timeframes designated in the contract for both in and out-of-network providers.
  - a. *Pay or deny ninety percent (90%) of all clean claims within fourteen (14) calendar days of receipt, ninety-nine point five percent (99.5%) of all clean claims within twenty-one (21) calendar days of receipt and one hundred percent (100%) of all claims within ninety (90) calendar days of receipt.*

12. MCOs may do retrospective reviews of claims not receiving a PA to ensure medical necessity but shall not suspend payments for review prior to payment. This process must be approved by the department.
13. If a retrospective review is to be conducted, it must be completed within 90 days of the date the claim is paid.
14. MCOs must document the information that is requested to complete the retrospective review, the reason the request is being made, and the timeframe for the provider to submit the requested information. Providers must submit information to the MCOs within the designated timeframes to ensure a timely review.
15. MCOs shall provide education to providers on their PA process as part of retrospective review determination.
16. MCOs may recover payments from providers for reimbursed services determined not to be medically necessary.
17. Providers should be educated in the MCO prior authorization policies to ensure to reduce the risk of recovery for claims paid when the service is determined to not be medically necessary. See No. 2 and 3 above.
18. The MCOs shall report the volume and outcome of the retrospective reviews on the 30<sup>th</sup> day of each month.
19. Determination of lack of medical necessity is considered an adverse action and may be appealed by the member.

**Front End - Dates of Service April 1, 2016-ongoing:**

1. PAs with the MCOs are required.
2. Provider training and outreach provided by the MCOs shall be comprehensive, ongoing, and open to in-network and out-of-network providers. Training shall include PA and billing processes such that avoidable delays in provider payment or member service delivery shall not occur.
3. Each MCO shall have additional training materials on their website accessible for both in-network and out-of-network providers.
4. MCOs will have call centers open for additional PA requests and education. Accurate and timely information shall be incorporated in the call center scripts and job aids related to the PA process for in-network and out-of-network providers.
5. For the first year, existing PAs at the time of the member enrollment shall be honored for the first 90 days or as otherwise designated in the contract. After the first year, existing PAs at the time of the member enrollment shall be honored for the first 30 days or as otherwise designated in the contract.
6. Existing PAs shall be loaded into each MCO's system based on their membership.
7. HCBS service plans shall be loaded into each MCO's system based on their membership.
  - a. HCBS service plans cannot be altered without an updated assessment,
  - b. Assessments shall only be performed annually or if a member has a significant change in needs.

**Back End - Dates of Service April 1, 2016-ongoing:**

8. Claims shall be paid by the MCO within the timeframes designated in the MCO contract, Section 13.4.6.
9. MCOs may do retrospective reviews of claims to ensure medical necessity. This process must be approved by the department.
10. MCOs shall provide education to providers on their PA process as part of retrospective review determination.
11. MCOs may recover payments from providers for reimbursed services determined not to be medically necessary.
12. Providers should be educated in the MCO PA policies to ensure to reduce the risk of recovery for claims paid when the service is determined to not be medically necessary. See No. 2 and 3 above.
13. The MCOs shall report the volume and outcome of the retrospective reviews on the 30<sup>th</sup> day of each month.
14. Determination of lack of medical necessity is considered an adverse action and may be appealed.



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

## INFORMATIONAL LETTER NO.1608-MC

**DATE:** January 28, 2016

**TO:** Iowa Medicaid Home and Community-Based Services (HCBS) Waiver Providers, Targeted Case Managers, and Department of Human Services (DHS) Service Workers and Supervisors and Service Area Managers

**FROM:** Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

**RE:** Service Plan Extensions

**EFFECTIVE:** March 1, 2016

The IA Health Link managed care program will begin March 1, 2016, instead of January 1, 2016, pending federal approval. To assist members with the transition to managed care on March 1, 2016, all applicable HCBS waiver service plans that include a service plan end date between March 1, 2016, and May 30, 2016, will be extended. This extension will assure that members have an authorized service plan while transitioning to service coordination with the member's new Managed Care Organization (MCO). During this extension, the case manager designated by the MCO will work with the member to develop a service plan for the remainder of the member's waiver year.

In order for the extensions to occur, the department requests case managers and DHS service workers to review their current HCBS waiver workload to identify the affected service plans and to amend those plans to extend the service plan through May 31, 2016. The inclusion of this Informational Letter No.1608-MC by February 29, 2016, in a member's service plan will serve as the required addendum to extend the service plan from March 1, 2016, through May 31, 2016.

No changes in the Individualized Services Information System (ISIS) or a notice of decision (NOD) are needed. The department will notify the member's MCO of the extension. Service providers are assured that the MCOs will pay for the authorized services during the extension time period and until a new service plan is developed and approved for the member's waiver year.

Members that remain fee-for-service will continue to exist in ISIS and the worker will follow current milestones and workflow.

Thank you for your assistance in extending the service plans in a timely manner.

Please submit any questions to [HCBSwaivers@dhs.state.ia.us](mailto:HCBSwaivers@dhs.state.ia.us).



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

## INFORMATIONAL LETTER NO.1612-MC

**DATE:** January 29, 2016

**TO:** Iowa Medicaid Providers

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

**RE:** Ownership and Control Disclosure Requirements

**EFFECTIVE:** Immediately

The Patient Protection and Affordable Care Act (ACA) requires State Medicaid Agencies (SMAs) to collect ownership and control information and conduct enhanced screening of all Medicaid providers. The purpose of these enhanced enrollment requirements is to reduce Medicaid fraud by assuring Medicaid and Medicare dollars are not being paid to excluded individuals or entities.

SMAs are required to collect information on ownership and control from disclosing entities, fiscal agents, and managed care entities.<sup>1</sup> A “disclosing entity” is defined as, “...a Medicaid provider (other than an individual practitioner or group of practitioners), or a fiscal agent.”<sup>2</sup>

SMAs are required to collect the following information from disclosing entities:

- I. The name and address of any person (individual or corporation) with an ownership or control interest in the disclosing entity, fiscal agent, or managed care entity.
- II. **Date of birth and Social Security Number** (in the case of an individual).
- III. Other tax identification number (in the case of a corporation) with an ownership or control interest in the disclosing entity (or fiscal agent or managed care entity) or in any subcontractor in which the disclosing entity (or fiscal agent or managed care entity) has a five percent or more interest.<sup>3</sup>

The Centers for Medicare and Medicaid Services (CMS) has also provided guidance to SMAs on this subject in a document entitled, “Toolkits to Address Frequent Findings: 42 CFR 455.104 Disclosures of Ownership and Control.” A copy of this document is posted on the DHS [Program Integrity in Iowa Medicaid](#)<sup>4</sup> web page.

Page four of the CMS guidance states the following:

“Disclosing entities” normally are corporations or partnerships where there are owners, board of directors, officers, partners, or managing employees who run the company.

<sup>1</sup> See 42 CFR §455.104.

<sup>2</sup> 42 CFR §455.101.

<sup>3</sup> 42 CFR §455.104(b)(1).

<sup>4</sup> <http://dhs.iowa.gov/ime/about/aboutime/program-integrity>

Disclosures on these individuals are captured as these parties are considered “behind the scenes” and direct how the organization will operate. They are responsible for decisions made in policies and procedures for how services will be provided and for billing. Examples of entities that would be considered “disclosing entities” include, but are not limited to:

- Hospitals
- Nursing homes
- Community Mental Health Centers
- Home Health Agencies
- Group homes
- Clinical labs
- Pharmacies

The IME recently began capturing this information at provider enrollment and reenrollment to comply with the federal requirements. The IME has additionally received a directive from CMS to obtain such ownership and control disclosures from disclosing entities.

While the IME is required to collect this information at provider enrollment, in attempts to minimize the time and effort providers will need to enroll with multiple managed care organizations (MCOs), the IME is not requiring the MCOs to also collect this information when a provider is enrolling with the MCO. The MCOs do, however, have the option of collecting this information as part of its enrollment process.

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



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

## INFORMATIONAL LETTER NO.1613-MC

**DATE:** February 1, 2016

**TO:** Iowa Medicaid Hospitals, Physicians, Certified Nurse Midwives, Advanced Registered Nurse Practitioners, Federally Qualified Health Clinics, Rural Health Clinics, Clinical Social Workers, Behavioral Health Providers, Behavioral Health Intervention Services Providers, Habilitation Providers, Psychiatric Medical Institutions for Children (PMIC), Community Mental Health Centers

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

**RE:** Billing Updates for Mental Health and Substance Abuse Services

**EFFECTIVE:** January 1, 2016

**\*\*\*\*\*This letter replaces Informational Letter No. 1609 dated January 29, 2016\*\*\*\*\***

Effective for dates of service on or after January 1, 2016, the IME is responsible for coverage of Medicaid funded mental health and substance abuse services previously paid through Magellan until the launch of the IA Health Link on March 1, 2016. This letter provides an update to [1586-MC](#)<sup>1</sup>, [1597](#)<sup>2</sup> and [1603](#)<sup>3</sup> regarding covered mental health and substance abuse services during this transition period.

### **Billing for Habilitation Services for Dates of Service on or after January 1, 2016:**

When billing the IME for Home and Community Based Habilitation services, a valid ICD-10 diagnosis code must be entered on the claim form in addition to the procedure code. Claims billed with Z79.89 will be denied.

### **Billing for Mental Health and Substance Abuse Services for Dates of Service on or after January 1, 2016:**

The IME is aware that Medicare will not cover services performed by a temporarily licensed provider. In this situation the "SC" modifier may be appended to the procedure code indicating the Medicare coverage criteria is not applicable when submitting the CMS-1500 or UB-04 claim to the IME. The member's records should support the licensure of the provider rendering the service.

<sup>1</sup> [https://dhs.iowa.gov/sites/default/files/1586\\_BehavioralHealthandSubstanceAbuseServices.pdf](https://dhs.iowa.gov/sites/default/files/1586_BehavioralHealthandSubstanceAbuseServices.pdf)

<sup>2</sup> [https://dhs.iowa.gov/sites/default/files/1597\\_BehavioralHealth\\_and\\_SubstanceAbuseServices.pdf](https://dhs.iowa.gov/sites/default/files/1597_BehavioralHealth_and_SubstanceAbuseServices.pdf)

<sup>3</sup> [https://dhs.iowa.gov/sites/default/files/1603\\_UpdatedMentalHealth\\_SubstanceAbuseServices\\_B-3ServicesFeeSchedules.pdf](https://dhs.iowa.gov/sites/default/files/1603_UpdatedMentalHealth_SubstanceAbuseServices_B-3ServicesFeeSchedules.pdf)

When billing the IME for mental health and substance abuse services, the appropriate credentialing modifier must be entered in addition to the procedure code on the CMS 1500 and UB-04 claim form to reflect which specialty is providing the services. **Claims billed without a credentialing modifier entered on the claim will be denied.** The modifier must align with the procedure code billed as listed on the Mental Health and Substance Abuse Fees and Rates published on the DHS [Fee Schedules](#)<sup>4</sup> web page.

Below is the list of credentialing modifiers:

- AF – Specialty Physician
- HP or U1 or TG - Psychologists
- HO or U1 or TG - Master’s Degree Level
- HP – Doctoral Level
- SA or TD - Advanced Registered Nurse Practitioner (ARNP)
- U2 – Physician Assistant
- U1 - Certified Alcohol and Drug Counselors

**Billing for Behavioral Health Intervention Services (BHIS):**

When billing the IME for BHIS, the appropriate service modifier must be entered in addition to the procedure code to accurately reflect the services provided. Multiple BHIS services rendered by a provider on the same day must be billed on the same claim form.

The procedure codes and modifiers are listed below:

Description	Procedure Code	Modifier	Unit Description
Behavior health long term residential, without room and board	H0019		Per weekday
Individual BHIS crisis intervention	H2011		Per 15 minute
Individual skill development-adult (age 18 and up)	H2014	HB	Per 15 minute
Group skill development-adult (age 18 and up)	H2014	HQ	Per 15 minute
Individual skills training-child and adolescent (age 0-20)	H2019	HA	Per 15 minute
Group skills training-child and adolescent (age 0-20)	H2019	HQ	Per 15 minute
Family skills training	H2019	HR	Per 15 minute

Modifier	Modifier Description
HA	Child/Adolescent program
HB	Adult program, non-geriatric
HR	Family/Couple with client present
HQ	Group setting

<sup>4</sup> <https://dhs.iowa.gov/ime/providers/csrp/fee-schedule>

The IME has detailed claim form instructions for all providers which are found on the DHS [Claim Forms and Instructions](#)<sup>5</sup> web page.

### **Avoiding Common Billing Errors:**

#### **Common Denial Reasons**

- Claim is missing the rendering provider.
  - It is important that organizations that have enrolled as a “group” include the rendering provider NPI in the appropriate field on the CMS 1500 claim form.
  
- Missing/Invalid taxonomy code
  - The taxonomy code is a unique ten character alphanumeric code that enables providers to identify their specialty at the claim level. Taxonomy codes are assigned to both individual provider and organizational providers. The IME requires the taxonomy code for the pay-to provider NPI be appended to each claim to identify the provider type rendering the service.

#### **UB-04 Claim Form:**

When completing the UB-04 claim form, the taxonomy code entered on line 81 of the claim form is the taxonomy code confirmed during NPI verification or during enrollment with the IME. Using a taxonomy code that does not match the billing NPI will result in claim denial.

The appropriate credentialing modifier must be entered on the claim form in addition to the procedure code to reflect which specialty is providing the services. Claims billed without entering a credentialing modifier on the claim will be denied.

#### **CMS 1500 Claim Form:**

When completing the CMS 1500 Claim form, the address of the billing provider entered on line 33 must contain the zip code associated with the billing provider’s NPI entered on line 33a. Using a zip code that is not associated with the billing provider’s NPI will result in claim denial.

The taxonomy code entered on line 33b of the claim form is the taxonomy code confirmed during NPI verification or during enrollment with the IME. Using a taxonomy code that does not match the billing NPI will result in claim denial.

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

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<sup>5</sup> <https://dhs.iowa.gov/ime/Providers/claims-and-billing/ClaimsPage>



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

## INFORMATIONAL LETTER NO.1615-MC

**DATE:** February 5, 2016

**TO:** Iowa Medicaid Providers

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

**RE:** WellCare of Iowa, Inc. Reassignment

**EFFECTIVE:** Immediately

**\*\*\*\*\*This letter replaces Informational Letter No. 1611-MC dated January 29, 2016\*\*\*\*\***

As a reminder, WellCare of Iowa, Inc. is no longer an available managed care organization (MCO) option through the IA Health Link program. Members who were initially assigned to WellCare of Iowa, Inc., or had chosen WellCare of Iowa, Inc., have been reassigned to one of the three available MCOs. This reassignment is based on a random algorithm, dividing members evenly among the MCOs.

Impacted members will receive a reassignment letter the first week of February, to notify them of this change. The reassignment letter can be viewed [here](#).

Members may select a new MCO by February 17, 2016, for coverage beginning March 1, 2016, pending final federal approval. If members do not make a selection, they will keep the MCO which was randomly assigned to them. Members may change their MCO for any reason until May 18, 2016, and for reasons of "Good Cause" after that.

To date seven percent of members transitioning to the IA Health Link program, have actively made an MCO selection. More than 90 percent of members will remain with the MCO they have been assigned to, which is consistent with previous Iowa Medicaid programs which offer a choice in coverage.

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

If you receive inquiries from members, direct them to the IME Member Services Unit at 1-800-338-8366, or email at [IMEMemberServices@dhs.state.ia.us](mailto:IMEMemberServices@dhs.state.ia.us).





## Iowa Medicaid Communications Plan

**Call Center:** Scripts are regularly updated as new questions arise and in response to feedback. To ensure quality and accuracy, secret shopping of the call center is on-going.

**Website:** Iowa Medicaid is making regular updates to the website during the transition to managed care, and has a series of planned changes for the post-transition period. The IA Health Link frequently asked questions (FAQ) page is regularly updated and mirrors the changes and additions made to the call center scripts. Member enrollment videos have been posted and provider videos will be posted soon.

**Medicaid e-News:** The weekly Medicaid e-News is sent to stakeholders, containing informational letters, samples of member mailings, resources, links, important updates and meeting dates.

**Recent Member Mailings:** The three mailings identified below have been sent to members.

- **WellCare Reassignment:** This mailing was sent to members who self-selected WellCare of Iowa, Inc. or were tentatively assigned to WellCare of Iowa, Inc., noting it is no longer an option. This letter also provides members with a new tentative Managed Care Organization (MCO) assignment.
- **Newly Eligible Enrollment Packets:** This mailing continues to be sent to new members who became eligible after the initial enrollment packets were sent last fall. This includes the IA Health Link member handbook, a tentative MCO assignment, an MCO selection form and flyers from the three available MCOs.

### Upcoming Mailing:

- **IA Health Link Confirmation of Coverage:** This letter confirms the member's coverage with their chosen or assigned MCO, and will be sent to all IA Health Link members later this month.

**Social Media:** Iowa Medicaid will be launching a social media campaign using Facebook and Twitter to share communications with the public. Posts will feature links to important information, key dates for members and more.

**Informational Letters:** Informational Letters provide policy clarification and direction for providers, and will continue to be issued as needed.

IOWA DEPARTMENT OF HUMAN SERVICES  
IOWA MEDICAID ENTERPRISE – MEMBER SERVICES  
PO BOX 36510  
DES MOINES, IA 50315-0314

<MEMBER NAME>  
<ADDRESS 1>  
<ADDRESS 2>  
<CITY>, <ST> <ZIP>



## Confirmation of Your MCO Coverage

This letter confirms your Managed Care Organization (MCO) coverage, whether you actively selected a plan or chose to keep the MCO which was assigned to you.

Your MCO coverage begins **<DATE>**. As of this date you will be receiving your health coverage through your MCO. You may contact your MCO for more information about your benefits.

You may change your MCO for any reason during the first 90 days of your MCO coverage. After **your 90 day choice period**, you will be required to stay with the same MCO until your annual choice period. However, you may change your MCO at any time for reasons of "Good Cause." More information is available in the member handbook that was sent with your enrollment packet and is available at [www.iahealthlink.gov](http://www.iahealthlink.gov).

<u>Person ID Number</u>	<u>Member Name</u>	<u>MCO</u>	<u>MCO Phone Number</u>
<0000000X>	<MEMBER NAME>	<MCO>	<###-###-####>
<0000000X>	<MEMBER NAME>	<MCO>	<###-###-####>
<0000000X>	<MEMBER NAME>	<MCO>	<###-###-####>
<0000000X>	<MEMBER NAME>	<MCO>	<###-###-####>
<0000000X>	<MEMBER NAME>	<MCO>	<###-###-####>
<0000000X>	<MEMBER NAME>	<MCO>	<###-###-####>
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<0000000X>	<MEMBER NAME>	<MCO>	<###-###-####>
<0000000X>	<MEMBER NAME>	<MCO>	<###-###-####>
<0000000X>	<MEMBER NAME>	<MCO>	<###-###-####>
<0000000X>	<MEMBER NAME>	<MCO>	<###-###-####>
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<0000000X>	<MEMBER NAME>	<MCO>	<###-###-####>
<0000000X>	<MEMBER NAME>	<MCO>	<###-###-####>

If you have questions about choosing an MCO or questions about your benefits, please contact Iowa Medicaid Member Services at 1-800-338-8366, or locally in the Des Moines Area at 515-256-4606, Monday through Friday, 8 a.m. to 5 p.m. You may also email Member Services at [IMEMemberServices@dhs.state.ia.us](mailto:IMEMemberServices@dhs.state.ia.us).

If you have questions about benefits after your MCO choice begins, please call the number listed above for your MCO.

*For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking, call Relay Iowa TTY at 1-800-735-2942.*

IOWA DEPARTMENT OF HUMAN SERVICES  
IOWA MEDICAID ENTERPRISE - MEMBER SERVICES  
PO BOX 36510  
DES MOINES, IA 50315-0314

<MEMBER NAME>  
<ADDRESS 1>  
<ADDRESS 2>  
<CITY>, <ST> <ZIP>



## Changes to Your MCO Assignment

### **What is new?**

WellCare of Iowa is no longer an option through the IA Health Link program. You have a choice of three Managed Care Organizations (MCOs) for your health plan:

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

### **Why am I receiving this letter?**

You were previously assigned to WellCare of Iowa, or had chosen WellCare of Iowa, and have been reassigned to one of the three available MCOs. You can still choose a different plan.

### **What do I do now?**

If you are happy with the MCO that has been assigned to you, you do not need to do anything for coverage beginning **March 1, 2016**.

Or, you can choose a different MCO by **February 17, 2016**, for coverage beginning **March 1, 2016**. You may also change your MCO for any reason until **May 18, 2016**. After that you may change your MCO throughout the year for reasons of "Good Cause."

"Good Cause" examples:

- Your provider is not in your MCO's provider network.
- Not all related services are available in the MCO network.
- There has been a change in a member's eligibility.

### **Will my benefits change?**

No, your benefits will not change. You will continue to receive your health coverage directly through Iowa Medicaid until the IA Health Link MCO coverage begins on **March 1, 2016**, pending final federal approval.

**Please continue reading** for further information on selecting the MCO that best fits you.



<Date>  
<Case Number>

### Welcome to the IA Health Link Program

Most Iowa Medicaid programs are being joined together into one managed care program called IA Health Link. This new program will give you the same health coverage you know and use, but will be provided by a Managed Care Organization (MCO) that you get to choose. IA Health Link coverage will begin on March 1, 2016, pending final federal approval.

Please follow three steps below to choose a health care plan that best fits you.

**Step 1**

- **Review**
- Enclosed is information about your choice in managed care organizations (MCOs). Review this information to make the best choice for you and/or your family member's health care needs.

**Step 2**

- **Choose**
- For each person listed on the back of this letter, choose the MCO that best fits their needs. Everyone does not have to have the same MCO.
- You must make a choice by your **Choice Period End Date** which is **February 17, 2016**.

**Step 3**

- **Enroll**
- Phone: Call Iowa Medicaid Member Services at **1-800-338-8366** or locally in the Des Moines area at 515-256-4606.
- Mail: Return the enrollment form included in this packet using the postage paid envelope.
- Email: Iowa Medicaid Member Services at [IMEMemberServices@dhs.state.ia.us](mailto:IMEMemberServices@dhs.state.ia.us).

You will find information in this packet about the three MCOs that you can choose to be your health plan:

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

\* **PACE** (Program of All-Inclusive Care for the Elderly) is another managed care program option for members age 55 or older who live in certain Iowa counties and meet certain level of care requirements. Information about the PACE program can be found in your IA Health Link Member Handbook.

*For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking, call Relay Iowa TTY at 1-800-735-2942.*



**What will happen next?**

- You will receive a Confirmation of Choice Letter that tells you:
  - Your MCO choice(s) and the date when you will start with your MCO.
- Ongoing MCO selection process:
  - You have until the **Choice Period End Date** listed to make changes.
  - **Choice Counseling** is available by calling Iowa Medicaid Member Services.
  - **In-Person Assistance** is in your area. Find a schedule at iahealthlink.gov.
  - You have 90 days from the **Choice Period End Date** listed in this letter to change for any reason.
  - You may change your MCO choice annually. You will be notified of your annual enrollment period.
  - You may change your MCO selection at any time for reasons of “Good Cause.” For more information on “Good Cause,” please see page 8 in the IA Health Link handbook:  
[http://dhs.iowa.gov/sites/default/files/IAHealthLinkMemberHandbook\\_FinalOnlineVersion.pdf](http://dhs.iowa.gov/sites/default/files/IAHealthLinkMemberHandbook_FinalOnlineVersion.pdf)

You may call Iowa Medicaid Member Services at **1-800-338-8366** or locally in the Des Moines area at 515-256-4606, Monday through Friday, from 8 a.m. until 5 p.m. You also have the choice to email questions to Member Services at [IMEMemberServices@dhs.state.ia.us](mailto:IMEMemberServices@dhs.state.ia.us).

*Para solicitar este documento en español, comuníquese con Servicios para Miembros al teléfono 1-800-338-8366 de 8 a.m. a 5 p.m., de lunes a viernes.*

*\* Each member listed has been given a choice assignment noted below. **If you like the already chosen assignment, you do not need to do anything. If you do not like the chosen assignment, please follow the three steps at the front of this letter to make your own choice.***

Member Name	MCO	State ID Number
<Last Name, First Name>	<MCO>	<SID>
<Last Name, First Name>	<MCO>	<SID>
<Last Name, First Name>	<MCO>	<SID>
<Last Name, First Name>	<MCO>	<SID>

*For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking, call Relay Iowa TTY at 1-800-735-2942.*



## Resources for Making Your MCO Choice

Iowa Medicaid Member Services	Enrollment Packet	Comparison Chart	MCO Provider Directory
<ul style="list-style-type: none"> <li>In-Person</li> <li>Phone (1-800-338-8366)</li> <li>DHS Website (<a href="http://iahealthlink.gov">iahealthlink.gov</a>)</li> </ul>	<ul style="list-style-type: none"> <li>Managed Care Handbook</li> <li>MCO Informational materials</li> <li>Samples are posted online</li> </ul>	<ul style="list-style-type: none"> <li>MCO Value-Added Services Comparison Charts are posted online</li> </ul>	<ul style="list-style-type: none"> <li>Available online or via phone through Iowa Medicaid Member Services</li> <li>Available through the MCOs</li> </ul>

### Helpful Links to Resources for Making MCO Choice

You will be able to find the most up-to-date resources at the following webpages:

- IA Health Link Managed Care Program Handbook: [http://dhs.iowa.gov/sites/default/files/IAHealthLinkMemberHandbook\\_FinalOnlineVersion.pdf](http://dhs.iowa.gov/sites/default/files/IAHealthLinkMemberHandbook_FinalOnlineVersion.pdf)
- Sample Enrollment Packet: [https://dhs.iowa.gov/sites/default/files/EnrollmentPacket\\_Sample\\_Nov2015.pdf](https://dhs.iowa.gov/sites/default/files/EnrollmentPacket_Sample_Nov2015.pdf)
- MCO Comparison Chart for Value-Added Services: [https://dhs.iowa.gov/sites/default/files/ValueAddedServicesComparisonChart\\_2015\\_12\\_02.pdf](https://dhs.iowa.gov/sites/default/files/ValueAddedServicesComparisonChart_2015_12_02.pdf)
- MCO Comparison Chart for Value-Added Services Highlights: <https://dhs.iowa.gov/sites/default/files/ValueAddedServicesComparisonHighlights.pdf>
- MCO Provider Directories: <https://dhs.iowa.gov/iahealthlink/find-a-provider>

### MCO Contact Information

#### **Amerigroup Iowa, Inc.**

Member Services Phone: 1-800-600-4441

Website: [www.myamerigroup.com/IA](http://www.myamerigroup.com/IA)

Member Services Email: [MPSWeb@amerigroup.com](mailto:MPSWeb@amerigroup.com)

#### **AmeriHealth Caritas Iowa, Inc.**

Member Services Phone: 1-855-332-2440

Website: [www.amerihealthcaritas.com](http://www.amerihealthcaritas.com)

Member Services Email: [members@amerihealthcaritasia.com](mailto:members@amerihealthcaritasia.com)

#### **UnitedHealthcare Plan of the River Valley, Inc.**

Member Services Phone: 1-800-464-9484

Website: [www.UHCCommunityPlan.com](http://www.UHCCommunityPlan.com)



## IA Health Link Managed Care Organization Enrollment

Welcome to IA Health Link. Please see the enclosed information about each Managed Care Organization (MCO) available to you. You must select one MCO to enroll with. If you do not select a plan, the MCO listed on your enrollment letter will be your MCO. After you complete this form, please return it in the postage paid envelope provided. You do not need a stamp to return this form by mail. Or you may also fax your completed form to 515-725-1351.

**Complete this form with blue or black ink.**

Name of Person to Enroll	Date of Birth of Person to Enroll	ID Number of Person to Enroll	Check One MCO
			<input type="checkbox"/> Amerigroup Iowa, Inc. <input type="checkbox"/> UnitedHealthcare Plan of the River Valley, Inc. <input type="checkbox"/> AmeriHealth Caritas Iowa, Inc.
			<input type="checkbox"/> Amerigroup Iowa, Inc. <input type="checkbox"/> UnitedHealthcare Plan of the River Valley, Inc. <input type="checkbox"/> AmeriHealth Caritas Iowa, Inc.
			<input type="checkbox"/> Amerigroup Iowa, Inc. <input type="checkbox"/> UnitedHealthcare Plan of the River Valley, Inc. <input type="checkbox"/> AmeriHealth Caritas Iowa, Inc.
			<input type="checkbox"/> Amerigroup Iowa, Inc. <input type="checkbox"/> UnitedHealthcare Plan of the River Valley, Inc. <input type="checkbox"/> AmeriHealth Caritas Iowa, Inc.

Reason for changing your MCO: \_\_\_\_\_

**Your Address (Street, City, and Zip Code)**

**Your Phone Number**

**Sign Here**

If you have questions about how to complete this form, call Member Services at **1-800-338-8366** or locally in the Des Moines area at 515-256-4606, Monday through Friday from 8 a.m. – 5 p.m.

*Para solicitar este documento en español, comuníquese con Servicios al Afiliado al teléfono 1-800-338-8366, de lunes a viernes desde las 8 a.m. hasta las 5 p.m.*

*For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking, call Relay Iowa TTY at 1-800-735-2942.*



## New Health Coverage Options for You!

### What is new?

The Department is seeking federal approval from the Centers for Medicare and Medicaid Services (CMS) to join most Iowa Medicaid programs together into one managed care program called IA Health Link. This new program will give you the same health coverage you know and use, but will be covered by a Managed Care Organization (MCO) that you get to choose.

In order to receive federal approval, Iowa will need to demonstrate that the Department, the MCOs, and your health care providers are ready to meet your needs through the new program. If the Department demonstrates that the new program is ready, it will begin on January 1, 2016.

### What is a managed care organization?

A managed care organization (MCO) is a health plan. The coverage offered by the providers in the MCO will be just right for you.

### Will my benefits change?

**Your benefits will not change and you do not need to do anything right now.** Your medical, mental health, and long term care or in-home services and support benefits will be covered by a managed care organization. If you receive covered dental services, they will be the same. More information will be sent to you about your options in the near future.

### Can I keep my provider?

You may be able to keep your current medical health providers, mental health providers, and case management agency until at least June 30, 2016, as long as your 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 December 2017. Each managed care organization will have a network of providers across the state of Iowa. If you would like to change your provider, you can choose from the managed care organization's network of providers.

### How can I learn more?

To learn more about this change, please visit [dhs.iowa.gov/ime/members](http://dhs.iowa.gov/ime/members) or call 1-800-338-8366.

You are being sent this letter because you are eligible for health coverage today. If you are no longer eligible for Medicaid on or before January 1, 2016, this letter will not apply to you.

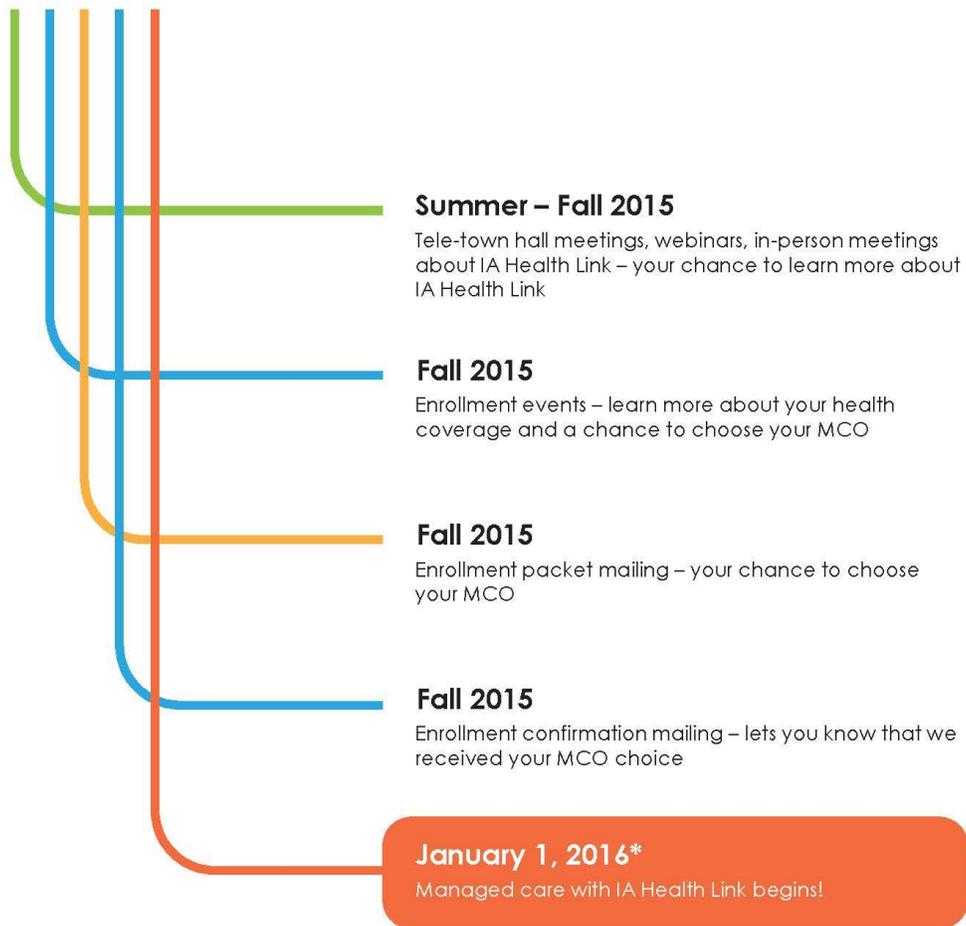
### Questions?

If you have any questions about this change or your health coverage, please call the Iowa Medicaid Member Services Unit at **1-800-338-8366**, or in the Des Moines area at 515-256-4606. Help is available Monday through Friday, from 8 a.m. until 5 p.m. You may also email Member Services at [IMEMemberServices@dhs.state.ia.us](mailto:IMEMemberServices@dhs.state.ia.us).

*Para solicitar este documento en español, comuníquese con Servicios para Miembros al teléfono 1-800-338-8366 de 8:00 a.m. a 5:00 p.m., de lunes a viernes*



## Steps to IA Health Link Timeline



\*Pending Centers for Medicare and Medicaid Services (CMS) approval



## IA Health Link Long Term Care Questions and Answers

Why am I changing to IA Health Link?

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 a single program for individuals and families to get the best care they need.

What is managed care?

Managed care is a way to get help for all of your health care needs with one health plan. This is to help you stay healthy.

Where can I get care?

You can get care from any Iowa Medicaid provider. You will need to check with your MCO to make sure that your provider(s) will continue to provide services through the MCO's provider network.

How do I know if a service is covered with IA Health Link or not?

**Your covered services will not change.** All of the medical benefits and Home- and Community-Based Services (HCBS) waiver benefits available today will continue to be available through the MCO.

I take medicine. Will it still be covered?

Yes. All benefits that are available to you today will continue with your MCO. Your MCO will provide coverage for your approved medicine.



## IA Health Link Long Term Care Questions and Answers

Can I change my MCO after the program begins?

We want you to have a MCO that you are comfortable with and can help you meet your medical needs. You may change your MCO at any time for good cause or you can change your MCO any time within the first few months. Needing services from a provider within a different MCO's network is an example of good cause.

What happens if I move?

If you move, please contact the Department of Human Services call center at 1-877-347-5678. We will update your address in our records. Beginning January 1, 2016, the MCOs will have a statewide provider network to allow for you to move through the state without having to change coverage. You may contact your MCO to learn about providers near your new address.

What will I need to do now?

You do not need to do anything at this time. You will get a notice to let you know when you need to make a MCO choice. Please watch your mail and [iahealthlink.gov](http://iahealthlink.gov) for updates.

Will I have to pay for IA Health Link?

If you had any form of cost sharing before IA Health Link, it will continue after January 1, 2016.

Where do I go for help?

If you have questions about IA Health Link, please call the Iowa Medicaid Member Services Unit at **1-800-338-8366** or in the Des Moines area at 515-256-4606. Help is available Monday through Friday, from 8 a.m. until 5 p.m. You may also email Member Services at [IMEMemberServices@dhs.state.ia.us](mailto:IMEMemberServices@dhs.state.ia.us).

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## IA Health Link Launch date has changed to March 1, 2016

### What is new?

The Centers for Medicare and Medicaid Services (CMS) has reached a decision on the IA Health Link managed care program. The program will begin **March 1, 2016**, instead of January 1, 2016, pending final federal approval.

### Will my benefits change?

Your benefits will remain the same and you will receive coverage through Iowa Medicaid during this transition period. Managed care coverage through a managed care organization (MCO) will begin March 1, 2016, with final federal approval.

### How can I learn more?

You will be able to find the most up-to-date information regarding this transition at the following webpages:

- IA Health Link Webpage: <http://dhs.iowa.gov/iahealthlink>
- Medicaid Modernization Webpage:  
<http://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization>

Iowa Medicaid will continue to host in-person meetings and webinars. Meetings will be posted on the DHS website at: [http://dhs.iowa.gov/sites/default/files/MemberEducation\\_and\\_EnrollmentEventsFlyer.pdf](http://dhs.iowa.gov/sites/default/files/MemberEducation_and_EnrollmentEventsFlyer.pdf)

### Questions?

For questions about your benefits, please contact **Iowa Medicaid Member Services at 1-800-338-8366**, or locally in the Des Moines Area at 515-256-4606, Monday through Friday, 8:00 a.m. – 5:00 p.m. You may also email Member Services at [IMEMemberServices@dhs.state.ia.us](mailto:IMEMemberServices@dhs.state.ia.us).

IOWA DEPARTMENT OF HUMAN SERVICES  
IOWA MEDICAID ENTERPRISE - MEMBER SERVICES  
PO BOX 36510  
DES MOINES, IA 50315-0314

<MEMBER NAME>  
<ADDRESS 1>  
<ADDRESS 2>  
<CITY>, <ST> <ZIP>

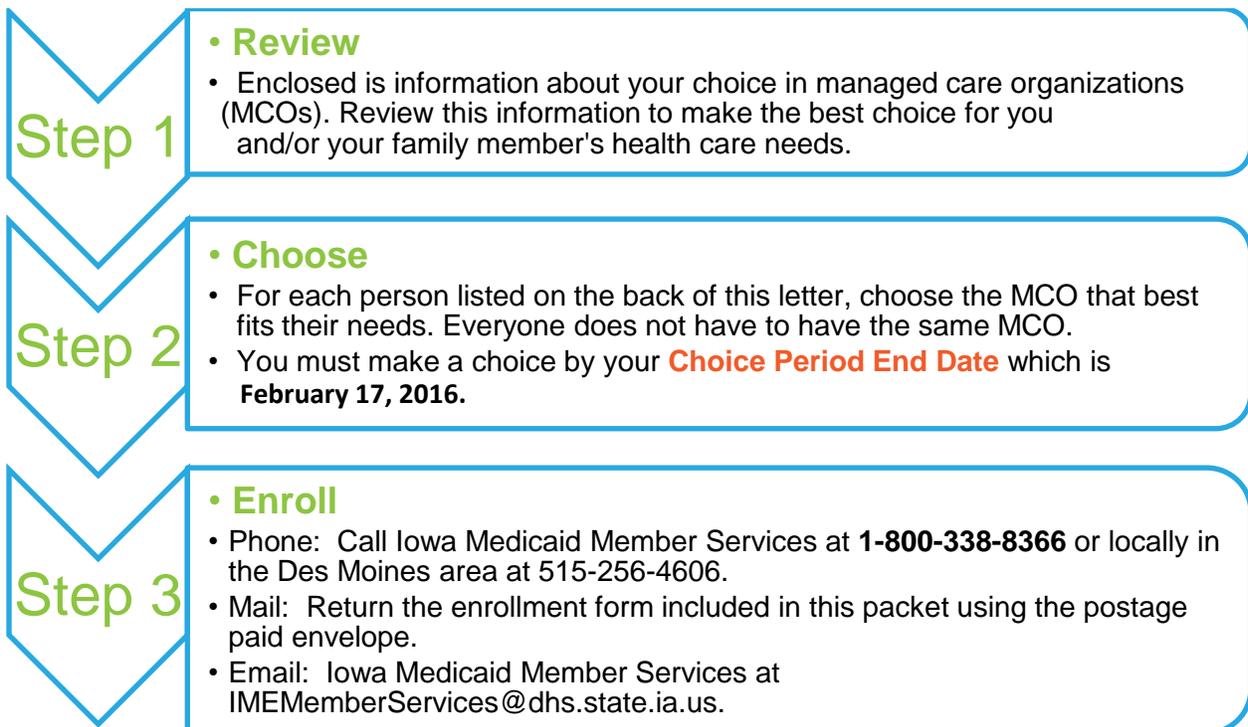


<Date>  
<Case Number>

## Welcome to the IA Health Link Program

*Most Iowa Medicaid programs are being joined together into one managed care program called IA Health Link. This new program will give you the same health coverage you know and use, but will be provided by a Managed Care Organization (MCO) that you get to choose. IA Health Link coverage will begin on March 1, 2016, pending final federal approval.*

**Please follow three steps below** to choose a health care plan that best fits you.



You will find information in this packet about the three MCOs that you can choose to be your health plan:

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

\* **PACE** (Program of All-Inclusive Care for the Elderly) is another managed care program option for members age 55 or older who live in certain Iowa counties and meet certain level of care requirements. Information about the PACE program can be found in your IA Health Link Member Handbook.

*For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking, call Relay Iowa TTY at 1-800-735-2942.*





## IA Health Link Managed Care Organization Enrollment

Welcome to IA Health Link. Please see the enclosed information about each Managed Care Organization (MCO) available to you. You must select one MCO to enroll with. If you do not select a plan, the MCO listed on your enrollment letter will be your MCO. After you complete this form, please return it in the postage paid envelope provided. You do not need a stamp to return this form by mail or you may also fax your completed form to 515-725-1351.

**Complete this form with blue or black ink.**

Name of Person to Enroll	Date of Birth of Person to Enroll	ID Number of Person to Enroll	Check One MCO
			<input type="checkbox"/> Amerigroup Iowa, Inc. <input type="checkbox"/> UnitedHealthcare Plan of the River Valley, Inc. <input type="checkbox"/> AmeriHealth Caritas Iowa, Inc.
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Reason for changing your MCO: \_\_\_\_\_

**Your Address (Street, City, and Zip Code)**

**Your Phone Number**

**Sign Here**

If you have questions about how to complete this form, call Member Services at **1-800-338-8366** or locally in the Des Moines area at 515-256-4606, Monday through Friday from 8 a.m. – 5 p.m.

*Para solicitar este documento en español, comuníquese con Servicios al Afiliado al teléfono 1-800-338-8366, de lunes a viernes desde las 8 a.m. hasta las 5 p.m.*

*For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking, call Relay Iowa TTY at 1-800-735-2942.*



Comm. 476 (Rev. 2/16)



# IA Health Link Managed Care Program

Iowa Medicaid Member Services:  
Toll Free: 1-800-338-8366  
Local: 515-256-4606  
Website: [www.IAHealthLink.gov](http://www.IAHealthLink.gov)  
Email: [IMEMemberServices@dhs.state.ia.us](mailto:IMEMemberServices@dhs.state.ia.us)

*Para solicitar este documento en español, comuníquese con Servicios para Miembros al teléfono 1-800-338-8366 de 8 a.m. a 5 p.m., de lunes a viernes.*

*For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking, call Relay Iowa TTY at 1-800-735-2942.*

## Welcome to IA Health Link

Inside this booklet, you will find information about the IA Health Link program. IA Health Link is a managed care program that works to make sure you get the health care that you need. Please take a few minutes to review the information in this booklet and if you have any questions, contact the Iowa Medicaid Member Services Call Center at:

Toll Free: 1-800-338-8366

In the Des Moines area: 515-256-4606

Fax: 515-725-1351

Email: [IMEMemberServices@dhs.state.ia.us](mailto:IMEMemberServices@dhs.state.ia.us)

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## Your Managed Care Organization (MCO) Options

IA Health Link is a program that gives you quality health coverage that is covered by a Managed Care Organization (MCO), also known as a health plan. You get to choose which MCO will manage your care.

Each MCO will have a network of providers across the state of Iowa who you may see for care. The MCOs will also coordinate your care to help you stay healthy. Below you will find contact information for each MCO. For more information about each MCO and their provider network, give them a call.

### **Amerigroup Iowa, Inc.**

Member Services Phone: 1-800-600-4441

Website: [www.myamerigroup.com/IA](http://www.myamerigroup.com/IA)

Member Services Email: [MPSWeb@amerigroup.com](mailto:MPSWeb@amerigroup.com)

### **AmeriHealth Caritas Iowa, Inc.**

Member Services Phone: 1-855-332-2440

Website: [www.amerihealthcaritas.com](http://www.amerihealthcaritas.com)

Member Services Email: [members@amerihealthcaritasia.com](mailto:members@amerihealthcaritasia.com)

### **UnitedHealthcare Plan of the River Valley, Inc.**

Member Services Phone: 1-800-464-9484

Website: [www.UHCCommunityPlan.com](http://www.UHCCommunityPlan.com)

## Services Covered Before the MCO Selection Takes Effect

The time period before a member's MCO choice takes effect and during the months where some members may receive retroactive coverage is called Fee for Service. During this time members will receive the same benefits through Fee for Service as they would with the MCO. While you are in Fee for Service your benefits are covered by Iowa Medicaid. Iowa Medicaid only pays for services from providers who are enrolled with the Iowa Medicaid program.

While on Fee for Service please direct any questions about your coverage or bills to Iowa Medicaid Member Services at 1-800-338-8366 or in the Des Moines area at 515-256-4606.

For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking, call Relay Iowa TTY at 1-800-735-2942.

## **PACE**

PACE (Program of All-Inclusive Care for the Elderly) is a managed care program that blends Medicaid and Medicare funding. The PACE program must provide all Medicare and Iowa Medicaid covered services as well as other services that will improve and maintain the member's overall health status. The focus of the PACE program is to provide needed services that will allow persons to stay in their homes and communities. Long-term care services are covered, however, if necessary.

### **Eligibility Requirements**

The PACE program is designed for members who:

- Are 55 years of age or older
- Live in a PACE-designated county
- Have chronic illnesses or disabilities that require a level of care equal to nursing facility services
- Can live safely in their homes and community with help from PACE services

<b>Services Available at the PACE Center</b>	<b>Other PACE Benefits</b>
<ul style="list-style-type: none"><li>• Meals</li><li>• Nutritional counseling</li><li>• Personal care services</li><li>• Physical therapy, occupational therapy, and other restorative therapies</li><li>• Primary medical care (including physician and nursing services)</li><li>• Recreational therapy and social activities</li><li>• Social work services</li><li>• Transportation</li><li>• Prescription drugs</li></ul>	<ul style="list-style-type: none"><li>• Ambulance services</li><li>• Audiology services</li><li>• Dental services</li><li>• Home health services</li><li>• Hospice services</li><li>• Inpatient hospital services</li><li>• Laboratory and X-ray services</li><li>• Medical equipment and supplies</li><li>• Nursing facility services</li><li>• Optometric services</li><li>• Outpatient hospital services</li><li>• Palliative care services</li><li>• Podiatry services</li></ul>

### **Interdisciplinary Team**

The PACE center staff, representing the services listed above; the PACE member, the PACE transportation driver, and the PACE center manager are the PACE interdisciplinary team (IDT). The IDT determines medically necessary services and coordinates all care.

### **Applying for the PACE Program**

PACE designated counties and PACE providers are listed at the following link:

<http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/pace>

A PACE enrollment coordinator will schedule a meeting to provide further information about the PACE program. If you would like to proceed with an application for the PACE program, the PACE enrollment coordinator and PACE staff will assist you throughout the application process.

## Managed Health Care with IA Health Link

The Department is seeking federal approval from the Centers for Medicare and Medicaid Services (CMS) to join most Iowa Medicaid programs together into one managed care program called IA Health Link. This new program will give you the same health coverage you know and use, but will be covered by a Managed Care Organization (MCO) that you get to choose.

In order to receive federal approval, Iowa will need to demonstrate that the new program is ready. If so, it will begin on March 1, 2016. An MCO is a health plan. The coverage offered by the providers in the MCOs will be just right for you.

You can have one MCO for the whole family or you can have a different MCO for each family member. You will then see a provider who works with the MCO that you choose. Your health care provider will be the one to provide you treatment.

## Who is Enrolled in Managed Health Care with IA Health Link?

**Most members** who get coverage by Iowa Medicaid will be enrolled in the Managed Care program and will select an MCO. The benefits you receive from your selected MCO will depend on the type of Medicaid coverage you qualify for.

There are some members who are excluded from Managed Health Care. They are listed below:

- Members who qualify for the Health Insurance Premium Payment program (HIPP) – See page 16 for more information on HIPP.
- Members who qualify for the Medicare Savings Program (MSP) only.
  - Qualified Medicare Beneficiary plan (QMB)
  - Specified Low-Income Medicare Beneficiary (SLMB)
- Members who are on the three day emergency plan.
- Members who are on the Medically Needy program also known as the spenddown program.
- Presumptively eligible members (subject to change once ongoing eligibility is determined).
- Members who receive eligibility retroactively for previous months.

Some members may choose to enroll in the Managed Health Care program:

- Members who are enrolled with the PACE program. If you are a member enrolled with PACE, please contact your PACE provider before making any changes to your plan. Your PACE provider will assist you with disenrolling with PACE and enrolling with the IA Health Link Managed Care program.
- American Indian or Alaskan Native members may also choose to enroll in the Managed Care program. If you are a member who identifies as American Indian or Alaskan Native, contact Iowa Medicaid Member Services at 1-800-338-8366 to learn about enrolling in the IA Health Link Managed Care program.

If you are unsure of the type of Medicaid program you are eligible for, please contact Iowa Medicaid Member Services for assistance at 1-800-338-8366 or locally in the Des Moines area at 515-256-4606, Monday through Friday, from 8 a.m. until 5 p.m. You may also email questions to Iowa Medicaid Member Services at [IMEMemberServices@dhs.state.ia.us](mailto:IMEMemberServices@dhs.state.ia.us).

## Choosing a Managed Care Organization

Contact the Iowa Medicaid Member Services Call Center and choose an MCO from the list included in your enrollment packet. You may enroll in the following ways:

- Complete the IA Health Link enrollment form included with your IA Health Link enrollment packet and return it by mail at no cost to you.

You can also download a copy of the IA Health Link enrollment form at <https://dhs.iowa.gov/ime/members>

- Call the Iowa Medicaid Member Services Call Center, Monday through Friday from 8 a.m. – 5 p.m. toll free at 1-800-338-8366 or in the Des Moines area at 515-256-4606.
- For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking, call Relay Iowa TTY at 1-800-735-2942.
- Email Iowa Medicaid Member Services at [IMEMemberServices@dhs.state.ia.us](mailto:IMEMemberServices@dhs.state.ia.us)
- Fax your enrollment form to 515-725-1351.

Iowa Medicaid Member Services will offer MCO choice counseling to members in person or by phone at 1-800-338-8366. Choice counseling includes answering member questions about each MCO 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 MCO have additional services that would benefit me?

Call or email Iowa Medicaid Member Services to find out how to access in-person help.

### Important notes:

- If you are pregnant, you must notify the Department of Human Services (DHS). This may change the type of Medicaid coverage you get. You may reach DHS by calling 1-877-347-5678.
- Once the baby has been born, you must notify the Department of Human Services Call Center as soon as you are able at 1-877-347-5678.
- When the baby has been enrolled with IA Health Link you will get another enrollment packet in the mail. At that time you may choose an MCO for your newborn baby.
- If you are pregnant and enrolled with an MCO, your baby will also be enrolled in the same MCO at the time of birth.

## Can I Change Managed Care Organizations Later?

A goal of the IA Health Link Program is for you to have an MCO you are comfortable with who can help you access health care services. The program requires that you are enrolled with an MCO. When you receive your enrollment letter, you will be notified of when you will need to make an MCO choice. You will have 90 days to change your MCO for any reason. After the 90-day period, you will remain with that MCO until the next annual open enrollment. Changes cannot be made during the twelve-month period with the exception of the following:

- A request for disenrollment by the member for **Good Cause**.
- A request for disenrollment by the MCO for **Good Cause**.

You will receive a notice in the mail approximately 60 days before the end of your 12-month enrollment period notifying you that you can change your MCO, if you choose.

## Member Requested Disenrollment for “Good Cause”

Because we want you to be happy with your MCO, you may contact Iowa Medicaid Member Services to explain why you feel you need to change your MCO during your 12 months of closed enrollment. A request for this change, called disenrollment, will require Good Cause. Some examples of Good Cause for disenrollment include:

- 1) Needing services from a provider within a different MCO’s network.
- 2) The MCO plan does not cover the services you need due to moral or religious objections.
- 3) Insufficient quality of care given by your MCO.
  - Inadequate treatment given for your medical diagnosis
  - Inadequate use of referrals/specialty care providers
    - Refusal to give referrals for second opinions
    - Refusal to give referrals to Maternal Health Centers for a pregnant member who is requesting the referral
  - Deviations from the Standards of Treatment guidelines
- 4) Medical services provided in an untimely manner.
  - Urgent care not provided or referred by the primary provider within 24 hours
  - Routine care not provided by or referred by the primary provider within 2-4 weeks
- 5) Availability of a new, previously unavailable provider, who is enrolled with a different MCO than whom you are enrolled with.

## What Happens If I Move?

If you move, please contact the Department of Human Services Call Center at 1-877-347-5678 and contact your MCO. Your MCO will have information on how to receive services in your new area.

## IA Health Link Benefits

As a member of the IA Health Link program you will receive comprehensive health benefits through an MCO that you get to choose. Some services may require prior approval. Please work with your health care provider to determine if the specific service you need is covered. You may contact the MCO to find providers you can see for your medical care described below.

IA Health Link Managed Care Benefits Package					
Plan Benefits	Traditional Medicaid Eligibility	Iowa Health and Wellness Plan		Iowa Family Planning Network	Home- and Community-Based Services
		Iowa Wellness Plan	Medically Exempt Coverage (Medicaid State Plan)		
<b>Ambulatory Patient Services</b> <ul style="list-style-type: none"> <li>Physician services</li> <li>Primary care</li> </ul>	Covered	Covered	Covered	Not covered	Covered
<b>Chiropractic</b>	Covered	Covered	Covered	Not covered	Covered
<b>Dental</b>	Covered through Iowa Medicaid	Covered through the Dental Wellness Plan	Covered through the Dental Wellness Plan	Not covered	Covered through Iowa Medicaid
<b>Emergency Services</b> <ul style="list-style-type: none"> <li>Emergency room</li> <li>Ambulance</li> </ul>	Covered	Covered	Covered	Not covered	Covered
<b>Family planning services</b>	Covered	Covered	Covered	Covered	Covered
<b>Hearing Aids</b>	Covered	Not covered	Covered	Not covered	Covered
<b>Home Health</b>	Covered	Covered Private duty nursing and personal care is not covered	Covered	Not covered	Covered

Plan Benefits	Traditional Medicaid Eligibility	Iowa Health and Wellness Plan		Iowa Family Planning Network	Home- and Community-Based Services
		Iowa Wellness Plan	Medically Exempt Coverage (Medicaid State Plan)		
<b>Hospice</b>	Covered Respite: may only be used in five day spans	Covered Respite: 15 day inpatient and 15 day outpatient lifetime limit	Covered Respite: may only be used in five day spans	Not covered	Covered Respite: may only be used in five day spans
<b>Hospitalization</b>	Covered	Covered	Covered	Not covered – with exception to sterilization	Covered
<b>Lab Services</b> • X-rays • Lab tests	Covered	Covered	Covered	Not covered	Covered
<b>Mental Health and Substance Use Disorder Services</b> Inpatient/Outpatient services provided by: • Hospitals • Psychiatrist • Psychologist • Social workers • Family and marital therapists • Licensed mental health counselors	Covered	Covered	Covered	Not covered	Covered
<b>Other Mental Health Services</b>	Covered	Not covered	Behavioral Health Intervention Services (BHIS) Assertive Community Treatment (ACT)	Not covered	Behavioral Health Intervention Services (BHIS) Assertive Community Treatment (ACT)

Plan Benefits	Traditional Medicaid Eligibility	Iowa Health and Wellness Plan		Iowa Family Planning Network	Home- and Community-Based Services
		Iowa Wellness Plan	Medically Exempt Coverage (Medicaid State Plan)		
<b>Other Benefits</b> <ul style="list-style-type: none"> <li>• <b>Bariatric surgery</b></li> <li>• <b>Temporomandibular Joint (TMJ)</b></li> <li>• <b>Intermediate care facility (nursing facility)</b></li> <li>• <b>Intermediate care facility for the intellectually disabled</b></li> </ul>	Covered  Not covered  Covered  Covered	Not covered  Not covered  Not covered  Not covered	Covered  Covered  Not covered, available under other eligible groups  Not covered, available under other eligible groups	Not covered  Not covered  Not covered  Not covered	Covered  Covered  Available under certain Waiver programs  Available under certain Waiver programs
<b>Podiatry</b>	Covered	Covered Routine foot care is not covered unless it's part of a member's overall treatment related to certain health care conditions	Covered	Not covered	Covered
<b>Prescription Drugs</b>	Covered	Covered	Covered	Limited to birth control	Covered
<b>Rehabilitative and Habilitative Services</b> <ul style="list-style-type: none"> <li>• <b>Physical therapy</b></li> <li>• <b>Occupational therapy</b></li> <li>• <b>Speech therapy</b></li> </ul>	Covered	Covered 60 visits covered each year for each therapy type	Covered, no limits	Not covered	Covered, no limits
<b>Skilled Nursing Facility</b>	Covered, no limits	Limited to 120 days annually	Limited to 120 days annually	Not covered	Covered, no limits

Plan Benefits	Traditional Medicaid Eligibility	Iowa Health and Wellness Plan		Iowa Family Planning Network	Home- and Community-Based Services
		Iowa Wellness Plan	Medically Exempt Coverage (Medicaid State Plan)		
<b>Non-Emergent Medical Transportation</b>	Covered	Not covered	Covered	Not covered	Covered
<b>Vision Care Exams</b>	Covered	Covered	Covered	Not covered	Covered
<b>Eyeglasses</b>	Covered	Not covered	Covered	Not covered	Covered

## Home- and Community-Based Services

Home- and Community-Based Services (HCBS) are for people with disabilities and older Iowans who need services to allow them to maintain a good quality of life and stay in their home and community instead of going to an institution. You must be eligible for Medicaid and also meet the requirements of the HCBS program you are applying for and/or receiving. You will need to be certified as being in need of nursing facility level of care, skilled nursing facility level of care, hospital level of care, or being in need of care in an intermediate care facility for the intellectually disabled.

Iowa currently has seven Medicaid HCBS waivers:

- AIDS/HIV Waiver
- Brain Injury Waiver
- Children's Mental Health Waiver
- Elderly Waiver
- Health and Disability Waiver
- Intellectual Disability Waiver
- Physical Disability Waiver

Services are intended to help people reach the highest degree of independence possible. For more information about each HCBS Waiver program please visit <http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/waivers>

## Iowa Family Planning Network Services

Iowa Family Planning Network (IFPN) Services are available for men and women aged 12 through 54. Services available to those who are eligible include:

- Birth control exams and advice
- Limited testing and treatment for sexually transmitted diseases (STDs)
- Pap tests
- Birth control supplies for men and women
- Voluntary sterilization for men and women who are over the age of 21 and have signed a valid sterilization consent form

If you are only eligible for IFPN, you do not have coverage for services such as:

- Hospital visits (except during sterilization)
- Dental
- Vision
- Chiropractic care
- Medical or health care services not related to those covered by IFPN

You will use the same MCO card but only family planning services are covered. To check your coverage call Iowa Medicaid Member Services at 1-800-338-8366 or 515-256-4606.

For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking, call Relay Iowa TTY at 1-800-735-2942.

## **Dental Services**

Dental services for Iowa Health and Wellness Plan members are available through the Dental Wellness Plan. Dental services are not available to members enrolled with the Iowa Family Planning Network.

Dental services are available to all other members through the Fee for Service program. The services are not part of those provided by the MCO. Services include teeth cleaning, fillings, extractions, disease control, and surgery.

Dental services have these limits:

- Routine exam: 1 time every 6 months
- Teeth cleaning: 1 time every 6 months
- Bitewing x-ray: 1 time every 12 months
- Complete x-ray: 1 time every 5 years, unless there is a need
- Sealant: only 1 time per tooth
- Dentures: 1 time every 5 years
- Complete exam: only once per dental provider

There is a more thorough exam done if you have never been to that dentist or have not been to the dentist in three years.

## **The Dental Wellness Plan**

Members enrolled in the Iowa Health and Wellness Plan have the benefit of dental coverage. This dental coverage is managed by Delta Dental. The earned benefit dental program allows for you to get core benefits as soon as you're a member. More services become available to you when you follow a healthy dental plan.

Core benefits include:

- X-rays
- Cleanings
- Fluoride
- Emergency services
- Fix teeth/dentures for basic needs, like eating, talking, and pain

Delta Dental will send you your dental insurance card and handbook to get you started toward a healthy smile. For more information about the Dental Wellness Plan call 1-888-472-2793.

## Other Transportation Services

Local transportation may be available for children under the age of 21 and pregnant women for travel to medical or dental care at local programs.

Ask your local Care for Kids or maternal health care coordinators to arrange transportation for you.

For contact information, call the Healthy Families Line at **1-800-369-2229**.

## Emergency (ER) and Urgent Care

### **Emergent Care**

An emergency is considered any condition that could endanger your life or cause permanent disability if not treated immediately.

If you have a serious or disabling emergency, you do not need to call your provider or your MCO. Go directly to the nearest hospital emergency room or call an ambulance. The following are examples of emergencies:

- A serious accident
- Stroke
- Severe shortness of breath
- Poisoning
- Severe bleeding
- Heart attack
- Severe burns

**Contact your MCO for all follow-up care.** Do not return to the emergency room for the follow-up care. Your provider will either provide or authorize this care.

### **Urgent Care**

Urgent care is when you are not in a life-threatening or a permanent disability situation and have time to call your managed health care provider. If you have an urgent care situation, you should call your provider or MCO to get instructions. The following are some examples of urgent care:

- Fever
- Earaches
- Upper respiratory infection
- Stomach pain
- Sore throat
- Minor cuts and lacerations

## Healthy Behaviors Program for the Iowa Wellness Plan Members

Members of the Iowa Wellness Plan have a chance to play a bigger part in their health care through the Healthy Behaviors Program. The Healthy Behaviors program allows members to become aware of their health status through two activities. Those activities are a Health Risk Assessment (HRA) and an annual wellness exam which includes an exam with your primary care provider **or** a dental exam with your dental provider. Members may complete both Healthy Behaviors each year so that their health coverage contributions can be waived in their next enrollment year.

For more information about the Healthy Behaviors program visit:

[https://dhs.iowa.gov/ime/members/medicaid-a-to-z/iahealthlink/your\\_benefits](https://dhs.iowa.gov/ime/members/medicaid-a-to-z/iahealthlink/your_benefits).

## Copayments

Some medical services may have a copayment, which is your share of the cost. If there is a copayment, you will pay it to the provider of the service.

- You will be charged a \$3.00 copayment for each visit to the emergency room that is not considered an emergency. (See page 14 for the definition of emergency situations.)
- Iowa Health and Wellness Plan members will be charged an \$8.00 copayment for each visit to the emergency room that is not considered an emergency. (See page 14 for the definition of emergency situations.)
- Children under the age of 21 and pregnant women **will not be** charged a copayment for any services.

## Iowa Medicaid Card

All members receive a *Medical Assistance Eligibility Card* (form 470-1911).

- Keep your card until you get a new one.
- Always carry your card with you and don't let anyone else use it.
- Show your card to the provider every time you get care.
- If you lose your Medicaid card, call Iowa Medicaid Member Services.
- If you go off of Iowa Medicaid and come back on, a new card will not be issued. Please contact Member Services to request a new Medicaid card.



## Managed Care Organization Card

In addition to the Iowa Medicaid card, you will receive a card from the Managed Care Organization (MCO) whom you are enrolled with.

- Be sure to have **both** cards ready when you go to your provider.
- If you lose your MCO card, call your MCO to ask for a new one. (See MCO contact information on page 3.)

## Interpreter Services

**We can arrange for an interpreter to help you speak with us in almost any language.** Please call Iowa Medicaid Member Services for help at 1-800-338-8366 or locally in the Des Moines area at 515-256-4606, Monday through Friday, from 8 a.m. until 5 p.m. Share with the representative who takes your call the language you need and they will find an interpreter.

For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking, call Relay Iowa TTY at 1-800-735-2942.

**Para solicitar este documento en español, comuníquese con Servicios para Miembros al teléfono 1-800-338-8366 de 8 a.m. a 5 p.m., de lunes a viernes.**

## Help with Insurance Premium Payments

The Health Insurance Premium Payment (HIPP) program is a service available to people who get Medicaid. The HIPP program helps people get or keep health insurance through their employer by reimbursing the cost of the health insurance premium. The HIPP program is a way for the state of Iowa to save money.

To complete an application over the phone or for questions call 1-888-346-9562.

For a paper application, please visit [www.dhs.state.ia.us/hipp](http://www.dhs.state.ia.us/hipp). Applications may be returned by fax at 1-515-725-0725 or email at [hipp@dhs.state.ia.us](mailto:hipp@dhs.state.ia.us).

## Estate Recovery

Estate recovery legal reference: 441 IAC 75.28(7)

The cost of medical assistance is subject to recovery from the estate of certain Medicaid members. Members affected by the estate recovery policy are those who:

- Are 55 years of age or older, regardless of where they are living; or
- Are under age 55 and:
  - Reside in a nursing facility, an intermediate care facility for persons with an intellectually disability, or a mental health institute, and
  - Cannot reasonably be expected to be discharged and return home.

## Important Notes

- For **mental health or substance abuse services**, you should call your MCO. Your MCO will let you know how to move forward with getting services.
- If you receive a bill for a medical service that you believe should be covered by your MCO, contact your MCO and let them know about the bill. Your MCO can help determine if the cost is covered.
- If you do **not** show your Iowa Medicaid or MCO card to the provider or hospital, you may have to pay the bill yourself.

## Contact Information for Concerns

- Your MCO is responsible for helping you with your health care. If you feel you are not getting the care that you need, call the Iowa Medicaid Member Services Call Center at 1-800-338-8366, Monday through Friday from 8 a.m. until 5 p.m.
- Assistance is available to Iowa Medicaid members who wish to have a complaint about their services researched.

For members receiving long-term care services or home- and community-based waiver services, independent advocacy services are available. You may contact:

Office of the State Long-Term Care Ombudsman  
510 E. 12th Street  
Des Moines, IA 50319

(515) 725-3333 or 1-866-236-1430 (toll-free nationwide)

## Member Rights and Responsibilities

### **Member Rights**

- To receive timely, appropriate, and accessible medical care
- To obtain a second opinion regarding a medical diagnosis
- To choose the provider of your choice from the providers available with your MCO
- To change your MCO as allowed by program policy
- To appeal a decision that you do not agree with
- To be treated with respect and dignity
- To be treated without discrimination with regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status
- To participate in decisions regarding your health care, including the right to refuse treatment

### **Member Responsibilities**

- To be knowledgeable about your medical coverage
- To obtain routine and ongoing care from your provider in an office setting
- To contact your provider before emergency room visits with the exception of situations requiring emergency care. (See page 14 for the definition of emergency situations.)
- To carry your current medical assistance card and MCO card at all times and present it when accessing medical care.

- To call the number on the reverse side of your medical cards if you move or have incorrect information printed on your medical cards
- To be responsible for any medical bills if you do not present your Iowa Medicaid card or MCO card at the time of your visit
- To be responsible for any medical bills for services provided by a practitioner who is not participating in the Iowa Medicaid program or is not enrolled with your MCO

## Appeals and Grievances

### **You Have the Right to Appeal**

IA Health Link members have the right to file an appeal with their respective MCO, before filing an appeal with Iowa Medicaid. For benefit or service-related issues, please contact your MCO to learn about your appeal rights with them. (See page 3 for MCO contact information.)

If an Iowa Medicaid member is dissatisfied with the MCO's decision, the member can access the State Fair Hearing appeal process through the Department of Human Services (DHS).

### **What is an appeal?**

An **appeal** is asking for a hearing because you do not like a decision the Department of Human Services (DHS) makes. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7].

### **How do I appeal?**

Filing an appeal is easy. You can appeal in person, by telephone or in writing for Food Assistance or Medicaid. You must appeal in writing for all other programs. To appeal in writing, do **one** of the following:

- Complete an appeal electronically at <https://dhssecure.dhs.state.ia.us/forms/>, **or**
- Write a letter telling us why you think a decision is wrong, **or**
- Fill out an Appeal and Request for Hearing form. You can get this form at your county DHS office.

Send or take your appeal to the Department of Human Services, Appeals Section, 5th Floor, 1305 E. Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask your county DHS office.

### **How long do I have to appeal?**

For Food Assistance or Medicaid, you have 90 calendar days to file an appeal from the date of a decision. For all other programs, you must file an appeal:

- Within 30 calendar days of the date of a decision **or**
- Before the date a decision goes into effect

If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing.

If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

### **Can I continue to get benefits when my appeal is pending?**

You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal:

- Within 10 calendar days of the date the notice is received. A notice is considered to be received 5 calendar days after the date on the notice or
- Before the date a decision goes into effect

Any benefits you get while your appeal is being decided may have to be paid back if the Department's action is correct.

### **How will I know if I get a hearing?**

You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. This letter will tell you why you did not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

### **Can I have someone else help me in the hearing?**

You or someone else, such as a friend or relative can tell why you disagree with the Department's decision. You may also have a lawyer help you, but the Department will not pay for one. Your county DHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 515-243-1193.

### **Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity**

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees, and clients without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, please send a letter detailing your complaint to: Iowa Department of Human Services, Hoover Building, 5th Floor – Policy Bureau, 1305 E. Walnut Street, Des Moines, IA 50319-0114 or via email [contactdhs@dhs.state.ia.us](mailto:contactdhs@dhs.state.ia.us)

### **Right to Submit a Grievance**

If you want to file a complaint involving access to care, quality of care, communication issues with your primary care provider, or unpaid medical bills and you are enrolled in an MCO, please contact the MCO and work through their grievance process. If you feel that the MCO is not acting on your complaint, you may contact the Iowa Medicaid Member Services Call Center at 1-800-338-8366 toll free or 515-256-4606 in the Des Moines area.

If you want to file a complaint involving access to care, quality of care, communication issues with your primary care provider, or unpaid medical bills and you are enrolled in IA Health Link Managed Care program, please contact the Iowa Medicaid Member Services Call Center at 1-800-338-8366 toll free or 515-256-4606 in the Des Moines area.

## Questions

If you have questions about IA Health Link, you may contact the Iowa Medicaid Member Services Call Center at **1-800-338-8366** toll free or 515-256-4606 in the Des Moines area. You may also email questions to Member Services at [IMEMemberServices@dhs.state.ia.us](mailto:IMEMemberServices@dhs.state.ia.us). If you have questions about your MCO, you may contact the MCO at their phone number, provided below:

Amerigroup Iowa, Inc. Phone: 1-800-600-4441

AmeriHealth Caritas Iowa, Inc. Phone: 1-855-332-2440

UnitedHealthcare Plan of the River Valley, Inc. Phone: 1-800-464-9484

## Important Contact Information

### Iowa Medicaid Member Services Call Center

Toll Free: 1-800-338-8366

In the Des Moines area: 515-256-4606

Email: [IMEMemberServices@dhs.state.ia.us](mailto:IMEMemberServices@dhs.state.ia.us)

Hours of operation: Monday through Friday 8 a.m. to 5 p.m.

For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking, call Relay Iowa TTY at 1-800-735-2942.

Use this page to keep track of important phone numbers for all your health care needs. Keep this near your phone for use in contacting the right people to help you with your health care.

MCO: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_

Hospital: \_\_\_\_\_

Iowa Medicaid Member Services Call Center: 1-800-338-8366 toll free; 515-256-4606 Des Moines area

Emergency: 911

Website: [www.IAHealthLink.gov](http://www.IAHealthLink.gov)

Email: [IMEMemberServices@dhs.state.ia.us](mailto:IMEMemberServices@dhs.state.ia.us)

# Your health comes first. Make us your first choice.



## Amerigroup is proud to be part of the new Medicaid program in Iowa.

We're one of three IA Health Link managed care organizations (MCOs) in your neighborhood. We know you have unique needs – not all of them health-related – and we know how to meet them. We help millions of people get the care they need every day. Now we're ready to support you, every step of the way.

### Why join Amerigroup?

Because you'll get all your regular Medicaid benefits, plus extras to help you and your family live healthy, like:

- Free Boys & Girls Club membership
- Help getting free mobile phone service\* with:
  - Up to 250 free monthly minutes to call family, friends and doctors
  - 100 bonus lifetime minutes
- Video chats with doctors through LiveHealth Online
- Equipment to help with daily living
- Extra personal assistant services to help support members' health and well-being
- Free weight management program for adults who qualify
- Free stop-smoking program for adults

\*For eligible households

### And let's not forget your regular health benefits.

We're working with doctors, clinics and hospitals throughout Iowa to make sure you can easily use the Medicaid benefits you're entitled to, such as:

- The right doctor for your needs
- Preventive health services
- Behavioral health services
- Pharmacy services
- EPSDT/well-child visits
- Emergency medical services
- Home health services
- Hospital services
- Long-term services and supports
- Health screenings and more

**All at no or low cost**



You need:	We have:
A health plan that understands you and your family	Years of experience focusing on Medicaid, CHIP, SSI and home- and community-based services waiver programs
Trusted doctors, hospitals and clinics near your home	A growing network of doctors, specialists, clinics, hospitals and pharmacies in your neighborhood, and we're adding more every day
Support to help you manage your health and life	Dedicated care managers to work with your family, doctors and community groups to help you where and when you need it

**Want to  
learn more?**

Call us at  
1-800-600-4441 (TTY 711).



More than  
**30 YEARS**  
of making  
**care the heart**  
of our **work.**



AmeriHealth Caritas Iowa is excited to have been chosen as one of the Medicaid managed care plans for the Iowa High Quality Health Care Initiative.

We believe it is important to be involved in the community. That is why we are hiring local people from the community to work at our health plan. We are working with community groups and providers to get to know you better. Our goal is to make sure you get the right care in the right place at the right time.

AmeriHealth Caritas Iowa also believes everyone should have access to quality health care and services. We respect your health care needs and will treat you with the dignity you deserve. We are committed to delivering health care through innovative services and programs that will make it easier for you to take care of your health.

We are ready to serve you in Iowa's new Medicaid managed care program. We have been providing Medicaid managed care for over 30 years. Today, we are helping more than 6.9 million members in 15 states and the District of Columbia. We help people get care, stay well and build healthy communities.

At AmeriHealth Caritas Iowa, care is the heart of our work. We are looking forward to helping Iowa become an even healthier state.

**WITH AMERIHEALTH CARITAS IOWA, YOU WILL RECEIVE GREAT CARE THROUGH OUR ENHANCED BENEFITS:**

- CARE Card. Earn rewards for healthy behaviors.
- Wellness centers in select locations. Talk to someone about your care, take classes and get information about our programs and events.
- Maternity programs and incentives, including BrightStart®.
- Free cell phone program for qualified members. Stay in touch with us about your health.
- Free gym membership to select locations.\*
- And more!

\*Based on program rules.

**For more information, call 1-855-332-2440. TTY 1-844-214-2471.**  
**[www.amerihealthcaritas.com](http://www.amerihealthcaritas.com)**



# Helping to make health care simpler in Iowa.

We're UnitedHealthcare Community Plan of Iowa. We're dedicated to helping make health care simpler, so our members get the care they need, when they need it.

## We offer a wide range of benefits designed for:

- Pregnant mothers and their babies.
- Children up to age 19.
- Low income adults and families.
- People living with disabilities or other serious health conditions.
- People who need extra help to live on their own.

## Serving Iowans for three decades.

We have served members in Iowa since the 1980s. UnitedHealthcare provides health benefits to more than 490,000 members in Iowa. This includes people who get coverage through employers, the armed forces and Medicare programs. It also includes more than 9,000 *hawk-i* members.

### Our members can expect:

- Access to a wide range of care providers across Iowa.
- 24/7 access to a nurse for questions about their health and care.
- Extra support and programs to help reach health goals.
- Experienced care managers to work with members who have complex health conditions.

We look forward to serving more Iowans through IA Health Link.

**To learn more about UnitedHealthcare Community Plan, visit:**

 **UHCCommunityPlan.com**

 **Or call: 1-800-464-9484**

UnitedHealthcare Plan of the River Valley, Inc.



We connect our members to thousands of providers, clinics and hospitals in Iowa.



We serve more than 5 million members in 23 states.



We team up with national partners to provide programs that support lifelong health.

