Iowa Medicaid Enterprise

Iowa Medicaid Managed Care Programs
2012
Managed Health Care

Under Iowa Code 441-88.1 (249A) Definition

“Managed health care” shall mean any one of the alternative deliveries of regular fee-for-service Medicaid such as defined in subrules dealing with health maintenance organizations (HMOs), prepaid health plans (PHPs), or Medicaid Patient Access to Service System (MediPASS).
Discussion Topics:

- MediPASS
- HMO-Meridian
- Lock-in
- Disease Management
- Health Homes
- Iowa Care
- Electronic Health Records (EHR)
- Health Information Technology (HIT)
- PACE
MediPASS

- Medi=Medicaid
- P=Patient
- A=Access to
- S=Service
- S=System
MediPASS Background

- Developed by DHS with support from Iowa Medical Society and Iowa Osteopathic Medical Association
- Iowa Legislature Mandated
- Program began in 1990
MediPASS Goals:

- Enhance quality and continuity of care
- Ensure appropriate access to care
- Educate members to access medical care from the most appropriate point
Who Can be a MediPASS Provider?

- Medical Doctor-MD
- Doctor of Osteopathy-DO
- Nurse Practitioner-NP
- Nurse Midwife-CNM
- Federally Qualified Healthcare Center-FQHC
- Rural Health Clinic-RHC
Responsibilities of a Patient Manager (PM)

• Provide Primary Care
• Give referrals when needed
  - Treat patient or give referral for treatment to another provider
  - Supply a 24-hour access phone number for other providers to obtain referrals when necessary
• Coordinate and monitor care
• Serve as advocate for member
24-hour Access

• A Patient Manager (PM) serves as the sole point of access into the healthcare system for MediPASS members

• A single 24-hour access phone number must be established for scheduling appointments, accessing information, and for use by members when the office is closed
  - This access phone number is to provide instruction to or for members 24 hours a day.
Services Exempt from Referral

• Emergent Services
  www.ime.state.ia.us/docs/EmergencyDiagnosisCodes.xls
• Dental services
• Prescription drugs
• Chiropractic services
• Family Planning Services-ie: exam and birth control
• Optometry services
• Home and Community Based Services (HCBS)
• Early Periodic Screening Diagnosis and Treatment(EPSDT) for children under age 21
Member Participation

• Any Medicaid member who is eligible for full Medicaid receive medical assistance under Temporary Assistance for Needy Families-TANF

  Must choose one of the below:

  A Patient Manager(PM) under the MediPASS program

  Or

  HMO (Meridian)-if available in their county
MediPASS Member Enrollment

- Members are enrolled in Managed Heath Care (MHC) as they become eligible for Medicaid
- Members are notified that they must choose a MHC PM
- If a member fails to choose a Patient Manager; one will be assigned to them
- Members may choose to change their PM during open enrollment
- Members may change the PM during closed enrollment by calling Member Services and giving a “good cause” reason.
Example Letter to Member

Iowa Department of Human Services
NOTICE OF DECISION: Managed Health Care
READ THIS LETTER CAREFULLY !!!

Notice Date: 10/17/08
County Number: 02 ADAMS
Worker #: CMA7
Case Number: 123400000

JOHN MEMBER
1234 MAIN ST
DES MOINES, IA 50025

You live in a county where managed health care is required. Please read the enclosed "Your Choice" booklet. It will tell you how Managed Health Care affects your medical coverage.

The following Managed Health Care option(s) are available in your county: MediPASS or HMO.

If you want the provider listed below as your Managed Health Care Provider you DO NOT HAVE TO DO ANYTHING.

If you do not want the provider listed below you can find out if your provider is available as a managed health care provider or request a listing of participating providers by calling the Member Services Call Center at 1-800-338-8366 or 515-725-1003 in the Des Moines area between 8:00 am and 5:00 pm Monday through Friday.

If you do not want the provider listed below you must choose a managed health care provider for the person(s) listed below by 11/18/08. If you are pregnant and choose an HMO, your baby will also be enrolled in the same HMO at the time of birth.

You may let us know of your choice by mailing the enclosed enrollment form or by calling the Member Services Call Center at 1-800-338-8366 or 515-725-1003 in the Des Moines area. If your choice does not arrive at the Member Services Call Center by 11/18/08, the provider(s) listed below will be your Managed Health Care provider effective for December.

You may change your managed health care provider for any reason within 90 days of this letter. After that you will be required to stay with the same provider (either a MediPASS provider or an HMO if available) for a minimum of six months.

For information on your right to disenroll for a good cause, please refer to your "Your Choice" booklet or call the Member Services Call Center.

EM 8-M Enrollment
IAC 441-88.3, 88.23, 88.48

Provider Name : Provider of Service
Provider Address : 1313 Mockingbird Lane
CORNING, IA 50841
Provider telephone : 641-555-3622

Person ID Number : Member Name
12345678M JANE MEMBER
Member Enrollment Form

Iowa Department of Human Services

Iowa Medicaid Managed Health Care Enrollment Form

You may use this form to enroll with the Managed Health Care (MHC) program. If you have any questions about how to complete this form or your enrollment options, call 1-800-338-8366 or (515) 256-4806 in the Des Moines area Monday through Friday from 8:00 am to 5:00 pm. To complete this form, follow the instructions listed below:

1. List the name and Person ID number for each person you wish to enroll. The Person ID Number is listed on the Notice of Decision you received in this packet.

2. Please review the list of MediPASS doctors provided with this packet. Choose a Doctor/Clinic for each person and fill in the form below with the name and address in the middle section of the table below. Also tell us the county your Doctor/Clinic is in using the far right section of the table below. After you complete the form, sign your name on the bottom line.

3. Fold the form so that the BUSINESS REPLY MAIL shows on the outside. Wet along the side of the form to seal. You do not need a stamp to mail this form.

The County You Live In ____________________________ Today’s Date ____________________________

<table>
<thead>
<tr>
<th>Print the Name of Each Person to Enroll</th>
<th>Birth Date</th>
<th>Person ID Number</th>
<th>Doctor/Clinic Name</th>
<th>Address</th>
<th>County the Doctor/Clinic is in:</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Reason for changing provider ____________________________

Your address (Street, City and Zip Code) ____________________________

Your Phone ____________________________

Sign Here ____________________________
Enrollment Effective Dates

- MHC enrollment and changes are always effective on the first day of a month.
- Enrollments made prior to the “Cut off” date are effective the next month.
- Enrollments made after the “Cut off” date are effective the month after.

* The Patient Manager that currently shows on the patients card must treat and/ or refer the member until the transfer is complete.
Provider request the PM be changed

- Fax in a request to 515-725-1155
  - Indicate NPI# and name of PM
  - List members by name and State Identification Number (SID#)

Or

- Email in a request to imeproviderservices@dhs.state.ia.us
  - Provide the same information as above

Or

- Call Provider Services at 1-800-338-7909 or 515-256-4609 (Des Moines) area only
Dis-enrolling a member

• A member may be dis-enrolled for a “good cause”
  - Failure of member to follow treatment plan(s)
  - Repeated failure to keep appointments
  - Abusive behavior towards provider or staff
  - Drug Seeking Behavior
  - Seeking unauthorized care from others

• Fill out form 470-2169 and fax to 515.725.1155

• The member is sent a letter and given 5 business days to respond.
Dis-enrollment Form

Once a member has been dis-enrolled by a provider; they are not able to be reassigned to that provider in the future without permission from the patient manager.
Provider Request for Member Disenrollment

• Form #470-2169

• Disenrollment reason code(s)
  
  - Choose option C if:
    Member seeks care from other provider(s) that is not authorized and/or refuses to establish care with the assigned PM
  
  - Option G is rarely used
    Used to give additional information to Iowa Medicaid
    Not a sufficient reason on it’s own
Who is not required to participate in MediPASS?

• SSI-related members (aged, blind, disabled)
• Members in foster care
• Some children with special health care needs (Title 5)
• Native Americans
• Alaskan Natives
Patient Manager Benefits

- Receive fee-for-service from Medicaid
- Administrative Fee of $2.00 per eligible member-per month enrolled with PM
  - Fee is paid for the month previous

*Federally Qualified Health Centers-FQHC are exempt from payment of administrative fee.

- Quickly identify patient volume with patient lists (report) provided by Iowa Medicaid monthly
Report Provided to Patient Managers

• Monthly Patient Listing
  - Sent to each participating MediPASS Patient Manager at the beginning of each month.
  - List enrollees who are currently enrolled with the PM-indicated by a “C” next to the name
  - List enrollees who are new as of that month- indicated by a “N” next to the name
  - List enrollees who are Potential or Previous- “P”
Coming Soon!

• MediPASS patient listings on IMPA
How to Become a MediPASS PCP

- Must be an enrolled, active Medicaid provider
- Fill out form 470-2615 (MediPASS agreement)
  1. You may select
     - The maximum number you would like
     - The age range you want to treat
     - The counties you will serve
     - Whether your MediPASS panel will be open to all "B" or Current "C"

C = Current- only add the patients your office approves/requests
B = If member meets all other requirements, they can be assigned

Fax the completed form to 515.725.1155
Meridian-HMO

Meridian Health Plan (MHP)

Mission: To improve the quality of care in a low resource environment
MHP Service Area

- Meridian Health Plan (MHP) is a Medicaid HMO in the State of Iowa providing healthcare to eligible enrollees through a contract with the Iowa Department of Human Services.
Meridian Service Description

• Function as a care management/ preventative care organization with emphasis on disease management

• MHP provides Medicaid covered benefits to members based on Iowa Medicaid guidelines
  - Diagnostic tests
  - Home Healthcare
  - Inpatient hospital care
  - Emergency Room treatment
Meridian Health Plan Website

• www.mhplan.com

The website offers:
   1. Provider Manual
   2. Provider Directory
   3. Bulletins
   4. Forms
   5. Useful Links and information
   6. Live online chat services
Meridian Provider Services

Phone 1-877-204-8977

- Fee Schedule Assistance
- Discuss Recurring problems and concerns
- Contractual issues
- Provider education assistance
- Primary care administration
- Initiate physician affiliation, disaffiliation and transfer
Lock-In
Lock-In Program

Goal: Promote quality healthcare for Medicaid members by preventing harmful practices including:

- Duplication of medications
- Unintended medication interactions
- Duplication of medical services and treatments
- Medication abuse
- Non-emergent use of the emergency room
Lock-In is Designed for Members Who:

- Visit hospital emergency departments for non-emergent health concerns
- Use multiple pharmacies (Poly-Pharmacy)
- Utilize more than one physician for the same illness or injury resulting in duplicated medications and/or treatment
Lock-In Continued

Exhibit possible drug-seeking behavior by:

1. Requesting a specific scheduled medication
2. Requesting early refills of scheduled medications
3. Reporting frequent losses of scheduled medications
4. Using multiple pharmacies to fill prescriptions
5. Receiving multiple medications from multiple physician’s
How Does Lock-In Work

• A member may be restricted to
  - One Primary Care Physician
  - One Pharmacy
  - One Hospital
  - One specialist- ie: dentist, psychiatrist

• A member is placed in Lock-In for a minimum of 24 months
To make a referral to Lock-In

• Call the Lock-In Review Coordinator at 1-800-338-8366 or (in Des Moines) 515-256-4606
• Complete Form 470-5063

www.ime.state.ia.us/Providers/CareManagement.html
Disease Management

• Focus is on high-risk, high-cost members with multiple chronic conditions

• This group accounts for only 5% of the Medicaid enrollment yet make up 30% of all expenditures
Program Goals:

- Early Identification and engagement

A registered nurse health coach assists members with coordination of care to:

1. Provide better health outcomes for members who are pregnant or have chronic disease conditions
2. Help prevent Ambulatory Care Sensitive Admissions (ACS)
3. Reduce non-emergent ER use and hospital readmissions within 30 days
4. Provide reinforcement of discharge plan(s)
5. Ensure rapid outpatient follow up, adherence of prescribed meds, transportation and stable housing
6. Reinforce treatment plans developed by the members healthcare provider
Anticipated Outcomes

• Decrease and prevent inpatient hospital re-admissions
• Decrease preventable hospitalizations as well as avoidable E.R. visits
• Improve maternal health and quality outcomes
• Reduce uncoordinated care and Medicaid expenditures/ costs
For Questions or Referrals:

• Please contact Member Services
  1-800-338-8366
Health Home
Health Home

• What is a health home?
  1. Whole person, patient centered, coordinated care for all stages of life and transitions of care
  2. Following the 7 principles of a Patient Centered Medical Home (PCMH) with added flexibility around the location where care coordination is provided
  3. The Health Home takes responsibility to coordinate all care and works in a team environment with those in and outside of the practice walls
Who Can Enroll as a Health Home?

Medicaid enrolled providers who are a:

• Physician Clinic
• Community Mental Health Center
• Federally Qualified Health Center (FQHC)
• Rural Health Clinic (RHC)
Providers Enrolled in a Health Home Must:

• Adhere to the Health Home Provider Standards

• Fulfill, at a minimum, the following roles
  1. Designated Practitioner
  2. Dedicated Care Coordinator
  3. Health Coach
  4. Clinic support staff

• Seek Patient Centered Medical Home recognition within 12 months

• Use an EHR (Electronic Health Record) and registry tool for quality improvements
Qualifying Members

Adults and Children with at least two conditions or one condition and at-risk of a second.
Health Home Members

Member chooses to opt-in the program at the provider’s office

- Provider identifies qualified members
- Member agrees to participate
- Provider completes Patient Tier Assessment
- Provider uses IMPA to enroll the member
Health Home Provider Payment

• Fee-for-service or encounter based
• Patient Management PMPM (per member, per month) payment
  1. Tiered payments increase (level 1 to 4) depending on the number of chronic conditions
  2. Providers submit monthly PMPM claim
Health Home Model

• Payment Methodology
  Performance payment for quality
  1. Using the State IHIN (Iowa Health Information Network) to collect measure data
  2. Annually, starting in year 2
     ▪ Years correlate with state fiscal year
  3. Measures align with meaningful use, national quality programs and other payer initiatives
## PMPM Tier Payment

Per Member Per Month

<table>
<thead>
<tr>
<th>Member's Tier</th>
<th>PMPM Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 (1-3 chronic conditions)</td>
<td>$12.80</td>
</tr>
<tr>
<td>Tier 2 (4-6 chronic conditions)</td>
<td>$25.60</td>
</tr>
<tr>
<td>Tier 3 (7-9 chronic conditions)</td>
<td>$51.21</td>
</tr>
<tr>
<td>Tier 4 (10 or more chronic conditions)</td>
<td>$76.81</td>
</tr>
</tbody>
</table>
Program Starts in 2012

- Providers began enrollment in April
- Providers started enrolling members in June
- PMPM payments start in July

Providers can enroll when they are ready to meet qualifications
Questions?

• Contact

Medicaid Health Home Program
Marni Bussell, Project Manager
mbussel@dhs.state.ia.us
515.256.4659
IowaCare
What is IowaCare?

• A healthcare program that provides limited services to people who are not otherwise eligible for Medicaid

• The purpose is to provide some health care coverage to people who otherwise have no coverage
Qualifying for IowaCare

- Adults age 19-64
- Family income is no more than 200% of federal poverty level
- Not eligible for Medicaid
- Uninsured or their current insurance does not cover the medical condition for which they need treatment
- U.S. citizens or lawful permanent residents
IowaCare Members

- 150% Poverty Level or below (95%) of members
- 151-200% Poverty Level (5%) of members
IowaCare Covers

- Inpatient and outpatient services
- Limited prescription drugs
- Limited dental services
- Routine preventative medical examinations
- Smoking cessation

- Not all of the above services are available or covered from every IowaCare provider
IowaCare Member Card
IowaCare Provider Network

- Community Health Center of Fort Dodge
- Broadlawns Medical Center, Des Moines
- Crescent Community Health Center, Dubuque
- Peoples Community Health Center, Waterloo
- Council Bluffs Community Health Center
- Primary Health Care, Marshalltown
- University of Iowa Hospitals and Clinics, Iowa City
- Siouxland Community Health Center, Sioux City
All IowaCare members must be seen at the medical home for their county of residence.
IowaCare Funding for Extra Services

- 500,000 Cap- Radiology and Labs for Medical Homes
- 1,500,000 Cap- Care Coordination
  Follow up to inpatient care for University of Iowa and Broadlawns

Services covered are:
- Rehabilitation and Therapy
- DME
- Home Health
- Stays in Nursing facilities up to 30 days (therapy/rehab)
Claim Requirements

• UIHC or Broadlawns will provide upon referral

1. Referring IowaCare provider number
2. Patient’s IowaCare number
3. Service being requested
4. The duration or quantity of service
5. Signature form UIHC or Broadlawns representative authorizing the service
For more Information on IowaCare

• Visit

www.ime.state.ia.us

Select **IowaCare** for Providers
Electronic Health Records (EHR) and Health Information Technology (HIT)
What is EHR?

• Electronic Health Records (EHR) are
  1. Used to collect, store, exchange health information
  2. Patient history, diagnoses, medications, office visits, allergies and laboratory tests are included

• American Recovery and Reinvestment Act (ARRA) provides incentive payments to Medicaid and Medicare eligible professionals and hospitals for the meaningful use of certified EHR technology
EHR/ HIT Goals

1. Reduce costs
2. Improve care
3. Advance coordination across healthcare platform
EHR Incentive Program

- Iowa Medicaid Enterprise EHR Incentive program began January 4, 2011 - One of the first 4 states in the nation
- As of April 10, 2012 Iowa has approved payments to over 866 eligible professionals and hospitals totaling over 40 million in incentive payments
- Over 4.5 Billion paid out nationally by Medicare and 44 states that have implemented EHR
Iowa Health Information Network (IHIN)

- Allows participants to securely access patient health information.
Eligible Professionals (EPs)

- Physicians
- Dentists
- Nurse practitioners
- Certified Nurse Midwives
- Physician Assistants-practicing predominately in a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) that is “so led” by a Physician Assistant
Eligible Professionals and Patient Volume

• ELIGIBLE PROFESSIONALS MUST MEET THE FOLLOWING PATIENT VOLUME REQUIREMENTS

<table>
<thead>
<tr>
<th>Entity</th>
<th>Minimum Medicaid patient volume threshold</th>
<th>Or the Medicaid EP practices predominately in an FQHC or RHC – 30% needy individual patient volume threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>30%</td>
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<tr>
<td>Pediatricians</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Dentists</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>CNMs</td>
<td>30%</td>
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</tr>
<tr>
<td>Pas when practicing at an FQHC/RHC that is so led by a PA</td>
<td>30%</td>
<td></td>
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<tr>
<td>NPs</td>
<td>30%</td>
<td></td>
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<tr>
<td>Acute care hospitals</td>
<td>10%</td>
<td>N/A</td>
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<tr>
<td>Children’s hospitals</td>
<td>No requirement</td>
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</tbody>
</table>
Additional Patient Criteria for Eligible Professionals

• Any patient with Medicaid primary or secondary
  - Encounter must have a paid claim at 1¢ or more

• MediPASS patient listings (seen during previous 12 months, excluding 90 day period)
  - Not applicable to all providers
  - May use to reach patient volume, not a requirement
Eligible Professionals Continued

• Any provider qualifies who practices predominately in an RHC or FQHC where at least 30% of their encounters are needy individuals such as:
  1. Hawk-i members
  2. Members who receive uncompensated care or sliding scale based on the individual’s ability to pay

• EP’s can receive $63,750 over 6 years for:
  1. Adopting, implementing or upgrading (year one only)
     And
  2. Demonstrating meaningful use of certified EHR
Encounter Criteria

• Patient volume is calculated on the number of encounters

  Total Medicaid patient encounters in a 90-day period (previous calendar year)
  ÷
  Total patient encounters in that same 90-day period
Eligible Hospitals

• Acute Care Hospitals
  - Must have at least 10% Medicaid patient volume
    (calculated using emergency department visits and
    inpatient discharges)

• Critical Access
  - Must have CMS Certification Number (CCN)
    with last 4 digits of 0001-0879 or 1300-1399
  - Average length of stay of 25 days or fewer
Eligible Hospitals (EH) Payments

- Payments are based on
  1. Cost Report Data
  2. Medicaid Bed Days

- The Average payment to an EH so far has been $1,035,952 over a three-year period
Encounter Criteria

• Patient volume is calculated on the number of encounters

Total Medicaid patient encounters (ED visits + discharges) in a 90-day period (previous hospital fiscal year)

\[ \div \]

Total patient encounters in that same 90-day period
CMS Needs from Eligible Hospitals

• In the first payment year
  1. Name of the Hospital
  2. National Provider Identifier
  3. Business address and phone
  4. CMS Certification Number (CCN)
  5. Taxpayer Identification Number
Eligible Professionals/ Eligible Hospitals

Getting started

1) Register at CME Registration & Attestation website
2) Create Account on IME PIPP System
3) Complete Attestation & Upload Documentation
4) Receive EHR Payment
For more Information

• Visit
www.ime.state.ia.us/Providers/EHRIncentives.html

• Email
imeincentives@dhs.state.ia.us

• Call
Kelly Peiper,
Medicaid HIT Provider Incentive Coordinator
515-974-3071
PACE

Program of All-Inclusive Care for the Elderly
What is PACE
Program of All-Inclusive Care for the Elderly

• Designed to help elderly stay healthy
• Provides coordinated care for such things as:
  1. Specialty Care
  2. Nursing Facility Care
  3. Hospitalization
  4. Hospice
  5. Emergency

PACE Providers are available 24 hours a day, 7 days per week
# PACE Centers

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<tr>
<th></th>
<th>SIOUXLAND PACE</th>
<th>IMMANUEL PATHWAYS</th>
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<tbody>
<tr>
<td><strong>PACE Programs in Iowa</strong></td>
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<tr>
<td><strong>SIOUXLAND PACE</strong></td>
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<tr>
<td><strong>PACE Center Address:</strong></td>
<td>313 Cook Street</td>
<td>1702 N. 16th. Street</td>
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<tr>
<td></td>
<td>Sioux City, IA  51103</td>
<td>Council Bluffs, IA  51501</td>
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<tr>
<td><strong>Telephone:</strong></td>
<td>712-224-7233</td>
<td>712-256-4567</td>
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<td>1-888-722-3713</td>
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<td><strong>Email:</strong></td>
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<tr>
<td><strong>Web Address:</strong></td>
<td><a href="http://www.sioulxlandpace.org">www.sioulxlandpace.org</a></td>
<td><a href="http://www.immanuelpathways.org">www.immanuelpathways.org</a></td>
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<td><strong>Counties in PACE service area</strong></td>
<td>Cherokee</td>
<td>Harrison</td>
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<td>Ida</td>
<td>Mills</td>
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<td>Monona</td>
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<td>Woodbury</td>
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PACE Center

• Has a number of supports such as:
  1. Medical Clinic
  2. Physical therapy
  3. Occupational therapy
  4. Personal care
  5. Nutritional counseling
  6. Recreational therapy
  7. Meals

- Transportation is provided by the PACE provider for medical care and other supports
PACE Expansion

Coming Fall 2012

Additional counties to be added are:

- Boone
- Dallas
- Jasper
- Madison
- Marion
- Marshall
- Polk
- Story
- Warren
For more Information

• Visit
  
  www.ime.state.ia.us/PACE/#search

• Email
  
  imeproviderservices@dhs.state.ia.us
Provider Services Outreach Staff

Outreach staff provides the following services:

• On-site training
• Escalated Claim issues

Send an email to:
imeproviderservices@dhs.state.ia.us
You have now completed Iowa Medicaid Managed Care Programs

Feel free to ask questions at this time.