



## Medicaid Modernization Transition Factsheet

### Official start date of Managed Care is January 1, 2016

The majority of Medicaid, Healthy and Well Kids in Iowa (hawk-i) and Iowa Health and Wellness Plan members will soon be enrolled with comprehensive managed care organizations (MCOs). The main goals of Iowa's Medicaid Modernization are to improve health care quality and access for members, achieve greater accountability for outcomes, and create a more predictable and sustainable Medicaid budget.

### General Information for the Managed Care Process

#### Services:

- Services provided today will continue to be offered under the MCOs, including physical healthcare, behavioral care and long term care services.
- All the Medicaid state plan and Home and Community Based Services (HCBS) waiver benefits available today will continue to be available through the MCO. This includes prescription medicine and the Brain Injury (BI) waiver services.
- Dental services (provided by Iowa Medicaid or Delta Dental) will stay the same, and will not be provided by the MCO.

#### Enrollment:

- Members will have the choice to select one of two to four MCOs. The member will receive services through the MCO's provider network.
- Like today's managed care programs, there will be a person/agency that is completely separate from the MCOs that will share member materials and help members with choices in a fair way.
- The Department is developing a member outreach plan to make sure members know of any changes.
- MCOs will be required to manage member's care and help with changes when a member moves from one MCO to another. MCOs must have statewide coverage to allow for members to move through the state without having to change coverage.

#### Providers:

- Members will have a choice in provider from those included in the MCO network. If a member enrolls with an MCO and already has a relationship with a provider not included in the MCO network, the MCO is required to make every effort to make sure the member can stay with the same provider, if the member wants to.
- The provider network and current rates will remain in place until June 30, 2016. Provider networks and reimbursement rates after June 30 will be negotiated by the MCOs and providers as the MCOs establish their networks.
- Members may also switch to a different MCO if the provider is in another MCO network, and the member chooses to maintain the established provider relationship.
- The member should choose the plan that best fits their needs. The MCO is expected to work with the member to ensure the best care coordination possible.

For more information about the Medicaid Modernization initiative visit:

<http://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization>