



Medicaid Modernization Transition Factsheet

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. The Department is seeking approval from the Centers for Medicare and Medicaid Services (CMS), if approved, on January 1, 2016, most Iowa Medicaid programs will be joined together into one managed care program called IA Health Link.

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 four MCOs. The member will receive services through the MCO's provider network.
- Member Services is the independent Enrollment Broker and responsible for providing information and conflict free choice counseling for members in the selection of a MCO.
- The Department has developed 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.
- You may be able to keep your current medical 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.
- 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 this initiative visit: <http://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization>