



# New Health Plan Options As of April 1, 2016.



# Health Plan Options

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- Coverage through the new Managed Care Organizations (MCOs) began on **April 1, 2016**.
  - Members may change their MCO for *any reason* during the first 90 days of their enrollment.
  - Members may change their MCO for reasons of ‘Good Cause.’
    - Examples of ‘Good Cause’ include: member’s provider is not in their MCO’s network, not all related services are available in the MCO’s network, etc.
  - To change your MCO call or email ***hawk-i***.
    - E-mail your choice to: [hawkiplanchoice@dhs.state.ia.us](mailto:hawkiplanchoice@dhs.state.ia.us)
    - Call and leave a message at: 1-800 257-8563
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# Health Plan Options

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



# Medical Benefits



- Medical benefits will be covered by your MCO.
- These are the same types of benefits *hawk-i* has always offered.
- A benefit comparison chart by each MCO is available online:

[http://hawk-i.org/en\\_US/docs/hawkicombinedcomparisonchart-v3-2016-1-5.pdf](http://hawk-i.org/en_US/docs/hawkicombinedcomparisonchart-v3-2016-1-5.pdf)

# Providers

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## How do members find out if their provider, doctor, hospital or pharmacy is in their MCO's network?

### Contact the MCOs Directly:

- Amerigroup Iowa, Inc.
    - 1-800-600-4441
    - [www.myamerigroup.com/IA](http://www.myamerigroup.com/IA)
  - AmeriHealth Caritas Iowa, Inc.
    - 1-855-332-2440
    - [www.amerihealthcaritas.com](http://www.amerihealthcaritas.com)
  - UnitedHealthcare Plan of the River Valley, Inc.
    - 1-800-464-9484
    - [www.UHCCommunityPlan.com](http://www.UHCCommunityPlan.com)
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# Choosing Your MCO

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- E-mail your choice to:  
hawkiplanchoice@dhs.state.ia.us
  - Call and leave a message at:  
1-800 257-8563
  - For additional questions call ***hawk-i*** at:  
1-800-257-8563, Monday through Friday,  
8 a.m. to 6 p.m.  
*TDD: 1-515-457-8051 or 1-888-422-2319*
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# Managed Care Member ID Cards

Amerigroup Iowa




Effective Date:  
Date of Birth:  
Amerigroup #:

[www.myamerigroup.com/IA](http://www.myamerigroup.com/IA)  
Amerigroup Iowa, Inc.

Member Name:  
hawk-i Number:  
Primary Care Provider (PCP):  
PCP Telephone #:  
Vision: 1-800-879-6901

Copays: **Non-emergency ER Visits: \$25**  
**No Other Copays**

Member Services/Behavioral Health: 1-800-600-4441 (TTY 711)  
24/7 Amerigroup On Call/Nurse HelpLine: 1-866-864-2544 (TTY 711)

**MEMBERS:** Please carry this card at all times. Show this card before you get medical care. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Always call your Amerigroup PCP for non-emergency care. If you have questions, call Member Services at 1-800-600-4441. If you are deaf or hard of hearing, call 711.

**MIEMBROS:** Lleve esta tarjeta de identificación con usted siempre. Muéstrela antes de recibir cuidado médico. No tiene que mostrar esta tarjeta antes de recibir cuidado de emergencia. Si tiene una emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Llame siempre a su PCP de Amerigroup para cuidado que no sea de emergencia. Si tiene preguntas, llame a Servicios al Miembro al 1-800-600-4441. Si es sordo o tiene problemas auditivos, llame al 711.

**HOSPITALS:** Pre-admission certification is required for all non-emergency admissions, including outpatient surgery. For emergency admissions, notify Amerigroup within 24 hours after treatment at 1-800-454-3730.

**PROVIDERS:** Certain services must be preauthorized. Care that is not preauthorized may not be covered. For preauthorization/billing information, call 1-800-454-3730. For preauthorization of medications, call 1-855-712-0104.

**PHARMACIES:** Submit claims using Express Scripts RXBIN: 003858; RXPCN: MA; RXGRP: WKYA. For technical help, call Express Scripts at 1-855-890-8353.

**SUBMIT MEDICAL CLAIMS TO:**  
AMERIGROUP • P.O. BOX 61010 • VIRGINIA BEACH, VA 23466-1010  
**USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.**

IAH1 03/18

AmeriHealth Caritas




Member name  
**Doe, John**

AmeriHealth Caritas Iowa hawk-i ID  
**123456789**

Sex: **M**

DOB: **MM/DD/YYYY**

State ID: **1234567890123**

Copays

ER*	PCP	SPEC	RX(G)	RX(B)
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*Limits may apply to some services.*

Primary Care Provider (PCP)  
PCP Last Name, PCP First Name  
**Group Name**

PCP phone number  
**1-555-555-1234**

Effective: **00/00/0000**

Not transferable




PO Box 1516, Des Moines, IA 50305  
[www.amerithealthcaritasia.com](http://www.amerithealthcaritasia.com)

Always carry your AmeriHealth Caritas Iowa hawk-i card. You'll need it to get your benefits. Go to your AmeriHealth Caritas Iowa hawk-i Primary Care Provider (PCP) for medical care.

Emergency room: Go to an emergency room near you when you believe your medical condition may be an emergency. If you get emergency care, please notify your PCP.

\*\$25 copayment applies for non-emergent visits to the ER.

Out-of-area care: Report out-of-area care to AmeriHealth Caritas Iowa hawk-i and your PCP within 48 hours.

Mental health, drug, and alcohol services:  
Call Member Services at 1-855-332-2440.

AmeriHealth Caritas Iowa  
Claims Processing  
P.O. Box 715, London, KY 40342

*All other insurance payors must be billed before AmeriHealth Caritas Iowa, payor of last resort.*

Member Services and filing grievances  
**1-855-332-2440** or TTY **1-844-214-2471**

Provider Services and prior authorization  
**1-844-411-0579**

Report Medicaid fraud  
**1-800-831-1394**

To speak with a nurse anytime  
**1-855-216-6065**

Pharmacy Member Services  
**1-855-332-2440** or TTY **1-844-214-2471**

Pharmacy RXBIN #**600428**  
Pharmacy RXPCN #**07390000**  
Pharmacy Provider Services: **1-855-328-1612**

UnitedHealthcare




Health Plan/Plan de salud (80840) 911-87726-04

Member ID/ID del Miembro: **1234567X** Group/grupo: **IAQHP**

Member/Miembro:  
SUBSCRIBER M BROWN

Payer ID/ID del Pagador: **87726**

PCP Name/Nombre del PCP:  
DR. PROVIDER BROWN

PCP Phone/Teléfono del PCP:  
(999)999-9999

DOB:  
00/00/0000



Rx Bin: 610494  
Rx Srp: ACUIA  
Rx PCN: 4444

lowa hawk-i  
Administered by UnitedHealthcare Plan of the River Valley, Inc

DHS14

Printed: 04/23/12



En caso de emergencia, acuda a la sala de emergencia más cercana o llame al 911. In an emergency, go to the nearest emergency room or call 911. Unauthorized use of non-plan providers may result in benefits denial.  
[www.MyUHC.com/CommunityPlan](http://www.MyUHC.com/CommunityPlan)

For Members/Para Miembros: 800-464-9484 TDD 711

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For Providers: [www.unitedhealthcareonline.com](http://www.unitedhealthcareonline.com) 888-650-3462  
Claims Address: P.O. Box 5220, Kingston, NY 12402-5220

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For Pharmacist: 877-495-2272  
Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903

# Dental Benefits

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- Dental benefits will remain the same.
- Dental benefits will continue to be covered by Delta Dental of Iowa.



# Cost of Coverage

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- The cost for coverage depends on the member's income.
  - Members may have free coverage, or would pay no more than \$40 per household per month.
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