



## Iowa Department of Human Services

### Medicaid e-News

Important IA Health Link Updates and Reminders:



#### IA Health Link Billing: Quick Tips

The Iowa Medicaid Enterprise (IME) understands how important it is for providers to be paid in a timely manner. Below are quick tips to ensure prompt payment.

- Verify the member's eligibility for the dates of service the claim is being filed for.
- The billing provider address must be a full mailing address, NOT a P.O. Box.
- Include the full nine-digit zip code for the billing provider address when filing claims.
- Correctly input the member's date of birth.
- Claims only need to be submitted once. Claims are not paid any faster when duplicate claims are submitted.
- Home- and Community-Based Services (HCBS) waiver providers who are billing for multiple dates (date span billing) must ensure the units billed for daily codes are equally divisible by the number of units.
- Home health providers who are billing for multiple dates (date span billing) must bill visits per visit per line for the specific date of service.



[Iowa Medicaid  
Member Services](#)  
1-800-338-8366

[Iowa Medicaid  
Provider Services](#)  
1-800-338-7909

Provider Services  
[Amerigroup Iowa, Inc.](#)  
1-800-454-3730

[AmeriHealth Caritas  
Iowa, Inc.](#)  
1-844-411-0579

[United Healthcare  
Plan of the River  
Valley, Inc.](#)  
1-888-650-3462

#### Non-Emergency Medical Transportation

Members may contact their assigned non-emergency medical transportation (NEMT) broker at the numbers below to schedule their NEMT services:

**Learn More About Your Rejected and Denied Claims:**

When a claim is rejected, reports explaining the reason for rejection are available to providers through their electronic clearinghouse.

When a claim is denied, reports explaining the reason for denial are provided by the Managed Care Organization (MCO).

Both of these reports include the denial/rejection code and a corresponding explanation. For more information on locating or accessing these reports contact your clearinghouse and/or MCO.

**Clean Claims:** All information required for processing is present.

**Denied:** Claim is received and services are not covered benefits, are duplicate, or have other substantial issues that prevent payment.

**Suspended:** Claim is pending internal review for medical necessity and/or may need additional information to be submitted for processing.

**Rejected:** Claims that don't meet minimum data requirements or basic format are rejected and not sent through processing.

**Home- and Community-Based Services (HCBS) Service Plans for IA Health Link Members:**

For members who are enrolled in IA Health Link and have service plans that are past their due date, the Managed Care Organizations (MCOs) will cover their service plans until the new assessment is completed. This does not include exceptions to policy that have expired. Providers will be paid based on MCO contracted rates.

**Updating or Correcting a Member's Information:**

Providers who become aware of changes to, or errors in, a member's information should advise them to contact the Department of Human Services (DHS) Customer Service Call Center at **1-877-347-5678**, Monday - Friday; 7 a.m. to 6 p.m.

Member's can report changes/corrections such as:

- New Address
- Incorrect Birth Date
- Birth of a Child
- Employment Starts or Ends

Important Notices:

**Amerigroup Iowa Inc.**

Logisiticare  
1-844-544-1389

**AmeriHealth Caritas, Iowa Inc.**

Access2Care  
1-855-346-9760

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

MTM  
1-888-513-1613

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**Medicaid Fee-for-Service**

Access2Care/TMS  
1-866-572-7662

**New Provider Informational Letters**

Informational letters are posted through the Iowa Medicaid Portal Application (IMPA) system and are available on the DHS website [here](#). These letters communicate important policies and procedures for providers and their administrative staff.

**Follow Us!**

### **New Naming Convention for Informational Letters**

The Iowa Medicaid Enterprise (IME) publishes provider bulletins called Informational Letters (ILs) that are necessary to clarify and explain new and existing programs and policies.

On April 1, 2016, most Iowa Medicaid members were transitioned to the IA Health Link managed care program; however, some members continue to be served through Medicaid Fee-for-Service (FFS). To better communicate which program and policy updates apply to the different Iowa Medicaid programs, the IME is updating the naming conventions of ILs and adding an 'applies to' indicator.

For more information see [Informational Letter 1710](#).

### **Public Notice Posted Online**

New guidelines from the Centers for Medicare and Medicaid Services (CMS) no longer require public notices to be published in newspapers, and allows them to be published in a centralized place on the state's Medicaid website. The Iowa Medicaid Enterprise (IME) has begun publishing public notices here: <http://dhs.iowa.gov/public-notices> .

### **We Want to Hear from You!**

Join Iowa Medicaid, The Iowa Department of Human Services, and representatives from each of the Managed Care Organizations (MCOs) for a public comment meeting to voice your comments.

The next public comment meeting will be at the Fort Dodge Public Library, 424 Central Ave. in Fort Dodge, IA, 50501, on August 23, 2016, from 3 to 5 p.m.

Download a printable flyer to help get the word out in your community [here](#).

### **Tools and Resources:**

#### **Prior Authorization Summary by Plan**

The Iowa Medicaid Enterprise (IME) has put together a prior authorization (PA) summary by plan. Providers can quickly view and compare PA requirements for each plan with this easy-to-use chart. This chart has been updated with the most current requirements for each Managed Care Organization (MCO). View the PA requirements by plan [here](#).

#### **Provider Resource Pages**

Comprehensive provider resource pages are available for each Managed Care Organization (MCO), featuring provider training manuals, webinars and important updates. View them below:

[Amerigroup.com/IAPProvider](http://Amerigroup.com/IAPProvider)

[AmeriHealthCaritasIA.com/IAPProvider](http://AmeriHealthCaritasIA.com/IAPProvider)

[UHCommunityPlan.com/IAPProvider](http://UHCommunityPlan.com/IAPProvider)

### **Verify Eligibility**

The Eligibility and Verification Information System (ELVS) line is very busy during the first of the month. The [ELVS web portal](#) is another option for providers in lieu of calling the ELVS line but each provider must enroll through the Electronic Data Interchange Support Services (EDISS). The ELVS web portal allows for multiple eligibility checks and batch submission, where as the ELVS phone system only allows for one at a time.

Login ID and password may be obtained through EDISS by submitting the following [Access Request Form](#) to EDISS or calling EDISS at 1-800-967-7902.

For more information, please see Informational Letter 1650-MC available [here](#).

### **Resource Guide for Providers' Front Desk Staff**

The Iowa Medicaid Enterprise (IME) has put together a useful tool for administrative staff which includes important phone numbers, claims submission information and more.

Download and print the Managed Care Quick Reference Guide [here](#).

### **Looking for an Old Issue of the Medicaid e-News?**

Each edition features useful tools and important updates. Now you can quickly access old issues to find what your looking for. Visit the [Iowa Medicaid newsletter page](#) where you'll find links to each issue.

Iowa Medicaid Enterprise | [IMECommunications@dhs.state.ia.us](mailto:IMECommunications@dhs.state.ia.us) | [dhs.iowa.gov](http://dhs.iowa.gov)  
100 Army Post Rd., Des Moines, IA 50315

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