



Medicaid e-News

Medicaid news for members, providers and stakeholders.



56th Anniversary of Medicare and Medicaid

On July 30, 1965, President Lyndon B. Johnson signed into law legislation that established the Medicare and Medicaid. For 56 years since, these programs have helped to protect the health and well-being of millions of Americans throughout all of life's key moments.



Iowa Medicaid's ARPA HCBS Spending Plan

Iowa Medicaid is sincerely grateful for all the feedback received from members, providers and other stakeholders regarding the use of the enhanced federal funding for Home- and Community-Based Services (HCBS) programs through the American Rescue Plan Act (ARPA).

Three central themes arose out of the feedback received: increased training and support, expanding access to services for members, and workforce support. With a focus on these themes, Iowa Medicaid developed a preliminary [ARPA HCBS Spending Plan](#) and has submitted it to the Centers for Medicare and Medicaid Services (CMS) for approval.

Iowa Medicaid's preliminary ARPA Spending Plan is available on the [DHS website](#).

Resuming Medical Assistance Eligibility Processes

As detailed in [Informational Letter \(IL\) 2229-MC-FFS-CVD](#), in April 2021, DHS began using a phased approach to return to normal medical assistance eligibility processes in order to comply with the continued enrollment requirement under the Maintenance of Effort provision of the federal Families First Coronavirus Response Act. The unwinding of Medicaid COVID-19 flexibilities will occur in five phases over several months.

Details regarding the first three phases follows.

Phase 1

Phase 1 was implemented on April 20, 2021, and included resuming some Medicaid eligibility operating procedures that did not require technical assistance. With the implementation of Phase 1, Medicaid will resume discontinuance of members that were approved for medical assistance in error, transition members to a coverage group they are now eligible for, and review eligibility for Hawki members who have turned 19 years old and no longer qualify for the Hawki program. These regular Medicaid eligibility procedures had been on hold since March 2020 due to the COVID-19 pandemic.

Phase 2

Phase 2

Phase 2 was implemented in June 2021. As part of Phase 2, Income Maintenance (IM) workers have started acting on changes for all Long Term Services and Supports (LTSS) cases. Some LTSS members, including those receiving HCBS waivers and state plan HCBS habilitation services, Program for All-Inclusive Care for the Elderly (PACE), and facility coverage may be transitioned to a different Medicaid coverage group based on a review of circumstances. Members affected by Phase 2 were sent a [letter](#) in the mail in June 2021 notifying them of an upcoming review.

After a review, if a member's LTSS coverage ends, LTSS services may no longer be covered for the member, but they may be able to continue to receive other medical services through Medicaid until the end of the federal public health emergency (PHE), or until Medicaid is given federal direction to evaluate this type of coverage, whichever should come first. If the member is on Medicare, their medical benefits will be provided by Medicare, but Medicaid may help cover the cost of their Medicare premiums. Affected members will be sent a notice in the mail saying they will be ineligible after the PHE has ended. A separate official notice will be issued to the member at the end of the PHE when their coverage is discontinued.

Additionally, Phase 2 includes:

- Resuming automated Medicaid system batch eligibility redeterminations for changes in household circumstances, and
- Completing an annual renewal/redetermination when acting on changes in household circumstances.
- Resuming system alerts that notify IM workers of pertinent program information known to the Department. IM workers will act on this information and complete a redetermination of eligibility, if appropriate.

Phase 3

Phase 3 is also now underway. Phase 3 includes issuing pre-populated annual medical assistance renewal/review forms to households. The first set of pre-populated forms were sent to members on June 22, 2021, for August 2021 eligibility. Pre-populated forms will continue to be sent to members each month. This allows DHS to begin working through the backlog of annual renewals now rather than waiting until after the PHE has ended, in order to maintain federal compliance. Members who are deemed eligible for medical assistance upon their annual renewal month, will have their eligibility renewed for one year with a new renewal date. Members who are found ineligible during this annual renewal process, will continue to receive medical assistance through the duration of the PHE. Affected households will be sent a notice of action in the mail saying they are ineligible after the PHE has ended. A separate official notice will be issued to the household at the end of the PHE when their coverage is actually being discontinued.

Most members will continue to maintain medical assistance eligibility throughout the PHE

MEETING.

The remaining phases will start at the conclusion of the PHE. The Department is still determining what will be included in these phases.

Future updates will be posted on [DHS website](#).

Member Open Choice Period

A majority of current IA Health Link and Hawki members are currently in an open choice period through September 30, 2021. Members may change their Managed Care Organization (MCO) for any reason during this time.



Packets will be mailed to eligible members starting next week.

Members are not being reassigned and do not have to change MCOs if they don't want to. If members want to keep things just the way they are, they do not have to do anything.

Members who wish to change MCOs must submit their request to IME Member Services.

You can find more information about the Open Choice Period, and make your MCO choice, on the [DHS website](#).

Resuming In-Person Assessments and Service Plan Monitoring

As described above in, "Resuming Medical Assistance Eligibility Processes, " the Department is starting to unwind COVID-19 restrictions and has returned to in-person assessments and service plan monitoring.

Effective July 1, 2021, all assessments and service plan monitoring visits are presumed to be in person unless the member identifies that they do not want a face-to-face visit. Before a face-to-face meeting, staff should utilize pre-screening questions, wear a mask, and social distance as much as possible. Telephonic or videoconferencing may be considered on an individual member basis when requested by the member and/or the member's guardian and not for the convenience of the HCBS provider, HCBS assessor, HCBS specialist, community-based case manager, case manager, or Integrated Health Home (IHH) care coordinator. If a member requests a virtual visit instead of a face-to-face encounter, document the member's request in the member's service record. Federal flexibilities allow this action throughout the duration of the PHE.

HCBS providers may not deny any HCBS assessor, HCBS specialist, community-based case managers, case managers, or IHH care coordinators in-person access to a member's home or other site of service for the purposes of meeting with the member to conduct assessments, service plan monitoring, and oversight. A provider denying access to a member's home or other site of service may only do so when ordered by a Governor's Proclamation or with specific written authorization from the IME, Bureau of Medical and Long Term Services and Support (MLTSS). Written authorization will be granted on an individual basis when the request is directly related to protecting the health of members and staff during a COVID-19 outbreak.

Read all the details in [Informational Letter 2244-MC-FFS-CVD](#).



Dental Wellness Plan Kids

As a reminder, Iowa Medicaid transitioned the administration of children's Medicaid dental benefits from Fee-for-Service (FFS) to dental plan administrators on July 1, 2021. This new program is called, Dental Wellness Plan Kids. This change impacts children, age 18 and under, who were previously enrolled in FFS.

Affected children were assigned to either Delta Dental of Iowa (DDIA) or Managed Care of North American (MCNA) for dental services. Members may switch dental carriers for any reason through September 30, 2021. After that, members must meet "good cause" to switch.

During the 90-day transition period, from July 1 through September 30, 2021, any Medicaid FFS non-expired prior authorization will be honored through September 30, 2021. In addition, provider claims submitted to either DDIA or MCNA from a non-network provider will be honored (if medical necessity is met) by the dental plans through September 30, 2021.

More information on the Dental Wellness Kids transition can be found on the [DHS website](#).

Federal Public Health Emergency Extended

On July 19, 2021, the U.S. Department of Health and Human Services (HHS) extended the federal public health emergency (PHE) for another 90 days, through October 20, 2021.

CMS will provide the Iowa Medicaid with a 60-day notice prior to the official end of the PHE, and at that time, further clarification on the ending of Medicaid flexibilities will be communicated by Iowa Medicaid to stakeholders.

Latest Managed Care Reports Available Online

The latest quarterly performance report, as well as the latest network geographic access report, for the Iowa Medicaid MCOs are available on the DHS website.

MCO Quarterly Performance Report

This [report](#) includes performance data for State Fiscal Year 2021 (SFY21), Quarter 3 (January through March 2021), for Amerigroup, Iowa and Iowa Total Care.

Managed Care Geographic Access Reports

The MCOs must demonstrate access within the contractual requirements or additional network adequacy standards developed by Iowa Medicaid. The Managed Care Network Geographic Access reporting looks at MCO provider networks in order to assess member access and network capacity.

SFY21, Quarter 3 Geographic Access Reports for [Amerigroup](#) and [Iowa Total Care](#) are available on the DHS website.



Help Us Support a Thriving School Year!

The Iowa Department of Public Health and DHS are collecting backpacks and school supplies to support children and families served by DHS. The families we serve deserve a successful school year where they can learn with confidence. Consider donating new:

- Backpacks and school bags
- Folders and notebooks
- Crayons and magic markers
- Pencils, pens, erasers and highlighters
- Rulers
- Store gift cards

School supplies can be dropped off at any local DHS field office. Find the field office closest to you here: https://dhs.iowa.gov/dhs_office_locator

Success Story



Iowa Total Care Sponsors Food Pantry Truck

Iowa Total Care has partnered with the Siouxland Food Bank in Sioux City to sponsor a mobile food pantry truck.

The food pantry truck will reach areas and individuals outside of Sioux City who may not otherwise have access to healthy, fresh food on a regular basis.

The partnership is part of Iowa Total Care's "Be Well. Eat Well" initiative. More information on the initiative is available on [Iowa Total Care's website](#).

IA Health Link Contacts

MEMBER SERVICES

[Amerigroup Iowa](#)

1-800-600-4441

[Iowa Total Care](#)

1-833-404-1061

PROVIDER SERVICES

[Amerigroup Iowa](#)

1-800-454-3730

[Iowa Total Care](#)

1-833-404-1061

Dental Wellness Plan Contacts

MEMBER SERVICES

[Delta Dental of Iowa](#)

1-888-472-2793

[MCNA Dental](#)

1-855-247-6262

PROVIDER SERVICES

[Delta Dental of Iowa](#)

1-888-472-1205

[MCNA Dental](#)

1-855-856-6262

Iowa Medicaid Contacts

MEMBER SERVICES

[Iowa Medicaid Member Services](#)

1-800-338-8366

PROVIDER SERVICES

[Iowa Medicaid Provider Services](#)

1-800-338-7909

IA Health Link Success Stories

IA Health Link is a managed care program that works to make sure members get the health care they need. Click the image at the right to read IA Health Link success stories.

