

Iowa Department of Human Services

Medicaid e-News

Useful Information:

Managed Care Cards and Medicaid ID Numbers

All three Managed Care Organizations (MCOs) include the member's Medicaid ID number on the member's MCO ID card. The Amerigroup of Iowa, Inc. member ID card refers to the number as "Medicaid number." The AmeriHealth Caritas of Iowa, Inc. member ID card refers to the number as "State ID." UnitedHealthcare Plan of the River Valley, Inc. uses the Medicaid ID as the MCO ID number and is referred to on the card as "Member ID."

To view samples of the MCO cards click 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.



Coverage has Begun!

<u>Iowa Medicaid</u> <u>Member Services</u>

1-800-338-8366

MCO Member Services

Amerigroup lowa, Inc.

1-800-600-4441

AmeriHealth Caritas

1-855-332-2440

United Healthcare
Plan of the River
Valley, Inc.

1-800-464-9484

Non-Emergency Medical

Transportation

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

Amerigroup lowa Inc. Logisiticare

Service Plan Extensions

To assist members with the transition to managed care on April 1, 2016, all applicable Home- and Community-Based Services (HCBS) waiver service plans that include a service plan end date between April 1, 2016, and June 30, 2016, will be extended. This extension will assure that members have an authorized service plan while transitioning to service coordination with the member's new Managed Cared Organization (MCO). During this extension, the case manager designated by the MCO will work with the member to develop a service plan for the remainder of the member's waiver year.

For more information view Informational Letter 1671-MChere.

Electronic Health Records Incentive Program

The last year to initiate participation in the Medicaid Electronic Health Record (EHR) incentive program is 2016. Dental providers are now eligible to receive meaningful use and EHR technical assistance.

For more information view the <u>EHR Incentive Program Flyer</u>.

Resident Physicians

There is an expectation that the MCOs "enroll" ANY currently enrolled physician residents including, but not limited to, those at the University of Iowa Hospitals and Clinics, Broadlawns Medical Center, Mercy Medical Center in Des Moines, Paramount Health Options, etc. The MCOs are not expected to fully credential physician residents, but rather have these providers loaded in their system such that reimbursement can be made for services rendered by physician residents.

Pharmacy Choice

Managed Care Organizations (MCOs) may offer pharmacy drugs through a mail-order pharmacy, however members have a choice and may choose to use their MCO's mail-order pharmacy, or may choose go to their local pharmacy to fill prescriptions.

Public Comment Meeting:

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.

1-844-544-1389

AmeriHealth Caritas, lowa Inc. Access2Care 1-855-346-9760

UnitedHealthcare Plan of the River Valley, Inc. MTM 1-888-513-1613

Medicaid Fee-for-Service Access2Care/TMS 1-866-572-7662

New Provider
Informational Letters
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Communications Toolkit

The IA Health Link Communications is full of resources including FAQs, social media posts, images, links and more. Download it below:

Communications Toolkit

Follow Us!

The next public comment meeting will be at the Grand River Center, meeting room #2, 500 Bell St. in Dubuque, IA, 52001, on May 10, 2016, from 3 to 5 p.m.







Download a printable flyer to help get the word out in your community <u>here</u>.

Tools and Resources:

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, 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 <u>Access Request Form</u> to EDISS or calling EDISS at 1-800-967-7902.

For more information, please see Informational Letter 1650-MC available here.

Prior Authorization Requirements

During the first 90 days of the transition, all existing prior authorizations will be honored. During this 90-day grace period, providers will be able to establish new authorizations following the policies of the member's selected MCO.

Download and print the PA requirements by plan here .

Informational Letter 1628-MC provides important direction on the PA process during this transition. Please read it carefully. It can be found here.

Pharmacy Drug Claim PAs

- Beginning April 1, 2016, all prescribers, whether in-network or out-of-network, must follow the MCOs' pharmacy drug PA requirements included in the health plans Provider Manuals.
- Drug claims requiring a PA will not be processed by the MCOs if there is not an approved PA in place.
- Providers should continue to follow the IME pharmacy drug PA policies and processes for the Fee-for-Service (FFS) members.

Managed Care Organization Provider Resource Pages Available

Comprehensive resource pages are available for each Managed Care Organization (MCO), featuring provider

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training manuals, webinars and important updates. You may view them below:

Amerigroup.com/IAProvider

AmeriHealthCaritasIA.com/IAProvider

UHCCommunityPlan.com/IAProvider

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Iowa Medicaid Enterprise | IMECommunications@dhs.state.ia.us | dhs.iowa.gov 100 Army Post Rd., Des Moines, IA 50315

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