



Iowa Department of Human Services

Medicaid e-News

Important Billing Reminders:



Billing Reminders

Most Iowa Medicaid members were transitioned to the IA Health Link managed care program on April 1, 2016. While billing and claims for those members must now be submitted to their Managed Care Organization (MCO), most of the requirements and claim forms are the same or very similar.

To expedite payment, please be sure to submit clean claims with all the required elements and work closely with the MCOs you've contracted with.

Clean claims are required for payment. The Iowa Medicaid Enterprise (IME) or the MCOs cannot pay or correct forms that are not accurate.

Common Errors Include:

- Transposed numbers
- Necessary signatures missing
- Third-party insurance should have been billed as primary
- Medicare should have been billed as primary
- Missing or invalid member ID number
- The treating provider is not a valid provider for the procedure
- The billing provider is not a valid provider type to bill for these services

Important information on billing and claims submission for each MCO can be found here:

[Amerigroup Iowa, Inc.](#)

[AmeriHealth Caritas Iowa, Inc.](#)



Coverage has Begun!

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

MCO Member
Services
[Amerigroup Iowa, 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 non-
emergency medical
transportation (NEMT)
broker at the numbers
below to schedule
their NEMT services:

Amerigroup Iowa Inc.
Logisiticare

Managed Care Update

- As of June 3, the health plans have processed more than 2.25 million claims with an average payment time of 8 days.
- Networks -About 22,000 active in-state Medicaid providers and more than 97 percent have signed with at least one MCO, about 76 percent with two MCOs and about 70 percent with all three.

Contracting Continues

Providers are encouraged to continue working with the three managed care organizations (MCOs) to complete contracts and credentialing requirements.

The Iowa Medicaid Enterprise (IME) has worked closely with the MCOs to create a universal provider application to assist providers who wish to enroll with the IME and multiple MCOs.

[Iowa Medicaid Universal Provider Enrollment Application](#)

[Iowa Medicaid Home- and Community-Based Services \(HCBS\) Waiver Provider Application](#)

Any Willing Provider: The MCOs must contract with any willing provider for a period of time.

- Physical and behavioral health: September 30, 2016. (6 months)
- Long Term Services and Supports: March 31, 2018. (2 years)

Managed Care Organization Pharmacy Billing Reference

Pharmacy claims for Iowa Medicaid members enrolled in a Managed Care Organization (MCO) should be billed to the appropriate MCO or their corresponding Pharmacy Benefit Manager (PBM) to which a member is assigned.

To learn more see [Informational Letter 1626-MC](#).

Member Choice:

'Good Cause' Reasons for Members to Change Their Managed Care Organization (MCO)

Following a member's 90-day choice period in the IA Health Link managed care program, and throughout the year, members may change their MCO for 'Good Cause' reasons.

**AmeriHealth Caritas,
Iowa 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**
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.

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!

'Good Cause' reasons can be found in the [IA Health Link member handbook](#) and are listed below:



- Needing services from a provider within a different MCO's network.
- The MCO plan does not cover the services you need due to moral or religious objections.
- Insufficient quality of care given by your MCO.
 - Inadequate treatment given for your medical diagnosis
 - Inadequate use of referrals/specialty care providers
 - Refusal to give referrals for second opinions
 - Refusal to give referrals to Maternal Health Centers for a pregnant member who is requesting the referral
 - Deviations from the Standards of Treatment guidelines
- Medical services provided in an untimely manner.
 - Urgent care not provided or referred by the primary provider within 24 hours
 - Routine care not provided by or referred by the primary provider within 2-4 weeks
- Availability of a new, previously unavailable provider, who is enrolled with a different MCO than whom you are enrolled with.

When a member changes their MCO, coverage with the new MCO will begin based on the date their choice was received. View the choice cut-off dates [here](#).

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 [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](#).

Managed Care Organization Provider Resource Pages Available

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

Amerigroup.com/IAProvider

AmeriHealthCaritasIA.com/IAProvider

UHCommunityPlan.com/IAProvider

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 you're looking for. Visit the [Iowa Medicaid newsletter page](#) where you'll find links to each issue.

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