



Iowa Department of Human Services

Medicaid e-News

Important Reminders:



Co-pay for Iowa Wellness Plan Members for Non-Emergent Visits

A co-pay is required for non-emergent ER visits for Iowa Wellness Plan members. In the case of a true emergency, members are not responsible for a co-pay. For more information on co-pays, members should contact their Managed Care Organization (MCO) directly.

For more information view [Informational Letter 1732-MC-FFS](#).

IA Health Link Public Comment Meetings

The Iowa Department of Human Services continues holding public comment meetings to gather input on the IA Health Link managed care program.



Member Services

[Amerigroup Iowa, Inc.](#)
1-800-600-4441

[AmeriHealth Caritas Iowa, Inc.](#)
1-855-332-2440

[United Healthcare Plan of the River Valley, Inc.](#)
1-800-464-9484

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

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

Meetings are held once per month, in varying locations throughout Iowa. Access the [IA Health Link 2016 Public Comment Meetings webpage](#) for more information.

The next public comment meeting will be located in Ottumwa at the Bridge View Center, Room C4 and C5, 1 02 Church St., Ottumwa, IA, 52501, on November 17, 2016, from 3 to 5 p.m.

Help get the word out in your community by printing and posting a flyer available for download [here!](#)

Client Participation

Client participation is the amount a Medicaid member approved for long-term care services in facilities, or Home- and Community-Based Services (HCBS), must pay each month for their care. Medicaid pays any difference between the monthly client participation and the approved cost of the care for the services. The amount of client participation is based on the member's monthly countable income.

Facility providers can check client participation through the Iowa Medicaid Portal Access (IMPA) system.

HCBS waiver providers will be notified if they should be collecting client participation through their member's community-based case manager.

Members are notified of their client participation via a Notice of Decision (NOD) issued by their income maintenance worker.

If a provider submits a claim using the most recent client participation amount, the claim will be paid based on the state loaded amount of client participation, regardless of what the provider puts in the field. When a mismatch of the two values occurs, the claim will be reviewed to determine why.

Program Update:

Electronic Visit Verification (EVV)

As part of the IA Health Link managed care program, EVV was included in the department's contracts with the Managed Care Organizations (MCOs) and with a long-term goal of aligning with proposed federal legislation, [HR2446](#).

[Iowa Medicaid Provider Services](#)

1-800-338-7909

TAKE ACTION:

Provider Enrollment Renewal 2016

Provider enrollment renewal is an Affordable Care Act (ACA) requirement for all providers in order to stay active with the Iowa Medicaid Enterprise (IME). This includes providers who were previously enrolled with Magellan and who recently enrolled with the IME.

More information is available [here](#).

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!



In August 2016, the department began initial research and [Informational Letter 1718-MC](#) announced the forthcoming EVV program. Following this effort, the department has determined that there is a need to gather additional information and feedback. The goal will be to launch a program that better monitors and supports members' service plans, is inclusive of feedback from Iowa Medicaid stakeholders, and aligns with the proposed and final federal regulation which is pending action.

Due to these considerations, the department will not implement the EVV program sooner than the Fall of 2017. For more information view [Informational Letter 1739-MC](#).

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/IAProvider](#)

[AmeriHealthCaritasIA.com/IAProvider](#)

[UHCommunityPlan.com/IAProvider](#)

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](#).

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