



Medicaid e-News

Important Update:

IA Health Link Members to Regain Choice

Amerigroup Iowa has notified the Iowa Department of Human Services (DHS) that they have capacity to begin accepting new IA Health Link members. DHS will be ending the temporary suspension of MCO choice .

The small group of members, who chose Amerigroup Iowa and were temporarily transitioned to Fee-for-Service coverage, will be assigned to Amerigroup Iowa effective March 1, 2018. These members, approximately 10,000, should look for their welcome packets in the mail from Amerigroup Iowa.

New IA Health Link members will be able to choose Amerigroup Iowa for coverage effective May 1, 2018. These members will receive enrollment packets in the mail with details on how to choose their MCO, as they have in the past.

Additional information will be shared in the coming weeks and months. Check regularly for updates at www.IAHealthLink.gov .

Reminders:

Good Cause

Remember, members requesting to change their Managed Care Organization (MCO) due to 'Good Cause,' first must contact their current MCO to go through their grievance process for resolution. If the issue has not been resolved following the decision of the grievance, the member may call Iowa Medicaid Member Services. The final decision for disenrollment will be determined by the Department of Human Services (DHS). For more information click [here](#).

Iowa Medicaid Contacts

[Iowa Medicaid Member Services](#)

1-800-338-8366

[Iowa Medicaid Provider Services](#)

1-800-338-7909



IA Health Link Member Services

[Amerigroup Iowa](#)

1-800-600-4441

[UnitedHealthcare](#)

1-800-464-9484

IA Health Link Provider Services

[Amerigroup Iowa](#)

1-800-454-3730

[UnitedHealthcare](#)

1-888-650-3462

Retroactive Medicaid Coverage

The Centers for Medicare and Medicaid Services (CMS) has approved Iowa's request to eliminate the three month retroactive eligibility period, except for pregnant women (and during the 60-day period beginning on the last day of the pregnancy) and infants under one year of age, for applications filed on or after November 1, 2017. This includes initial applications and applications to add new household members.

The elimination of retroactive coverage does **NOT** impact presumptive eligibility, annual renewals/reviews, or the 90-day reconsideration period.

For more information view [Informational Letter 1847-MC-FFS-D](#).

Provider Tools and Resources:

Providers are Encouraged to 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.

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

UHCommunityPlan.com/IAPProvider

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



Dental Wellness Plan Member Services

[Delta Dental](#)

1-888-472-2793

[MCNA Dental](#)

1-855-247-6262

Dental Wellness Plan Provider Services

[Delta Dental](#)

1-888-472-1205

[MCNA Dental](#)

1-855-856-6262

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.

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