



Medicaid e-News

Important Reminders:

Non-Emergency Medical Transportation for Medicaid Fee-for-Service Members

For members who did not transition to the IA Health Link managed care program who are remaining in Medicaid Fee-for-Service (FFS), Non-Emergency Medical Transportation (NEMT) continues as it has in the past. The transportation broker for Medicaid FFS members is Access2Care/TMS and appointments can be scheduled by calling them at 1-866-572-7662.



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](#)

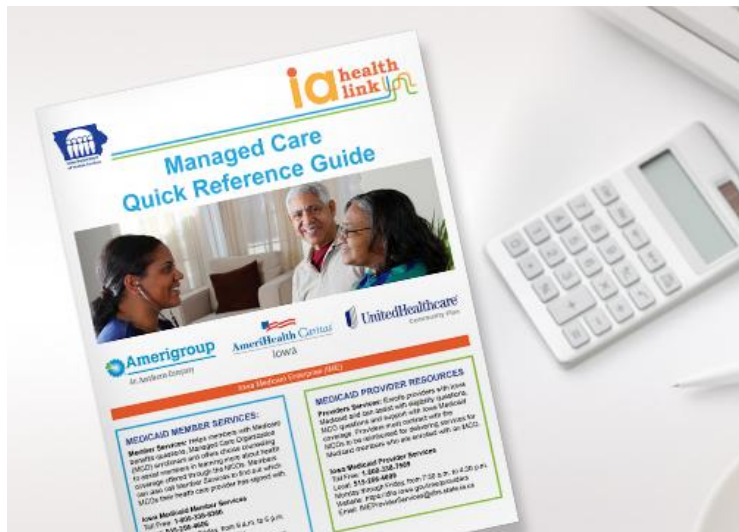
[Plan of the River](#)

[Valley, Inc.](#)

1-800-464-9484

Non-Emergency Medical Transportation

Each of the Managed Care Organizations (MCOs) has selected a transportation vendor. Members may contact their assigned MCO's non-emergency medical transportation (NEMT) broker at the numbers below to



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](#).

Not All Iowa Medicaid Members are Included in the Transition to Managed Care

There are some Iowa Medicaid members who are **not** included in the transition to managed care. These members will continue to use their Iowa Medicaid member eligibility cards. They **will not** be issued new ID cards. This includes members in the following groups or programs:

- Health Insurance Premium Payment program (HIPP)
- Medicare Savings Program (MSP) only.
 - Qualified Medicare Beneficiary plan (QMB)
 - Specified Low-Income Medicare Beneficiary (SLMB)
- Medically Needy program, also known as the spenddown program
- Presumptively eligible members (subject to change once ongoing eligibility is determined)
- Newly eligible members who are in their Fee-for-Service period before their MCO coverage begins

Some members will remain in Medicaid Fee-for-Service (FFS), though they may choose to opt-in to the managed care program:

- Members who are enrolled with the PACE program
- American Indian or Alaskan Natives

When providers verify eligibility through the Eligibility Verification System (ELVS), it will indicate their eligibility type, including whether the member has coverage through an MCO or if they are covered through FFS.

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.

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 [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

schedule their NEMT services:

Amerigroup Iowa Inc.
Logisiticare
1-844-544-1389

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

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

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.

Updated Communications Toolkit

The IA Health Link Communications Toolkit has been updated with the April 1, 2016, launch date and is full of resources including FAQs, social media posts, images, links and more. Download it below:

Communications Toolkit

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.

Follow Us!



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](#).

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

Amerigroup.com/IAPProvider

AmeriHealthCaritasIA.com/IAPProvider

UHCommunityPlan.com/IAPProvider

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 your looking for. Visit the [Iowa Medicaid newsletter page](#)

where you'll find links to each issue.

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