



Iowa's Medicaid Program Updates and Transition

Lindsay Buechel, Member Services
Bryan Dempsey, Provider Services

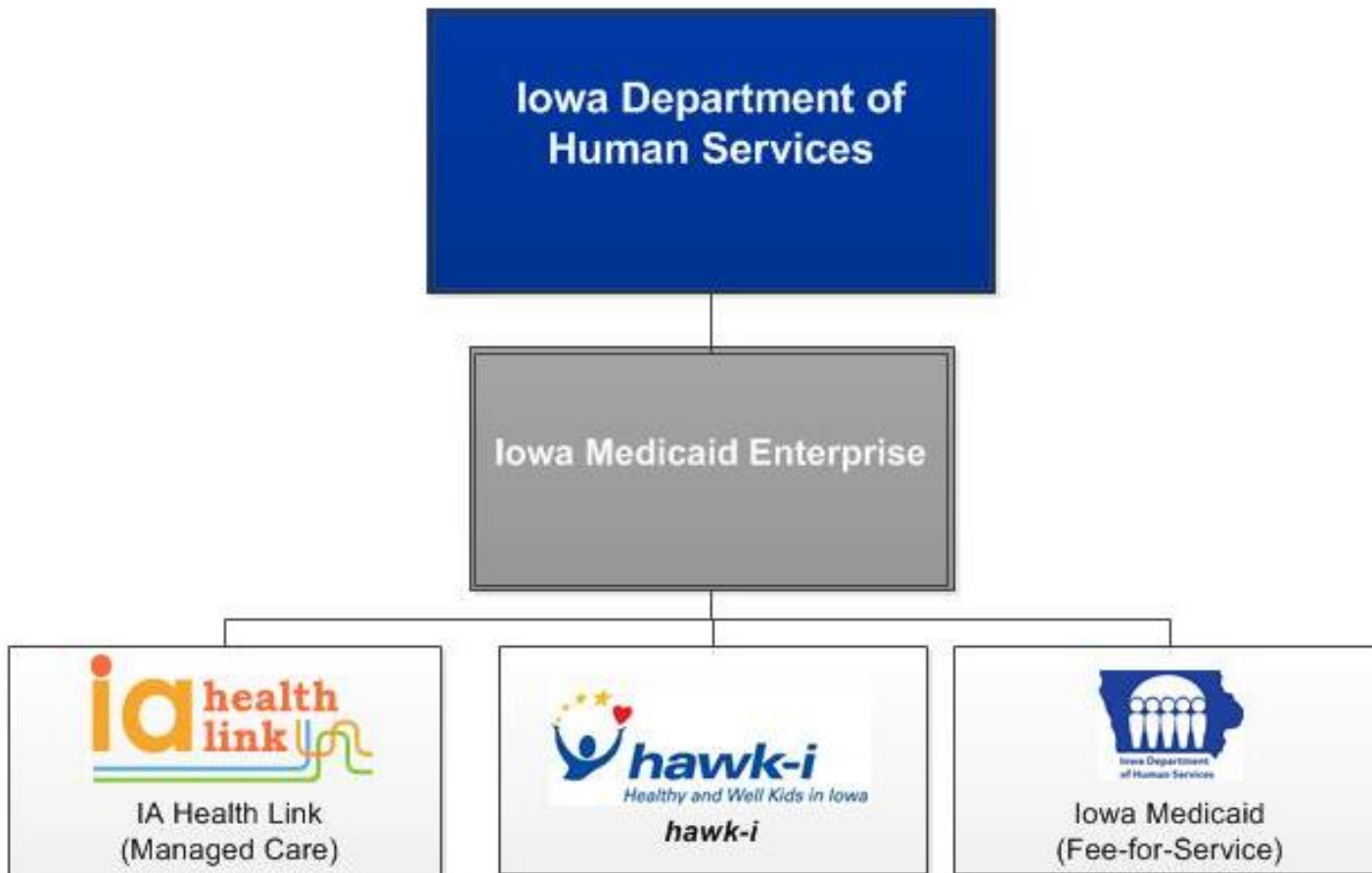


Iowa's Managed Care Organizations

- DHS has contracted with three bidders listed below:
 - AmeriGroup Iowa, Inc.
 - AmeriHealth Caritas Iowa, Inc.
 - United Healthcare Plan of the River Valley, Inc.



Iowa Medicaid Program Overview



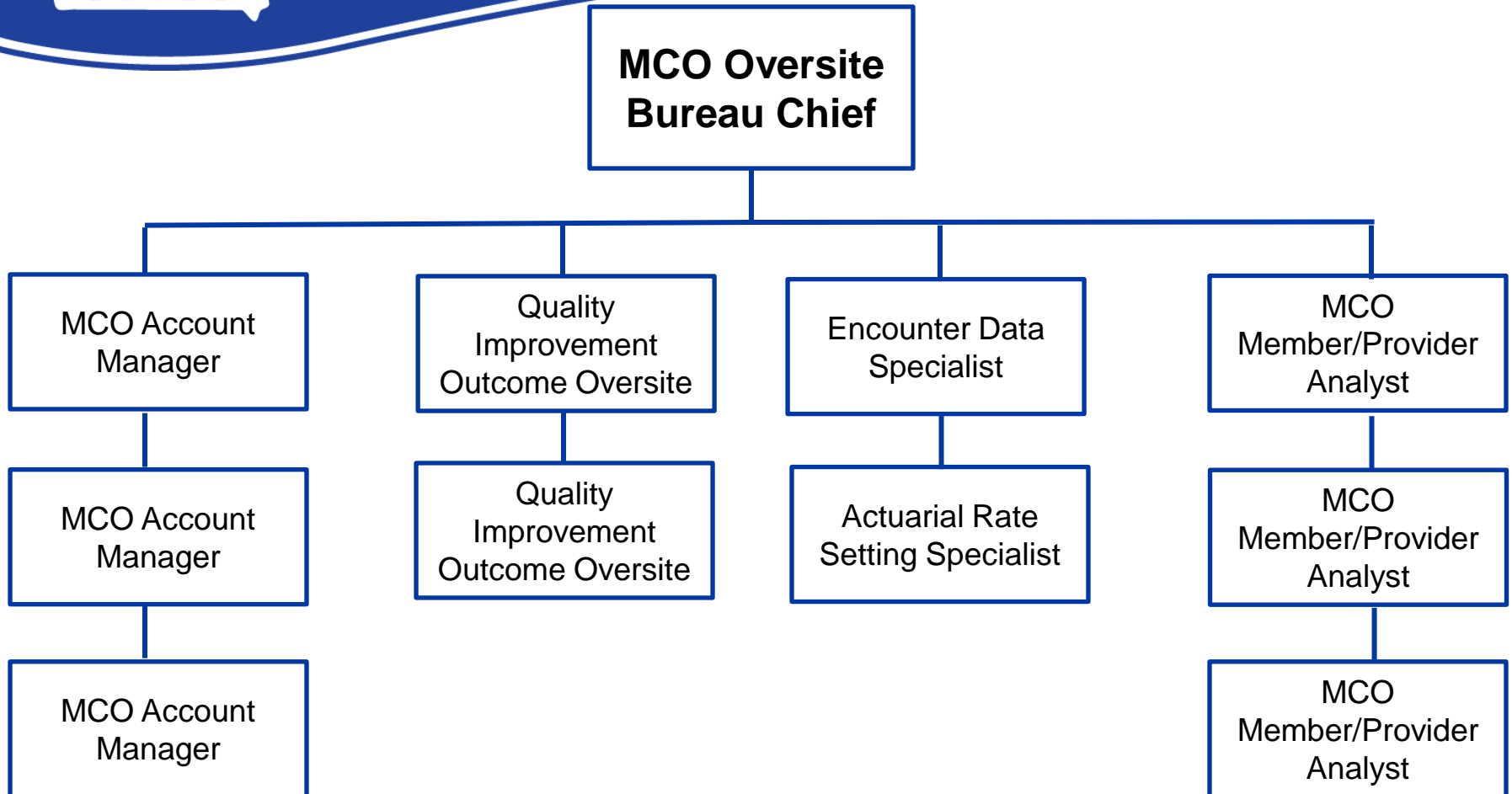


Managed Care Bureau

- DHS is onboarding *additional* staff to support the Initiative
- 2 staff will be fully dedicated to oversight of quality outcomes
- 1 staff for each MCO
- Specific staff assigned to oversee enrollment broker, actuary & other support contracts



Iowa Department of Human Services





Member Transition



Member Enrollment Activities

Overview of Enrollment Process

October 2015	November 2015	November 2015	December 2015	January 2016	February 2016	March 2016
Introductory Mailings by population	MCO Enrollment Begins	Enrollment assistance Begins	Enrollment assistance continues	Enrollment assistance continues	February 17, 2015: Last Day to Make MCO Choice for January 2016	March 1: IA Health Link coverage begins



Resources for Making MCO Choice

Iowa Medicaid Member Services

- In-Person
- Phone
- DHS Website

Enrollment Packet

- Managed Care Handbook
- MCO Informational Materials
- Samples will be posted online

Comparison Chart

- Quick MCO Comparison Guide
- Available online

MCO Provider Directory

- Available Online
- Through MCOs



MCO Considerations for Members

Iowa Medicaid Member Services will offer health plan choice counseling to members. Choice counseling includes answering member questions about each health plan such as:

- Is my provider in the MCO network?
- Is my pharmacy in the MCO network?
- Does the MCO have specialists close to my community?
- Does the plan have value-added services that would benefit me?
- Are there special health programs that would help me?
- Does the MCO have call centers or helplines available beyond regular business hours?



MCO Contacts Member

MCOs will distribute enrollment materials to new members within 5 business days of receipt of member enrollment selection

- Examples of enrollment materials:
 - Provider directory
 - MCO contact information
 - Services available
 - Grievance and appeal information
 - Member protections, rights, and responsibilities
 - Information on how to contact the Enrollment Broker
 - Contact information and role of the Ombudsman



Member ID Cards

Member Has Two Cards

1. Medicaid Card

- Member receives or continues to use Medicaid ID card for dental or fee-for-service

2. MCO Card

- MCO sends member ID card for use after MCO enrollment



*Iowa Health and Wellness Plan members have three cards, using Dental Wellness Plan card for dental services and *hawk-i* members will continue to use separate dental card.



Provider Transition



Provider Transition Timelines

Any willing provider time frames require MCOs to offer contracts to all existing Medicaid Providers.

- Two Separate timelines dependent on provider type.
 - Six Month Transition Period
 - August 31, 2016
 - Two Year Transition Period
 - February 28, 2018



Provider Network Transition

Six Month Transition

- Physical Health Care Providers (ex. Primary care, hospitals, specialists, etc.)
- Behavioral Health Care Providers (CMHCs and IDPH-funded substance use providers excluded)

Two Year Transition

- Nursing Facilities
- HCBS Waiver and Habilitation Providers (case managers and care coordinators excluded)
- Community Mental Health Centers
- ICF/IDs
- Health Homes
- Substance use disorder treatment programs also in IDPH-funded network



MCO Provider Network Requirements

Physical & Behavioral

- MCOs will use all current Medicaid providers until August 31, 2016
- MCO networks effective September 1, 2016
- Strict network adequacy

Waiver & Long Term Care

- MCOs will use all current LTC waiver providers, if they contract with the MCO, until February 28, 2018
- MCO network effective March 1, 2018
- Strict network adequacy



Rate Floors

- All contracted providers will be reimbursed at the established floor rate
- MCOs must offer Waiver and Long Term Care providers a reasonable rate during the 2 year time period



Safe Harbor

- 100% of current Medicaid rates paid to all currently enrolled Medicaid providers for March 2016
- Beginning April 1, 2016 non contracted providers will be paid at out of network reimbursement rates
 - 90% of the established floor
- Providers are encouraged to complete the contracting process with MCOs as early as possible



MCO Transition-Services Rendered January 1-February 29, 2016

- Existing Medicaid Services will continue until March 1, 2016
- Magellan and Meridian contracts ended December 31, 2015
 - Behavioral health and substance abuse services will be administered through the IME
- Coventry MOU ended on December 31, 2015
- MediPASS ended December 31, 2015
 - Members receive benefits through Medicaid fee-for-service
 - Meridian members will receive service through Medicaid fee-for-service



Provider Impact

- MCOs will honor existing authorizations for at least three months
- MCOs required to pay within similar timeframes as Medicaid does
- Timely filing for MCO claims is 180 days from the date of service
 - Secondary claims have 365 days from the date of service
- Providers may inform their members which MCOs they have contracted with



Provider Outreach

- Provider toolkit is available online -*updated*
- Information includes:
 - IA Health Link Program Overview
 - Links to FAQs, Factsheets and DHS Website updates
 - Help in selecting an MCO Materials
 - Member Promotional Materials
 - Member Introductory Mailings

https://dhs.iowa.gov/sites/default/files/IAHealthLink_ProviderToolkit_FINAL.PDF



Provider Enrollment Overview

- All in-state and out-of-state providers must enroll with Iowa Medicaid prior to enrollment with an MCO
- Provider Services continues the IME provider enrollment process
- The IME has the new Iowa Medicaid Universal Provider Enrollment Application, Form 470-0254
- Providers that are already enrolled with the IME **do not** need to enroll again



MCO Provider Enrollment

- Each MCO is developing its provider network
- Current IME providers will have a “deemed enrollment” with each MCO, i.e. they are provisionally considered credentialed
- DHS has provided the Medicaid provider enrollment data
- MCOs have their own credentialing process to meet their accreditation standards
- When an MCO recruits a new provider, the MCOs will direct them to the Universal Application
- Non-contracted providers may enter into single case agreements with MCOs as necessary to serve the needs of members in special situations



Information and Questions

	Contact Information
General Information	http://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization
Modernization Stakeholder Questions	Email: MedicaidModernization@dhs.state.ia.us
Modernization Member Questions	Contact Iowa Medicaid Member Services Phone: 1-800-338-8366 Email: IMEMemberServices@dhs.state.ia.us
Modernization Provider Questions	Contact Iowa Medicaid Provider Services Phone: 1-800-338-7909 Email: IMEProviderServices@dhs.state.ia.us