

IME Policy Clarification PC000247

December 1, 2020

Mitch Wasden, CEO and Plan President
Iowa Total Care, Inc.
1080 Jordan Creek Parkway, Suite 100 South
West Des Moines, Iowa 50266

Dear Mr. Wasden:

This letter is a formal notification of the state's expectations related to the operations and implementation of Iowa Medicaid under the managed care program. This purpose of this letter is to do following:

- Provide formal guidance
- Request for information

Content

This policy clarification is in regards to Informational Letter (IL) 2047-MC-FFS. This IL explains the change in federal law regarding prenatal services that will no longer be paid and chased. After consulting with Centers for Medicare and Medicaid Services (CMS) it was determined that Maternal Health Centers (MHC), Provider Type 35, need to follow the guidelines as outlined in the IL. This means that MHCs must file claims with the third party carrier prior to filing a claim with Medicaid.

CMS has clarified that when a MHC is unable to credential with an insurance plan, the MHC must provide a letter from the insurance plan indicating that the provider does not meet credentialing requirements in order to override the third party liability edit. The letter from the insurance carrier must be dated within 12-months from the date of service. A current letter from the insurance carrier must be submitted with each claim and the insurance plan letter must be updated on an annual basis.

Below is a list of MHCs that are not able to credential with insurance plans.

National Provider Number (NPI)	Iowa Medicaid provider number	Provider Name
	0060319	ALLEN WOMENS HEALTH DEPARTMENT
1700981487	0013482	AMERICAN HOME FIND ASSOC
1952440455	0013623	COMMUNITY HEALTH RESOURCES (Trinity-Muscatine)
1851490643		Dubuque VNA
X000703607	0703607	FAMILY INC
1194890558	0144402	HAWKEYE AREA COMM ACTION

1528184488	0141648	HCCMS FAMILY HLTH SERV
1003992678	0143610	JOHNSON CO DEPT OF
1013087824	0225920	LEE COUNTY HEALTH DEPARTMENT
1285709964	0135277	MARION COUNTY PUBLIC HEALTH DEPT
1508953084	0051581	MATURA ACTION CORP
1306919394	0051458	MID-IOWA COMM ACTION INC
1528156890	0051508	MID-SIOUX OPPORTUNITY INC
1174741540	0013920	NEW OPPORTUNTIES INC
1083762322	0013581	NORTH IA COMM ACTION ORG
1033376298		SCOTT COUNTY HEALTH DEPARTMENT
1932402245	0501633	SIOUXLAND DISTRICT HEALTH DEPARTMEN
1013092220	0058636	TAYLOR COUNTY HHA
1679658157	0142745	UP WITH FAMILIES (Webster Co.)
1023145729	0081547	VISITING NURSE SERVICES
1649267113	0703662	WARREN COUNTY HEALTH SERVICES
1497823231	0051441	WASHINGTON CO PUB HEALTH

This formal guidance impacts capitation rates in the following manner:

- This is an Iowa Medicaid practice prior to April 1, 2016 and was included in the experience used to develop the capitation rates.
- This is a new process or policy that does not have a fiscal impact.
- This is a new process or policy that was reflected in revised capitation rates and implemented July 1, 2020

Sincerely,

Mary Tavegia

Account Manager
Managed Care Account Manager

Attestation:

I hereby attest to receipt and understanding of this communication including all requirements and due dates.

Name _____ Date _____.

The department will monitor progress towards implementation and may impose remedies for failure to implement.

Attachment: Information Letter (IL) 2047-MC-FFS