

INFORMATIONAL LETTER NO. 2023-MC

DATE: July 2, 2019

TO: All Iowa Medicaid Providers

APPLIES TO: Managed Care (MC)

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: UnitedHealthcare Exit Transition – Billing for Medicaid Services

EFFECTIVE: July 1, 2019

Effective July 1, 2019, UnitedHealthcare Plan of the River Valley, Inc. (UnitedHealthcare) will no longer be an available Managed Care Organization (MCO) option through the IA Health Link and Hawki programs.

In addition, effective July 1, 2019, Iowa Total Care, a new MCO, will begin providing health coverage to IA Health Link and Hawki members. Amerigroup Iowa (Amerigroup) will continue to serve members of both programs.

Members were notified by mail of an Open Choice Period, which allows them to choose between Amerigroup or Iowa Total Care as their MCO. The Open Choice Period runs through September 30, 2019.

MCO BILLING

Beginning July 1, 2019, all claims for services provided on or after July 1, 2019, for MCO-enrolled members must be submitted directly to the appropriate MCO, adhering to each MCO's claims submission and timeliness guidelines. There are limited exceptions to this rule outlined below under Additional Information. Any services provided prior to July 1, 2019, should be billed to the MCO that the member was enrolled with for the month of services.

ADDITIONAL INFORMATION

The following reminders have been compiled to assist providers during this transition.

Services Prior to July 1, 2019:

UnitedHealthcare will:

- Maintain claims processing functions as necessary for a minimum of twelve (12) months in order to complete adjudication of all claims for services delivered prior to the effective date of the termination of the contract.
- Provide:
 - Member call center services (800-464-9484) will be available for 180 calendar days from the date of termination of the contract.
 - Provider call center services (888-650-3462) will be available for 365 calendar days from the date of termination of the contract.

Billing for Services Provided in June 2019 and span into July 2019 and the Member is Enrolled with UnitedHealthcare as of June 30, 2019:

- **Hospitals**
 - In most cases, acute inpatient admissions (DRG stays) for hospital services prior to July 1, 2019, with a discharge after July 1, 2019, will be the responsibility of UnitedHealthcare up to 60 calendar days. Acute inpatient admissions for hospital services occurring on or before June 30, 2019, that exceed 60 calendar days will be split billed with the initial span submitted to UnitedHealthcare and the remaining days submitted to the applicable MCO.
 - The member's new MCO is responsible for admission dates on or after July 1, 2019.
 - For inpatient psychiatric per diem stays of UnitedHealthcare members:
 - Dates of services prior to July 1, 2019, would be billed to UnitedHealthcare.
 - Dates of service on or after July 1, 2019, would be billed to the member's new MCO.
 - Emergency Room or Observation services provided prior to midnight June 30, 2019, are the responsibility of UnitedHealthcare. Services provided on or after July 1, 2019, are the responsibility of the member's new MCO.
- **Obstetrical (OB) Care**
 - Delivery services that occur while enrolled with UnitedHealthcare (prior to July 1, 2019), the delivery and newborn expenses up to July 1, 2019, would be billed to UnitedHealthcare.
 - Delivery services that occur on or after July 1, 2019, will be billed to the member's new MCO in accordance with their OB care reimbursement policy which can be located:

- Amerigroup: Provider Manual, Claims and Billing Guide can be found on their [website](#)¹.
- Iowa Total Care: Provider Manuals, Forms and Resources can be found on their [website](#)².

- **Skilled Nursing Facility (SNF) Services**

- SNF Providers are responsible to track the 120-day benefit available to eligible members.
- SNF services provided prior to July 1, 2019, are the responsibility of UnitedHealthcare.
- SNF services provided on or after July 1, 2019, should be billed to the appropriate MCO.

- **Medical Supplies and Equipment**

- Items typically billed as a 30-day rental period with a last date of service that extends past June 30, 2019, should be billed to UnitedHealthcare with a last date of service of June 30, 2019, with the “KR” modifier (in addition to the normal “RR” modifier). The claim will be priced at a prorated amount that reflects the usage of less than one month. The member’s new MCO is responsible for the remaining rental period for dates of service on or after July 1, 2019.
- Providers must maintain accurate documentation and MCOs should not be billed for a timeframe that exceeds the IME rental policy.

- **Health Homes**

- Members served in Health Homes will maintain their current Health Home Care Coordinator through the upcoming transition.
- Members enrolled with UnitedHealthcare will be assigned to Amerigroup or Iowa Total Care

¹ <https://providers.amerigroup.com/ia/Pages/ia.aspx>

² <https://www.iowatotalcare.com/providers/resources/forms-resources.html>

Prior Authorization (PA)

Effective July 1, 2019, Amerigroup and Iowa Total Care will handle PA requirements as follows:

- Existing PAs for member's care as established with UnitedHealthcare will be honored for up to 90 days.
- PA requirements will not be enforced for services that did not require PA with UnitedHealthcare as of June 30, 2019, but would otherwise with Amerigroup or Iowa Total Care. This will be in effect for the first 90 days.
- Standard PA process and requirements are in effect for both Amerigroup and Iowa Total Care, for services that required authorization with UnitedHealthcare and there is no established or existing PA in place for the member.
- Long-Term Services and Supports authorizations will remain in place until the end of the member's service plan 'through' date. Residential PAs have a year approval period.

For more detailed information, providers should review the specific MCO prior authorization requirements available online:

Amerigroup: Please visit the [Amerigroup website](#)³.

Iowa Total Care: Please visit the [Iowa Total Care website](#)⁴.

Verify Member Eligibility

Providers are encouraged to check the Eligibility and Verification Information System (ELVS) for updated MCO assignment. New member assignments will be available through ELVS starting July 1, 2019.

To verify eligibility, providers may call the ELVS phone line at: 515-323-9639 (locally in Des Moines) or 1-800-338-7752 (toll-free). The 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](#)⁵ allows for multiple eligibility checks and batch submission, whereas the ELVS phone system only allows for one at a time. A Login ID and password may be obtained through EDISS by submitting the [Access Request Form](#)⁶ to EDISS or calling EDISS at 1-800-967-7902.

³ <https://providers.amerigroup.com/ia/>

⁴ <https://www.iowatotalcare.com/providers/preauth-check/medicaid-pre-auth.html>

⁵ <https://ime-ediss5010.noridian.com/iowaxchange5010/LogonDisplay.do>

⁶ <http://www.edissweb.com/docs/med/add-access-request-IME.pdf>

⁷ <https://solutions.cqh.org/bpas/Default.aspx?ReturnUrl=/bpas/default.aspx/>

⁸ <https://www.payspanhealth.com/nps>

Electronic Funds Transfer (EFT)

- **Amerigroup:** To register or manage account changes for electronic funds transfers (EFT) only or EFT and ERA combined; use the [EnrollHub™, a CAQH Solution™ enrollment tool](#)⁷, a secure electronic ERA/EFT registration platform.
- **Iowa Total Care:** To register or manage account changes for EFT use [Payspan](#)⁸.

COBA Claims Process for Iowa Total Care Providers

- **For Dates of Service from July 1, 2019 through September 30, 2019:** Submit COBA claims using the same process as all other claims for which Iowa Total Care is not the primary payer.
 - Include primary explanation of payment (EOP) and any other applicable correspondence with all COBA claims submissions.
 - When Iowa Total care is the secondary payer, claims must be received within 365 calendar days of the final determination of the primary payer
 - Claims received outside of these timeframes will deny for untimely submission.
- **For Dates of Service Starting October 1, 2019 and After:** All claims for members, who have dual eligibility, where Medicare is primary, should be submitted to Iowa Total Care by CMS following the COBA Agreement.
- **Timely Submission Guidelines:** When Iowa Total Care is the secondary payer, claims must be received within 365 calendar days of the final determination of the primary payer. Claims received outside of these timeframes will deny for untimely submission.
- **Ways to Submit Claims:** Please refer to the references below on how to submit paper, electronic and web claims.
 - **Paper Claims Submission:** All provider paper claims and claims correspondence (including primary EOP) should be sent to: PO Box of 8030, Farmington, MO 63640-8030.
 - **Electronic Claims Submission:** (Please include primary EOP when submitting to Medicaid as secondary.)

Iowa Total Care
c/o Centene EDI Department
Payor ID: 68069
1-800-225-2573, ext. 6075525
or by e-mail to: EDIBA@centene.com
 - **Web Portal Submissions:** Iowa Total Care utilizes a secure provider web portal for claim submission. This web portal can be found at

www.iowatotalcare.com. (Please include primary EOP when submitting to Medicaid as secondary.)

PROVIDER CONTACT INFORMATION

Providers with additional questions should reach out to the MCOs or IME.

Amerigroup Iowa, Inc. Provider Services: 1-800-454-3730

Iowa Total Care Provider Services: 1-833-404-1061

UnitedHealthcare Provider Services: 1-800-650-3462

UnitedHealthcare Pharmacy Call Center: 1-877-305-8952

IME Provider Services: 1-800-338-7909