INFORMATIONAL LETTER NO.1624-MC

DATE: February 24, 2016
TO: All Iowa Medicaid Providers
FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)
RE: Launch of IA Health Link set for April 1, 2016
EFFECTIVE: Immediately

The Centers for Medicare and Medicaid Services (CMS) has reached a final decision on the implementation of the IA Health Link managed care program. The program will now begin on April 1, 2016.

In the meantime, Medicaid members can continue to see their current providers. Letters are being mailed to all members to update them on this extension. Managed care coverage begins April 1, 2016. Members will have until June 16, 2016, to make a change for any reason, and then for “good cause” reasons after that.

Managed Care Organizations

DHS initially contracted with four managed care organizations (MCOs) to administer Governor Branstad’s IA Health Link Program. On December 18, 2015, the contract with WellCare of Iowa was terminated following an appeals process. Iowa Medicaid has reassigned members who were initially assigned to, or who chose WellCare during the enrollment process.

Providers are encouraged to continue working with the MCOs and complete contracts and credentialing requirements. All currently enrolled providers can continue to see Medicaid members and receive current reimbursement through Iowa Medicaid.

Fee-for-Service (FFS) Coverage during the Transition Period

Iowa Medicaid will reimburse current FFS rates to Medicaid-enrolled providers serving members that utilize services under the Medicaid FFS programs from January 1, 2016, through March 31, 2016.

Prior Authorizations

All Prior Authorizations will continue to be handled by the IME Medical and Pharmacy Services Units until April 1, 2016. Beginning April 1, 2016, all carriers will honor existing prior authorizations, as announced in Informational Letter 1591-MC1 during the first 90 days of the transition. During this 90 day grace period, providers will be able to establish new

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1 https://dhs.iowa.gov/sites/default/files/1591-MC_PriorAuthorizationsforProvidersParticipatingwithManagedCareOrganizations.pdf
authorizations following the policies of the member’s selected MCO. No prior authorizations will be required for the first 30 days of the transition except for Pharmacy drug claims. Please refer to the dedicated Medicaid Modernization webpage for up-to-date information. If you have any questions please contact the IME Provider Services Unit at 1-800-338-7909, or email at IMEproviderservices@dhs.state.ia.us.

2 https://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization