Dear Ms./Mr.:

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 letter is intended to provide clarification regarding out of state placements, as to the IME fee-for-service (FFS) process for how ancillary services such as dental, vision, labs, women's health and emergency care are provided to members who are receiving Medicaid covered services in out of state (OOS) facilities such as Psychiatric Medical Institutions for Children (PMIC), Skilled Nursing Facilities (SNF), Nursing Facilities (NF) and Neurobehavioral Rehabilitation Facilities serving individuals with brain injury. MCOs requested information to understand how non-enrolled ancillary have been reimbursed through the IME.

As of the July 1, 2018, there were 37 children and 62 adults receiving care in OOS facilities. The majority of the OOS services are being rendered in PMICs to children with Serious Emotional Disturbance and Neurobehavioral Rehabilitation Facilities to children and adults with traumatic brain injury. These individuals often require health care services not available in the facilities. These health care services are often delivered by providers who are not enrolled with the Iowa Medicaid program or do not wish to enroll with Iowa Medicaid. When ancillary services are provided by a non-enrolled provider, the OOS facility reimburses the provider for the services delivered and the IME pays the OOS facility in accordance with the policy noted below.

Enrolled OOS Ancillary Service Providers
When the OOS ancillary service provider is enrolled with Iowa Medicaid the provider follows the standard billing policies for enrolled providers located on the Claims Forms and Instructions Billing page at: http://dhs.iowa.gov/ime/Providers/claims-and-billing/ClaimsPage

Non-enrolled OOS Ancillary Service Providers
If the provider of ancillary services is not enrolled with Iowa Medicaid, and the facility requests prior authorization to allow reimbursement for these services directly to the facility, the facility is responsible for obtaining a copy of the explanation of benefits (EOB) from the treating provider and verifying the amount, if any, reimbursed by other payer sources for the services provided.

All requests for authorization for ancillary services provided by non-enrolled Iowa Medicaid providers to FFS members must be submitted by the facility to the DHS exceptions office per the instructions listed on the DHS Appeals webpage: https://dhs.iowa.gov/appeals/ask_exception
The facility requests an exception to Rule 441 Iowa Administrative Code 79.6 to allow the facility to be reimbursed for ancillary services provided by the non-enrolled ancillary service provider. The ETP request must be accompanied by an EOB, if applicable, and an invoice for the services provided minus any payment previously received from another payer.

When a third-party resource for medical expenses exists, this resource must be billed by the provider of service before the Medicaid program makes any payments.

To find out if a Medicaid member has a third-party resource available, prior to providing services you should call the Eligibility and Verification Information System (ELVS)

- Toll Free 1-800-338-7752 or in the Des Moines area 515-323-9639 or
- Access the ELVS web portal at http://dhs.iowa.gov/ime/providers/tools-trainings-and-services/provider-tools

Please note that this is intended to be informative only. Your organization will need to determine the best way to pay for these services for individuals placed out of state.

Please sign and return the attached receipt and attestation of understanding by

Sincerely,

Elizabeth Matney
Managed Care Oversight and Supports Bureau Chief

Attestation:

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

Name_____ Date_____