



Iowa Department of Human Services

Kim Reynolds
Governor

Adam Gregg
Lt. Governor

Jerry R. Foxhoven
Director

INFORMATIONAL LETTER NO.1864-MC-FFS

DATE: November 30, 2017

TO: All Iowa Medicaid Providers

APPLIES TO: Managed Care (MC) and Fee-for-Service (FFS)

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

RE: AmeriHealth Caritas Withdrawal Transition - Billing for Medicaid Services

EFFECTIVE: December 1, 2017

As announced in Informational Letter (IL) [1848-MC-FFS-D](#)¹, effective December 1, 2017, AmeriHealth Caritas will no longer be an available Managed Care Organization (MCO) option through the IA Health Link program.

Members were [notified](#)² that they were able to make a choice to change their MCO. **This has changed.** Please see IL [1862-MC-FFS-D](#)³. Members who self-elected Amerigroup Iowa on or before November 16, 2017 will temporarily transition to Iowa Medicaid FFS until Amerigroup Iowa has capacity.

Amerigroup Iowa will continue to serve IA Health Link members who were enrolled with them prior to the announcement of AmeriHealth Caritas' withdrawal. This includes members who may have lost and regained eligibility that were previously enrolled with Amerigroup Iowa.

All other former AmeriHealth members who did not elect a change to their MCO will be assigned to United HealthCare.

The purpose of this IL is to clarify the billing and authorization requirements for services provided to members who are transitioning from AmeriHealth Caritas.

FFS BILLING

Beginning December 1, 2017, all claims for services provided on or after December 1, 2017, for FFS enrolled members must be submitted directly to the IME. Normal pharmacy copays will apply under the FFS program. Please see IL [1662](#)⁴, issued on April 26, 2016, to clarify the FFS claim submission methodology for providers and the IME claim form completion requirements. IL 1662 also has a link to the Claim Forms and Instructions for IME billing.

¹ https://dhs.iowa.gov/sites/default/files/1848-MC-FFS-D_AmeriHealth_Caritas_Withdraw.pdf

² <https://dhs.iowa.gov/sites/default/files/470-5499.pdf>

³ https://dhs.iowa.gov/sites/default/files/1862-MC-FFS-D_SuspensionofMCO%20Choice%20%282%29_JS%20%281%29.pdf

⁴ https://dhs.iowa.gov/sites/default/files/1662_IMEBillingTips.pdf

MCO BILLING

Beginning December 1, 2017, all claims for services provided on or after December 1, 2017, 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 December 1, 2017, 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 December 1, 2017:

AmeriHealth Caritas 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 for 180 days from the date of termination of the contract.
 - Provider call center service for 365 days from the date of termination of the contract.

Billing for Services Provided in November 2017, December 2017 and January 2018 for members enrolled with AmeriHealth as of November 30, 2017:

- **Hospitals**
 - In most cases, acute inpatient admissions (DRG stays) for hospital services prior to December 1, 2017, with a discharge after December 1, 2017, will be the responsibility of AmeriHealth Caritas up to 60 days. The member's new MCO or IME/FFS (as applicable) is responsible for admission dates on or after December 1, 2017. Acute inpatient admissions for hospital services occurring on or before November 30, 2017, that exceed 60 days will be split billed with the initial span submitted to AmeriHealth Caritas and the remaining days submitted to the applicable MCO or IME/FFS. Please refer to Informational Letter [1652-MC⁵](#) for additional details.
 - For inpatient psychiatric stays of AmeriHealth Caritas members:
 - Dates of services prior to December 1, 2017, would be billed to AmeriHealth Caritas.
 - Dates of service prior to December 1, 2017, with continued stay after December 1, 2017, would be billed to IME/FFS. This includes members who were with AmeriHealth Caritas and assigned to Amerigroup Iowa or UnitedHealthcare. The IME will provide outreach to providers who are serving members that meet these criteria, to provide further details on billing.
 - Emergency Room or Observation services provided prior to midnight November 30, 2017, are the responsibility of AmeriHealth Caritas. Services provided on or

⁵ https://dhs.iowa.gov/sites/default/files/1652-MCBillingforHospitalServices_0.pdf

after December 1, 2017, is the responsibility of the member's new MCO or IME/FFS.

- **Obstetrical (OB) Care**

- Delivery services that occur while enrolled with AmeriHealth Caritas (prior to December 1, 2017), the delivery and newborn expenses up to December 1, 2017, would be covered by AmeriHealth Caritas.
- Delivery services that occur on or after December 1, 2017, will be billed to the member's new MCO or IME/FFS (as applicable) in accordance with their OB care reimbursement policy which can be located:
 - Amerigroup: Provider Manual and Claims and Billing Guide can be found here: <https://providers.amerigroup.com/ia/Pages/ia.aspx>
 - UnitedHealthcare: [http://www.uhccommunityplan.com/content/dam/communityplan/healthcareprofessionals/reimbursementpolicies/Obstetrical_Services_Policy_\(R0064\).pdf](http://www.uhccommunityplan.com/content/dam/communityplan/healthcareprofessionals/reimbursementpolicies/Obstetrical_Services_Policy_(R0064).pdf)
 - IME/FFS: The Provider Manuals can be found at: <http://dhs.iowa.gov/policy-manuals/medicaid-provider>. The Maternal Billing Guidelines can be found at: <http://dhs.iowa.gov/ime/providers/claims-and-billing/NCCI>

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

- SNF Providers are responsible to track the 120 day benefit available to eligible members.
- SNF services provided prior to December 1, 2017, are the responsibility of AmeriHealth Caritas
- SNF services provided December 1, 2017, or after should be billed to the appropriate MCO or IME/FFS.

- **Medical Supplies and Equipment**

- Items typically billed as a 30 day rental period with a last date of service that extends past November 30, 2017, should be billed to AmeriHealth Caritas with a last date of service of November 30, 2017, 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 or IME/FFS (as applicable) is responsible for the remaining rental period for dates of service on or after December 1, 2017. These claims will also need to have the "KR" modifier appended.
- Providers must maintain accurate documentation and MCOs or IME/FFS (applicable) should not be billed for a timeframe that exceeds the IME rental policy.

Claim Forms:

Below is a chart that outlines the claim forms required by each entity broken down by service type and payment timeframes. Please contact the member's MCO for the Waiver claim form or access the form online on the MCO's or IME's website. Waiver providers are also

encouraged to bill electronically to help increase processing accuracy and claims payment turn-around-time.

Claim Form	Amerigroup Iowa, Inc. and UnitedHealthcare Plan of the River Valley, Inc.	FFS (IME)
Institutional Form	Standard *UB-04	Standard *UB-04
Professional Form	Standard CMS 1500	Standard CMS 1500
Waiver Form	Standard CMS 1500 Or Iowa Claim for Targeted Medical Care 470-2486	Iowa Claim for Targeted Medical Care 470-2486
Timeframe for payment	Every business day	Weekly

* UB-04 may also be known as the CMS-1450

** Waiver providers are encouraged to bill services using the Standard CMS 1500 form

Electronic Billing

Amerigroup

- Detailed information on accessing Availity is available at www.availity.com⁶ or on the [Amerigroup website](#)⁷.

UnitedHealthcare

- Office Ally is a full service clearinghouse that offers a no-cost filing solution. Office Ally offers a free web-based service allowing you to enter professional and institutional claims manually or uploading them through your existing software. For more information, please access the [PDF file](#)⁸.
- To submit claims, go to <https://uhcprovider.com/> and either sign in or create a user ID for Link, the secure care provider website. You will receive your user ID and password within 48 hours. After signing in, select the claims Link app.

IME

- The IME offers free software, the PC-ACE Pro32 Claims Management System, under [Electronic Data Interchange Support Services \(EDISS\)](#)⁹ to submit claims to the IME.

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](#)¹⁰, a secure electronic ERA/EFT registration platform.

⁶ <http://www.availity.com/>

⁷ <https://providers.amerigroup.com/ia>

⁸ http://www.uhccommunityplan.com/content/dam/communityplan/healthcareprofessionals/BillingAndReferenceGuides/IA-Guides/IA_PCA19832_Filing_Claims_Electronically.pdf

⁹ <http://www.edissweb.com/med/index.html>

¹⁰ <https://solutions.caqh.org/bpas/Default.aspx?ReturnUrl=/bpas/default.aspx/>

UnitedHealthcare

- To access EFT, go to <https://www.uhcprovider.com/eps> and follow the instructions to enroll and access the Electronic Payments and Statements app on Link.

IME

- Submit a copy of the [Electronic Fund Transfer \(EFT\) Authorization](#)¹¹ form along with a copy of a voided check or a bank verification letter to IME Provider Enrollment, PO Box 36450, Des Moines, IA 50315. The form can also be emailed to IMEProviderEnrollment@dhs.state.ia.us, or faxed to 515-725-1155.

Prior Authorization

Providers should follow the prior authorization requirements for the member's new MCO or IME for dates of service starting Dec. 1, 2017. A Prior Authorization Summary by Plan is available to assist providers. For more detailed information, providers should review the specific prior authorization requirements available online:

Amerigroup:

- Please visit [Amerigroup website](#)¹² to access a full list of covered services, codes and authorization rules. The Universal Precertification Request Form can be found under Provider Resources & Documents and clicking on Forms.

UnitedHealthcare:

- Please visit the [UnitedHealthcare website](#)¹³.

IME:

- Pharmacy Prior Authorizations are requested by the prescriber by faxing the designated [Request for Prior Authorization form](#)¹⁴ to 1-800-574-2515.
- Medical Prior Authorizations are requested by submitting the [Request For Prior Authorization](#)¹⁵ form to IME Medical Services via email to PAservices@dhs.state.ia.us or fax to 515-725-1356.

Verify Member Eligibility

Providers are encouraged to check the ELVS line for updated MCO/FFS assignment. Some members did receive Amerigroup Iowa membership cards/packets, causing confusion.

To verify eligibility, providers may call the Eligibility and Verification Information System (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](#)¹⁶ 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 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

¹¹ <https://dhs.iowa.gov/sites/default/files/470-4202.pdf>

¹² <https://providers.amerigroup.com/ia>

¹³ <http://www.uhccommunityplan.com/health-professionals/ia.html>

¹⁴ http://www.iowamedicaidpd.com/pa_forms

¹⁵ <http://dhs.iowa.gov/sites/default/files/470-0829%202011-05.pdf>

¹⁶ <https://ime-ediss5010.noridian.com/iowaxchange5010/LogonDisplay.do>

the [Access Request Form](#)¹⁷ to EDISS or calling EDISS at 1-800-967-7902. For more information, please see Informational Letter [1650-MC](#)¹⁸.

Provider Contact Information

- AmeriHealth Caritas Iowa, Inc.
 - For questions call Provider Services at 1-844-411-0579
- Amerigroup Iowa, Inc.
 - For questions call Provider Services at 1-800-454-3730
- UnitedHealthcare Plan of the River Valley, Inc.
 - For questions call Provider Services at 1-888-650-3462
- Iowa Medicaid Enterprise
 - For questions call Provider Services at 1-800-338-7909

If you have any questions please contact the applicable Provider Services telephone number listed above.

¹⁷ <http://www.edissweb.com/docs/med/add-access-request-IME.pdf>

¹⁸ https://dhs.iowa.gov/sites/default/files/1650-MC_EligibilityVerificationSystem_CheckingEligibilitywithMCOs.pdf