![Iowa Department of Human Services logo]

2021 IOWA MEDICAID ANNUAL PROVIDER TRAINING

Housekeeping – Zoom Style

- Please select "Speaker View" in the top right-hand corner of your zoom presentation.

- Please keep your zoom on mute.

- This presentation is being recorded and will be available on IME's website for review.

- Please type in questions throughout the presentation and at the end of the entire presentation we will have a question and answer session at the end of all presentations.

Housekeeping – Zoom Style

- When asking questions, please do not provide PHI.

- Targeted or specific questions related to your provider should be addressed outside of this presentation.

- All questions are to be submitted in the "chat" session. We will have all participants on mute for clear communication.

Department of HUMAN SERVICES

- These slides are to be for educational and reference purposes only.

- We are unable to dive into each individual situation that you may come across.

- We will **briefly**, go through each slide.

- We have added links and references for your review

- All information presented during this training will be available on the IME website.

AGENDA

Claims and Billing

       Chapter IV Billing

       Claim Forms:

              CMS 1500, UB04, ADA 2012, Targeted Medical
              Health Insurance, HCBS, CDAC, and Crossover

       Electronic Billing

Top 10 Reasons for Denials
Prior Authorization

AGENDA

ELVS – Portal Training

IMPA

Presumptive Eligibility

Provider Enrollment

Program Integrity (PI) and Payment Error Rate Measurement (PERM)

COVID

IME Resource Contacts

CLAIMS AND BILLING

CHAPTER IV BILLING IOWA MEDICAID

For the best and most up to date billing policies please reference:

https://dhs.iowa.gov/sites/default/files/All-IV.pdf?102220212050

- Timely Filing Requirements

- Instructions for completing the forms and Medicare crossover claims

- Submitting Medicare-denied charges and denies, pays on the same claim, services provided to Medicare beneficiaries.

CHAPTER IV BILLING IOWA MEDICAID

- Prior Authorizations
- Adjustments and recoupment requests
- Remittance advice/instructions
- Pharmacy, Waiver and Capitation/Administrative fee Remittance Advise

CLAIM FORMS

- The Iowa Medicaid Enterprise (IME) uses a variety of claim forms to reimburse providers for services they render.

  The form used is determined by the category of service and aligns with industry standard practices supporting healthcare payment.

  Claims must be completed according to instructions published on this page.

CLAIM FORMS

- Submitted claims are then processed by the IME according to program policies.

- Claims are a <mark>legal document</mark> bearing providers attestation of services provided. <mark>Accuracy</mark> is important in this process to ensure only those services actually provided are ultimately claimed and paid.

- <mark>All claims should be submitted electronically</mark>.

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CLAIMS AND BILLING - CMS 1500 & UB

Health Insurance Claim Form Instructions

- CMS-1500 (02/12) Health Insurance Claim Form

- UB04 Health Insurance Claim Form

- ADA (American Dental Association) 2012 Health Insurance Claim Form

- Targeted Medical Care Health Insurance Claim Form

- Crossover Health Insurance Claim Form

CMS-1500 (02/12) Health Insurance Claim Form

Information for CMS-1500 Claim Form found in the IME Website

On this website you are provided the instructional table which provides you with the Field number, Field Name/Description, Requirements and Instructions.

Here is a link for the CMS-1500 Form:
https://dhs.iowa.gov/sites/default/files/CMS1500.02.12%20Sample.pdf?102120212005

Example:

Field No.	Field Name/ Description	Requirements	Instructions
1	Check One	Requirements	Check the applicable program
1a	For Example: "Insured's ID Number"	This will tell you if this information is **required** to complete the form. **Required, Optional or Situational**	Enter the information requested, for the box "Check One" – IE: Insured's ID Number

CMS-1500 (02/12) Health Insurance Claim Form, examples

Field No.	Field Name/ Description	Requirements	Instructions
7	Insured's Address	OPTIONAL	
8	Reserved for NUCC Use	SITUATIONAL	If you are billing with unlisted CPT/ CPCS codes; please clearly identify those by listing a description of the item or service.
9	Other Insured's Name	SITUATIONAL	REQUIRED if the Medicaid member is covered under other additional insurance enter the name of the policy holder of that insurance, as well as the policy or group number, the employer or school name under which coverage is offered and the name of the plan or program. If 11d is "Yes", these boxes must be completed.
9b-c. .	Reserved for NUCC Use	LEAVE BLANK	This field must be left blank.

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UB04 Health Insurance Claim Form

Information on the UB04 form instructions can be found on IME's website:

[UB-04_Claim_Form_Instructions.pdf (iowa.gov)](UB-04_Claim_Form_Instructions.pdf)

Here is a link for the UB04 <u>Claim Form</u>:

https://dhs.iowa.gov/sites/default/files/UB-04_SampleClaimForm.pdf?102120212027

Please follow the same guidelines for the UB04 as you did for the CMS-1500

ADA 2012 Claim Form, use NEW claim form

The Iowa Medicaid Enterprise provides software for electronic claims submission at no charge.

Here is a link for the IME website information:
ADA 2012 Claim Instructions.pdf (iowa.gov) and a link to the form: https://dhs.iowa.gov/sites/default/files/ADA%202012%20Sample.pdf?102120212042

For Electronic Media Claim (EMC) submitters, refer also to your EMC specifications for claim completion instructions. For assistance with setting up or questions related to electronic billing, contact EDI Support Services at 800-967-7902, email support@edissweb.com, or visit http://www.edissweb.com/med/.

Targeted Medical Care Health Insurance Claim Form

Link to the IME Website Information: [Microsoft Word - Waiver Claim INSTRUCTIONS - Rev 1211- FINAL 120611.docx (iowa.gov)](#)

Link to the form: https://dhs.iowa.gov/sites/default/files/470-2486_Fillable_0_0.pdf?102120212050

If you have any questions about this form or to order blank forms, contact Provider Services at 1-800- 338-7909 or locally (in the Des Moines area) at 515-256-4609

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Claim for Targeted Medical Care

Submit the completed form to the member's Managed Care Organization (MCO) or to the Iowa Medicaid Enterprise (IME) if the member is on Fee-for-Service.

Fee-for-Service members: Complete claim form instructions and a printable version of this form are available on the DHS web page at https://dhs.iowa.gov/ime/Providers/claims-and-billing/ClaimsPage.

Amerigroup Iowa Inc. members: • Claims billing address: Amerigroup Iowa, Inc., PO Box 61010, Virginia Beach, VA 23466 • Provider portal/website: https://providers.amerigroup.com/ia/Pages/ia.aspx • Provider services: 1-800-454-3730

Iowa Total Care members: • Claims billing address: Iowa Total Care, Attn Claims Dept; PO Box 8030, Farmington MO 63640 • Provider portal/website: https://provider.iowatotalcare.com • Provider Services: 1-833-404-1061

Home-and Community-Based (HCBS) Waivers and Consumer –Directed Attendant Care (CDAC) Billing

- Use DHS form 470-2486

https://dhs.iowa.gov/sites/default/files/470-2486_Fillable_0_0.pdf?111520212213

- You can be paid only for services provided after the CDAC agreement is approved in case manager's or DHS service worker's service plan for the person.

- Example: The person's CDAC agreement and service **plan start** on July 7, 2011. - Enter 07/07/11 in First Date, Field 15 of the billing form. - Enter 07/31/11 in Last Date, Field 16 of the billing form.

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Home-and Community-Based (HCBS) Waivers and Consumer –Directed Attendant Care (CDAC) Billing

The last day you can be paid for CDAC services is <u>the last day identified on the CDAC agreement and approved in the person's service plan.</u>

The CDAC agreement <u>must be updated annually</u> for paid CDAC service to continue.

Home-and Community-Based (HCBS) Waivers and Consumer –Directed Attendant Care (CDAC) Billing

- Example: The person's eligibility ended on August 12, 2011 - Enter 08/01/11 in Field 15 of the billing form. - Enter 08/12/11 in Field 16 of the billing form.

- Iowa Medicaid Enterprise Provider Services Unit 1-800-338-7909 or 515-256-4609 (in the Des Moines area only)

CROSSOVER HEALTH INSURANCE CLAIM FORM

IME crossover claim form instructions: [FIELD NO (iowa.gov)](iowa.gov)

This form is to only be used by Individual Consumer-Directed Attendant Care (I-CDAC) Providers.

If you need assistance, please contact Provider Services at 1-800-338-7909 or locally (in the Des Moines area) at 515-256-4609.

CROSSOVER CLAIMS

- The Institutional Medicare Crossover Invoice should be used to submit services to Iowa Medicaid that were originally billed to Medicare on a UB04 claim form that did not electronically crossover from Medicare.

- The table follows the Medicare Crossover Invoice (Institutional) claim form instructions by field number, field name/description, whether or not that field is required, and a brief description of the information that needs to be entered in that field, and how it needs to be entered.

ADDITIONAL INFORMATION

- Form for inquiries to IME, re: **payment**, **medical determination**, and **general policy issues**. Please utilize this form https://dhs.iowa.gov/sites/default/files/470-3744_Fillable.pdf?101520211854

- Send to - IMEProviderOutreach@dhs.state.ia.us

- Electronic billing Tips and FAQ:

https://dhs.iowa.gov/ime/providers/claims-and-billing/electronic-billing.

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CLAIM FORMS ADDITIONAL RESOURCES

- <u>Location of the Policy Manual:</u>

https://dhs.iowa.gov/policy-manuals/medicaid-provider

- Billing Iowa Medicaid is found within the Policies manual: https://dhs.iowa.gov/sites/default/files/All-IV.pdf?111520212316

- <u>If you have questions regarding your claims</u>: Inquiry about payment or medical determination of a **specific claim** or **General Issue** regarding Medicaid policy

https://dhs.iowa.gov/sites/default/files/470-3744_Fillable.pdf?101520211854

- <u>Electronic Billing Tips and FAQ</u>

https://dhs.iowa.gov/ime/providers/claims-and-billing/electronic-billing

QUESTIONS

- Please submit your questions in the chat box with your name, email and concise question.

- We will answer as many questions as we can at the end of todays presentations.

- The remaining questions will be answered and placed on IME's website.

TOP 10 CLAIM DENIALS

EXCEPTION_CODE	EXCEPTION_CODE_DESC	CNT
264	TPL ON RECIP FILE NOT ON CLAIM	203,681
348	DRUG NOT COVERED	195,396
257	SURG PROC NOT COVERED.	44,459
351	BILLED AMT DEVIA FROM NORM-HI	39,504
275	SVC NOT COVERED FOR RECIPIENT	31,935
355	DISCONTINUED NDC	27,538
364	PROCED/PROVIDER TYPE CONFLICT	26,271
264	TPL ON RECIP FILE NOT ON CLAIM	23,938
237	MEDICARE ELIG/NOT XOVER	20,004
320	PROV NOT CERTIF FOR PROCEDURE	19,876

TOP 10 CLAIM DENIALS

Every claim denial is specific to the claim that you submit.

The following only represents the most common reasons for these claim denial types.

Please reach out to IMEProviderOutreach@dhs.state.ia.us if you have additional specific questions.

TOP 10 CLAIM DENIALS

- Exception Code: 264

TPL ON RECIP FILE NOT ON CLAIM

There may be a 3rd party insurance on file that needs to bill first so check this; if insurance file needs updated the provider can have the insurance file updated via SIQ form; can resubmit once this is corrected.

- Exception Code: 257

SURG PROC NOT COVERED.

Check the code file for begin/end dates or code eligibility; documentation may need to be submitted in some cases.

TOP 10 CLAIM DENIALS

- Exception Code: 275
SVC NOT COVERED FOR RECIPIENT
Check member eligibility file.

- Exception Code: 355
DISCONTINUED NDC
Verify the NDC via the website or calling/emailing
Provider Services.

TOP 10 CLAIM DENIALS

- Exception Code: 364

PROCED/PROVIDER TYPE CONFLICT

Procedure may not be valid for the provider billing the service.

- Exception Code: 264

TPL ON RECIP FILE NOT ON CLAIM

There may be a 3rd party insurance on file that they need to bill first so check this; if insurance file needs updated the provider can have the insurance file updated via SIQ form; can resubmit once this is corrected.

TOP 10 CLAIM DENIALS

- Exception Code: 237

MEDICARE ELIG/NOT XOVER

Claim may not have been billed to medicare first, check claim type and eligibility.

- Exception Code: 320

PROV NOT CERTIF FOR PROCEDURE

Procedure may not be valid for the provider billing the service.

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PRIOR AUTHORIZATION

PRIOR AUTHORIZATIONS

- Turnaround time: IME has10 business days to review a normal PA request, if we have to ask for additional information it may take longer. If it has to go to a peer reviewer (medical director/specialist), we have up to 15 days.
- COVID-19 PA - the Department is not waiving all PAs for Medicaid members during the COVID-19 pandemic. Nor is the Department extending all PAs for continuity of care. The Department is monitoring PAs daily, including the time period for approval, and will use this data to make changes, if necessary.

PRIOR AUTHORIZATIONS

- There is currently no change to the claims filing deadline of 365 days from the date of service for dental and FFS claims.

- After the COVID-19 pandemic ends, normal billing practices will resume.

Three Forms

- There are 3 universal forms: Supplemental, Inpatient and Outpatient.

- There are <u>no changes</u> in the MCO's or FFS documentation requirements.

- If you have questions on documentation requirements, please refer back to your MCO portal, FFS Medical or your Provider Representative.

- All providers will use the same forms.

Supplemental Form

Use the supplemental form on **all** submissions with either inpatient or outpatient form.

OUTPATIENT MEDICAID
PRIOR AUTHORIZATION FORM

Amerigroup (An Anthem Company) · **iowa total care** · **ia health link** · **Hawki** · **Department of HUMAN SERVICES**

☐ Request for additional units.   Existing Authorization [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   Units [ ][ ][ ][ ]

Mark Standard or Urgent Request if initial request

☐ **Standard requests** - Determination within 14 calendar days from receipt of all necessary information.

☐ **Urgent requests** - Expedited request necessary to treat an injury, illness or condition that could seriously jeopardize the life or health of the member, or member's ability to regain maximum function. Authorization decision will be done within **72 hours** of receipt of request. **42 CFR §438.21**

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* INDICATES REQUIRED FIELD

MEMBER INFORMATION

Date of Birth*
[ ][ ][ ][ ][ ][ ][ ][ ] (MMDDYYYY)

Medicaid/Member ID*
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Last Name, First
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

REQUESTING PROVIDER INFORMATION *Address Required on Supplemental Form*

Requesting NPI*
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Requesting TIN*
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Requesting Provider Contact Name
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Requesting Provider Name
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Phone
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Fax*
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

SERVICING PROVIDER / FACILITY INFORMATION *Address Required on Supplemental Form*

↳ ☐ Same as Requesting Provider

Servicing NPI*
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Servicing TIN*
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Servicing Provider Contact Name
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Servicing Provider/Facility Name
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Phone
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Fax
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

AUTHORIZATION REQUEST

***Primary Procedure Code**
[ ][ ][ ][ ][ ] [ ][ ]
(CPT/HCPCS)   (Modifier)

☐ Additional codes will be provided on Supplemental Information Form

***Start Date OR** Admission Date
[ ][ ][ ][ ][ ][ ][ ][ ] (MMDDYYYY)

End Date OR Discharge Date
[ ][ ][ ][ ][ ][ ][ ][ ] (MMDDYYYY)

***Diagnosis Code**
[ ][ ][ ].[ ][ ][ ][ ] (ICD-10)

Total Units/Visits/Days For Primary CPT Code
[ ][ ][ ][ ]

Amerigroup

Physical Health - Fax #: 800-964-3627
☐ Other Oxygen Services
☐ Biopharmacy
☐ Drug Testing
☐ Genetic Testing & Counseling
☐ Office Visit/Consult
☐ Outpatient Services
☐ Outpatient Surgery
☐ Transplant Therapy
☐ Neurobehavorial Rehabilitation Services(ONRS)
☐ Home Health

☐ Speech Therapy
☐ Occupational Therapy
☐ Physical Therapy
☐ Hospice

DME
☐ 417 Rental
☐ 120 Purchase [_____] (Purchase Price)

Behavioral Health - Fax #: 877-434-7578
☐ BH Assertive Community Service (ACT)
☐ BH Intervention Services (BHIS)
☐ BH Community Crisis Services
☐ BH Children's Mental Health Waiver (CMHW)
☐ BH ABA Services
☐ Other BH Outpatient Services

☐ Please mark if including clinical information with the request

Iowa Total Care

[ ][ ][ ] (Enter the Service type number in the boxes)

Physical Health - Fax #: 833-257-8327
422 Biopharmacy	201 Sleep Study	
299 Drug Testing	472 Stereotactic Radiosurgery	
922 Experimental & Investigational Services	209 Transplant Surgery	
205 Genetic Testing & Counseling	993 Transplant Evaluation	
249 Home Health	724 Transportation	
390 Hospice Services	790 Occupational Therapy	
410 Observation	101 Physical Therapy	
997 Office Visit/Consult	701 Speech Therapy	
794 Outpatient Services		
171 Outpatient Surgery		
202 Pain Management		

Behavioral Health - Fax #: 844-908-1170
161 BH ABA Services
512 BH Community Based Services
515 BH Electroconvulsive Therapy
516 BH Intensive Outpatient Therapy
519 BH Outpatient Therapy
521 BH Psychological Testing

DME
417 Rental
120 Purchase [_____] (Purchase Price)

Fee for Service: Fax # 515-725-1356
more information: https://dhs.iowa.gov/ime/providers/claims-and-billing/PA

ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.
COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.

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470-5595 (06/20)

PA - Top of Form*

Request for additional notes

Existing Authorization (#)

Units: (#)

Standard requests

Mark Standard or Urgent Request if initial request

Urgent requests

Medicaid/Member ID*

Requesting NPI*

Requesting TIN*

Fax*

Servicing NPI*

Servicing TIN*

Primary Procedure Code*

Start Date or Admission Date*

Diagnosis Code

Department of HUMAN SERVICES

40

Form

- The Medicaid number listed on the forms is for the STATE ID number - this will be corrected on a future update. The State ID is on the member's ID card if provider cannot locate it.

PRIOR AUTHORIZATION
Additional Questions

- For additional questions, there is a link provided at the bottom of both the inpatient and outpatient forms.

- The provider would need to contact or review the MCOs Provider website for documentation requirements. Again, these have NOT changed.

PRIOR AUTHORIZATION
Submitting Forms

- For MCOs there are several ways to submit: Fax, MCO portal, Secure Email, or IMPA

- Prior authorization requests can be submitted using the following methods: <u>IMPA</u>, Fax: 515-725-1356, Email: <u>paservices@dhs.state.ia.us</u>

PRIOR AUTHORIZATION
Informational Letter No. 2147-MC-FFS

- Starting, July 1, 2020, providers for both MC and FFS may begin using the new universal forms for requesting medical PAs.

- The new universal forms include one PA request form for <u>outpatient services2</u>, another PA form for <u>inpatient services3</u>, and a <u>supplemental form4</u> for additional provider addresses, member diagnosis, and procedure codes.

- All three universal forms can be downloaded and printed from the <u>DHS website5</u>.

PRIOR AUTHORIZATION – Conclusion

- No changes in required documents
- 3 forms: Supplemental, In Patient, Out Patient
- Supplemental can be submitted every time a prior auth is submitted OR only when additional procedure/diagnosis codes are required.

PRIOR AUTHORIZATION – Conclusion

- Anything with an * is REQUIRED in order for your prior authorization to be submitted.

- You must fill out the top portion of the outpatient or inpatient forms AND the section for Amerigroup, Iowa Total Care OR Fee For Service at the bottom of the form.

PRIOR AUTHORIZATION
Links

These links are found in IL 2147

- https://dhs.iowa.gov/sites/default/files/2107-MC-FFS_Uniform_PA_Process.pdf

- https://dhs.iowa.gov/sites/default/files/470-5595.pdf

- https://dhs.iowa.gov/sites/default/files/470-5594.pdf

- https://dhs.iowa.gov/sites/default/files/470-5619.pdf

- https://dhs.iowa.gov/ime/providers/claims-and-billing/PA

QUESTIONS

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Eligibility Verification Information System (ELVS)

Portal Training

September 9, 2021

Overview

- Provider Training on ELVS

- ELVS is an online web portal used to verify member eligibility and benefit coverage.

- To start, go to the following link to IME Portal:

https://ime-ediss5010.noridian.com/

How to Access ELVS

- Access the ELVS web portal.

- If you currently do not have access to the ELVS Web Portal, you can register your provider at https://connect.edissweb.com. Each additional user that would like access to the provider's information can complete the Additional Access Request Form.

- If you have any questions regarding EDISS registration, please call 1-800-967-7902.

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LOG IN INSTRUCTIONS

Log in using the assigned **Username** and **Password.** Click **Submit**

CHECK FOR MEMBER ELIGIBILITY INSTRUCTIONS

Click **Eligibility** to check for a member's eligibility

Complete the Eligibility Request

Fill in the **NPI** of the provider, **Last Name** of the member, the **Medicaid Number,** if available, and the **Date of Eligibility** if different from the date the request is being ran. Click **Submit**

BENEFIT INFORMATION

The benefit information will be listed by category. **Be sure to look at all entries on both pages.**

MEDICAL COVERAGE:
INACTIVE MEMBER

If the member doesn't have active coverage for the date of service the **Benefit Type** will show **Inactive**

Benefit Type :	Inactive
Coverage Level :	Individual
Service Type :	Health Benefit Plan Coverage
Insurance Type :	Medicaid
Plan Coverage Description :	IOWA MEDICAID
Additional Information :	
Benefit Amount :	Quantity : Percentage :
Availability Time Period :	Month
Benefit Specific Dates :	Plan 20200301-20200331
Benefit Related Entity :	
Benefit Entity Contact :	
Benefit Provider Role :	

MEDICAL COVERAGE:
ACTIVE MEMBER

An active member will show with a **Benefit Type** of **Active Coverage**

Benefit Type :	Active Coverage
Coverage Level :	Individual
Service Type :	Health Benefit Plan Coverage
Insurance Type :	Medicaid
Plan Coverage Description :	IOWA MEDICAID
Additional Information :	
Benefit Amount :	Quantity : Percentage :
Availability Time Period :	Month
Benefit Specific Dates :	Plan 20210801-20210831
Benefit Related Entity :	
Benefit Entity Contact :	
Benefit Provider Role :	

MEDICAL COVERAGE:
CO-PAYMENT INFORMATION

Co-payment information will be noted

Benefit Type :	Co-Payment
Coverage Level :	Individual
Service Type :	Health Benefit Plan Coverage
Insurance Type :	Medicaid
Plan Coverage Description :	IOWA MEDICAID
Additional Information :	This member is excluded from any copayments for services which would otherwise require a copayment.
Benefit Amount :	0 Quantity : Percentage :
Availability Time Period :	Lifetime Remaining
Benefit Specific Dates :	Plan 20210801-20210831
Benefit Related Entity :	
Benefit Entity Contact :	
Benefit Provider Role :	

DENTAL PLANS

Dental plan assignment and MCO assignment will be shown

Benefit Type :	Active Coverage
Coverage Level :	Individual
Service Type :	Dental Care
Insurance Type :	Medicaid
Plan Coverage Description :	IOWA MEDICAID
Additional Information :	The member is also enrolled in the Dental Wellness Plan with MCNA Dental for dental services. Please contact MCNA Dental at (855) 247-6262 for benefit or service limitations, TPL and ABM accruals.
Benefit Amount :	Quantity : Percentage :
Availability Time Period :	Month
Benefit Specific Dates :	Plan 20210801-20210831
Benefit Related Entity :	
Benefit Entity Contact :	
Benefit Provider Role :	

CONTACT INFORMATION

Benefit Type :   Contact Following Entity for Eligibility or Benefit Information

Coverage Level :

Service Type :

Insurance Type :

Plan Coverage Description :   MCO

Additional Information :

Benefit Amount :   Quantity :   Percentage :

Availability Time Period :

Benefit Specific Dates :

Benefit Related Entity :   IOWA TOTAL CARE INC

Benefit Entity Contact :   8334041061

Benefit Provider Role :

OTHER PAYOR INFORMATION - MEDICARE

Benefit Type :	Other or Additional Payor
Coverage Level :	Individual
Service Type :	Health Benefit Plan Coverage
Insurance Type :	Medicare Part A
Plan Coverage Description :	MEDICARE PART A
Additional Information :	
Benefit Amount :	Quantity : Percentage :
Availability Time Period :	Month
Benefit Specific Dates :	Plan 20210801-20210831
Benefit Related Entity :	
Benefit Entity Contact :	
Benefit Provider Role :	

Benefit Type :	Other or Additional Payor
Coverage Level :	Individual
Service Type :	Health Benefit Plan Coverage
Insurance Type :	Medicare Part B
Plan Coverage Description :	MEDICARE PART B
Additional Information :	
Benefit Amount :	Quantity : Percentage :
Availability Time Period :	Month
Benefit Specific Dates :	Plan 20210801-20210831
Benefit Related Entity :	
Benefit Entity Contact :	
Benefit Provider Role :	

OTHER PAYOR INFORMATION

Benefit Type :	Other or Additional Payor
Coverage Level :	
Service Type :	Major Medical
Insurance Type :	Group Policy
Plan Coverage Description :	BIG 10 MART
Additional Information :	
Benefit Amount :	Quantity : Percentage :
Availability Time Period :	Month
Benefit Specific Dates :	Eligibility 20210801-20210831
Benefit Related Entity :	
Benefit Entity Contact :	
Benefit Provider Role :	

Benefit Type :	Other or Additional Payor
Coverage Level :	
Service Type :	Dental Care
Insurance Type :	Group Policy
Plan Coverage Description :	BIG 10 MART
Additional Information :	
Benefit Amount :	Quantity : Percentage :
Availability Time Period :	Month
Benefit Specific Dates :	Eligibility 20210801-20210831
Benefit Related Entity :	
Benefit Entity Contact :	
Benefit Provider Role :	

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LIMITED SERVICES

Benefit Type :	Limitations
Coverage Level :	Individual
Service Type :	Health Benefit Plan Coverage
Insurance Type :	
Plan Coverage Description :	IOWA WELLNESS PLAN
Additional Information :	The member has limited benefits and is only eligible for inpatient hospital services.
Benefit Amount :	Quantity : Percentage :
Availability Time Period :	Visit
Benefit Specific Dates :	Plan 20210801-20210831
Benefit Related Entity :	
Benefit Entity Contact :	
Benefit Provider Role :	

NON-COVERED SERVICES

Benefit Type :	Non-Covered
Coverage Level :	Individual
Service Type :	Vision (Optometry)
Insurance Type :	
Plan Coverage Description :	IOWA WELLNESS PLAN
Additional Information :	There is no coverage for frames or lenses under this benefit option for members age 21 and over.
Benefit Amount :	Quantity : Percentage :
Availability Time Period :	Month
Benefit Specific Dates :	Plan 20210801-20210831
Benefit Related Entity :	
Benefit Entity Contact :	
Benefit Provider Role :	

QUESTIONS

- Please submit your questions in the chat box with your name, email and concise question.

- We will answer as many questions as we can at the end of todays presentations.

- The remaining questions will be answered and placed on IME's website.

IMPA

Client Participation

October, 2021

WHAT IS IMPA?

- Providers billing for FFS claims, will use the Iowa Medicaid Portal Access System (IMPA) for submitting supporting documents.

- This access will be needed for anyone billing claims to the IME.

- If there are multiple billers wishing to upload documents independently, each biller must have their own IMPA account.

HOW TO ACCESS IMPA

- Facilities will need to have an account set up in the Iowa Medicaid Portal Access (IMPA) system.

- Many providers already have an IMPA account for other functions such as viewing electronic remittance advices.

- If you do not already have an IMPA account, please follow these instructions to register for a new account.

Register

1) Go to: https://secureapp.dhs.state.ia.us/impa/.

2) Click on the "Register New Account" link at the upper left side of the page.

3) Complete the registration form.

4) Your password must be at least 8 characters and include one uppercase character, one lowercase character, one digit, and one special character (!@#$%^&+=).

Register

5) Enter the verification words and click on "Create".

6) If all information is valid, a text box will be displayed and you will be redirected to the login page. On your first entry to IMPA, you will be directed to choose and answer three security questions that will be used for password resets and maintenance of your account.

Complete Access Request

- The "Facility Client Participation Access Form" is
  http://www.tfaforms.com/305995

- The form, 470-5189, can also be found on the IME
  website at
  http://www.ime.state.ia.us/Providers/Forms.html

- Once the access form is submitted, the IME will process
  the request and access will be granted to view the CP
  notices by following the instructions below:

Access IMPA

1) Hover over "File"

2) Click on "Facility CP Notice"

3) Select the NPI from the drop-down list (this was created based on your security).

4) Select the Provider address.

5) Enter the State ID (Medicaid Member ID) –or– leave the State ID blank.

Access IMPA

6) Select the Eligibility Records. This automatically defaults to "Current". Available options include:

Current – displays the resident's client participation and status for the current month for billing purposes. The intent of this report is for a provider to use at the beginning of the month in order to do their billing for the prior month. For example, running the report in October will result in resident client participation for September.

Access IMPA

History – displays the resident's client participation for a specified period of time.

The intent of this report is to allow providers to view a history of a resident's client participation and status.

Access IMPA

Changes – displays the resident's client participation for a specified period of time based on the date a change was made by the DHS Income Maintenance worker.

The intent of this report is to allow a provider to check monthly to see if any changes to client participation happened for prior months.

Access IMPA

For example, if a change to a resident's client participation for July was made in September, the October report would show the change and the provider can made adjustments to collect or refund CP as appropriate.

ACCESS TO CLIENT PARTICIPATION NOTICES

- To access CP notices, **you must also have a group set up** in IMPA, to which you will assign users.

- Many providers will already have a group set up to view remittance advices; if you do not, please see the user guide for groups at: http://www.ime.state.ia.us/docs/IMPAGroups.pdf.

QUESTIONS

- Please submit your questions in the chat box with your name, email and concise question.

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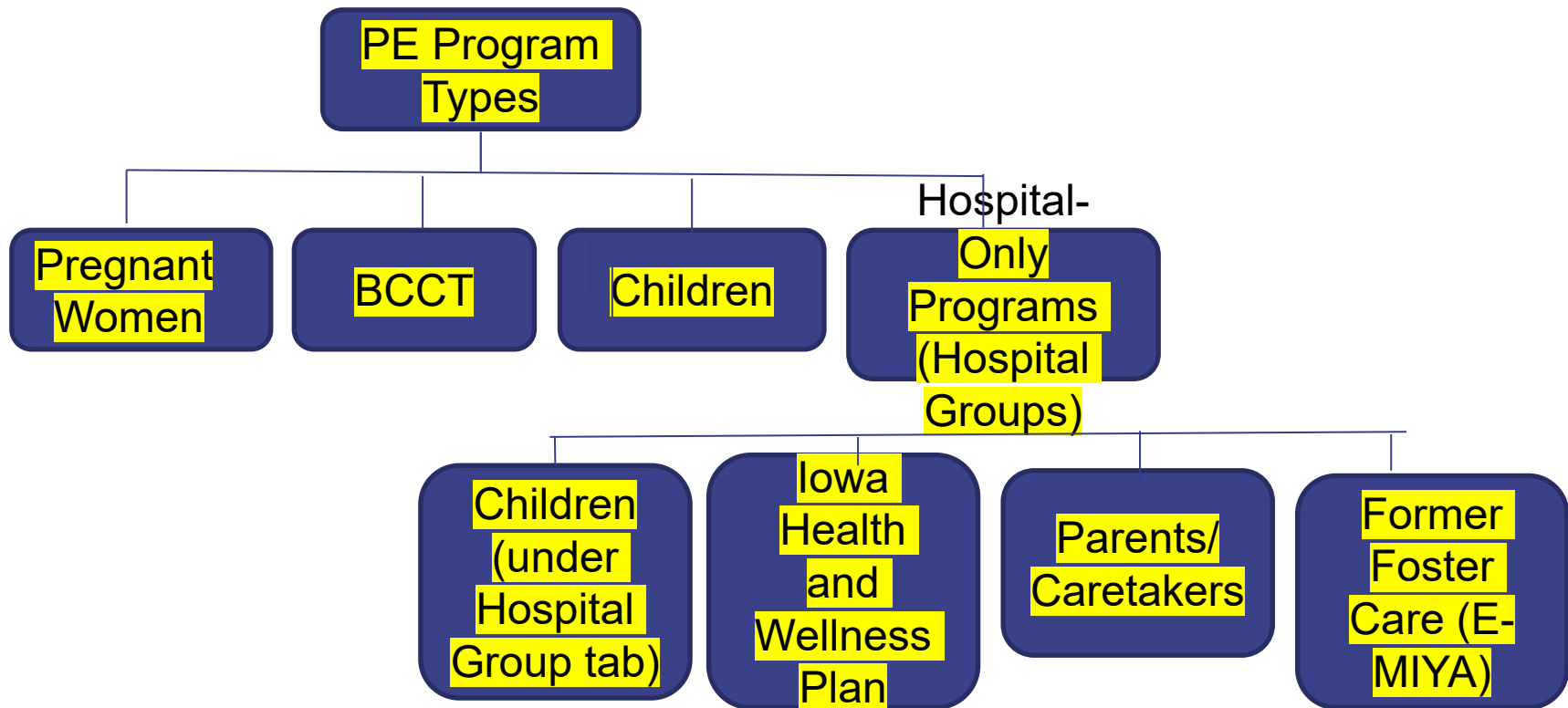- The remaining questions will be answered and placed on IME's website.

PRESUMPTIVE ELIGIBILITY AND PASSIVE ENROLLMENT

PROGRAM OVERVIEW AND OBJECTIVES

- **Presumptive Eligibility**
- **Passive Enrollment**
- **Resources**

What is Presumptive Eligibility?

Presumptive Eligibility (PE) provides Medicaid for a limited time while a formal Medicaid eligibility determination is being made by the Department of Human Services (DHS).

PE Program Types

- Pregnant Women
- BCCT
- Children
- Hospital-Only Programs (Hospital Groups)
  - Children (under Hospital Group tab)
  - Iowa Health and Wellness Plan
  - Parents/Caretakers
  - Former Foster Care (E-MIYA)

Goal of Presumptive Programs

- Allow the applicant to receive early and adequate pregnancy determinations and other ambulatory prenatal medical care;

- Improve early and adequate treatment for breast and cervical cancer to participants of the Iowa care for Yourself Breast and Cervical Cancer Early Detection Program (BCCEDP)

Goal of Presumptive Programs

- Provide children an opportunity to access Medicaid-covered services, including those under the EPSDT program

- Provide Medicaid during a PE period to other allowable categories of individuals who are determined eligible by a qualified hospital or other qualified entity.

Presumptive Eligibility – Qualified Entity

A "qualified entity" or QE is generally defined as an enrolled Iowa Medicaid provider who is certified by DHS and is authorized to make PE determinations.

A provider who meets the QE requirements must agree to the terms and conditions in an electronically maintained Memorandum of Understanding (MOU).

GOAL OF PRESUMPTIVE PROVIDER (PP) PROGRAMS

- To the extent that the Presumptive Provider is a current Iowa Medicaid provider, this Agreement is supplementary to the usual provider agreement entered into for participation in the Iowa Medical Assistance Program

- Application to become a PP provider

470-5200 Application for Initial/Recertification to Be a Presumptive Provider (PP) (iowa.gov)

Frequently Asked Questions of Presumptive Programs

Is it just automatic that the patient will have presumptive eligibility by just filling out the application?

- No, Filing an application does not guarantee presumptive Medicaid eligibility. Some presumptive applicants will be denied due to failure to meet eligibility requirements.

Frequently Asked Questions of Presumptive Programs

Who may be eligible for Presumptive Medicaid?

- Individuals age19-64 (Iowa Health and wellness Plan IHAWP)

- Former foster care children under age 26

- Individuals screened and diagnosed through the Breast and Cervical Cancer Early Detection Program (BCCEDP) and needing treatment for breast or cervical cancer.

Frequently Asked Questions of Presumptive Programs

How many times can a person get PE Medicaid?

- Children, parents and caretakers, former foster care children under age 26, individuals age 19-64, and Breast and Cervical Cancer Treatment (BCCT) patients can get presumptive Medicaid once in a twelve (12) month period.

Frequently Asked Questions of Presumptive Programs

How many times can a person get PE Medicaid? (cont.)

- Pregnant women can get presumptive Medicaid once per pregnancy.

- Individuals who have been screened through the Breast and Cervical Cancer Early Detection Program (BCCEDP) who are in need of treatment for certain cancers can get presumptive if their treatment ends and they are again screened through the BCCEDP and are in need of treatment.

RESOURCES

- MPEP Support: IMEMPEPSupport@dhs.state.ia.us
- If the applicant requests a copy of their Rights and Responsibilities: http://dhs.iowa.gov/sites/default/files/Comm233.pdf
- One portal for Presumptive Providers: https://dhsmpep.iowa.gov

RESOURCES

- There is a different portal for all residents of Iowa for standard Medicaid (DHS Service Portal): https://dhsservices.iowa.gov/apspssp/ssp.portal

- Check to see if an applicant has previously applied: DHS Contact Center 1-855-889-7985 M-F to 5 PM or email IMEMPEPSupport@dhs.state.ia.us

RESOURCES

Providers who have questions about what services are covered (ie – dental, mental health) need to contact IME Provider Services.

- Phone support: 800-338-7909, M-F 8 am – 5 pm
- Email support: IMEProviderServices@dhs.state.ia.us
- Access to Online PE materials: http://dhs.iowa.gov/ime/providers/tools-trainings-and-services/provider-tools

RESOURCES

- Link for Passive enrollment (public announcement) on our DHS website:

https://dhs.iowa.gov/public-notices/MCO-enrollment

- Link for Presumptive Eligibility:
  https://dhs.iowa.gov/ime/providers/tools-trainings-and-services/Medicaid-initiatives/pe

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PROVIDER ENROLLMENT

Provider Enrollment and Ownership, Control and Disclosure (OCD) Process Flow Chart

https://dhs.iowa.gov/sites/default/files/ProviderEnrollmentProcess_FlowChart.pdf?102920211910

Once all required information is received and any additional reviews completed, the provider's information is sent in a **daily file to the MCOs they've selected.

Provider must still go through MCO credentialing process.

Application Fee: Some providers are required to submit an application fee (see Informational Letter 1747-MC-FFS-D).

New TIN: If the provider has never been enrolled with the IME or was previously enrolled but is no longer active, the provider is considered new and requires OCD.

Existing TIN: If the provider is already enrolled and currently active with the IME, OCD is not needed.

Application The provider locates the application on the Iowa Department of Human Services (DHS) website. The provider completes one application and returns it by email, fax or mail to the Iowa Medicaid Enterprise (IME) with all supporting documentation.

Application Requirements (forms and supporting documents) for providers with:

New Tax ID Number (TIN): • Universal Application - Copy of license or certification • Provider Agreement • W-9 • Designated Contact Person (DCP) - State issued ID • Electronic Funds Transfer (EFT) - Voided check or letter from bank

Existing TIN: • Universal Application: Pages 10-11 - Copy of license or certification • If it is a 'pay to' provider, EFT form - Voided check or letter from bank

IME Screening and Review The IME reviews the application and supporting documentation. Any incomplete forms or missing documentation will delay the application process. Either a letter requesting corrections will be sent, OR the application will be processed, within seven business days (unless additional screening is required). See "Screening Levels" on page 2. Is all required information included?

No

Yes**

More Information Requested The IME sends a letter to the provider requesting additional information. Is the information received?*

Yes**

New TIN

Existing TIN

HCBS Provider (see page 2) Additional review is required.

Is Additional Review Needed?

No

Yes**

Program Integrity (see page 2) Some applications may be referred to Program Integrity for additional review.

Moderate/High Risk Provider (see pg. 2) These providers (see also ILs 1179,1575 & 1647) may have additional steps to complete after the screening and review.

Pended for OCD The provider is enrolled with IME, but not yet active. The IME sends a letter to the provider notifying them they need to: 1. Send IME the designated contact person (DCP) form, if not already sent. 2. Log in to the Iowa Medicaid Portal Access (IMPA) system to claim their PIN and enter the required information.

Active Each Monday IME is notified of completed OCDs and the providers are made active. A welcome letter is sent to providers within 10 business days.

Active The provider's information is keyed in, and the provider is made active immediately following the review. A welcome letter is sent to providers within 10 business days.

*NOTE: If requested information is not received from the provider within 120 days, the application is canceled.

Additional Information on Enrollment Process

Program Integrity (PI) • Applications will be forwarded to PI for review and approval for any of the following:

- Provider marked "yes" to any of the following questions: HCBS Waiver Application (470-2917) questions 18, 19 or 20; Universal Application (470-0254) questions 29a-29c; or Ordering and Referring Application questions 10, 11 or 12.

- Provider was found on any of the following: Office of Inspector General Exclusion List, System for Award Management or State Medicaid Exclusion Lists. - Provider received a "high" rating on risk assessment tool due to overpayment. - Provider did not pass site visit, if applicable.

Additional Information on Enrollment Process

Home- and Community-Based Service Provider (HCBS) •

The following applications must be reviewed and approved by HCBS:

Provider type 64 (Habilitation) and Waiver provider type 99 (Adult Day Service, Behavioral Programming, Case Management, Chore, Counseling, Day Habilitation, Family and Community Supports, Family Counseling, In-Home Family Therapy, Interim Medical Monitoring and Treatment, Mental Health Outreach, Prevocational Services, Respite, Supported Community Living, Residential-Based Supported Community Living and Supported Employment)

Additional Information on Enrollment Process

Moderate/High Risk Provider • All moderate or high-risk provider types are subject to **pre and post enrollment site visits** wherein the IME will verify that the information submitted by the provider is accurate and will determine compliance with federal and state enrollment requirements.

The IME is not required to conduct site visits on those providers who have already been screened as a moderate risk provider type by Medicare or another state's Medicaid of CHIP program within the previous 12 months.

High risk provider types and any person with a five percent or more direct or indirect ownership interest in the provider, unless the provider is enrolled with Medicare, **may also require fingerprint-based criminal background checks**.

Additional Information on Enrollment Process

• <u>Moderate risk provider types</u> include the following: - Ambulance Suppliers - Community Mental Health Centers - Comprehensive Outpatient Rehabilitation Facilities - Hospice Organizations - Independent Diagnostic Testing Facilities and Independent Clinical Laboratories - Physical Therapy including Physical Therapy Groups - Portable X-Ray Suppliers - Re-enrolling Home Health Agencies - Re-enrolling Suppliers of Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

• <u>High risk provider types</u> include the following: - Newly enrolling Home Health Agencies - Newly enrolling DMEPOS Suppliers

• All other provider types not listed above are considered limited risk provider types; however, the <u>screening level for any individual or agency may change at any time</u>.

Enrollment Information

Questions in completing this application: Iowa Medicaid Enterprise Provider Services Unit at:

(800) 338-7909 or **(515) 256-4609**.

https://dhs.iowa.gov/ime/providers/enrollment

https://dhs.iowa.gov/ime/providers/enrollment/providerenrollment

Re-Enrollment

- Prior to re-enrollment, providers will receive a 60-day notice by mail, then a 30-day notice, and a final/termination notice.

- The first notice will be mailed out 60 days prior to the Provider Agreement end date listed in MMIS. If they have yet to complete re-enrollment, a 30-day notice will be mailed out and the final notice will be mailed if the provider has not completed re-enrollment.

Re-Enrollment is Approaching

- The final notice is notice of termination.

- The provider will then need to submit a new application

- Re-enrollment will continue to be completed in IMPA

Iowa Program Integrity

November 2021

PROGRAM INTEGRITY

PROGRAM INTEGRITY

What is the purpose of Program Integrity?

Provide systems of sustainable and equitable oversight that targets accountability and compliance, focusing on prevention of fraud, waste and abuse of Medicaid programs.

PROGRAM INTEGRITY
What We Do

- Program integrity oversight of Managed Care Plans (MCP)

  – Managed Care Organizations (MCO)- Medical

  – Prepaid Ambulatory Health Plans (PAHP)- Dental

- Provider enrollment & screening compliance

  ▸ Fee-for-Service (FFS) enrollment

  ▸ MCO/PAHP credentialing oversight

PROGRAM INTEGRITY
What We Do, cont.

- Federal and state audits
  Payment Error Rate Measurement (PERM)
  Centers for Medicaid & Medicaid Services (CMS) Focused Audits
  Office of Inspector General (OIG)
  Iowa State Auditor

PROGRAM INTEGRITY
What We Do, cont.

- Federal and state rules/ regulation governance and enforcement
  - Perform post-payment reviews
  - Conduct fraud, waste & abuse audits & investigations
  - Recover overpayments
  - Issue payment suspensions and sanctions

PROGRAM INTEGRITY
What We Do cont.

- Program integrity policy support
  - Identify conflicting policies/rules placing provider at-risk for billing errors and issuing recommendations for policy or rule clarification.
- Collaborate with law enforcement entities and MCPs to detect, deter and combat fraud, waste, abuse of Medicaid programs.

Department of
HUMAN SERVICES

Who to Contact?

- General program integrity related questions, or to verify if a provider is excluded from participation in Iowa Medicaid programs.

  – imepi@dhs.state.ia.us

- Report suspect **provider** fraud, waste & abuse

  – fwareports@dhs.state.ia.us, or

  – 877-446-3787 (toll-free)

- Iowa Program Integrity Sanction List

  – Iowa Medicaid Provider Sanctions List: https://dhs.iowa.gov/ime/providers/program-integrity

COVID

https://dhs.iowa.gov/COVID19

IL 2287 – Children's COVID Vaccine

- Ages 5-11
- Pediatric Pfizer
- 2 dose
- No charge to family
- Federal will acquire and distribute
- IME will pay for administration at $40 per dose

IL 2287 – Children's COVID Vaccine

- Providers should bill for the administration of the vaccine using Current Procedural Terminology (CPT) code 0071A for the first dose and 0072A for the second dose. Roster billing will not be available for providers.

- The vaccine code must also appear on the claim. Use CPT code 91307 with the appropriate national drug code (NDC) to report the vaccine on the claim. No reimbursement will be paid for the vaccine while the vaccine is being provided by the federal government.

IL 2287 – Children's COVID Vaccine

- Providers should submit Medicaid member claims to the member's managed care organization (MCO) or through the FFS program as applicable to the member.

- Claims for vaccine administration will be processed through the medical benefit and not pharmacy point of sale (POS).

- Providers must use the appropriate administration codes for the specific vaccine and specific dose being administered.

IL 2287 – Children's COVID Vaccine

- Providers administering the vaccine to those without health insurance or whose insurance does not provide coverage for the vaccine, can request reimbursement for the administration of the COVID-19 vaccine through the Health Resources & Services Administration (HRSA) COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing, Treatment, and Vaccine Administration for the Uninsured Fund.

QUESTIONS

- Please submit your questions in the chat box with your name, email and concise question.

- We will answer as many questions as we can at the end of todays presentations.

- The remaining questions will be answered and placed on IME's website.

Department of HUMAN SERVICES

IME CONTACTS

IME contacts for specific questions:

IME Claims Questions:
IMEProviderServices@dhs.state.ia.us

IME Enrollment Questions:
IMEProviderEnrollment@dhs.state.ia.us

Escalated Provider Issues:
IMEProviderOutreach@dhs.state.ia.us

IME CONTACTS, Cont.

- MCO escalations: mjames@dhs.state.ia.us

     - Please reach out to your MCO Provider Representative first.

     - If you do not receive a timely response or continue to struggle with this interactions, please email the following:

1) Provider name, NPI, best contact person and phone number.

2) Condensed summary of issue and what you have done to resolve issue with MCO.

3) The MCO contact and a summary of their response.

RESOURCES

- IME is holding monthly Provider Townhalls to discuss the issues that are most important to you as providers. Here is a link of previous provider questions that may be of interest to you: IL 2283-MC-FFS-D regarding Medicaid Virtual Town Hall Meetings Update

https://dhs.iowa.gov/ime/about/advisory-groups/townhall/provider-questions

- Please sign up for Informational Letters. These will provide you with timely information: https://dhs.iowa.gov/ime/providers/rulesandpolicies/bulletins

RESOURCES

- Iowa Medicaid provides additional provider resources found on our website:

    https://dhs.iowa.gov/ime/providers

FINAL NOTES

THANK YOU for providing the best medical services possible to all of Iowa Medicaid members. Our members deserve the best and we believe that YOU are the best!

We know that this year is a year of hardship, adversity, and challenges. You all have put in extreme hours of dedication to ensure that Iowa Medicaid members are taken care of to the best of your ability! You have shown that there is compassion, kindness and dedication to humanity in the face of adversity.

We here at Iowa Medicaid want to continue to support you throughout the ups and downs of providing this outstanding care.

IOWA MEDICAID APPRECIATES YOU!