STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

2022 IOWA HEALTH AND HUMAN SERVICES (HHS) ANNUAL PROVIDER TRAINING

PRESENTERS

Iowa Health and Human Services

Molina Healthcare Introduction

Iowa Total Care

Amerigroup

AGENDA

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- Remittance Advice
- Eligibility Recovery Claim Submission Guidance
- Top 10 claim denial reasons
- Third Party Liability (TPL)
- Outpatient Code Editor (OCE)

Electronic Visit Verification (EVV) - Provider Compliance

Home and Community Based Services (HCBS) – State Transition Plan

American Rescue Plan Act (ARPA)

AGENDA, Cont..

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IHAWP Members Medically Exempt Status

Ground Emergency Medical Transportation (GEMT)

Provider Manual

Program Integrity

Application and Review

Iowa's Estate Recovery Law

Winning Bidders - IA Health Link

Resources

REMITTANCE ADVICE (RA)

TIPS ON HOW TO READ AN (RA)

- Check your Fee For Service (FFS) RA for a credit balance.
- A "credit balance" is when you have a negative balance, which is an outstanding overpayment.
- You must address the "credit balance" within 30 days of the published RA.

TIPS ON HOW TO READ AN (RA)

- Under Iowa Code, a provider's failure to remedy the outstanding overpayment(s) may be subject to additional administrative actions by the department, including and not limited to
  - **payment suspension;** or
  - **suspension from participation** of federal/state programs.

TIPS ON HOW TO READ AN (RA)

A suspension from participation that is published in the Federal Data Exchange (DEX) registry will preclude a provider from participation in state and federal programs, such as Medicare, and other state's HHS programs.

TIPS ON HOW TO READ AN (RA)

Helpful Tips:

- Promptly review your RA and the detailed information pertaining to payments made for submitted claims.
- Ensure your contact information is correct and up to date with Iowa Health and Human Services Provider Services.
- Contact Provider Services to receive assistance in interpreting the RA.

515-256-4609 or 800-338-7909, fax 515-725-1155 and IMEProviderServices@dhs.state.ia.us.

TIPS ON HOW TO READ AN (RA)

- A resource for use to interpret RA adjustment code reasons can be found at, Claim Forms and Instructions | Iowa Department of Human Services.

- Iowa Health and Human Services Fee Schedule link:

https://dhs.iowa.gov/ime/providers/csrp/fee-schedule

TIPS ON HOW TO READ AN (RA)

If you do not agree with the credit balance, dispute it within 30-days with Iowa Health and Human Services Provider Services.

515-256-4609 or 800-338-7909, fax 515-725-1155
IMEProviderServices@dhs.state.ia.us.

Eligibility Recovery Claim Submission Guidance

Eligibility Recovery Claim Submission Guidance

- When member eligibility changes from an eligible member to an ineligible member status.
- The Managed Care Organization (MCO) will retroactively recover payment
- Providers will receive recovery letters from the MCO requesting payment of services during the period a member was inactive and services were provided.

Eligibility Recovery Claim Submission Guidance

Providers are required to verify they checked eligibility at the time services were delivered and this **verification must accompany the request** to:

Provider Service via Provider Services email address:

imeproviderservices@dhs.state.ia.us

Eligibility Recovery Claim Submission Guidance

Review

The Department will review the member's eligibility status and advise the provider to pursue one of the following actions:

Bill

Bill Iowa Health and Human Services for Non-Active members, for cases where the member has transitioned to ineligible.

Appeal

Appeal the recoupment with the MCO, in situations where the reason for denial is anything but loss of eligibility.

Eligibility Recovery Claim Submission Guidance

- Provider Services verifies retro-ineligibility recoveries and if eligibility was updated submission details will be provided.
- If recovery appears to be in error, the provider will be directed back to the MCO to appeal via process noted in the Recovery Letter.

Eligibility Recovery Claim Submission Guidance

Billing for Non-Active Members:

- Providers will resubmit claims directly to Iowa Health and Human Services via Provider Inquiry Form 470-3744.
- Include:
  - Provider Inquiry Form,
  - MCO recoupment letter,
  - Health and Human Services ELVS or Web Portal verification of eligibility for dates of services; and
  - any other pertinent claim documentation for each date of service affected for members.

Eligibility Recovery Claim Submission Guidance

Appeal MCO Recoupment

Providers will need to submit an appeal with the MCO that issued payment recovery.

Questions - Contact:

Iowa Health and Human Services Provider Services Unit at 1-800-338-7909 or by email at imeproviderservices@dhs.state.ia.us

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Eligibility Recovery Claim Submission Guidance

- Normal processing guidelines will apply allowing providers *365 days* from the date on the MCO Recoupment letter.

- These claims will process out as Gross payments to the Provider, reimbursing at the Health and Human Services Fee-For-Service rate.

Top 10 Denial Reasons – Fee For Service

Top 10 Denial Reasons – Fee For Service

Code	Description	EOB Description
467	MCO-SERV-NOT-COV-EDIT	The recipient is enrolled in an HHS MCO. The service/date is not covered under FFS HHS – the MCO must be billed.
101	EXACT-DUPLICATE	This is an exact duplicate of a previously paid claim.

IOWA HHS

Top 10 Denial Reasons – Fee For Service

Code	Description	EOB Description
132	WK-996-MISSING-AMOUNT-CHARGE	Amount charged missing
275	SVC-MPT-CVRD-FOR-RECIP	Service not covered for recipient. The State eligibility file shows limited or no HHS eligibility for the DOS.
367	INV-PROV-TYP-4-PROC	The procedure code billed is not valid for the provider billing the service. (taxonomy does not reflect this type of claim submission code.

Top 10 Denial Reasons – Fee For Service

Code	Description	EOB Description
368	WK-996-DENY-RPT-PROC	Invalid proc-Spec Code (taxonomy does not reflect this type of claim submission code. This provider AFT type/provider specialty may not bill this service.
311	WK-996-INCARCERATION-ELIG	Recip ineligible-service not covered. The recipient has limited benefits or benefit restrictions and is not eligible for the service.
915	CLAIM-FOR-MED-NEEDY	Medically needy/resp relative. Pt has not met the required spend down requirements.

Top 10 Denial Reasons – Fee For Service

Code	Description	EOB Description
237	MEDICARE ELIG/NOT	This service is considered not a Medicare-XOVER covered service. The claim did not meet HHS payment criteria for direct HHS billing.
317	WK-996-NO-PROV CHARGE-RCD	Prov charge record not found. Missing/incomplete/invalid number of covered days during the billing period. Submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one remark code must be provided.

THIRD PARTY LIABILITY (TPL)

THIRD PARTY LIABILITY

- Information Letter No. 2131-MC-FFS-D:
- ELVS no longer provides TPL verification for members assigned to a MCO or dental Pre-Ambulatory Health Plan (PAHP). MCOs and dental PAHPs will provide verified TPL information for their members.
- Providers should report TPL leads or changes for member's health insurance or dental coverage to the member's assigned MCO or dental PAHP.

THIRD PARTY LIABILITY

- Iowa Health and Human Services (HHS) is **not** the source of truth for members assigned to an MCO. Providers need to go the MCOs/dental plans to verify the coverage and report changes to them.
- For FFS member TPL verification, continue to use Eligibility and Verification Information System (ELVS).
- TPL leads or changes for members in FFS should be reported using form, 470-5445, Insurance Update Fee-for-Service (FFS) Members.

OUTPATIENT CODE EDITOR (OCE)

Why am I getting claim denials related to OCE Edits?

OUTPATIENT CODE EDITOR (OCE)

- The Outpatient Code Editor (OCE) is an editing system **created and maintained by CMS** to handle outpatient facility claims.

Understanding OCE claim denials:

- The OCE edits identify incorrect and inappropriate coding of these claims, in some instances denies a claim in its entirety or certain problematic claim lines.

OUTPATIENT CODE EDITOR (OCE)

- Circumstances as indicated by the specific OCE Edit, the determination is to deny an entire claim, even when one line is problematic.

- This is sometimes referred to as "Return to Provider" (RTP). While the claim is not rejected at EDI, it's accepted and then denied by the claim processing system.

OUTPATIENT CODE EDITOR (OCE)

The following information is accessible on every generated remittance advice:

Important Note:

The claim line(s) with the critical billing error will have a specific indication and unique **ex/denial code-pointing to the problem.**

OUTPATIENT CODE EDITOR (OCE)

Example: "Code not recognized by Outpatient Prospective Payment System (OPPS)

How to identify the billing error/ line that is prompting the denial

A claim line is denied for OCE Edit #62:

- Code not recognized by OPPS; alternative code for same service may be available.
- *This line is denied with ex code: H47 - Code not recognized by OPPS.*

OUTPATIENT CODE EDITOR (OCE)

- P60 denials in majority of cases will not be eligible for reprocessing through claims reconsiderations initiated by a provider unless there is explicit medical necessity or a retroactive type of hospital outpatient update.

- This means the action that can be taken by a provider is to submit a corrected claim utilizing the above-mentioned resources.

OUTPATIENT CODE EDITOR (OCE)

Example: P60 denial is "not a covered benefit" denial.

How to evaluate the remaining claim line(s) as applicable on the claim

In this instance, if there are no other errors on the claim, each remaining claim line would be denied with explanation code "P60 - Claim returned to provider for correction".

OUTPATIENT CODE EDITOR (OCE)

As a reminder, based upon the CMS OCE editing, even if there is no error or issue with the remaining lines- if the OCE edit occurring ***anywhere*** on the claim indicates an entire claim denial/return to provider these lines MUST also be denied on this guidance.

OUTPATIENT CODE EDITOR (OCE)

Other important notes to consider:

- MCO employees, by law may not explicitly advise a provider on which code(s) or other perimeters to bill with.
- It is recommended that you evaluate all resources available to you as a provider entity, including contracts, CMS or state guidance.

OUTPATIENT CODE EDITOR (OCE)

Helpful Resources

- Iowa Health and Human Services OCE Edit File:
OCE_Edits-For_Website_4.21.22.pdf (iowa.gov)

- Amerigroup Iowa Reimbursement Policies:
Reimbursement Policies | Amerigroup Iowa, Inc.

- Amerigroup Iowa Provider EOP Guidance:
IA_CAID_PU_ProviderEducationEOP.pdf (amerigroup.com)

OUTPATIENT CODE EDITOR (OCE)

Helpful Resources:

HHS – OCE Edit – APC Grouper 17.2 Version

https://dhs.iowa.gov/sites/default/files/OCE%20Edits.pdf?081120222101

ELECTRONIC VISIT VERIFICATION (EVV)

ELECTRONIC VISIT VERIFICATION

What is EVV?

- It is a federally mandated system to be used to monitor the delivery and utilization of personal care and home health services in non-traditional settings.
- It provides verification of the visit with the location information and a time stamp.
- It is used to ensure quality and program integrity.

ELECTRONIC VISIT VERIFICATION (EVV)

- Iowa Health and Human Service is completing the Good Faith Extension which will push implementation for HHCS to 1/1/2024 with CMS approval.
- INFORMATIONAL LETTER NO. 2338-MC lists Codes that will be implemented for phase one. We do not have any further information for future codes at this time.
- This will allow MCOs, CareBridge, and providers time for implementation. The application deadline is 11.1.2022.

WHAT IS EVV USED FOR?

RECORDING SUCH INFORMATION AS:

TYPE OF SERVICE PERFORMED

PERSON RECEIVING THE SERVICE

DATE OF THE SERVICE

LOCATION OF THE SERVICE DELIVERY

TIME THE SERVICE BEGINS AND ENDS

WHAT'S IN IT FOR A PROVIDER?

- Faster medical billing and payments due to eliminated paperwork and reduced errors
- Better scheduling and communication
- Reduced fraud and help with audits

ELECTRONIC VISIT VERIFICATION

EVV is currently required for the following service codes provided through an MCO:

- S5125 - Attendant Care Services, Per 15 Minutes
- S5130 - Homemaker NOS, Per 15 Minutes
- S5131 - Homemaker NOS, Per Diem
- T1019 - Personal Care Services, Per 15 Minutes

ELECTRONIC VISIT VERIFICATION

- Optional for all personal care services provided by Assisted Living Facility (ALF) and Residential Care Facility (RCF) shift workers.

- ALF and RCF providers **must** complete an attestation identifying their exemption status with the Department initially and annually via the provider self-assessment thereafter.

- Informational Letter 2239-MC, 2239_MC and IL 2361_MC_Attestation_Update_Requirement.

ELECTRONIC VISIT VERIFICATION

Failure to comply with the attestation requirement may result in disenrollment, sanction, termination, recoupment of funds, and/or liability under Iowa Code chapter 685 or other federal and state laws and regulations.

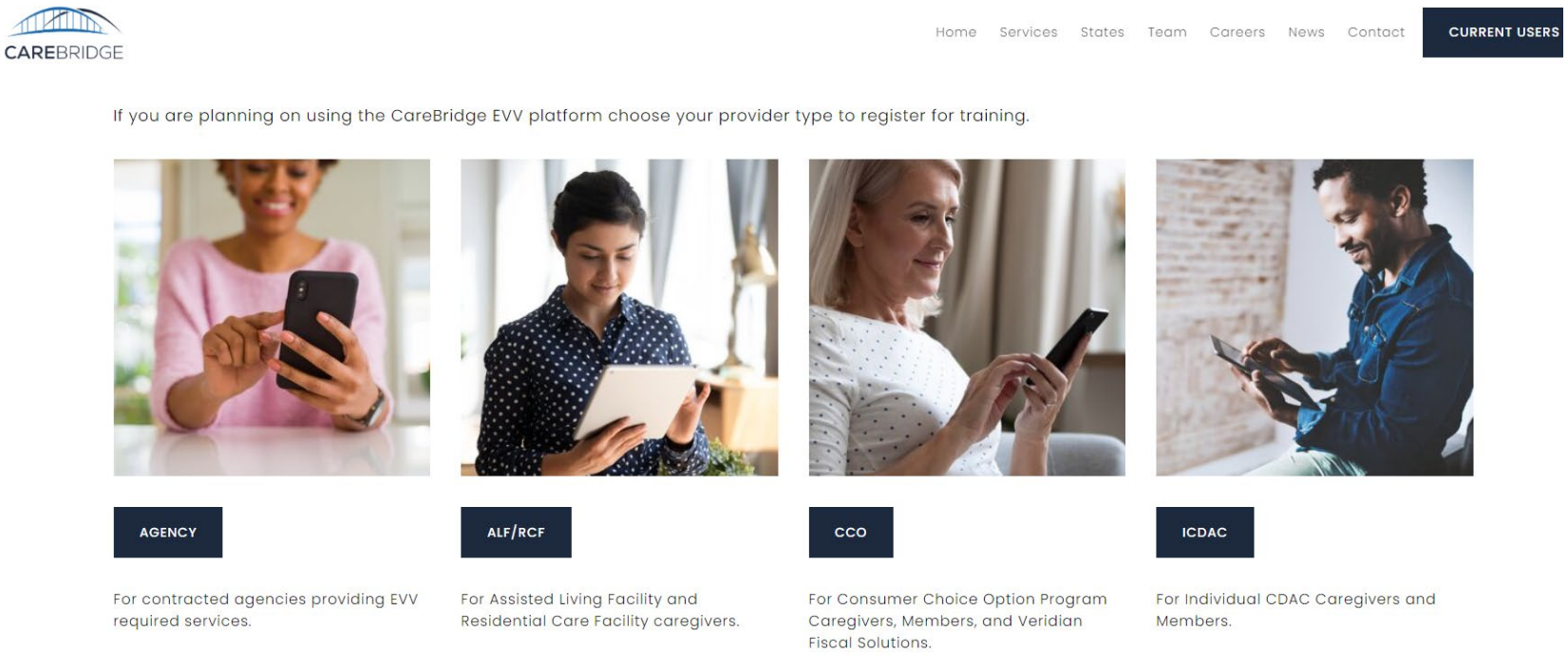
ELECTRONIC VISIT VERIFICATION

For community-based providers who are not regularly-scheduled shift staff of the ALF/RCF, the delivery of the service would require an in-home visit.

Therefore, the state will track personal care service provisions according to EVV requirements as listed in the 21st Century Cures Act.

ELECTRONIC VISIT VERIFICATION

CareBridge offers on-demand training materials
https://www.carebridgehealth.com/trainingiaevv



ELECTRONIC VISIT VERIFICATION
CareBridge

CUSTOMER SUPPORT EMAIL:
IAEVV@CAREBRIDGEHEALTH.COM
CUSTOMER SUPPORT:

(844) 343-3653

CAREGIVER IVR: (515) 489-4787
MEMBER IVR: (515) 800-2537

TRAINING:
HTTPS://WWW.CAREBRIDGEHEALTH.COM/TRAININGIAEVV

ELECTRONIC VISIT VERIFICATION

Iowa Health and Human Services Website:

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

- Carebridge
- Assisted Living and Residential Care Facility Caregiver
- Individual Consumer Directed Attendant Care Caregiver (ICDAC) and member
- Consumer Choices Option (CCO) Caregiver and CCO Member Resources.

ELECTRONIC VISIT VERIFICATION

Please visit Iowa Health and Human Services Provider's website page

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

AMERICAN RESCUE PLAN ACT 2021 (ARPA)

SECTION 9817 HOME- AND COMMUNITY-BASED SERVICES (HCBS) ENHANCED FUNDING

- NOTE: Fourth round applications were complete as of 9/22/2022

AMERICAN RESCUE PLAN ACT 2021 (ARPA)

- Beginning September 1, 2022, Iowa Health and Human Services will accept applications from eligible providers until end of business September 22, 2022 to receive funds from the HCBS ARPA Recruitment and Retention grant.

Eligible providers for the fourth application period include:

- 1915(c) HCBS waiver providers, including case management and Consumer Choices Option (CCO) employees.

AMERICAN RESCUE PLAN ACT 2021 (ARPA)

- Home Health Agencies delivering HCBS waiver services, personal care, and private duty nursing.
- Targeted Case Management.
- Rehabilitative service providers including:
  - Applied Behavioral Analysis (ABA)
  - Behavioral Health Intervention Service (BHIS)
  - Community-Based Neurobehavioral Rehabilitation Services (CNRS)
  - Behavioral health service providers delivering mental health services or substance use disorder services.
  - Program of All-Inclusive Care for the Elderly (PACE) organizations

AMERICAN RESCUE PLAN ACT 2021 (ARPA)

- To be eligible for grant funds, eligible providers must meet these requirements:
  - They billed a Managed Care Organization (MCO) or FFS HHS for eligible services provided between July 1, 2020 and June 30, 2021.
  - They continued to provide patient care after April 1, 2021.
  - They have not permanently ceased providing patient care directly or indirectly.

AMERICAN RESCUE PLAN ACT 2021 (ARPA)

- With respect to Medicare, any HHS program, and any federal health care program, the recipient is not:
  - suspended or excluded from participation.
  - suspended from receiving payments.
  - under any other sanction or penalty; and
  - they have not permanently ceased providing patient care directly or indirectly.

AMERICAN RESCUE PLAN ACT 2021 (ARPA)

- Agency providers enrolled under multiple National Provider Identifiers (NPIs) for eligible HCBS should list those NPIs and their corresponding pay to legacy numbers on the application.

- Providers should submit only one application per organization. Duplicate applications will be rejected.

AMERICAN RESCUE PLAN ACT 2021 (ARPA)

- Individual Consumer-Directed Attendant Care (ICDAC) providers will enter their atypical NPI assigned by HHS on the application form. This number begins with "X0".

- ICDAC and agency providers have from **September 1, 2022**, through the **close of business on September 22, 2022**, to request grant funds by completing the online application, attestation and submitting the minority impact statement.

AMERICAN RESCUE PLAN ACT 2021 (ARPA)

- Application includes completion of the online application, attestation to terms and conditions, and submission of the minority impact statement.
- Provider Responsibilities Providers are required to maintain records of the receipt and distribution of the grant funds.
- HHS will review each application for completeness and to verify eligibility for grant funds.

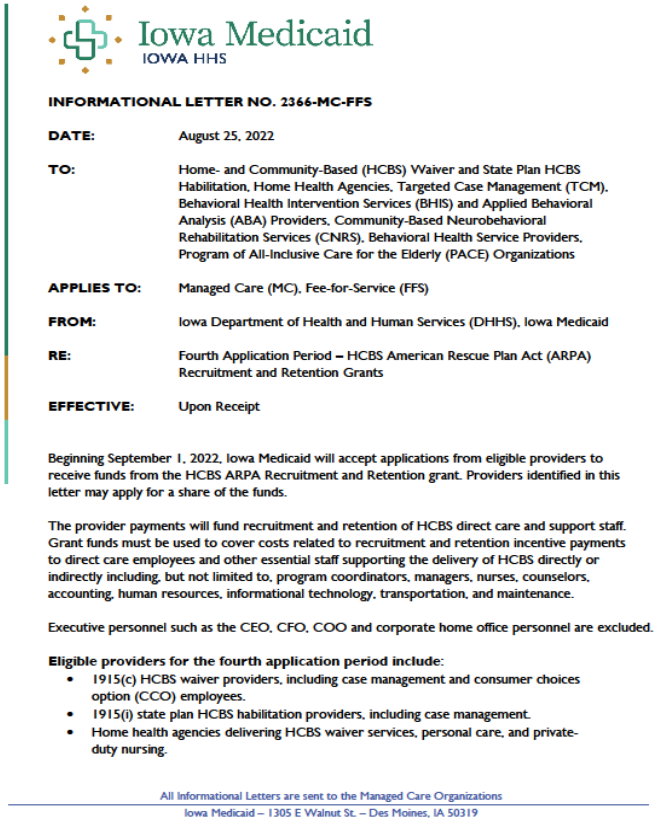
Provider Form:
https://www.tfaforms.com/5007732
Agency Form:
https://www.tfaforms.com/5003388

AMERICAN RESCUE PLAN ACT 2021 (ARPA)

What you need to know to apply:
Please refer to IL 2366-MC-FFS

Application Starts: September 1, 2022

Additional Informational Letter
Released on 9/2/202: IL 2371



Iowa Medicaid
IOWA HHS

INFORMATIONAL LETTER NO. 2366-MC-FFS

DATE: August 25, 2022

TO: Home- and Community-Based (HCBS) Waiver and State Plan HCBS Habilitation, Home Health Agencies, Targeted Case Management (TCM), Behavioral Health Intervention Services (BHIS) and Applied Behavioral Analysis (ABA) Providers, Community-Based Neurobehavioral Rehabilitation Services (CNRS), Behavioral Health Service Providers, Program of All-Inclusive Care for the Elderly (PACE) Organizations

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

FROM: Iowa Department of Health and Human Services (DHHS), Iowa Medicaid

RE: Fourth Application Period – HCBS American Rescue Plan Act (ARPA) Recruitment and Retention Grants

EFFECTIVE: Upon Receipt

Beginning September 1, 2022, Iowa Medicaid will accept applications from eligible providers to receive funds from the HCBS ARPA Recruitment and Retention grant. Providers identified in this letter may apply for a share of the funds.

The provider payments will fund recruitment and retention of HCBS direct care and support staff. Grant funds must be used to cover costs related to recruitment and retention incentive payments to direct care employees and other essential staff supporting the delivery of HCBS directly or indirectly including, but not limited to, program coordinators, managers, nurses, counselors, accounting, human resources, informational technology, transportation, and maintenance.

Executive personnel such as the CEO, CFO, COO and corporate home office personnel are excluded.

Eligible providers for the fourth application period include:

- 1915(c) HCBS waiver providers, including case management and consumer choices option (CCO) employees.
- 1915(i) state plan HCBS habilitation providers, including case management.
- Home health agencies delivering HCBS waiver services, personal care, and private-duty nursing.

All Informational Letters are sent to the Managed Care Organizations
Iowa Medicaid – 1305 E Walnut St. – Des Moines, IA 50319

IOWA HHS

AMERICAN RESCUE PLAN ACT 2021 (ARPA)

Summary:

- **Increased Training and Support**
  - Provider Training Platform
  - HCBS Employee Training and Scholarship Grant Program
  - Health Information Technology (IT) and Infrastructure Grant

- **Workforce Support**
  - Direct Support Employment Network and Hiring Resource
  - One-time Recruitment/Retention Provider Payments
  - HCBS Provider Rate Increases

AMERICAN RESCUE PLAN ACT 2021 (ARPA)

- **Expanded Access**

- Community Based Services Evaluation (CBSE) for Iowans with Disabilities and Behavioral Health Needs
- Community Based Services for Iowans with Disabilities and Behavioral Health Needs Realignment Implementation
- Assistance with Application, Care Coordination, and Referral to Services
- Development Grant - Community-Based Neurobehavioral Rehabilitation Services (CNRS) pilot for children This project has been suspended due to the short time frame for implementation before the ARPA funds must be expended - March 31, 2024.

AMERICAN RESCUE PLAN ACT 2021 (ARPA)

RESCOURCES

The **FFY23 Q1 ARPA HCBS Spending Plan and Narrative** submitted to CMS 07.18.2022 are located on the HHS ARPA 2021 webpage located here:

https://dhs.iowa.gov/ime/about/initiatives/ARPA

PRIOR AUTHORIZATIONS (PA)

PRIOR AUTHORIZATIONS (PA)

- Turnaround time:
  - HHS PA department has10 business days to review a normal PA request, if we have to ask for additional information it may take longer.

- If the authorization requires peer reviewer (medical director/specialist), HHS PA department has up to 15 business days to complete the authorization.

- NOTE: Please follow MCO guidelines for their PA authorization timeframes.

PRIOR AUTHORIZATIONS (PA)

- Universal Prior Authorization Forms

- UNIFORM PRIOR AUTHORIZATION (PA) FORMS
  - Outpatient Services (470-5595)
  - Inpatient Services (470-5594)
  - Supplemental Form (470-5619)

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

PRIOR AUTHORIZATIONS (PA)

- COVID-19 PA - the Department is not waiving PAs for HHS members during the COVID-19 pandemic.

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

- Nor is the Department extending all PAs for continuity of care.
- There is currently no change to the claims filing deadline of 365 days from the date of service for FFS Medical and Dental claims.

PRIOR AUTHORIZATIONS (PA)

- There are 3 universal forms: Supplemental, Inpatient and Outpatient.
- There are no changes 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.

PRIOR AUTHORIZATIONS (PA)

- 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:
  - IMPA,
  - Fax: 515-725-1356; and
  - Email: paservices@dhs.state.ia.us

- This information is located on the bottom of each form.

Iowa Health and Wellness Plan (IHAWP) Members Medically Exempt (ME) Status in IMPA

- Informational Letter 2318 replaced Informational Letter 1375.
- Informational Letter 2367 issuing guidance on IHAWP Members Medically Exempt (ME) Status in Iowa Medicaid Portal Access (IMPA).

- Find more information on Medically Exempt (ME):

https://dhs.iowa.gov/sites/default/files/Medically%20Exempt%20Toolkit.pdf?091920221559

Iowa Health and Wellness Plan (IHAWP) Members Medically Exempt (ME) Status in IMPA

- Medically Exempt Definition
  - Individuals with Disabling Mental Disorder
- The member has a diagnosis of at least one of the following:
  - Psychotic disorder; Schizophrenia; Schizoaffective disorder; Major depression; Bipolar disorder; Delusional disorder, Obsessive-compulsive disorder
  - OR member is identified to have a chronic behavioral health condition and the Global Assessment Functioning (GAF) score is 50 or less (a lower score indicates lower functionality) (Definition consistent with eligibility for the Integrated Health Home)

Iowa Health and Wellness Plan (IHAWP) Members Medically Exempt (ME) Status in IMPA

- Medically Exempt Definition
- Individuals with chronic substance use disorder Individuals with a chronic substance use disorder:
  - The member has a diagnosis of substance use disorder,
  - AND; the member meets the Severe Substance Use Disorder level on the DSM-V Severity Scale by meeting six or more diagnostic criteria;
  - OR the member's current condition meets the Medically-Monitored or Medically Managed Intensive Inpatient criteria of the ASAM criteria ("DSM-V")

Iowa Health and Wellness Plan (IHAWP) Members Medically Exempt (ME) Status in IMPA

- Medically Exempt Definition
- Individuals with serious and complex medical conditions
  - The individual meets criteria for Hospice services;
  - OR the individual has a serious and complex medical condition;
  - AND the condition significantly impairs the ability to perform one or more activities of daily living*.
    - (Examples of serious and complex medical conditions include but are not limited to: traumatic brain injury, epilepsy, cerebral palsy and ventilator dependency.)

Iowa Health and Wellness Plan (IHAWP) Members Medically Exempt (ME) Status in IMPA

- Medically Exempt Definition
- Individuals with a physical disability
    - The individual has a physical disability;
    - AND the condition significantly impairs the ability to perform one or more activities of daily living*.
        - (Examples of physical disabilities include but are not limited to: multiple sclerosis, quadriplegia, and paraplegia.)

Iowa Health and Wellness Plan (IHAWP) Members Medically Exempt (ME) Status in IMPA

- Medically Exempt Definition
  - Individuals with an intellectual or developmental disability
    - The individual has an intellectual or developmental disability as defined in IAC 441-24.1.

    - This definition means a severe, chronic disability that:
      - Is attributable to a mental or physical impairment or combination of mental and physical impairments;
      - Is manifested before the age of 22;
      - Is likely to continue indefinitely; (continued)

Iowa Health and Wellness Plan (IHAWP) Members Medically Exempt (ME) Status in IMPA

- Medically Exempt Definition
  - Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency;
  - AND reflects the person's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated

Iowa Health and Wellness Plan (IHAWP) Members Medically Exempt (ME) Status in IMPA

- Medically Exempt Definition
  - AND the condition significantly impairs the ability to perform one or more activities of daily living* (Developmental disabilities include but are not limited to: autism, epilepsy, cerebral palsy, and mental retardation.)

  - Individuals with a disability determination
    - Any individual with a current disability designation by the Social Security Administration

Iowa Health and Wellness Plan (IHAWP) Members Medically Exempt (ME) Status in IMPA

- Medically Exempt Definition
  - Activities of daily living (ADLs) is a term used in healthcare to refer to daily self-care activities within an individual's place of residence, in outdoor environments, or both;

Iowa Health and Wellness Plan (IHAWP) Members Medically Exempt (ME) Status in IMPA

- Medically Exempt Definition
  - *Activities of daily living include
    - Bathing and showering (washing the body)
    - Bowel and bladder management (recognizing the need to relieve oneself)
    - Dressing o Eating (including chewing and swallowing)
    - Feeding (setting up food and bringing it to the mouth)
    - Functional mobility (moving from one place to another while performing activities)
    - Personal device care o Personal hygiene and grooming (including washing hair)
    - Toilet hygiene (completing the act of relieving oneself)

Iowa Health and Wellness Plan (IHAWP) Members Medically Exempt (ME) Status in IMPA

- Medically Exempt Member Survey
  a. If an individual indicates they have limitations in their activities of daily living or receive Social Security Income on their application to receive health care and are determined to be eligible for the Iowa Health and Wellness Plan, they will receive a Medically Exempt Member Survey.

Iowa Health and Wellness Plan (IHAWP) Members Medically Exempt (ME) Status in IMPA

- Medically Exempt Member Survey, continued
  - Please note all individuals administratively transferred from the IowaCare received copy of this survey.
  - Members will mail, fax or call HHS Member Services with their survey responses answers to their survey.
  - After the surveys are scored, members will receive a notification indicating to which health plan they are assigned.

Iowa Health and Wellness Plan (IHAWP) Members Medically Exempt (ME) Status in IMPA

- Medically Exempt Member Survey, continued
  - Members are strongly encouraged to call Iowa Health and Human Services Member Services if they have questions about their Medically Exempt status.
  - See APPENDIX A for copy of the Member Survey.

Iowa Health and Wellness Plan (IHAWP) Members Medically Exempt (ME) Status in IMPA

- Medically Exempt Member Survey - Medically Exempt Attestation and Referral Form
- This form is available on the HHS website and can be completed by the following:
    - Providers with a current National Provider Identifier number
    - Employees of HHS
    - Designees from the mental health region or the Iowa Department of Corrections
    - Forms can be submitted by telephone, email, fax, or mail. c. See APPENDIX B for a copy of the Medically Exempt Attestation and Referral Form

Iowa Health and Wellness Plan (IHAWP) Members Medically Exempt (ME) Status in IMPA

- To check the status of a Medically exemption for a patient or client, you can call HHS Member Services at

  1-800-338-8366.

- Additional information or help enrolling in the Iowa Health and Wellness Plan. Help is available online, by phone and in person – for free.

Iowa Health and Wellness Plan (IHAWP) Members Medically Exempt (ME) Status in IMPA

- Online: Visit www.HealthCare.gov or https://dhsservices.iowa.gov/.
- Call the federal hub at 1-800-318-2596 or the Iowa Health and Human Services (HHS) contact center at 1-855-889-7985.
- You can visit https://localhelp.healthcare.gov/

IHAWP Members Medically Exempt (ME) Status in IMPA

- Tools for IHAWP member eligibility for SNF and NF services.
  - Iowa Health and Human Services has implemented a ME status look-up function within IMPA.
  - The look-up function will allow SNF and NF providers the ability to look up an IHAWP member's ME status when the individual is admitted to their facility.

IHAWP Members Medically Exempt (ME) Status in IMPA

- Ongoing changes to an IHAWP member's ME status will be displayed for providers to monitor.
- The HHS member must be a resident of a provider's facility for that provider to access this information in IMPA.
- SNF and NF staff are required to complete the enrollment form 470-5720 to access the ME look-up function.

IHAWP Members Medically Exempt (ME) Status in IMPA

- The enrollment form and user guide are located on the clickable link IMPA homepage

  https://dhs.iowa.gov/sites/default/files/470-5720.pdf?082520221938

Questions, please contact Iowa Health and Human Services Provider Services:

1-800-338-7909

imeproviderservices@dhs.state.ia.us.

Ground Emergency Medical Transportation (GEMT)

What is the GEMT program?

Voluntary program that allows publicly owned or operated emergency ground ambulance transportation.

Ground Emergency Medical Transportation (GEMT)

- Providers receive supplemental payments that cover the difference between a provider's actual costs per GEMT transport and the HHS base payment, mileage and other sources of reimbursement.

Ground Emergency Medical Transportation (GEMT)

- Providers receive payments for cost-based, supplemental payments on a prospective basis for emergency ground ambulance transportation.
- HHS Fee-for-Service (FFS) and HHS Managed Care (MCO) members under Title XIX of the Federal Social Security Act (SSA) and the Affordable Care Act (ACA) only.

Ground Emergency Medical Transportation (GEMT)

- Provides GEMT services to Iowa HHS enrollees.
- Enrolled as an Iowa HHS provider for the period being claimed.

Ground Emergency Medical Transportation (GEMT)

- Is owned or operated by an eligible governmental entity, to include the state, a city, county, fire protection district, community services district, health care district, federally recognized Indian tribe or any unit of government as defined in 42 C.F.R. Sec. 433.50.

Ground Emergency Medical Transportation (GEMT)

How does a potential provider enroll in GEMT?

- Notify the Iowa HHS Provider Cost Audit and Rate Setting (PCA) Unit

- Complete an Intergovernmental Transfer Agreement
  - Approved SPA IA-19-0002.pdf (iowa.gov)

Ground Emergency Medical Transportation (GEMT)

How does a potential provider enroll in GEMT?

- Complete and submit the GEMT Program cost report
  - GEMT Cost Report Template_2019 12-21_1.18_nm.xlsx (live.com)

- Complete the Provider Participation Agreement
  - GEMT Program Provider Agreement (iowa.gov)

(continued)

Ground Emergency Medical Transportation (GEMT)

GEMT Annual Information Required

- Complete and submit the CMS-approved GEMT cost report.
- Complete and sign the IGT agreement between the Iowa Department of Human Services (HHS) and the eligible governmental entity.

Ground Emergency Medical Transportation (GEMT)

GEMT Resources

Dex Walker, Supplemental Payment Manager

Iowa Health and Human Services

515-217-7302 (Cell) dwalker@dhs.state.ia.us

PROVIDER MANUAL

Informational Letter 2353-MC-FFS

- Iowa Health and Human Services is committed to improving the tools and resources available to our providers.
- Iowa Health and Human Services is currently refining the provider manual review process and would like to incorporate stakeholder input.

PROVIDER MANUAL

Submit recommendations where they feel the wording is unclear or contradicts other language or content.

The survey can be found here:
https://www.tfaforms.com/4974576

PROVIDER MANUAL

- Collect input on manual language
- Enhance communication and understanding between Iowa Health and Human Services and providers.
- Recommendations submitted through this form will be reviewed by policy staff.

IOWA HEALTH AND HUMAN SERVICES PROGRAM INTEGRITY

Why does Program Integrity Exist?

- Program integrity is designed to ensure that public funds are spent appropriately.

- Collaborate with law enforcement entities and MCOs to detect, deter and combat fraud, waste, abuse of HHS programs.

IOWA HEALTH AND HUMAN SERVICES PROGRAM INTEGRITY

Why does Program Integrity Exist?

Fraud

- Fraud is defined as the wrongful or criminal deception intended to result in financial or personal gain.

- Fraud includes false representation of fact, making false statements, or by concealment of information.

IOWA HEALTH AND HUMAN SERVICES PROGRAM INTEGRITY

Why does Program Integrity Exist?

Waste

- Waste is defined as the thoughtless or careless expenditure, mismanagement, or abuse of resources to the detriment (or potential detriment) of the HHS program.

IOWA HEALTH AND HUMAN SERVICES PROGRAM INTEGRITY

Why does Program Integrity Exist?

Abuse

- Abuse is defined as excessive or improper use of a thing, or to use something in a manner contrary to the natural or legal rules for its use.

IOWA HEALTH AND HUMAN SERVICES PROGRAM INTEGRITY

State Audits-Functions of the PI Unit

- Receives tips and investigate.
- Conducts audits and investigations.
- Performs data analysis to identify potential risks of improper payments.

IOWA HEALTH AND HUMAN SERVICES PROGRAM INTEGRITY

State Audits-Functions of the PI Unit

- Educates on proper billing practices.
- Makes recommendations for policy clarification.
- Receives self-reports of overpayments and issues request and return of overpayments from providers.

IOWA HEALTH AND HUMAN SERVICES PROGRAM INTEGRITY

Iowa Health and Human Services Role

- Provide Information to CMS
- Eligibility Information
- Provider Enrollment Information
- Claims Data
- Policies and Procedures
- Liaison between CMS and HHS Providers

IOWA HEALTH AND HUMAN SERVICES PROGRAM INTEGRITY

Provider's Role

- Respond to CMS' Medical Record Requests:
  - Within 75 days of initial request
  - Within 15 days of additional request

- Dispute Resolution Process - Preliminary Finding:
  - May submit a dispute resolution
  - HHS may request additional documentation

IOWA HEALTH AND HUMAN SERVICES PROGRAM INTEGRITY

Provider's Role

Maintain all records and documentation that substantiate the services provided to the member and all information necessary to allow accurate adjudication of the claim.

IOWA HEALTH AND HUMAN SERVICES PROGRAM INTEGRITY

CMS Findings are final and are published:

- Overpayments Identified by CMS:
  - HHS pays the federal share
  - Providers responsible for identified overpayments

- Corrective Action Plans:
  - Identify the root cause
  - Steps to remedy the root cause

IOWA HEALTH AND HUMAN SERVICES PROGRAM INTEGRITY

Referral for Program Integrity Review - This would be causes for PI to review your case:

- Negative result on background check
- Adverse action taken by a licensing authority, federally funded program, law enforcement prosecutions and other HHS programs.
- Prior sanction imposed by HHS
- Unresolved outstanding overpayments

IOWA HEALTH AND HUMAN SERVICES PROGRAM INTEGRITY

Ownership and Control Disclosure

What information is required to be disclosed?

- Name and address of any person (individual or corporation) with an ownership or control interest.
- If individual, the date of birth and Social Security Number.
- Other tax identification number (in the case of a corporation) with 5% or more interest.

IOWA HEALTH AND HUMAN SERVICES PROGRAM INTEGRITY

Tips for Timely Processing of Enrollment Application

- Complete enrollment application in its entirety.
- If required, ensure required certification & licensure are in good standing.
- Prompt response to request for additional information.

IOWA HEALTH AND HUMAN SERVICES PROGRAM INTEGRITY

Oversight Responsibility of Managed Care Programs

- Oversees MCO Provider Tips and Investigations
- Oversees Managed Care Provider Recoveries
- Ensures Compliance with Federal Regulations; AND
- Provides Training

IOWA HEALTH AND HUMAN SERVICES PROGRAM INTEGRITY

Oversight Responsibility of Managed Care Programs

- Oversight Performance - Program Integrity Unit
  - Reporting
    - Monthly, Quarterly, Annually
    - Monthly Meetings
    - Annual Audits

IOWA HEALTH AND HUMAN SERVICES PROGRAM INTEGRITY

Tips for avoiding sanctions

- **Ensure contact information is correct and updated.**
- Comply with program requirements
- Maintain communication with HHS throughout the audit process
- Seek clarification if program policy is not clear
- Remedy any outstanding overpayments

IOWA HEALTH AND HUMAN SERVICES PROGRAM INTEGRITY

Iowa Health and Human Services Enrollment

- Ensures that all providers Fee-for-Service and managed care network providers billing for HHS reimbursable services are enrolled and screened in accordance with 42 C.F.R. §455.

- Ensures HHS providers and fiscal agents disclose information on ownership and control.

IOWA HEALTH AND HUMAN SERVICES PROGRAM INTEGRITY

Tips for avoiding sanctions

- If a negative action was taken against you by a licensing authority, disclose the event.
- If you identify an error in payments, self-disclose.
- If you suspect fraud, waste and abuse, report!

IOWA HEALTH AND HUMAN SERVICES PROGRAM INTEGRITY

SUMMARY

- Receive tips and investigate.
- Conduct audits and investigations.
- Perform data analysis to identify potential risks of improper payments.
- Educate on proper billing practices.
- Make recommendations for policy clarification.
- Receive self-reports of overpayments and issues request and return of overpayments from providers.

IOWA HEALTH AND HUMAN SERVICES PROGRAM INTEGRITY

How to report HHS Fraud, Waste and Abuse

Reporting suspect fraud, waste & abuse activities to Iowa Health and Human Services:

https://dhs.iowa.gov/report-abuse-and-fraud

IOWA HEALTH AND HUMAN SERVICES PROGRAM INTEGRITY

How to report HHS Fraud, Waste and Abuse

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

imepi@dhs.state.ia.us

- Program Integrity Unit
  - Operating Hours
    - Monday - Friday 8:00 AM - 4:30 PM
  - 877-446-3787 (Toll Free)
  - Clinical Record Request/Payments related to findings/Report Fraud
    - Contact Information
      - PO Box 36390 Des Moines, IA 50315
      - 877-446-3787 (Toll Free)
      - 515-256-4615 (Des Moines Area)
      - 5157251354 (Fax)
- Managed Care Organizations (MCOs)
  - Amerigroup of Iowa, Inc. (Amerigroup)
  - Iowa Total Care
- Dental Benefit Managers (DBMs)
  - Delta Dental of Iowa, Inc. (Delta Dental)
  - MCNA

IOWA HEALTH AND HUMAN SERVICES PROGRAM INTEGRITY

- State and federal false claims acts. (Iowa Code ch.685; 31 U.S.C. §3729 et seq.) (includes civil penalties and treble damages).
- State and federal criminal laws.
- Federal exclusions and civil monetary penalties. (42 U.S.C. §1320a-7; 42 C.F.R. §1001.1901).
- State civil monetary penalties. (Iowa Code §249A.47).
- State sanctions. (441 Iowa Admin. Code 79.2).
- State audit and overpayment provisions. (Iowa Code §249A.53; 441 Iowa Admin. Code 79.4).
- Federal Anti-Kickback statute. (42 U.S.C. §1320a-7b(b)).
- Federal Stark statute. (physician self-referral)(42 U.S.C. §1395nn).

IOWA HEALTH AND HUMAN SERVICES BENEFIT APPLICATION AND REVIEW FORMS

- If your office retains **unused applications** or review forms, please ensure they are current and destroy all previous versions.

- Current forms, including Application for Health Coverage and Help Paying Costs, are available on the HHS website:

https://dhs.iowa.gov/how-to-apply

APPLICATION AND REVIEW FORMS

Forms

https://dhs.iowa.gov/sites/default/files/470-5482%20Medicaid-State%20Supplementary%20Assistance%20Review.pdf?072020221924

- Medicaid/Hawki Review, Form 470-51682 and
- Medicaid/State Supp Review, Form 470-54823 available on the HHS form

APPLICATION AND REVIEW FORMS

Current forms, including Application for Health Coverage and Help Paying Costs, are available on the HHS:

- https://dhs.iowa.gov/how-to-apply
- Medicaid/Hawki Review, Form 470-51682 and
- Medicaid/State Supp Review, Form 470-54823

HHS form found here:

https://dhs.iowa.gov/sites/default/files/470-5482%20Medicaid-State%20Supplementary%20Assistance%20Review.pdf?072020221924

IOWA'S ESTATE RECOVERY LAW

After the death of a person who has received Title XIX funded medical assistance, the law requires that the individual's assets be used to provide repayment to the Iowa Department of Human Services (HHS).

IOWA'S ESTATE RECOVERY LAW

Who does this apply to:

- Are 55 years of age or older, regardless of where they are living; or
- Are under age 55 and:
  - Reside in a nursing facility, an intermediate care facility for persons with an intellectually disability, or a mental health institute, and;
  - Cannot reasonably be expected to be discharged and return home.

IOWA'S ESTATE RECOVERY LAW

- Title XIX funded medical assistance includes HHS and various waiver programs, including the Medically Needy Program and the Elderly Waiver Program.

- Federal law requires states to have an estate recovery program. In Iowa the estate recovery program is provided under Iowa Code Section 249A.53(2). Administrative rules are found in section 441 IAC 75.28(7).

IOWA'S ESTATE RECOVERY LAW

Contact

Local: (515) 246-9841

FAX: (515) 246-0155

Toll-free: (888) 513-5186

Email: estates@dhs.state.ia.us

HHS Announces Winning Bidders for IA Health Link RFP

- Informational Letter 2375 – MC

The Iowa Department of Health and Human Services has issued a Notice of Intent to award to two managed care organization (MCO) bidders for Request for Proposal (RFP) MED-23-005, IA Health Link.

HHS Announces Winning Bidders for IA Health Link RFP

- The bidders announced Wednesday, August 31, 2022, include:
  - Amerigroup Iowa, Inc.
  - Molina Healthcare of Iowa, Inc. Molina Healthcare of Iowa, Inc. will join Amerigroup Iowa, Inc. and Iowa Total Care, Inc. as MCOs in the HHS program.
  - Iowa Total Care, Inc. will continue to serve HHS although they did not need to participate in this RFP due to the timing of their joining the HHS program.

HHS Announces Winning Bidders for IA Health Link RFP

- The following is a tentative timeline for implementation; these dates are estimates and subject to change:
  - Contract Execution — October 2022
  - Project Kick-Off — October 2022
  - Readiness Review Conducted — October 2022 – March 2023
  - Provider Testing — April – June 2023
  - Assignment of Membership — April 2023
  - Go-Live — July 1, 2023

HHS Announces Winning Bidders for IA Health Link RFP

Contracting Providers wishing to contract with the three MCOs should directly contact those organizations.

HHS Announces Winning Bidders for IA Health Link RFP

Amerigroup Iowa, Inc.: ProviderNetworkIA@amerigroup.com
Phone: 1-855-789-7989

Iowa Total Care, Inc.: NetworkManagement@IowaTotalCare.com
Provider Services Phone: 1-833-404-1061

Molina Healthcare of Iowa, Inc. Contact information will be provided as it is released in the coming year.

RESOURCES

2022 Annual Provider Training

https://dhs.iowa.gov/ime/Providers/tools-trainings-and-services/ATRegistration

RESOURCES

HHS Member Services (Monday to Friday from 8 a.m. to 5 p.m.)

1-800-338-8366 (Toll Free) 515-256-4606 (Des Moines Area)
515-725-1351 (Fax)

HHS Member Services (Monday to Friday from 8 a.m. to 5 p.m.)
1-800-338-8366 (Toll Free)
515-256-4606 (Des Moines Area)
515-725-1351 (Fax)

For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking, call Relay Iowa TTY at 1-800-735-2942. Llame al 1-800-735-2942, a Relay Iowa TTY (teléfono de texto para personas con problemas de audición, del habla y ceguera) si necesita asistencia telefónicamente.

RESOURCES

- Monthly Provider and Member Townhall Virtual Town Hall
  - Fourth Thursday of each month
  - Providers and Members
  - Gather feedback on the current state of the program and how to improve. Share information on current and future program projects and improvements.

Send specific questions to: **IMETownHall@dhs.state.ia.us**

dhs.iowa.gov › ime › about › advisory-groups › townhall

RESOURCES

- IME Provider Services Contact Director: https://dhs.iowa.gov/ime/about/contacts/provider-services
- Provider Services: 1-800-338-7909 IMEProviderServices@dhs.state.ia.us
- Eligibility Verification System (ELVS) 800-338-7752 or link to ELVS
- Provider Audits/Rate Setting (Provider Cost Audit)
  - 866-863-8610

RESOURCES

- Medical Support 800-383-1173
- Medical Prior Authorization 888-424-2070
- Program Integrity 877-446-3787

RESOURCES

- Pharmacy Prior Authorization 877-776-1567
- Pharmacy Point-of-Sale (POS) 877-463-7671
- Electronic Data Interchange Support Services (EDISS) 800-967-7902
- HHS Claims 800-338-7909

INFORMATIONAL LETTERS

- Stay current on all matters related to HHS – Vital and Timely
  https://dhs.iowa.gov/ime/providers/news-and-announcements

  - Policy changes
  - Clarifications
  - Initiatives
  - News
  - Notices
  - Current and upcoming events

Questions