Iowa Health Link Frequently Asked Questions (FAQs)

Last Updated: September 2025

The Frequently Asked Questions (FAQs) are updated regularly to reflect the latest questions from members and providers. Check this webpage regularly for the most up-to-date information on the Iowa Health Link managed care program.

General Information

What is the Iowa Health Link program?

Most Medicaid members are enrolled in the Iowa Health Link managed care program. This program gives you health coverage through a Managed Care Organization (MCO) that you get to choose. Some Medicaid members, however, receive Medicaid coverage through a Fee-for-Service model.

The Children's Health Insurance Program (CHIP) services continue to be offered through the Healthy and Well Kids in Iowa program, also known as Hawki.

Iowa Health Link brings together physical, behavioral, and long term care under one program. Most Medicaid members are enrolled in the Iowa Health Link managed care program. Some Medicaid members, however, receive Medicaid coverage through a Fee-for-Service model.

What is a Managed Care Organization (MCO)?

A Managed Care Organization, or MCO, is a health plan that coordinates your care. These are the MCOs you can choose:

- Iowa Total Care
- Molina Healthcare
- Wellpoint

Will I still receive Medicaid coverage before I transition to an MCO?

Once a member has been deemed eligible for Medicaid, they will be automatically assigned to a MCO.

Members will be able to receive services from this MCO immediately.

Members will have 90 days from their initial enrollment to change MCOs for any reason. If they don't make a choice, they will remain with the MCO assigned to them.

Who is included in the Iowa Health Link Program?

Most members who get coverage by Iowa Medicaid will be enrolled in the managed care program, and receive coverage through an MCO. The benefits you receive from your selected MCO will depend on the type of Medicaid coverage you qualify for.

Some members may choose to enroll in the managed care program:

Members who are enrolled with the **Program of All-Inclusive Care for the Elderly (PACE) program.** If you are a member enrolled with PACE, please contact your PACE provider before making any changes to your plan. Your PACE provider will assist you with disenrolling with PACE and enrolling with the Iowa Health Link managed care program.

American Indian or Alaskan Native members may also choose to enroll in the Managed Care program. If you are a member who identifies as American Indian or Alaskan Native, contact Iowa Medicaid Member Services at 1-800-338-8366 to learn about enrolling in the Iowa Health Link Managed Care program.

Who is excluded from the Iowa Health Link program?

Members who are not transitioning to the Iowa Health Link managed care program will remain in Medicaid Fee-for-Service. This includes members who qualify for or receive services from the following Fee-for-Service programs:

- **Medicare Savings Program (MSP)**
- **Qualified Medicare Beneficiary (QMB)**
- **Specified Low-Income Medicare Beneficiary (SLMB)**

Three Day Emergency

Up to 3 days of Medicaid is available to pay for the cost of emergency services for aliens who do not meet citizenship, alien status, or social security number requirements. The emergency services must be provided in a facility such as a hospital, clinic, or office that can provide the required care after the emergency medical condition has occurred.

- **Medically Needy** (also known as the spenddown program)
- **Presumptive Eligibility** (subject to change once ongoing eligibility is determined)
- Retroactive Eligibility
- **Program of All-Inclusive Care for the Elderly (PACE) program**
- Optional Enrollment
- **American Indian or Alaskan Native program** (American Indians and Alaskan Natives may choose to enroll in the managed care program. If you are a member who identifies as American Indian or Alaskan Native, contact Iowa Medicaid

Member Services at 1-800-338-8366 to learn about enrolling in the Iowa Health Link Managed Care program).

Choosing a Managed Care Organization (MCO)

I have received my enrollment packet, what do I need to do now? Or how long do I have to change my MCO?

If you are happy with the health plan that has been assigned to you, you do not need to do anything. If you do not like the MCO that has been tentatively assigned to you, you have 90 days from the date your managed care coverage begins to change your MCO for any reason, and for "Good Cause" reasons after that.

What is my "Choice Period End Date"?

Your choice period end date is listed on your MCO Enrollment Letter that is in your Iowa Health Link enrollment packet. Members must change their MCO by this date for the change to take effect the following month. You will also have 90 days from the date your managed care coverage begins to change your MCO for any reason.

How do I know which MCO is right for me?

You should choose the MCO that best fits your needs, or the needs of your family. There are many resources available on the HHS website to assist in making your MCO choice, such as the Provider Search Portal, and the MCO Plan Summary. All are available on the Iowa Health Link webpage, under 'Resources' on the left-hand navigation menu.

How do I make my MCO choice?

Members can make their MCO choice one of the following ways:

- **Web:** Complete the **Iowa Health Link MCO Change form** and submit it to Iowa Medicaid Member Services.
- **Email**: Iowa Medicaid Member Services at IMEmember@hhs.iowa.gov.
- **Phone**: Call Iowa Medicaid Member Services at **1-800-338-8366** or locally in the Des Moines area at **515-256-4606**. Monday through Friday, 8 a.m. to 5 p.m. 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.
- **Mail**: If you wish, you may return the MCO Change form to: **Member Services, PO Box 36510, Des Moines, IA 50315**. (*Mail is not processed daily and your MCO choice may be delayed*.)

If emailing your MCO choice, include the following information:

- Member's Date of Birth
- Member's State ID Number
- Member's Address on File
- Reason for MCO Change
    - If you do not provide all five pieces of information, we will not be able to process your MCO choice.

What if I didn't make a change but now I want to?

You have 90 days from your choice period end date to change your MCO for any reason. You may only change your MCO for "Good Cause" reasons after that.

If you would like to change your MCO due to "Good Cause," you must first contact your current MCO to go through the MCO's grievance process for resolution. If your issue has not been resolved following the decision of your grievance, you may call Iowa Medicaid Member Services.

What are some examples of "Good Cause" reasons?

- Your provider is not in your MCO's provider network.
- You need related services to be performed at the same time and not all related services are available within your current MCO's provider network.
- Your provider has been terminated or no longer participates with your MCO.
- Poor quality of care given by your MCO

If you would like to change your MCO due to "Good Cause," you must first contact your current MCO to go through the MCO's grievance process for resolution. If your issue has not been resolved following the decision of your grievance, you may call Iowa Medicaid Member Services.

When will my choice take effect?

Members who change their MCO will continue to receive coverage from their current MCO until the MCO change takes effect. Please note, if you change your MCO in the middle of the month, the change may not take effect for two months.

Members wishing to change their MCO selection will have the following choice cut-off dates for 2025:

Enrollment Cut Off Dates

Choice Date Cut Off	Effective Date
February 20, 2025	March 1, 2025
March 19, 2025	April 1, 2025
April 17, 2025	May 1, 2025
May 19, 2025	June 1, 2025
June 18, 2025	July 1, 2025
July 17, 2025	August 1, 2025
August 19, 2025	September 1, 2025
September 18, 2025	October 1, 2025
October 17, 2025	November 1, 2025
November 18, 2025	December 1, 2025
December 18, 2025	January 1, 2026

Effective Coverage Date: Date that MCO change will take effect.

Choice Cut-Off Date: Members must change their MCO by this date for the change to take effect by the Effective Date.

For example: The last day to make an MCO choice for coverage effective June 1, 2024, is May 17, 2024. If a member changes their MCO between May 18, 2024, and June 18, 2024, this change will not take effect until July 1, 2024.

Important Note: Members who change their MCO after the choice cut-off date will continue to receive coverage from their current MCO until the MCO change takes effect.

What is the Confirmation of Coverage Letter?

The Confirmation of Coverage Letter lists members within your household and their chosen MCO, as well as the contact information for their MCO. The MCO listed on this letter will be the MCO that you chose and will be different from the MCO assigned to you when you were enrolled in the Iowa Health Link program.

I selected a different MCO than what the letter states?

Iowa Medicaid may not have received your MCO selection prior to sending out your Confirmation of Coverage Letter, but we can update your chosen MCO.

If you would like to select a different health plan, you will have 90 days from the date your managed care coverage begins to change your MCO for any reason. After that, members may change their MCO throughout the year for reasons of "Good Cause."

If a member would like to confirm their MCO choice, or change their MCO, they may contact Iowa Medicaid Member Services at **1-800-338-8366** or **515-256-4606** (when calling from within the Des Moines area), Monday through Friday, 8 a.m. to 5 p.m.

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.**

Will I get a new ID card?

Iowa Health Link program members have two or three cards.

1. You will keep your current Iowa Medicaid card for dental services or Fee-for-Service. Your Iowa Medicaid identification number will remain the same.
2. You will receive an MCO ID card from your selected MCO. Your Iowa Medicaid identification number will remain the same however, your MCO may assign you a separate MCO identification number.
3. If you are enrolled in the Dental Wellness Plan, you will receive a dental carrier ID card for all dental services.

Please bring your Iowa Medicaid and MCO ID cards to your medical appointments. If you have lost your Iowa Medicaid ID card, or have not yet received your Iowa Medicaid ID card, you can contact Iowa Medicaid Member Services at **1-800-338-8366** or **515-256-4606** (when calling from within the Des Moines area), Monday through Friday, 8 a.m. to 5 p.m.

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.**

When will my MCO ID card arrive?

You should receive an ID card from your health plan before your MCO enrollment date. If you (do not/did not) make a choice, you will receive an ID card from the MCO assigned to you which is listed on your Confirmation of Coverage Letter.

If your MCO coverage has begun and you have not yet received your MCO ID card, please reach out to your MCO immediately for assistance.

Who am I getting my ID card from?

After your initial MCO selection period had ended (your choice period end date on your MCO Enrollment Letter within your Iowa Health Link enrollment packet) you would receive a Confirmation of Coverage Letter from Iowa Medicaid if you chose a different MCO than the one that was assigned to you when your enrolled in the Iowa Health Link program. The Confirmation of Coverage Letter will confirm your health plan, and you will get a card from the plan listed on the letter before your MCO coverage begins.

Members who do not know their MCO assignment or have not received their Confirmation of Coverage Letter, please call the Iowa Medicaid Member Services at

1-800-338-8366 or **515-256-4606** (when calling from within the Des Moines area), Monday through Friday, 8 a.m. to 5 p.m.

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.**

What do I do if my ID card is not from the MCO that I selected?

If you selected or your eligibility changed after the choice period end date, you may have received a card in error. We based our mailing on that initial selection date. To verify your current MCO selection, please call Iowa Medicaid Member Services at **1-800-338-8366** or **515-256-4606** (when calling from within the Des Moines area), Monday through Friday, 8 a.m. to 5 p.m.

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.**

Annual Choice Period for Current Iowa Health Link Members

Do I have to change my MCO?

You do not have to change your MCO. If you like your current MCO, you do not need to do anything.

If you would like to change your MCO, please call the Iowa Medicaid Member Services Unit at 1-800-338-8366 or 515-256-4606 (when calling from the Des Moines area), Monday through Friday, 8 a.m. to 5 p.m.

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.**

Do I need to let Iowa Medicaid know if I am staying with my current MCO?

If you are not changing your MCO, you do not need to contact Iowa Medicaid. Your coverage with your current MCO will continue without interruption.

How do I know which MCO is right for me?

You should choose the MCO that best fits your needs, or the needs of your family. There are many resources available on the HHS website to assist in making your MCO choice, such as the Provider Search Portal, and the MCO Health and Dental Plan Comparison Chart.

How long do I have to change my MCO?

You are given an Annual Choice Period of 60 days to change your MCO for any reason. Your Annual Choice Period is listed on your MCO and Dental Annual Choice Period Letter that is in your Annual Choice mailing packet.

What if I don't make a change in my MCO now but I want to later?

You are given an Annual Choice Period of 60 days to change your MCO for any reason. After your Annual Choice Period has ended, and throughout the year, you may only change your MCO for reasons of "Good Cause."

How do I change my MCO?

Phone: You may call the Iowa Medicaid Member Services Unit at 1-800-338-8366 or 515-256-4606 (when calling from within the Des Moines area), Monday through Friday, 8 a.m. to 5 p.m.

Mail: Iowa Medicaid Member Services can mail you an MCO enrollment form that you can mail or scan and email. To request a paper form, call Iowa Medicaid Member Services at 1-800-338-8366 or 515-256-4606 (when calling from the Des Moines area), Monday through Friday, 8 a.m. to 5 p.m.

Email: You can also email Iowa Medicaid Member Services at IMEmember@hhs.iowa.gov.

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.**

When will my choice take effect?

Your choice will take effect the month after your Annual Choice period has ended.

Why doesn't my choice take effect immediately?

Your choice will not take effect until your annual enrollment date. Your annual enrollment date is based on when you first began enrollment in managed care.

Will I still receive Medicaid benefits before I start coverage with my new MCO?

You will continue to receive Medicaid benefits from your current MCO until your coverage begins with your new MCO.

Will my benefits change?

As long as your Medicaid eligibility does not change, your benefits will remain the same no matter which MCO or Dental Plan you select. Each MCO and Dental Plan does have additional services that are particular to their plan. You may want to review these services to see which benefits will be most beneficial to you.

Click here to view MCO Health and Dental Plan Comparison Chart.

Will I get a new ID card?

If you change your MCO, you will receive an ID card from your new MCO approximately 1-2 weeks before your coverage begins.

If you do not make a choice, you will not receive a new ID card from your MCO.

I have an upcoming appointment, which ID card do I use?

You will continue to use your current MCO ID card until you begin coverage with your new MCO.

Benefits and Services

How do I know if a service is covered with Iowa Health Link or not?

MCOs are required to cover, at a minimum, all of the services that Iowa Medicaid currently covers. All of your benefits that you were eligible before Iowa Health Link will stay the same after enrolling with an MCO, unless your eligibility changes. Your provider will work with the MCOs to determine if the service is covered.

Are my pharmacy services covered under managed care?

Pharmacy services for members enrolled in managed care are covered by the MCOs.

Are my dental services covered under managed care?

Members enrolled in managed care do not receive their dental coverage from their MCOs. You will receive your dental coverage from the Dental Wellness Plan. If you did not have dental coverage before your enrollment in managed care, you will not have coverage after.

Do I have a co-pay?

Iowa Health Link members may have a co-pay ranging from $1 to $8 depending on their coverage group. their MCO and the type of service. The MCOs require a co-pay for non-emergent ER visits. In the case of a true emergency, the member is not responsible for a co-pay. For additional information members should contact their MCO directly.

Members Exempt from Co-Pays:

- American Indians
- Alaskan Natives
- Family Planning Waiver
- Pregnant Women
- Medicaid Members under 21

What if I have an emergency and the hospital is not in my MCO's network?

An emergency is considered any condition that could endanger your life or cause permanent disability if not treated immediately. If you have a serious or disabling emergency, you do not need to call your provider or your MCO. Go directly to the nearest hospital emergency room or call an ambulance. The following are examples of emergencies:

- A serious accident
- Poisoning
- Heart attack
- Stroke
- Severe bleeding
- Severe burns
- Severe shortness of breath

Contact your MCO for all follow-up care. Do not return to the emergency room for the follow-up care. Your provider will either provide or authorize this care.

What about urgent care?

Urgent care is when you are not in a life-threatening or a permanent disability situation and have time to call your managed health care provider. If you have an urgent care situation, you should call your provider or MCO to get instructions. Some examples are:

- Fever
- Stomach pain
- Earaches
- Upper respiratory infection
- Sore throat
- Minor cuts and lacerations

I have an upcoming appointment and need to schedule non-emergency medical transportation (NEMT), who do I contact?

Members who need to schedule trips should contact their assigned MCO.

Members may also contact their MCO directly with any questions they may have regarding NEMT services:

- **Iowa Total Care**
  - Phone: 1-833-404-1061
  - Website: www.iowatotalcare.com
- **Molina Healthcare**
  - Phone: 1-844-236-0894
  - Website: www.molinahealthcare.com
- **Wellpoint Iowa, Inc.**
  - Phone: 1-833-731-2140
  - Website: **www.wellpoint.com/ia/medicaid**

Which NEMT company does my MCO use?

Each of the MCOs has selected a transportation vendor. Members may contact their assigned MCO's non-emergency medical transportation (NEMT) broker at the numbers below to schedule their NEMT services:

- **Iowa Total Care**
  - NEMT Broker: Access2Care
  - Phone: 1-877-271-4819
- **Molina Healthcare**
  - NEMT Broker: Access2Care
  - Phone: 1-866-849-2062
- **Wellpoint Iowa, Inc.**
  - NEMT Broker: Access2Care
  - Phone: 1-844-544-1389

Will my MCO still provide transportation to my dental appointments even if dental services are not covered?

Yes, even though your MCO does not cover your dental services, they will cover transportation to your dental services.

How do I arrange a ride for a dental appointment, or other non-emergency medical transportation (NEMT)?

Please contact your MCO, or your MCO's NEMT Broker directly; they will help with your transportation needs.

I recently gave birth; will my newborn receive MCO coverage? If so, how do I enroll my newborn?

In situations where an MCO enrolled Medicaid member gives birth, the newborn is automatically enrolled with the parent's MCO.

The parent must notify their HHS Income Maintenance Worker of the birth and complete the necessary enrollment application. Once the newborn is determined eligible and the MCO assignment has occurred, the parent will have **90 days** from the date the newborn's managed care coverage begins to change the newborn's MCO for any reason. The choice period end date will be listed on the newborn's MCO enrollment letter within the Iowa Health Link MCO enrollment packet.

Are smoking cessation services still available with my MCO?

Smoking cessation services are available for members enrolled with an MCO. If you wish to learn more about your benefits, you will need to contact your primary care provider for assistance in contacting your MCO in following your MCOs counseling requirements. You can also find more information about your MCO's smoking cessation services at:

Iowa Total Care: www.iowatotalcare.com

Molina Healthcare: www.molinahealthcare.com

Wellpoint: https://www.wellpoint.com/ia/medicaid

What are the long-term services and supports (LTSS) ombudsman program?

This is a program to assist members receiving long term care services. The goal of the LTSS ombudsman program is to provide information about Medicaid managed care options and member's rights. The office of ombudsman serves as a resource for answers regarding managed care rules and to investigate complaints made by, or on behalf of, members.

Who is the LTSS ombudsman program for?

In Iowa, the LTSS Ombudsman program was established to advocate for the rights and wishes of Medicaid managed care members who either:

1. Receive care in a Health Care Facility
2. Are in an Assisted Living Program
3. Reside in an Elder Group Home
4. Members enrolled in one of the HCBS waiver programs

- AIDS/HIV
- Brain Injury
- Children's Mental Health
- Elderly
- Health and Disability
- Intellectual Disability
- Physical Disability

I am not in one of the populations listed, can I receive help from the LTSS ombudsman program?

No. The program acts as an advocate for members classified as Long Term Care member (listed above). Members who are not in this population may contact their MCO's member services department directly for further assistance with their program and benefits. If a member is still having questions or concerns, they may contact Iowa Medicaid Member Services for further assistance.

Why would I contact the LTSS ombudsman?

- Ask for assistance resolving a concern that impacts the quality of care provided by your MCO;
- Learn more about the rights of Medicaid members enrolled in a LTSS managed care plan;
- Clarify state or federal regulations on managed care policies;
- Obtain information about or assistance with a specific topic, such as the process for choosing or changing an MCO and care plan choices;
- Learn about other available resources, such as legal assistance, in-home services and nutrition consultation, or request a speaker.

How do I contact the LTSS ombudsman?

You may call the LTSS Ombudsman at: 1-**866-236-1430**

Prior Authorization

How are prior authorizations handled?

Once enrolled with your MCO, your Medicaid provider whether in-network or out-of-network must follow the MCO's prior authorization requirements included in the health plans' Provider Manuals. **Please work with your provider and MCO regarding any potential prior authorizations**.

Pharmacy Drug Claim Prior Authorizations (PAs)

Pharmacy drug claim prior authorizations are processed differently than all other prior authorizations. All prescribers, whether in-network or out-of-network, must follow the MCOs' pharmacy drug prior authorization requirements included in the health plans Provider Manuals. Drug claims requiring prior authorization will not be processed by the MCOs if there is not an approved prior authorization in place. Providers should continue to follow the Iowa Medicaid pharmacy drug prior authorization policies and processes for the Fee-for-Service members.

Other Prior Authorizations

All existing prior authorizations for newly enrolled managed care members will be honored for the first 30 days or as otherwise determined by the health plan.

What is the turnaround time for prior authorizations?

Prior authorizations must be handled within 7 days, though most will likely be turned around in just a few days or less.

Pharmacy prior authorizations will be processed within 24 hours of the provider's PA submission.

What is the direct number for prior authorizations?

- **Iowa Total Care:** 1-833-404-1061
- **Molina Healthcare:** 1-844-236-1464
- **Wellpoint Iowa:** 1-833-731-2140

Providers

My current provider is not in my MCO's network, can I continue to see my provider?

Each MCO has a list of providers in their network and are adding more providers each day. You will want to make sure that your provider is within your MCO's network once you are enrolled in the managed care program. If your provider is out of your MCO's provider network, they may still continue to see you however, they may also choose not to see you.

Before receiving services from your providers, please show them your MCO card to let them know your chosen MCO and ask them which MCO networks they are signed with. If your provider is not in your MCO's provider network, this is a "Good Cause" reason to change your MCO. If you do not wish to change your MCO, you may choose another provider within your MCO's provider network.

For more information about "Good Cause," please visit the "Good Cause" webpage.

If my provider selects a different MCO than mine, will my visit still be covered, or do I need to pay out-of-pocket?

The member will never be forced to pay out-of-pocket for an Iowa Medicaid provider. The provider may accept the out-of-network rate from the MCO or choose not to see the patient.

Each MCO has a list of providers in their network and are adding more providers each day. You will want to make sure that your provider is within your MCO's network once you are enrolled in the managed care program. If your provider is out of your MCO's provider network, they may still continue to see you however, they may also choose not to see you.

Before receiving services from your providers, please show them your MCO card to let them know your MCO and ask them which MCO networks they are signed with. If your provider is not in your MCO's provider network, this is a "Good Cause" reason to change your MCO.

If you do not wish to change your MCO, you may choose another provider within your MCO's provider network.

Note: A provider who knowingly treats a Medicaid member cannot bill the member for the rate difference of services rendered. If a Medicaid provider refuses to accept the out-of-network rate, they cannot bill the patient directly. Members may be charged for services that are not covered by Iowa Medicaid or are not medically necessary.

However, per the Iowa Administrative Code 79.9(4) "Recipients must be informed before the service is provided that the recipient will be responsible for the bill if a non-covered service is provided."

Is my MCO contracted with Mayo Clinic in Rochester for services not offered in our state?

While each MCO has signed a number of the out-of-state providers that are currently enrolled in Medicaid today, others have indicated that they will only serve members in the future through single case agreements, such as the Mayo Clinic in Rochester.

What is the process for providers who refer members to Mayo Clinic in Rochester and out-of-state providers?

Providers making such referrals will need to work with a given member's MCO, with considerations including, but not limited to: the medical need for the referral, the unavailability of in-state and/or in-network providers able to provide the medically necessary care, etc.

Will a member be charged if they go to urgent care (UC) or an emergency room for something not determined to be "UC?"

Urgent care or a “walk-in clinics” have no limit as to what constitutes an urgent condition for rendering services. Regardless of the status as urgent or non-urgent there is no penalty or financial responsibility to the member for seeking care for a sudden or persistent medical condition in this setting.

For emergency room visits the hospital will make the determination if a member’s care is urgent or non-urgent. If it is determined to be non-urgent, the member may have a copayment, depending on their MCO. The member will be notified if their care is non-urgent prior to services being rendered.

Can patients be billed from providers who are not participating with the MCOs or Medicaid?

Yes. The provider must notify the member that they will pay out of pocket prior to services, or the provider may choose not to see the patient.

Will the state pay if a provider is a registered FFS with Iowa Medicaid but not with any MCO?

No, the state will not pay. The provider may accept the out-of-network rate from the member's MCO or choose not to see the member. A provider who knowingly treats a Medicaid member cannot bill the member for the rate difference of services rendered. If a Medicaid provider refuses to accept the out-of-network rate, they cannot bill the patient directly.

Medicaid Programs FAQ

I am part of the Iowa Health and wellness plan, will I still need to finish my healthy behaviors?

Yes. Iowa Health and Wellness Plan members still need to finish their Healthy Behaviors. These help you stay healthy and save you money. Getting a wellness exam or dental exam is the first of many health services that make sure you get the care you need. Remember, Iowa Health and Wellness Plan members who complete healthy behavior requirements each year will not be charged a monthly contribution in the following year.

Are members who identify as American Indian or Alaskan Native (AI/AN) required to enroll with an MCO?

Medicaid members that are AI/AN, and have not chosen the AI/AN "Race Option" on their Medicaid application will automatically be enrolled with an MCO. In order for members in this population to remain as Fee-for-Service, and not be required to enroll with an MCO, the member will need to take action and **contact the Department of Health and Human Services' (HHS) Call Center at 1-877-347-5678** to have their member application revised prior to initial MCO assignment. If the member chooses not to take any action, the member is considered to have "opted in" to the managed care program.

For members enrolled in managed care that desire to be switched to Fee-for-Service after correcting their race on their application, the member will then need to also **contact the Iowa Medicaid Member Services call center at 1-800-338-8366** or locally in the Des Moines area at 515-256-4606 to make this choice.

For further information, please see Informational Letter No. 1672-MC dated May 10, 2016.

Who determines the Level of Care for members in Long Term Care programs and nursing facilities?

All initial admission Level of Care (LOC) determinations are made by the Iowa Medicaid Medical Services Unit for all Medicaid members, regardless if enrolled in managed care or Fee-for-Service (FFS). Admission LOC also includes those discharged from Medicaid greater than ninety days for reasons other than hospitalization, or those reviews for persons who are admitted to a nursing facility as private pay, then later make application for Medicaid.

Continued stay reviews (CSRs) for medical approval are the responsibility of the member's MCO, unless the member is FFS. Any changes to the LOC determined at the time of the CSR for MCO enrolled members will be forwarded by the MCO to the Iowa Medicaid Medical Services Unit for review.

For further information, please see Informational Letter No. 1674-MC dated May 25, 2016.

Resources

How do I contact the MCOs?

- **Iowa Total Care**
  - Phone: 1-833-404-1061
  - Website: www.iowatotalcare.com
- **Molina Healthcare**
  - Phone: 1-844-236-0894
  - Website: www.molinahealthcare.com
- **Wellpoint**
  - Phone: 1-833-731-2140
  - Website: www.wellpoint.com/ia/medicaid

Where can I find important documents?

You can find all Iowa Health Link documents on the HHS Resources webpage at: Health and Human Services | Health & Human Services

Estate Recovery

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 (DHS). Title XIX funded medical assistance includes Medicaid 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).

When you received Medicaid benefits, which includes capitation fees paid to a managed care organization, even if the plan did not pay for any services, the state of Iowa has the right to ask for money back from your estate after your death. Members affected by the estate recovery policy are those who:

- 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.

More Information

Comm. 123: Important Information for You and Your Family Members About the Estate Recovery Program (Spanish Version)

Comm. 266: Iowa's Estate Recovery Law

Estate Recovery Frequently Asked Questions (FAQ)

Estate Recovery Forms

General Referral Form

- Online Referral Form

Industry Forms

- Nursing Home Referral Form
- Bank Referral Form

Burial Fund Refund Forms

- Funeral Home Form
- Bank Form

Probate Notices

- Testate Estate
- Intestate Estate

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