

2025 Annual Provider Training – Provider Q&A

Fee For Service

1. **Question:** If a claim pays at \$0 is this considered ("Clean") denied for resubmission purposes?

Answer – If the claim is paid at 0.00, it is still a paid claim and can be adjusted or recoup.

2. **Question:** Can the state start collaborating with the MCOs when they are writing up a new Informational letter (IL) so everyone is on the same page.

Answer – All provider-facing documents are approved by Medicaid prior to publication by the MCOs. Providers with concerns about the content should contact Iowa Medicaid.

3. **Question:** Does HHS collaborate with the MCOs on ILs and policy change?

Several providers seeing issues with IL and policy changes with the MCO. They state "Medicaid Policy" and not able to provide more guidance when asked.

Answer: All forward-facing documents shared with providers are approved by Medicaid prior to publishing by the MCOs. If providers have concerns with the information included, they should contact Iowa Medicaid.

4. **Question:** How long does it take to get an application enrolled? When I called to check status recently, I was told they were reviewing applications received late July.

Answer: Provider Enrollment's goal is to complete "clean" applications within 30 days. A clean application means that all required information is submitted on the application and all required documentation is attached. Providers may contact the Provider Services Contact Center to check the status of the application and ask that it be escalated if it has exceeded this timeframe. Provider Enrollment is currently working on applications received 57 days ago.

5. **Question:** If re-enrollment was submitted through IMPA in 2023 and not sure what the next steps are to get the process completed, How can they get their re-enrollment processed?

Answer: The provider may reach out to the Provider Services Contact Center to verify what documentation may be needed to complete the re-enrollment. If the claim system is deactivated for not completing re-enrollment, but has been started in IMPA, the provider will not need to submit a new application.

6. **Question:** How does a provider resolve denials in regard to incorrect provider billing information?

Answer: Providers can contact Provider Services via phone to verify their Tax Identification Number (TIN), NPI, Zip Code and Taxonomy Code currently on their enrollment file. If this is incorrect, the provider would need to submit a Change of Address request.

7. **Question:** Does IMPA show incarceration status? We have several patients from a halfway house, and they aren't always honest on their status being work release vs. probation.

Answer: No, incarceration information is not shown outside of remit denials. To access this information, use the EDISS portal.

8. **Question:** Is there a way to see claim history by client/patient based on date of service and billing code – which is more efficient than manually looking through the remittance advice?

Answer: Unfortunately, no. Currently the only claim history that Iowa Medicaid provides is the remittance advice.

9. **Question:** Does ELVS provide correct information on the 1st of the month? I heard you say in real time, but we have noticed member information is not always updated at the first of the month, usually a few days later.

Answer: The ELVS system is updated at recipient month end cycle which is last weekend of the month. So, the monthly eligibility is surely in ELVS by the 1st of the following month. However, when an eligibility record is changed in ELIAS (mid-month), that update takes up to 2-3 days to get updated into ELVS. This is because it takes one (sometimes two) night batch cycles to get into MMIS, and one additional night batch cycle to get from MMIS to ELVS.

10. **Question:** Are there any tips or suggestions to ensure we have the correct primary payer information. A lot of times the issue I run into is that our client doesn't realize they have another payer. What do other providers do to ensure they have the correct primary payer information?

Answer: Providers should request primary payor information from the member before rendering services. This information can also be verified on the ELVS portal.

11. **Question:** We have a client with a Medicare advantage plan primary and QMBY secondary. The advantage plan is denying, therefore, QMBY will deny as well. We can't bill clients because they have QMBY, is that correct?

Answer: Providers are strictly prohibited under §1902(n)(3) of the Social Security Act from seeking to collect any additional amount from a QMB for Medicare deductibles or coinsurance (other than nominal Medicaid copayments), even if the Medicaid program's payment is less than the total amount of the Medicare deductibles and coinsurance.

12. **Question:** Are there any plans to implement an online provider application system? It would be beneficial for IME and billing entities.

Answer: Iowa Medicaid is actively in the discovery and planning phase to improve the provider enrollment process to include submission of electronic applications.

13. **Question:** Where is application status found in IMPA?

Answer: Provider enrollment application statuses cannot be found on the IMPA portal. To obtain the application status contact the Provider Services call center.

14. **Question:** We received a letter to request one of our providers complete their re-enrollment, but we were not able to complete on-line and then we were told it was an incorrect date. How can we verify our dates when the system does not seem to be up to date?

Answer: Iowa Medicaid requires all providers to revalidate every five years. If the revalidation completion date cannot be found in IMPA, note that re-enrollment is driven by Tax ID. Only providers marked as 'Pay To' or 'Ordering/Referring' need to re-enroll. If a provider believes they received a letter in error, they may contact the Provider Services Contact Center to verify their enrollment setup.

15. **Question:** If we don't have a re-enrollment option, how do we get that to appear? Or is it only when you are due for re-enrollment that it shows up?

Answer: The instruction manual can be found on IMPA main page. The Provider IMPA User Guide can be accessed here: [Provider IMPA user guide.pdf](#). An IMPA account is required. For access issues, email: IMPA.support@hhs.iowa.gov. If the provider has not claimed their re-enrollment PIN in IMPA, the re-enrollment option will not be available.

16. **Question:** Is there a guide for the IMPA site? Setting up users/groups/accessibility?

Answer: Use this link to the step-by-step user guide for setting up groups in IMPA: <https://secureapp.dhs.state.ia.us/IMPA/Assets/IMPAGroups.pdf>

17. **Question:** Does Medicaid notify a facility when it is time to revalidate?

Answer: Yes, Iowa Medicaid sends two (letter) notices: one at 60 days and another at 30 days prior to the revalidation due date.

18. **Question:** Will there be anyone to help with getting PC-ACE PRO set up. I know we have tried but something won't let us.

Answer: When having issues with the PC-ACE pro software please reference the PC-ACE pro user guide at <https://www.edissweb.com/web/medicaid/contact> or reach out to EDI at 800-967-7902 or support@edissweb.com.

19. **Question:** Can you explain again the difference between re-enrollment and revalidation? I just logged into IMPA, and I only see when I have completed re-enrollment. I see nothing about revalidation.

Answer: Currently, the IMPA system uses the term 'reenrollment' instead of the correct term 'revalidation'. We acknowledge that these terms have been used interchangeably and are working to align our systems and documents with federal terminology.

Revalidation every five years, to remain compliant with Title 42 Code of Federal Regulations (CFR) §455.414. Failure to complete revalidation will result in disenrollment from Iowa Medicaid program (The process within IMPA is for revalidation).

Re-enrollment occurs when a provider has been disenrolled—either voluntarily or by Iowa Medicaid—and must submit new documentation to rejoin the program.

20. **Question:** When are you required to revalidate?

Answer: Iowa Medicaid providers must complete enrollment revalidation every five years, to remain compliant with Title 42 Code of Federal Regulations (CFR) §455.414. Failure to complete revalidation will result in disenrollment from Iowa Medicaid program.

21. **Question:** How do we go about requesting a list of the taxonomy codes that our providers are linked to?

Answer: IMPA

22. **Question:** Will "Welcome Letters" list effective dates for provider/practice? Do they go by application date or approved date?

Answer: Yes the welcome letter will reflect the effective date. Application date, We would get this information from box 19 on the application. We would go back 1 year back from the date we received the clean or correct application! As long as the license supports that date.

MCO Questions

1. **Question:** Does the MCO have a list of Medicaid's approved CPT codes like H2033?

Answer:

- **Wellpoint:** Wellpoint follows the published fee schedules from HHS. If the provider has negotiated special language or rates in their contract, a Wellpoint provider account manager can assist with locating the rate for a specific code.
- **ITC:** CPT code H2033 is included on the CMHC, Psychologist, and Behavioral Health fee schedules. These codes are configured in the system based on the specialty under which they appear in the open fee schedules and, therefore, are not payable to provider types that fall outside of those specialties, including those with distinct fee schedules such as Clinical Social Workers.
- **Molina:** No, please visit the Iowa Medicaid Website: [Medicaid Fee Schedules | Health & Human Services](#) Yes, we load the codes in our system.

2. **Question:** Can the MCOs see if a member has a spenddown and the spenddown amount?

Answer:

Molina: No, as this membership is exempt from MCO assignment.

WellPoint: No, WellPoint is not able to see this information from their side.

ITC: Iowa Total Care is only able to view member spenddown information when it is provided by the State. Regarding Client Participation spenddowns, ITC receives a Client Participation file from the State, which allows us to view this information. ITC contact information -ITCRFI@iowatotalcare.com or Compliance@iowatotalcare.com.

3. Question: Do MCOs use same effective date?

Answer:

Wellpoint: The contract effective date is not the same as the Iowa Medicaid effective date. The contract effective date is 30 days from the signature on a fully executed contract. The Wellpoint credentialing effective date is also not the same effective date as Iowa Medicaid. We follow NCQA guidelines and must complete the credentialing process before the credentialing approval date is set. We are not able to backdate a credentialing effective date.

Iowa Total Care: Iowa Total Care confirms that a provider contract effective date is assigned based on when a contract is signed by both the provider and Iowa Total Care. Provider enrollment and credentialing effective dates are handled on an individual basis and depends on the Iowa Medicaid effective date and MCO credentialing completion date. In some cases, the effective date may align with the Iowa Medicaid effective date; in other cases, it may be later, but it will never precede the Iowa Medicaid effective date.

Molina: NCQA reviews whether health plans allow providers to see members prior to completing credentialing during their accreditation reviews. If NCQA determines that a health plan has allowed a provider to see members prior to completing credentialing, then NCQA will deduct points from the health plan's accreditation score. To ensure that Molina remains compliant with NCQA and does not get deductions to our accreditation score, we set the provider's effective date based on completion of Molina credentialing. In addition, we have provider organizations contracted today that will employ new providers after the contract effective date. We would not expect to set the new provider's effective date back to the original contract effective date. Therefore, the credentialing completion date is used.