



Medicaid Information

Comm. 20, Your Guide to Medicaid Fee-for-Service (FFS), contains a complete list of services that are covered and not covered under Medicaid. Check this list before receiving medical care. If you receive services that are not covered, you can be billed by the provider and you will be responsible for paying the bill.

You may view the detailed list of covered and non-covered services online at:
<http://dhs.iowa.gov/sites/default/files/Comm020.pdf>

Member Responsibilities

As an Iowa Medicaid member, it is your responsibility to:

- ◆ Be knowledgeable about your medical coverage.
- ◆ Keep all appointments you make with providers or call to cancel or reschedule. Some providers may stop seeing you if you miss one or more scheduled appointments.
- ◆ Ask **only** for medical services that are medically necessary. DHS may limit your services if you use Medicaid for services that are not necessary.
- ◆ Tell Iowa Medicaid Member Services about any changes to other health insurance coverage. Tell them if coverage ends, if you lose or get new coverage, or if you change insurance companies.
- ◆ Tell your medical providers about anyone else who may be legally responsible to pay your medical bills.
- ◆ Report to Iowa Medicaid Member Services if you are injured in an accident or if you claim medical negligence for something that required medical treatment.
- ◆ Report any settlements you get from lawsuits, insurance claims, or worker's compensation claims. Medicaid can be denied or canceled if you don't tell DHS about these settlements.
- ◆ Contact the Iowa Medicaid Enterprise (IME) if you were in a trauma-related incident. Some examples of trauma include any type of unexpected accident or injury that causes harm to the individual including, but not limited to, automobile or slip and fall. You or an IME representative must give consent before any documents will be released. Call the IME Revenue Collections/Lien Recovery Unit at **1-800-543-6742** or **515-256-4620** in the Des Moines area, Monday through Friday from 8 a.m. to 5 p.m.

Iowa Medicaid Fee-for-Service

Some Iowa Medicaid members are served through the Medicaid Fee-for-Service (FFS) program. All new Iowa Medicaid members will receive their Medicaid coverage directly from Iowa Medicaid as a FFS member for the first two months of service. After eligibility is determined for new members, most members will be placed in the IA Health Link managed care program. Members who are not transitioning into the IA Health Link managed care program will remain in Medicaid FFS. Further information can be found in the **Your Guide to Medicaid Fee-for-Service (FFS)** handbook.

IA Health Link Managed Care Program

All new Iowa Medicaid members will receive their Medicaid coverage directly from Iowa Medicaid as a FFS member for the first two months of service. After eligibility is determined for new members, most members will be placed in the IA Health Link managed care program. IA Health Link is a program that gives members quality health coverage that is covered by a Managed Care Organization (MCO), also known as a health plan. Members in this program choose which MCO will manage their care. Members who will be transitioning to the IA Health Link managed care program will receive information regarding their transition in their first two months of health coverage as an Iowa Medicaid member. Further information can be found in the **IA Health Link Managed Care Program** handbook (http://dhs.iowa.gov/sites/default/files/IAHealthLinkMemberHandbook_FinalOnlineVersion.pdf).

Retroactive Eligibility for Previous Months

You may qualify for Medicaid for up to three months before the month you applied. These months are called the “retroactive period.”

You can qualify for retroactive benefits only if **all** of these statements are true:

- ◆ You have medical bills for services that you received during the retroactive period. (The bills can be paid or unpaid.)
- ◆ The bills are for services covered by Medicaid.
- ◆ You would have qualified for Medicaid in the months you got services, if you had applied.

This is an exception. These groups do **not** allow retroactive benefits:

- ◆ Family Planning Program (FPP)
- ◆ Home- and Community-Based Services Waiver (HCBS)
- ◆ Program for All-Inclusive Care for the Elderly (PACE)
- ◆ Qualified Medicare Beneficiary (QMB)

For questions regarding retroactive eligibility, please contact your local DHS office.

Your Medical Assistance Eligibility Card

All members receive a new *Medical Assistance Eligibility Card* (form 470-1911).

- ◆ Keep your card until you get a new one.
- ◆ Always carry your card with you and don't let anyone else use it.
- ◆ Show your card to the provider every time you get care.
- ◆ If you lose your card, call Iowa Medicaid Member Services.
- ◆ If you go off of Iowa Medicaid and come back on, a new card will not be issued.
- ◆ Please contact Member Services to request a new card.

Managed Care Organization Card

In addition to the Iowa Medicaid card, IA Health Link members will receive a card from the MCO they are enrolled with. Members need to present their MCO card when receiving services.

Who Can Provide Services to Iowa Medicaid Members

Iowa Medicaid members will get their healthcare from providers in their coverage plan. If the provider does not participate in Iowa Medicaid, you will have to pay for the services.

Fee-for-Service (FFS) Members

In-State Providers

With Iowa Medicaid FFS, you will choose your own providers. Follow these steps:

1. To search for a provider, you can go to: <http://dhs.iowa.gov/ime/members/find-a-provider>

-OR-

Call Member Services at **1-800-338-8366**, or in the Des Moines area at **515-256-4606**, Monday through Friday from 8 a.m. to 5 p.m.

2. Choose a doctor, dentist, pharmacy, and other providers that take Medicaid.
3. Ask the providers if they take Iowa Medicaid before you make an appointment. Some providers limit their number of Medicaid patients or don't take Medicaid.

Remember: Make sure the provider understands that you are an Iowa Medicaid member. If you don't say you are an Iowa Medicaid member *before* you get services, and the provider doesn't take Iowa Medicaid, you may be billed for the entire cost.

4. Show your Iowa Medicaid card when you get to the appointment.
5. Ask if Medicaid covers the services you need or if you will have to pay for it.

Out-of-State Providers

If you are outside of Iowa and need medical care, check to see whether the provider is enrolled with Iowa Medicaid. A provider who participates in their own state's Medicaid program may not be participating in Iowa Medicaid.

A provider, who is enrolled with Iowa Medicaid, must accept what Iowa Medicaid pays. Providers are not allowed to charge you for services that Iowa Medicaid covers.

IA Health Link Members

IA Health Link members will get their health care from providers in their MCO's provider network. For further information on MCO provider networks, please visit the Find a Provider webpage at: <http://dhs.iowa.gov/iahealthlink/find-a-provider>.

Dental services for IA Health Link members will not be covered by the MCO. Iowa Medicaid members, age 19 and older, have dental coverage through the Dental Wellness Plan. For more information, visit the Dental Wellness Plan webpage at <https://dhs.iowa.gov/dental-wellness-plan>. Iowa Medicaid members, younger than age 19, have dental coverage through Iowa Medicaid FFS. For further information on dentists in the Iowa Medicaid network, visit <http://dhs.iowa.gov/ime/members/find-a-provider>.

Co-Payment

Some medical services have a co-payment, which is your share of the cost. If there is a co-payment, you will pay it to the provider. The provider will tell you how much it is.

- ◆ Iowa Health and Wellness Plan members will be charged an \$8.00 co-payment for each visit to the emergency room that is not considered an emergency.
- ◆ All other Iowa Medicaid members* will be charged a \$3.00 co-payment for each visit to the emergency room that is not considered an emergency. (See below for examples of true emergencies.)

Examples of true emergencies are:

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

* Children under the age of 21 and pregnant women **will not be** charged a copayment for any services.

Mental Health and Substance Use Disorder Services (Psychologists and Social Workers)

Mental health and substance use disorder services are covered under most Iowa Medicaid coverage programs. Inpatient and outpatient services provided by the following are covered by most Iowa Medicaid programs:

- ◆ Hospitals
- ◆ Psychiatrists
- ◆ Psychologists
- ◆ Social workers
- ◆ Family and marital therapists
- ◆ Licensed mental health counselors

Other mental health services may be available. Please contact Member Services for further information on eligibility.

Before receiving service, please verify that your medical provider serves Iowa Medicaid members if you are a FFS member, or verify that your medical provider is enrolled in your MCO's network if you are an IA Health Link member.

Important Contact Information

Iowa Medicaid Member Services Call Center

Call the Iowa Medicaid Member Services Call Center for questions about:

- ◆ Asking for a new Iowa Medicaid ID card. (IA Health Link members will contact their MCO.)
- ◆ General Medicaid information.
- ◆ Enrolling in the IA Health Link managed care program.
- ◆ Getting prior authorizations. (IA Health Link members will contact their MCO.)
- ◆ Asking about Third Party Liability (TPL). Medicaid is a "payer of last resort." This means that any other insurance you have must be billed first. (IA Health Link members will contact their MCO.)
- ◆ Billing. (IA Health Link members will contact their MCO.)

Billing

If you are calling about unpaid bills you think Iowa Medicaid should have covered, have these things ready when you call:

- ◆ The medical bill
- ◆ A brief description of what services were provided
- ◆ The member ID number on the Iowa Medicaid ID card for the person who received the billed services

Toll free: **1-800-338-8366** or in the Des Moines area at **515-256-4606**

Monday through Friday; 8 a.m. to 5 p.m.

Email: IMEMemberServices@dhs.state.ia.us

DHS Call Center

To report changes such as:

- ◆ Change of address
- ◆ If you move
- ◆ If you have a change of income
- ◆ At the birth of a child
- ◆ At the death of a Medicaid member
- ◆ To correct the spelling of your name
- ◆ To change your name due to marriage or divorce
- ◆ To update the number of persons who live in your household
- ◆ To change a date of birth or social security number
- ◆ To report a gain or loss in financial resources

Toll Free: **1-877-347-5678**

Monday through Friday; 7 a.m. to 6 p.m.

Local DHS Office

Contact your local DHS office:

- ◆ If you need to add an authorized caller.
- ◆ To ask about medical assistance, Food Assistance, Family Investment Program or child care assistance.

Find your local DHS office: http://dhs.iowa.gov/dhs_office_locator

Appeals and Hearings

An appeal is a formal process involving the Department of Human Services (DHS) and the Department of Inspections and Appeals (DIA) regarding unpaid medical bills.

What is an appeal?

An **appeal** is asking for a hearing because you do not like a decision DHS makes. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7].

How do I appeal?

Filing an appeal is easy. You can appeal in person, by telephone or in writing for Food Assistance or Medicaid. You must appeal in writing for all other programs. To appeal in writing, do **one** of the following:

- ◆ Complete an appeal electronically at <https://dhssecure.dhs.state.ia.us/forms/>, **or**
- ◆ Write a letter telling us why you think a decision is wrong, **or**
- ◆ Fill out an Appeal and Request for Hearing form. You can get this form at your county DHS office.

Send or take your appeal to:

**Department of Human Services
Appeals Section, 5th Floor
1305 E Walnut Street
Des Moines, IA 50319-0114**

If you need help filing an appeal, ask your county DHS office.

How long do I have to appeal?

For Food Assistance or Medicaid, you have 90 calendar days to file an appeal from the date of a decision. For all other programs, you must file an appeal:

- ◆ Within 30 calendar days of the date of decision, **or**
- ◆ Before the date of decision goes into effect

If you file an appeal more than 30 days but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you get a hearing. If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

Can I continue to get benefits when my appeal is pending?

You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal:

- ◆ Within 10 calendar days of the date the notice is received. A notice is considered to be received 5 calendar days after the date on the notice, **or**
- ◆ Before the date a decision goes into effect

Any benefits you get while your appeal is being decided may have to be paid back if the Department's action is correct.

How will I know if I get a hearing?

You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. This letter will tell you why you did not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

Can I have someone else help me in the hearing?

You or someone else, such as a friend or relative can tell why you disagree with the Department's decision. You may also have a lawyer help you, but the Department will not pay for one. Your county DHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 515-243-1193.

Discrimination is Against the Law

The Iowa Department of Human Services (DHS) complies with applicable Federal civil rights laws to provide equal treatment in employment and provision of services to applicants, employees and clients and does not discriminate on the basis of race, color, national origin, age, disability or sex. DHS does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

DHS:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languagesIf you need these services, contact Iowa Medicaid Member Services at 1-800-338-8366.

If you believe that DHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: DHS, Office of Human Resources, by emailing contactdhs@dhs.state.ia.us or in writing to:

DHS Office of Human Resources
Hoover State Office Building, 1st floor
1305 E Walnut Street
Des Moines, IA 50319-0114

You can file a grievance in person or by mail or email. If you need help filing a grievance, the DHS Office of Human Resources is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue
SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-338-8366 (TTY: 1-800-735-2942)**.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-338-8366 (TTY: 1-800-735-2942)**。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-338-8366 (TTY: 1-800-735-2942)**.

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite **1-800-338-8366 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-735-2942)**.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-338-8366 (TTY: 1-800-735-2942)**.

(.ملاحظة: إذا كنت تتحدث اذكري اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمرحان. اتصل برقم **1-800-338-8366 (رقم هاتف الصم والبكم: 1-800-735-2942)**.)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ **1-800-338-8366 (TTY: 1-800-735-2942)**.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-338-8366 (TTY: 1-800-735-2942)** 전화해 주십시오.

ध्यान द : य द आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। **1-800-338-8366 (TTY: 1-800-735-2942)** पर कॉल कर ।

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-338-8366 (ATS: 1-800-735-2942)**.

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call **1-800-338-8366 (TTY: 1-800-735-2942)**.

หมายเหตุ: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-338-8366 (TTY: 1-800-735-2942)**.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-338-8366 (TTY: 1-800-735-2942)**.

ပတ်သည့်ပတ်သေး- နမူကတိက နည်း ကျိန်အလို့, နမူနာ ကျိန်အတိအကျတစ်ခုတည်း တလက်ကူကူလက်စွဲ နီတံတံဘဉ်သုန့်လီ. ကိ: **1-800-338-8366 (TTY: 1-800-735-2942)**.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-338-8366 (телетайп: 1-800-735-2942)**.