Iowa Health Link Member Handbook

Iowa Medicaid Member Services
Toll Free: **1-800-338-8366**
Des Moines Area: **515-256-4606**
Website: hhs.iowa.gov/IAhealthlink
Email: IMEMember@hhs.iowa.gov

Para solicitar este documento en español, comuníquese con Servicios para Miembros al teléfono **1-800-338-8366** de 8 a.m. a 5 p.m., de lunes a viernes.

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**.

Iowa Health Link
Iowa HHS

Comm476 (1/26)

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Language Assistance

简体中文 (Simplified Chinese)	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).**
Deutsch (German)	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-338-8366 (TTY: 1-800-735-2942).**
Español (Spanish)	*ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-338-8366 (TTY: 1-800-735-2942).***
Français (French)	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).**
हिंदी (Hindi)	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
ကညီ (Karen)	ဟ်သူဉ်ဟ်သး– နမ့်ကတိၤ ကညီ ကျိာ်အယိ. နမၤနဲ့ ကျိာ်အတ်မၤစၢၤလၢ တလၢ်ဘူဉ်လၢ်စု၊ နီတမံၤဘဉ်သ့နဲ့ **1-800-338-8366 (TTY: 1-800-735-2942).**
한국어 (Korean)	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-338-8366 (TTY: 1-800-735-2942)** 전화해 주십시오.
ພາສາລາວ (Laotian)	ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ **1-800-338-8366 (TTY: 1-800-735-2942).**
Pennsylfaanisch Deitsch (Pennsylvanian German/Dutch)	Wann du [Deitsch (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).**
Русский (Russian)	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-338-8366** (телетайп: **1-800-735-2942**).
Српско-хрватски (Serbo-Croatian)	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**).
Tagalog (Tagalog)	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).**
ไทย (Thai)	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-338-8366 (TTY: 1-800-735-2942).**

Nondiscrimination Language

Discrimination is against the law

HHS 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 which includes discrimination on the basis of sex characteristics, including intersex traits, pregnancy or related conditions, sexual orientation, sex stereotypes. HHS does not exclude people or treat them differently because of race, color, national origin, age, disability or sex which includes discrimination on the basis of sex characteristics, including intersex traits, pregnancy or related conditions; sexual orientation, and sex stereotypes.

HHS:

- 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 and other formats)
    - Provides free language services to people whose primary language is not English, such as:
        - Qualified interpreters
        - Information written in other languages

If you need these services, contact Iowa Medicaid Member Services at **1-800-338-8366.**
If you believe that HHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex which includes discrimination on the basis of sex characteristics, including intersex traits, pregnancy or related conditions, sexual orientation, and sex stereotypes. you can file a civil rights complaint with the Iowa Civil Rights Commission, electronically through the portal, accessed here: File A Complaint | Iowa Civil Rights Commission.

The Iowa Civil Rights Commission also provides a hard copy form that can be sent or dropped off at:

Iowa Civil Rights Commission
6200 Park Avenue, Suite 100
Des Moines, Iowa 50321-1270

Or you may contact them by telephone at **515-281-4121**. You can also reach out at icrc@iowa.gov. If you need help filing a grievance, the HHS 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/smartscreen/main.jsf,
or by mail or phone at:

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

Complaint forms are available at https://www.hhs.gov/ocr/complaints/index.html.

Interpreter Services

Please call Iowa Medicaid Member Services for help:

- **1-800-338-8366** (toll-free)
- **515-256-4606** (Des Moines area)
  Monday through Friday, 8 a.m. to 5 p.m.

Tell the representative your language, and they will get an interpreter for you. If you are hearing impaired or have trouble speaking, call Relay Iowa TTY at **1-800-735-2942** for help.

Para solicitar este documento en español, comuníquese con Servicios para Miembros al teléfono **1-800-338-8366** de 8 a.m. a 5 p.m., de lunes a viernes.

What is Iowa Health Link?

Iowa Health Link is a program that provides quality health coverage through a **Managed Care Organization (MCO),** also known as a health plan.

Most members with Iowa Medicaid coverage enroll with an MCO. The benefits you receive from your MCO depend on the type of Medicaid coverage you qualify for.

Some members are not eligible for MCO coverage:

- Members in the Health Insurance Premium Payment (HIPP) program – see page 23 for more.
- Members in the Medicare Savings Program (MSP) only, including:
  - Qualified Medicare Beneficiary (QMB)
  - Specified Low-Income Medicare Beneficiary (SLMB)
  - Expanded Specified Low-Income Medicare Beneficiary (E-SLMB)
- Members with limited emergency services coverage only
- Members in the Medically Needy (spenddown) program
- Presumptively eligible members (coverage may change once ongoing eligibility is confirmed)

Some members can choose to join IA Health Link:
If you are enrolled in the PACE program, contact your PACE provider before making any changes. They can help you leave PACE and join Iowa Health Link.

American Indian or Alaskan Native members can choose to join the Managed Care program for medical coverage. Call Iowa Medicaid Member Services at **1-800-338-8366** to learn more.

If you are not sure which Medicaid program you are eligible for, contact Iowa Medicaid Member Services.

How to Enroll

You can enroll in IA Health Link in the following ways:

1. By Mail
Complete the IA Health Link MCO Change form from your enrollment packet and send it to:

Iowa Medicaid Member Services
PO Box 36510
Des Moines, IA 50315

2. Online
Download the IA Health Link enrollment form at:
hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/annual-choice

3. By Email
Send questions to Iowa Medicaid Member Services at: IMEMember@hhs.iowa.gov

4. By Phone
Call Iowa Medicaid Member Services, Monday through Friday, 8 a.m. – 5 p.m.
Toll-free: **1-800-338-8366**
Des Moines area: **515-256-4606**

Telephone Accessibility: If you are deaf, hard-of-hearing, deaf-blind, or have trouble speaking, call Relay Iowa TTY at **1-800-735-2942**

Choice Counseling

Iowa Medicaid Member Services offers MCO choice counseling to members in person or by phone at **1-800-338-8366**.

Pregnancy

If you are pregnant, tell the Department of Health and Human Services (HHS) right away. This may change your Medicaid coverage. Call HHS at **1-877-347-5678**.

After your baby is born, call the IMCSC HHS Call Center as soon as you can. The phone number is **1-877-347-5678**.

When HHS enrolls your baby in IA Health Link, you will get a packet in the mail. You can then choose a health plan (MCO) for your baby.

If you already had an MCO during your pregnancy, your baby would join the same MCO at birth.

Enrollment Changes

Once you are approved for Medicaid, the program will assign you to a health plan (MCO). You can start getting services from your MCO right away.

You have 90 days from your first enrollment to change your MCO for any reason. After 90 days, you will stay with the same MCO for 12 months unless:

- You ask to switch for a good reason, or
- Your MCO asks to remove you for a good reason.

About 60 days before the 12 months end, you will get a letter in the mail. The letter will tell you when you can choose a different MCO.

This time is called the **Annual Choice period.**

What happens if I move?

If you move, please contact the HHS Call Center at **1-877-347-5678** and contact your MCO. Your MCO will have information on how to receive services in your new area.

Iowa Medicaid Card

All members get a Medical Assistance Eligibility Card.

Important things to remember:

- Keep your card until you get a new one.
- Carry your card with you and do not let anyone else use it.
- Show your card every time you get care. If you lose your card, call Iowa Medicaid Member Services right away to ask for a new one.

Managed Care Organization (MCO) Options

IA Health Link is the program that provides your health coverage. It is covered by a Managed Care Organization (MCO), which is also known as the health plan.

Each MCO has a network of providers across the state of Iowa to choose from. In addition, the MCOs will coordinate your care to help you stay healthy.

Below you will find the contact information for each MCO.

Iowa Total Care
1-833-404-1061 (TTY: 711)
iowatotalcare.com

Molina Healthcare
1-844-236-0894 (TTY: 711)
molinahealthcare.com/ia

Wellpoint
1-833-731-2140 (TTY: 711)
wellpoint.com/ia/Medicaid

Continuity of Care for New MCO Members

If you get care from a provider who is not in your MCO's network when you join, these rules apply.

New members can keep seeing their current provider for up to 90 days.

Pregnant members can keep the same provider until after the baby is born and the first checkup after birth is complete.

Members who are very sick can keep seeing their current primary doctor for care.

You can choose one MCO for your whole family or choose a different MCO for each person. Each family member will get care from providers in their MCO's network to make sure everyone gets the right care.

Managed Care Organization (MCO) Card

Along with your Medical Assistance Eligibility Card, you will also get a card from your Managed Care Organization (MCO).

Remember to:

- Always bring all three cards with you when you go to the doctor or dentist.
- If you lose your MCO card, call your MCO to get a new one.

(**See page 11** for MCO contact information.)

Member Requested Disenrollment for “Good Cause”

A member can ask to change their MCO during the 12 months of closed enrollment. This process is called disenrollment and must be for a **Good Cause reason.**

Some examples of Good Cause include:

- Your provider is not in your MCO network.
- You need related services at the same time, and not all services are available in your current MCO network. Your provider decides that getting the services separately could be risky.
- You cannot access providers who know how to treat your health needs.
- Your provider has left or no longer works with your MCO.
- You cannot get services that your plan covers.
- You are getting poor quality of care from your MCO.
- Your MCO does not cover the services you need because of moral or religious reasons.

How do I change my MCO if I have a Good Cause reason?

If you want to change your MCO for a Good Cause reason, follow these two steps:

1. Contact your current MCO first. Go through their grievance process to try to solve the problem. This process can take 30–45 days.

2. If your issue is not solved, call **Iowa Medicaid Member Services** for help:
    - Toll-free: **1-800-338-8366**
    - Des Moines area: **515-256-4606**
    - Monday – Friday, 8 a.m. – 5 p.m.

The final decision about leaving your MCO will be made by HHS.

Iowa Health and Wellness Plan (IHAWP)

The IHAWP program gives health coverage at low or no cost to Iowans ages 19 to 64.

All IHAWP members get the same types of health benefits and eligibility is based on household income.

Healthy Behaviors for IHAWP Members

IHAWP members can get free* healthcare if they take steps to protect their health, called **Healthy Behaviors**. The Healthy Behaviors program helps members work with their healthcare providers to stay healthy.

To take part in the Healthy Behaviors program and avoid paying a monthly contribution after your first year, IHAWP members must do the following each year:

1. Get a Wellness Exam
2. Complete a Health Risk Assessment (HRA)

IA Health Link members should contact their MCO to complete their HRA.

Managed Care Organization (MCO)	Phone Number
Iowa Total Care	**1-833-404-1061**
Molina Healthcare of Iowa	**1-844-236-0894**
Wellpoint Iowa	**1-833-731-2140**

Monthly Contributions for IHAWP Members

All IHAWP members will receive free* health coverage under IHAWP in their first year of eligibility. Members must complete their Healthy Behaviors in their first year and every year after to continue to receive free health services for the following year.

Members who do not complete their Healthy Behaviors every year may be required to pay a small monthly contribution according to their family income.

Monthly contributions are either $5 or $10 depending on family income.

Members who do not complete their Healthy Behaviors and who do not pay their monthly bill after 90 days may be disenrolled from IHAWP. This may be dependent upon their income.

* There are very few or no out-of-pocket costs for the first year and very few costs after that. Depending on your family income, a small monthly premium might be required. There is an **$8 copay for using the emergency room for non-emergency services**.

How to Make a Premium Payment

Online: Members may make payments online from their checking or savings account using the HHS Services Portal: https://secureapp.dhs.state.ia.us/clickpay.

Mail: Members may make a payment by mail with a check or money order by returning the payment coupon from their billing statement to Iowa Medicaid:

Iowa Medicaid
PO BOX 78002 – IHAWP
Minneapolis, MN 55480-2800

Scan the QR code above to access the HHS Services Portal.

Financial Hardship for IHAWP Members

If an IHAWP member cannot pay their contribution, they can:

- Check the hardship box on their monthly statement and return the payment coupon, OR
- Call Iowa Medicaid Member Services at **1-800-338-8366**

Important:

- Claiming financial hardship only applies to the current month.
- You are still responsible for past due amounts.
- You are also responsible for future amounts unless you claim hardship in those months.
- Any payment more than 90 days past due may be collected or, depending on your income, you may be disenrolled.

Copayments

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

- IHAWP members pay $8 for each emergency room visit that is not a true emergency.
- All other Iowa Medicaid members pay $3 for each emergency room visit that is not a true emergency. (See page 18 for examples of true emergencies.)
- **Children under 21 and pregnant women** do not pay a copay for any services.

Children's Health Insurance Program (CHIP)/Healthy and Well Kids in Iowa (Hawki)

Children's Health Insurance Program (CHIP) helps children under age 19 in working families. It covers children whose families make too much money for Medicaid, cannot afford private health insurance, and do not have other health insurance.

The CHIP program in Iowa is called **Healthy and Well Kids in Iowa (Hawki).**

Some families pay a small monthly fee based on their income, but no family pays more than $40 per month. Some families do not pay anything at all.

Coverage ends on the first day of the month after the child turns 19.

COMM519 Comparison of Medicaid Basic Benefits Based on Eligibility Determination			
Last Updated: (1/2026)	**Medicaid**	**Iowa Health and Wellness Plan (IHAWP) ***	**Hawki (Healthy and Well Kids in Iowa)**
General Plan Provisions			
Benefits Available from Out-of-Network Providers	Please contact Member Services to determine the requirements for using an out-of-network provider.	Please contact Member Services to determine the requirements for using an out-of-network provider.	Please contact Member Services to determine the requirements for using an out-of-network provider.
Cost Sharing: A variety of methods are used to share expenses between the state and a member. These methods include monthly cost shares, copays, and premiums.	Variable copayments based on eligibility are not listed. Please contact Member Services for further details.	Variable copayments based on eligibility are not listed. Please contact Member Services for further details.	Variable copayments based on eligibility are not listed. Please contact Member Services for further details.
Copayments			
Persons over age 21, most services	$1.00 to $3.00 based on types of services	$0.00	Not applicable
Persons receiving long-term care institutional	Based on family income level	Not applicable	Not applicable
Copayment Exceptions			
Family planning services or supplies regardless of age	$0.00	$0.00	$0.00
Pregnant women, all services	$0.00	$0.00	$0.00
Emergency services	$0.00	$0.00	$0.00
Members under the age of 21	$0.00	$0.00	$0.00
Members who are below 50% of the Federal Poverty Level (FPL)	$0.00	$0.00	$0.00

Preventative Services			
Affordable Care Act (ACA) preventive services	Covered	Covered	Covered
Routine check-ups	Covered	Covered; limitations may apply	Covered
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	Covered up to age 21	Covered up to age 21	Not covered
Immunizations	Covered	Covered; limitations may apply	Covered
Professional Office Services			
Primary care provider	Covered	Covered	Covered
Office visit	Covered	Covered	Covered
Allergy testing	Covered	Covered	Covered
Allergy serum and injections	Covered	Covered	Covered
Certified nurse midwife services	Covered	Covered	Covered
Chiropractor	Covered; limitations may apply	Covered; limitations may apply	Covered; limitations may apply
Contraceptive devices	Covered; limitations may apply	Covered; limitations may apply	Covered; limitations may apply
Dental Services	Covered	Covered	Covered
Diabetic self-management training	Covered	Covered	Covered
Family planning and family planning related services	Covered	Covered	Covered
Gynecological exam	Covered	Covered; limited to one visit per year	Covered
Professional Office Services			
Injections	Covered; limitations may apply	Covered; limitations may apply	Covered; limitations may apply
Laboratory tests	Covered	Covered	Covered

Maternity Care (Pregnancy, Pre and Post Care, Birth, and Post Partum Coverage)	Covered	Covered	Covered
Newborn child - office visits	Covered	Covered	Covered
Podiatry	Covered; routine foot care is not covered unless it is part of a member's overall treatment related to certain health care conditions.	Covered; routine foot care is not covered unless it is part of a member's overall treatment related to certain health care conditions.	Covered
Routine eye exam *One routine vision exam per calendar year.*	Covered	Covered	Covered
Routine hearing exam *One routine hearing exam per calendar year.*	Covered	Covered	Covered
Temporomandibular joint (TMJ) Treatment	Not Covered	Covered	Not Covered
Specialist office visit	Covered; PCP referral may be required	Covered; PCP referral may be required	Covered; PCP referral may be required
Hospital Services			
Inpatient Hospital Admissions			
Preapproval of inpatient admissions	Required for non-emergent admissions	Required for non-emergent admissions	Required for non-emergent admissions
Inpatient Hospital Services			
Room and board	Covered	Covered	Covered
Inpatient physician services	Covered; includes anesthesia	Covered; includes anesthesia	Covered
Inpatient supplies	Covered	Covered	Covered
Inpatient surgery	Covered	Covered	Covered
Bariatric surgery for morbid obesity	Covered	Not covered	Covered; limitations may apply

Breast reconstruction, following breast cancer and mastectomy	Covered	Covered	Covered; limitations may apply
Organ/bone marrow transplants	Covered; limitations apply	Covered; limitations apply	Covered; limitations apply
Outpatient Hospital Services			
Abortions	Certain circumstances must apply. Contact Member Services. Prior authorization required.	Certain circumstances must apply. Contact Member Services. Prior authorization required.	Covered; certain circumstances must apply. Contact Member Services. Prior authorization required.
Ambulatory surgical center	Covered; includes anesthesia	Covered; includes anesthesia	Covered; includes anesthesia
Chemotherapy	Covered	Covered	Covered
Dental treatment that cannot be completed in a normal dental office setting	Covered	Covered	Covered
Dialysis	Covered	Covered	Covered
Outpatient diagnostic lab, radiology	Covered	Covered	Covered
Emergency Care			
Ambulance	Covered	Covered	Covered
Urgent care center	Covered	Covered	Covered; may require prior authorization
Hospital emergency room	Covered; $3.00 per visit for non-emergent medical services	Covered; $8.00 per visit for non-emergent medical services	Covered; emergency services for non-emergent conditions are subject to a $25 copay if the family pays a premium for the Hawki program
Non-Emergency Medical Transportation (NEMT)	Covered	Not covered	Not covered
Behavioral Health Services			

Assertive Community Treatment (ACT)	Covered	Covered	Not covered
Behavioral Health Intervention Services (BHIS), including applied behavior analysis	Covered	Covered; residential treatment** is not covered	Not covered
(b)(3) services (intensive psychiatric rehabilitation, community support services, peer support, and residential substance use treatment)	Covered (MCO members only)	Not covered	Not covered
Crisis Services	Covered	Covered; residential treatment** is not covered	Covered, limitations may apply.
Functional Family Therapy/Multi-Systemic Therapy	Covered	Covered for 19- to 21-year-olds	Not covered
Inpatient mental health and substance abuse treatment	Covered	Covered; residential treatment** is not covered	Covered
Office visit	Covered	Covered	Covered
Outpatient mental health and substance abuse	Covered	Covered	Covered
Psychiatric Medical Institutions for Children (PMIC)	Covered	Covered for 19- to 21-year-olds. Limitations may apply	Not covered
Subacute Mental Health Services	Covered	Not Covered	Not covered
Outpatient Therapy Services			
Cardiac rehabilitation	Covered; prior authorization may be required	Covered	Covered; prior authorization may be required
Occupational therapy	Covered; prior authorization may be required	Limited to 60 visits per year	Covered; prior authorization may be required
Oxygen therapy	Covered; prior authorization may be required	Limited to 60 visits in a 12-month period	Covered; prior authorization may be required

Physical therapy	Covered; prior authorization may be required	Limited to 60 visits per year	Covered; prior authorization may be required
Pulmonary therapy	Covered; prior authorization may be required	Limited to 60 visits per year	Covered; prior authorization may be required
Respiratory therapy	Covered; prior authorization may be required	Limited to 60 visits per year	Covered; prior authorization may be required
Speech therapy	Covered; prior authorization may be required	Limited to 60 visits per year	Covered; prior authorization may be required
Prescription Drug Coverage			
Quantity	Optional 90-day supply for a select list of generic, maintenance prescription medications and contraceptives. To view this list, please visit www.IowaMedicaidPDL.com. 31-day supply for all other prescriptions.	Optional 90-day supply for a select list of generic, maintenance prescription medications and contraceptives. To view this list, please visit www.IowaMedicaidPDL.com. 31-day supply for all other prescriptions.	Optional 90-day supply for a select list of generic, maintenance prescription medications and contraceptives. To view this list, please visit www.IowaMedicaidPDL.com. 31-day supply for all other prescriptions.
Covered Prescription and nonprescription drugs	Covered; $1.00 copay	Covered; $0.00 copay	Covered; $0.00 copay
Prescription and nonprescription drugs for smoking cessation	Covered	Covered	Covered
Radiology Services			
Mammography	Covered	Covered	Covered
Routine radiology screening and diagnostic services	Covered	Covered	Covered
Sleep study testing	Covered	Covered	Covered
Laboratory Services			

Colorectal cancer screening	Covered	Covered	Covered
Diagnostic genetic testing	Covered	Covered; Prior Authorization required	Covered
Pap smears	Covered	Covered	Covered
Pathology tests	Covered	Covered	Covered
Routine laboratory screening and diagnostic services	Covered	Covered	Covered
Sexually Transmitted Infection (STI) and Sexually Transmitted Disease (STD) testing	Covered	Covered	Covered
Durable Medical Equipment (DME)			
Medical equipment and supplies	Covered	Covered	Covered
Diabetes equipment and supplies	Covered	Covered; limitations may apply	Covered
Eyeglasses	Covered; limitations may apply	Covered for ages 19 to 20, limitations may apply	Covered; limitations may apply
Hearing aids	Covered	Covered for ages 19 to 20, limitations may apply	Covered; limitations may apply
Durable Medical Equipment (DME)			
Orthotics	Covered; limitations may apply	Covered	Covered; limitations may apply, and Prior authorization required
Sleep apnea device	Covered for adults	Covered	Not covered
Long Term Services Supports (LTSS) – Community Based			
Case management (CM)/ Targeted Case Management (TCM)	CM is available for HCBS Habilitation and Waiver populations only. TCM is available for adults with ID, chronic mental illness, or DD, and for children eligible	Not covered	Case Management is covered

	for the HCBS ID or CMH waivers.		
Childcare medical services	Covered	Not covered	Not covered
Community-based Neurobehavioral Rehabilitation Services (CNRS)	Covered; Prior Authorization required	Residential treatment** covered only for members who are determined medically frail, intermittent covered; Prior Authorization required	Not covered
Private duty nursing/Personal cares per EPSDT authority	Covered up to age 21 under EPSDT	Covered up to age 21 under EPSDT	Not covered
Section 1915(C) Home- and Community-Based Services (HCBS) Waiver Services	Covered	Not covered	Not covered
Section 1915(I) State Plan HCBS Habilitation Services	Covered	Covered only for members who are determined medically frail	Not covered
Home health services: Home health aid Skilled nursing Therapies (PT/OT/Speech)	Covered	Covered; limitations may apply	Covered
Long Term Services and Support (LTSS) – Institutional			
ICF/ID (Intermediate Care Facility for Individuals with Intellectual Disabilities)	Covered; limitations apply	Not covered; This facility type is not covered for members who are determined medically frail	Not covered
Nursing Facility (NF) and Nursing Facility for the Mentally Ill (NF/MI)	Covered; limitations apply	Not covered; NF services are covered only for members who are determined medically frail	Not covered

Skilled Nursing Facilities (SNF)	Covered; limitations apply	Covered; limited to 120 days per rolling calendar year; SNF are covered with no limits for members who are determined medically frail	Covered; limitations apply
Special Population Skilled Nursing Facility Out of State (Skilled preapproval)	Covered; limitations apply	Not covered	Not covered
Hospice			
Daily categories: • Routine care *If member is residing in a Nursing Facility, room and board charges covered at 95%* • Facility respite • Inpatient hospital • Continuous	Covered	Covered; limitations apply	Covered

Transportation Services

Local transportation may be available for children under 21 and pregnant women who need to travel to local programs. Ask your Care for Kids or maternal health care coordinator to help set up a ride.

For contact information, call the Healthy Families Line at **1-800-369-2229.**

Emergency Department (ED) and Urgent Care

Emergent Care

An emergency is any health problem that could put your life in danger or cause lasting harm if you do not get help right away.

If you have a serious emergency, you do not need to call your doctor or your MCO first. Call **9-1-1** right away and get medical help.

The following are examples of emergencies:

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

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.

The following are some examples of urgent care:

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

Home and Community-Based Services (HCBS)

Home and Community-Based Services (HCBS) help people with disabilities and older Iowans live at home and in their communities instead of moving into a care facility.

To get HCBS, you must:

- Qualify for Medicaid, and
- Meet the rules of the specific HCBS program you're applying for.

You also need to be certified as needing a level of care like what is provided in a nursing home, hospital, or a facility for people with intellectual disabilities.

Iowa offers seven HCBS waivers:

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

Habilitation Services Program

Habilitation Services helps people with Medicaid live and work in their community. The program supports people who may go to a hospital, jail, or care facility without help.

The program helps you learn and practice skills like:

- Taking care of yourself
- Taking care of your home
- Finding and keeping a job
- Adjusting to new situations so you can live and work well

There is no waiting list for this program.

Who can get Habilitation Services?

You may qualify if:

- You have full Medicaid and your income is **at or below 150%** of the federal poverty level (FPL).
- You do not only have a Medicare Savings Program
- You need home and community-based services to live and work in your community

Iowa Medicaid will look at your needs, past experiences, and income to decide if you qualify.

How to apply

You must have Medicaid to get Habilitation Services. You can find information about how to apply for Medicaid on the Iowa HHS website.

After you get Medicaid, a case manager can help you apply. If you already have a case manager, contact them for help. If you do not have a case manager, call your MCO's Member Services for help with the application.

Services you can get

Habilitation Services may include:

- Day Habilitation
- Home-based Habilitation
- Pre-vocational Services
- Supported Employment

How do I access services through the Habilitation Services program?
Your case manager will help you make a plan that focuses on your strengths and your needs. The plan helps you get the services that work best for you.

Your case manager will look at your needs, make a plan to meet those needs, and help set up your services. They will also check on your health, track your progress, update your plan when needed, and support you along the way.

This handout follows Iowa rule **441 IAC 78.27(249A)**, which explains the official rules and who can get Habilitation Services.

Waiver Enrollment Process for New Medicaid Members Going to Managed Care

After you turn in an HCBS waiver application, it can take 30–45 days to find out if you qualify for Medicaid.

Each waiver program has a limited number of spots. If the program is full, your name will go on a waiting list. When a spot opens, the next step is to check if you qualify both financially and medically.

To check medical eligibility, you will need a **Level of Care (LOC) assessment**. This shows what kind of support you need. Being approved for LOC meets one requirement for HCBS services, but it does not mean you are fully approved yet. You must have LOC checked every year to stay eligible.

The full approval process can take several months. How long it takes depends on how quickly the assessment and paperwork are completed.

If Medicaid and HCBS services approve you, you will get services through an **MCO** or the **Fee-for-Service (FFS) program**. A case manager from your MCO or FFS will help you plan your services.

Services start after you and your case manager meet to decide what support you need. If you choose an MCO, planning starts after you enroll. You must complete a service plan, choose providers, and get approval before HCBS services begin.

The goal of HCBS services is to help people live as independently as possible. For more information, visit Iowa HHS HCBS Waivers.

In-Lieu of Services (ILOS):
ILOS are for Medicaid members who have a managed care plan, are not in a limited benefit group, and are on a waiting list for a 1915(c) HCBS Waiver. These services help people who might go to a hospital or care facility, or who need help returning to live in the community.

Your rights:
You have rights when it comes to ILOS. You can choose not to get ILOS. You keep your right to regular state plan services and settings. You have the right to learn about your health care, make informed choices, and know your treatment options. You cannot lose your state plan services or settings just because you were offered ILOS.

Money Follows the Person (MFP)

Money Follows the Person (MFP) helps people in Iowa move from facilities like Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID), nursing homes, Psychiatric Mental Institutes for Children (PMIC), or hospitals into their own home in the community they choose.

MFP helps people who have an intellectual disability or brain injury and have lived in a qualifying facility for at least 60 days in a row.

MFP pays for services and support during the first year after someone moves into the community.

For more information, contact the MFP team at mfpcentral@hhs.iowa.gov

Estate Recovery

Iowa Medicaid may recover the cost of care from a member's estate after they pass away. This includes payments made for services or to an MCO even if no services were used that month.

Recovery may apply if the member:

- Are 55 years of age or older, regardless of where they are living; or
- 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.

For help or questions, call **Iowa Medicaid Member Services** at **1-800-338-8366** (Des Moines: 515-256-4606), Monday to Friday, 8 a.m. to 5 p.m.

You can also call the **Iowa Estate Recovery Program** at **1-888-463-7887** or **515-246-9841**.

Help with Insurance Premium Payments (HIPP)

The **HIPP program** helps people get or keep health insurance through their job by paying back some of the cost of the insurance premium. The program also helps the state of Iowa save money.

To apply or ask questions, call **1-888-346-9562**.

To get a paper application, go to http://hhs.iowa.gov/HIPP.

Send your finished application by fax to **1-515-725-0725 or** email to hipp@hhs.iowa.gov.

Member Rights and Responsibilities

Member Rights

Members have the right to:

- Get medical care when you need it and that fits your needs
- Ask for a second opinion about a diagnosis
- Pick a provider from those in your MCO
- Change your MCO if program rules allow it
- Appeal a decision you don't agree with
- Be treated with respect and dignity
- Be treated fairly, no matter your race, color, national origin, sex, sexual orientation, religion, age, disability, political belief, or veteran status
- Take part in decisions about your health care, including saying no to treatment
- Some members on a 1915(c) HCBS waiting list or who need services in an Institution for Mental Disease may qualify for In Lieu of Services (ILOS)

Members who are offered ILOS have the right to:

- Choose not to receive ILOS
- Keep their right to state plan services or settings
- Make informed decisions about health care and learn about treatment options
- Not lose state plan services or settings just because ILOS was offered

Grievances and Appeals

Right to Submit a Grievance

If you have a complaint about getting care, the quality of care, problems talking with your primary doctor, or unpaid medical bills and you are in an MCO, first contact your MCO and follow their complaint process.

If your MCO does not handle your complaint, call **Iowa Medicaid Member Services** at **1-800-338-8366** (toll-free) or **515-256-4606** (Des Moines area).

Right to Appeal

Members have the right to file an appeal with their MCO before appealing to Iowa Medicaid. For questions about benefits or services, contact your MCO to learn how to file an appeal. (See page 11 for MCO contact information.)

If you get services through a Managed Care Plan, you must file an appeal with your MCO before filing one with Iowa Medicaid.

What is an appeal?

An **appeal** is asking for a hearing because you do not like a decision HHS 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?

You can file an appeal in person, by telephone, or in writing for 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://secureapp.dhs.state.ia.us/dhs_titan_public/appeals/appealrequest, or
Write a letter telling us why you think a decision is wrong, or send or take your appeal to:

Department of Health and Human Services, Appeals Section
321 E 12th Street
Des Moines, Iowa 50319-1002

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

How long do I have to appeal?

For SNAP 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 a decision or
- Before the date a decision goes into effect

If you file an appeal more than 30 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 can get a hearing.

If you file an appeal 90 days after the date of the 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 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 not to give you a hearing.

Can I have someone else help me in the hearing?

You or someone you trust, like a friend or relative, can explain why you disagree with the Department's decision. You can also have a lawyer help you, but the Department will not pay for a lawyer. Your county HHS office can give you information about legal services. The cost of legal help depends on your income.

You can also call Iowa Legal Aid at **1-800-532-1275**.

If you live in Polk County, call the local number at **515-243-1193**.

Questions

If you have questions about IA Health Link, you may contact the Iowa Medicaid Member Services Call Center at **1-800-338-8366** toll free or **515-256-4606** in the Des Moines area. You may also email questions to Member Services at IMEMember@hhs.iowa.gov.

If you have questions about your MCO, you may contact the MCO at their phone number, provided below:

Iowa Total Care: **1-833-404-1061**

Molina Healthcare of Iowa: **1-844-236-0894**

Wellpoint Iowa: **1-833-731-2140**

Medicaid Contact Information

Iowa Medicaid Member Services Call Center

Toll Free: **1-800-338-8366**

In the Des Moines area: **515-256-4606**

Email: IMEMember@hhs.iowa.gov

Hours of operation: 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**.

Website: hhs.iowa.gov/IAhealthlink

Email: IMEMember@hhs.iowa.gov

Contact Information for Concerns

Your MCO helps you with your health care. If you are not happy with your care, you can:

1. Call **Iowa Medicaid Member Services** at **1-800-338-8366**, Monday to Friday, 8 a.m. to 5 p.m.

2. Contact the **Citizens' Aide/Ombudsman** at:215 E. 7th Street, Des Moines, IA 50319, or call **1-800-358-5510** or **515-242-5065.**

If you get long-term care or home- and community-based services, you can get help from an independent advocate:

Office of the State Long-Term Care Ombudsman
321 E. 12th Street, 4th Floor
Des Moines, IA 50319

Call **515-725-3333** or **1-866-236-1430** (toll-free)

Other Important Notes

For mental health or substance use services, call your MCO. They will explain how to get help.

If you get a medical bill and think your MCO should pay it, call your MCO. They can check if it should be covered.

Always bring your Medicaid Eligibility Card and MCO Card to your doctor or provider. If you do not show your cards, you might have to pay for your care.