



Member Handbook

Iowa Medicaid Member Services:
Toll Free: **1-800-338-8366**
Local: **515-256-4606**
Website: IAHealthLink.gov
Email: IMEMemberServices@dhs.state.ia.us

*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**.*

Welcome to IA Health Link

Inside this booklet, you will find information about the IA Health Link program. IA Health Link is a managed care program that works to make sure you get the health care that you need. Please take a few minutes to review the information in this booklet and if you have any questions, contact the Iowa Medicaid Member Services Call Center at:

Toll Free: **1-800-338-8366**
In the Des Moines area: **515-256-4606**
Fax: 515-725-1351
Email: IMEMemberServices@dhs.state.ia.us

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Your Managed Care Organization (MCO) Options

IA Health Link is a program that gives you quality health coverage that is covered by a Managed Care Organization (MCO), also known as a health plan. You get to choose which MCO will manage your care.

Each MCO has a network of providers across the state of Iowa who you may see for care. The MCOs will coordinate your care to help you stay healthy. Below you will find contact information for each MCO. For more information about each MCO and their provider network, give them a call.

Amerigroup Iowa, Inc.

Member Services Phone: **1-800-600-4441**

Website: www.myamerigroup.com/IA

Member Services Email: MPSWeb@amerigroup.com

Iowa Total Care

Member Services Phone: **1-833-404-1061**

Website: www.iowatotalcare.com

IA Health Link Enrollment

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.

Continuity of Care for New MCO Members

Sometimes new members are getting care from a provider who is not in the MCO's network when they transition to a MCO.

- New members may keep receiving care from their out-of-network provider for up to 90 days.
- Members who are pregnant may keep the same provider until they have had their baby and completed their first postpartum visit.
- Member who are terminally ill may continue seeing their current Primary Care Provider (PCP) for their care.

Program of All-Inclusive Care for the Elderly (PACE)

PACE is a managed care program that blends Medicaid and Medicare funding. The PACE program must provide all Medicare and Iowa Medicaid covered services as well as other services that will improve and maintain the member's overall health status. The focus of the PACE program is to provide needed services that will allow persons to stay in their homes and communities. Long-term care services are covered, however, if necessary.

Eligibility Requirements

The PACE program is designed for members who:

- Are 55 years of age or older
- Live in a PACE-designated county
- Have chronic illnesses or disabilities that require a level of care equal to nursing facility services
- Can live safely in their homes and community with help from PACE services

Services Available at the PACE Center	Other PACE Benefits
<ul style="list-style-type: none">• Meals• Nutritional counseling• Personal care services• Physical therapy, occupational therapy, and other restorative therapies• Primary medical care (including physician and nursing services)• Recreational therapy and social activities• Social work services• Transportation• Prescription drugs	<ul style="list-style-type: none">• Ambulance services• Audiology services• Dental services• Home health services• Hospice services• Inpatient hospital services• Laboratory and X-ray services• Medical equipment and supplies• Nursing facility services• Optometric services• Outpatient hospital services• Palliative care services• Podiatry services

Interdisciplinary Team

The PACE center staff, representing the services listed above; the PACE member, the PACE transportation driver, and the PACE center manager are the PACE interdisciplinary team (IDT). The IDT determines medically necessary services and coordinates all care.

Applying for the PACE Program

PACE designated counties and PACE providers are listed on the following page and online: <http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/pace>.

A PACE enrollment coordinator will schedule a meeting to provide further information about the PACE program. If you would like to proceed with an application for the PACE program, the PACE enrollment coordinator and PACE staff will assist you throughout the application process.

What Counties Are Covered by PACE?

At this time, PACE is not available in all Iowa counties. To learn more about the PACE program or for assistance with an application, contact the PACE center in the county where you reside.

Immanuel Pathways Southwest Iowa	Immanuel Pathways Central Iowa	Siouxland PACE
Counties in service area: Harrison Mills Pottawattamie	Counties in service area: Boone Dallas Jasper Marshall Madison Marion Polk Story Warren	Counties in service area: Cherokee Monona Plymouth Woodbury
PACE Center Address: 1702 N 16th Street Council Bluffs, IA 51501	PACE Center Address: 7700 Hickman Road Windsor Heights, IA 50324	PACE Center Address: 1200 Tri View Avenue Sioux City, IA 51103
Telephone: 712-256-7284 TTY: 1-800-537-7697	Telephone: 515-270-5000 TTY: 1-800-537-7697	Telephone: 712-224-7223 Toll Free: 1-888-722-3713 TTY: 712-224-7253
Website: https://www.immanuel.com/immanuel-pathways	Website: https://www.immanuel.com/immanuel-pathways	Website: https://www.unitypoint.org/siouxcity/services-pace.aspx

Managed Health Care with IA Health Link

Most Iowa Medicaid programs are covered by the managed care program called IA Health Link. A MCO coordinates your care.

You can have one MCO for the whole family or you can have a different MCO for different family members. You will then see a provider who works with the MCO that you choose. Your health care provider will be the one to provide you treatment.

Who is Enrolled in Managed Health Care with IA Health Link?

Most members who get coverage by Iowa Medicaid will be enrolled in the Managed Care program and will select a MCO. The benefits you receive from your selected MCO will depend on the type of Medicaid coverage you qualify for.

There are some members who are excluded from Managed Health Care. They are listed below:

- Members who qualify for the Health Insurance Premium Payment program (HIPP) – See page 21 for more information on HIPP.
- Members who qualify for the Medicare Savings Program (MSP) only.
 - Qualified Medicare Beneficiary plan (QMB)
 - Specified Low-Income Medicare Beneficiary (SLMB)
- Members covered only for limited emergency services.
- Members who are on the Medically Needy program also known as the spenddown program.
- Presumptively eligible members (subject to change once ongoing eligibility is determined).

Some members may choose to enroll in the IA Health Link program:

- Members who are enrolled with the 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 IA 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 IA Health Link program.

If you are unsure of the type of Medicaid program you are eligible for, please contact Iowa Medicaid Member Services for assistance at **1-800-338-8366** or locally in the Des Moines area at **515-256-4606**, Monday through Friday, from 8 a.m. until 5 p.m. You may also email questions to Iowa Medicaid Member Services at IMEMemberServices@dhs.state.ia.us.

Choosing a MCO

Contact the Iowa Medicaid Member Services Call Center to choose an MCO. You may enroll in the following ways:

- Complete the IA Health Link MCO Change form included with your enrollment packet and return it by mail to **Member Services, PO Box 36510, Des Moines, IA 50315**.

You can also download a copy of the IA Health Link enrollment form at <https://dhs.iowa.gov/ime/members>

- Complete the IA Health Link MCO Change form online at <https://dhs.iowa.gov/iahealthlink/choice>
- Email Iowa Medicaid Member Services at IMEMemberServices@dhs.state.ia.us
- Call Iowa Medicaid Member Services, Monday through Friday from 8 a.m. – 5 p.m. toll free at **1-800-338-8366** or in the Des Moines area at **515-256-4606**.
- 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 Medicaid Member Services offers MCO choice counseling to members in person or by phone at **1-800-338-8366**. Choice counseling includes answering member questions about each MCO such as:

- Is my provider in the MCO network?
- Is my pharmacy in the MCO network?
- Does the MCO have specialists close to my community?
- Does the MCO have additional services that would benefit me?

Call or email Iowa Medicaid Member Services to find out how to access in-person help.

Important notes:

- If you are pregnant, you must notify the Department of Human Services (DHS). This may change the type of Medicaid coverage you get. You may reach DHS by calling **1-877-347-5678**.
- Once the baby has been born, you must notify the DHS Call Center as soon as you are able at **1-877-347-5678**.
- When the baby has been enrolled with IA Health Link you will get another enrollment packet in the mail. At that time, you may choose an MCO for your newborn baby.
- If you are pregnant and enrolled with an MCO, your baby will also be enrolled in the same MCO at the time of birth.

Can I Change MCOs Later?

A goal of the IA Health Link Program is for you to have an MCO you are comfortable with who can help you access health care services. When you receive your enrollment letter, you will be notified of when you will need to make an MCO choice. You will have 90 days to change your MCO for any reason. After the 90-day period, you will remain with that MCO until your Annual Choice Period. Changes cannot be made during the 12-month period with the exception of the following:

- A request for disenrollment by the member for **Good Cause**.
- A request for disenrollment by the MCO for **Good Cause**.

You will receive a notice in the mail approximately 60 days before the end of your 12-month enrollment period notifying you that you can change your MCO, if you choose.

Member Requested Disenrollment for “Good Cause”

Because we want you to be happy with your MCO, you may request to change your MCO during your 12 months of closed enrollment. A request for this change, called disenrollment, will require a Good Cause reason. Some examples of Good Cause for disenrollment include:

- Your provider is not in the MCO’s 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 primary care provider or another provider determined that receiving the services separately would subject you to unnecessary risk.
- Lack of access to providers experienced in dealing with your health care needs.
- Your provider has been terminated or no longer participates with your MCO.
- Lack of access to services covered under the contract.
- Poor quality of care given by your MCO.
- The MCO plan does not cover the services you need due to moral or religious objections.

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

We want you to be happy with your MCO. If you are requesting to change your MCO due to Good Cause, please follow the two steps below.

1. First, you must contact your current MCO to go through the MCO's grievance process for resolution. The grievance process may take up to 30-45 days to process. For further information on your MCO's grievance process, please contact your MCO's Member Services department.

Amerigroup Iowa, Inc.

Member Services Phone: **1-800-600-4441**

Member Services Email: MPSWeb@amerigroup.com

Iowa Total Care

Member Services Phone: **1-833-404-1061**

2. If your issue has not been resolved following the decision of your grievance, you may call Iowa Medicaid Member Services at **1-800-338-8366** or locally in the Des Moines area at **515-256-4606**, Monday through Friday, from 8 a.m. to 5 p.m. for additional assistance. The final decision for disenrollment will be determined by DHS.

What Happens If I Move?

If you move, please contact the DHS 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.

IA Health Link Benefits

As a member of the IA Health Link program, you will receive comprehensive health benefits through an MCO that you get to choose. Some services may require prior approval. Please work with your health care provider to determine if the specific service you need is covered. You may contact the MCO to find providers you can see for your medical care described below.

Plan Benefits	Traditional Medicaid Eligibility	Iowa Health and Wellness Plan (IHAWP)		Home- and Community-Based Services
		Iowa Wellness Plan	Medically Exempt Coverage (Medicaid State Plan)	
Ambulatory Patient Services <ul style="list-style-type: none"> Physician services Primary care 	Covered	Covered	Covered	Covered
Chiropractic	Covered	Covered	Covered	Covered
Dental	Covered through Iowa Medicaid	Covered; The Dental Wellness Plan (DWP) covers most adults age 19 and older.	Covered through the DWP	Covered through Iowa Medicaid; The DWP covers most adults age 19 and older; most children are covered through the DWP Kids program.
Emergency Services <ul style="list-style-type: none"> Emergency room Ambulance 	Covered	Covered	Covered	Covered
Family planning services	Covered	Covered	Covered	Covered
Hearing Aids	Covered	Not covered	Covered	Covered
Home Health	Covered	Covered Private duty nursing and personal care is not covered	Covered	Covered
Hospice	Covered Respite: may only be used in five-day spans	Covered Respite: 15-day inpatient and 15-day outpatient lifetime limit	Covered Respite: may only be used in five-day spans	Covered Respite: may only be used in five-day spans

Plan Benefits	Traditional Medicaid Eligibility	Iowa Health and Wellness Plan (IHAWP)		Home- and Community-Based Services
		Iowa Wellness Plan	Medically Exempt Coverage (Medicaid State Plan)	
Hospitalization	Covered	Covered	Covered	Covered
Lab Services <ul style="list-style-type: none"> • X-rays • Lab tests 	Covered	Covered	Covered	Covered
Mental Health and Substance Use Disorder Services Inpatient/Outpatient services provided by: <ul style="list-style-type: none"> • Hospitals • Psychiatrist • Psychologist • Social workers • Family and marital therapists • Licensed mental health counselors 	Covered	Covered	Covered	Covered
Other Mental Health Services	Covered	Not covered	Behavioral Health Intervention Services (BHIS) Assertive Community Treatment (ACT)	BHIS ACT
Other Benefits <ul style="list-style-type: none"> • Bariatric surgery • Temporomandibular Joint (TMJ) • Intermediate care facility (nursing facility) • Intermediate care facility for the intellectually disabled 	Covered Not covered Covered Covered	Not covered Not covered Not covered Not covered	Covered Covered Not covered, available under other eligible groups Not covered, available under other eligible groups	Covered Covered Available under certain Waiver programs Available under certain Waiver programs

Plan Benefits	Traditional Medicaid Eligibility	Iowa Health and Wellness Plan (IHAWP)		Home- and Community-Based Services
		Iowa Wellness Plan	Medically Exempt Coverage (Medicaid State Plan)	
Podiatry	Covered	Covered Routine foot care is not covered unless it's part of a member's overall treatment related to certain health care conditions	Covered	Covered
Prescription Drugs	Covered	Covered	Covered	Covered
Rehabilitative and Habilitative Services <ul style="list-style-type: none"> • Physical therapy • Occupational therapy • Speech therapy 	Covered	Covered 60 visits covered each year for each therapy type	Covered, no limits	Covered, no limits
Skilled Nursing Facility	Covered, no limits	Limited to 120 days annually	Limited to 120 days annually	Covered, no limits
Non-Emergent Medical Transportation	Covered	Not covered	Covered	Covered
Vision Care Exams Eyeglasses	Covered Covered	Covered Not covered	Covered Covered	Covered Covered

Home- and Community-Based Services (HCBS)

HCBS services are for people with disabilities and older lowans who need services to allow them to maintain a good quality of life and stay in their home and community instead of going to an institution. You must be eligible for Medicaid and meet the requirements of the HCBS program you are applying for and/or receiving. You will need to be certified as needing nursing facility level of care, skilled nursing facility level of care, hospital level of care, or needing care in an intermediate care facility for the intellectually disabled.

HCBS Waivers

Iowa currently has seven Medicaid 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

Waiver Enrollment Process for New Medicaid Members Going to Managed Care

A Medicaid eligibility determination can take between 30 to 45 days to complete following submission of the HCBS waiver application. If determined financially eligible for Medicaid and HCBS services, the Income Maintenance Worker (IMW) requests a waiver slot. If a waiver slot is available, the next step is completion of a Level of Care (LOC) assessment.

A LOC determination is made upon review of the individual's needs as identified in the assessment. An LOC approval is not approval of services but rather a determination of HCBS eligibility.

The approval process for HCBS applicants can take several months to complete, depending upon how quickly the assessment can be scheduled, and whether all necessary information is submitted timely for the LOC decision.

If approved for LOC and HCBS services, it is determined whether the member is eligible to enroll with an MCO to receive services or to receive services under the Fee-for-Service (FFS) program. Once the applicant has been determined eligible for HCBS and Medicaid coverage, either a case manager from the MCO the member has selected, or a FFS case manager will develop a service plan.

The timing of when the services can begin and be paid under the member's waiver program, is dependent upon how quickly the member and case manager can meet to determine what HCBS services will be needed. Applicants enrolling with an MCO begin service planning once the member has selected and enrolled with the MCO.

A service plan must be completed, providers selected, and services authorized before service provisions and reimbursement for HCBS waiver services begin.

Services are intended to help people reach the highest degree of independence possible. For more information about each HCBS Waiver program please visit <http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/waivers>

Children's Medicaid Dental Services (DWP Kids)

Effective July 1, 2021, dental services are available to Iowa Medicaid members age 18 and younger through a dental carrier as part of the Dental Wellness Plan (DWP) Kids program. These services are not part of those provided by your medical MCO. For questions about your dental benefits, call Iowa Medicaid Member Services at **1-800-338-8366**.

DWP Kids members have two dental carrier options to choose from:

Delta Dental

Member Services Phone: **1-888-472-2793**

Website: www.dwpkids.com

MCNA Dental

Member Services Phone: **1-855-247-6262**

Website: www.MCNAIA.net

Both dental carriers offer the same benefits and have their own network of dentists and dental providers. Your dental carrier will send you your dental insurance card and handbook to get you started toward a healthy smile.

Children's dental services have these limits:

- Routine exam: 1 time every 6 months
- Teeth cleaning: 1 time every 6 months
- Bitewing x-ray: 1 time every 12 months
- Complete x-ray: 1 time every 5 years, unless there is a need
- Sealant: only 1 time per tooth
- Dentures: 1 time every 5 years
- Complete exam: only once per dental provider

I-Smile is a statewide program that connects children and their families to local dental and medical providers within the Medicaid provider network. I-Smile coordinators are local dental hygienists available to answer members' dental questions and assist families in finding community resources when accessing dental and/or medical care is difficult. For more information on I-Smile, and to find your local I-Smile coordinator, please visit ismile.idph.iowa.gov/find-my-coordinator.

Dental Wellness Plan (DWP)

DWP provides dental coverage for adult Iowa Medicaid members age 19 and older. These services are not part of those provided by your MCO. Dental coverage is provided by a dental carrier. DWP members have two dental carrier options to choose from:

Delta Dental

Member Services Phone: **1-888-472-2793**

Website: www.deltadentalia.com/dwp/

MCNA Dental

Member Services Phone: **1-855-247-6262**

Website: www.MCNAIA.net

Both dental carriers offer the same benefits and have their own network of dentists and dental providers. Your dental carrier will send you your dental insurance card and handbook to get you started toward a healthy smile.

For more information on the DWP, visit www.dhs.iowa.gov/dental-wellness-plan. If you would like to change your dental carrier, or have questions, please call Iowa Medicaid Member Services at **1-800-338-8366** or in the Des Moines area at **515-256-4606**, Monday through Friday, from 8 a.m. and 5 p.m.

Other Transportation Services

Local transportation may be available for children under the age of 21 and pregnant women for travel to medical or dental care at local programs.

Ask your local Care for Kids or maternal health care coordinators to arrange transportation for you.

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

Emergency (ER) and Urgent Care

Emergent Care

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.

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

Iowa Health and Wellness Plan (IHAWP)

Overview

The IHAWP program provides comprehensive health coverage at low or no cost to Iowans between the ages of 19 and 64. All IHAWP members are covered for the same types of health benefits. Eligibility is based on household income.

Healthy Behaviors for IHAWP Members

IHAWP members can receive free* healthcare if they choose to take specific steps to protect their health and complete what are known as Healthy Behaviors. The Healthy Behaviors program is a way for all IHAWP members to work with health care providers to be healthy and stay healthy. To participate in the Healthy Behaviors Program and avoid paying a monthly contribution after the first year of coverage, each year IHAWP members must:

1. **Get a Wellness Exam OR Get a Dental Exam AND**
2. **Complete a Health Risk Assessment (HRA)**

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

Amerigroup Iowa, Inc.
Iowa Total Care

1-800-600-4441
1-833-404-1061

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 that depends on their family income.
- Monthly contributions are either \$5 or \$10 depending on family income.
- Members who **do not** complete their Healthy Behaviors and do not pay their monthly bill after 90 days, depending on their income, **may be disenrolled** from IHAWP.

How to Make a Premium Payment

Online: Members may make payments online from their checking or savings account using the DHS 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 Enterprise
PO Box 14485
Des Moines, IA 50306-3485**

Financial Hardship for IHAWP Members

If an IHAWP member is unable to pay their contribution, they may check the hardship box on their monthly statement and return the payment coupon OR call the Iowa Medicaid Member Services at **1-800-338-8366**.

Important: Claiming financial hardship will apply to that current month's amount due only. The member will still be responsible for amounts due from past months. Members will also be responsible for amounts due in future months unless they claim hardship in those months. Any payment that is more than 90 days past due will be subject to recovery or depending on their income, may be disenrolled.

- * 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**.

Copayments

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

- IHAWP members will be charged an \$8.00 copay for each visit to the emergency room that is not considered an emergency.
- All other Iowa Medicaid members* will be charged a \$3.00 copay for each visit to the emergency room that is not considered an emergency. (See page 18 for examples of true emergencies).
- Children under the age of 21 and pregnant women **will not be** charged a copay for any services.

Iowa Medicaid Card

All members receive a *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 Medicaid 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 Medicaid card.



MCO Card

In addition to the Iowa Medicaid card, you will receive a card from the MCO you are enrolled with.

- Be sure to have **both** cards ready when you go to your provider.
- If you lose your MCO card, call your MCO to ask for a new one. (See MCO contact information on page 3.)

Interpreter Services

We can arrange for an interpreter to help you speak with us in almost any language. Please call Iowa Medicaid Member Services for help at **1-800-338-8366** or locally in the Des Moines area at 515-256-4606, Monday through Friday, from 8 a.m. until 5 p.m. Share with the representative who takes your call the language you need and they will find an interpreter.

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**.

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.

Help with Insurance Premium Payments

The Health Insurance Premium Payment (HIPP) program is a service available to people who get Medicaid. The HIPP program helps people get or keep health insurance through their employer by reimbursing the cost of the health insurance premium. The HIPP program is a way for the state of Iowa to save money.

To complete an application over the phone or for questions call **1-888-346-9562**.

For a paper application, please visit <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>. Applications may be returned by fax at **1-515-725-0725** or email at hipp@dhs.state.ia.us.

Estate Recovery

Estate recovery legal reference: 441 IAC 75.28(7)

When you received Medicaid benefits, which includes capitation fees paid to MCOs, 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.

For more information:

**Medicaid Member Services Toll Free: 800-338-8366
515-256-4606 (Des Moines area)
8:00 a.m. – 5:00 p.m., Monday – Friday**

Iowa Estate Recovery Program at 1-877-463-7887

Important Notes

- For **mental health or substance abuse services**, you should call your MCO. Your MCO will let you know how to get services.
- If you receive a bill for a medical service that you believe should be covered by your MCO, contact your MCO and let them know about the bill. Your MCO can help determine if the cost is covered.
- If you do **not** show your Iowa Medicaid or MCO card to the provider or hospital, you may have to pay the bill yourself.

Contact Information for Concerns

- Your MCO is responsible for helping you with your health care. If you feel you are not getting the care that you need, call the Iowa Medicaid Member Services Call Center at **1-800-338-8366**, Monday through Friday from 8 a.m. until 5 p.m.
- Assistance is available to Iowa Medicaid members who wish to have a complaint about their services researched.

For members receiving long-term care services or home- and community-based waiver services, independent advocacy services are available. You may contact:

**Office of the State Long-Term Care Ombudsman
510 E. 12th Street
Des Moines, IA 50319
515-725-3333 or 1-866-236-1430 (toll-free)**

Member Rights and Responsibilities

Member Rights

- To receive timely, appropriate, and accessible medical care
- To obtain a second opinion regarding a medical diagnosis
- To choose the provider of your choice from the providers available with your MCO
- To change your MCO as allowed by program policy
- To appeal a decision that you do not agree with
- To be treated with respect and dignity
- To be treated without discrimination with regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status
- To participate in decisions regarding your health care, including the right to refuse treatment

Member Responsibilities

- To be knowledgeable about your medical coverage
- To obtain routine and ongoing care from your provider in an office setting
- To contact your provider before emergency room visits except for situations requiring emergency care. (See page 18 for the definition of emergency situations.)
- To carry your current medical assistance card and MCO card at all times and present it when accessing medical care.
- To call the number on the reverse side of your medical cards if you move or have incorrect information printed on your medical cards
- To be responsible for any medical bills if you do not present your Iowa Medicaid card or MCO card at the time of your visit
- To be responsible for any medical bills for services provided by a practitioner who is not participating in the Iowa Medicaid program or is not enrolled with your MCO

Appeals and Grievances

You Have the Right to Appeal

IA Health Link members have the right to file an appeal with their respective MCO, before filing an appeal with Iowa Medicaid. For benefit or service-related issues, please contact your MCO to learn about your appeal rights with them. (See page 3 for MCO contact information.)

If an Iowa Medicaid member is dissatisfied with the MCO's decision, the member can access the State Fair Hearing appeal process through DHS.

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 SNAP 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://secureapp.dhs.state.ia.us/dhs_titan_public/appeals/appealrequest, 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 the Department of Human Services, Appeals Section, 5th Floor, 1305 E. Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask your county DHS 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 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**.

Right to Submit a Grievance

If you want to file a complaint involving access to care, quality of care, communication issues with your primary care provider, or unpaid medical bills and you are enrolled in an MCO, please contact the MCO and work through their grievance process. If you feel that the MCO is not acting on your complaint, 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.

If you want to file a complaint involving access to care, quality of care, communication issues with your primary care provider, or unpaid medical bills and you are enrolled in IA Health Link Managed Care program, please contact the Iowa Medicaid Member Services Call Center at **1-800-338-8366** toll free or **515-256-4606** in the Des Moines area.

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 IMEMemberServices@dhs.state.ia.us. If you have questions about your MCO, you may contact the MCO at their phone number, provided below:

Amerigroup Iowa, Inc.: **1-800-600-4441**

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

Important Contact Information

Iowa Medicaid Member Services Call Center

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

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

Email: IMEMemberServices@dhs.state.ia.us

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**.

Use this page to keep track of important phone numbers for all your health care needs. Keep this near your phone for use in contacting the right people to help you with your health care.

MCO: _____

Health Care Provider: _____

Hospital: _____

Iowa Medicaid Member
Services Call Center: 1-800-338-8366 toll free; 515-256-4606 Des Moines area

Emergency: 911

Website: IAHealthLink.gov

Email: IMEMemberServices@dhs.state.us

Nondiscrimination Language

Discrimination is Against the Law

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 languages

If 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 East 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/smartscreen/main.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 <https://www.hhs.gov/ocr/complaints/index.html>.

Language Assistance

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)**.

إذا كنت تحدثت ركذا غللا، نأف تامدخ ةدعاسملا ةيوغلا رفاوتت كل ناجملا. لصتا مقرب **1-800-338-8366** فتاه مصلا مكبلو: **1-800-735-2942** . ةظوحلم:

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ **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)] schwetzsch, 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)**.

ເື່ອນ: ຖ້າທ່ານພາສາໄທທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອທາງພາສາໄດ້ຟຣີ ໂທສ **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)**.

ဟ်သုဂ်ဟ်သး- နမုာ်ကတိာ် ကညိ် ကျိာ်အယိံ, နမုာ်န့ ကျိာ်အတိာ်မၤစၢၤလၢ တလၢာ်ဘျုးလၢာ်စ့ၤ နီတမံၤဘျုးသ့န့ၤလီၤ. ကိး **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)**.