STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

TOWN HALL PROVIDER QUESTIONS

QUESTIONS ASKED DURING TOWN HALL

SEPTEMBER 23, 2021

1. **We have not received our recoupment back after billing correctly from Amerigroup. When we have asked about it, we are constantly told, "It'll be looked into." We need definite answers as it's a lot of money.**
   Answer: If this is a claim that was submitted as a corrected claim, but was past timely filing requirements, Amerigroup encourages the provider to contact their representative for resolution. If this was a recoupment from the Cost Containment Unit, Amerigroup encourages the provider to dispute the recoupment following the instructions on the letter.

2. **How is the provider survey being sent to healthcare facilities? Will it be attention to someone specific within the organization?**
   Answer: The provider survey will be sent out through an Informational Letter to all providers. Each provider organization can decide who will fill out the survey. The survey can be filled out by multiple individuals from the same provider organization. All responses are anonymous.

3. **Other Health Insurance (OHI) is huge ongoing issue. IME sends files that the MCOs blindly load with unverified information. Many, many times these insurances have been termed long ago. Or, that what they show is a Medicare replacement plan. This is such a time-consuming process for all involved. It seems there could be a much better process which would result in a better outcome.**
   Answer: Iowa Medicaid is working on this issue.

4. **Can you please confirm that the expanded telehealth services in effect statewide through at least 60 days after the public health emergency (PHE) declaration is lifted refers to the FEDERAL PHE dates and not Iowa's PHE? It is not specific on the IME website.**
   Answer: Iowa Medicaid's expanded telehealth services are tied to the FEDERAL PHE.

5. **Reviewing and increasing the Habilitation rates after over a decade of no increase was a 'HUGE positive for providers. Can we expect future reviews and increases for Habilitation services?**
   Answer: Iowa Medicaid is working to setup a process to have annual reviews of all rates. Rate increases are dependent on appropriations from the Legislature.

6. **Iowa Total Care only lists if the patient has primary coverage listed on their site - so instead of being able to rely on the electronic eligibility we must go only to their website to check. Other payors (IME included) pass other insurance information on the electronic eligibility files. Why isn't this required for MCOs?**
   Answer: Iowa Total Care will look into options for including this information in their EDI processes.

7. **We have tried many ways to connect with the contracting area of Iowa Total Care, but no one responds. What do we – a contracted provider – have to do to receive a response to our communications?**
   Answer: There are multiple ways for providers to connect with Iowa Total Care. All providers, contracted or otherwise, can contact Iowa Total Care Provider Services at **1-833-404-1061**. Network Development can be reached at **NetworkManagement@IowaTotalCare.com**, and geographically designated Provider Relations Representatives can be found on Iowa Total Care's **website**.

8. **What happens if a provider receives a denial for a FFS claim because there is no prior authorization from IME?**
   Answer: The provider should contact IME Provider Services to verify the services in IoWANS. If the plan is not authorized or does not reflect the services, the worker would need to update these before the provider can resubmit. If the services can be verified, staff can complete verification that will update the authorization. Once updated, the provider can resubmit the claim for processing.

AUGUST 26, 2021

1. **In terms of the 3.55 percent rate increase for Home- and Community-Based Services (HCBS) providers, there are rates that are not posted on the DHS website. There are providers coming to the association asking if there is a rate increase. Will they be able to bill for services at the new rate, are the rates retroactive? How can providers properly bill?**
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   Answer: There are a number of provider rates that aren't posted on the DHS website because they are individual based rates that the provider contracts with the Managed Care Organizations (MCOs). The MCOs are in the process of increasing those rates in their respective payment systems.

2. **I am an orthodontic office. We currently use Ability PC-ACE to submit claims other than to Delta Dental of Iowa. It is very hard to navigate and understand how to enter Primary Insurance information. I have been trying on three claims and have submitted eight times and get a cyclical response – IME's Electronic Data Interchange (EDISS) says Medicaid issue; your team says EDISS issue. I go back to the PC-ACE guide to try to figure out how to enter the claim and have tried about every possible way and I am getting nowhere. Any plans to make a more user-friendly claims submission system?**
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