Iowa Medicaid
Family Planning
2012
What is Medicaid?

- A public health program through which a comprehensive range of health services for persons having no income, or a low income, are provided.
- 1965 amendment to the Social Security Act – Title XIX
- Funded with state and federal dollars
- Each state administers
Enrollment increase

- 656,000 individual Iowans enrolled over the course of SFY 2012
  - 327,795 children
  - 194,019 low-income parents and adults
  - 95,466 persons with disabilities
  - 39,572 elderly persons
Discussion Topics:

• Iowa Medicaid- Family Planning Services
  – Eligibility
  – Coverage
  – Programs
  – Top 10 Billing Errors/ Issues
  – Contact Information
  – Q/A
Iowa Medicaid-Family Planning
Member Eligibility

- Medical assistance card is “good” as long as the individual has Iowa Medicaid
  - Lost, damaged or stolen cards can be replaced
- No specific eligibility month or program is indicated on the card
- Eligibility must be verified through ELVS or the Web Portal
Retroactive Eligibility

• May receive a Notice Of Decision (NOD) from DHS granting retroactive eligibility
• Claims must be submitted with a copy of the Notice of Decision within 365 days of the NOD issue date
• Eligibility granted more than 24 months after the date of service special steps need to be taken in claims processing
Prior Authorizations (PA)

- Form 470-0829 Available on the IME website: [www.ime.state.ia.us/Providers/Forms.html](http://www.ime.state.ia.us/Providers/Forms.html)

- Does not override
  - Eligibility
  - Primary Insurance
  - Claim form completion

- Questions-contact PA unit directly at: 888-242-2070 or (515) 256-4624
Coverage

• Services include:
  – Counseling
  – Medical Examinations- *necessary before prescribing family planning services
  – Lab tests*
  – Drugs & Supplies

*Not a complete list of covered services.
Sterilization

• Must meet informed consent
  – No Medicaid payment for those under 21; at time of consent
  – Cannot be mentally incompetent or institutionalized

• Must sign “informed consent”
  – Form# 470-0835

• Must be obtained at least 30 days but no more than 180 days before sterilization

• [Link](http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Provmán/famplan.pdf)
Iowa Medicaid Programs
IowaCare

- A healthcare program that provides limited services to people who are not otherwise eligible for Medicaid

- The purpose is to provide some health care coverage to people who otherwise have no coverage
IowaCare Eligibility Card
IowaCare Network

• 8 Medical Homes as of 1/1/12
  – 2 Hospitals: University of Iowa and Broadlawns
  – 6 FQHCs across the state
• Members can have IowaCare & Iowa Family Planning Network (IFPN)
Lock in

- Typically for members who have misused Medicaid
- Members can be restricted to:
  - One Primary Care Provider (PCP)
  - One hospital
  - One pharmacy
  - One specialty care provider
- Referrals must be obtained from the lock-in PCP before services are rendered
- Refer to Informational Letter 1029
To make a referral to Lock-In

- Call the Lock-In Review Coordinator at 1-800-338-8366 or (in Des Moines) 515-256-4606
- Complete Form 470-5063
www.ime.state.ia.us/Providers/CareManagement.html
Lock-in Referral 470-5063

Iowa Department of Human Services

Member Health Education Program (MHEP) and Lock-in Referral

Date

Member Name

Date of Birth:

State ID:

County of Residence

Notes Regarding Concerns

Name of person referring

Telephone:

Request for follow-up

Request can be mailed, faxed or telephoned.

Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, IA 50315
Attn: Member Services, Lock-in

Fax 515-725-1351
Telephone 800-338-8366
Locally 515-256-4806

Call or write the Member Services Call Center at:
PO Box 36510, Des Moines, Iowa 50315 – (800) 338-8366; (515) 725-1003 (local in the Des Moines area)
Please visit our website at www.ime.state.ia.us or e-mail us at IMESMemberServices@hhs.state.ia.us
Medically Needy (spend down)

- Medicaid program that helps individuals with medical bills if they have high medical bills that use up most or all of their income
- May qualify for a spenddown
  - Typically 2 month certification period
  - Claims must be billed to the IME- IME does the accounting
- Medical Assistance Cards
QMB/SLMB

- QMB (Qualified Medicare Beneficiary)
- QMB with Spenddown
- SLMB (Special Low Income Medicare Beneficiary)
- SLMB with Spenddown
Medicaid for Employed People with Disabilities (MEPD)

• Members pay a monthly premium for services

• Access to full Medicaid Benefits

• Prescription services included for members that do not have Medicare

• MEPD pays for Medicare premiums

• Details available at www.ime.state.ia.us/HCBS/MEPDIndex.html
MediPASS

• Purpose
  – Assure access to services
  – Assure coordination & consolidation of care
  – Educate members to access medical care from the most appropriate point

• Mandatory in many counties
Services Exempt from Referral

- Emergent Services
  [www.ime.state.ia.us/docs/EmergencyDiagnosisCodes.xls](http://www.ime.state.ia.us/docs/EmergencyDiagnosisCodes.xls)
- Dental services
- Prescription drugs
- Chiropractic services
- Family Planning Services - ie: exam and birth control
- Optometry services
- Home and Community Based Services (HCBS)
- Early Periodic Screening Diagnosis and Treatment (EPSDT) for children under age 21
Meridian-HMO

Mission: To improve the quality of care in a low resource environment

Meridian Health Plan (MHP) is a Medicaid HMO in the State of Iowa providing healthcare to eligible enrollees through a contract with the Iowa Department of Human Services.
Meridian Health Plan Website

- www.mhplan.com

Provider Services Phone Line:

Phone 1-877-204-8977
Top 10 Billing Errors
Billing Error #1

- Procedure Code-age conflict
- Denial Code 434
- Some procedure codes are age specific
- Example: 57170 Diaphragm or Cervical Cap
  Age 12-53 years of age only

Correction:
- Check with medical coders on appropriate procedure code for the claim
- Resubmit claim if appropriate
Billing Error #2

- Recipient ID not on file
- Denial Code 250
- ID# must be 1234567A (Example 7 digits and a letter)

Correction:
- Check claim for error(s)
- Resubmit claim with correct Recipient ID #
Billing Error #3

- Third Party Liability (TPL)
- Denial Code 265
- Member has primary insurance

Correction:
- Bill member’s primary insurance
Or
- Note the TPL outcome on claim-do not send EOB
- Bill Iowa Medicaid after TPL denied or pays
Billing Error #4

- Billed Service is covered by HMO
- Denial Code 406
- Member is on Meridian HMO

Correction:
- Bill Meridian
- Provider Services 1-877-204-8977
- www.mhplan.com
Billing Error #5

- J codes - require National Drug Code (NDC)
- Denial Code 157

Correction:
- Resubmit claim with NDC number
- IL# 803
- www.ime.state.ia.us/Providers/DrugList
Billing Error #6

• Procedure Code- Gender conflict
• Denial Code 435
• Some procedure codes are gender (sex) specific
• Example: 58600 Ligation/Transection of Fallopian Tube(s) Female Only

Correction:
• Cross check gender of member with gender allowed in billed code
• Resubmit corrected claim if appropriate
Billing Error #7

- Diagnosis/age conflict
- Denial Code 323
- Some diagnosis codes are age specific
- Example: V25.2 Sterilization
  Age 21-65 years of age only

Correction:
- Cross check member age with age allowed on diagnosis code
- Resubmit corrected claim if appropriate
Billing Error #8

- Provider not in IowaCare network
- Denial Code 653
- Member has IowaCare coverage only

Correction:
- Bill member for services rendered
Billing Error #9

• Duplicate claim
• Denial Code 101
• All or part of claim was previously billed to Iowa Medicaid

Correction:
• Locate previous claim on EOB that paid at least partial and submit an adjustment using that TCN#
• www.ime.state.ia.us/docs/470-0040.doc
Billing Error #10

- Treating Provider missing, invalid or not part of group
- Denial Code 410
- Treating provider information must match our system
- Treating provider must be attached to billing group (if billing group is used)

Correction:

- Check claim for error(s)
And/or
- Enroll and/or attach treating provider to group
Checking Eligibility

• ELVS- Eligibility Verification System
  24 hours a day/7 days a week
  1-800-338-7752
  515-323-9639 (Des Moines Area)

• Provider Services
  7:30am- 4:30pm
  1-800-338-7909
  515-256-4609 (Des Moines Area)

• ELVS (EDISS) through the web portal.
Address and Contact Information

Claims address:
IME
PO Box 150001
Des Moines, IA 50315

Correspondence address:
IME
PO Box 36450
Des Moines, IA 50315

IME Provider Services:
800-338-7909
515-256-4609
(Des Moines area)

ELVS:
800-338-7752
515-323-9639
(Des Moines area)
Contact Information

• Sally Nadolsky, Policy Specialist
  Iowa Medicaid Enterprise
  100 Army Post Road
  Des Moines, IA  50315
  Phone: (515) 256-4649
  Email: snadols@dhs.state.ia.us

• Misty Peters, Education and Outreach Coordinator
  Provider Services
  Phone: (515) 974-3153
  Email: mpeters4@dhs.state.ia.us
Questions?