



INFORMATIONAL LETTER NO. 2434-MC-FFS

DATE: March 24, 2023

TO: All Iowa Medicaid Providers

APPLIES TO: Managed Care (MC), Fee-for-Service (FFS)

FROM: Iowa Department of Health and Human Services (HHS), Iowa Medicaid

RE: COVID-19 Public Health Emergency (PHE) Unwind – Out-of-Network Enhanced Provider Payment Expiring

EFFECTIVE: Upon Receipt

In response to the COVID-19 PHE, Iowa Medicaid directed the managed care organizations (MCOs) to provide 100% reimbursement to out-of-network providers. This flexibility will end on April 30, 2023.

With dates of service on or after May 1, 2023, all claims for services provided to MCO-enrolled members must be submitted directly to the appropriate MCO, adhering to the MCO's claims submission and timeliness guidelines. If a provider sees an MCO-enrolled member which the provider is not enrolled with, the out-of-network provider will be reimbursed at 80 percent for all services. Reimbursement for covered services is additionally dependent on requirements of the member's MCO, such as prior authorization.

The provider may accept the 80 percent out-of-network rate from the member's MCO or the provider may choose to contract with the member's MCO. A provider who knowingly treats a Medicaid member cannot bill the member for the rate difference of services rendered. If a Medicaid provider refuses to accept the out-of-network rate, they cannot bill the patient directly. Members may be charged for services that are not covered by Iowa Medicaid or are not medically necessary. However, per Iowa Administrative Code 79.9(4) "Recipients must be informed before the service is provided that the recipient will be responsible for the bill if a non-covered service is provided."

Providers may enroll with the MCO using the following processes to continue to receive 100% reimbursement of Medicaid rates.

Amerigroup

Please visit the [Amerigroup provider website](#)¹ for instructions, applications, and a fillable W9. Please send questions to providernetworkIA@amerigroup.com or call 1-855-789-7989.

Amerigroup network relations consultants respond to all inquiries within 10 business days. To begin the contracting/enrollment process Amerigroup requires, at minimum, a copy of a completed, signed W9 and a completed application. Amerigroup requires a completed application for facilities and ancillary providers. Include the Council for Affordable Quality Healthcare (CAQH) number for all professional practitioners. If they do not utilize CAQH, the professional (physician/practitioner) application is also available at the link above. Once the contract is executed, please allow up to 30 days for credentialing to be verified.

Iowa Total Care

Please contact Iowa Total Care at networkmanagement@iowatotalcare.com and a contracting and enrollment specialist will assist.

Once a provider reaches out to Iowa Total Care and expresses an interest in becoming contracted, an Iowa Total Care contract manager is assigned to the provider and will work with the provider directly until the contract is executed. After the contract process is complete, enrollment and credentialing will take no longer than 30 days.

To contract, credential, and enroll as a provider with Iowa Total Care, please visit the [Become a Provider webpage](#)². Providers may also contact Iowa Total Care at networkmanagement@iowatotalcare.com or 1-833-404-1061.

If you have questions, please contact Iowa Medicaid Provider Services at 1-800-338-7909 or IMEproviderservices@dhs.state.ia.us.

¹ <https://provider.amerigroup.com/iowa-provider/join-our-network>

² <https://www.iowatotalcare.com/providers/become-a-provider.html>