

**Iowa Medicaid Enterprise
FAQs Regarding Drug Rebate Program**

1. Are drugs covered through the Fee for Service (FFS) or the Managed Care Organization (MCO) for Iowa Medicaid?

Drugs are covered by the member's specific eligibility plan. The MCO is responsible for drug coverage for their members. Drug coverage is provided by FFS if the member is not eligible for MCO coverage.

2. What is the Iowa Health and Wellness Plan?

Under the Affordable Care Act (ACA) and effective January 1, 2014, Iowa Medicaid was expanded to include Iowans ages 19 to 64 in the Iowa Wellness Plan, IWP, (0-100 percent Federal Poverty Level –FPL), and Iowans ages 19 to 64 in the Marketplace Choice Plan, MPC, (101-133 percent FPL). Together, these programs make up the Iowa Health and Wellness Plan. On January 1, 2016, CMS approved moving all MPC enrollees to the IWP to allow coverage for persons with incomes up to 133% of the FPL, through December 31, 2016. Drugs for these IWP members are invoiced for drug rebate.

3. How many MCO plans are included on the Managed Care Drug Rebate Invoice? Does the MCO reimburse for drugs?

There are currently three (3) MCO plans. The MCO is responsible for all drug reimbursement for their members, including physician administered drugs and outpatient prescribed drugs.

4. What Medicaid populations are invoiced for Drug Rebate?

Iowa Medicaid submits drug rebate invoices, as required under federal law, for all FFS drug claims, including physician administered drugs, and all managed care drug claims.

5. How are the Medicaid Drug Rebate invoices designated to distinguish the different populations (Regular Medicaid or Expansion) and service designation (FFS or MC)?

- Invoices for the regular Medicaid population are under the invoice type "FFSU".
- Invoices for the newly Medicaid eligible population (expansion) are under the invoice type "FEDERAL" commencing with the 2014Q1 invoice cycle.
- Each invoice type for "FFSU" and "FEDERAL" are broken into the following designations:
 - OBRA
 - SR
 - J code
 - MCO J code
 - MCO OBRA
 - MCO SR
 - MCO DME
 - DME

6. Does Iowa maintain a Children's Health Insurance Program (CHIP), separate from Iowa Medicaid?

Yes Iowa maintains a separate CHIP program and is not currently transitioning children from its separate CHIP program to Medicaid. However, the department has transitioned this program to a Medicaid managed care arrangement effective April 2016.

7. Where can Iowa Medicaid enrollment data be found?

Monthly enrollment data can be located on the Iowa Department of Human Services (DHS) website under the B-1 Monthly Report of Medical Services Provided under Title XIX of the Social Security Act, specifically under IAMM4400-R001 - Monthly Expenditures by Eligibility Program, at <https://dhs.iowa.gov/ime/about/performance-data/medicaid-b1-report>. This report includes all Medicaid enrolled members, including the expansion population of the Iowa Health and Wellness Plan.

In regards to the MCO enrollment data, this is currently not readily accessible on the website. The IME is in the process of expanding managed care enrollment and is therefore reviewing the possibility of providing the enrollment data at one location on the website for ease of accessibility for all interested parties. Manufacturers will be notified if/when that becomes available

8. Who should a manufacturer contact when there are questions regarding Iowa Medicaid Drug Rebate invoices, including Claim Level Detail?

A manufacturer should contact iarebate@ghsinc.com with questions regarding Iowa Medicaid Drug Rebate invoices, including Claim Level Detail.