

# Your Partner in Community Health Transformation

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## OUR PURPOSE

Transform the health of the community, one person at a time.

## OUR APPROACH

Iowa Total Care exists to improve the health of Iowa members through **focused, compassionate and coordinated care**. Our approach is based on the core belief that quality healthcare is best delivered locally.

## OUR PILLARS



Local



Whole Health



Focus on the Individual

# Contracting and Credentialing

All forms can be found on [IowaTotalCare.com/Providers](https://www.IowaTotalCare.com/Providers)

\*A provider must be enrolled with Iowa Medicaid prior to contracting with Iowa Total Care.

## Provider Contracting Forms

- Complete the Contract Request Form and return with a copy of your signed and dated W9

## Provider Credentialing Forms

- Complete the following forms as applicable:

Hospital – Facility Provider Application

Home- and Community-Based Services (HCBS) Waiver Provider Request Form

Iowa Statewide Universal Practitioner Credentialing Application

Practitioner Data Form (applicable if registered with the Council for Affordable Quality Healthcare (CAQH) and have fewer than 30 providers))



## Provider Contracting

- Prior to July 1, 2019: All contracts will be effective July 1, 2019
- After July 1, 2019: All contracts will be effective 30 calendar days from the date of Provider signature
  - No Contracted Provider shall provide Covered Services to Members or identify itself as a Participating Provider unless and until the Contracted Provider has been notified, in writing, by Iowa Total Care that such Contracted Provider has successfully completed the credentialing process

## Provider Credentialing

- Once all required documents and forms are received by Iowa Total Care, the credentialing process takes approximately 30-45 calendar days
  - The provider credentialing effective date is the Credentialing Committee approval date, at which time the provider will be displayed in the Iowa Total Care directory

## FOR QUESTIONS RELATED TO CONTRACTING/CREDENTIALING STATUS

### Prior to JULY 1, 2019:

**Call:** Provider Contracting at 855-688-6589 (or)

**Email:** Networkmanagment@iowatotalcare.com

### After JULY 1, 2019:

**Call:** Provider Services at 833-404-1061 (or)

**Email:** NetworkOperations@iowatotalcare.com

## SEND CONTRACT FORMS TO:

**Email:** NetworkManagement@iowatotalcare.com (Prior to July 1, 2019)

NetworkOperations@iowatotalcare.com (After July 1, 2019)

(or)

**Mail to:** Iowa Total Care – Attn: Network Management Operations  
1080 Jordan Creek Parkway; Suite 100 South  
West Des Moines, IA 50266

## QUESTIONS RELATED TO IOWA MEDICAID ENROLLMENT STATUS:

**Contact:** Iowa Medicaid Enterprise (IME) Provider Enrollment Unit at **800-338- 7909** (or)

**Email:** IMEProviderEnrollment@dhs.state.ia.us

A claim payment dispute involves a finalized claim in which a provider disagrees with the outcome.

## 1<sup>st</sup> DISPUTE STEP - RECONSIDERATION

Provider can request to have the outcome of the finalized claim be reviewed

Submission of request must be within 180 calendar days from the date of EOP (Explanation of Payment) or PRA (Provider Remittance Advice)

Iowa Total Care will work to have the review completed within 30 calendar days from receipt of all information



## 2<sup>nd</sup> DISPUTE STEP – APPEAL

Provider request must be submitted within 30 calendar days from the reconsideration determination letter

Include as much information as possible to assist with determination review

Iowa Total Care will work to have the review completed within 30 calendar days from receipt of all information

***Claim disputes should be mailed to:***

*Iowa Total Care – Attn: Claim Disputes  
P.O. Box 8030; Farmington, MO 63640-0830*

- A list of services requiring Prior Authorization can be found in the Iowa Total Care provider manual located at [www.iowatotalcare.com](http://www.iowatotalcare.com)
- Failure to obtain a Prior Authorization may result in claim denials
  - Members cannot be billed for services denied for lack of prior authorization
- Non-Par Providers must have all services prior authorized except for:
  - Family planning, emergency room, post-stabilization services and tabletop x-rays (these services are also excluded for par provider authorization requirements)
- An authorization is not a guarantee of payment
  - Members must be eligible at time of service
  - Service must be a covered benefit
  - Service must be medically necessary as per plan policies and procedures



## Prior Authorization Verification Tool




- Use the tool to quickly determine if a service or procedure requires a Prior Authorization
- The same tool is used for submitting an electronic prior authorization

Are Services being performed in the Emergency Department or Urgent Care Center or Family Planning services billed with a Contraceptive Management diagnosis?

Yes    No

Types of Services	YES	NO
Is the member being admitted to an inpatient facility?	<input type="radio"/>	<input type="radio"/>
Are anesthesia services being rendered for pain management	<input type="radio"/>	<input type="radio"/>
Are oral surgery services being provided in the office?	<input type="radio"/>	<input type="radio"/>
Are services, other than DME, orthotics, prosthetics, and supplies, being rendered in the home?	<input type="radio"/>	<input type="radio"/>
Is the member receiving hospice services?	<input type="radio"/>	<input type="radio"/>

Submit Prior Authorizations to Iowa Total Care via:

-  **PORTAL:** [Provider.IowaTotalCare.com](http://Provider.IowaTotalCare.com)
-  **FAX:** By fax using designated fax form within the portal
-  **CALL:** Calling Medical Management: 833-404-1061  
Business Hours: 8:00 a.m.-5:00 p.m. Monday – Friday (excluding holidays)

———— Requests received after normal business hours will be processed the next business day ————

## Prior Authorization Timings

### PROVIDER SUBMISSION TIMINGS

Scheduled Admissions/ Elective Outpatient Services	5 business days prior to service
Emergency	Inpatient: within 24 hours of admit Observation: within 1 business day of service
Newborn Delivery	Notification within 2 business days of delivery
Neonatal Intensive Care Unit (NICU) Admit	Within 24 hours of admit

### IOWA TOTAL CARE REVIEW TIMINGS

Standard Non-Urgent	14 calendar days
Expedited Preservice/Urgent	72 hours
Concurrent Review	24 hours

## NIA Imaging Prior Authorizations

- National Imaging Associates, Inc. (NIA), an affiliate of Magellan Health Services, is contracted to provide radiology imaging benefit management
- Iowa Total Care oversees the NIA program and is responsible for claims adjudication

Services requiring authorization are advanced radiology and cardiac imaging\*

- Computerized Tomography (CT)
- Computed Tomography Angiography (CTA)
- Magnetic Resonance Image (MRI)
- Magnetic Resonance Angiogram (MRA)
- Positron Emission Tomography (PET) Scan
- Cardiac Computed Tomography Angiography (CCTA) (members 21 y/o or older)
- Stress Echocardiography (members 21 y/o or older)
- Multigated Acquisition (MUGA) Scan (members 21 y/o or older)
- Echocardiography (members 21 y/o or older)
- Myocardial Perfusion Imaging (MPI) (members 21 y/o or older)

Services that do not require an authorization to be obtained through NIA

- Inpatient
- Observation
- Emergency Room

\*A complete list of services that require prior authorization is available at [IowaTotalCare.com](http://IowaTotalCare.com)

## NIA Imaging Submissions

- Submit to Iowa Total Care via:



**PORTAL:** [www.radmd.com/radmd-home.aspx](http://www.radmd.com/radmd-home.aspx)



**CALL:** NIA at 833-404-1061, including expedited requests  
Business Hours: 8:00 a.m.-5:00 p.m. Monday – Friday (excluding holidays)

- Requests received after normal business hours will be processed the next business day
- Review determinations generally finalized within 2 business days; however, some cases include longer times for clinical determination
- Authorizations are valid for 30 calendar days from date of request
- An appeal of denial determination can be submitted by following the appeal instructions given in the non-authorization letter or Explanation of Payment (EOP) notification

## NIA Webinar Training Dates

**Tuesday, June 11, 2019** 12:00 p.m. CST

Register: <http://bit.ly/magellanhealth0611191200pm>

**Wednesday, June 12, 2019** 8:00 a.m. CST

Register: <http://bit.ly/magellanhealth061219800>

**Thursday, June 13, 2019** 12:00 p.m. CST

Register: <http://bit.ly/magellanhealth0613191200pm>

**Monday, June 17, 2019** 8:00 a.m. CST

Register: <http://bit.ly/magellanhealth061719800>

**Friday, June 21, 2019** 12:00 p.m. CST

Register: <http://bit.ly/magellanhealth0621191200pm>

\*Recommended to RSVP one week in advance of webinar

## IME

Iowa Medicaid Provider Services	IMEProviderServices@dhs.state.ia.us 800-338-8366 or 515-256-4606 TTY: 800-735-2942 Fax: 515-725-1351
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## HEALTH PLAN INFORMATION

Website	<a href="http://www.iowatotalcare.com">www.iowatotalcare.com</a>
Mailing Address	Iowa Total Care 1080 Jordan Creek Parkway Suite 100 South West Des Moines, IA 50266
Ethics and Compliance Helpline and reporting Fraud, Waste and Abuse	866-685-8664
Provider and Member Service Center	833-404-1061 TTY: 711

*Thank you for attending!*

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Copies of training and educational materials can be obtained from the Iowa Total Care Website at

[www.iowatotalcare.com](http://www.iowatotalcare.com)

(and)

Iowa Medicaid Provider Training Webpage at

<https://dhs.iowa.gov/ime/Providers/tools-trainings-and-services/ATRegistration/APT-2019>





# Appendices

## Claim Reject Code Definitions

## COMMON HIPAA COMPLIANT Electronic Data Interchange (EDI) REJECTION CODES

- The following codes are the standard national rejection codes for EDI submissions
- All error codes indicated must be corrected before the claim is resubmitted

ERROR_ID	ERROR_DESC
01	Invalid Mbr DOB
02	Invalid Mbr
06	Invalid Prv
07	Invalid Mbr DOB & Prv
08	Invalid Mbr & Prv
09	Mbr not valid at DOS
10	Invalid Mbr DOB; Mbr not valid at DOS
12	Prv not valid at DOS
13	Invalid Mbr DOB; Prv not valid at DOS
14	Invalid Mbr; Prv not valid at DOS
15	Mbr not valid at DOS; Invalid Prv
16	Invalid Mbr DOB; Mbr not valid at DOS; Invalid Prv
17	Invalid Diag
18	Invalid Mbr DOB; Invalid Diag

ERROR_ID	ERROR_DESC
19	Invalid Mbr; Invalid Diag
21	Mbr not valid at DOS; Prv not valid at DOS
22	Invalid Mbr DOB; Mbr not valid at DOS; Prv not valid at DOS
23	Invalid Prv; Invalid Diag
24	Invalid Mbr DOB; Invalid Prv; Invalid Diag
25	Invalid Mbr; Invalid Prv; Invalid Diag
26	Mbr not valid at DOS; Invalid Diag
27	Invalid Mbr DOB; Mbr not valid at DOS; Invalid Diag
29	Prv not valid at DOS; Invalid Diag
30	Invalid Mbr DOB; Prv not valid at DOS; Invalid Diag
31	Invalid Mbr; Prv not valid at DOS; Invalid Diag
32	Mbr not valid at DOS; Prv not valid; Invalid Diag
33	Invalid Mbr DOB; Mbr not valid at DOS; Prv not valid; Invalid Diag
34	Invalid Proc
35	Invalid DOB; Invalid Proc
36	Invalid Mbr; Invalid Proc
37	Invalid or future date

ERROR_ID	ERROR_DESC
38	Mbr not valid at DOS; Prv not valid at DOS; Invalid Diag
39	Invalid Mbr DOB; Mbr not valid at DOS; Prv not valid at DOS; Invalid Diag
40	Invalid Prv; Invalid Proc
41	Invalid Prv; Invalid Proc; Invalid Mbr DOB
42	Invalid Mbr; Invalid Prv; Invalid Proc
43	Mbr not valid at DOS; Invalid Proc
44	Invalid Mbr DOB; Mbr not valid at DOS; Invalid Proc
46	Prv not valid at DOS; Invalid Proc
48	Invalid Mbr; Prv not valid at DOS, Invalid Proc
49	Invalid Proc; Invalid Prv; Mbr not valid at DOS
51	Invalid Diag; Invalid Proc
52	Invalid Mbr DOB; Invalid Diag; Invalid Proc
53	Invalid Mbr; Invalid Diag; Invalid Proc
55	Mbr not valid at DOS; Prv not valid at DOS, Invalid Proc
57	Invalid Prv; Invalid Diag; Invalid Proc
58	Invalid Mbr DOB; Invalid Prv; Invalid Diag; Invalid Proc
59	Invalid Mbr; Invalid Prv; Invalid Diag; Invalid Proc
60	Mbr not valid at DOS; Invalid Diag; Invalid Proc
61	Invalid Mbr DOB; Mbr not valid at DOS; Invalid Diag; Invalid Proc
63	Prv not valid at DOS; Invalid Diag; Invalid Proc
64	Invalid Mbr DOB; Prv not valid at DOS; Invalid Diag; Invalid Proc
65	Invalid Mbr; Prv not valid at DOS; Invalid Diag; Invalid Proc
66	Mbr not valid at DOS; Invalid Prv; Invalid Diag; Invalid Proc
67	Invalid Mbr DOB; Mbr not valid at DOS; Invalid Prv; Invalid Diag; Invalid Proc
72	Mbr not valid at DOS; Prv not valid at DOS; Invalid Diag; Invalid Proc
73	Invalid Mbr DOB; Mbr not valid at DOS; Prv not valid at DOS; Invalid Diag; Invalid Proc
74	Reject. DOS prior to 6/1/2006
75	Invalid Unit

ERROR_ID	ERROR_DESC
81	Invalid Unit;Invalid Prv
83	Invalid Unit;Invalid Mbr & Prv
89	Invalid Prv; Mbr not valid at DOS; Invalid DOS
92	Missing or Invalid Provider NPI at any Level.
95	Operating/Purchasing provider information invalid or missing
A2	Diagnosis pointer invalid
A3	Claim exceeded the maximum 97 service line limit
A7	Invalid or Missing Ambulance Point of Pick Up Zip Code
AX	Invalid/missing/duplicate occurrence code
B1	Rendering and Billing NPI are not tied on state file
B2	Not enrolled with MHS and/or State with rendering NPI/TIN on DOS. Enroll with MHS and resubmit claim
B3	Rendering or billing NPI/TIN on DOS not enrolled with State
B5	Missing/incomplete/invalid CLIA certification number
C4	Invalid COBA Member
C9	Attending Provider Required
CA	Dates of service cannot span two calendar months, please resubmit
CE	Invalid Billing Provider NPI
CF	Invalid Billing Provider Taxonomy Code
CG	Invalid Billing Provider Zip
CH	Rendering NPI/TIN on DOS not enrolled with state
CI	NPI IS REQUIRED FOR THIS PAYER
CJ	ACK/REJECT Info Entities Medicaid Provider Id
D2	BILLING PROVIDER NOT REGISTERED PROMISE PROVIDER
D3	Rendering provider not registered Promise provider
D4	Attending provider not registered Promise provider
H1	ICD9 is mandated for this date of service.
H2	Incorrect use of the ICD9/ICD10 codes.
HP	ICD10 is mandated for this date of service.
NE	Missing or Invalid Provider NPI at any Level.
R2	Payor ID Number Invalid for DOS
ZZ	Claim not processed