iowa total care™

ia health link

Hawki

Annual Provider Training

2021

Your Partner in Community Health Transformation

Iowa Total Care

About Us

About Us

Centene:

- Iowa Total Care is a subsidiary of Centene Corporation
- Over 30 years of experience
  - Medicare
  - Medicaid
  - Specialty Services

Iowa Total Care:

- NCQA Accredited
- Medicaid
- Headquartered in West Des Moines
- Over 700 Iowa Total Care Staff
  - Locally-based health plan staff
    - Call Center
    - Provider Relations Specialists
    - Clinical Quality Consultants
    - Community Based Case Managers

Why we're in business

OUR PURPOSE

Transforming the health of the community, one person at a time

What we do

OUR MISSION

Better health outcomes at lower costs

What we represent

OUR PILLARS

Focus on the Individual

+

Whole Health

+

Active Local Involvement

What drives our activity

OUR BELIEFS

We believe healthier individuals create more vibrant families and communities.

We believe treating people with kindness, respect and dignity empowers healthy decisions.

We believe we have a responsibility to remove barriers and make it simple to get well, stay well, and be well

We believe in treating the whole person, not just the physical body.

We believe local partnerships enable meaningful, accessible healthcare.

Commitment to our Partners

Our goal is to help each and every Iowa Total Care member achieve the highest possible levels of wellness and quality of life, while demonstrating positive clinical results.

- Integrated Care
- Coordination of Care
- Continuity of Care

Member Services and Eligibility

Member Population & Benefits

Iowa Total Care provides health care coverage for enrollees of:

- Iowa Health Link
- Iowa Health and Wellness Plan
- Healthy and Well Kids in Iowa (Hawki)

Core Medicaid benefits are covered, and all services are subject to benefit coverage, limitations, and exclusions, as described in the provider manual.

Link to Member Handbook
https://www.iowatotalcare.com/members/medicaid/resources/handbooks-forms.html

Link to Provider Manual
https://www.iowatotalcare.com/providers/resources/forms-resources.html

Find A Doctor

Find an Iowa Total Care Medicaid Provider

Online Tool	Provider Directory	Member Services
Quick and Easy	Updated Weekly	833-404-1061

https://www.iowatotalcare.com/members/medicaid/find-a-doctor.html

Value Added Services & Rewards

SafeLink Wireless

- No cost to Iowa Total Care Members
- Free smartphone
- Up to 350 minutes a month
- Unlimited texting

Nurse Advice Line

- 24 hour service by calling 833-404-1061
- Registered Nurse available to provide health education and nurse triage for complex health issues

Babylon

- 24/7 access to medical care at no cost
- Video appointments to talk with doctor

My Health Pays™

- A healthy rewards account program
- Innovative approach to encourage health behaviors through financial incentives

Start Smart for Your Baby®

- Prenatal and Postpartum program
- Care management to extend the gestational period and reduce pregnancy-related risks

To learn more about these Value-Added Services go to: www.iowatotalcare.com and review 'For Members' section.

Access 2 Care (A2C)

Non-Emergent Medical Transportation (NEMT)

- Eligible Medicaid Members, or Providers on the members' behalf, may request a ride for a Medically Necessary appointment.
- For non-urgent medical needs or routine appointments, members ages 16 or older can schedule rides as follows:
  - Call at least 2 business days in advance of the member appointment.
  - Reservations can be made up to 30 days in advance.
  - If a member needs a ride to dialysis, chemotherapy, or radiation treatments, you can schedule a ride up to 90 days in advance.

To schedule a ride, please call Access2Care at 1-833-404-1061 (TTY 711), press 2 for Iowa Total Care Member Services, then press 1 for Transportation

Member return ride please call 844-521-9948

Member Eligibility Verification

Eligibility can be validated 1 of 3 ways:

Using the Provider Portal:
https://www.iowatotalcare.com/providers.html

Calling the member eligibility IVR self-services system:
833-404-1061

Calling Iowa Total Care Provider Services:
833-404-1061

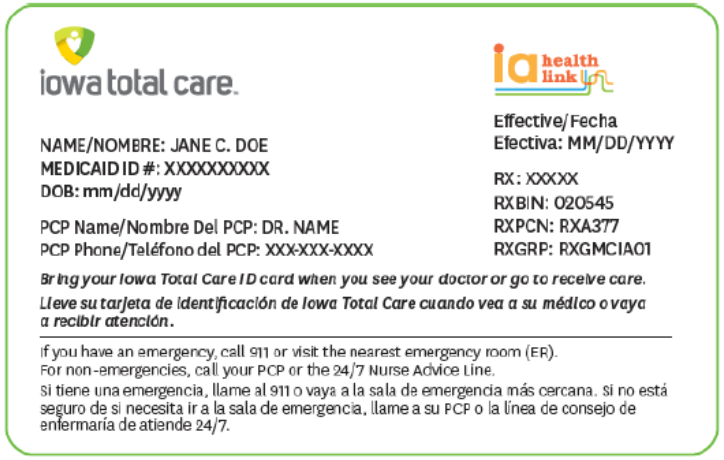
To verify eligibility, be sure to have the following information available:

- Member name
- Medicaid ID number
- DOB

The Portal and IVR provides 24/7 self-service convenience

Member ID Cards

The following are sample Iowa Total Care member ID cards:


iowa total care.

ia health link

NAME/NOMBRE: JANE C. DOE
MEDICAID ID #: XXXXXXXXX
DOB: mm/dd/yyyy

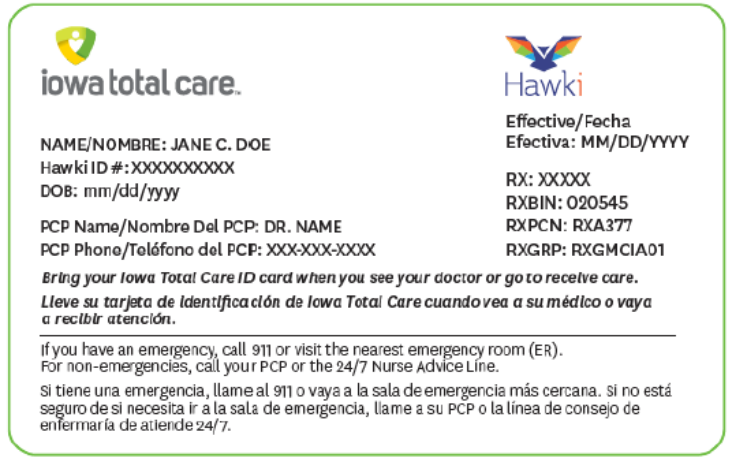
PCP Name/Nombre Del PCP: DR. NAME
PCP Phone/Teléfono del PCP: XXX-XXX-XXXX

Effective/Fecha Efectiva: MM/DD/YYYY

RX: XXXXX
RXBIN: 020545
RXPCN: RXA377
RXGRP: RXGMCIA01

Bring your Iowa Total Care ID card when you see your doctor or go to receive care.
Lleve su tarjeta de identificación de Iowa Total Care cuando vea a su médico o vaya a recibir atención.

If you have an emergency, call 911 or visit the nearest emergency room (ER).
For non-emergencies, call your PCP or the 24/7 Nurse Advice Line.
Si tiene una emergencia, llame al 911 o vaya a la sala de emergencia más cercana. Si no está seguro de si necesita ir a la sala de emergencia, llame a su PCP o la línea de consejo de enfermería de atiende 24/7.


iowa total care.

Hawki

NAME/NOMBRE: JANE C. DOE
Hawki ID #: XXXXXXXXX
DOB: mm/dd/yyyy

PCP Name/Nombre Del PCP: DR. NAME
PCP Phone/Teléfono del PCP: XXX-XXX-XXXX

Effective/Fecha Efectiva: MM/DD/YYYY

RX: XXXXX
RXBIN: 020545
RXPCN: RXA377
RXGRP: RXGMCIA01

Bring your Iowa Total Care ID card when you see your doctor or go to receive care.
Lleve su tarjeta de identificación de Iowa Total Care cuando vea a su médico o vaya a recibir atención.

If you have an emergency, call 911 or visit the nearest emergency room (ER).
For non-emergencies, call your PCP or the 24/7 Nurse Advice Line.
Si tiene una emergencia, llame al 911 o vaya a la sala de emergencia más cercana. Si no está seguro de si necesita ir a la sala de emergencia, llame a su PCP o la línea de consejo de enfermería de atiende 24/7.


IMPORTANT CONTACT INFORMATION/
INFORMACIÓN IMPORTANTE DE CONTACTO

MEMBERS/MIEMBROS: **1-833-404-1061** (TTY: 711)
Member Services/Servicios para los miembros
24/7 Nurse Advice Line/Línea de consejo de enfermería 24/7

PROVIDERS/PROVEEDORES:
Eligibility: **1-833-404-1061 (TTY: 711)** • Prior Authorization: **1-833-404-1061**
Medical Claims: **PO Box 8030, Farmington, MO 63640**
Provider/claims information via the web: **IowaTotalCare.com**
Pharmacy Help Desk: **1-877-281-9627**


IMPORTANT CONTACT INFORMATION/
INFORMACIÓN IMPORTANTE DE CONTACTO

MEMBERS/MIEMBROS: **1-833-404-1061** (TTY: 711)
Member Services/Servicios para los miembros
24/7 Nurse Advice Line/Línea de consejo de enfermería 24/7

PROVIDERS/PROVEEDORES:
Eligibility: **1-833-404-1061 (TTY: 711)** • Prior Authorization: **1-833-404-1061**
Medical Claims: **PO Box 8030, Farmington, MO 63640**
Provider/claims information via the web: **IowaTotalCare.com**
Pharmacy Help Desk: **1-877-281-9627**

Member Grievances and Appeals

Member grievances and appeals may be filed by the member, a member's authorized representative, or a member's provider.

Written consent must be obtained from the Member or their authorized representative on the designated Authorized Representative Designation Form located at https://www.iowatotalcare.com/members/medicaid/resources/handbooks-forms.html

Refer to the Provider Manual at https://www.iowatotalcare.com/providers/resources/forms-resources.html for information on how to file a member grievance, appeal, and State Fair Hearing, along with details on timely filing deadlines

Provider Responsibilities, Access, and Availability

Provider Responsibilities

Some provider responsibilities include, and are not limited to:

- Initial credentialing and re-credentialing every 36 months.
- ADA compliance (including parking and entry pathways).
- Encourage members to execute an Advance Directive and remain in compliance with Advance Directive requirements.
- Billing primary insurance prior to Iowa Total Care.
- Communicate provider change of address, addition and termination of practitioners, and other important notifications.

Provider Responsibilities Continued

- Maintain accurate and complete medical records.
  - Provider Manual, subsection Required Information or Medical Record Review Policy CC.QI.13.
- Render medically necessary and appropriate levels of care to members.
- Ensure PCP and Specialty access 24 hours a day, 7 days a week.
- Specialist coordination and communication with PCPs.
- Member non-discrimination based on race, color, national origin, disability, age, sex, religion, mental or physical disability, or limited English proficiency.

Provider Access & Availability

Appointment Access & Availability Standards

Network providers must comply with all access standards.

For a complete list of standards, refer to the provider manual.

Hospital Emergency Availability

- 24 hours / 7 days a week

Primary Care Physician Availability

- Urgent: within 24 hours
- Routine Appointment: four (4) to six (6) weeks from the date of patient's request

Behavioral Health Availability

- Urgent: within one (1) hour of presentation at service site or within twenty-four (24) hours of telephone contact with provider or Iowa Total Care
- Routine Appointment: within three (3) weeks of request for an appointment

Specialty Provider Availability

- Urgent: within 24 hours
- Routine care: within thirty (30) days

Fraud, Waste, and Abuse

Identification and Reporting Most Common Issues:

- Use of incorrect billing code
- Not following the service authorization
- Inaccurate procedure codes for the provided service
- Excessive use of units not authorized by the care coordinator
- Lending of insurance card

Reporting	Iowa Medicaid Program Integrity Unit: **877-446-3787** Iowa Total Care Fraud and Abuse Line: **866-685-8664**

Contracting and Credentialing

Contracting for Providers

Where does a provider go if they want to contract with Iowa Total Care?

1. Visit IowaTotalCare.com
2. Hover over ‘For Providers’
3. Select ‘Become a Provider’
4. Click on ‘Contract Request Form’

As a reminder, generally Provider Network doesn’t contract for Transportation (A2C), Vision (OD/Hardware) Network (Envolve), Retail Pharmacy (Envolve).

Questions?

NetworkManagement@IowaTotalCare.com

Provider Enrollment/Credentialing

For all Forms and Templates:

1. Visit IowaTotalCare.com
2. Hover over ‘For Providers’
3. Select ‘Contracting & Credentialing’
4. Click on ‘Contracting & Credentialing Forms’

Submit to NetworkManagement@IowaTotalCare.com:

- For all Credentialing and Enrollment Submissions
  - Once enrolled, to keep enrollments up-to-date promptly submit the following:
    - Rosters
      - All Delegated provider should submit quarterly (full) roster.
    - New Provider Adds
    - Terminations
    - Updates and Changes
- And for Questions

Electronic Visit Verification (EVV)

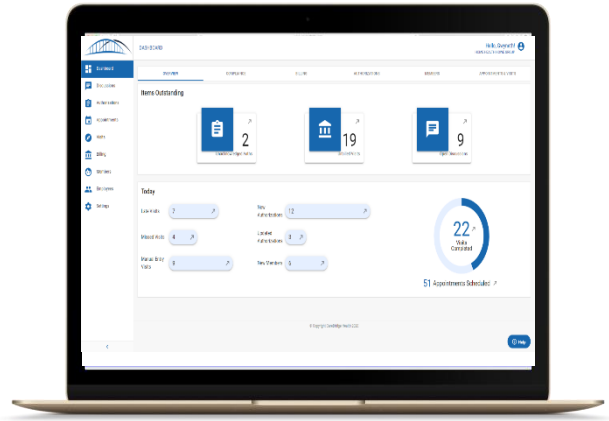
Electronic Visit Verification (EVV)

Effective January 1, 2021 EVV began for CDAC and Homemaker services. This is now a requirement for service provision and payment. CareBridge is the chosen EVV vendor in Iowa.

The following CDAC and Homemaker services require EVV*:

- S5125 ATTENDANT CARE SERVICES, PER 15 MINUTES
- S5130 HOMEMAKER NOS, PER 15 MINUTES
- S5131 HOMEMAKER NOS, PER DIEM
- T1019 PERSONAL CARE SERVICES, PER 15 MINUTES

*ALF and RCF providers who use their own shift workers to complete these services are exempt from the EVV requirement



Contact CareBridge at:
Phone: (844) 343-3653
Email: iaevv@carebridgehealth.com

Electronic Visit Verification (EVV) Continued

Keep in mind when utilizing EVV…

- When utilizing CareBridge as your only documentation source, **ALL** of the same components are required.
  - This includes any previously-required narrative documentation.
- Manually entered visits should only occur due to issues with logging in at the time of service provision.
- Log into CareBridge by:
  - CareBridge EVV Application or
  - IVR

Who can answer questions?

Case Manager can answer questions regarding:

- Authorizations, Service Plans, Member Eligibility, etc.

Provider Relations team can answer questions regarding:

- Claim issues, payment issues, etc.

CareBridge team can answer questions regarding:

- Issues with using the application/IVR, logging in to the app, trainings, etc.

For available trainings refer to the CareBridge website, http://resources.carebridgehealth.com/iaevv.

Claims

Claims Processing

Claim Submissions

Electronic Visit Verification (EVV)

Effective January 1, 2021 EVV will be required for CDAC and Homemaker services.

CareBridge
Phone: 1-844-343-3653
7am -5pm
Email: IAEVV@CareBridgeHealth.com

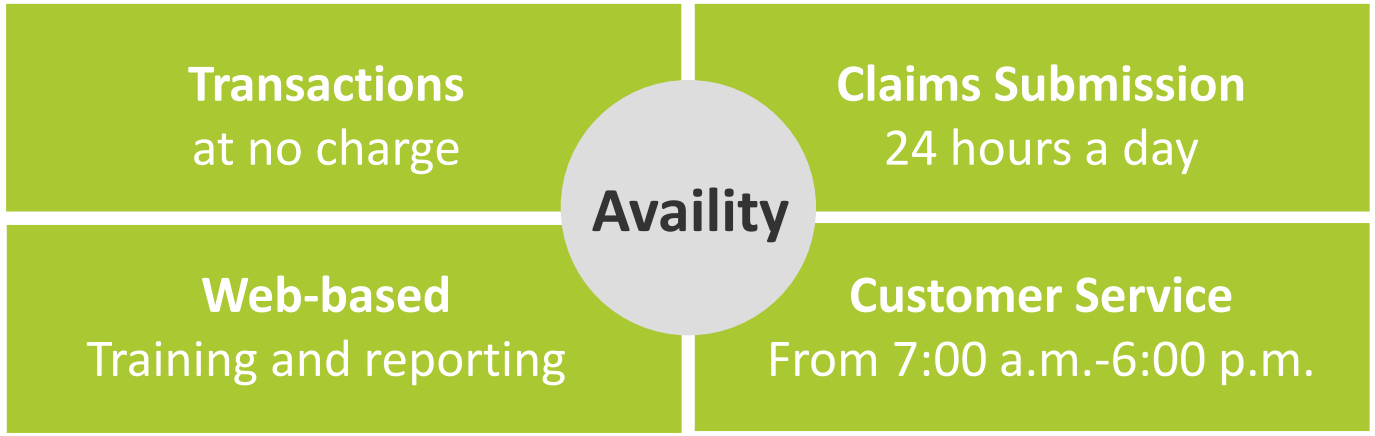
All other In-Network Providers

Iowa Total Care
C/o Centene EDI Dept.
Payor ID: 68069
Phone: 1-800-225-2573 (Ext. 25525)
Email: EDIBA@centene.com

Provider Portal
https://www.iowatotalcare.com/providers/login.html

Claims Processing: Clearinghouse

Availity is the preferred clearinghouse, offering the following value services:



Iowa Total Care also accepts transmissions from Change Healthcare and Ability

Other clearinghouses not listed above will need to be reviewed on an individual request basis.

Claims Processing: Submission and Payment Timings

The following tables outline claim submission and payment timings:

Claim Type	Submission Timing
New clean claim	180 calendar days from date of service
Retroactive eligibility claims	365 calendar days from the notice date
Secondary payer	365 calendar days from final determination of the primary payer
Third-party submission and no reply	After 30 calendar days of no reply, claims accepted for 12 months from date of service

Claim Type	Payment Timing
New clean claim	90% within 30 calendar days of receipt
	95% within 45 calendar days of receipt
	99% within 90 calendar days of receipt

Claim Type	Payment Timing
Claim Reconsiderations	180 day from the date of on the EOP or PRA

Claim Electronic Payment

Payspan Contact Information:

Phone: (877) 331-7154 x 1 ***(available Monday-Friday, from 7 a.m.-7 p.m.)***

Email: providersupport@payspanhealth.com

Website: www.Payspan.com

Improve cash flow
by getting payments faster

Settle claims electronically
through Electronic Fund Transfers (EFTs) and Electronic Remittance Advices (ERAs)

Maintain control over bank accounts
by routing EFTs to the bank account(s) of your choice

Match payments to advices quickly
and easily re-associate payments with claims

Manage multiple payers,
including any payers that are using Payspan to settle claims

Eliminate re-keying of remittance data
by choosing how you want to receive remittance details

Create custom reports
including ACH summary reports, monthly summary reports, and payment reports sorted by date

Top Ten Claim Denial Reasons

- Duplicate submission
- Services cannot be combined with other service on same day
- NDC missing/invalid
- Claim reprocessed under new claim number
- Service not covered
- No authorization on file
- Primary payer
- Diagnosis code incorrectly billed (ICD-10)
- CMS Medicaid NCCI unbundling

Remittance Advice/Explanation of Payment (EOP) Guide

Definitions of Service Detail Columns

Serv	Dates	Proc #	Modifiers	Days Ct/Qty	Charged/ Allowed	Deduct	CoPay	Coinsur	Discount/ Interest	Med Allow/ Med Paid	TPP	Denied	EXPL Codes	Payment/ Withheld
0100	011620	T1019		312.00	1092.00	.00	.00	.00		.00	.00	.00	92	1092.00
					1092.00				.00	.00				.00

ITC EOP Term	Definition
Serv	The service line/s on the claim.
Dates	Date/s of Service.
Diag #/Drug #	The diagnosis code or drug code submitted on the claim.
Proc #	CPT, HCPCS or revenue codes billed.
Modifiers	Modifier billed.
Days/Ct/Qty	Total number of days, count or quantity being billed.
Charged/Allowed	Charged: The amount billed for the procedure or service. Allowed: The contracted amount allowed for the procedure or service.
Deduct	The amount of the member's deductible that has been applied to the procedure or service.
CoPay	The amount of the member's copay that has been applied to the procedure or service.
Coinsur	The amount of a member's client participation deducted from the allowed amount.
Discount/Interest	Discount or interest to be applied to claim.
Med Allowed/Med Paid	The amount allowed and paid by Medicare.
TPP	The amount paid by a third party payer.
Denied	Total amount denied on claim.
EXPL Codes	Iowa Total Care explanation codes that indicate payment, reduction or denial reason.
Payment/Withheld	Total amount paid or withheld for the procedure or service.

Denial Code Explanations

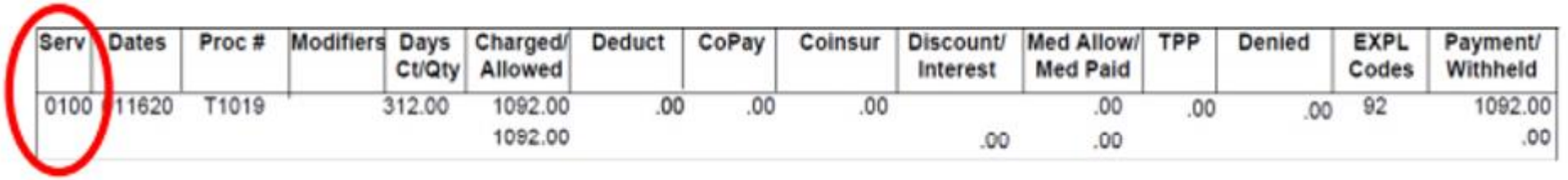
Explanation	Code Description
92	PAID IN FULL
JU	ADJUSTMENT TO PREVIOUSLY SUBMITTED CLAIM
Sr	PAY: SERVICES REIMBURSED ACCORDING TO MULTIPLE SURGERY GUIDELINES
bt	INFO - POSSIBLE TPL
pB	REIMBURSEMENT REDUCTION BASED ON PAYMENT POLICY SEE PLAN WEBSITE
v2	REVIEWED BY CODING EDITING SOFTWARE-HCI-PCI
wB	REIMBURSEMENT REDUCTION BASED ON PAYMENT POLICY SEE PLAN WEBSITE

How to Read the Claim Details

Understanding the codes used on the claim details is key to knowing whether a claim was processed.

Clean Paid Claim

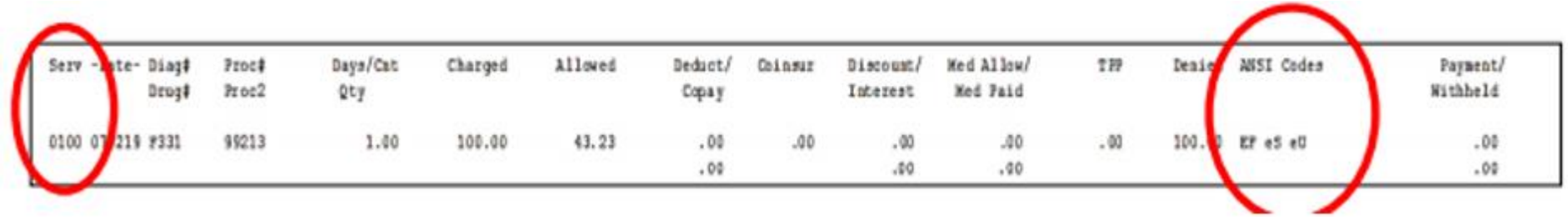
- The ‘Serv’ line 0100 indicates this is an original first time claim.



Serv	Dates	Proc #	Modifiers	Days Ct/Qty	Charged/ Allowed	Deduct	CoPay	Coinsur	Discount/ Interest	Med Allow/ Med Paid	TPP	Denied	EXPL Codes	Payment/ Withheld
0100	11620	T1019		312.00	1092.00	.00	.00	.00		.00	.00	.00	92	1092.00
					1092.00				.00	.00				.00

Clean Denied Claim

- The ‘Serv’ line 0100 indicates this is an original first time claim. If there is an amount in the Denied column, the denial codes will be listed. In this example below, denial codes are EF, eS, and eU. Explanations for these codes are provided on the EOP.



Serv	Date	Diag# / Drug#	Proc# / Proc2	Days/Cat / Qty	Charged	Allowed	Deduct/ Copay	Coinsur	Discount/ Interest	Med Allow/ Med Paid	TPP	Denied	ANSI Codes	Payment/ Withheld
0100	07 219	F331	99213	1.00	100.00	43.23	.00	.00	.00	.00	.00	100.00	EF eS eU	.00
							.00		.00	.00				.00

Adjusted Claim Details: Positive Payment

An example of an EOP to the reprocessing of claims, which results in a positive net payment is shown below.

1. The original claim is indicated on service line ending ‘00’.
2. The adjusted line is the service line ending in odd number (e.g. ‘01’). This is not a recoupment, but rather a financial adjustment to allow for the fully adjusted payment amount.
3. The payment indicated by an even number (e.g. ‘02’) at the end of the service line is the final adjudicated payment of the claim.

By subtracting the original payment amount (e.g. ‘01’) 1 from the final adjudicated payment (e.g. ‘02’) 3 provides the net amount that you will receive in addition to the original payment. In this example, a positive net payment resulted.

Serv	-Date-	Diag# Drug#	Proc# Proc2	Days/Cnt Qty	Charged	Allowed	Deduct/ Copay	Coinsur	Discount/ Interest	Med Allow/ Med Paid	TPP	Denied	ANSI Codes	Payment/ Withheld
0100	1	J3S1	31575	1.00	339.00	49.01	.00	.00	.00	.00	.00	.00	Sr	49.01
							.00		.00	.00				.00
0200	1	J3S1	99202	1.00	179.00	15.67	.00	.00	.00	.00	.00	.00	pD 92 v2	15.67
							.00		.00	.00				.00
			Sub-total		518.00	64.68	.00	.00	.00	.00	.00	.00		64.68
							.00		.00	.00				.00
			TOTAL		1058.00	155.71	.00	.00	.00	.00	419.04	.00		64.68
							.00		.00	.00				.00

Serv	-Date-	Diag# Drug#	Proc# Proc2	Days/Cnt Qty	Charged	Allowed	Deduct/ Copay	Coinsur	Discount/ Interest	Med Allow/ Med Paid	TPP	Denied	ANSI Codes	Payment/ Withheld
0101	2	J3S1	31575	- 1.00	-339.00	-49.01	.00	.00	.00	.00	.00	.00	JU	-49.01
							.00		.00	.00				.00
0102	3	J3S1	31575	1.00	339.00	49.01	.00	.00	.00	.00	.00	.00	Sr	49.01
							.00		.00	.00				.00
0201	2	J3S1	99202	- 1.00	-179.00	-15.67	.00	.00	.00	.00	.00	.00	JU 92 v2	-15.67
							.00		.00	.00				.00
0202	3	J3S1	99202	1.00	179.00	15.67	.00	.00	.00	.00	.00	.00	pA 92 v2	31.34
							.00		.00	.00				.00
			Sub-total		.00	.00	.00	.00	.00	.00	.00	.00		15.67
							.00		.00	.00				.00
			TOTAL		2547.00	266.45	.00	.00	.00	.00	.00	.00		282.12
							.00		.00	.00				.00

Note:

- The original claims (service line 0200), the provider was paid $15.67.
- The adjusted service line 0201, $15.67 was subtracted in full.
- The final adjudicated claim was paid out (service line 0202) at the rate of $31.34.
- The net payment you would receive with this remit is $15.67.

Adjusted Claim Details: Zero Payment

In some cases, when claims were reprocessed the original claim payment was the same as the reprocessed payment. To determine the net amount you will receive in addition to the original payment, subtract the original claim payment (service line ending in odd number, (’01’) from the final adjudicated payment amount (service line ending in even number, (‘02’).

In this example, the net payment result is $0. This means the original payment received was correct after the adjustment project was completed.

Clean Paid Claim

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged/ Allowed	Deduct	CoPay	Coinsur	Discount/ Interest	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0101	10/28/2019	V5266	LT	30.00	$-54.00 $-53.70	$0.00	$0.00	$0.00	$0.00 $0.00	$0.00 $0.00	$0.00	$0.00	JU	$-53.70 $0.00
0201	10/28/2019	V5266	RT	30.00	$-54.00 $-53.70	$0.00	$0.00	$0.00	$0.00 $0.00	$0.00 $0.00	$0.00	$0.00	JU	$-53.70 $0.00
			Sub-total		$-108.00 $-107.40	$0.00	$0.00	$0.00	$0.00 $0.00	$0.00 $0.00	$0.00	$0.00		$-107.40 $0.00

Final Adjudicated Claim Payment

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged/ Allowed	Deduct	CoPay	Coinsur	Discount/ Interest	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0102	10/28/2019	V5266	LT	30.00	$54.00 $53.70	$0.00	$0.00	$0.00	$0.00 $0.00	$0.00 $0.00	$0.00	$0.00	92	$53.70 $0.00
0202	10/28/2019	V5266	RT	30.00	$54.00 $53.70	$0.00	$0.00	$0.00	$0.00 $0.00	$0.00 $0.00	$0.00	$0.00	92	$53.70 $0.00
			Sub-total		$108.00 $107.40	$0.00	$0.00	$0.00	$0.00 $0.00	$0.00 $0.00	$0.00	$0.00		$107.40 $0.00

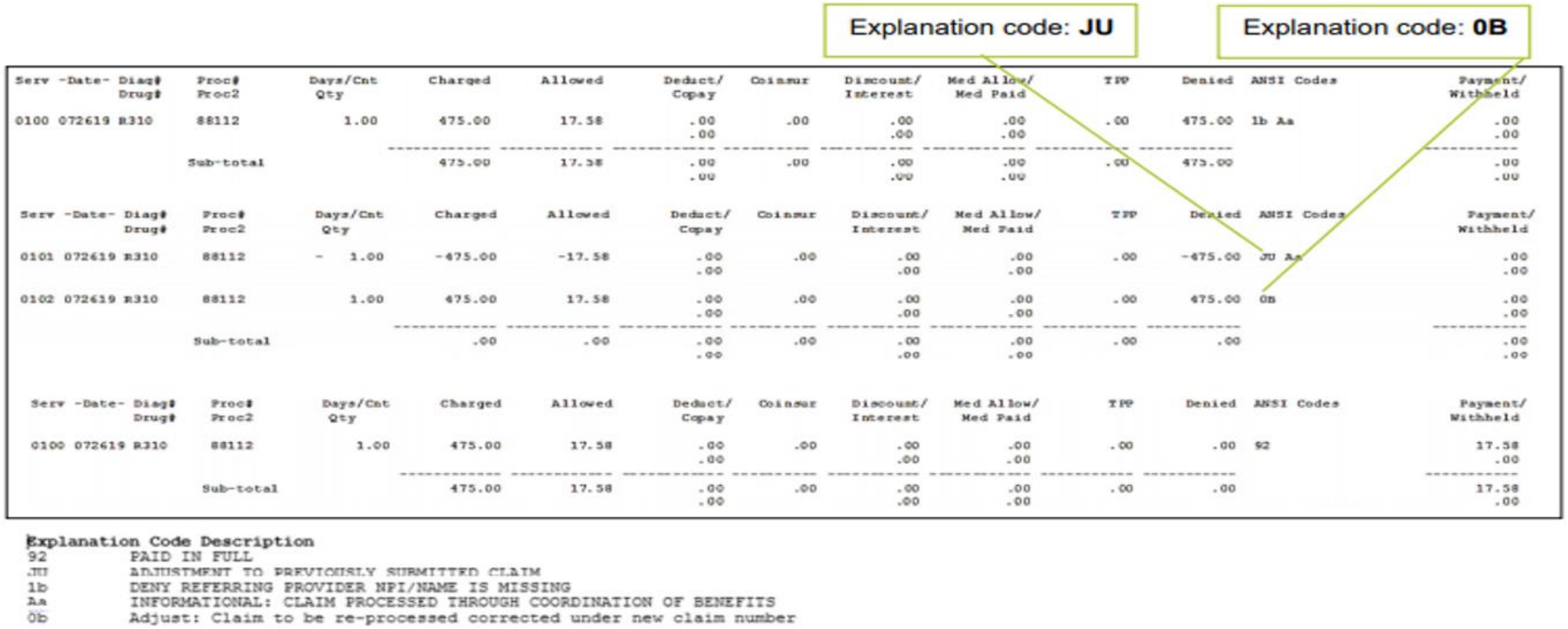
Adjusted Claim Details: Zero B (OB) Adjustments

In some cases, a claim may need to be readjusted under a new claim number due to provider system configuration changes. When this happens, the negative adjustment will process with an explanation code of JU to indicate an adjustment, and the positive adjustment will indicate Explanation code OB.

If you have OB adjustments and would like your detailed crosswalk report listing the old and the new claim number, please reach out to your Provider Relations Specialist.

In the example to the right:

- The original claim (e.g. 0100), the provider was denied $475.00 incorrectly.
- The adjusted line (e.g. 0101) for $475.00 was subtracted in full with a JU explanation code.
- The final adjudicated claims (e.g. 0102) was denied the $475.00 with an 0B explanation code.
- The new claim is the final adjudicated payment you would receive with the new claim number results in $17.58.



Claim Dispute Process

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

Submit Claim Disputes By:

Mail
Iowa Total Care
Attn: Claim Disputes
PO Box 8030,
Farmington, MO 63640-0830

1st DISPUTE STEP - RECONSIDERATION

Provider can request to have the outcome of the finalized claim be reviewed by mailing a **Provider Dispute Form** or submitting by using the **Secure Provider Portal.**

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

2nd DISPUTE STEP – APPEAL

Provider request must be submitted within 30 calendar days from the reconsideration determination letter by mailing a completed **Provider Dispute Form**.

Include as much information as possible to assist with determination review.

For the Provider Portal, visit Iowa Total Care website, https://www.iowatotalcare.com/providers/login.html.
For the Provider Dispute From, visit Iowa Total Care website, https://www.iowatotalcare.com/providers/resources/forms-resources.html.

Provider Complaints

Providers have the right to file a complaint with Iowa Total Care

- Provider complaints can be filed regarding policies, procedures or administrative processes in place by Iowa Total Care.
  - The Provider Formal Administrative Complaint Form can be located on Iowa Total Care website, https://www.iowatotalcare.com/providers/resources/forms-resources.html
- Provider complaints should be resolved within 30 calendar days.
  - An extension of an additional 14 days can be requested for resolving the complaint, by either Iowa Total Care or the Provider.

Email:

Providerrelations@IowaTotalCare.com

CALL:

833-404-1061 (TTY: 711)

Monday – Friday

7:30 a.m. to 6:00 p.m.

FAX:

833-208-1397

MAIL:

Iowa Total Care

Attn: Complaints

1080 Jordan Creek Parkway,

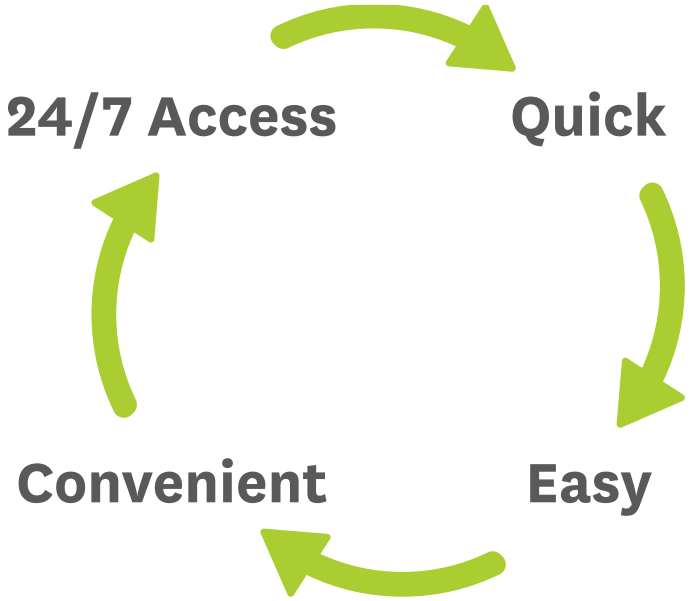
Suite 100 South

West Des Moines, Iowa 50266

Provider Resources: Iowa Total Care Website

The Iowa Total Care Website is designed to allow providers to have 24/7 access to key information for timely service.

- Prior Authorization checker
- Clinical Guidelines
- Provider and Billing Manuals
- Contract Request Forms
- Provider Bulletins
- Iowa Total Care Plan News
- Information on Disability Access
- Various Operational and Patient Care Forms
- Provider Relations Specialist Contact Information
- Provider Education Material and Training Schedules
- Provider Alerts – System Configuration List of Known Claims Issues



Visit Iowa Total Care Website, https://www.iowatotalcare.com/

Provider Resources: Informational Updates

Iowa Total Care will keep providers aware of Medical policy changes, payment, and operational updates, and announcements using the following communication channels:

Iowa Total Care follows all laws applicable to state and federal such as, but not limited to:

- 42 CFR,
- Part 438
- 441 IAC Chapter 73

Iowa Total Care follows policy changes distributed in IME Informational Letters.

Provider Resources: Secure Provider Portal

After registering to access the secure provider portal, the following tools are available to easily view and share information

- Check member eligibility
- View the PCP panel (patient list)
- View and submit Prior Authorizations and member health records
- View member gaps in care
- Determine payment/check clear dates
- View and print Explanation of Payment (EOP's)
- Access payment history
- Submit claims and adjustments, view claims status
- Submit claims disputes

To register, go to https://www.iowatotalcare.com/providers.html and select the 'Login/Register' link on the top right corner of the page.

Provider Resources: Provider Services

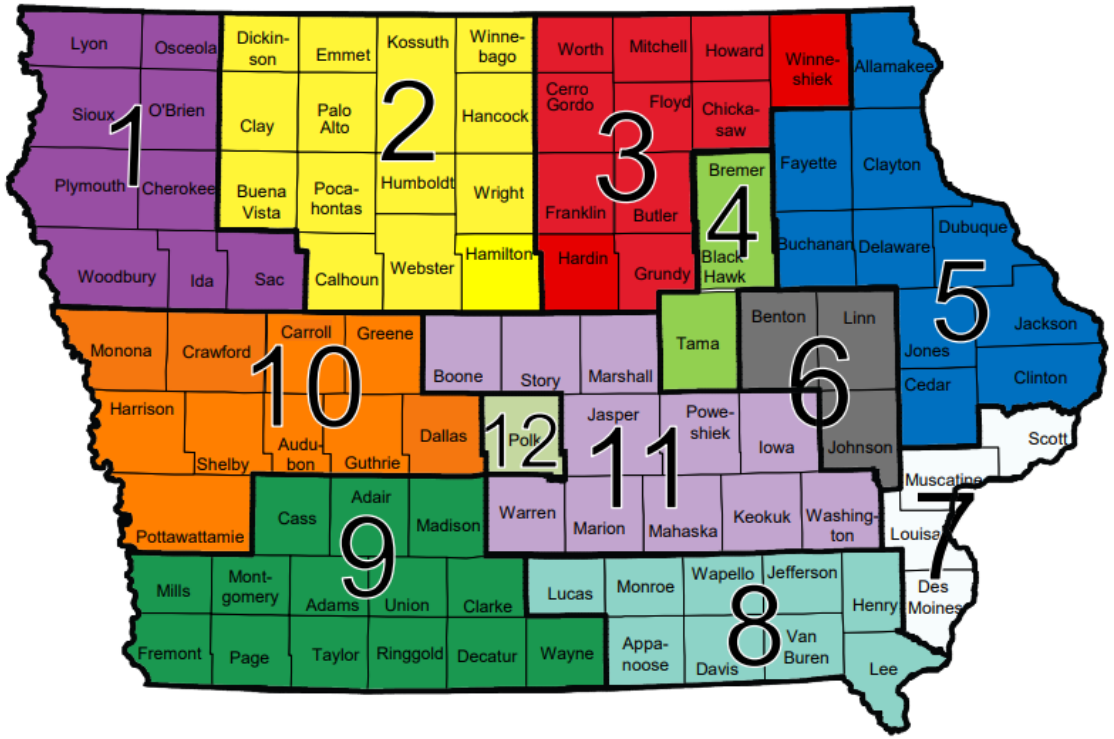
The Provider Services department includes trained representatives who are available to respond quickly and efficiently to all provider inquiries and requests.

By calling **833-404-1061** between the hours of **7:30 a.m. - 6:00 p.m.**, providers can access real-time assistance including, but not limited to:

- Credentialing/Network Status
- Claims Status Inquiries
- Facilitate requests for adding/deleting physicians to an existing group
- Iowa Total Care Website review and portal questions and registration
- Facilitate inquiries related to administrative policies, procedures, and operational issues, and
- Complimentary Interpretation Services

Provider Resources: Provider Relations

Each provider will have a **Provider Relations Specialist** assigned to them by region who serves as the primary liaison between Iowa Total Care and the network providers.



For the most recent and updated Provider Relations Specialist Territory Map, visit Iowa Total Care website, https://www.iowatotalcare.com/providers/resources.html.

Medical and Utilization Management

Medical Management

Contacting Medical Management

- A 24/7 nurse advice hotline is available after hours and on holidays to answer questions about Prior Authorizations and for notifying Community Based Case Management for urgent Long Term Services and Support (LTSS) situations.

Department hours are Monday - Friday from 8 a.m. to 5 p.m.

To contact Medical Management, call Provider Services at 833-404-1061

Medical Management: Key Care Coordination

Medical Management Key Care Coordination Process

- Length of stay extension requests
- Concurrent review
- Routine, uncomplicated vaginal or C-section deliveries do not require prior authorization
- Retrospective review requests will be considered in extenuating circumstances or in cases of presumptive eligibility
- Integrated Health Home care management meet with the member's care team
- Timely notification of discharge allows the health plan to begin post hospitalization outreach to assist members in needed follow up care
  - Post discharge outreach attempted within 24 hours of discharge notification to review D/C instructions, confirm needed services have been set up and ensure safe transition home

Clinical Practice Guidelines

Examples of clinical practice Guidelines adopted by Iowa Total Care include:

- American Academy of Pediatrics: Recommendations for Preventative Pediatric Health Care
- American Diabetes Association: Standards of Medical Care in Diabetes
- Centers for Disease Control and Prevention (CDC): Adult and Child Immunization Schedules
- National Heart, Lung, and Blood Institute: Guidelines for the Diagnosis and Management of Asthma and Guidelines for Management of Sickle Cell
- U.S. Preventive Services Task Force Recommendations for Adult Preventative Health
- American Psychiatric Association

Adherence to the guidelines will be evaluated at least annually as part of the Quality Management Program

All clinical practice guidelines can be found on https://www.iowatotalcare.com/providers/resources/clinical-payment-policies.html.
Paper copies can be requested by calling Provider Services

Care Management

Care Coordination is designed to help members obtain needed services using a multi-disciplinary care management team that promotes:

- Continuity of care
- A holistic approach yielding better outcomes
- Discharge planning and personalized care plans
- The delivery of quality, comprehensive care services within the community
- Rapid and thorough identification and assessment of program participants, especially members with special health care needs

It is critically important to notify Iowa Total Care, as expeditiously as warranted by the member's circumstances, of any significant changes in the member's condition or care, hospitalization, or recommendations for additional services.

HCBS Care Management

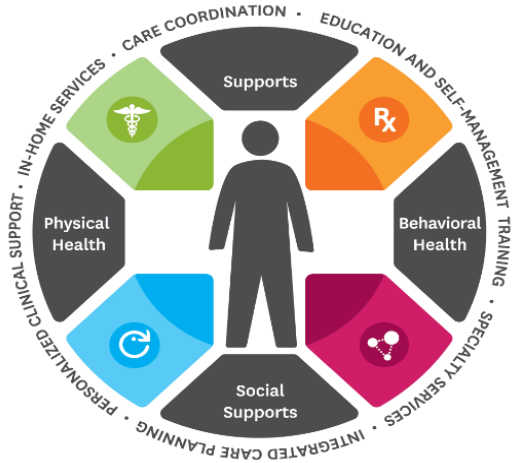
A Person-Centered Planning approach incorporates the full range of physical health, behavioral health, and support services that address functional, social, and other needs. Case Managers:

- Engage with member's chosen team
- Coordinate services to minimize silos

Members remain at the center of our award-winning Integrated Care Model (ICM)

Qualified Provider Partners ensure members:

- Receive authorized services
- Reside in appropriate settings
- Engage in their community
- Have the opportunity to work/volunteer
- Receive reassessments if a significant change is observed



Member protections including appropriate health and welfare assurances and safeguards, critical incident reporting (CIR)

LTSS Benefits

Long Term Services and Support (LTSS) benefits include:

- Home and Community Based Services (HCBS)
  - Provides services and supports through the waiver and habilitation programs to help members remain as independent as possible in their home and community
- Facility
  - Provides long-term care in an inpatient setting
- Health Home
  - Provides services and supports in the member's home as part of the Medicaid State Plan of Services

Prior Authorizations

Iowa Total Care uses prior authorizations to ensure that all care delivered to our members is medically necessary and appropriate based on the member's type and severity of condition. We work with our contracted providers to review certain testing and treatment decisions and verify that they are consistent with our clinical policies and philosophy of care.

- Medically Necessary Services
- 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 check tool can be located at https://www.iowatotalcare.com/providers/preauth-check.html

Prior Authorizations: How to Submit

Submit Prior Authorizations to Iowa Total Care via:

Provider Portal: Provider.IowaTotalCare.com

Fax: Using the form on the Provider Portal, 1-833-257-8320

For Behavioral Health:

Using the form on the ITC website,

Outpatient: 844-908-1170

Inpatient: 844-908-1169

For Assistance: Call Medical Management: 833-404-1061
Business Hours: 8 a.m. to 5 p.m.
Monday – Friday (excluding holidays)

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

Prior Authorizations: Provider Submission Timings

Prior Authorization Timings

Failure to obtain Prior Authorization may result in claim denials.

PROVIDER SUBMISSION TIMINGS	
Scheduled Admissions/ Elective Outpatient Services	5 business days prior to service Behavioral Health is up to 30 days in advance
Emergent Inpatient Admissions Observation	Inpatient: within 24 hours or next business day of admission No authorization or notification required for in-network providers
Crisis Intervention	Within 2 business days
Delivery	Notification within 2 business days of delivery
Neonatal Intensive Care Unit (NICU) Admit	Within 24 hours or next business day of admission

Prior Authorizations: Iowa Total Care Review Timings

Definition of Urgent:

- Inpatient (IP) Urgent :
  - Medically necessary to treat an injury, illness or condition that could seriously jeopardize the life or health of the member, or member's ability to regain maximum function, within 24 hours.
- Outpatient (OP) Urgent:
  - Medically necessary to treat an injury, illness or condition that could seriously jeopardize the life or health of the member, or member's ability to regain maximum function, within 72 hours.

IOWA TOTAL CARE REVIEW TIMINGS	
Standard Non-Urgent	14 calendar days
Expedited Preservice/Urgent	Inpatient: 24 hours and Outpatient: 72 hours
Inpatient/Concurrent Review	72 hours
Retrospective Review	30 days

Provider Authorizations: Peer to Peer and Retrospective Reviews

Peer to Peer Requests

- Request within **2 business days** after verbal notification of denial
- This can be requested by calling **Provider Services** at **833-404-1061** and selecting option 5.
- For **Behavioral Health**, call **1-833-404-1061** Option #3 then Option #4**.**

Retrospective Reviews

- Applies to authorizations not obtained timely due to extenuating circumstances (e.g., member unconscious).
- Submit promptly but no later than 90 calendar days from date of service.
- Iowa Total Care will make a decision 30 days from the date of request contingent on submission timings being met.

Prior Authorizations: National Imaging Associates

Iowa Total Care has partnered with the National Imaging Associates (NIA) an affiliate of Magellan Health Services, for radiology benefit management. The program includes management of non-emergent, high-tech, outpatient radiology services through prior authorization. Under this program prior authorizations must be obtained through NIA.

- Submit Radiology and Cardiac Prior Authorizations to Iowa Total Care via:

NIA Portal: https://www1.radmd.com/radmd-home.aspx

Call: NIA at 833-404-1061, including expedited requests

Business Hours: 7:30 a.m.-6:00 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.
- Appeals for NIA go to Iowa Total Care.

Pharmacy

Pharmacy

Iowa Total Care adheres to the State of Iowa Preferred Drug List (PDL) to determine medications that are covered under the Iowa Total Care Pharmacy Benefit, as well as which medications may require Prior Authorization (PA).

For the State of Iowa Preferred Drug List (PDL), visit Iowa Medicaid website, http://www.iowamedicaidpdl.com/preferred_drug_lists.

Some members may have copayment or cost share when utilizing their prescription benefits. For additional information, refer to the Iowa Total Care Member ID card or call Iowa Total Care at 1-833-404-1061

Pharmacy Benefit Manager (PBM): Envolve Pharmacy Solutions

Envolve Pharmacy Solutions is the Pharmacy Benefit Manager providing comprehensive services for the pharmacy benefits.

Iowa Total Care works with Envolve Pharmacy Solutions to administer pharmacy benefits, including the Prior Authorization process.

Prior Authorizations required can be found on the Iowa Medicaid Preferred Drug List that are noted as follows:

- Preferred medications indicated in the Drug List comment section as ‘PA required’
- Non-Preferred and Non-Recommended (NR) medications on an individual basis with supporting medical necessity documentation.
- New drug entities prior to review by the IME P&T Committee and formal placement on the Preferred Drug List.

Prior Authorization requests should be submitted to Envolve Pharmacy Solutions.

Envolve Pharmacy Solutions: Prior Authorizations

Envolve Pharmacy Prior Authorization Submissions:

CoverMyMeds Portal: https://www.covermymeds.com/main/prior-authorization-forms/envolverx/

Fax: 866-399-0929

Starting 12/1/2021, a new dedicated Prior Authorization Fax Number will be 833-404-2392

Call: 866-399-0928

Envolve Pharmacy Review Timings:

- 24-hour turnaround time
- 72 hour supply of a medication to any patient awaiting a Prior Authorization determination in the event of an emergency
  - Unless otherwise noted on the Preferred Drug List, http://www.iowamedicaidpdl.com/
- Requests received after normal business hours will be processed the next business day.

Envolve Pharmacy Solutions Prior Authorization Department Business Hours:
7:00 am–8:30 pm CST, Monday–Friday, excluding holidays

Quality

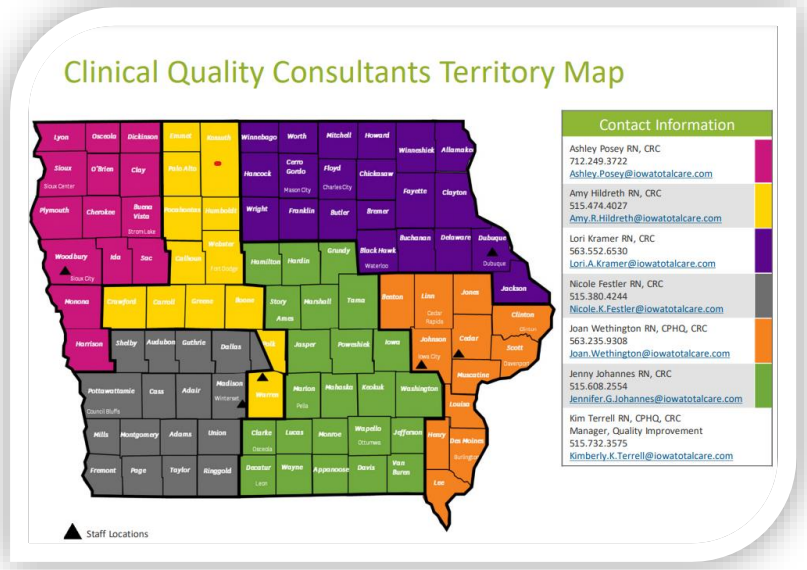
Provider Engagement

Iowa Total Care's primary quality goal is to improve members' health status through a variety of meaningful quality improvement activities implemented across all care settings and aimed at improving the quality of care and services delivered.

We focus on collaborating with providers to generate positive member health outcomes, improved population health, and ensuring our members are receiving the highest level of quality care.

To assist in providing quality health outcome, Iowa Total Care has developed an innovative Clinic Quality Consultant (CQC) program.

- CQC consist of a diverse team of registered nurses who will serve as your individual point of contact.
- They will assist in the education and management of clinical requirements that are part of Risk Adjustment, HEDIS, State and CMS regulatory requirements, and other quality measures.



https://www.iowatotalcare.com/providers/quality-improvement/clinical-quality-consultant.html

Provider Pay for Performance Programs

Quality Pay for Performance (P4P)

- Program goal is to promote engagement with our member and improve quality metrics.
- Objective for this program is to enhance quality of care through a Primary Care Provider (PCP) driven contribution with a focus on preventative and screening services.

Health Home P4P

- Program goal is to promote Health Home professionals/facilities engagement with our members and improve quality metrics.
- Objective is to enhance quality of care through a HH driven program by focusing on preventative and screening services.

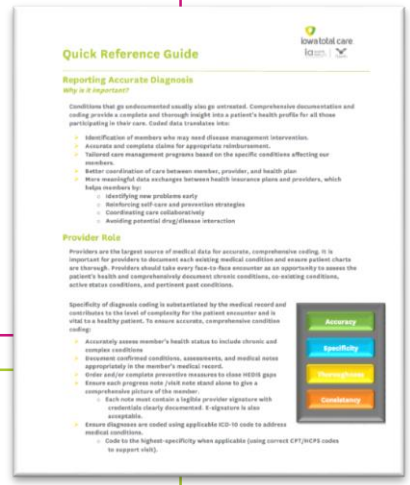
Behavioral Health Incentive (BH) NEW

- Program goal is to promote BH professionals engagement with our members to improve quality metrics.
- Objective is to enhance quality of care through a focus on follow-up care, preventative care and screening services.

Provider Incentive Programs

Continuity of Care (CoC)

- Program goals are to identify high-risk members for care management/additional resources, close care gaps, avoid potential drug/disease interactions, promote routine preventative and chronic care services, and recognize/reward providers who collaborate to deliver quality care and improve documentation.
- Objective is to encourage providers to accurately assess members' pre-existing or suspected chronic conditions thoroughly.

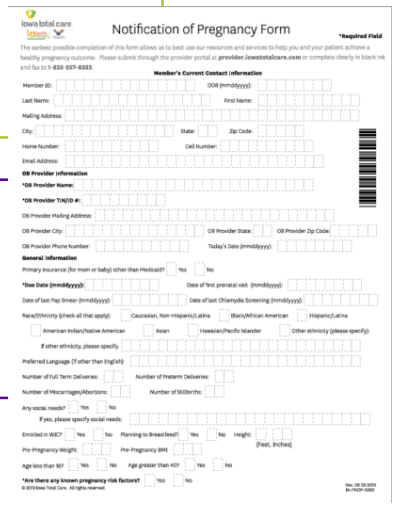

Quick Reference Guide

Reporting Accurate Diagnosis

Provider Role

Coding Accuracy Program (I-CAP)

- Program goals are to identify high-risk members, close quality care gaps, avoid potential interactions and coordinate care collaboratively.
- Objective is to ensure medical record documentation reflects accurately in medical claim submission.


Notification of Pregnancy Form

Notification of Pregnancy (NOP)

- Program goals are to identify pregnancies as early as possible, decrease barriers to prenatal/postpartum services and improve maternal and neonatal birth outcomes.
- Objective is to enhance communication with pregnant members through provider interaction.

HEDIS 101: Healthcare Effectiveness Data and Information Set

HEDIS is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA). NCQA holds Iowa Total Care accountable for the timeliness and quality of healthcare services (acute, preventive, mental health, etc.) delivered to its diverse membership.

HEDIS rates can be calculated in two ways:

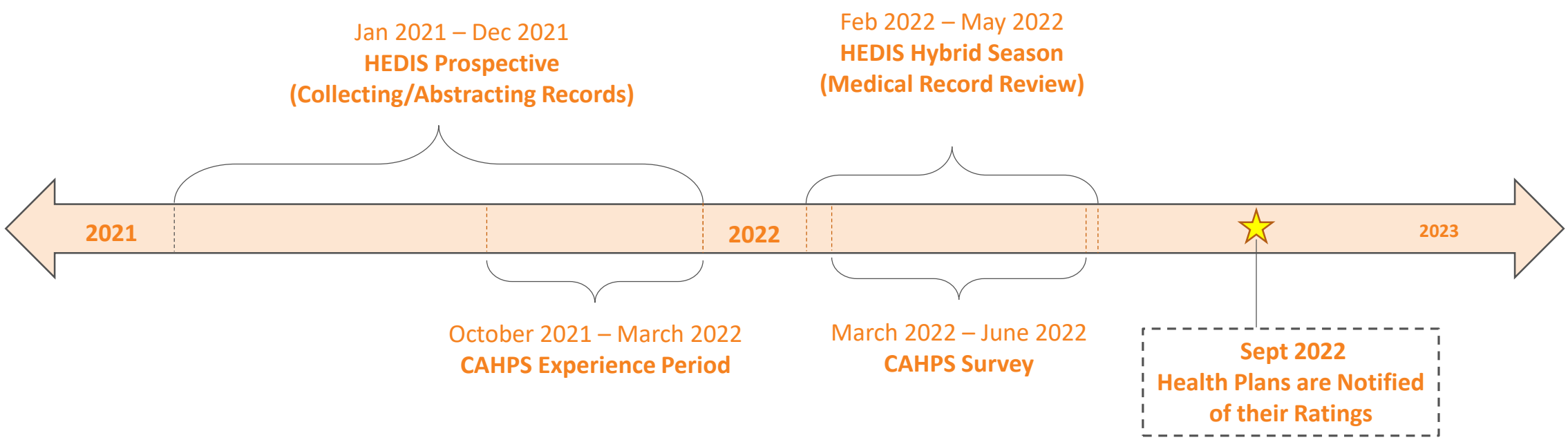
- **Administrative data** consists of claim or encounter data submitted to the health plan.
- **Hybrid data** consists of bother administrative data and a sample of medical record data. Hybrid data requires review of a random sample of member medical records to abstract data for services rendered but were not reported to the health plan through claims/encounter data.

How to improve HEDIS scores:

- Understand the specifications established for each HEDIS measure.
- Submit claim/encounter data for each and every service rendered.
  - All providers must bill or report by encounter submission for services delivered, regardless of contract status.
  - Claim/encounter data is the most clean and efficient way to report HEDIS.
  - If services are not billed or not billed accurately they are not included in the calculation of a provider's quality score.
- Ensure chart documentation reflects all services provided.
- Bill CPTII codes related to HEDIS measures such as BMI calculations, eye exam results and blood pressure readings.

https://www.iowatotalcare.com/providers/quality-improvement/hedis.html

2021-2023 HEDIS and CAHPS Timeline



Final Industry Report Dates
HEDIS: July 2022
CAHPS: Aug 2022

Rating Year = 2022
Calendar Year/Measurement Year = 2021

CAHPS: Consumer Assessment of Healthcare Providers & Systems

CAHPS is a standardized patient survey developed by the Agency for Healthcare Research and Quality (AHRQ) to determine patient satisfaction with their providers, health plan and healthcare.

What does the survey ask patients about their physicians?

- Explaining things in a way that is easy for the patient to understand
- Listening carefully to the patient
- Showing respect for what the patient had to say
- Spending enough time with patient
- Advising the patient on health improvement strategies
- Seeming informed and up-to-date about the care the patient got from their specialist(s)

How to Improve CAHPS scores

- Providers can directly influence their CAHPS scores with every interaction they have with their patients. The A.L.E.R.T is a model intended to help physicians.
  - **A**lways
  - **L**isten to patients carefully
  - **E**xplain in an understandable way
  - **R**espect what the patient says
  - **T**ime management perceptions

https://www.iowatotalcare.com/providers/quality-improvement/cahps--corner.html

Member Outreach

Effective Frequency of Contacts

- Increase Awareness/Education of preventative and chronic care wellness, to positively influence members intent to activate care.

Channel Maximization

- Utilization of multiple channels to influence member behavior while building a plan to engage member's holistically:
  - Auto Dialer Calls (POM), Texting, Electronic (Website/Portal), Community Engagement, Live Calls, and Mailings.

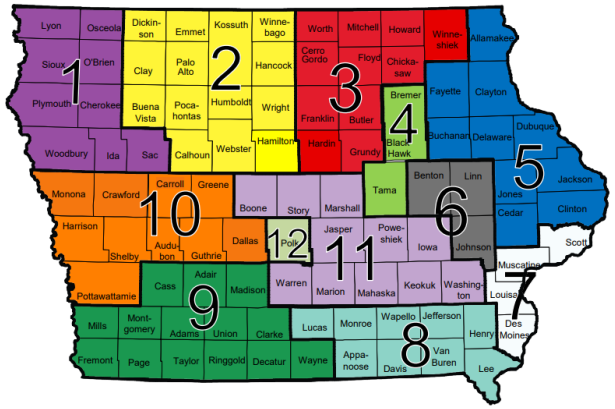
Member Incentive Program – My Health Pays Rewards

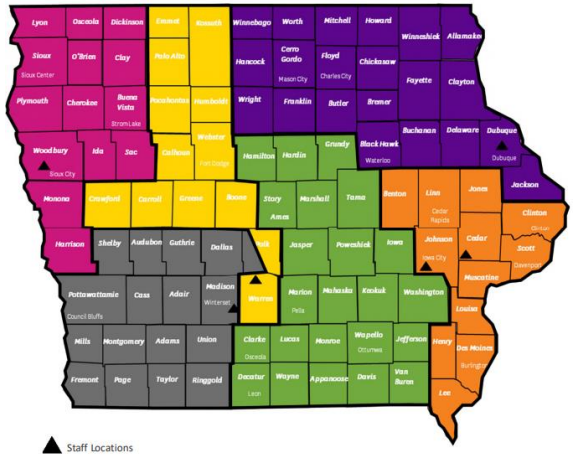
- Promote completion of health behaviors with financial incentives.
- Utilized by 52%+ of ITC Members.

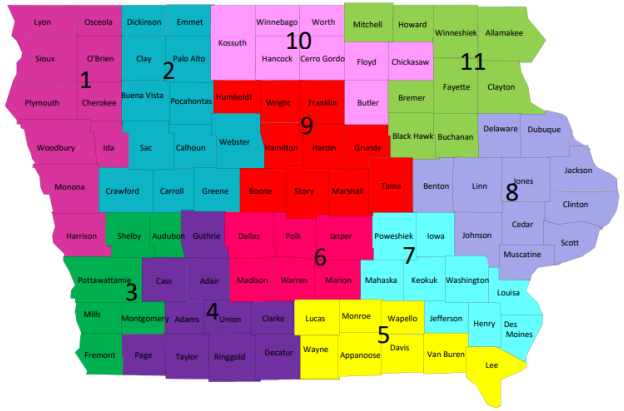
https://www.iowatotalcare.com/members/medicaid.html

Resources

Resources: Iowa Total Care Territory Maps







For the most up-to-date Provider Relations Territory Map, Clinic Quality Consultant Territory Map, and LTSS Community-Based Case Manager Territory Map, visit Iowa Total care website, https://www.iowatotalcare.com/providers/resources.html.

Resources: IME and Health Plan Information

IME	
Iowa Medicaid Provider Services	IMEProviderServices@dhs.state.ia.us 800-338-7909 or 515-256-4609 TTY: 800-735-2942 Fax: 515-725-1155
HEALTH PLAN INFORMATION	
Website	www.iowatotalcare.com
Mailing Address	Iowa Total Care 1080 Jordan Creek Parkway Suite 100 South West Des Moines, IA 50266
Fraud, Waste and Abuse Ethics and Compliance Officer Email	866-685-8664 1-833-404-1064 compliance@iowatotalcare.com

Resources: Iowa Total Care Contacts

Iowa Total Care 1-833-404-1061	
Member Services	Option 2
Health Care Provider	Option 3
Eligibility	Option 3 then Option 1
Claims	Option 3 then Option 2
Vision	Option 3 then Option 3
Behavioral Health	Option 3 then Option 4
Medical Authorizations	Option 3 then Option 5
Case Management (Medical/LTSS/Waiver)	Option 3 then Option 6
Pharmacy	Option 3 then Option 7
Provider Services	Option 3 then Option 0

Resources: Iowa Total Care Partners

Vendor Partner	Contact Number	Website
Envolve Vision	P: 800-531-2818 (Provider participation) P: 833-564-1205 (Claims)	visionbenefits.envolvehealth.com
Envolve Pharmacy Services	P: 866-399-0928 P: 877-281-9627 (Pharmacy Claims) F: 877-386-4695	Pharmacy.envolvehealth.com
CareBridge	P: 1-844-343-3653 Email: IAEVV@CareBridgeHealth.com	https://carebridgehealth.zendesk.com/hc/en-us
National Imaging Associates (NIA)	P: 833-404-1061	www1.radmd.com
24 Hour Nurse Advice Line (24/7 Availability)	P: 833-404-1061	
Voiance Interpreter Services	P: 866-998-0338	
Access 2 Care	P: 833-404-1061; press 2 then press 1	
Payspan	P: 877-331-7154	www.payspanhealth.com

Thank you for attending!
Questions?

Copies of training and educational materials can be obtained from the Iowa Total Care website at www.iowatotalcare.com