





# Your Partner in Community Health Transformation

# Iowa Total Care Provider Orientation

# **Presentation Outline**







#### **General Session**

- Introduction to Iowa Total Care
- Member Services and Eligibility
- Provider Responsibilities, Access, and Availability
- Contract and Credentialing
- Claims
- Medical Management
- Resources









# **About Centene**







#### **Nationally:**

Over 30 years of experience

Medicare Medicaid Specialty Services



# **About Iowa Total Care**

#### Locally:

- Medicaid
- Headquartered in West Des Moines

#### Staff:

- Over 500 lowa Total Care staff.
- Locally based health plan staff,
- · Call center located in lowa
- NCQA Accredited









#### **OUR PURPOSE**

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

#### **OUR APPROACH**

lowa Total Care strives to improve the health of lowa 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

# Commitment to our Partners







Our goal is to help each and every lowa 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







# **lowa 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/handbooksforms.html

Link to Provider Manual

https://www.iowatotalcare.com/providers/resources/forms-resources.html



# Member Population & Benefits –











### Find an Iowa Total Care Medicaid Provider

#### **Online Tool**

Quick and Easy



### **Provider Directory**

Updated Weekly



#### **Member Services**

833-404-1061



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

# Value Added Services & Rewards iowa total care









#### SafeLink Wireless

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



#### **Babylon**

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

To learn more about these Value Added Services go to www.iowatotalcare.com and the "For Members" section.



#### **Start Smart for Your Baby®**

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



#### My Health Pays™

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



#### 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

# 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
- Non-Emergent appointments should be scheduled at a minimum 3 business days in advance
  - Appointments can be scheduled by phone or on-line

To set up 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 Eligibility Verification –







### **Continued**

### Eligibility can be validated 1 of 3 ways

- Using the Provider Portal: <a href="https://www.iowatotalcare.com/providers.html">https://www.iowatotalcare.com/providers.html</a>
- Calling the member eligibility IVR self-service system: 833-404-1061
- Calling 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





Effective/Fecha

RXBIN: 020545

RXPCN: RXA377

RXGRP: RXGMCIA01

RX: XXXXX

Efectiva: MM/DD/YYYY



### The following are sample lowa Total Care member ID cards



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

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

Bring your lowa Total Care ID card when you see your doctor or go to receive care. Lieve su tarjeta de identificación de lowa 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 enfermaría de atlende 24/7.



Effective/Fecha Efectiva: MM/DD/YYYY

RX: XXXXX RXBIN: 020545 RXPCN: RXA377 RXGRP: RXGMCIA01 iowa total care.

Hawki ID #: XXXXXXXXXXX DOB: mm/dd/yyyy

NAME/NOMBRE: JANE C. DOE

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

Bring your lowa Total Care ID card when you see your doctor or go to receive care.

Lleve su tarjeta de identificación de lowa 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 enfermaría de attende 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: 1-933-404-1061 (TTY: 711) - Prior Authorization: 1-933-404-1061

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 of the lowest of the lowest







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/ha ndbooks-forms.html

> Refer to the Provider Manual at https://www.iowatotalcare.com/providers/resources/formsresources.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 lowa 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

# Child and Dependent Adult Abuse iowatotal care igheatth







### **Mandatory Reporting** of Suspected Child and **Dependent Adult Abuse**

Reporting requirements apply to providers who are mandatory reporters under lowa law

Providers have a responsibility to report known or suspected child or dependent adult abuse

To report suspected child (under age 18) abuse or neglect, call the Child Abuse Hotline at 1-800-362-2178

#### Additional Information:

www.dhs.iowa.gov/child-abuse

To report abuse, neglect, exploitation, or self-neglect of a dependent adult, call 1-800-362-2178

#### **Additional Information:**

www.dhs.iowa.gov/DependentAdultProtectiveServi ces/Families

# Critical Incidents and Reporting







- Events that compromise the member's health or welfare
- Critical Incidents and reporting are applicable to members receiving **HCBS** Waiver and Habilitation Services
- There are Major and Minor events that fall under Critical Incidents

Note: Major incidents must be reported!

Notify Iowa Total Care by:

Email: QOCCIR@lowaTotalCare.com

Fax: 833-205-1251

The Critical Incidents form can be at:

www.iowatotalcare.com/Providers

- Notification timing for Major and Minor events are the following:
  - **Major:** Provider must report major incidents to lowa Total Care by the end of the next calendar day.
  - **Minor:** Provider must report minor incidents to their immediate supervisor within 72 hours.









# Contracting and Credentialing







### **Become A Provider**

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

# Questions About Your Iowa Medicaid Enrollment Status?

Contact: IME Provider Enrollment Unit at: 800-338-7909

OR

Email: <a href="mailto:IMEProviderEnrollment@dhs.state.ia.us">IMEProviderEnrollment@dhs.state.ia.us</a>







### **How to Request and Submit a Contract:**

- Items you will need
  - W9 (signed)
  - Contract request form (filled out)
- Where and How to send
  - lowa Total Care Website <u>https://www.iowatotalcare.com/providers/become-a-provider/contract-request-form.html</u>
  - E-mail <u>NetworkManagement@lowaTotalCare.com</u>
  - FAX: 1-833-847-3026; Attn: ITC Development and Contracting
  - Call: 1-833-404-1061 or
  - Mail: Iowa Total Care Attn: Network Management Operations 1080 Jordan Creek Parkway; Suite 100 South West Des Moines, IA 50266

# Credentialing





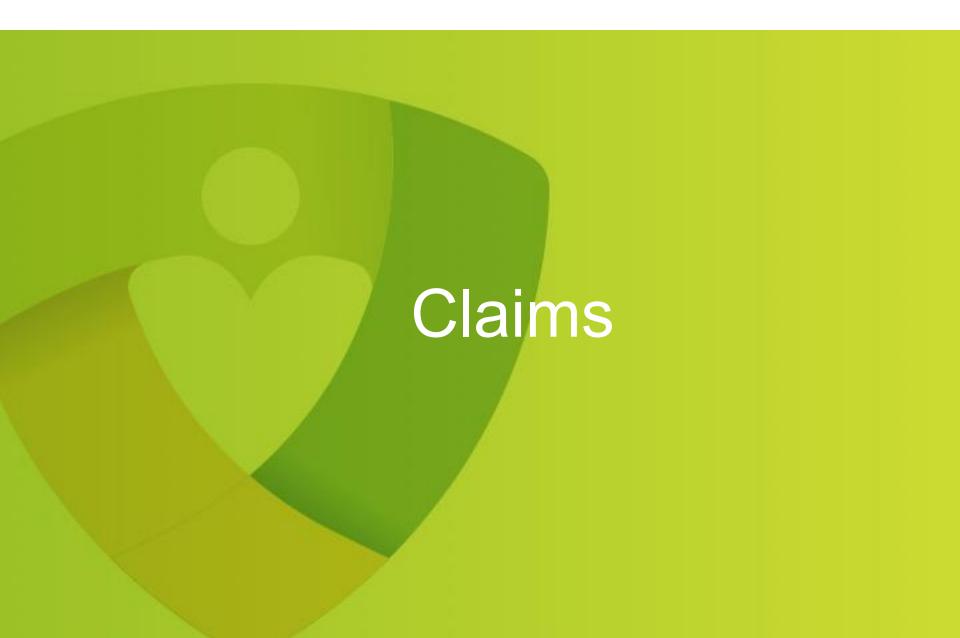


- Complete the following forms as applicable:
  - Hospital-Facility Provider Application
    - Facility/Ancillary Providers
  - Home- and Community-Based Services (HCBS)
    - Waiver Providers
  - **Practitioner Data Form** (if more than 30 practitioners fill out a roster)
    - Group practice or Individual professional
      - With CAQH (needed)
      - Without CAQH (fill out Universal Application, unless hospital based)
  - Iowa Statewide Universal Practitioner Credentialing Application
    - Group practice or Individual professional (only if No CAQH and not hospital based)
- Once all required documents and forms are received by Iowa Total Care:
  - Process takes about 30-45 calendar days
  - Credentialing is effective on the date of approval















## **Claim Submissions**

#### **Independent CDAC Providers**

Iowa Total Care
Attn: Claims Department
P.O. Box 8030
Farmington, MO 63640
Or fax 1-844-996-0299

#### **All other In-Network Providers**

lowa Total Care c/o Centene EDI Dept. Payor ID: 68069 800-225-2573 (ext 25525)

EDIBA@centene.com
Provider Portal

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

# Claims Processing - Continued







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



lowa 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 - Continued







#### 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 primary payer claim determination
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
	90% within 30 calendar days of receipt
New clean claim	90% within 30 calendar days of receipt 95% within 45 calendar days of receipt
New clean claim	· · · · · · · · · · · · · · · · · · ·
New clean claim  Claim Type	95% within 45 calendar days of receipt

# Claim Electronic Payment









#### **Payspan Contact Information:**

Phone: (877) 331-7154 x 1 (available M-F 7am-7pm)

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

# Claim Payment Reconsideration







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

#### 1st DISPUTE STEP - RECONSIDERATION

Provider can request to have the outcome of the finalized claim be reviewed by paper or Provider Portal

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

#### 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

#### Mailing address for disputes:

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

# **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
- 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







CALL:



FAX:

833-208-1397

Iowa Total Care
Attn: Complaints
1080 Jordan Creek Parkway,
Suite 100 South

West Des Moines, Iowa 50266

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

Monday – Friday

833-404-1061 (TTY: 711)

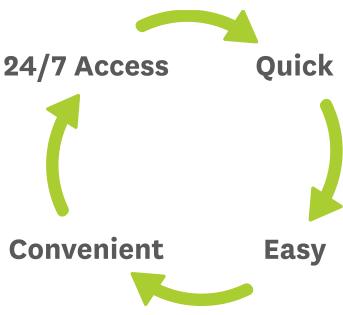






The Website is designed to allow providers to have 24/7 access to key information for timely service

- 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



www.iowatotalcare.com

### Resources – Provider 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 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.

# 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 (Epos)
- Access payment history
- Submit claims and adjustments, view claims status
- Submit claims disputes



To register, go to <a href="https://www.iowatotalcare.com/providers.html">https://www.iowatotalcare.com/providers.html</a> and select the Login link on the top right corner of the page

### Resources – Provider Services









The Provider Service
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
- Complimentary Interpretation Services

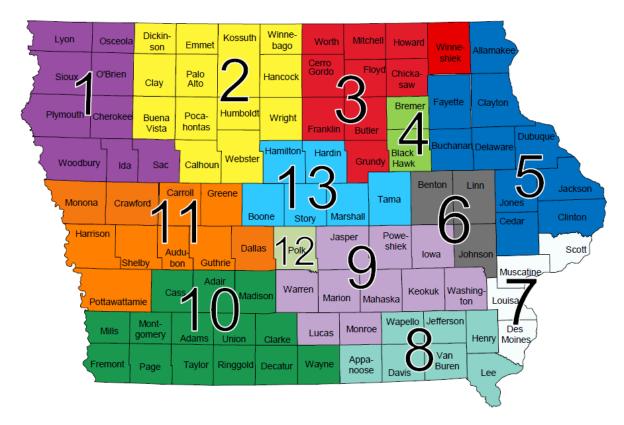
#### Resources – Provider Relations







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



Go to www.lowaTotalCare.com > For Providers > Provider Resources > Provider Relations Territory Map







# Medical and Utilization Management







#### **Contacting Medical Management**

Department hours are Monday - Friday from 7:30 a.m. to 6:00 p.m.



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

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

## **Medical Management**







#### **Key Medical Management care coordination processes**

- 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
- Chronic Condition Health Home care management meet with member's care team

## **Chronic Condition Health Home-**







#### A Model of Care

#### **Eligible Plan Types**

- Members who have full Medicaid benefits.
- Members who have full Medicaid benefits who also have Medicare.
- Member who have full Medicaid benefits who also have private insurance.

#### Members in the following programs are Not Eligible for CCHH

- Iowa Health and Wellness
- Hawk-I
- Family Planning Program (FPP)
- Presumptive Eligibility

- Qualified Medicare Beneficiary
- Program of All-Inclusive Care for the Elderly (PACE)
- Special Low-Income Medicare Beneficiary

#### Referrals to a CCHH

- The CCHH would also be the member's PCP
- If the member doesn't want to switch to another PCP and the PCP is not a CCHH, a referral to a CCHH would not be appropriate.

#### **CCHH Provider List**

https://dhs.iowa.gov/sites/default/files/CCHH Provider List.pdf?032520191924

# Chronic Condition Health Home- iowa total care. iowa total care.

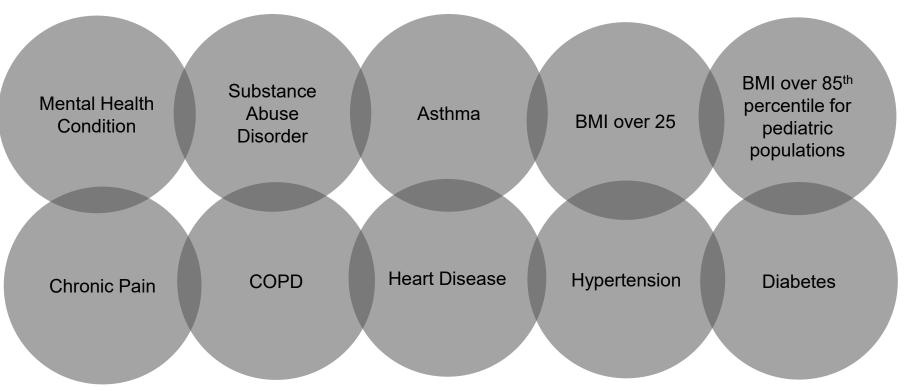






Continued

## **Member Qualifications**



Adults and Children with at least two chronic conditions, or one chronic condition and at-risk of a second condition from the above list.

# Chronic Condition Health Home- iowa total care iowa total care.







#### Continued

Health Home Services	Role Responsibility
Comprehensive Care Management	Care Team
Care Coordination	Care Coordination
Health Promotion	Health Coach
Comprehensive Transitional Care	Care Team
Individual and Family Support Services	Health Coach

## Integrated Health Home







#### A Model of Care

#### **Eligible Plan Types**

- Members who get full Medicaid benefits.
- Members who get full Medicaid benefits who also have Medicare.
- Member who have full Medicaid benefits who also have private insurance.

#### Members in the following programs are Not Eligible for CCHH

- Iowa Health and Wellness
- Hawk-I
- Family Planning Program (FPP)
- Presumptive Eligible

- Qualified Medicare Beneficiary
- Program of All-Inclusive Care for the Elderly (PACE)
- Special Low-Income Medicare Beneficiary

#### **Provider Qualifications**

- Community Mental Health Centers
- Nurse Care Coordinators
- Behavioral Health Professionals

- Physicians
- Social Workers
- Peer Support/Family Support Specialist

Team is engaged with Primary Care clinics, Specialist clinics, hospitals, etc...

#### **IHH Provider List**

https://dhs.iowa.gov/sites/default/files/IHH Provider List%202.18.pdf?073120202036

## Integrated Health Home-Continued









#### Member Choice

- Eligible individuals agree to participate in the health home at the initial engagement of the provider in a health home practice.
- A provider presents the qualifying member with the benefits of a health home and the member agrees to opt-in to health home services.
- The State or MCO may also identify/enroll members to a health home.
- In either situation, the member will always be presented with the choice to opt-out at any time.



#### Model of Care-Peer/Family Peer Specialists in Action

- Teach wellness self-management approaches
- Help engage in other services and supports, including
- primary care
- Share experiential knowledge
- Peer specialists can help members better participate in service planning

## Integrated Health Home-Continued







Health Home Services	Role Responsibility
Comprehensive Care Management	<ul> <li>MD/DO Either Nurse/SW Care Coordinator</li> </ul>
Care Coordination	MD/DO Either Nurse/SW Care     Coordinator Peer and Family Peer     support Specialists
Comprehensive Transitional Care	<ul> <li>Peer Support Specialist or Family Support Specialist</li> <li>Nurse Care Managers or Coordinator or Care Coordinators at the IHH or the Lead Entity will perform Transitional services</li> <li>MD/DO and Psychiatrists at the Lead Entity may also support transitional activities by providing consultation as needed and participating in development of crisis plans.</li> </ul>

# Integrated Health Home-Continued iowa total care ichealth







Health Home Services	Role Responsibility
Health Promotion	<ul> <li>Nurse Care Managers or Coordinator</li> <li>Lead Entity or IHH Providers, Peer Support Specialist or Family Support Specialist responsible for the delivery of this service</li> </ul>
Individual and Family Support Services	<ul> <li>Peer Support or Family Support Specialist</li> <li>Nurse Care Coordinators or Care Coordinators at the IHH or the Lead Entity will perform individual and family support services.</li> </ul>
Referral to Community and Social Support Services	<ul> <li>Nurse Care Coordinators or Care Coordinators at the IHH or the Lead Entity will perform community and social support services.</li> </ul>

#### **Clinical Practice Guidelines**







#### **Examples of clinical practice guidelines adopted by lowa Total Care include:**

- American Academy of Pediatrics: Recommendations for Preventative Pediatric Health Care
- American Diabetes Association: Standards of Medical Care in Diabetes
- Center 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 Preventive Health
- American Psychiatric Association

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

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

## 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 re-assessments if a significant change is observed
- **Member protections** including appropriate health and welfare assurances and safeguards, critical incident reporting (CIR)









# 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
- Home Health provides services and supports in the member's home as part of the Medicaid State Plan of services
- Hospice provides services and care to terminally ill members with a life expectancy of 6 months or less.

#### **Prior Authorizations**







- Prior Authorization check tool can be located at <a href="https://www.iowatotalcare.com/providers/preauth-check.html">https://www.iowatotalcare.com/providers/preauth-check.html</a>
- 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 Authorizations — Continued







#### Submit Prior Authorizations to Iowa Total Care via:

PORTAL: <u>Provider.lowaTotalCare.com</u>

FAX: 1-833-257-8320 using the form on the provider portal

For Assistance: Call Medical Management: 833-404-1061

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

## Prior Authorizations - Continued







#### **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	Inpatient (24 hours) and outpatient (72 hours)	
Inpatient/Concurrent Review	72 hours	

#### Prior Authorizations — Continued







#### **Peer to Peer Requests**

- Request 2 business days after verbal notification of denial
- This can be requested by calling Provider Services at 833-404-1061 and selecting option 5

#### **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
- lowa Total Care will make a decision 30 days from the date of request contingent on submission timings being met

## Prior Authorizations - NIA (National Imaging







NIA Imaging Submissions (is contracted to provide radiology imaging benefit management and cardiac solutions)

- Submit to Iowa Total Care via:

Assoc.)

PORTAL: <a href="https://www1.radmd.com/radmd-home.aspx">https://www1.radmd.com/radmd-home.aspx</a>



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 ITC

## Prior Authorizations - Envolve







#### Envolve Pharmacy Prior Authorization Request:

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

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

## Prior Authorizations – Envolve,







#### Continued

Envolve Pharmacy Prior Authorization Submissions:

- The authorization form on (<u>www.covermymeds.com/epa/envolverx</u>)
- Faxing the required prior authorization form to 877-386-4695
- Calling 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 <u>PDL</u>)

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

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









## Resources – Contacts







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







# Iowa Total Care **1-833-404-1061**

Member Services	Option 2
Health Care Provider	Option 3 plus
Eligibility	Option 1
Claims	Option 2
Vision	Option 3
Behavioral Health	Option 4
Authorizations	Option 5
Case Management (Medical/LTSS/Waiver)	Option 6
Pharmacy	Option 7
Provider Services	Option 0

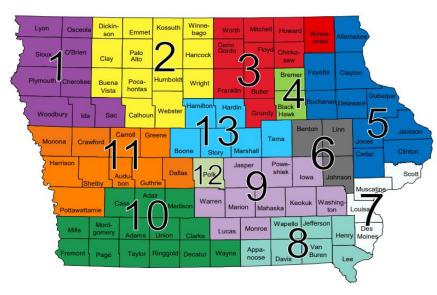
## Resources – Provider Relations







Region	Phone	Email
1	712-304-1710	Daedra.Collins@IowaTotalCare.com
2	515-322-8866	Julie.Anderson@iowatotalcare.com
3	319-300-5781	Rachel.Schmit@iowatotalcare.com
4	319-883-0295	Denise.M.Urich@iowatotalcare.com
5	563-213-9937	David.S.Smith2@iowatotalcare.com
6	319-290-8058	Toni.A.Mieras@iowatotalcare.com
7	563-929-1811	Megan.Cavanagh@iowatotalcare.com
8	319-252-8313	Sheri.A.Siemen@iowatotalcare.com
9	515-443-1193	Jay.Redington@iowatotalcare.com
10	712-254-3595	Theresa.Ellis@iowatotalcare.com
11	712-304-0571	Linda.Farrell@iowatotalcare.com
13	515-314-1295	Rhonda.Jones@iowatotalcare.com



Region 12 See Next Slide

## Resources – Provider Relations,







#### Continued

REGION 12*	
Karmin Erwine, Provider Relations Specialist, 515-493-6442 Karmin.E.Erwine@iowatotalcare.com	Jodi Manning, Provider Relations Specialist 515-631-0493 Jodi.Manning@iowatotalcare.com
Medical Providers Ancillary Providers Broadlawns United Community Services	Behavioral Health Providers Long Term Support Services/HCBS Providers ChildServe Iowa Clinic

STATEWIDE		
Kendra Abel, Services Coordinator, 515-776-0944 Kendra.Abel@iowatotalcare.com	Federally Quality Health Centers Tribal Providers University of Iowa Out of State Providers	
Denise Urich Provider Relations Specialist 319-883-0295 Denise.M.Urich@iowatotalcare.com	MercyOne Mercy Iowa City PHO Avera Sanford	
Heath Hill, Provider Relations Specialist 515-493-9118 Heath.L.Hill@iowatotalcare.com	UnityPoint Health Genesis Health System Great River Health System	

#### **LEADERSHIP**

Paige Petitt - Director, Provider Relations Office: 515-219-3562 Cell: 515-528-6701 Paige.Petitt@iowatotalcare.com

Jeanne Larson - Manager, Provider Relations

Office: 515-219-3549 Cell: 515-493-9083

Jeanne.Larson@iowatotalcare.com

Kelly Acevedo - Manager, Provider Relations

Office: 515-219-3398 Cell: 515-468-9315

Kelly.Acevedo@iowatotalcare.com

Toni Wetrich - Supervisor, Provider Relations

Office: 515-219-3366 Cell: 515-336-4466 Toni.Wetrich@iowatotalcare.com

Theresa Ellis, Provider Relations Statewide (Exception: CHI-Alegent) Specialist 712-254-3595 Theresa.Ellis@iowatotalcare.com Linda Farrell, Provider Relations CHI (Alegent)

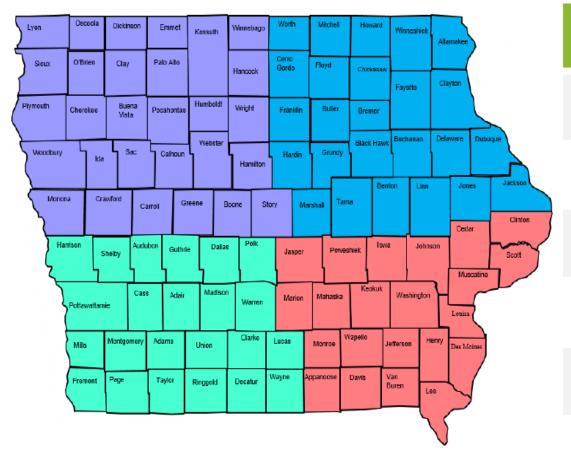
712-304-0571 Linda.Farrell@iowatotalcare.com

Specialist









## PROVIDER CONTRACTING REGIONS

Kerry Kuehl Contract Manager, 515-393-7165 Kerry.C.Kuehl@lowaTotalCare.com

Trina Schmitz
Contract Manager, 515-705-8843
Trina.K.Schmitz@lowaTotalCare.com

Sharon Lutcavish Contract Manager, 515-705-8813 Sharon.Lutcavish@lowaTotalCare.com

Roshni Desai-Currently on Leave Contract Manager, 515-474-4025 Roshni.Desai@IowaTotalCare.com

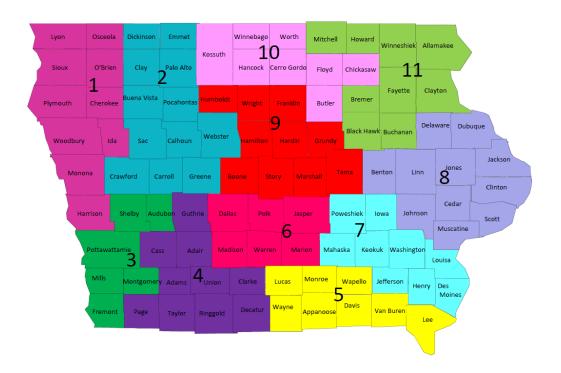
Teresa Craig Contract Manager, 515-468-3067 Teresa.Craig@lowaTotalCare.com

#### Resources – ITC









Community Based Case Management
Manager Regions

Justin Schieffer
Director LTSS
515-348-3640
Justin.R.Schieffer@IowaTotalCare.com

Stephanie Perry
Director LTSS
515-348-3632
Stephanie.R.Perry@lowaTotalCare.com

Bryan Sanders
Vice President LTSS
515-423-8813
Bryan.H.Sanders@lowaTotalCare.com

## Resources – ITC Partners







Vendor Partner	Contact Number	Website
Envolve Vision	P: 833-564-1205	visionbenefits.envolvehealth.com
Envolve Pharmacy Services	P: 866-399-0928 P: 877-281-9627 (Pharmacy Claims) F: 877-386-4695	Pharmacy.envolvehealth.com
National Imaging Associates (NIA)	P: 833-404-1061	www1.radmd.com
Company - 24 Hour Nurse Advice Line (24/7 availability)	P: 833-404-1061	
Voiance Interpreter Services	P: 866-998-0338	
Access 2 Care	P: 888-644-3547	
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