



**iowa total care™**



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# New Provider Orientation

2022

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Your Partner in Community Health Transformation

# Iowa Total Care

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# Presentation Outline

## General Session

- Introduction to Iowa Total Care
- Member Services and Eligibility
- Provider Responsibilities, Access, and Availability
- Contract and Credentialing
- Electronic Visit Verification
- Claims
- Medical and Utilization Management
- Pharmacy
- Quality
- Resources

# 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 500 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 healthcare 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

Quick and Easy



Provider Directory

Updated Monthly



Member Services

1-833-404-1061  
(TTY: 711)



<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



## 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 1-833-404-1061 (TTY: 711)
- Registered Nurse available to provide health education and nurse triage for complex health issues



## Start Smart for Your Baby<sup>®</sup>

- Prenatal and Postpartum program
- Care management to extend the gestational period and reduce pregnancy-related risks
- At no cost, an electric breast pump is provided through Medline



## Babylon (Telehealth)

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

To learn more about these Value-Added Services, visit: [www.iowatotalcare.com](http://www.iowatotalcare.com) and review 'For Members' section.

# Access 2 Care (A2C)

## Non-Emergent Medical Transportation (NEMT)



- Eligible Medicaid Members, or Providers on the member's 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 \(TTY: 711\)](tel:1-833-404-1061),  
[press 2 for Iowa Total Care Member Services](tel:1-833-404-1061), then [press 1 for Transportation](tel:1-833-404-1061).**

**Member return ride: please call [1-844-521-9948](tel:1-844-521-9948)**

# 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:  
1-833-404-1061 (TTY: 711)



Calling Iowa Total Care Provider Services:  
1-833-404-1061 (TTY: 711)



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.**

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

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

**Hawki**



Effective/Fecha Efectiva: MM/DD/YYYY

RX: XXXXX  
 RXBIN: XXXXX  
 RXPCN: XXXXX  
 RXGRP: XXXXX

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

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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.**

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

**ia health link**

Effective/Fecha Efectiva: MM/DD/YYYY

RX: XXXXX  
 RXBIN: XXXXX  
 RXPCN: XXXXX  
 RXGRP: XXXXX

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

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**IMPORTANT CONTACT INFORMATION/  
 INFORMACIÓN IMPORTANTE DE CONTACTO**

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**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

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**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](http://IowaTotalCare.com)  
 Pharmacy Help Desk: 1-888-996-0082

**IMPORTANT CONTACT INFORMATION/  
 INFORMACIÓN IMPORTANTE DE CONTACTO**

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**MEMBERS/MIEMBROS: 1-833-404-1061 (TTY: 711)**  
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 Provider/claims information via the web: [IowaTotalCare.com](http://IowaTotalCare.com)  
 Pharmacy Help Desk: 1-888-996-0082

# 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, but 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 delivery 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: **1-877-446-3787**

Iowa Total Care Fraud and Abuse Line: **1-866-685-8664**

# Child and Dependent Adult Abuse

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

Reporting requirements apply to providers who are mandatory reporters under Iowa 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](http://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/DependentAdultProtectiveServices/Families](http://www.dhs.iowa.gov/DependentAdultProtectiveServices/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@IowaTotalCare.com](mailto:QOCCIR@IowaTotalCare.com)

Fax: 1-833-205-1251

The Critical Incident Report Form can be found on:

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

- Notification timing for Major and Minor events are the following:
  - **Major:** Provider must report major incidents to Iowa 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

# Enrolled with Iowa Medicaid?

## 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:

1-800-338-7909

OR

Email: [IMEProviderEnrollment@dhs.state.ia.us](mailto:IMEProviderEnrollment@dhs.state.ia.us)



# Individual Consumer Directed Attendant Care Enrollment



## Enrollment Steps

### 1. Complete Enrollment Forms

- Visit the **IME Provider Services website**:  
<https://dhs.iowa.gov/ime/Providers/enrollment/WaiverEnrollment>  
or **call 1-800-338-7909 (option 2) or 1-515-256-4609 (option 2)** to request the forms to apply to be an ICDAC provider
- Submit copies to Iowa Total Care:
  - W9 (Signed)
  - Copy of 470-2017 HCBS Waiver Provider Application
  - Proof of Age

# Individual Consumer Directed Attendant Care Enrollment



## 2. Complete CareBridge Electronic Visit Verification (EVV) Training

Website: <https://www.carebridgehealth.com/trainingiaevv>

Phone: 1-844-343-3653

Email: [IAEVV@CareBridgeHealth.com](mailto:IAEVV@CareBridgeHealth.com)



## 3. Contact Iowa Total Care

Contact: Becky Timmerman

Phone: 1-515-393-9096

Email: [rebecca.timmerman@iowatotalcare.com](mailto:rebecca.timmerman@iowatotalcare.com)



## 4. Talk With A Case Manager

- Once ICDAC Provider is approved by IME, an Iowa Total Care Case Manager will contact ICDAC provider to obtain NPI

# Individual Consumer Directed Attendant Care Enrollment

## 5. Enroll with EVV

- ICDAC Providers will receive a CareBridge information packet from Iowa Total Care by mail
  - Upon receipt, ICDAC provider must become a registered user of EVV prior to providing services
- Contact CareBridge for Provider Identification Number
  - This is different than ICDAC Provider NPI
- Provider ID number will be used to log into CareBridge to check-in and check-out of a visit

For information or questions about EVV, visit the [CareBridge Document Library](https://carebridgehealth.zendesk.com/hc/en-us/articles/1500012355642-ICDAC-Document-Library):

<https://carebridgehealth.zendesk.com/hc/en-us/articles/1500012355642-ICDAC-Document-Library>

# Individual Consumer Directed Attendant Care Enrollment



## 6. Enroll with Payspan

PaySpan allows providers to receive electronic funds directly into their bank account.

- Providers will need their NPI and Tax ID Number (TIN) to enroll.
- To register, call Payspan for a registration code at 1-877-331-7154, option 1 (available Monday – Friday from 7:00 a.m. – 7:00 p.m.).
- Visit the **Payspan website**: <https://www.payspanhealth.com/nps> to register.

For **Additional Resources**, visit the Iowa Total Care website:

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

# Contracting for Providers

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

Generally, Provider Network doesn't contract for Transportation (A2C), Vision (OD/Hardware) Network (Envolve), Retail Pharmacy (Envolve).



### Items you will need

- Signed W9
- Completed Contract Request Form



1. Visit [IowaTotalCare.com](https://www.iowatotalcare.com)
2. Hover over 'For Providers'
3. Select 'Become a Provider'
4. Click on 'Contract Request Form'

### Questions?

[NetworkManagement@IowaTotalCare.com](mailto:NetworkManagement@IowaTotalCare.com)

For the **Contract Request Form**, visit the Iowa Total Care Website:

<https://www.iowatotalcare.com/providers/become-a-provider/contract-request-form.html>

# How Providers Submit a Contract



## Email to [NetworkManagement@IowaTotalCare.com](mailto: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



**Fax:** 1-833-847-3026  
Attn: ITC Development and Contracting



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

For the [Contract Request Form](#), visit the Iowa Total Care Website:

<https://www.iowatotalcare.com/providers/become-a-provider/contract-request-form.html>

# Credentialing Forms



## Practitioner Data Form

- Complete form in its entirety for each participating Practitioner
  - Individual Practice,
  - Group Practice, or
  - Facility-based group
- If Practitioner
  - Participates with CAQH
    - › Allow Centene Corporation to access application information
      - » Does not participate with CAQH
        - Complete the Iowa Statewide Universal Practitioner Credentialing Application instead of the Practitioner Data Form

# Credentialing Forms



## Practitioner Data Form, *continued*

- If 30 or more practitioners
  - Complete Roster template instead of the Practitioner Data Form
    - › CAQH and/or Iowa Statewide Universal Practitioner Credentialing Application requirements still apply on the Roster
- Complete Provider Accessibility Initiative (PAI) Survey
  - Must be submitted for each service location
  - To complete the **PAI survey**, visit the Iowa Total Care website:  
<https://www.iowatotalcare.com/providers/contracting---credentialing/improving-accessibility.html>.



# Credentialing Forms



## Hospital-Facility Provider Application

- Facility/Ancillary Providers

## Home-and Community-Based Services (HCBS)

- Waiver Providers



**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

For **Contracting Forms**, visit the Iowa Total Care website:  
[https://www.iowatotalcare.com/providers/contracting---credentialing/  
contracting---credentialing-forms.html](https://www.iowatotalcare.com/providers/contracting---credentialing/contracting---credentialing-forms.html)

# 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

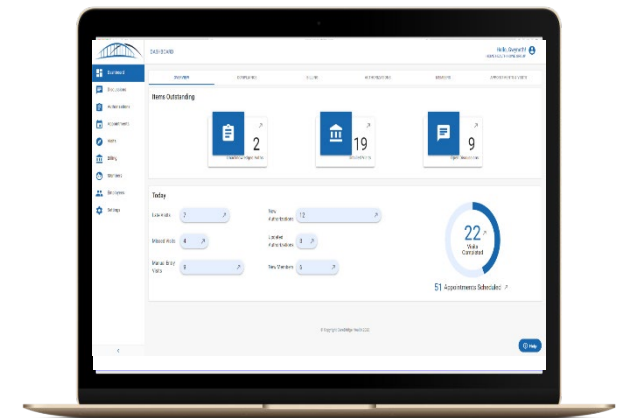
\*ALF and RCF providers who use their own shift workers to complete these services are exempt from the EVV requirement



Contact CareBridge at:

Phone: 1-844-343-3653

Email: [iaevv@carebridgehealth.com](mailto: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 Managers** can answer questions regarding:

- Authorizations, service plans, member eligibility, etc.

**Provider Services** 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 **CareBridge Training**, visit: <https://www.carebridgehealth.com/trainingiaevv>

For **CareBridge Document Library**, visit: <https://carebridgehealth.zendesk.com/hc/en-us/articles/1500012355642-ICDAC-Document-Library>

For **CareBridge Requesting Login Credentials**, visit: <https://app.smartsheet.com/b/form/c8e57ec65987456a9c21212f184d77e4>

# 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

7:00 a.m. – 5:00 p.m.

Email: [IAEVV@CareBridgeHealth.com](mailto: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](mailto: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 days from the date of on the EOP or PRA



# Claim Electronic Payment



## Payspan Contact Information:

**Phone:** 1-877-331-7154 x 1  
*(available Monday – Friday, from 7:00 a.m. – 7:00 p.m.)*

**Email:** [providersupport@payspanhealth.com](mailto:providersupport@payspanhealth.com)

**Website:** [www.Payspan.com](http://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 Dispute Process

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 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).

## 2<sup>nd</sup> 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 the Iowa Total Care website: <https://www.iowatotalcare.com/providers/login.html>

For the **Provider Dispute Form**, visit the Iowa Total Care website: <https://www.iowatotalcare.com/providers/resources/forms-resources.html>

### Submit Provider Dispute Form By Mail:

Iowa Total Care  
Attn: Claim Disputes  
PO 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.
  - The **Provider Formal Administrative Complaint Form** can be located on the 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](mailto:ProviderRelations@IowaTotalCare.com)



**CALL:**

1-833-404-1061 (TTY: 711)

Monday – Friday

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



**FAX:**

1-833-208-1397



**MAIL:**

Iowa Total Care

Attn: Complaints

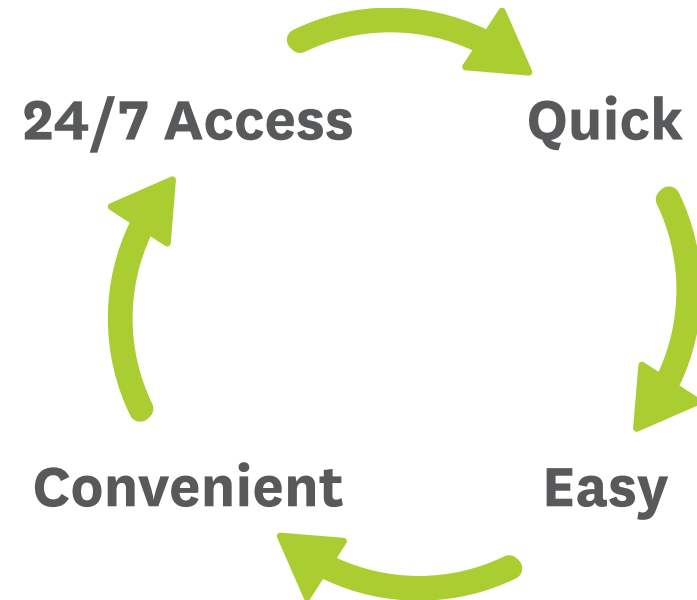
1080 Jordan Creek Parkway,  
Suite 100 South

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 the **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 applicable State and federal laws 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 (EOPs)
- 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



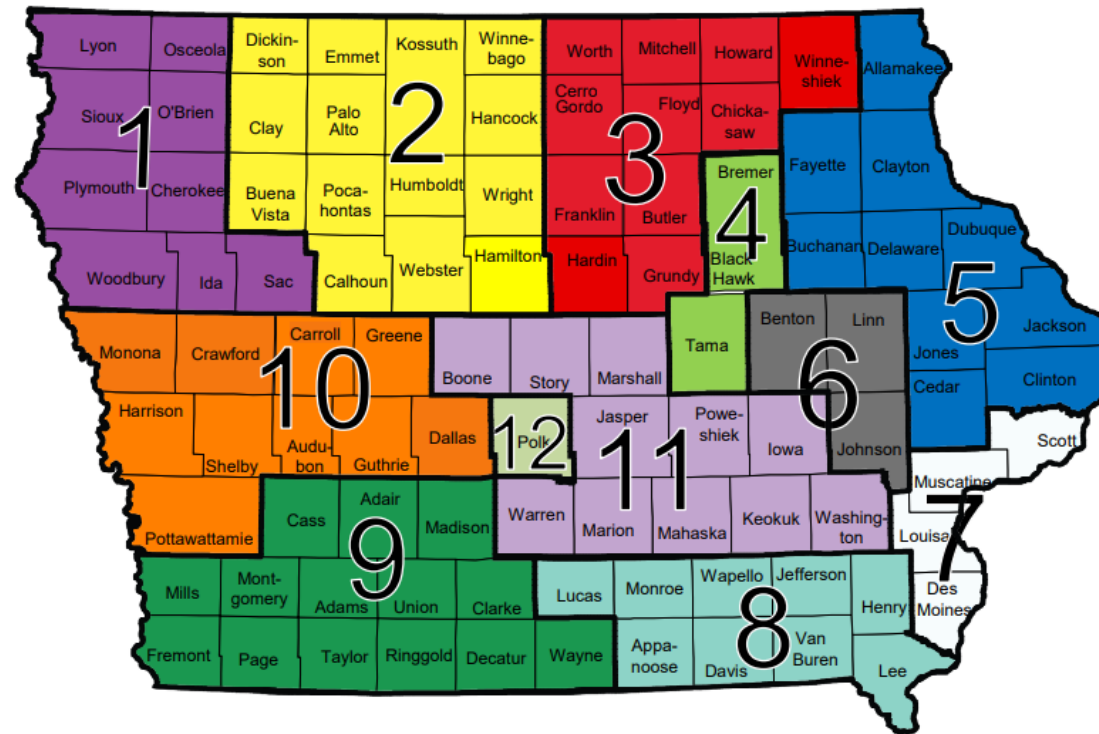
*The Provider Service department includes trained representatives who are available to respond quickly and efficiently to all provider inquiries and requests.*

By calling **1-833-404-1061 (TTY: 711)** 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 and 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 the 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 Supports (LTSS) situations.



Department hours are Monday – Friday from 8:00 a.m. to 5:00 p.m.

To contact Medical Management, call Provider Services at 1-833-404-1061 (TTY: 711).

# 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
- 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

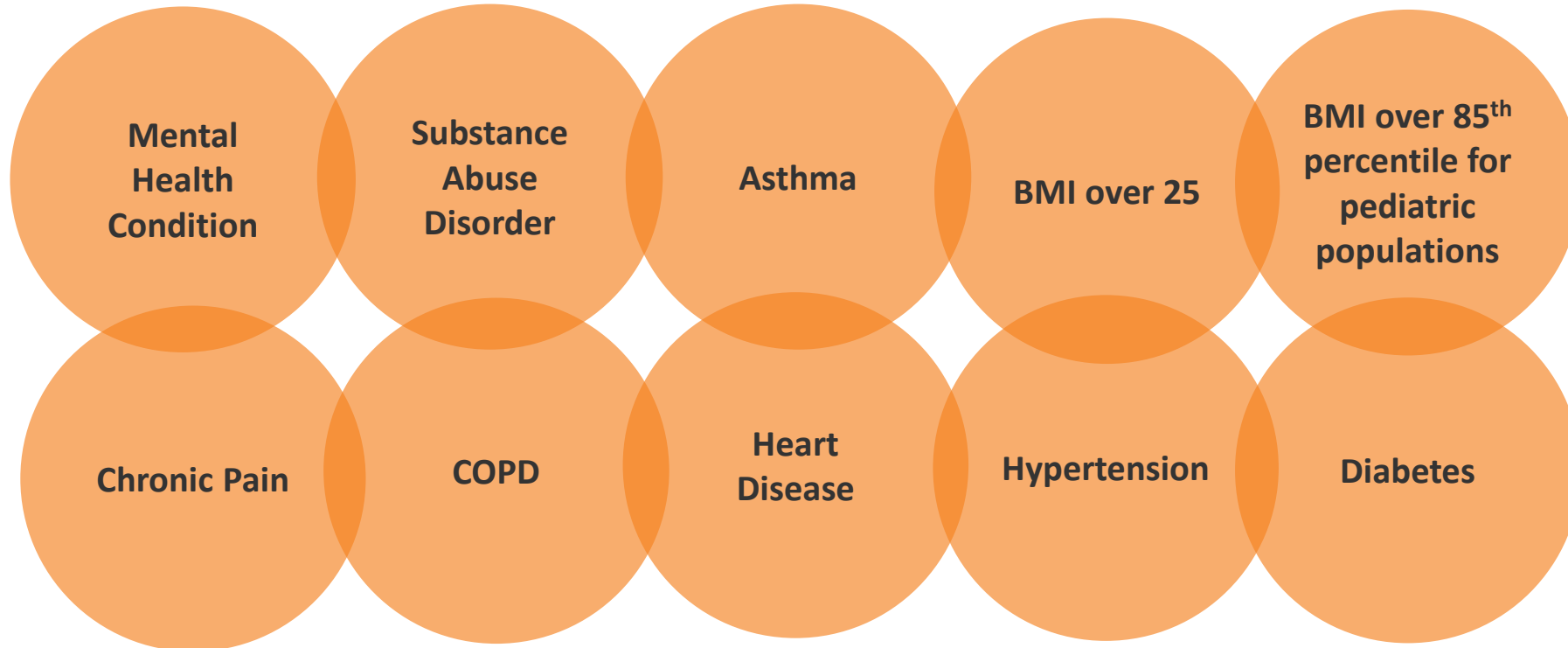
## Referrals to CCHH

- 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.

For the **CCHH Provider List**, visit the Iowa Department of Human Services website:

<https://dhs.iowa.gov/ime/providers/enrollment/healthhome>

# Chronic Condition Health Home: 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: Responsibilities

Health Home Services	Role Responsibility
Comprehensive Care Management	<ul style="list-style-type: none"><li>Care Team</li></ul>
Care Coordination	<ul style="list-style-type: none"><li>Care Coordination</li></ul>
Health Promotion	<ul style="list-style-type: none"><li>Health Coach</li></ul>
Comprehensive Transitional Care	<ul style="list-style-type: none"><li>Care Team</li></ul>
Individual and Family Support Services	<ul style="list-style-type: none"><li>Health Coach</li></ul>

For **additional information on CCHH**, visit the Iowa Total Care website:

<https://www.iowatotalcare.com/providers/resources/health-homes/chronic-condition-health-home.html>

# 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 IHH

- 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.*

For the **IHH Provider List**, visit the Iowa Department of Human Services website:

<https://dhs.iowa.gov/ime/providers/integrated-health-home>

# Integrated Health Home: Member Choice & Peer/Family Support

## 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.

## Peer/Family 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: Responsibilities

Health Home Services	Role Responsibility
Comprehensive Care Management	<ul style="list-style-type: none"> <li>• MD/DO Either Nurse/SW Care Coordinator</li> </ul>
Care Coordination	<ul style="list-style-type: none"> <li>• MD/DO Either Nurse/SW Care Coordinator Peer and Family Peer support Specialists</li> </ul>
Comprehensive Transitional Care	<ul style="list-style-type: none"> <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: Responsibilities

Health Home Services	Role Responsibility
Health Promotion	<ul style="list-style-type: none"> <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 style="list-style-type: none"> <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 style="list-style-type: none"> <li>• Nurse Care Coordinators or Care Coordinators at the IHH or the Lead Entity will perform community and social support services</li> </ul>

For **additional information on IHH**, visit the Iowa Total Care website:

<https://www.iowatotalcare.com/providers/resources/health-homes/integrated-health-home.html>

# 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:

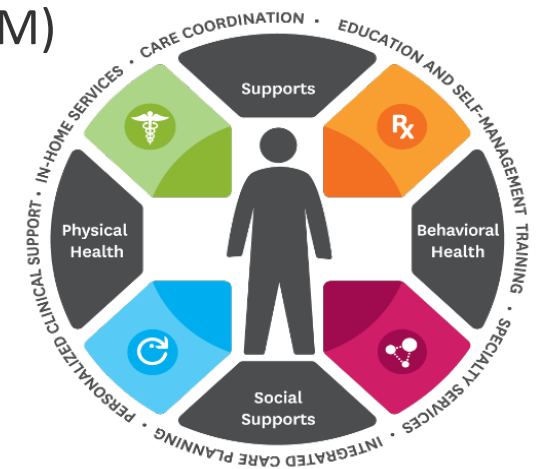
- Engage with member's chosen team
- Coordinate services to minimize silos

**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 Supports (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 is located at <https://www.iowatotalcare.com/providers/preauth-check.html>

# Prior Authorizations: How to Submit



**Provider Portal:** [Provider.IowaTotalCare.com](https://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: 1-844-908-1170
- Inpatient: 1-844-908-1169



**For Assistance:**

Call Medical Management: 1-833-404-1061 (TTY: 711)

- 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 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	Inpatient: within 24 hours or next business day of admission
Observation	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 **2 business days** after verbal notification of denial
- This can be requested by calling **Provider Services** at **1-833-404-1061** (TTY: 711) and selecting option 5
- For **Behavioral Health**, call **1-833-404-1061** (TTY: 711), option 3, then option 4



## Retrospective Authorization Request

- 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 1-833-404-1061 (TTY: 711), 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 the Iowa Medicaid website:  
[http://www.iowamedicaidpdl.com/preferred\\_drug\\_lists](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 (TTY: 711)**.

# 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.**

# Engolve Pharmacy Solutions: Prior Authorizations

## Engolve Pharmacy Prior Authorization Submissions:

- **CoverMyMeds Portal:** <https://www.covermymeds.com/main/prior-authorization-forms/engolverx/>
- **Call:** 1-866-399-0928
- **Fax:** 1-833-404-2392

## Engolve 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.

**Engolve Pharmacy Solutions Prior Authorization Department Business Hours:**

7:00 a.m. – 8:30 p.m. CST, Monday – Friday, excluding holidays



# Pharmacists As Providers



Iowa Medicaid is now recognizing Pharmacists as Providers, with some limitations:

- Pharmacists must be enrolled as providers with Iowa Medicaid.
- Pharmacists must be contracted with Iowa Total Care as providers.
- Billing, for certain services, must be done medically, rather than through the pharmacy point-of-sale side.

Additional information can be found on Iowa Medicaid Informational Letters 2353, 2190, 2232 and 2254.

# Quality

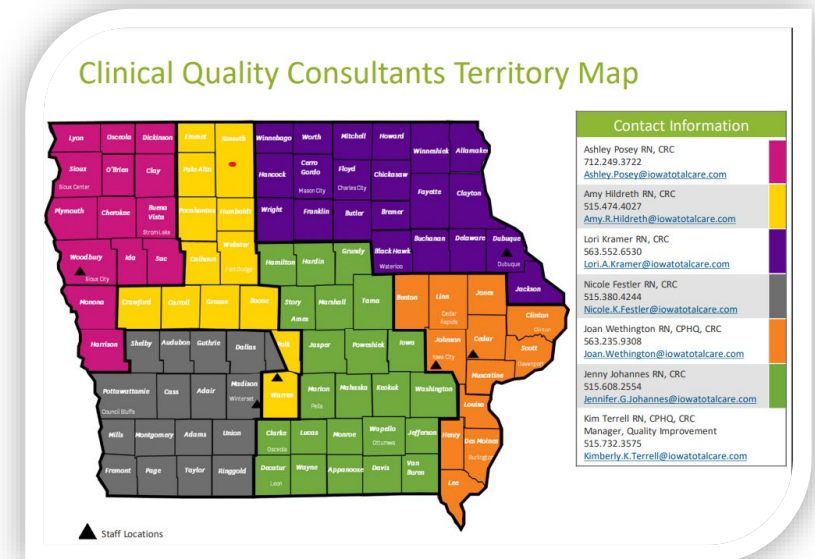
# Provider Engagement

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.



For the most up-to-date **Clinical Quality Consultant Territory Map**, visit the Iowa Total Care website:  
<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 (HH) 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.



**Iowa Total Care**  
Provider Incentive Programs

Iowa Total Care provides multiple incentive programs for providers throughout the year. Listed below are the programs currently in effect for 2021.

- Continuity of Care (CoC) Program** is formally known as P4P. It is a proactive program designed to support our outreach to members for annual visits and condition management. By increasing PCP visibility into members' existing medical conditions, we can better identify members who are eligible for case-management programs.
- Iowa Total Care Coding Accuracy Program (ICAP)** is a retrospective internal program that rewards providers for ensuring medical records and submitting claims with suspected and/or predicted chronic conditions. Receiving a Coding Accuracy Report with a Risk Gap Condition means a claim has been provided with a suspected or coded chronic condition that has not been identified. For example, "psychiatric disorder (296.2X) or major depressive disorder (296.2X) that has not been coded during the previous measurement year."
- Justification of Pregnancy (JOP) Provider Incentive Program** offers incentives for timely submission of the MDP form, which is used to identify high-risk pregnancies, reduce the number of premature births, and increase the number of healthier babies born. This automatically enrolls the member into the Start Smart for Baby program. Both members and providers receive an incentive for this program.
- Iowa Total Care Quality Pay for Performance (P4P) Program** enhances quality of care by focusing on preventative and screening services and promotes engagement with the member. Providers are incentivized by closing certain care gaps chosen by the health plan. Members also receive incentives through the My Health Pay<sup>SM</sup> program. Payment is based on meeting designated target for selected measures.
- Quality Measure Pay for Performance (QMP) Program** is designed to enhance quality of care through a focus on preventative and screening services while promoting engagement with our members. Based on program performance, as a health home participating provider, you are eligible to earn compensation in addition to what you are paid through your Participating Provider Agreement. To participate in the QMP Program, we must sign a participating provider.

1-833-404-1061  
www.itc.com

# Provider Incentive Programs

## Continuity of Care (CoC)

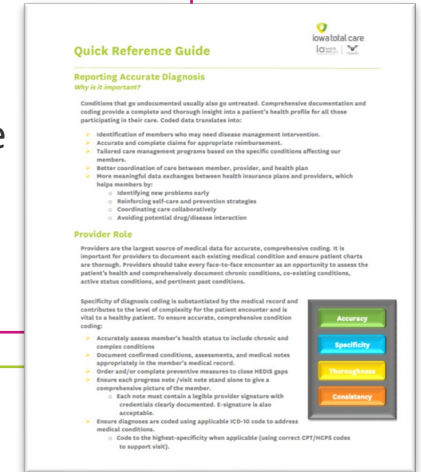
- Program goals are to identify high-risk members for care management/additional resources, close care gaps, avoid potential drug/disease interactions, promote routine preventative and chronic care services, and recognize/reward providers who collaborate to deliver quality care and improve documentation.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

## 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 (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 both 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 that were not reported to the health plan through claims/encounter data.

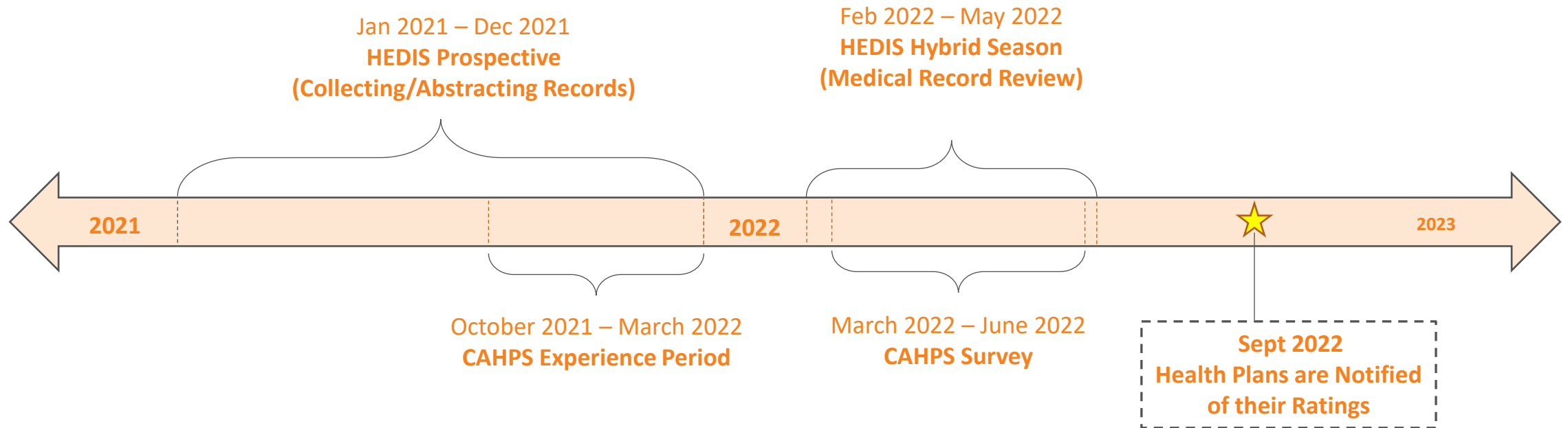
## How to improve HEDIS scores:

- 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.

For **additional information on HEDIS**, visit the Iowa Total Care website:

<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.

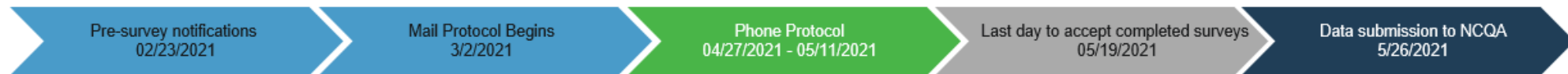
## What does the survey ask patients about their physicians?

- 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



For **additional information on CAHPS**, visit the Iowa Total Care website:

<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 members 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.

**iowa total care.**  
 You can earn **My Health Pays® REWARDS** from Iowa Total Care when you complete healthy activities!

**START EARNING TODAY!**

<p><b>\$30</b> For Completing Initial Health Risk Screening. Must complete within 90 days of initial enrollment.</p> <p><b>\$30</b> Annual Health Risk Screening. Must complete yearly after being an Iowa Total Care member for 6 months. Once per enrollment year.</p> <p><b>\$50</b> Notification of Pregnancy Form. Must complete within first trimester.</p> <p><b>\$25</b> Notification of Pregnancy Form. Must complete within second trimester.</p> <p><b>\$20</b> Postpartum Doctor Visit. 1-2 weeks after delivery.</p> <p><b>\$20</b> Annual Breast Cancer Screening. Females ages 40 - 74. Once per calendar year.</p> <p><b>\$15</b> Diabetes Care HbA1c Test. Ages 18-74 with diagnosis of diabetes. May earn 2 times per calendar year.</p> <p><b>\$15</b> Diabetes Care Retinopathy Screening/ Dilated Eye Exam. Ages 18-74 with diagnosis of diabetes. Must be completed with eye doctor. Once per calendar year.</p>	<p><b>\$30</b> Tobacco Cessation Coaching. Enroll with Iowa Quitline and complete all 8 coaching sessions. Once per calendar year.</p> <p><b>\$30</b> Tobacco Cessation Quit Aid. Must fill a prescription for one quit aid such as nicotine gum, lozenge or patches. Once per calendar year.</p> <p><b>\$25</b> Stakeholder Advisory Board (SAB) Meeting. SAB meetings are held four times per year/once per quarter with Iowa Total Care. May earn reward four times per calendar year by attending each meeting.</p> <p><b>\$20</b> Infant Well Care VIE. Must complete all six visits with assigned Primary Care Provider (PCP), 2,4,6,9,12 and 15 month infant well care visits.</p> <p><b>\$20</b> Early Child Well Care Visit. Ages 0 - 36 months. Must complete two visits with Primary Care Provider (PCP) during this age range to earn reward.</p> <p><b>\$20</b> Annual Child Well Care Visit. Ages 3-20. Once per year.</p> <p><b>\$20</b> Annual Adult Well Care Visit. Ages 21 and up. Once per year.</p> <p><b>\$10</b> Annual Flu Vaccine. Ages 18 and up. Once per flu season. September-April.</p>
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For questions about rewards impacting Medicaid eligibility or other participation, please contact your Medicaid income Maintenance Worker.

**IT PAYS TO STAY HEALTHY.**

You will receive your My Health Pays Visa® Prepaid Card when you earn your first reward from Iowa Total Care. Each time you complete a qualifying healthy activity, we are notified, and your reward dollars will be added to your existing card. It's that simple!

**DON'T FORGET TO KEEP YOUR CARD!**

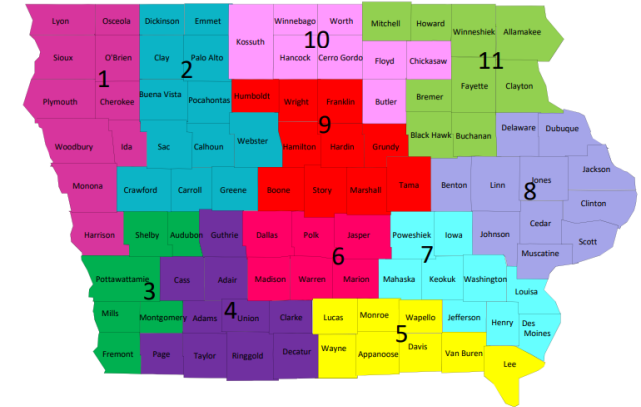
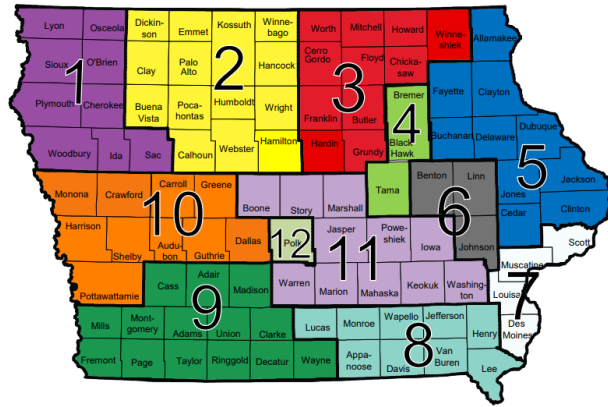
Learn more at [iowatotalcare.com](https://www.iowatotalcare.com) or call Toll-Free 1-833-404-1061 (TTY: 711)

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For Iowa Total Care **Member Resources**, visit <https://www.iowatotalcare.com/members/medicaid.html>

# Resources

# Resources: Iowa Total Care Territory Maps



For the most up-to-date **Provider Relations Territory Map**, **Clinical Quality Consultant Territory Map**, and **LTSS Community-Based Case Manager Territory Map**, visit the Iowa Total care website:

<https://www.iowatotalcare.com/providers/resources.html>

# Resources: IME and Health Plan Information

IME	
Iowa Medicaid Provider Services	<a href="mailto:IMEProviderServices@dhs.state.ia.us">IMEProviderServices@dhs.state.ia.us</a> 1-800-338-7909 or 1-515-256-4609 TTY: 1-800-735-2942 Fax: 1-515-725-1155
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
Fraud, Waste and Abuse Ethics and Compliance Officer Email	1-866-685-8664 1-833-404-1064 <a href="mailto:compliance@iowatotalcare.com">compliance@iowatotalcare.com</a>

# Resources: Iowa Total Care Contacts

Iowa Total Care 1-833-404-1061 (TTY: 711)	
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
Engolve Vision	P: 1-800-531-2818 (Provider participation) P: 1-833-564-1205 (Claims)	<a href="http://visionbenefits.engolvehealth.com">visionbenefits.engolvehealth.com</a>
Engolve Pharmacy Services	P: 1-866-399-0928 P: 1-877-281-9627 (Pharmacy Claims) F: 1-877-386-4695	<a href="http://Pharmacy.engolvehealth.com">Pharmacy.engolvehealth.com</a>
CareBridge	P: 1-844-343-3653 Email: <a href="mailto:IAEVV@CareBridgeHealth.com">IAEVV@CareBridgeHealth.com</a>	<a href="https://carebridgehealth.zendesk.com/hc/en-us">https://carebridgehealth.zendesk.com/hc/en-us</a>
National Imaging Associates (NIA)	P: 1-833-404-1061 (TTY: 711)	<a href="http://www1.radmd.com">www1.radmd.com</a>
24 Hour Nurse Advice Line (24/7 Availability)	P: 1-833-404-1061 (TTY: 711)	
Voiance Interpreter Services	P: 1-866-998-0338	
Access 2 Care	P: 1-833-404-1061 (TTY: 711); press 2 then press 1	
Payspan	P: 1-877-331-7154	<a href="http://www.payspanhealth.com">www.payspanhealth.com</a>

# Thank you for attending! Questions?

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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)