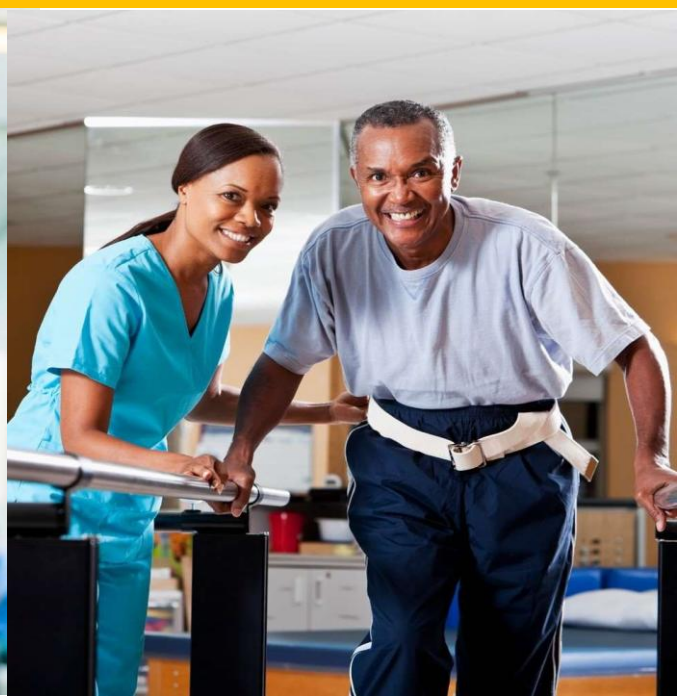

Facility Clinical Guide

IowaHealthAdvantage.com

January 1, 2026 – December 31, 2026

IOWA HEALTH ADVANTAGE

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FACILITY CLINICAL GUIDE FOR I-SNP MEMBERS

Iowa Health Advantage is a Health Maintenance Organization (HMO) contracted with Medicare and offers Institutional Special Needs Plans (I-SNP) specifically designed for eligible Medicare beneficiaries living in one of our participating long-term care nursing homes or assisted living facilities or individuals living in the community that require an institutional level of care.

In addition to providing all standard benefits offered by traditional Medicare, we include:

- Part D pharmacy benefits
- supplemental benefits not covered by traditional Medicare
- extensive clinical care management to ensure every member receives the services necessary to achieve their short- and long-term care goals.

Our plan is contracted with TruHealth Advanced Practice Providers (Nurse Practitioners and Physician Assistants) and RN Case Managers who, along with our clinical pharmacists, work with the member's primary care physician to address each member's full range of medical, functional, and behavioral health care needs in a coordinated and member-centric manner.

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Remember: early intervention is key-

no call is too small!

866-327-0523 press option 1 to

speak with I-SNP APP 24/7

Iowa Health Advantage
I-SNP Member Roster

Updated monthly by a
Health Plan Team Member

Contact your I-SNP TruHealth APP Call

sooner rather than later.

Early Intervention is key!

On-call number:

866-327-0523, and press option 1

Remember: no call is too small

To fax information to our I-SNP clinical team use the following number:

855-507-1900 (FAX)

This is a SECURE FAX which can be used to send any needed clinical documentation or orders to the I-SNP clinical team to assist with authorization requests or to review lab/radiology reports to assist managing care.

When to call:

For all I-SNP members please call the Iowa Health Advantage/ TruHealth APP for review of current plan of care or medications, any orders that may be needed, and any change of condition such as:

- Decrease in participation in activity programs
- Decrease in food intake
- Temperature greater than 99.0
- Cough
- Pain with Urination
- Increased in frequency of urination
- Increased in agitation/ behaviors
- Decrease in cooperation with daily routine
- Increased restlessness
- Increased complain of pain
- Increased sadness or crying
- Increased weakness
- Multiple falls
- Increase in swelling in feet or hands
- Call with any concerns no matter how small!

Early intervention is key!

Iowa Health Advantage

I-SNP members 24/7 on- call

866-327-0523, and press option 1

Remember: no call is too small

Secure fax: 855-507-1900

Utilization Management and Authorization Processes for Iowa Health Advantage I-SNP Members

Utilization Management and Authorizations

Iowa Health Advantage is an HMO and as such has processes to manage services through our Utilization Management (UM) team.

First 30 days after enrollment: Iowa Health Advantage has a Continuity of Care Policy. During the first 30 days after a new member enrolls in Iowa Health Advantage we will evaluate for any equipment or services that are already in use or scheduled. The I-SNP APP is responsible for identifying these services and assuring that an authorization is in place so services can continue.

Durable Medical Equipment: Iowa Health Advantage has contracted with vendors in your area for services. We strive to use these contracted vendors when at all possible.

Members must meet Medicare requirements for DME; and it must be DME that is not normally provided by the facility under room and board. If a member meets Medicare requirements and the equipment is under $250, no prior authorization is required. If a prior authorization is required, the I-SNP APP will submit the authorization request.

Part B Therapy Services: An authorization is not required for an evaluation or services. If the member requires therapy (PT, OT, or ST), the therapy department will contact the assigned I-SNP RN Case Manager and notify them that a member is starting/ending therapy services. The I-SNP RN Case Manager will monitor and follow the member receiving the therapy services. Once the member is discharged from therapy the I-SNP RN Case Manager will work with the therapy department to ensure the NOMNC has been delivered and a copy has been sent to Iowa Health Advantage.

Part A Skilled Services: An Iowa Health Advantage member must meet Medicare criteria to receive skilled services. The three-day hospital stay required by traditional Medicare is waived by Iowa Health Advantage if a member meets criteria. Following a hospitalization, the facility should contact the I-SNP RN Case Manager Team Lead who will confer with the I-SNP APP. If the member meets criteria for skilled services, the I-SNP RN Case Manager will submit the authorization. It is the responsibility of the facility to deliver the NOMNC.

2026 Services Requiring Prior Authorization

Prior Authorizations are required for the following covered services (by service level). Services must be provided according to the Medicare Coverage Guidelines and limitations and are subject to review. All medical care, services, supplies and equipment must be medically necessary.

- **Ambulance Services** Medicare covered non-emergency Ambulance transportation services (**NOTE:** No authorization is needed for non-emergency transport from hospital to nursing home and nursing home to hospital)
- **Cardiac Rehabilitation and Intensive Cardiac Rehabilitation**
- **Diabetic Supplies** with billed charges in excess of $250
- **Diagnostic Radiological Services** e.g. High-Tech Radiology Services including but not limited to MRI, MRA, PET, CTA, CT Scans, and SPECT require prior authorization. (**NOTE:** No authorization required for Outpatient X-ray Services)
- **DME, Prosthetics, and Orthotics** with billed charges in excess of $250
- **Genetic Testing**
- **Home Health Care**
- **Inpatient Care** including but not limited to Inpatient Acute, Psychiatric, etc.
- **Medicare Part B Chemotherapy Drugs** with billed charges in excess of $250
- **Other Medicare Part B Drugs** covered drugs with billed charges in excess of $250
- **Out-of-Network Providers / Services** including but not limited to physicians, cardiac rehab, intensive cardiac rehab, DME, prosthetics, orthotics suppliers, diagnostic tests/procedures, genetic testing; non-emergent ambulance transport, therapeutic radiological services, ambulatory surgery centers, inpatient and outpatient hospital and outpatient hospital observation, home healthcare, outpatient physical, speech/language, occupational therapy, skilled nursing facility care, etc.
- **Outpatient Hospital and Ambulatory Surgery Services**
- **Outpatient Observation**
- **Partial Hospitalization**
- **Skilled Nursing Facility** Medicare-required three midnight stay is waived
- **Therapy Services** (Physical, Speech, and Occupational Therapy) **Not** performed at LTC residence or other SNF Therapy Setting

NO AUTHORIZATION IS REQUIRED FOR:

- Medically necessary emergent services
- Urgently needed care
- Dialysis services

Iowa Health Advantage

2026 Formulary Quick Reference Guide

Note: The formulary Quick Reference Guide is not a substitute for a Health Care Providers standard practice or professional judgment. Any decision regarding the appropriateness of treatment of the validity or reliability of information is solely your responsibility. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Navitus (coverage determinations/prior authorizations)

CoverMyMeds.com

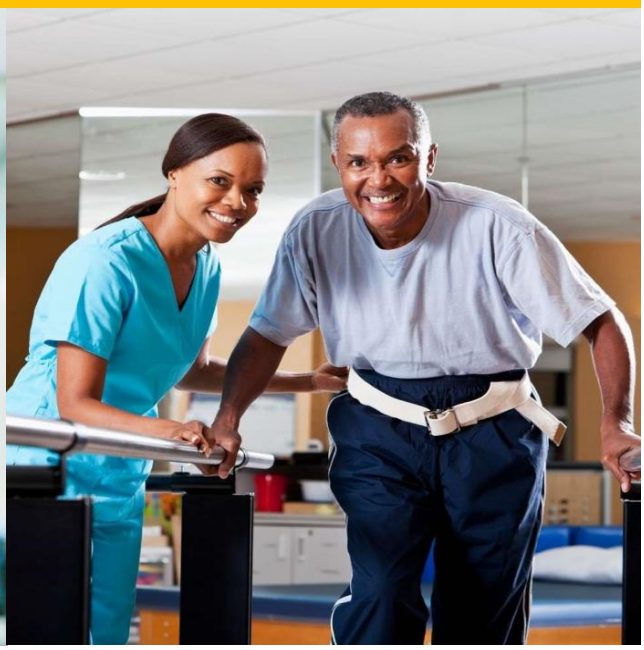
866-270-3877, Seven days a week/24 hours a day

Formulary

IowaHealthAdvantage.com

Comprehensive Formulary- PDF and Searchable

Coverage Requirements



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