

# Provider Tip Sheet



Iowa Health Advantage is an Institutional Special Needs Medicare Advantage Plan designed to meet the unique needs of Medicare beneficiaries in certain institutional levels of care. Our plan is contracted with TruHealth Advanced Practice Providers and RN Case Managers who assist the Member's Primary Care Physician in coordinating care.

## Important plan contact information

<b>Provider help desk:</b> General provider contract questions, claims status/payment questions, general plan information	<b>866-327-0523</b> (option 4)
<b>Provider Payment Method Inquiries:</b> Virtual card, ACH, or other payment inquiries	<b>888-834-3511</b>
<b>Customer service:</b> Verify member's benefits / coverage, general benefits questions	<b>866-327-0523</b> (option 3)
<b>Utilization management:</b> Authorizations for medical services, and continued stay reviews / updates	<b>866-327-0523</b> (option 4)
<b>Website</b>	<b>IowaHealthAdvantage.com</b>

## Other important contact information

<b>TruHealth Advanced Practice Provider / RN Case Manager:</b> Share clinical information, request clinical assistance	<b>866-327-0523</b> (option 1) <b>Fax: 855-507-1900</b>
<b>ELIXIR PHARMACY Technical Help Desk:</b> General questions related to Part D drugs. Inquiries may pertain to operational areas related to Part D coverage such as benefit coverage, prior authorization, claims processing, claims submission, and claims payment.	<b>855-476-7801</b>

## Claims processing

<b>Electronic claims</b> (preferred)	Clearinghouse: Availity EDI billing number: RP075
<b>Mailing address</b> (paper claims)	P.O. Box 31039 Tampa, FL 33631-3039
<b>TIMELY FILING REQUIREMENTS:</b> for initial and corrected claims submission, please refer to your provider agreement.	

## Prior Authorization is required for the following covered services

<b>Ambulance Services</b> Medicare covered non-emergency Ambulance transportation services ( <b>NOTE:</b> No authorization is needed for non-emergency transport from hospital to nursing home and nursing home to hospital)	<b>Other Medicare Part B Drugs</b> covered drugs with billed charges in excess of \$250.
<b>Cardiac Rehabilitation and Intensive Cardiac Rehabilitation</b>	<b>Outpatient Observation</b>
<b>Diabetic Supplies</b> with billed charges in excess of \$250	<b>Out-of-Network Providers</b>
<b>Diagnostic Radiological Services</b> e.g. High-Tech Radiology Services including but not limited to MRI, MRA, PET, CTA, CT Scans, and SPECT require prior authorization. ( <b>NOTE:</b> No authorization required for Outpatient X-ray Services)	<b>Outpatient Hospital and Ambulatory Services</b>
<b>DME, Prosthetics, and Orthotics</b> with billed charges in excess of \$250	<b>Partial Hospitalization</b>
<b>Genetic Testing</b>	<b>Skilled Nursing Facility</b> Medicare required three midnight stay is waived
<b>Home Health Care</b>	<b>Therapy Services</b> Physical, Speech and Occupational Therapy NOT performed at LTC residence or other SNF Therapy Setting.
<b>Inpatient Care</b> including but not limited to: Inpatient Acute, Inpatient Psychiatric, etc.	
<b>Medicare Part B Chemotherapy Drugs</b> with billed charges in excess of \$250	<b>NOTE:</b> NO AUTHORIZATION is required for medically necessary emergent services, urgently needed care, or dialysis services.

Authorization forms available at [IowaHealthAdvantage.com](http://IowaHealthAdvantage.com); fax completed form to 866-516-3068.

## Identification of Iowa Health Advantage members

You can identify an Iowa Health Advantage member when they come into your office or facility by reviewing a copy of their Skilled Nursing Facility face sheet or their Member ID card. See examples below:

### Sample face sheet (1)

Run Date/ Time: 1/ 1/ 2021 3:04:44 PM		PATIENT ID: 123456		Admission ID: MNC 12345		Enterprise ID: None	
PATIENT NAME: Doe, Jane A.		Preferred Name		U.S. Citizen Y		Marital Status Widowed	
Phone # 731-555-1212	SSN 000-00-0000	Occupation (current or former)	Education Level	Military Service	Age 81	Birthdate 3/ 6/ 1937	Email
Primary Residence							
Address 123 ABCRoad		City, State, Zip Somewhere, TN 55512		County Benton			
Admit From XYZ Hospital	Admit Date/ Time 2/ 2/ 2021		Discharge Date	Org Location B/ 106/100 Hall/Sta			
	8:00:00 PM						
Medicaid No. ZECM55555555	Medicare A No. None	Medicare B No. T03001234	Other Insurance RUGs Pending - RUG Pend/ NA/ NA; Private Pay- Pvt Pay/ NA/ NA; Private Pay - Pat Liab/ NA/NA; Medicaid of TN - MCD?12345678912/ NA;				

American Health Adv A- American Health Adv/ T03001234/ NA

### Sample face sheet (2)



RESIDENT INFORMATION						
Resident Name	Preferred Name	Unit	Room/ Bed	Admission Date	Init.Adm.Date	Orig. Adm.Date
DOE, JOHN B.				5/ 19/ 2021	4/ 23/ 2021	4/ 23/ 2021
Previous address 555 Wind Breeze Street, Memphis TN 38116		Previous phone 901-555-5656		Legal Mailing Address Same as Previous Address		
Sex M	Birthdate 5/ 14/ 1940	Age 80	Marital Status Widowed	Religion Non Denominational	Race Black or African American	Occupation(s) mechanic
Admitted From Acute care hospital		Admission Location Baptist East		Birth Place		Citizenship U.S.
TN MCO Number 123456789		Medicare (HIC) #		Medicare Beneficiary ID 1Y23YJ4GR56		
Social Security # 123-45-6789		Insurance 2		Insurance American Health Advantage		
Policy # T03009876		Insurance Policy # 2				
PAYER INFORMATION						
Primary Payer	AMERICAN HEALTH ADVANTAGE OF TN	Member ID #	T03009876	Group #	null	Ins Company
Second Payer	Medicaid	Medicaid #	TD987543210			
Third Payer		Policy #		Group #		Ins. Company
Fourth Payer		Medicaid #		Group #		Ins. Company

# Sample Member ID cards

**IOWA HEALTH ADVANTAGE**

TOLL FREE 1-866-327-0523 (TTY/TDD: 1-833-312-0046)

ISSUER ID: H6765-001      RxBIN: 012312  
MEMBER ID:                      RxPCN: PartD  
MEMBER:                         RxGRP: H6765001



 

CMS H6765 001


**IOWA HEALTH ADVANTAGE CHOICE**

TOLL FREE 1-866-327-0523 (TTY/TDD: 1-833-312-0046)

ISSUER ID: H6765-002      RxBIN: 012312  
MEMBER ID:                      RxPCN: PartD  
MEMBER:                         RxGRP: H6765002

CMS H6765 002

**ENROLLEE INFORMATION** 

Member Services: 1-866-327-0523 (TTY: 1-833-312-0046)  
October 1 through March 31: 8:00 am to 8:00 pm, 7 days a week  
April 1 through September 30: 8:00 am to 8:00 pm, Monday to Friday

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**IMPORTANT PROVIDER INFORMATION**  
iowahealthadvantage.com  
Provider Services: 1-866-327-0523 Pharmacists: 1-855-476-7801  
Contracted and non-contracted providers may send claims to:

<b>Medical:</b> Iowa Health Advantage P.O. Box 31039 Tampa, FL 33631-3039 EDI# RP075	<b>Pharmacy:</b> MedImpact Attn: Appeals Dept 10181 Scripps Ct San Diego, CA 92131
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