

## Provider Quick Tips

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 (option 4)</b>
<b>Customer service:</b> Verify member's benefits / coverage, general benefits questions	<b>866-327-0523 (option 4)</b>
<b>Utilization management:</b> Authorizations for medical services, and continued stay reviews / updates	<b>866-327-0523 (option 4)</b>
<b>Website</b>	IowaHealthAdvantage.com

### Other important contact information

<b>TruHealth Advanced Practice Provider / RN Case Manager:</b> Share clinical information, request clinical assistance	<b>866-327-0523 (option 1) Fax: 866-439-0076</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: Change Healthcare Clearinghouse EDI billing number: RP075
<b>Mailing address</b> (paper claims)	PO Box 981604 El Paso, TX 79998-1604
<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 hospital-to-nursing home and nursing home-to-hospital transportation.	<b>Other Medicare Part B Drugs</b> covered drugs with billed charges in excess of \$250.
<b>Cardiac Rehabilitation and Intensive Cardiac Rehabilitation</b> - No authorization is required for medically necessary emergent services, urgently needed care, or dialysis services.	<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. <b>NOTE:</b> No authorization is required for Outpatient X-ray Services	<b>Outpatient Hospital and Ambulatory Services</b>
<b>DME, Prosthetics and Orthotics</b> with billed charges for each service or transaction 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</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, Behavioral Health, etc.	
<b>Medicare Part B Chemotherapy Drugs</b> with billed charges in excess of \$250 per transaction	<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		PATIENTID: 123456		Admission ID: MNC12345		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 XYZHospital		Admit Date/Time 2/2/2021 8:00:00 PM		Discharge Date		Org Location B/106/100 Hall/Sta	
Medicaid No. ZECM5555555		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 DOE, JOHN B.	Preferred Name	Unit	Room/ Bed	Admission Date 5/19/2021	Init. Adm. Date 4/23/2021	Orig. Adm. Date 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	

#### IOWA HEALTH ADVANTAGE (HMO I-SNP)

**TOLL-FREE** 1-866-327-0523 (TTY/TDD users call 1-833-312-0046)

**ISSUER ID:** H6765-001      **RxBIN:** 000000  
**MEMBER ID:**                      **RxPCN:** PartD  
**MEMBER:**                              **RxGRP:** H00000

**IOWA HEALTH  
ADVANTAGE**

**Medicare**<sup>Rx</sup>  
Prescription Drug Coverage  
CMS H6765-001

#### ENROLLEE INFORMATION

Member Services: 1-866-327-0523 (TTY/TDD: 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

#### IMPORTANT PROVIDER INFORMATION

IowaHealthAdvantage.com  
 Provider Services: 1-866-327-0523 Pharmacist: 1-855-476-7801  
 Contracted and non-contracted providers may send claims to:

**Medical:** Iowa Health Advantage  
 PO Box 981604  
 El Paso, TX 79998-1604  
 EDI# RP075

**Pharmacy:**  
 Elixir  
 8935 Darrow Rd., PO Box 1208  
 Twinsburg, OH 44087