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

Provider help desk: General provider contract questions, claims status/payment questions, general plan information	866-327-0523 (option 4)
Customer service: Verify member's benefits / coverage, general benefits questions	866-327-0523
Utilization management: Authorizations for medical services, and continued stay reviews /	(option 3) 866-327-0523
updates	(option 3)
Website	lowaHealthAdvantage.com

Other important contact information

TruHealth Advanced Practice Provider / RN Case Manager: Share clinical information, request clinical assistance	866-327-0523 (option 1) Fax: 866-439-0076
ELIXIR PHARMACY Technical Help Desk: 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.	855-476-7801

Claims processing

Electronic claims (preferred)	Clearinghouse: Change Healthcare Clearinghouse			
	EDI billing number: RP075			
Mailing address (paper claims)	PO Box 981604			
	El Paso, TX 79998-1604			
TIMELY FILING REQUIREMENTS: for initial and corrected claims submission, please refer to your provider agreement.				

Prior Authorization is required for the following covered services

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

Authorization forms available at lowaHealthAdvantage.com; fax completed form to 866-516-3068.

Identification of Iowa Health Advantage members

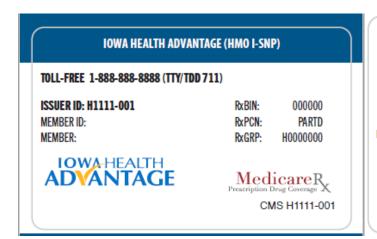
You can identify an Iowa Health Advantage member when they come into your office or facility by reviewing a copy of their Skilled Nursing Facility face sheet or their Member ID card. See examples below:

Sample face sheet (1)

Run Date/Time: 1/1/2021 3	:04:44 PM	PATIENTID: 123456	PATIENTID: 123456		Admission ID: MNC 12345		Enterprise ID: None	
PATIENT NAME:		Preferred Name		U.S. Citizen	U.S. Citizen		Martial Status	
Doe, Jane A.			Y Wi		Y			
Phone #	SSN	Occupation (current or former)	Occupation (current or former) Education Level Military Service A				Email	
731-555-1212	000-00-0000				81	3/6/1937		
		Primary Residence		•				
	Address City, State, Zip C		County	unty				
12:	123 ABCRoad		Somewhere, TN 55512		Benton			
Admit From	Admit Date/Time		Discharge Date	Org Location	Org Location			
XYZHospital	2/2/2021	2/2/2021		B/106/100 Hall/Sta				
	8:00:00 PM							
Medicaid No.	Medicare A No.	Medicare B No.	Other Insurance					
ZECM55555555	None	T03001234	RUGs Pending - RUG Pend/NA/NA; Private Pay-Pvt Pay/NA/NA; Private					

Sample face sheet (2)

		RESDIENT 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		Previous phone			Legal Mailing Address		
555 Wind Breeze Street,	Memphis TN 38116	901-	901-555-5656		Same as Previous Address		
Sex	Birthdate	Age	Martial Status	Religion	Race	Occupation(s)	
M	5/14/1940	80	Widowed	Non Denominational	Black or African American	mechanic	
	Admitted From		Admission L	Location Birth Place Citiz		Citizenship	
	Acute care hospital		Baptist E	East		U.S.	
	TN MCO Number		Medicare (I	re (HIC) # Medicare F		neficiary ID	
	123456789				1Y23YJ4GF	256	
	Social Security #		Insurance 2 Insurance				
	123-45-6789			American Health Advanta		dvantage	
	Policy #	Insurance Policy # 2					
	T03009876]		
		PAYER INFORMATION					
Primary Payer	AMERICAN HEALTH ADVANTAGEOF 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	



ENROLLEE INFORMATION MultiPlan

Member Services: 1-800-123-4567 (TTY/TDD 711) 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

lowaHealthAdvantage.com

Provider Services: 1-800-123-4567. Pharmacists: 1-800-555-1234 Contracted and non-contracted providers may send claims to:

Medical:

PO Box 12345 Cityville, ST 12345

EDI# 67890

PO Box 12345 Cityville, ST 12345 EDI# 67890

Pharmacy: