



# Managed Care Quick Reference Guide



Iowa Medicaid Enterprise (IME)

## MEDICAID MEMBER SERVICES:

**Member Services:** Helps members with Medicaid benefits questions, Managed Care Organization (MCO) enrollment and offers choice counseling to assist members in learning more about health coverage offered through the MCOs. Members can also call Member Services to find out which MCOs their health care provider has signed with.

### Iowa Medicaid Member Services

Toll Free: **1-800-338-8366**

Local: **515-256-4606**

Monday through Friday, from 8 a.m. to 5 p.m.

Website: [www.IAHealthLink.gov](http://www.IAHealthLink.gov)

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

## MEDICAID PROVIDER RESOURCES

**Providers Services:** Enrolls providers with Iowa Medicaid and can assist with eligibility questions, MCO questions and support with Iowa Medicaid coverage. Providers must contract with the MCOs to be reimbursed for delivering services for Medicaid members who are enrolled with an MCO.

### Iowa Medicaid Provider Services

Toll Free: **1-800-338-7909**

Local: **515-256-4609**

Monday through Friday, from 7:30 a.m. to 4:30 p.m.

Website: <https://dhs.iowa.gov/ime/providers>

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



# Managed Care Member ID Cards

Amerigroup Iowa

Effective Date:  
Date of Birth:  
Amerigroup #:

**www.myamerigroup.com/IA**  
**Amerigroup Iowa, Inc.**

Member Name:  
Medicaid Number:  
Primary Care Provider (PCP):  
PCP Telephone #:  
Vision: **1-800-879-6901**

Copays: **Nonemergency ER Visits: \$3**  
**No Other Copays**

Member Services/Behavioral Health: **1-800-600-4441 (TTY 711)**  
24/7 Amerigroup On Call/Nurse HelpLine: **1-866-864-2544 (TTY 711)**

**MEMBERS:** Please carry this card at all times. Show this card before you get medical care. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Always call your Amerigroup PCP for nonemergency care. If you have questions, call Member Services at 1-800-600-4441. If you are deaf or hard of hearing, call 711.

**MIEMBROS:** Lleve esta tarjeta de identificación con usted siempre. Muéstrela antes de recibir cuidado médico. No tiene que mostrar esta tarjeta antes de recibir cuidado de emergencia. Si tiene una emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Llame siempre a su PCP de Amerigroup para cuidado que no sea de emergencia. Si tiene preguntas, llame a Servicios al Miembro al 1-800-600-4441. Si es sordo o tiene problemas auditivos, llame al 711.

**HOSPITALS:** Preadmission certification is required for all nonemergency admissions, including outpatient surgery. For emergency admissions, notify Amerigroup within 24 hours after treatment at 1-800-454-3730.

**PROVIDERS:** Certain services must be preauthorized. Care that is not preauthorized may not be covered. For preauthorization/billing information, call 1-800-454-3730. For preauthorization of medications, call 1-855-712-0104.

**PHARMACIES:** Submit claims using Express Scripts RXBIN: 003858; RXPCN: MA; RXGRP: WKYA. For technical help, call **Express Scripts** at 1-855-690-8353.

**SUBMIT MEDICAL CLAIMS TO:**  
AMERIGROUP • P.O. BOX 61010 • VIRGINIA BEACH, VA 23466-1010  
**USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.**

IA04 03/16

AmeriHealth Caritas

Member name  
**Doe, John**

AmeriHealth Caritas Iowa ID  
**123456789**

Sex: **M**

DOB: **MM/DD/YYYY**

State ID: **1234567890123**

Copays

<b>ER*</b>	<b>PCP</b>	<b>SPEC</b>	<b>RX(G)</b>	<b>RX(B)</b>
------------	------------	-------------	--------------	--------------

*Limits may apply to some services.* Not transferable.

PO Box 1516, Des Moines, IA 50305  
**www.amerithealthcaritasia.com**

Always carry your AmeriHealth Caritas Iowa card. You'll need it to get your benefits. Go to your AmeriHealth Caritas Iowa Primary Care Provider (PCP) for medical care.

Emergency room: Go to an emergency room near you when you believe your medical condition may be an emergency. If you get emergency care, please notify your PCP.

\*Copayment applies for non-emergent visits to the ER.

Out-of-area care: Report out-of-area care to AmeriHealth Caritas Iowa and your PCP within 48 hours.

Mental health, drug, and alcohol services: Call Member Services at 1-855-332-2440.

AmeriHealth Caritas Iowa  
Claims Processing  
P.O. Box 7113, London, KY 40742

Member Services and filing grievances  
**1-855-332-2440** or TTY **1-844-214-2471**

Provider Services and prior authorization  
**1-844-411-0579**

Report Medicaid fraud  
**1-800-831-1394**

To speak with a nurse anytime  
**1-855-216-6065**

Pharmacy Member Services  
**1-855-332-2440** or TTY **1-844-214-2471**

Pharmacy RxBIN #**600428**  
Pharmacy RxPCN #**07390000**  
Pharmacy Provider Services: **1-855-328-1612**

All other insurance payors must be billed before AmeriHealth Caritas Iowa, payor of last resort.

UnitedHealthcare

Health Plan/Plan de salud (80840) **911-87726-04**

Member ID/ID del Miembro: **999999999** Group/grupo: **IAQHP**

Member/Miembro:  
SUBSCRIBER M BROWN

Payer ID/ID del Pagador: **87726**

PCP Name/Nombre del PCP:  
**DR. PROVIDER BROWN**

PCP Phone/Teléfono del PCP:  
**(999)999-9999**

DOB:  
**00/00/0000**

Rx Bin: **610494**  
Rx Grp: **ACUIA**  
Rx PCN: **4444**

Iowa Medicaid  
Administered by UnitedHealthcare Plan of the River Valley, Inc

DHS14

Printed: 04/23/12

En caso de emergencia, acuda a la sala de emergencia más cercana o llame al 911. In an emergency, go to the nearest emergency room or call 911. Unauthorized use of non-plan providers may result in benefits denial.  
[www.MyUHC.com/CommunityPlan](http://www.MyUHC.com/CommunityPlan)

For Members/Para Miembros: **800-464-9484** TDD **711**

---

For Providers: [www.unitedhealthcareonline.com](http://www.unitedhealthcareonline.com) **888-650-3462**  
Claims Address: P.O. Box 5220, Kingston, NY 12402-5220

---

For Pharmacist: **877-305-8952**  
Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903

In addition to their Managed Care Member ID Card, IA Health Link members will need to keep their Iowa Medicaid Eligibility Card. Members may need to present both cards when receiving services.

Amerigroup Iowa, Inc.

# Quick Reference Card



- ✓ Precertification/notification requirements
- ✓ Important contact information
- ✓ Revenue codes



[providers.amerigroup.com/IA](http://providers.amerigroup.com/IA)

# Easy access to precertification/notification requirements and other important information

For more information about requirements, benefits and services, visit our provider self-service site at [providers.amerigroup.com/ia](http://providers.amerigroup.com/ia) to get the most recent version of our provider manual. If you have questions about this quick reference card (QRC) or recommendations to improve it, call Provider Services at 1-800-454-3730. We want to hear from you and improve our service so you can focus on serving your patients!

## Precertification/prior authorization notification instructions and definitions

### Instructions

Request precertifications (sometimes referred to as prior authorization) or give notifications through these contacts:

#### Pharmacy:

- Visit [www.express-path.com](http://www.express-path.com) (registration required)
- Call Express Scripts, Inc. at 1-855-712-0104
- Send a fax to 1-800-601-4829

#### Behavioral Health:

- For inpatient requests:
  - Send a fax to 1-877-434-7578
- For outpatient requests:
  - Send a fax to 1-866-877-5229

#### All other services:

- Visit [providers.amerigroup.com/ia](http://providers.amerigroup.com/ia)
- Call Amerigroup at 1-800-454-3730
- Send a fax to 1-800-964-3627

#### Be prepared to provide at the minimum:

- Member name and IA Health Link/hawk-i ID number
- Member's date of birth
- PCP name
- Specialist or attending physician name
- Number of visits/services
- Date(s) of service
- Diagnosis with the ICD code
- Procedure with the CPT/HCPCS codes
- Clinical information
- Medication history with trial dates and failure reason

### Definitions

**Precertification/prior authorization:** the act of authorizing specific services or activities before they are rendered or occur. This is also known as prior authorization (PA).

**Notification:** Telephonic, fax or electronic communication received from a provider to inform us of their intent to render covered medical services to a member.

- Give us notification prior to rendering services outlined in this document
- For emergency or urgent services, give us notifications within 24 hours or the next business day when it results in a hospital admission
- There is no review against medical necessity criteria; however, member eligibility and provider status (network and non-network) are verified

For code-specific requirements for all services, use our Precertification Lookup tool at [providers.amerigroup.com/ia](http://providers.amerigroup.com/ia).

**Requirements listed are for in-network providers.** In many cases, out-of-network providers may be required to request precertification for services that in-network providers do not have to request.

For cases where the member is made retroactively eligible for an Amerigroup waiver program or a nursing facility, please contact Amerigroup on the next business day to obtain retro-authorization for the applicable services.

### Behavioral (mental) health/substance (substance use disorder [SUD]) treatment

Members can self-refer to a network provider. Precertification is not required for basic behavioral health services provided in PCP, medical and community mental health centers or behavioral health offices.

- Emergency behavioral health care services are covered 24 hours a day, seven days a week.
- Precertification is required for:
  - Inpatient psychiatric and substance abuse treatment
  - Psychiatric medical institute for children (PMIC)
  - Electroconvulsive therapy (ECT)
  - Nursing facilities for mental health for eligible members under age 21 or over age 65
  - Autism and serious emotional disturbance (SED) Waiver services, including expanded respite services for Autism Waiver members

Prior authorization is required for, but may not be limited to, the following services. Providers should visit our provider self-service site at [providers.amerigroup.com/ia](http://providers.amerigroup.com/ia) for the most current prior authorization rules.

- SUD services:
  - Intensive outpatient/day treatment services
  - Detoxification services
  - Halfway house
  - Residential treatment
- Mental health services:
  - Psychological/neuropsychological testing (authorization not required for first three hours)
  - Community psychiatric support and treatment (CPST)
  - Comprehensive community support
  - Assertive community treatment
  - Intensive psychiatric rehabilitation
  - Targeted case management
  - Day treatment
  - Behavioral health intervention services
  - In-home nursing services

## Cardiac rehabilitation

Precertification is required for all services.

## Chemotherapy

■ Precertification is not required for procedures performed in the following outpatient settings:

- Office
- Outpatient hospital
- Ambulatory surgery center

■ Precertification is required for:

- Inpatient chemotherapy as part of the inpatient admission
- Chemotherapy drugs

To check the coverage and precertification requirement status for oncology drugs and adjunctive agents, use our online Precertification Lookup tool.

Limitations and exclusions apply for experimental and investigational treatments.

## Claims billing address

Amerigroup Iowa, Inc.  
P.O. Box 61010  
Virginia Beach, VA 23466

## Dental services

Amerigroup covers all medically necessary charges related to dental procedures provided in a hospital setting. To verify dental coverage or service limitations please contact IME.

- 1-800-544-0718 (toll free)
- 515-261-5500 (local)
- 1-888-287-7312 (TDD)

## Diagnostic testing

More information will be made available as soon as possible.

## Durable medical equipment (DME)

Precertification is not required for:

- Preferred blood glucose meters which are a:
  - Freestyle Lite System kit
  - Freestyle Freedom Lite kit
  - Freestyle InsuLinx meter
  - Precision Xtra meter
- Nebulizers
- Dialysis and end-stage renal disease (ERSD) equipment
- Gradient pressure aid
- Light therapy
- Sphygmomanometers
- Walkers

Precertification is required for:

- All rental DME equipment
- Certain DME

Request precertification with a Certificate of Medical Necessity (CMN) – available on our website – or by submitting a physician order and Amerigroup Referral and Authorization Request form.

You must send a complete CMN with each claim for:

- Hospital beds
- Support surfaces
- Motorized wheelchairs
- Manual wheelchairs
- Continuous positive airway pressure (CPAP)
- Lymphedema pumps
- Osteogenesis stimulators
- Transcutaneous electrical nerve stimulators (TENS)
- Seat lift mechanism
- Power-operated vehicles (POVs)
- External infusion pumps
- Parenteral nutritions
- Enteral nutrition pumps
- Oxygen

We must agree on HCPCS and/or other codes for billing, and we require you to use appropriate modifiers (e.g., NU for new equipment, RR for rental equipment).

## Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Members can self-refer; precertification is not required.

- Use the American Academy of Pediatrics Periodicity Schedule and American Academy of Pediatric Dentistry (AAPD) Recommendations for Preventive Pediatric Dental Care, and document visits.
- Vaccine serum is received under the Vaccines for Children (VFC) program for eligible Amerigroup members (0-18 years of age).

## Emergency room

- Precertification is not required.
- We must be notified within 24 hours or the next business day if a member is admitted into the hospital through the emergency room. We will not deny these claims, however, if notification is not received.

## ENT services (otolaryngology)

- Precertification is not required for network providers for evaluation and management (E&M), testing and procedures.
- Precertification is required for tonsillectomy and/or adenoidectomy, nasal/sinus surgery, and cochlear implant surgery and services.

## Family planning/sexually transmitted infections care

- Members can self-refer to any in- or out-of-network provider for these services.
- Precertification is not required.

## Gastroenterology services

- Precertification is not required for network providers for E&M, testing and procedures.

- Precertification is required for upper endoscopy and bariatric surgery, including insertion, removal, and/or replacement of adjustable gastric restrictive devices and subcutaneous port components.

### Gynecology (also see “Obstetrical care”)

Precertification is not required for network providers for E&M, testing and procedures.

### Hearing services

- Digital hearing aids require precertification.
- Precertification is not required for:
  - Diagnostic and screening tests
  - Hearing aid evaluations
  - Counseling

### Home health care services

- Precertification is required.
- Drugs and DME require separate precertification.

### Hospice care

Precertification is required.

### Hospital admission

- Precertification is required for elective or nonemergent admissions and some same-day/ambulatory services, including behavioral health admissions.
- Notification is required for coverage of emergency and obstetric admissions within 24 hours or the next business day. We will not deny these claims, however, if notification is not received.
- To be covered, preadmission testing must be performed by an Amerigroup-preferred lab vendor or network facility outpatient department. See our provider referral directory for a complete listing of participating vendors.

### Intermediate care facility for individuals with intellectual disability (ICF/ID) – private facilities only

Precertification is required.

### Injectables

- Self-administered injectables can be obtained through any pharmacy in our network that dispenses these medications
- Some medical injectables require prior authorization when covered under the medical benefit and administered in the physician’s office

### Laboratory services (outpatient)

More information will be made available as soon as possible.

### Medical supplies

Precertification is not required for disposable medical supplies.

### Neurology

- Precertification is not required for network providers for E&M, testing and certain other procedures.
- Precertification is required for neurosurgery, spinal fusion and artificial intervertebral disc surgery.

### Nursing facility/skilled nursing facility services

- Precertification is not required if an item is covered under a nursing facility’s content of service. Example: O2 under DME is considered part of the per diem rate to a nursing facility.
- We request network hospitals **notify** us within one business day if the level of care for a patient changes. **This is not the same as requesting a precertification.**

### Observation

- No precertification is required for in-network observation, but notification is required.
- If observation results in admission, notification to Amerigroup is required within 24 hours or the next business day. We will not deny these claims, however, if notification is not received.

### Obstetrical care

- Members can self-refer to a network OB/GYN.
- We only require notification; precertification is not required for labor and delivery or OB services, including OB visits, diagnostic tests, laboratory services, prenatal or postpartum office visits or ultrasounds when performed by a participating provider.
- You must notify Amerigroup:
  - At the first prenatal visit and within 24 hours of delivery with newborn information; please include baby’s mode of delivery, gender, weight in grams, gestational age in weeks and disposition at birth.
  - With the mother’s pediatrician selection for continuity of care.

### Ophthalmology

- Precertification is not required for network providers for E&M, testing and certain other procedures.
- Precertification is required for repair of eyelid defects.
- We do not cover services considered cosmetic.

### Oral maxillofacial

See the *Plastic/Cosmetic/Reconstructive Surgery* section of this QRC.

### Out-of-area/out-of-network care

Precertification is required, except for emergency care, EPSDT screening, family planning and OB care.

### Outpatient/ambulatory surgery

Precertification requirement is based on the service performed. Please use our online Precertification Lookup tool.

## Pain management/physiatry/physical medicine and rehabilitation

Precertification is required for all non-E&M-level testing and procedures.

## Pharmacy

The Amerigroup pharmacy benefit provides coverage for medically necessary medications from any licensed prescriber for legend and nonlegend medications that appear in the latest revision of the Iowa Medicaid formulary/preferred drug list (PDL) for Medicaid and CHIP members.

A link for the Iowa PDL is available on our website at [providers.amerigroup.com/ia](http://providers.amerigroup.com/ia), or you can call Express Scripts at 1-855-712-0104 for more information. Pharmacy providers can call the Express Scripts pharmacy help desk at 1-855-690-8353 for claims processing questions.

- Check pharmacy eligibility by calling 1-800-454-3730.
  - Pharmacy prior authorization requests:
    - Submit a pharmacy prior authorization request online at [www.express-path.com](http://www.express-path.com)
    - Fax a prior authorization request to 1-800-601-4829
    - Call 1-855-712-0104
- Our online prior authorization tool allows you to:
  - Verify member eligibility
  - Attach clinical documentation
  - Drug lookup
  - Enter multiple requests for multiple drugs at one time
  - Appeal denied requests
  - Upload supporting documents and review appeal status
  - Request medical injectables for those medications obtained by your office/facility for onsite infusion or administration

See the *Injectables* section of this QRC.

## Plastic/cosmetic/reconstructive surgery (including oral maxillofacial services)

- No precertification is required for oral maxillofacial or E&M services from network providers.
- Precertification is required for all other services, trauma to the teeth, and oral maxillofacial medical and surgical conditions, including TMJ.
- Services considered cosmetic in nature or related to previous cosmetic procedures are not covered (e.g., scar revision, keloid removal resulting from pierced ears).
- Reduction mammoplasty requires our medical director's review.

## Radiation therapy

Precertification is not required when performed by a network facility in a provider's office, outpatient hospital or ambulatory surgery center.

## Radiology

See the *Diagnostic Testing* section of this QRC.

## Rehabilitation therapy (short-term): occupational, physical, respiratory and speech therapy

- Precertification is not required for evaluations or initial visits.
- Precertification is required for treatments and inpatient rehabilitation.

## Sleep studies

Precertification is required.

## Sterilization

- No precertification or notification required for sterilization procedures, including tubal ligation and vasectomy.
- **The current Iowa state sterilization consent form is required for claims submission.**
- Reversal of sterilization is not a covered benefit.

## Transportation

Nonemergent transportation is covered by LogisitiCare. Please call 1-844-544-1389 for reservations and 1-844-544-1390 for ride assist.

## Urgent care center

No notification or precertification is required for network facilities.

## Vision services

Routine eye examinations are covered once in a 12-month period. Most routine vision services do not require precertification. If you have any questions, call Superior Vision Care at 1-866-819-4298.

## Waiver services

Precertification is required for all waiver services.

## Well-woman exam

- Members can self-refer for these exams.
- Precertification is not required.

## Revenue (RV) codes

Precertification is required for services billed by facilities with RV codes for:

- Inpatient, including psychiatric admissions, community medical detoxification and PMICs
- OB
- Home health care
- Hospice
- CT and PET scans and nuclear cardiology
- Chemotherapeutic agents
- Pain management
- Rehabilitation (physical/occupational/respiratory therapy)
- Rehabilitation, short term (speech therapy)
- Specialty agents

For a complete list of specific RV codes, visit our provider self-service site at [providers.amerigroup.com/ia](http://providers.amerigroup.com/ia).

# Important contact information

## ■ Our service partners

<b>LogistiCare</b> (nonemergent transportation)	Reservations: 1-844-544-1389 Ride Assist: 1-844-544-1390
<b>Express Scripts, Inc.</b> (pharmacy services)	1-855-712-0104
<b>Superior Vision Care</b> (vision services)	1-866-819-4298

## ■ Provider Experience program

Our Provider Services team offers precertification, case and disease management, automated member eligibility, claims status, health education materials, outreach services, and more. Call 1-800-454-3730 Monday through Friday from 7:30 a.m. to 6 p.m. Central time.

### Provider website and IVR available 24/7/365:

To verify eligibility, check claims status and look up precertification and notification requirements, visit [providers.amerigroup.com/ia](http://providers.amerigroup.com/ia).

**Can't access the Internet?** Call Provider Services and simply say your NPI when prompted by the recorded voice. The recording guides you through our menu of options – just select the information or materials you need when you hear it.

## ■ Claims services

Providers should refer to their specific provider contract for timely filing periods. Generally, paper and electronic claims must be filed within **180** calendar days from date of service for PCPs, specialists, medical ancillary providers, HCBS/LTSS providers, nursing facilities and hospitals.

Timely filing periods begin from the date of discharge for inpatient services and from the dates of service for outpatient/physician services. Timely filing requirements are defined in your provider agreement; please refer to it for detailed requirements.

There are exceptions to the timely filing requirements. They include:

- Cases of coordination of benefits/subrogation – the time frames for filing a claim will begin on the date of the third-party resolution of the claim.
- Cases where a member has retroactive eligibility – in situations of enrollment in Amerigroup with a retroactive eligibility date, the time frame for filing a claim will begin on the date we receive notification from the enrollment broker of the member's eligibility/enrollment.
- Continuity of care – Claims submitted during the 90-day continuity of care period will be allowed a timely filing limit of 12 months from the date of service. Single case agreements may be necessary to authorize non-network care past the initial ninety (90) days of the contract; this is in order to provide continuity of care for members receiving out-of-network services, which allows for filing claims 12 months from the date of service.

Claims will be billed directly to Amerigroup.

## Paper claims must be sent directly to Amerigroup addressed as follows:

Amerigroup Iowa, Inc.  
P.O. Box 61010  
Virginia Beach, VA 23466

## Electronic Data Interchange (EDI)

Call our EDI hotline at 1-800-590-5745 to get started. We accept professional and institutional claims through the following clearinghouse payer IDs:

- Emdeon (formerly WebMD): 27514
- Capario (formerly MedAvant): 28804
- Availity (formerly THIN): 26375
- Smart Data Solutions: 81273

Amerigroup will pay or deny 90 percent of clean claims within 14 calendar days of receipt, 99.5 percent of clean claims within 21 calendar days of receipt and 100 percent of claims within 90 calendar days of receipt.

## Provider grievances and payment disputes

Please reference the most recent version of our Provider Manual at [providers.amerigroup.com/ia](http://providers.amerigroup.com/ia) for full details about how to file a grievance or payment dispute.

## ■ Services to help your Amerigroup patients

### Member Services • 1-800-600-4441

### Translation and interpreter services

1-800-454-3730 (for providers)

1-800-600-4441 (TTY 711) (for members)

We provide telephonic and face-to-face interpreter services, including sign language, to support the linguistic needs of our diverse members, at no cost to the provider or member. During business hours, contact Provider Services or Member Services; after business hours, contact Amerigroup On Call, our 24/7 nurse triage hotline.

### Amerigroup On Call

1-866-864-2544 (English) • 1-866-864-2545 (Spanish) (TTY 711)

Members can call our 24-hour Amerigroup On Call line for health advice 7 days a week, 365 days a year.

### Care Management Services

1-800-454-3730 (for providers)

1-800-600-4441 (TTY 711) (for members)

We offer case and care management services to members who are likely to have extensive health care needs. Our nurse case managers work with you to develop individualized care plans, including identifying community resources, providing health education, monitoring compliance, assisting with transportation, etc.

### Disease Management Centralized Care Unit (DMCCU) services

1-888-830-4300 (for members)

DMCCU services include educational information like local community support agencies and events in the health plan's service area. Services are available for members with the following medical conditions: asthma, bipolar disorder, COPD, CHF, CAD, diabetes, HIV/AIDS, hypertension, major depressive disorder, substance use disorder (SUD) and schizophrenia. Our member-centric, holistic approach also allows us to manage members with multiple conditions like SUDs, cerebrovascular disease, fibromyalgia and musculoskeletal complications.

# AmeriHealth Caritas Iowa Provider Reference Guide

Network account executive: \_\_\_\_\_ Fax number: \_\_\_\_\_

Phone number: \_\_\_\_\_ AmeriHealth Caritas Iowa provider ID number: \_\_\_\_\_

[www.amerihealthcaritasia.com](http://www.amerihealthcaritasia.com)

Provider services	Behavioral health provider services
1-844-411-0579 Fax: 1-844-412-7886	1-844-214-2474 Fax: 1-844-214-2469

**For assistance with:**

- Eligibility checking.
- Claims status inquiry.
- Electronic data exchange (EDI) technical support.
- Reporting demographic data changes.
- Filing an informal complaint.

**Iowa Medicaid Enterprise (IME) Eligibility Verification System (ELVS), available 24/7**

- Des Moines .....1-515-323-9639
- Toll-free..... 1-800-338-7752

**Member services**

- Member services .....1-855-332-2440
  - TTY/TDD..... 1-844-214-2471
  - Member services fax .....1-844-214-2465
- Member Services is available 24 hours a day, seven days a week.

<b>NaviNet</b>	1-888-482-8057 <a href="http://navinet.navimedix.com">navinet.navimedix.com</a>
----------------	--

<b>Bright Start® (maternity services)</b>	1-855-332-2440 Fax: 1-844-201-6798
---	---------------------------------------

- Admission notification of obstetric deliveries and neonatal intensive care.

<b>Rapid Response and Outreach Team</b>	1-855-332-2440 Fax: 1-844-399-0477
---	---------------------------------------

Call Monday – Friday, 8:00 a.m. to 6:00 p.m., for support with care coordination and member access to services, including HealthCheck/ EPSDT services and IDEA services.

**Member Intervention Request Form available at**  
[www.amerihealthcaritasia.com/provider](http://www.amerihealthcaritasia.com/provider)

<b>Health Home Care Connector fax</b>	1-844-280-9130
---------------------------------------	----------------

<b>24/7 Nurse Call Line for members</b>	1-855-216-6065
---	----------------

<b>Peer-to-peer</b>	1-844-412-7887
---------------------	----------------

Pharmacy services (PerformRx)	
• Pharmacy member services .....	1-855-248-0453
• Pharmacy TTY/TDD.....	1-855-205-0983
• Pharmacy provider services .....	1-855-328-1612
• Pharmacy fax .....	1-855-825-2714
• Formulary and forms .....	<a href="http://www.amerihealthcaritasia.com">www.amerihealthcaritasia.com</a>

**Lab services**

- Quest Diagnostics.....1-866-MYQUEST  
or [www.questdiagnostics.com](http://www.questdiagnostics.com)
- Drugscan.....1-800-235-4890
- Essential Testing.....1-855-623-0623

**Non-emergency medical transportation**

- Routine reservations.....1-855-346-9760
- Where's My Ride?.....1-855-212-2213

**Timely claims filing**

- In-network:
- Original submission: no more than 180 days from date of service.
  - Rejected claims: no more than 180 days from date of service.
  - Denied claims: 365 days from date of service.
  - Third Party Liability (TPL) claims: 60 days from the date of the primary insurer's explanation of benefits (EOB).
  - Out-of-network: 365 days from date of service.

<b>Fraud and abuse hotline</b>	1-866-833-9718
--------------------------------	----------------



# AmeriHealth Caritas Iowa Provider Reference Guide

<b>Credentialing</b>	<b>1-855-209-5522</b>
<b>Vision (Avesis)</b>	<b>1-800-952-6674</b>
<b>Emergency room (ER) policy</b>	
AmeriHealth Caritas Iowa does not require prior authorization for emergency services provided by network or non-network providers when a member seeks emergency care.	
<b>Arranging electronic services (EDI, EFT and ERA)</b>	
Contact your practice management or EDI vendor to arrange for electronic claims or remittance transmissions. Or contact Change Healthcare (formerly Emdeon) at 1-877-363-3666 or visit <a href="http://www.ChangeHealthcare.com">www.ChangeHealthcare.com</a> to arrange: <ul style="list-style-type: none"> <li>• Electronic claims submission (EDI).</li> <li>• Electronic funds transfer (EFT).</li> <li>• Electronic remittance advice (ERA).</li> </ul> EDI technical support.....1-844-341-7644	
<b>Physical Health utilization management</b>	<b>1-844-411-0604 Fax: 1-844-211-0972</b>
<b>Fax numbers:</b> <ul style="list-style-type: none"> <li>• Prior authorization.....1-844-399-0478</li> <li>• Admission notification and/or concurrent review.....1-844-211-0973</li> <li>• Discharge notification and/or discharge planning (includes discharge summary or instructions)..... 1-844-211-0974</li> </ul> For a complete list of services requiring prior authorization, go to the plan website at <a href="http://www.amerihealthcaritasia.com">www.amerihealthcaritasia.com</a> .	
<b>Behavioral health prior authorization</b>	<b>1-844-214-2474 Fax: 1-844-214-2469</b>
<b>LTSS prior authorization</b>	<b>1-844-411-0604 Fax: 1-844-399-0479</b>
<b>Direct access services</b>	
<ul style="list-style-type: none"> <li>• Emergencies.</li> <li>• Immunizations.</li> <li>• Prenatal OB visits.</li> <li>• Routine OB/GYN visits and women's preventive health care services.</li> <li>• Routine family-planning services.</li> <li>• Services for sexually transmitted diseases (STDs).</li> </ul>	

<b>Claims submission</b>
<b>AmeriHealth Caritas Iowa electronic payer ID number: 77075</b> AmeriHealth Caritas Iowa Attn: Claims Processing Department P.O. Box 7113 London, KY 40742 <b>Remember to:</b> <ul style="list-style-type: none"> <li>• Mark claims "resubmitted" or "corrected" as appropriate.</li> <li>• Match the dates and dollars on claims submitted with EOB from another payer.</li> </ul>

<b>Provider appeals and disputes</b>
For provider standard medical necessity appeals (providers can appeal on the member's behalf): AmeriHealth Caritas Iowa Attn: Member Appeals Coordinator Member Appeals Department 601 Locust Street, Suite 900 Des Moines, Iowa 50309

For provider appeals of inpatient cases: AmeriHealth Caritas Iowa Attn: Provider Appeal Coordinator Provider Appeals Department P.O. Box 7128 London, KY 40743
---

For formal provider disputes: AmeriHealth Caritas Iowa Attention: Provider Disputes P.O. Box 7127 London, KY 40742
--

<b>Claim disputes</b>
Claim disputes must be submitted in writing within 180 days from the date of the service: AmeriHealth Caritas Iowa Attn: Claim Disputes P.O. Box 7122 London, KY 40742

<b>Other important contact information</b>
Iowa Department of Human Services (DHS) P. O. Box 36450 Des Moines, IA 50315 Iowa DHS phone.....1-800-338-7909 Fax.....1-515-725-1155 Monday - Friday, 8:00 a.m. - 5:00 p.m. CST Email.....IMEProviderServices@dhs.state.ia.us Report child or dependent adult abuse to Iowa DHS.....1-800-362-2178 1-515-256-4609 (Des Moines area)



## UnitedHealthcare Community Plan of Iowa Quick Reference Guide

This reference guide provides you with quick access to a variety of resources to make it easy for you to contact us regarding our UnitedHealthcare Community Plan. For Provider Services, call **888-650-3462**.

### Provider Services



- Confirm member eligibility and benefits
- Provide care coordination notification
- Check claims status
- Request prior authorization
- Update facility/practice data
- Submit an appeal request

Representatives are available M – F 8:00 a.m. – 5:00 p.m. CT. (Except major holidays)  
Effective April 1, 2016: Representatives are available M – F 7:30 a.m. to 6:00 p.m. CT

### Eligibility, Benefits and Prior Authorizations



Call Provider Services or access Link online (see Link information under Other Resources on next page).

### Claims Submissions



#### Electronic Claims:

To submit claims within 180 days of service:  
UnitedHealthcareOnline.com > secure logon > [Claims & Payments](#).  
Payer ID: 87726

#### Paper Claims:

United Healthcare Community Plan Claims  
P.O. Box 5220  
Kingston, NY 12402-5220

### Claims Management & Reconsideration



Call Provider Services or access Link online (see Link information under Other Resources on next page).

### Prior Authorization Requests



Phone: **888-650-3462**

We also accept faxed prior authorization requests: **888-899-1680**



**Prior Authorization forms** are located at UHCommunityPlan.com > For Health Care Professionals > Iowa > Provider Forms > [Prior Authorization Faxed Request Form](#) or Prescription Drug Prior Authorization Request Form or the Pharmacy Program tab for some drug-specific forms.



**Radiology and Cardiology** have a unique prior authorization process posted to UnitedHealthcareOnline.com > [Notifications/Prior Authorizations](#) > Radiology or Cardiology.

**For a complete list** of which services require prior authorization: UHCommunityPlan.com > For Health Care Professionals > Iowa > Billing & Reference Guides > [Advanced Notification/Prior Authorization List](#).



**Network Referrals**

You may find a network provider either online or by calling us.

**Online:** [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > For Health Care Providers > Iowa > Find a Physician (for any provider type).

**Call:** Provider Services



**Appeals**

**Mail form to:**

UnitedHealthcare Community Plan  
 Attention: Provider Dispute  
 P.O. Box 31364  
 Salt Lake City, UT 84131

The appeal form is located at [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > For Health Care Professionals > Iowa > Provider Forms > [Provider Disputes](#).

**Other Resources**



For more information, please contact your provider advocate. You may also find information at [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > For Health Care Professionals > [Iowa](#)

Additional information about **Link**:

To access Link, go to [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) using your Optum ID. If you don't have an Optum ID, you may register for one at [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com).

To learn more about Link, please visit [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > Tools & Resources > Health Information Technology > [Link](#).



**Sample ID Card**

**UnitedHealthcare** | Community Plan  
 Health Plan/Plan de salud (80840) 911-87726-04

Member ID/ID del Miembro: 999999999 Group/grupo: IAQHP  
 Member/Miembro: SUBSCRIBER M BROWN Payer ID/ID del Pagador: 87726

PCP Name/Nombre del PCP: DR. PROVIDER BROWN  
 PCP Phone/Teléfono del PCP: (999)999-9999

DOB: 00/00/0000

**OPTUMRx**  
 Rx Bin: 610494  
 Rx Grp: ACUIA  
 Rx PCN: 4444

Printed: 04/23/12

En caso de emergencia, acuda a la sala de emergencia más cercana o llame al 911. In an emergency, go to the nearest emergency room or call 911. Unauthorized use of non-plan providers may result in benefits denial. [www.MyUHC.com/CommunityPlan](http://www.MyUHC.com/CommunityPlan)

For Members/Para Miembros: 800-464-9484 TDD 711  
 For Providers: [www.unitedhealthcareonline.com](http://www.unitedhealthcareonline.com) 888-650-3462  
 Claims Address: P.O. Box 5220, Kingston, NY 12402-5220

For Pharmacist: 877-305-8952  
 Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903

DHS14 Administered by UnitedHealthcare Plan of the River Valley, Inc. Iowa Medicaid

To view sample Member Identification (ID) cards:

[UHCCommunityPlan.com](http://UHCCommunityPlan.com) > For Health Care Professionals > Iowa > [Provider Administrative Manual](#)



## SUMMARY OF ELIGIBILITY VERIFICATION TOOLS

The Iowa Medicaid Enterprise (IME) offers two options for providers to confirm member eligibility, a web portal and telephone line. Both are available 24 hours a day seven days a week. The web portal allows for multiple or batch member eligibility verification over the one-at-a-time method when using the telephone line. Providers may also view and print the web portal eligibility information rather than taking notes from the automated voice through the telephone line. Directions for use of both options are detailed below:

### **IME Eligibility Web Portal:**

The IME is contracted with an electronic vendor, Electronic Data Interchange Support Services (EDISS) to allow eligibility verification. This portal is available to submit real-time requests for eligibility. Eligibility may be confirmed on the date of service or past dates. It is not available prospectively. <https://connect.edissweb.com/>

The login identification (ID) and password may be obtained through EDISS by submitting the Access Request Form to EDISS or by calling EDISS at 1-800-967-7902. Access for multiple users is available.

### **IME Batch Eligibility Verification:**

- The provider will need to register for a 270 batch eligibility transaction in EDISS Connect. After setup is complete for the 270 eligibility in the system, providers can use the same batch upload feature used for claims submission to transmit the files.
- A wide range of education regarding Total Onboarding (TOB) along with electronic billing is also available on the EDI Support Services website.

### **IME Eligibility Verification via Telephone Line:**

- 515-323-9639 (locally in Des Moines)
- **1-800-338-7752** (toll-free)
- Call volume is generally highest at the beginning of each month.

## MCO Eligibility Verification Tools

### **Amerigroup Iowa, Inc.**

Automated voice response:

**1-800-338-7752**

Provider Services:

**1-800-454-3730**, Monday to

Friday, 7:30 to 6:00 p.m.

Web portal: [www.Availity.com](http://www.Availity.com)

Providers can also access Availity through the secure provider site (providers. [amerigroup.com/ia](http://amerigroup.com/ia)), by selecting Eligibility and Benefits and clicking on the link to redirect to the Availity portal.

### **AmeriHealth Caritas Iowa, Inc.**

Provider Services:

**1-844-411-0579**

Behavioral Health Provider Services: **1-844-214-2474**

Web portal: [https://navinet.navimedix.com/sign-in?ReturnUrl=](https://navinet.navimedix.com/sign-in?ReturnUrl/)

Providers can contact AmeriHealth Caritas Iowa, Inc. Provider Services at 1-844-411-0579 or NaviNet Customer Support at 1-888-482-8057 with questions.

### **UnitedHealthcare Plan of the River Valley, Inc.**

Provider Services:

**1-888-650-3462**

Providers can go to [www.UnitedHealthcareOnline.com](http://www.UnitedHealthcareOnline.com) website then hover over Patient Eligibility and Benefits and select Patient Eligibility.

To gain access to Link and UnitedHealthcareOnline.com providers need to connect an Optum ID to the Tax ID of their practice/facility or organization.