Iowa Health Link | AmeriHealth Caritas Iowa

Provider Orientation and Training
Orientation Agenda

- About AmeriHealth Caritas Iowa
- Provider Partnerships
- Member Eligibility and Benefits
- Covered Services
- Provider Network Information
- Medical Management
- Quality Assurance
- Utilization Management
- Claims and Billing
- Provider E-Services
- Resources / Important Contact Info
- Questions?
About AmeriHealth Caritas Iowa
AmeriHealth Caritas Iowa is a member of the AmeriHealth Caritas Family of Companies, a leading national managed care organization. AmeriHealth Caritas is headquartered in Philadelphia, Pennsylvania and is a mission-driven health care organization.

AmeriHealth Caritas is:

- A well-established company with more than 30 years of experience.
- One of the largest managed care organizations in the United States.
- An expert in managed care for Medicaid, Medicare and other underserved populations.
- An industry leader in managing medically-complex members.
- A national presence, operating in 16 states and touching over 6.9 lives.
- A mission-driven company, working to keep families and communities healthy.
- An organization with diverse expertise, including Medicaid, Medicare/Medicaid Plans (MMP)s, Medicare Advantage D-SNP, Behavioral Health and Pharmacy Benefits Management (PBM) services.
Our Mission

We help people get care, stay well and build healthy communities.

AmeriHealth Caritas delivers the expertise needed for success in helping families get the health care they need.

By partnering with dedicated providers and working with communities most in need, we will achieve positive health outcomes throughout Iowa and the United States.
As a member of the AmeriHealth Caritas Family of Companies, AmeriHealth Caritas Iowa is uniquely qualified to provide this population with the coordinated care they deserve.

AmeriHealth Caritas – care is the heart of our work:

• Over 6.9 Million Covered Lives
• Employ 5,200+ Employees, with approximately 440 associates to be dedicated to Iowa
• NCQA Accredited
AmeriHealth Caritas Iowa is well equipped to provide high-level customer service to members and providers.

AmeriHealth Caritas’ corporate systems and centers currently:

• Handle more than 7,000 member and provider calls every day in our 24/7 call centers.
• Receive more than 89 percent of provider claims electronically with automatic adjudication rates of 80 percent.
• Handle more than 9.5 million inquiries annually through a robust web-based provider portal.
• Process on average 3 million claims each month.
Provider Partnerships
AmeriHealth Caritas Iowa understands and values the importance of strong provider partnerships.

Our goal is to support providers with the tools needed to conduct business and care for Plan members.

- Emphasis on ease of administration and e-solutions for providers.
- Dedicated local staff that you know and trust will continue to assist you and meet with you face-to-face on a routine basis.
- Local provider committees offer avenues for input on program development and processes.
- Focus is placed on Integrated Health Care Management (IHCM) to encourage coordination of care and improve the management of services.
- Excellent provider communication is an organization-wide priority.
Administrative Ease and E-Health Solutions

Administrative efficiency will be achieved through electronic claims submission (EDI), electronic remittance advice (ERA), electronic funds transfer (EFT), web-based reporting and electronic referrals/prior authorizations.

Web-Based Portal Functions through our secure provider portal, NaviNet:

- Member Eligibility and Benefits
- Member Panel Rosters
- Third Party Liability Information (TPL)
- Claims Status & Updates
- Prior Authorization for Many Services
- HEDIS Performance
- And much more…
Member Eligibility and Benefits
Who is Eligible?

We are proud to partner with Iowa to provide health care coverage for enrollees of:

• Iowa Medicaid
• Iowa Health and Wellness Plan
• Healthy and Well Kids in Iowa (Iowa hawk-i program)

Through our partnership with you – our dedicated providers – we intend to help our members achieve healthy lives and build healthy communities.

Thank you for choosing us!
Enrollees will be auto assigned by the state to a health plan after Medicaid eligibility has been determined, and subsequently will have a 90 day time period in which to choose a different health plan.

In accordance with 42 C.F.R. § 438.56(c), members may request disenrollment from the Plan as follows:

- For cause, at any time.
- Without cause, at the following times:
  - During the 90 days following the date of the member’s initial enrollment with AmeriHealth Caritas Iowa or the date the State sends the member notice of the enrollment, whichever is later.
  - At least once every 12 months thereafter.
  - Upon automatic reenrollment of a member who is disenrolled solely because he or she loses Medicaid eligibility for a period of 2 months or less, if the temporary loss of Medicaid eligibility has caused the member to miss the annual disenrollment opportunity.
  - When the State imposes the intermediate sanction specified in 42 C.F.R. § 438.702(a)(3).
If the member does not select a PCP, AmeriHealth Caritas Iowa will assign one to the member. The Plan considers the following when assigning a PCP:

• The member’s previous PCP (If known and if the provider’s capacity and location allows).
• The closest PCP to the member’s ZIP code location.
• Children/adolescents within the same family are assigned together.
• Children with special health care needs are assigned to providers with appropriate experience and training.
Member ID Cards

**AmeriHealth Caritas Iowa Member ID**

When selection or assignment of the PCP has been made, the AmeriHealth Caritas Iowa member’s identification (ID) card and assigned PCP name (or group name) will be distributed by mail to the member within ten (10) days of selection or assignment.

- AmeriHealth Caritas Iowa members who wish to change their PCP will be notified of the opportunity and procedures to follow.

**Iowa Medicaid ID**

In addition to their AmeriHealth Caritas Iowa ID card, Members will also be required to present their Iowa Medicaid ID card at the time of service.

If a member has questions about their cards, please request that they contact AmeriHealth Caritas Iowa Member Services at **1-855-332-2440**.
How to Verify Member Eligibility

As a participating provider, you are responsible to verify member eligibility with AmeriHealth Caritas Iowa before rendering services, except when a member requests services for an emergency medical condition.

To Verify Eligibility:

• Call Provider Services at **844-411-0579** and follow the prompts.
• Sign on directly to our secure provider portal, NaviNet at [https://navinet.navimedix.com](https://navinet.navimedix.com), or you may also access NaviNet through the AmeriHealth Caritas Iowa website: [www.amerihealthcaritasia.com](http://www.amerihealthcaritasia.com)
• The Iowa Medicaid Enterprise (IME) has an electronic phone system (ELVS) that allows providers to verify member eligibility 24 hours a day, seven days a week. Enter a provider number and the member’s state Medicaid ID:
  – 515-323-9639 (locally in Des Moines)
  – 1-800-338-7752 (toll-free)
Covered Services
For a list of covered and non-covered physical, behavioral health benefits, please reference to the Provider Manual at [www.amerihealthcaritasisia.com](http://www.amerihealthcaritasisia.com)
Emergency Services

• AmeriHealth Caritas Iowa ensures the availability of emergency services 24 hours a day, seven days a week (24/7).

• AmeriHealth Caritas Iowa will not deny payment for treatment obtained when a member had an emergency medical condition, or when the condition was in fact non-emergent in nature but appeared on presentation and/or during medical screening to be an emergency condition under the “prudent layperson” standard.

• AmeriHealth Caritas Iowa does not require prior authorization for emergency services provided by network or non-network providers when a Plan member seeks emergency services.
Non-Emergent Emergency Room Visits – Member Copays

AmeriHealth Caritas will implement co-pays for non-emergent Emergency Room Visits for the Iowa Health and Wellness Plan and hawk-i populations:

- Iowa Health and Wellness: $8.00/per visit
- Iowa hawk-i: $25.00/visit

A copayment shall not be imposed on hawk-i members whose family income is less than one-hundred and fifty percent (150%) of the federal poverty level.
### Exempt Populations

AmeriHealth Caritas Iowa will ensure co-payments are not imposed for the following populations:

<table>
<thead>
<tr>
<th>Category</th>
<th>Eligibility Details</th>
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</thead>
<tbody>
<tr>
<td>Individuals between ages one (1) and eighteen (18), eligible under</td>
<td>42 C.F.R. § 435.118;</td>
</tr>
<tr>
<td>Individuals under age one (1), eligible under 42 C.F.R. § 435.118;</td>
<td></td>
</tr>
<tr>
<td>Disabled or blind individuals under age eighteen (18) eligible under</td>
<td>42 C.F.R. § 435.120 or 42 C.F.R. § 435.130;</td>
</tr>
<tr>
<td>Children for whom child welfare services are made available under</td>
<td>Part B of title IV of the Social Security Act on the basis of being a child in foster care and individuals receiving benefits under Part E of that title without regard to age;</td>
</tr>
<tr>
<td>Disabled children eligible for Medicaid under the Family Opportunity Act;</td>
<td></td>
</tr>
<tr>
<td>Pregnant women, during pregnancy and through the postpartum period</td>
<td>which begins on the last day of pregnancy and extends through the end of the month in which the sixty (60) day period following termination of pregnancy ends;</td>
</tr>
<tr>
<td>Any individual whose medical assistance for services furnished in an</td>
<td>institution is reduced by amounts reflecting available income other than required for personal needs;</td>
</tr>
<tr>
<td>An individual receiving hospice care, as defined in Section 1905(o) of</td>
<td>the Social Security Act;</td>
</tr>
<tr>
<td>An Indian (as defined at 42 C.F.R. § 447.51) who is currently</td>
<td>who is currently receiving or has ever received an item or service furnished by an Indian health care provider or through referral under contract health services; and</td>
</tr>
<tr>
<td>Individuals who are receiving Medicaid by virtue of their breast or</td>
<td>cervical cancer diagnosis under 42 C.F.R. § 435.213.</td>
</tr>
</tbody>
</table>
Non-emergent Emergency Room Copays

**Exempt Services**
AmeriHealth Caritas Iowa will ensure co-payments are not imposed for the following services

<table>
<thead>
<tr>
<th>Service Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive services provided to children under age eighteen (18)</td>
</tr>
<tr>
<td>Pregnancy-related services, including those defined at 42 C.F.R. § 440.210(a)(2) and 440.250(p) and counseling for cessation of tobacco use</td>
</tr>
<tr>
<td>Provider preventable services as defined at 42 C.F.R. § 447.26(b)</td>
</tr>
<tr>
<td>Family planning services and supplies described in section 1905(a)(4)(C) of the Social Security Act.</td>
</tr>
</tbody>
</table>

AmeriHealth Caritas Iowa
Member Inability to Pay the Copayment

- Members can assert to providers that they are unable to pay the copayment.
- **Providers may not deny care or services to any member because of his or her inability to pay the copayment.**
- Member’s total cost sharing shall not exceed five percent (5%) of their quarterly household income. When cost sharing exceeds 5% of quarterly household income, cost sharing will no longer be collected. The provider’s reimbursement will be adjusted accordingly; that is, any co-payment amounts will no longer be deducted from claims reimbursement.
Emergency Room Instructions Regarding Copays

Hospitals should be aware that before they provide non-emergency treatment and impose copays, the hospital must:

• Inform the individual of the amount of his or her cost sharing obligation for non-emergency services provided in the emergency department;

• Provide the individual with the name and location of an available and accessible alternative non-emergency services provider. If geographical or other circumstances prevent the hospital from meeting this requirement, cost-sharing may not be imposed;

• Determine that the alternative provider can provide services to the individual in a timely manner with the imposition of a lesser cost sharing amount. The assessment of access to timely services shall be based on the medical needs of the enrollee; and

• Provide a referral to coordinate scheduling for treatment by the alternative provider.
Family planning services and supplies are limited to those services and supplies whose primary purpose is family planning and which are provided in a family planning setting.

- Approved methods of contraception
- Sexually transmitted infection (STI) or sexually transmitted disease (STD) testing, Pap smears and pelvic exams
- Drugs, supplies, or devices related to women’s health services described above that are prescribed by a health care provider; and
- Contraceptive management, patient education, and counseling.
Preventive Care

Preventive Care/Immunizations
Preventive care includes a broad range of services (including screening tests, counseling, and immunizations/vaccines).

• Providers are required to administer immunizations in accordance with the recommended childhood immunization schedule for the United States, or when medically necessary for the member’s health.

• Providers are required to prepare for the simultaneous administration of all vaccines for which a member under the age of 21 is eligible at the time of each visit.

• Providers are required to participate in the Vaccines for Children Program (VFC).

Guidelines for Preventive Services
AmeriHealth Caritas Iowa has adopted the U.S. Preventive Services Task Force (USPSTF) Guide to Clinical Preventive Services, and the adult immunization schedule approved by the Advisory Committee on Immunization Practices (ACIP), the American College of Obstetricians and Gynecologists (ACOG), and the American Academy of Family Physicians (AAFP).
Immunization Schedules (Childhood, Adolescent and Adult)

- Visit the Centers for Disease Control and Prevention (CDC) at [http://www.cdc.gov/vaccines/recs/schedules/default.htm](http://www.cdc.gov/vaccines/recs/schedules/default.htm) for recommended vaccines and immunizations.

- Visit [http://www.uspreventiveservicestaskforce.org/uspsttopics.htm](http://www.uspreventiveservicestaskforce.org/uspsttopics.htm) for the Guide to Clinical Preventive Services for recommendations made by the USPSTF for clinical preventive services.

Vaccines for Children Program

Vaccines for members age 18 years and younger should be obtained through the Vaccines for Children Program (VFC). Vaccinations covered by the VFC program will not be reimbursed by AmeriHealth Caritas Iowa. Providers are expected to plan for a sufficient supply of vaccines and are required to report the use of VFC vaccines immunizations by billing with the appropriate procedure codes and modifiers.
Pharmacy Services

Starting April 1, 2016, AmeriHealth Caritas Iowa will provide prescription drug coverage for members. PerformRx®, an affiliate of the AmeriHealth Caritas Family of Companies, is the delegated manager of pharmacy services covered by AmeriHealth Caritas Iowa.

AmeriHealth Caritas Iowa will implement the IME drug formulary and prior authorization criteria for medical necessity determinations.

In the event that a member needs pharmacy services before they receive their new ID card, please encourage the AmeriHealth Caritas Iowa member to:

- Ask the pharmacy to call Pharmacy Provider Services at 1-855-328-1612 to obtain the member’s new ID number or if they have any questions or problems.
- Call our Pharmacy Member Services team at 1-855-248-0453 (TTY/TDD: 1-855-248-0453) if the member needs help or has questions.
Pharmacy Services (continued)
Pharmacy Prior Authorization (PA): Consistent with all applicable laws, AmeriHealth Caritas Iowa will use a PA program to ensure the appropriate use of medications. For any drugs that require prior authorization:

AmeriHealth Caritas Iowa will provide response by telephone or other telecommunication device within twenty-four (24) hours of a request for prior authorization.

AmeriHealth Caritas Iowa will provide for the dispensing and reimbursement of at least a seventy-two (72) hour supply of a covered outpatient prescription drug that requires prior authorization in an emergency situation.

There are no co-pays on prescriptions.
Pharmacy Resources

AmeriHealth Caritas Iowa is adopting the IME drug formulary.

For more information on the provision of pharmacy services, including prior authorization forms, or to view the searchable and printable Iowa drug formulary, please visit www.amerihealthcaritasia.com for questions regarding pharmacy services, Plan members and providers may contact PerformRx at:

- Pharmacy Provider Services **1-855-328-1612**
- Pharmacy Member Services (Medicaid): **1-855-248-0453**
- Pharmacy TTY/TDD: **855-205-0983**
- Pharmacy Prior Authorization Fax: **1-855-825-2714**
Vision Services

Comprehensive Eye Care Administrator

AmeriHealth Caritas Iowa’s routine vision, eye wear and eye medical/surgical benefits are administered through Avesis. Inquiries regarding these benefits should be directed to the Avesis at 1-800-952-6674 or you may visit their web site at www.avesis.com.

Dental Services (not covered by AmeriHealth Caritas Iowa)

Iowa DHS will continued to manage the Dental Wellness Plan for enrolled Iowa Health and Wellness Plan members. If you have questions, please visit DWPlowa.com or call 1-888-472-2793 for more information.
Lab Services

In an effort to provide high quality laboratory services in a managed care environment for our members, AmeriHealth Caritas Iowa has made agreements with the following laboratories.

To quickly establish an account with one or more of these labs please call the numbers listed below or visit their website.

<table>
<thead>
<tr>
<th>Laboratory</th>
<th>Type</th>
<th>Phone</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quest Diagnostic LLC</td>
<td>General Lab Services</td>
<td>See website</td>
<td><a href="http://www.questdiagnostics.com">www.questdiagnostics.com</a></td>
</tr>
<tr>
<td>Drugscan, Inc.</td>
<td>Specialty</td>
<td>800-235-4890</td>
<td><a href="http://www.drugscan.com">www.drugscan.com</a></td>
</tr>
<tr>
<td>Essential Testing</td>
<td>Specialty</td>
<td>618-623-0623</td>
<td><a href="http://www.etlab.org">www.etlab.org</a></td>
</tr>
</tbody>
</table>
24/7 Nurse Call Line and Transportation

24/7 Nurse Advice Line
AmeriHealth Caritas members also have 24/7 access to a dedicated telephone line for nurse triage services at 1-855-216-6065.
RNs evaluate the member’s health status, provide health advice and decision support, and facilitate the use of relevant healthcare practitioners and settings. Based on symptoms or health questions, RNs follow physician-authored clinical guidelines to recommend the appropriate treatment.

Non-Emergency Transportation Services
Non-emergency transportation services will provided to all eligible Medicaid, hawk-I and Waiver populations. Members may schedule or confirm transportation by calling:

● Transportation Services, Routine Reservations: 1-855-346-9760
● AmeriHealth Caritas Iowa NEMT “Where’s my Ride?”: 1-855-212-2213
AmeriHealth Caritas Iowa offers robust value-added services:

• The AmeriHealth Caritas CARE Card (Member incentive program)
• Tele-health Services and Tele-monitoring
• Care Coordination Management
• Mobile Health Units
• Member contact via mobile app, e-mail and text
• Free cell phones – for eligible members to stay connected to their health care providers (Must meet federal eligibility guidelines)

These value-added programs will be made available throughout the program year. Please contact provider services at 1-844-411-0579 for more information about the programs and their start dates.
Additional Member Programs

- Lose to Win
- Focus on Fitness - Gym Membership
- Weight Watchers
- Nutritional Counseling with case management referral
- Smoking Cessation Program
- Mission GED

If you would like more information about any of these programs, please call Provider Services at 1-844-411-0579.

Members can call Member Services at 1-855-332-2440 (TTY: 1-844-214-2471).
Provider Network Management
• AmeriHealth Caritas Iowa will credential new providers according to Iowa’s requirements and National Committee for Quality Assurance (NCQA) standards.

• AmeriHealth Caritas Iowa will also re-credential existing providers at the next appropriate interval, according to NCQA.

• AmeriHealth Caritas Iowa works with the Council for Affordable Quality Healthcare (CAQH) to offer practitioners a Universal Provider Data source that simplifies and streamlines the data collection process for credentialing and re-credentialing. There is no charge to practitioners to submit applications and participate in CAQH.

• If you are not currently a CAQH participating practitioner, we highly recommend subscribing at www.caqh.org.

• Practitioners who are not affiliated with CAQH or prefer a paper credentialing process may go to www.amerihealthcaritasia.com to access necessary credentialing documents or call providers services at 1-844-411-0579 for assistance.
Provider Participation Standards

• Be eligible to participate in any state or Federal health care benefit program.
• Comply with all pertinent Medicaid regulations.
• Treat AmeriHealth Caritas Iowa members in the same manner as other patients.
• Provide covered services to all AmeriHealth Caritas Iowa members who select or are referred to you as a provider.
• Provide covered services without regard to religion, gender, sexual orientation, race, color, age, national origin, creed, ancestry, political affiliation, personal appearance, health status, pre-existing condition, ethnicity, mental or physical disability, participation in any governmental program, source of payment, or marital status. All providers must comply with the requirements of the Americans with Disabilities Act (ADA) and Section 504 of Rehabilitation Act of 1974.
• Not segregate members from other patients (applies to services, supplies and equipment).
• Not refuse to provide services to members due to a delay in eligibility updates.
For access to care standards, see the Provider Manual under the Resources section at www.amerihealthcaritasia.com.

- Medical Access
- Behavioral Health Access
- Long Term Services and Support Access
After-Hours Access/On-Call Requirements for PCPs

Members must have access to quality, comprehensive health care services 24 hours a day, seven days a week. AmeriHealth Caritas Iowa will monitor access to after-hours care on an annual basis by conducting a survey of PCP offices after normal business hours.

- PCPs must offer an answering machine or answering service for members who call after hours. After-hours coverage must be accessible using the medical office’s daytime telephone number.
- Answering services must forward calls to the provider or on-call provider, or instruct the member that the provider will contact the member within 30 minutes.
- When an answering machine is used after hours, the answering machine must provide the member with a process for reaching a provider after hours.
- For emergent issues, both the answering service and answering machine must direct the member to call 911 or go to the nearest emergency room.
When members choose a provider as their PCP, they are assigned to the provider’s panel of members. The panel remains open unless the following occurs:

- The PCP is under sanction;
- The PCP has voluntarily closed his/her panel; or, 
- The panel is closed by AmeriHealth Caritas Iowa due to member access issues.

A PCP must provide written notice to AmeriHealth Caritas Iowa at least 90 days in advance if the PCP decides to close their panel.
Providers are required to comply with all Plan policies and with all relevant legal or regulatory standards, as set by outside legal or regulatory authorities.

The primary areas of compliance with policies and regulations for Plan providers are:

- Americans with Disabilities Act (ADA) / Rehabilitation Act
- Health Insurance Portability and Accountability Act (HIPAA)
- Fraud, Waste & Abuse (FWA)
- False Claims Act
- Advance Directives
- Marketing Activities
- Cultural and Linguistic Requirements – Section 601, Title VI of the Civil Rights Act of 1964
Provider Compliance Responsibilities

The Americans with Disabilities Act (ADA) and the Rehabilitation Act

Section 504 of the Rehabilitation Act of 1973 (“Rehab Act”) and Title III of the Americans with Disabilities Act of 1990 (ADA) prohibit discrimination against individuals with disabilities and require AmeriHealth Caritas Iowa’s providers to make their services and facilities accessible to all individuals. AmeriHealth Caritas Iowa expects its network providers to be familiar with the requirements of the Rehabilitation Act and the ADA and to fully comply with the requirements of these statutes.

Health Insurance Portability and Accountability Act (HIPAA)

AmeriHealth Caritas Iowa is committed to strict adherence with the privacy and security provisions of the Health Insurance Portability and Accountability Act (HIPAA) and expects its practitioners and providers to be familiar with their HIPAA responsibilities and to take all necessary actions to fully comply. Any member record containing clinical, social, financial, or any other data on a member should be treated as strictly confidential and be protected from loss, tampering, alteration, destruction, and unauthorized or inadvertent disclosure.
Fraud, Waste and Abuse (FWA)

Designed in accordance with Federal and State rules and regulations, AmeriHealth Caritas Iowa compliance program is aimed at preventing and detecting activities that constitute FWA. The program includes FWA policies and procedures, investigation of unusual incidents and implementation of corrective action. AmeriHealth Caritas Iowa has provider reference materials that are available by contacting the Provider Services department.
False Claims Act

The False Claims Act (FCA) is a Federal law that applies to fraud involving any contract or program that is federally funded, including Medicare and Medicaid. It prohibits knowingly presenting (or causing to be presented) a false or fraudulent claim to the federal government or its contractors, including state Medicaid agencies, for payment or approval.

The FCA also prohibits knowingly making or using (or causing to be made or used) a false record or statement to get a false or fraudulent claim paid or approved. Health care entities that violate the Federal FCA can be subject to imprisonment and civil monetary penalties ranging from $5,000 to $11,000 for each false claim submitted to the United States government or its contractors, including state Medicaid agencies, as well as possible exclusion from Federal Government health care programs.
Reporting and Preventing FWA

AmeriHealth Caritas Iowa receives state and Federal funding for payment of services provided to our members. In accepting claims payment from AmeriHealth Caritas Iowa providers are receiving state and Federal program funds, and are therefore subject to all applicable Federal and/or state laws and regulations relating to this program. Violations of these laws and regulations may be considered fraud or abuse against the medical assistance program. Compliance with Federal laws and regulations is a priority of AmeriHealth Caritas Iowa.

If you, or any entity with which you contract to provide health care services on behalf of AmeriHealth Caritas Iowa members, become concerned about or identifies potential fraud, waste or abuse, please contact:

**AmeriHealth Caritas Iowa Fraud Waste and Abuse Hotline at (866) 833-9718**

Or

**Iowa Medicaid Fraud – DIA 515-281-5717 or 515-281-7086**
Advance Directives

All AmeriHealth Caritas Iowa providers are required to facilitate advance directives for individuals as defined in 42 C.F.R 489.100. The Advance Directive is a written instruction, such as a living will or durable power of attorney for health care, recognized under state law, relating to providing health care when an individual is incapacitated. If a member is an adult (18 years of age or older), he/she has the right under Federal law to decide what medical care that he/she wants to receive, if in the future the member is unable to make his/her wishes known about medical treatment. The member has the right to choose a person to act on his or her behalf to make health care decisions for them, if the members cannot make the decision for themselves.

The Iowa State Advance Directive, “Gift of Peace of Mind, for yourself, for your Family”, can be found in the Forms section on the AmeriHealth Caritas Iowa website www.amerihealthcaritasia.com.
Provider Marketing Activities Guidelines

Providers are permitted to share the following with Plan members:

- General and factual information about AmeriHealth Caritas Iowa and your participation in the Plan’s network.
- Plan-provided member education materials that have been approved by the Plan and the state.
- Contact information for the state’s enrollment broker.

Providers are prohibited from participating in the following activities:

- Using written or oral methods of communication with members to compare benefits or other aspects of Medicaid managed care organizations.
- Using written or oral methods of communication to share false or misleading information regarding the Plan or the provision of services.
- Performing direct marketing activities or other marketing activities on behalf of the Plan.
- Performing or permitting any marketing activities on behalf of the Plan at your office location.
- Using marketing materials that have not been approved by the Plan and the state.
- Assisting with or making recommendations for enrollment with the Plan, except to refer prospective members to the state’s enrollment broker.
Cultural and Linguistic Requirements

Section 601 of Title VI of the Civil Rights Act of 1964

Our Cultural Competency Program, led by a cross-departmental workgroup, has been built upon the 15 national standards for Culturally and Linguistically Appropriate Services (CLAS) as set forth by the U.S. Department of Health and Human Services. As a provider of health care services who receives federal financial payment through the Medicaid program, you are responsible to make arrangements for language services for members, upon request, who are either Limited English Proficient (LEP) or Low Literacy Proficient (LLP) to facilitate the provision of health care services to such members.

AmeriHealth Caritas Iowa contracts with a competent telephonic interpreter service provider. We have an arrangement to make our corporate rate available to participating plan providers. If you need more information on using this telephonic interpreter service, please contact Provider Services at 1-844-411-0579.
Education in support of culturally competent care

Health care services that are respectful of and responsive to the health beliefs and practices and cultural and linguistic needs of diverse patient populations are more effective at improving the quality of life of AmeriHealth Caritas Iowa members.

For some AmeriHealth Caritas Iowa members, language is the first barrier to health care. But along with language barriers, the culture of different ethnic groups may influence the following:

- An individual member’s health, healing and wellness belief systems
- How a member perceives an illness or a disease and its causes
- The behaviors of members who are seeking health care and their attitudes toward health care providers
Education in support of culturally competent care (continued)

To help providers take the first step in serving diverse populations the Office of Minority Health, part of the U.S. Department of Health & Human Services, offers the following accredited continuing education programs:


Both programs offer continuing education credits and are available online at no cost to participants.

Providers may also visit the Think Cultural Health home page and the Office of Minority Health home page for more information on these programs and for more resources to enhance the cultural competency of their health care practices.
Interpretation Services for AmeriHealth Caritas Iowa Members

Health care providers who are unable to arrange for interpretation services for an LEP, LLP or sensory impaired member should contact AmeriHealth Iowa Member Services at 1-855-322-2440 (TTY: 1-844-214-2471) and a representative will help locate a professional interpreter to communicate in the member's primary language.

When a member uses AmeriHealth Caritas Iowa interpretation services, the provider must sign, date and complete documentation in the medical record in a timely manner.

Note: The assistance of friends, family, and bilingual staff is not considered competent, quality interpretation. These persons should not be used for interpretation services except where a member has been made aware of his/her right to receive free interpretation services and continues to insist on using a friend, family member, or bilingual staff for assistance in his/her preferred language.
Provider Network Management

AmeriHealth Caritas Iowa Provider Network Account Executives function as a provider relations team to advise and educate Plan providers. Provider Network Account Executives assist providers in adopting new business policies, processes and initiatives. From time to time, providers will be contacted by AmeriHealth Caritas Iowa representatives to conduct meetings that address topics including, but not limited to:

- Contract Terms
- Credentialing or Re-credentialing Site Visits
- Health Management Programs
- Orientation, Education and Training
- Program Updates and Changes
- Provider Complaints
- Provider Responsibilities
- Quality Enhancements
- Self-Service Tools
Provider Complaint System

AmeriHealth Caritas Iowa providers may file an informal dispute about AmeriHealth Caritas Iowa’s policies, procedures, or any aspects of AmeriHealth Caritas Iowa administrative functions. AmeriHealth Caritas Iowa will thoroughly investigate each provider complaint using applicable statutory, regulatory, contractual and provider contract provisions. All pertinent facts will be investigated and considered. AmeriHealth Caritas Iowa policies and procedures will also be considered.

Providers may call Provider Services at 1-844-411-0579 to ask questions, or to issue a concern or complaint. The telephone line shall be staffed with live-voice coverage during normal working days (Monday through Friday) from 7:30 a.m. - 6:00 p.m. Central Time, except for established State holidays.
Provider Complaint System (continued)

The State holidays are: New Years Day; Martin Luther King, Jr.’s Birthday; Memorial Day; July 4th; Labor Day; Veterans Day; Thanksgiving; Day after Thanksgiving; and Christmas Day.

A written notice of the outcome of the review will be sent to the provider within 90 days of receipt of the complaint.
Behavioral Health
• Credentialing
• Authorizations Requirements
• Billing
Facility: is an Accredited / Deemed Entity, licensed Substance Abuse Entity and / or freestanding psychiatric hospital.

- Iowa State Standard Facility Credentialing Application with custom supplements that provide us specific info about service locations and services offered at each location.
- Providers that meet this criteria will be credentialed as an organization and bill as an organization – individual employed clinicians are not credentialed individually. We will respect State rules per applicable Medicaid Billing Manuals relative to use of unlicensed and supervised staff.

Unlicensed group practices – This provider type is a group of two or more like licensed practitioners working as a group and collecting revenue under singular tax id and not under the auspices of an accredited / deemed clinic, licensed entity or freestanding psych hospital.

- Each licensed clinician needs to be individually credentialed and Medicaid Enrollment rules apply. Apply through CAQH or complete the Iowa State Standard Credentialing Application.

Individually practicing Behavioral Health clinicians – this provider type is an individual practitioner practicing solo who collects revenue under his / her own social security number or a designated tax id. Each licensed clinician will be individually credentialed and Medicaid enrollment rules apply.

- Each licensed clinician needs to be individually credentialed and Medicaid Enrollment rules apply. Apply through CAQH or complete the Iowa State Standard Credentialing Application.
Services that require Prior Authorization:

- Mental health partial hospitalization
- Mental health and Substance Use inpatient admissions
- Mental Health sub-acute services
- Neuropsychological testing / Psychological testing / Developmental testing
- Behavioral health day treatment (both mental health and substance use disorder)
- Substance use disorder intensive outpatient (IOP) / Day Treatment/Partial Hospitalization
- Substance Use Residential treatment (including crisis residential and substance use disorder rehab and halfway house).
- Electroconvulsive therapy.
- Community Support Services
- Home and Community Based Waiver Services
- Psychiatric Medical Institutions for Children (PMIC)
- Behavioral Health Intervention Services (BHIS)
- Applied Behavior Analysis (ABA)
- Assertive Community Treatment (ACT)
- Psychosocial Rehabilitation Services
- Habilitation Services
- Intensive Psychiatric Rehabilitation Services (IPR)
Services that do NOT require Prior Authorization:

- Psychiatric Evaluation
- Mental health outpatient
- Substance Abuse outpatient
- Medication Management
- Outpatient Nurse visits
Facility: is an Accredited / Deemed Entity, licensed Substance Abuse Entity and / or freestanding psychiatric hospital.

- Claims will be submitted with the organization NPI as both billing and rendering
  - We are not credentialing individuals so individual clinicians are not entered to the system

Unlicensed group practices – This provider type is a group of two or more like licensed practitioners working as a group and collecting revenue under singular tax id and not under the auspices of an accredited / deemed clinic, licensed entity or freestanding psych hospital.

- Each licensed clinician needs to be individually credentialed and Medicaid Enrollment rules apply. Apply through CAQH or complete the Iowa State Standard Credentialing Application.
  - Claims will be submitted with the credentialed individual as rendering

Individually practicing Behavioral Health clinicians –this provider type is an individual practitioner practicing solo who collects revenue under his / her own social security number or a designated tax id. Each licensed clinician will be individually credentialed and Medicaid enrollment rules apply.

- Each licensed clinician needs to be individually credentialed and Medicaid Enrollment rules apply. Apply through CAQH or complete the Iowa State Standard Credentialing Application.
  - Claims will be submitted with the credentialed individual as rendering
Medical Management
What’s Covered for enrollees?

Integrated Health Care Management

- Physical Health
- Behavioral Health
- Pharmacy
- Long Term Services and Supports
- Acute Care
Integrated Health Care Management Overview

AmeriHealth Caritas Iowa’s Integrated Health Care Management (IHCM) program is a holistic solution that uses a population-based health management program to provide comprehensive care management services. This fully integrated model allows members to move seamlessly from one component to another, depending on their unique needs. From this integrated solution AmeriHealth Caritas Iowa delivers and coordinates care across all programs.

The IHCM program includes assessment, treatment and other care planning, as well as service coordination of physical health with behavioral services, IDEA, alcohol and drug abuse treatment providers, community resources and long term services and support (LTSS). The IHCM program also incorporates health and illness self-management education. The program is structured around a member-centered decision support system that drives both communication and treatment plan development through a multidisciplinary approach to management. The IHCM process also includes reassessing and adjusting the treatment plan and its goals as needed.
Integrated Health Care Management Team

AmeriHealth Caritas Iowa’s IHCM team can include Care or Case Managers, nurses, social workers, Care Connectors, Plan medical directors, primary care providers (PCPs), specialists, behavioral health specialists, clinical pharmacists, members and caregivers, parents or guardians. This team works to meet our members’ needs at all levels in a proactive manner that is designed to improve health outcomes.

Plan Members who are designated as high-risk, who suffer from comorbidities or require long-term care will be assigned a Community Care Manager. The Care Manager will collaborate with the necessary IHCM team members and the patient to make sure the he or she gets the most appropriate treatment and to ensure that health care is not accidently duplicated.
The Role of the Care Coordinator

The Care Coordinator will maintain at a minimum monthly contact with the member either by phone or in-person. The Care Coordinator will work with providers to deliver a member-centered approach for integrated care across the spectrum of physical, behavioral health, facility or home-based care needs. Care Coordinators assist by:

- Addressing limited resources in all aspects of a member’s life that will impact medical care and costs.
- Building trusted relationships.
- Monitoring changes in condition.
- Advocating for the member.
- Overcoming barriers to better adherence to medication and self care regimes.

Care Coordinators know that Transitions of Care are Major Events.

- Care Coordinators are involved in assisting the member and the provider to managing the details across settings to prevent readmissions.

Care Coordinators know that Caregiver Involvement is Critical.

- Care Coordinators assist in identifying capable resources (friends, family, agencies, etc.) that can provide the members with better care and the Care Coordinator with a more objective perspective.
Medical Management

There are six core components of our Integrated Health Care Management (IHCM) Program:

- Rapid Response and Outreach
- Pediatric Preventive Health Care
- Bright Start® Maternity Management
- Episodic Care Management (ECM)
- Complex Care Management (CCM)
- Long Term Services and Supports
Rapid Response/Care Coordination

Rapid Response

Our Rapid Response and Outreach Team is designed to address the needs of members and to support providers and their staff. The team is composed of registered nurses, social workers and non-clinical Care Connectors. Together, this team performs three functions on behalf of Plan members and providers: receiving inbound calls, conducting outbound outreach activities and providing care management and care coordination support.

Members and providers may request Rapid Response support Monday through Friday, 8 am to 5:30 pm.

• Telephone: 1-855-332-2440, prompt #3
• Fax: 1-844-399-0477
Let Us Know Program

Providers are encouraged to refer members to the IHCM program through our “Let Us Know” program as needs arise or are identified. If you recognize a member with a special, chronic or complex condition who may need the support of one of our programs, please contact the Rapid Response team at 1-855-332-2440, prompt #3. You may also request assistance with members who have missed appointments, need transportation services, or need further education on their treatment plan or chronic condition. Providers can also complete a “Let Us Know” intervention form and fax to our Rapid Response fax line at 1-844-399-0477
Preventive Services and EPSDT/Care for Kids

Our Pediatric Preventive Health Care Program (PPHC) is designed to improve the health of members from birth to age 21 by increasing adherence to Early Periodic Screening, Diagnosis and Treatment (EPSDT) guidelines (called “Care for Kids” in Iowa) through identification of growth and development needs and coordination of appropriate health care services.

PCPs are responsible to provide Care for Kids services to members from birth to under age twenty-one (21), according to the Iowa Medicaid Care for Kids Periodicity Schedule, or upon request at other times in order to determine the existence of a physical or mental condition. The most current periodicity schedules are available online at www.amerihealthcaritasia.com.
Preventive Health Care Program

EPSDT/HealthCheck Screening Timeframes

PCPs are contractually obligated to provide Care for Kids screenings within 30 days of the scheduled due date for children under the age of two years and within 60 days of the scheduled due date for children age two and older.

Initial HealthCheck screenings must be offered to new members within 60 days of becoming a Plan member, or at an earlier time if needed to comply with the periodicity schedule. At the latest, the initial HealthCheck screening must be completed within three months of the member’s enrollment date with AmeriHealth Caritas Iowa. Periodic HealthCheck screenings must occur within 30 days of the request.

Initial Exam and Assessment

For the initial examination and assessment of a child, PCPs are required to perform the relevant HealthCheck screenings and services, as well as any additional assessment, using the appropriate tools to determine whether or not a child has special health care needs. PCPs must report positive determinations of special health care needs to the AmeriHealth Caritas Iowa Rapid Response team at 1-855-332-2440, prompt 3.
IDEA & Children with Special Health Care Needs

The Individuals with Disabilities Education Act (IDEA), a Federal law passed in 1975 and reauthorized in 1990, mandates that all children receive a free, appropriate public education regardless of the level or severity of their disability.

Children ages 3 to 21 who have been assessed as needing special education services because of a disabling condition are eligible for the program. Through the program, comprehensive evaluations are performed by a multidisciplinary professional team and shared with the parent, PCP, teachers and other stakeholders who are involved with the child’s learning.

PCPs are required to use a valid and standardized developmental screening tool to screen for developmental delays during well child visits or episodic care visits (stand-alone visits qualify as episodic visits). If a child is identified as having a delay that is significantly different than an expected variation, within the norm of age-appropriate development, the PCP is required to refer the child for a comprehensive developmental evaluation.

Practitioners are expected to contact AmeriHealth Caritas Iowa’s Rapid Response team at 1-855-332-2440, prompt #3 to support coordination of services for children who may be eligible or who have been identified as eligible for the IDEA education program.
This program is designed to assist expectant mothers by promoting healthy behaviors and controlling risk factors during pregnancy. The program is based on the Prenatal Care Guidelines from the American College of Obstetricians and Gynecologists (ACOG). As pregnant members are identified by new member assessments, claims data, routine member outreach and provider reporting, Plan staff work to ensure that each pregnant member is aware of the services and support offered through the Bright Start® program.

Under this program and State guidelines, prenatal care providers are expected to complete the Iowa DHS Medicaid Prenatal Risk Assessment to assess risk for each expectant mother. You can locate this form at www.amerihealthcaritasia.com in the provider section under “Forms”. The completed screening tool must be submitted to AmeriHealth Caritas Iowa as part of the authorization for obstetric services.

• Telephone: 1-855-332-2440
• Fax: 1-844-201-6798.
Other Care Management Programs

Episodic Care Management (ECM)
The ECM program coordinates services for new adult and pediatric members, as well as existing members, with short-term and/or intermittent needs. Members in this program typically have singular issues and/or comorbidities. Program staff support members by providing resolution for issues relating to access and care coordination. If the member has long term needs, the member is transitioned to the Complex Care Management team for further care management.

Complex Care Management (CCM)
The CCM program serves members identified as needing comprehensive and disease-specific assessments and re-assessments, along with the development of prioritized goals and an individualized Treatment Plan, developed in collaboration with the member, the member’s caregiver(s) and the member’s physician(s).
Medical Management

**Integrated Health Care Management (IHCM) Program Participation**

Participation in the IHCM program is offered to all Plan members, with the ability for members to opt out upon request. Members may also self-refer into a program by contacting the Plan.

Members are initially identified for specific IHCM needs upon joining the Plan. Through material and telephonic outreach, members are encouraged to let the Plan know if they have a chronic condition or special health need, or if they are receiving on-going care. Based upon member responses to the initial health assessment, members are identified for participation in the appropriate care management program.

**IHCM Program Referral**

Providers are encouraged to refer members to the IHCM program as needs arise or are identified. If you recognize a member with a special, chronic or complex condition who may need the support of one of our programs, please contact the Rapid Response team at 1-855-332-2440, prompt #3.
AmeriHealth Caritas Iowa Members may be eligible for services such as:

• Assistive Devices i.e. long reach brush, non-slip grippers, dressing aids, etc.
• Chore Services
• Environmental Modifications i.e. home or vehicle modifications
• Home Delivered Meals
• Home Maker Services
• Respite Care – temporary relief or regular care giver
• Specialized Medical Equipment i.e. electronic aids, medicine dispensing devices, communication devices, etc.
• Supported Community Living i.e. daily living skills development (food preparation, maintaining living environment, time and money management, etc.)
Eligibility for HCBS Waiver Services

How Does an AmeriHealth Caritas Iowa Member Qualify for HCBS Services?
Any member believed to require Nursing Facility, Skilled Nursing Facility, or ICF/ID level of care is appropriate for referral to HCBS Services.

Examples of other appropriate referrals:
• Member with recent frequent hospitalizations or emergency room visits.
• Member unable to access health services because of physical or behavioral health concerns.
• Member received or is currently receiving in home:
  – physical therapy       - oxygen
  – occupational therapy   - nursing services
• Member requires assistance with activities of daily living such as:
  – Eating               - Cooking
  – Dressing             - Cleaning
  – Bathing              - Doing laundry
  – Toileting            - Paying bills or managing money
  – Transfer and Ambulation - Shopping for food
  – Taking medication    - Getting to appointments
  – Using the telephone
### Waiver Services 1915 (c)* and 1915 (i)*

* Maximum benefit levels may apply.

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Join the Iowa DHS and AmeriHealth Caritas Iowa as we partner in our fight to protect our members from the devastation of abuse, neglect and exploitation. As medical professionals and adults we do have the power to intervene and protect these children and dependent adults from further physical, mental or financial abuse.

You are a mandatory reporter as required by law when there is a reason to suspect that a child or dependent adult has been abused, neglected or exploited.
Who Are the Mandatory Reporters?

Mandatory reporters of child and dependent adult abuse are identified in Iowa law. The purpose of this law is to provide protection to children and incapacitated adults by encouraging the reporting of abuse. The law defines categories of people who must make a report of abuse within 24 hours when they reasonably believe a person has suffered abuse. These mandatory reporters are professionals who have frequent contact with children, generally in one of six disciplines (IDHS, 2010):

- Health
- Education
- Child care
- Mental health
- Law enforcement
- Social workers
Failure to Report

Iowa Code section 232.75 provides for civil and criminal sanctions for failing to report child and dependent adult abuse. Any person, official, agency, or institution required to report a suspected case of child abuse who knowingly and willfully fails to do so is guilty of a simple misdemeanor. Any person, official, agency, or institution required by Iowa Code section 232.69 to report a suspected case of child abuse who knowingly fails to do so, or who knowingly interferes with the making of such a report in violation of section 232.70, is civilly liable for the damages proximately caused by such failure or interference (IDHS, 2010).
Abuse Neglect And Exploitation Of Members

Where to Report Suspected Abuse:

– Abuse in the Community – DHS 800-362-2178
– Abuse in Facilities or Programs – DIA 877-686-0027
– Medicaid Fraud - DIA 515-281-5717 or 515-281-7086
– Information on Elder Abuse: LifeLong Links – 866-468-7887
– Suspected child abuse, 24-hour hotline – 1-800-363-2178
Iowa Training Programs

The state of Iowa offers training programs to assist in your efforts to prevent abuse, neglect an exploitation of our members. The following training modules can be found in the training section of our website: www.amerihealthcaritasi.com or

- State of Iowa’s Dependent Adult Abuse Mandatory Reporter Training (https://www.iowaaging.gov/12-mandatory-reporter-training-powerpoint),
Quality Assurance
AmeriHealth Caritas Iowa’s Quality Assurance and Performance Improvement (QAPI) program provides a framework for evaluating the delivery of health care and services provided to members.

AmeriHealth Caritas Iowa develops goals and strategies considering applicable State and Federal laws and regulations and other regulatory requirements, NCQA accreditation standards, evidence-based guidelines established by medical specialty boards and societies, public health goals and national medical criteria.

AmeriHealth Caritas Iowa also uses performance measures such as HEDIS®, CAHPS®, consumer and Provider surveys, and available results of the External Quality Review Organization (EQRO), as part of its QAPI program.

Preventive health and clinical guidelines are developed using criteria established by nationally recognized professional organizations and with input from the AmeriHealth Caritas Iowa Provider Advisory Council. Guidelines are distributed via the Plan’s website at www.amerihealthcaritasia.com. Hard copies are available upon request.
## Preventive Health Guidelines:

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Medical Record Documentation

Complete and consistent documentation in patient medical records is an essential component of quality patient care. AmeriHealth Caritas Iowa adheres to medical record requirements that are consistent with national standards on documentation. A list of our medical record standards is available in the AmeriHealth Caritas Iowa Provider Manual on our website at www.amerihealthcaritasia.com.
Quality Assurance

Committees and Councils that Support the QAPI Program:

• Provider Advisory Council
• Member Advisory Council
• Quality of Service Committee
• Pharmacy and Therapeutics Committee
• Credentialing Committee
• Culturally and Linguistically Appropriate Service (CLAS) Workgroup

Provider Participation

We encourage provider participation in our quality-related programs. Providers who are interested in participating in one of our Quality Committees may contact Provider Services at 1-855-411-0579 or their Account Executive.
Policy Statement

AmeriHealth Caritas Iowa monitors the quality and appropriateness of care provided to its members by hospitals, clinics, physicians, home health care agencies and other providers of health care services.
Purpose

The purpose of monitoring care is to identify those unusual and unexpected occurrences involving death or serious physical or psychological injury, or the risk thereof, or which otherwise adversely affect the quality of care and service, operations, assets, or the reputation of the Plan.
This includes **critical incidents, sentinel events, never events and minor incidents**. The phrase “or risk thereof” includes any process variation for which an occurrence (as in a “near miss”) or recurrence would carry a significant chance of a serious adverse outcome.
Important definitions and examples include:

**Sentinel Event** – Real-time identification of an unexpected occurrence that causes a member death or serious physical or psychological injury, or risk thereof, that included permanent loss of function. This includes medical equipment failures that could have caused a death and all attempted suicides. These events are referred to as “sentinel” because they signal the need for immediate investigation and response. Please note, the terms “sentinel event” and “medical error” are not synonymous; not all sentinel events occur because of an error and not all errors result in sentinel events.

- Examples of sentinel events are maternal death after delivery or suicide while inpatient.
Important definitions and examples include:

**Critical Incident** - Retrospective identification of an unexpected occurrence that causes a member death or serious physical or psychological injury, or risk thereof, that included permanent loss of function. Critical incidents include:

- Physical injury that requires physician treatment or admission to the hospital
- Results in death
- Requires emergency mental health treatment for the member
- Requires intervention by law enforcement
- Requires report of child abuse
- Prescription medication error or pattern of errors that results in physical injury, physician’s treatment, hospitalization, death or emergency mental health treatment.
Important definitions and examples include:

**Minor Incidents**: means an occurrence involving a member during service provision that is not a major incident and that:

1. Results in the application of basic first aid;
2. Results in bruising;
3. Results in seizure activity;
4. Results in injury to self, to others, or to property; or
5. Constitutes a prescription medication error.

**Reporting Procedure for Minor Incidents** may be reported in any format designated by the provider. When a minor incident occurs or a staff member becomes aware of a minor incident, the staff member involved shall submit the completed incident report to the staff member’s supervisor within 72 hours of the incident. The completed report shall be maintained in a centralized file with a notation in the member’s file.
Important definitions and examples include:

Never Events – Reportable adverse events that are serious, largely preventable, and of concern to both the public and health care providers for the purpose of public accountability. These events are clearly identifiable and measurable. Never events are also considered sentinel events. Examples include (but aren’t limited to):

- Surgery performed on the wrong patient
- Surgery on the wrong body part
- Unintended retention of a foreign object after surgery
- See CMS.gov or NQF.org for a complete list.
Reporting Unusual Occurrences

Providers are expected to report unusual occurrences, as described above and including near misses, to the Plan in real time. The Plan recognizes that the safety of the involved member is the primary goal of the treating practitioner; therefore, allowance is made for the stabilization of the member prior to reporting. All unusual occurrences must be reported to the Plan within 24 hours of occurrence. Reports may be made to the AmeriHealth Caritas Iowa Risk Manager by calling 1-844-411-0579.
AmeriHealth Caritas Iowa’s goals are to:

• Have a positive impact on improving patient care, treatment and services and prevent unusual occurrences;

• Focus the attention of the organization on understanding the causes that underlie the event, and on changing systems and processes to reduce the probability of such an event in the future; and,

• Increase general knowledge about unusual occurrences, their causes and strategies for prevention.

AmeriHealth Caritas Iowa will not take punitive action or retaliate against any person for reporting an unusual occurrence. The practitioners involved will be offered the opportunity to present factors leading to the unusual occurrence and to respond to any questions arising from the review of the unusual occurrence.

For comprehensive procedures following the report of an unusual occurrence, please consult the provider manual at www.amerihealthcaritasia.com.
Utilization Management
The AmeriHealth Caritas Iowa Utilization Management (UM) program establishes processes for implementing and maintaining an effective, efficient utilization management system. Utilization Management activities are designed to assist our providers with the organization and delivery of appropriate health care services to members within the structure of the member’s benefit plan. AmeriHealth Caritas Iowa does not structure compensation to individuals or entities that conduct utilization management activities to incentivize the denial, limitation or discontinuation of medically necessary services to any member.

**Hours and Contact Info**

The AmeriHealth Caritas Iowa UM department hours of operation are 7:30 a.m. to 6:00 p.m., Central Time, Monday through Friday.

Telephone: **1-844-411-0604**  
Fax: **1-844-211-0972**
Prior Authorizations and Notifications

For a listing of the services requiring a Prior Authorization or Notification, go to the provider section of our website at www.amerihealthcaritasia.com.

Either download the correct paper form from the plan website and fax it to the number provided or use JIVA, a web-based service for the submission of prior authorization requests.

NO REFERRALS

Referrals are NOT required when an AmeriHealth Caritas Iowa PCP refers a member to a participating specialist or when a participating specialist refers a member to another participating specialist.
Direct Access Services

- Emergency Services
- Immunizations
- Prenatal OB Visits
- Routine OB/GYN Visits and Women’s Preventive Health Care Services
- Routine Family Planning Services
- Services for Sexually Transmitted Diseases (STDs)

Additionally, AmeriHealth Caritas Iowa Medicaid members have direct access to:

- Routine Vision Services
Continuity of Care

During the first year, with the exception of LTSS, residential services and certain services rendered to dual diagnosis populations, AmeriHealth Caritas Iowa shall honor existing authorizations for covered benefits for a minimum of 90 calendar days, without regard to whether such services are being provided by in-network or out-of-network providers, when a member transitions to AmeriHealth Caritas Iowa from another source of coverage.

AmeriHealth Caritas Iowa shall honor existing exceptions to policy granted by DHS for the scope and duration designated. Beginning January 1, 2017, AmeriHealth Caritas Iowa shall honor existing authorizations for a minimum of 30 calendar days when a member transitions to the Plan from another source of coverage, without regard to whether services are being provided by in-network or out-of-network providers.

Additionally, if a member transitions to another health plan, AmeriHealth Caritas Iowa will provide the receiving health plan with information on any current service authorizations, utilization data and other applicable clinical information such as disease management or care coordination notes.
How to Submit a Request for Prior Authorization

By Telephone or Fax:
Requests for prior authorization of services may be submitted by telephone or fax to the Utilization Management department at:

- **Telephone:**
  
  1-844-411-0604

- **Fax:**
  
  1-844-211-0972

A printable version of the AmeriHealth Caritas Iowa Prior Authorization Form is available online at www.amerihealthcaritasia.com.

Electronically:
- Providers may use the electronic prior authorization process via an online application called JIVA. JIVA can be accessed through NaviNet.
Medical Necessity Standards

“Medically Necessary” or “Medical Necessity” are services or supplies that are needed for the diagnosis or treatment of the member’s medical condition according to accepted standards of medical practice. The need for the item or service must be clearly documented in the member’s medical record.

- AmeriHealth Caritas Iowa will use the McKesson InterQual Criteria as guidelines for determinations related to medical necessity.
- AmeriHealth Caritas Iowa will also use the American Society of Addictions Medicine (ASAM) Patient Placement Criteria (PPC) for determinations related to substance abuse detox.
- When applying these criteria, Plan staff also consider the individual member factors and the characteristics of the local health delivery system.
- Any request that is not addressed by, or does not meet, medical necessity guidelines is referred to the Medical Director or designee for a decision.
Provider Medical/Administrative Appeals

Providers may call the Peer-to-Peer telephone line at 1-844-412-7887 to discuss a medical determination with a physician in the AmeriHealth Caritas Iowa Medical Management department. Providers must call within two business days of notification of the determination (or prior to the member’s discharge from a facility when the determination applies to an inpatient case). A provider requesting an administrative or medical appeal, for the reversal of a medical denial, may also submit an appeal in writing to:

AmeriHealth Caritas Iowa  
Attn: Provider Appeal Coordinator  
Provider Appeals Department  
P.O. Box 7128  
London, KY 40742

As a reminder, a provider may also file an appeal on a member’s behalf, with the member’s written consent. To file an appeal as an authorized representative on behalf of a member, a provider may call the Provider Appeals telephone line at 1-844-214-2473.
For Payment issues/disputes, please submit to:

AmeriHealth Caritas Iowa
Attention: Provider Appeal Coordinator
Provider Appeal Department
PO Box 7127
London, KY 40742

For Provider Standard Medical Necessity Appeals, please submit to:

AmeriHealth Caritas Iowa
Attn: Member Appeals Coordinator
Member Appeal Department
601 Locust Street, Suite 900
Des Moines Iowa 50309
Claims and Billing
Claims Submission and Processing

General Claims Submission Guidelines

• All claims with dates of service after January 1, 2016 must be submitted to AmeriHealth Caritas Iowa within **180 days** from the date of service (or the date of discharge for inpatient admissions). This applies to capitated and fee-for-service claims.

• AmeriHealth Caritas Iowa is required by State and Federal regulations to capture specific data regarding services rendered to its members. All billing requirements must be adhered to by the provider in order to ensure timely processing of claims.

• When required data elements are missing or are invalid, claims will be **rejected** by AmeriHealth Caritas Iowa for correction and re-submission. Claims for billable services provided to AmeriHealth Caritas Iowa members must be submitted by the provider who performed the services.

• Please allow for normal processing time before re-submitting a claim either through the EDI or paper process. This will reduce the possibility of your claim being rejected as a duplicate claim. Claims are not considered as received under timely filing guidelines if rejected for missing or invalid provider or member data.

• For specific billing instructions, please refer to the AmeriHealth Caritas Iowa Claims and Billing Manual on [www.amerihealthcaritasia.com](http://www.amerihealthcaritasia.com).
Important Billing Reminders

Timely Filing Rules

• **Original Claims** should be submitted no later than **180** days from the date of service.

• **Third Party Liability Claims with Explanation of Benefits (EOBs)** from primary insurers, including Medicare, must be submitted within **60** days of the date on the primary insurer’s EOB.

• **Rejected** claims are defined as claims with missing or invalid data elements, such as the provider tax identification number or member ID number, that are returned to the provider or EDI source without registration in the claim processing system. Rejected claims are not registered in the claim processing system and can be re-submitted as a new claim. Claims originally rejected for missing or invalid data elements must be re-submitted with all necessary and valid data within **180** calendar days from the date services were rendered (or the date of discharge for inpatient admissions).

• **Denied** claims are registered in the claim processing system but do not meet requirements for payment under AmeriHealth Caritas Iowa guidelines. They should be re-submitted as a corrected claim. Claims originally denied must be re-submitted as a corrected claim within **365** days of the remittance date on which the claim was denied for any reason(s) other than timely filing.
Timely Claims Payment

AmeriHealth Caritas Iowa will pay providers for covered medically necessary services rendered to our members in accordance with Law. The plan will:

- Pay or deny ninety percent (90%) of all clean claims within fourteen (14) calendar days of receipt,
- Pay or deny ninety-nine point five percent (99.5%) of all clean claims within twenty-one (21) calendar days of receipt
- Pay or deny one hundred percent (100%) of all claims within ninety (90) calendar days of receipt.

A “clean claim” is one in which all information required for processing is present. If a claim is denied because more information was required to process the claim, the claim denial notice shall specifically describe all information and supporting documentation needed to evaluate the claim for processing.

AmeriHealth Caritas Iowa shall adjudicate one hundred percent (100%) of all clean provider-initiated adjustment requests within ten (10) business days of receipt. The plan will also reprocess all claims processed in error within ten (10) business days of identification of the error or upon a schedule approved by DHS.
Claims Submission and Processing

Paper Claims
Claims with dates of service on or after January 1, 2016 may be submitted to the appropriate address below:

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

Electronic (EDI) Claims
AmeriHealth Caritas Iowa participates with Emdeon. As long as you have the capability to send EDI claims to Emdeon, through direct submission or via another clearinghouse/vendor, you may submit claims electronically. Electronic claim submissions to AmeriHealth Caritas Iowa will follow the same process as other electronic commercial submissions.

To initiate electronic claims:
• Contact your practice management software vendor or EDI software vendor.
• Inform your vendor of AmeriHealth Caritas Iowa’s EDI Payer ID#: 77075
• You may also contact Emdeon at 877-363-3666 or visit to www.emdeon.com for information on contracting for direct submission to Emdeon.
• AmeriHealth Caritas Iowa does not require providers to use Emdeon to submit EDI claims. Providers may use any EDI clearinghouse to submit electronic claims.
EFT and ERA Enrollment

**Electronic Funds Transfer (EFT)**

EFT simplifies the payment process by:

- Providing fast, easy and secure payments
- Reducing paper
- Eliminating checks lost in the mail
- Not requiring you to change your preferred banking partner

You will be able to enroll through our EFT partner, Emdeon, by completing an enrollment form or by calling 1-866-506-2830.

**New to Emdeon EFT?**

Go to [www.emdeon.com/epayment](http://www.emdeon.com/epayment) and select Enroll Now to initiate the enrollment process.

**Existing Emdeon EFT User?**


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**Electronic Remittance Advice (ERA) or 835 Transmissions**

For information about, or to sign up to receive Electronic Remittance Advice (ERA), check with your practice management/hospital information system vendor to confirm that you have the ability to process ERA or 835 files. Your vendor should be able to provide instructions on how to receive ERAs for AmeriHealth Caritas Iowa.

Many systems utilize this file to generate reports and auto-post payments. Your software vendor is responsible to facilitate ERA transmissions with Emdeon.

If your vendor does not have the ability to process ERA transmission, call Emdeon's customer service at **877-363-3666** and follow the appropriate prompts for alternative ERA options.
Inquiries and Disputes

Claims Inquiries
If a provider does not receive payment for a claim within 45 days or has concerns regarding any claim issue, claims status information is available by:

• Calling Provider Services at 1-844-411-0579.

Claim Disputes
If a claim or a portion of a claim is denied for any reason or underpaid, the provider may dispute the claim within 180 days from the date of service. Claim disputes may be submitted in writing, along with supporting documentation, to:

AmeriHealth Caritas Iowa
Attn: Claim Disputes
P.O. Box 7122
London, KY 40742
Provider E-Services
What is NaviNet?

NaviNet is America’s leading healthcare collaboration network. We connect over 40 health plans and 450,000 clinical and administrative healthcare professionals, representing 60% of the nation’s physicians. Through NaviNet Open, our payer-provider collaboration platform, and our ecosystem of partners, we help payers and providers lower costs and boost care quality, while enhancing the provider and patient experience.

Secure Provider Portal Access:

• Go to the provider area of www.amerihealthcaritasia.com and select “NaviNet”
• https://navinet.navimedix.com
• Informational Website: www.NaviNet.net

Customer Support:

• Via Live Chat within NaviNet
• Via My Profile within NaviNet
• Via Phone at 888-482-8057
How do you join NaviNet?

If you would like to join NaviNet and access electronic prior authorizations and many more e-services you may enroll online at [www.NaviNet.net](http://www.NaviNet.net) and choosing Sign Up for NaviNet. Registration will be available after January 1, 2016. NaviNet for AmeriHealth Caritas Iowa will be in development as follows:

Beginning January 1, 2016, NaviNet for AmeriHealth Caritas Iowa will initially offer:

**Initial Functionality**
- Member Eligibility verification
- Claims submission and status
- Prior Authorization submission
- Member Panel Rosters

**Phased in**
- LTSS Care and Service Plans
- Interactive Provider Update Form
- Member Care Gaps
- Member Clinical Summary
- And more…
JIVA is a web-based service for the submission of prior authorization requests.

Through NaviNet, providers have single-sign-on access to JIVA enabling them to:

- Request inpatient, outpatient, home care and DME services.
- Submit extension of service requests.
- Request prior authorization.
- Verify elective admission authorization status.
- Receive admission notifications and view authorization history.
- Submit clinical review for auto-approval of requests for services.
Resources/Important Contacts
AmeriHealth Caritas Iowa believes open communication with providers is key to achieving excellence in coordinated care for Plan members.

AmeriHealth Caritas Iowa will use the following avenues to communicate and collaborate with providers:

- Written materials including letters, provider newsletters, email alerts, the Provider Manual, guides and training documents, fax blasts and website updates at www.amerihealthcaritasia.com.

- A local Provider Network staff with Account Executives who live and work in the area. Your Account Executive will provide on-site education, issue resolution and assistance with credentialing.

- Provider workshops and provider roundtable meetings, as needed, to obtain feedback and communicate important information, including provider meetings to introduce the Plan and its processes.

- A Provider Services department available at 1-844-411-0579.

- Peer-to-peer access to locally-based Medical Directors available at 1-844-412-7887.
As a reminder, AmeriHealth Caritas Iowa providers will also receive or have access to regular communications from AmeriHealth Caritas Iowa – including but not limited to:

- Provider Manual – represents current Plan policies and procedures
- Provider Newsletters – provides timely information on the Plan and its programs
- Website Updates and Information at www.amerihealthcaritasia.com, including:
  - Quick Reference Guides
  - Training and Educational Materials
  - Billing Instructions
  - Important Forms and Links
  - Timely Updates to Plan and Program Information
- Provider Notices and Announcements
- Surveys – to gauge provider satisfaction and identify areas for improvement.
- Faxes
- E-lets
Important Contacts

Provider Services: 1-844-411-0579.

- Ask questions regarding policy and procedures.
- Request forms or literature.
- Inquire about claims process or status of a claim.
- Provide updates to demographic data.
- Change information in the Provider Directory.
- Resolve a claims issue.
- File an informal complaint.
- Follow the prompts to check eligibility and claims status.
- Inquire about participation in Quality programs/committees.
- Request information on our Cultural Competency Program.
Important Contacts

Nurse Call-line: 1-855-216-6065,
• Available 24 hours a day, 7 days a week.

Utilization Management: 1-844-411-0604
• Hours of operation are 8:30 a.m. to 5:30 p.m., Monday through Friday.
• Fax: 1-844-211-0972
• Admission notification, prior authorization request, concurrent review.

• Fax: 1-844-399-0477
• Care coordination support, referral to care/case management programs for members with complex needs, member outreach support, reporting identification of a child with special needs, coordination of non-covered services, transportation and more.

Bright Start®: 1-855-332-2440 (follow the prompts)
• Fax: 1-844-201-6798
• Submission of the Iowa DHS Medicaid Prenatal Risk Assessment, reporting identification of a high-risk pregnancy, for assistance with support services needed to help a member during pregnancy.
Thank you for choosing us!