



Medicaid e-News

Important Billing Reminders:



Billing: Top 10

The Iowa Medicaid Enterprise (IME) understands how important it is for providers to be paid in a timely manner. Below are the top 10 questions to ask when filling out claims to ensure prompt payment.

1. Am I enrolled with Iowa Medicaid?
2. Where does my provider number (National Provider Identity (NPI) or atypical provider number) go on the claim form?
3. Do I have my taxonomy code on the claim?
4. Am I billing the right payor for these dates of service?
5. Have I verified eligibility for this member for these dates of service?
6. Are these services covered under my NPI?
7. Is the procedure code payable for my provider type?
8. Does the claim match the prior authorization?
9. Do I have all the necessary signatures?
10. Is there a primary carrier which should be billed first?

Claims Definitions:



[Iowa Medicaid
Member Services](#)
1-800-338-8366

[Iowa Medicaid
Provider Services](#)
1-800-338-7909

Provider Services
[Amerigroup Iowa, Inc.](#)
1-800-454-3730

[AmeriHealth Caritas](#)
1-844-411-0579

[United Healthcare
Plan of the River
Valley, Inc.](#)
1-888-650-3462

**Non-Emergency
Medical
Transportation**
Members may contact their assigned non-emergency medical transportation (NEMT) broker at the numbers below to schedule their NEMT services:

Clean Claims: All information required for processing is present.

Denied: Claim is received and services are not covered benefits, are duplicate, or have other substantial issues that prevent payment.

Suspended: Claim is pending internal review for medical necessity and/or may need additional information to be submitted for processing.

Rejected: Claims that don't meet minimum data requirements or basic format are rejected and not sent through processing.

Timely Claims Processing Requirements:

The Managed Care Organization (MCO) must 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 all claims within 90 calendar days of receipt.

Provider Resource Pages

Comprehensive provider resource pages are available for each Managed Care Organization (MCO), featuring provider training manuals, webinars and important updates. View them below:

Amerigroup.com/IAPProvider

AmeriHealthCaritasIA.com/IAPProvider

UHCommunityPlan.com/IAPProvider

Tools and Resources:

Verify Eligibility

The Eligibility and Verification Information System (ELVS) line is very busy during the first of the month. The [ELVS web portal](#) is another option for providers in lieu of calling the ELVS line but each provider must enroll through the Electronic Data Interchange Support Services (EDISS). The ELVS web portal allows for multiple eligibility checks and batch submission, where as the ELVS phone system only allows for one at a time.

Login ID and password may be obtained through EDISS by submitting the following [Access Request Form](#) to EDISS or calling EDISS at 1-800-967-7902.

For more information, please see Informational Letter 1650-MC available [here](#).

Amerigroup Iowa Inc.
Logisiticare
1-844-544-1389

**AmeriHealth Caritas,
Iowa Inc.**
Access2Care
1-855-346-9760

**UnitedHealthcare
Plan of the River
Valley, Inc.**
MTM
1-888-513-1613

**Medicaid
Fee-for-Service**
Access2Care/TMS
1-866-572-7662

**New Provider
Informational Letters**
Informational letters are posted through the Iowa Medicaid Portal Application (IMPA) system and are available on the DHS website [here](#). These letters communicate important policies and procedures for providers and their administrative staff.

Follow Us!



Resource Guide for Providers' Front Desk Staff

The Iowa Medicaid Enterprise (IME) has put together a useful tool for administrative staff which includes important phone numbers, claims submission information and more.

Download and print the Managed Care Quick Reference Guide [here](#).

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