Presentation Overview

- About AmeriHealth Caritas Iowa
- Becoming a Network Provider
- Partnering with AmeriHealth Caritas Iowa as a:
  - Participating Provider
  - Non-Participating Provider
- Long-term Services and Support (LTSS) Planning and Case Management
- Resources
About AmeriHealth Caritas Iowa

Who We Are

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.

Our Mission:
We help people get care, stay well and build healthy communities.
Why AmeriHealth Caritas Iowa?

As a member of the AmeriHealth Caritas Family of Companies, AmeriHealth Caritas Iowa is uniquely qualified to provide the Medicaid population with the coordinated care they deserve, as well as provide high-level customer service to providers.

AmeriHealth Caritas – care is the heart of our work:

• Over 6.9 Million Covered Lives throughout the country
• Employ 5,200+ Employees, with approximately 440 associates to be dedicated to Iowa
• NCQA Accredited
• Our corporate systems and centers handle:
  • More than 7,000 member and provider calls every day in our 24/7 call centers
  • More than 9.5 million inquiries annually through a robust web-based provider portal
  • Process on average 3 million claims each month

Becoming a Network Provider
Getting Started

How do providers get started?

• Must be enrolled in the Iowa Medicaid Enterprise (IME)

• Request provider agreement by:
  • Contacting Provider Network Account Executive
  • Calling Provider Services at 1-844-411-0579
  • Emailing IowaProviderNetwork@amerihealthcaritasia.com

• Complete credentialing application

Contracting

Providers must complete the following documents:

• Provider Intake Form
  • All required data must be completed

• Iowa Medicaid Ownership and Control Disclosure

• Provider Agreement

• All documents are located at www.amerihealthcaritasia.com
Contracting

How do providers submit their completed agreement and check on their contracting status?

• Contact Provider Network Account Executive
• Call Provider Services at 1-844-411-0579
• Email IowaProviderNetwork@amerihealthcaritas.com

Contact Provider Services or your Provider Network Account Executive if you have not received a copy of your signed agreement within 10 business days.

Credentialing

Registered providers with Council for Affordable Quality Healthcare (CAQH)

• List CAQH registration number in the Provider Intake Form
• No further action needed

Non-registered CAQH providers

• Recommend providers register at www.caqh.org
• Go to www.amerihealthcaritasia.com in the Provider web portal to get credentialing documents
• Follow Provider and Facility Checklist and complete required paperwork
Credentialing

Submitting credentialing paperwork:

Email:
CPNODM@amerihealthcaritas.com

Fax:
1-888-498-8751

Mail:
AmeriHealth Caritas Iowa
Corporate Provider Network Operations
P.O. Box 406
Essington, PA 19029-0406

AmeriHealth Caritas Iowa
Credentialing Letter

After credentialing is approved, providers will receive a letter of acknowledgement.

*If you have not received a letter within 30 business days of submitting all required paperwork, contact Provider Services or your Provider Network Account Executive.
Provider Welcome

What to Expect:

Welcome letter 30 days after being approved for credentialing.

Provider orientation coordinated by your Provider Network Account Executive.

Provider Welcome Letter

Includes:

- Effective date of contract
- Provider ID Number
  - Needed for all claims and correspondence.
- Outline of services and resources available.
- Review the letter carefully.
  - If changes need to be made, specific instructions to make the changes are in the letter.
Partnering with AmeriHealth Caritas Iowa as a Participating Provider

Provider Website

www.amerihealthcaritasia.com
NaviNet

- Web-based solution for electronic transactions and information.
- Provider area of AmeriHealth Caritas Iowa web; select “NaviNet.”

- Able to access the Web Connect feature and submit CMS-1500 claims one claim form at a time.
- Able to access member rosters and eligibility.
Filing Claims

Acceptable claims methods:
- Electronically through a Clearinghouse
- Through NaviNet in the AmeriHealth Caritas Iowa Provider Portal (participating providers only)
- Paper Claims via mail

Acceptable claims forms:
- Institutional (UB-04)
- Professional (CMS-1500)
- AmeriHealth Caritas Iowa Targeted Medical Care Claim (for Waiver Providers and Individual CDAC providers in addition to the CMS-1500)
Electronic Claims Submission

Change Healthcare (formerly Emdeon)

To enroll, contact Change Healthcare:
• 1-877-363-3666
• www.changehealthcare.com

• Directly submit Electronic Data Interchange (EDI) claims to Change Healthcare or utilize another clearing house/vendor.
  • Inform your vendor of AmeriHealth Caritas Iowa’s EDI Payer ID#: 77075
  • If utilizing a clearing house other than Change Healthcare, the clearing house will transmit the claim to Change Healthcare.

Additional EDI

Change Healthcare (formerly Emdeon)

Electronic Funds Transfer (EFT)
• Go to:
  • www.emdeon.com/epayment
  • 1-866-506-2830

Electronic Remittance Advice (ERA)
• Check with practice management or hospital information system vendor if you can process ERA files.
• Call Change Healthcare’s customer service at 1-877-363-3666 if you don’t have ability.
Paper Claims

Claims with dates of service on or after March 1, 2016 may be submitted to:

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

Claim Filing Deadlines

Original Paper and Electronic Claims

• Must be submitted within 180 calendar days from the date of service or date of discharge (for inpatient).

Rejected Claims (i.e. Missing NPI)

• These claims are considered NOT received and will be sent back to the provider for missing or invalid data elements. The plan does not keep a record of rejected claims. These must be corrected and resubmitted within 180 days from the date of service.
Claim Filing Deadlines

Denied Claims (i.e. Duplicate Claim)

- These claims have processed through our claims system, but did not meet requirements for claim payment. These must be re-submitted as a corrected claim within 365 days from the original date of service.

Claims with Explanation of Benefits (EOBs)

- Primary insurers, including Medicare, must be submitted within 60 days of the date on the primary insurer's EOB (claim adjudication).

Payment Timelines for Clean Claims

AmeriHealth Caritas Iowa will pay or deny all clean claims as follows:

- 90% within 14 calendar days of receipt.
- 99.5% within 21 calendar days of receipt.
- 100% within 90 calendar days of receipt.

Timely Claims Payment:

- It will typically take 14 days for claims to process upon receipt.
- We generate payments on Monday, Wednesday, and Friday each week.
- You will receive a remittance advice along with the payment.
Tips for Timely Claims Payment

Submitting Electronic Claims:
• The EDI vendor must receive by 9:00 p.m. CST in order to be transmitted to the Plan the next business day.

Questions or Concerns?
• Call Provider Services at 1-844-411-0579.
• Visiting the provider area of AmeriHealth Caritas Iowa’s website, www.amerihealthcaritasia.com, to access NaviNet.

Common Causes of Claim Delays, Rejections and Denials

<table>
<thead>
<tr>
<th>Paper Claims Examples:</th>
<th>Electronic Rejections (Change Healthcare):</th>
<th>AmeriHealth Caritas Iowa Electronic Rejections:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• EOBS (Explanation of Benefits) from Primary Insurers Missing or Incomplete</td>
<td>• Missing or invalid batch level records</td>
<td>• Invalid provider numbers</td>
</tr>
<tr>
<td>• Future claim dates</td>
<td>• Missing or invalid required fields</td>
<td>• Invalid member numbers</td>
</tr>
<tr>
<td>• Handwritten claims</td>
<td>• Claim records with invalid codes (CPT-4, HCPCS, or ICD-10, etc.)</td>
<td>• Invalid member date of birth</td>
</tr>
<tr>
<td>• Highlighted claim fields</td>
<td>• Claims without member numbers</td>
<td></td>
</tr>
<tr>
<td>• Illegible claim information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Incomplete forms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• AmeriHealth Iowa member identification number missing or invalid</td>
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<td></td>
</tr>
</tbody>
</table>
Submitting Claims Adjustments

Electronically:
- Please mark claim frequency code “6” and use CLM05-3.
- Include original claim number.

Paper:
- Write “corrected” or “re-submission” on the claim, include the claim number and address to:
  AmeriHealth Caritas Iowa
  Attn: Claims Processing Department
  P. O. Box 7113
  London, KY 40742

Phone:
- Provider Claims Services 1-844-411-0579

Claim Filing Deadlines

Refunds for Improper or Over Payment of Claims:

*Include member’s name and ID, date of service and claim ID*

AmeriHealth Caritas Iowa
Attn: Provider Refunds
P.O. Box 7113
London, KY 40742
Case Management Vs. Care Management

The AmeriHealth Caritas Iowa integrated member management model is designed to coordinate service delivery in two distinct ways.

- **Case Management** – The term case management* refers to the coordination of community based support services designed to meet the daily needs of the member.
  
  *(Case Manager Types: Target Case Manager, Integrated Health Home Coordinators, Case Managers.)*
  
  *AmeriHealth Case Managers meet or exceed the standards for Case Management outlined in IAC441-24.*

- **Care Management** – The term care management refers to episodic clinical intervention to effectively manage utilization, resolve a concern, and stabilize a member. Care management is delivered as a supplemental resource for the case manager and the IDT not in lieu of case management.
LTSS Case Management

The LTSS program is designed as an integrated program to manage resources regardless of diagnosis and is not a silo approach to case management.

• Value is placed on maintaining the relationship between the member and their case manager to promote continuity of care and trust.

• Members that do not have an established case manager will be assigned a case manager (staff or provider) that is best aligned with the needs and geography of the member.

Integrated Health Homes (IHH)

An Integrated Health Home (IHH) is a team of professionals who:

• Work together to provide whole-person, patient-centered, coordinated care for adults with a serious mental illness (SMI) and children with a serious emotional disturbance (SED).

• Care coordination is provided for all aspects of the individual's life and for transitions of care the individual may benefit from:
  • Integrated Health Home coordination and contract relationships are managed by the LTSS department.
  • Initiation of IHH Outreach, including outreach to prior service providers and Managed Care Organizations.
Members in Facilities

• Members are permitted to remain in their current facility regardless of provider contracting status.

• AmeriHealth Caritas Iowa case management will supplement facility based case management.

• Case managers will complete a care plan as required.
  • Assessments will continue annually or upon significant change.

Members in Facilities (Continued)

• Contact to non-contracted facilities will continue to encourage contracting to expand member choice for providers.

• PASARR (Pre-Admission Screening and Resident Review) coordination and compliance will be maintained as required.
  • Facilities will be expected to comply to requirements with PathTracker.

• AmeriHealth Caritas Iowa will utilize a transitional coordinator to assist and advocate for institutionalized members seeking alternative community based services and ensure services are provided to their satisfaction.
Transition & Continuity of Care Planning

Provider Authorizations

Members Identified
• Members flagged in data system
• Case management workflow initiated

Case Management Begins
• Staff assigned and outreach begins
• CM assigned relationship established

Provider Outreach Continues
• Identified non-participating providers contacted for contracting
• Authorizations honored for 90 days
• Education as needed

Service Plan Established
• Load existing service plan
• If none, begin service plan process
• Build additional authorization from existing service plan

Workflow Activities Scheduled
• Schedule next assessment (Telligen)
• Schedule next activity

Quality and Compliance
• Monitor data gaps
• Monitor compliance
• Pay and Train Providers

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 1-844-411-0579 and follow the prompts.

• Sign on directly to our secure provider portal, NaviNet at https://navinet.navimedix.com, or you may also access NaviNet through the AmeriHealth Caritas Iowa website at 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)
Home and Community Based Waiver Services

Eligibility for HCBS Waiver Services

Home and Community Based (HCBS) Waivers

- Includes members who require extra care in support of traditional medical treatment in one of the following Iowa DHS Waiver Programs:
  - AIDS/HIV
  - Brain injury (BI)
  - Children’s mental health (CMH)
  - Elderly (EW)
  - Health and disability (HD)
  - Intellectual/Developmental disability (ID)
  - Physical disability (PD)
Eligibility for HCBS Waiver 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 support services.
• Member requires assistance with activities of daily living.

Requesting HCBS Waiver Services for a Member

• Any provider that recognizes a member with a special, chronic or complex condition who may need LTSS support should call AmeriHealth Caritas Iowa at 1-855-332-2440, prompt #3.

• Providers can also print a “Let Us Know” intervention form found at www.amerihealthcaritasia.com and fax to our Rapid Response team at 1-844-412-7886.
Requesting HCBS Waiver Services for a Member (Continued)

• The AmeriHealth Caritas Iowa Community Based Care Manager will conduct an assessment, using tools and processes approved by Iowa Department of Human Services.

• AmeriHealth Caritas Iowa will refer individuals who are identified as potentially eligible for LTSS to DHS for level of care determination, if applicable (Supports Intensity Scale-ID, InterRAI).

• Members must apply for the waiver and be granted a HCBS waiver payment slot before any level of care reviews will be done by DHS.

Long-Term Services and Supports/Waiver Case Management

- **Waiver Program Members**
  - IDENTIFIERS: Currently enrolled Waiver program members identified by the State

- **Non-Enrolled, Non-Wait List Members**
  - IDENTIFIERS: Members identified as candidates for a Waiver program through data mining or member interactions

- **Wait-List Waiver Members**
  - IDENTIFIERS: Members on the State wait-list for Waiver programs

INTERVENTION INITIATION
- Complete member assessments
- Obtain member consent for program enrollment
- Identify goals with the member and Interdisciplinary Team and establish a Care Plan
- Identify potential Care Gaps
- Develop a Service Plan to address strengths and needs

ADDITIONAL INTERVENTIONS
- Draft authorizations for services needed to address the Service Plan
- Solicit member and provider agreement
- Develop a follow-up plan

ADDITIONAL INTERVENTIONS
- Consider institutional placement
- Solicit member and provider agreement
- Develop a follow-up plan
- Reassess for changes in eligibility

ADDITIONAL INTERVENTIONS
- Supplement care plan with alternative covered service options
- Solicit member and provider agreement
- Develop a follow-up plan
- Reassess for changes in eligibility
Consumer Directed Attendant Care (CDAC)

Supporting Individual CDAC Providers

**Iowa Resource Packet**
- Introductory letter
- Resource information and web site
- Claim forms with self-addressed stamped envelopes
- Background check authorization form, W-9 and Electronic Fund Transfer (EFT) form
- Training information

**Facilitating Claim Payment**
- All providers loaded in the claim system
- Self-addressed stamped envelopes available
- Free web service for individual claim submission
- Claim submission training

**Dedicated Web Page**
- All resource material and instructions
- Printable claim form with a fillable pdf format
- Training materials
CDAC Services

<table>
<thead>
<tr>
<th>Unskilled Service Examples:</th>
<th>Skilled Service Examples:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Getting dressed/undressed</td>
<td>• Monitoring medication</td>
</tr>
<tr>
<td>• Bathing &amp; grooming</td>
<td>• Catheter &amp; colostomy care</td>
</tr>
<tr>
<td>• General housekeeping</td>
<td>• Recording vital signs</td>
</tr>
<tr>
<td>• Scheduling appointments &amp; communications</td>
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</tr>
</tbody>
</table>

CDAC Services NOT Covered

• Heavy maintenance or minor repairs to walls, floors, railings

• Non-essential support: polishing silver, folding napkins

• Heavy cleaning: moving heavy furniture, floor care, painting, and trash removal

• Yard work

• Supervision of the member, verbal prompts or reminders

• Any services that are not specifically described in the CDAC Agreement
Daily Service Record (DSR)

- Daily Service Records must be completed and signed daily by provider (One form per day that services are provided).
- Use a form comparable to the state’s form 470-4389.
- This record MUST be completed in English.
- Records must be kept on file for at least five years from the last date of payment.
- Records should NOT be submitted with the claim form.
- Records should only be submitted if specifically requested, and only photocopies of the originals should be sent.

CDAC Claims

CDAC Provider Claims Submission:

- For Long-term Services and Supports (LTSS) and CDAC claim submissions, AmeriHealth Caritas Iowa will accept the universal CMS-1500 paper claim form or the AmeriHealth Caritas Iowa Targeted Medical Care Claim form.
- Claims will not be accepted on the Iowa Department of Human Services 470-2486.
Consumer-Directed Attendant Care (CDAC) Claims

CDAC Provider Claims Submission (Continued):

- AmeriHealth Caritas Iowa will be required to pay the claims at current Medicaid rate as determined by DHS for covered Medicaid services to existing long-term care providers, regardless of whether or not the provider is in network until December 31, 2017.

<table>
<thead>
<tr>
<th>Claim for Targeted Medical Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Information</td>
</tr>
<tr>
<td>1. Medicaid Number</td>
</tr>
<tr>
<td>2. Provider Name</td>
</tr>
<tr>
<td>Provider Information</td>
</tr>
<tr>
<td>1. State Medicaid Number</td>
</tr>
<tr>
<td>2. National Medicaid Number</td>
</tr>
<tr>
<td>Other Information</td>
</tr>
<tr>
<td>1. Date of Incidence</td>
</tr>
<tr>
<td>2. Critical Incident Location</td>
</tr>
<tr>
<td>Services</td>
</tr>
<tr>
<td>1. Date of Incidence</td>
</tr>
<tr>
<td>2. Critical Incident Location</td>
</tr>
<tr>
<td>Authored Signature</td>
</tr>
<tr>
<td>Provider Signature</td>
</tr>
</tbody>
</table>
Incident Reporting – Major Incident

Major Incident

- **Required** to be reported within 24 hours of the discovery of the incident.

- **Examples of a major incident:**
  - Results in the death of any person
  - Results in the injury to or by the member that requires a physician’s treatment or requires the intervention of law enforcement
  - If the member is missing

Incident Reporting (Continued)

**How to Report a Major Incident:**

Contact Provider Service at **1-844-411-0579** to complete over the phone with a representative.

Contact your AmeriHealth Caritas Iowa case manager.

Contact Member Services at **1-855-332-2440** to complete over the phone.

When reporting a major incident, you will need to submit an Incident Report.
Incident Reporting (Continued)

- All MCOs are using the SAME reporting form.
- Providers must complete the Plan check box and Medicaid Member ID.

Quality Management - Critical Incidents

Submit form to the appropriate MCO

Critical Incident Submission Guidelines

Main Incidents require notification by the end of the day following the incident. Minor incidents within 72 hours of the incident. Cases of Abuse require notification through the OPMO usual process to ensure timely investigation. Please also report to the member’s MCO.
Incident Reporting – Minor Incidents

**Minor Incidents**

- Does not need to be reported to AmeriHealth Caritas Iowa, but should be documented following the standard documentation procedures (i.e. Daily Service Records).

- Examples of minor incidents:
  - Results in the application of basic first aid
  - Results in bruising

- Situations which are due to symptoms of an illness, disease process, or seizure activities requiring a physician’s treatment or admission to a hospital **ARE NOT** considered major incidents and should not be reported.
# Utilization Management (UM)

## Hours of Operation:
- 8:00 a.m. to 5:00 p.m., CST, Monday- Friday

## After Hours:
- An On-Call Nurse is available after hours through member services. The member services representative will activate the On-Call process for the nurse.

**LTSS Member Services Phone:** 1-855-216-6065

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## LTSS Authorization Requirements

Including but not limited to:

<table>
<thead>
<tr>
<th>Service:</th>
<th>Authorization Interval:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residing in own home</td>
<td>Preauthorization and every 90 Days</td>
</tr>
<tr>
<td>LTSS Facility (NF, NFMI, ICF/ID, MHID)</td>
<td>Preauthorization and every 120 Days</td>
</tr>
<tr>
<td>Adult Day Health Care Services</td>
<td>Preauthorization and every 6 Months</td>
</tr>
<tr>
<td>Homecare Training</td>
<td>Authorization after 1st visit</td>
</tr>
<tr>
<td>Nursing Care Non-skilled</td>
<td>Preauthorization for 25 visits in first 60 days and then every 60 days</td>
</tr>
</tbody>
</table>

**Complete Prior Authorization lists can be found on the provider section of the website at:**

Submitting Prior Authorizations - LTSS

Phone: 1-844-411-0604

Fax: 1-844-399-0479

LTSS Authorization

Most services provided under LTSS programs will be submitted for authorization by the case manager in accordance with the service plan.
Jiva

Web-based service for electronic submission of prior authorization requests (*when applicable*).

Access JIVA through single sign-on from NaviNet, enabling providers 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.

Prior Authorization Process

The UM staff reviews the information submitted in support of the request against the definition of medically necessary and applicable UM medical necessity criteria such as:

- **McKesson InterQual Criteria** as guidelines for determinations related to medical necessity.
- The **American Society of Addictions Medicine (ASAM)** Patient Placement Criteria (PPC) will be used for determinations related to substance abuse detox.

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.
## Prior Authorization Review Timeframes

<table>
<thead>
<tr>
<th>Review Type</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preservice Non-urgent</td>
<td>As quickly as required by the member’s health condition, not to exceed 7 calendar days.</td>
</tr>
<tr>
<td>Preservice Urgent</td>
<td>As quickly as required by the member’s health condition, not to exceed 3 business days.</td>
</tr>
</tbody>
</table>

## Prior Authorization During Safe Harbor Period

- Providers should continue to seek prior authorization under AmeriHealth Caritas Iowa policies to ensure timely and appropriate reimbursement.

- All claims will be processed whether or not the provider has sought a prior authorization.

- All claims submitted without a prior authorization will be subject to retrospective review by AmeriHealth Caritas Iowa to determine if services were medically necessary.
Prior Authorization During Safe Harbor Period (Continued)

- The medically necessity definition remains the same as it is today per state and federal requirements.

- Just like today, if a claim is determined not to be medically necessary, payment may be recovered.

- **Beginning April 1, 2016**, all Medicaid providers whether in-network or out-of-network must follow AmeriHealth Caritas Iowa’s prior authorization requirements included in our provider manual.

- AmeriHealth Caritas Iowa will honor existing authorizations for covered benefits for a minimum of 90 calendar days when a member transitions.

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No Referrals

**Referrals** are NOT required when an AmeriHealth Caritas Iowa primary care practitioner (PCP) refers a member to a participating specialist or when a participating specialist refers a member to another participating specialist.
Partnering with AmeriHealth Caritas Iowa as a Non-Participating Provider

Non-Participating Providers

Safe Harbor:
• For dates of service **March 1, 2016 through March 31, 2016**, AmeriHealth Caritas Iowa will pay claims for covered services to existing Medicaid providers at 100% of the fee scheduled whether a provider is in-network or out-of-network.

• **Beginning April 1, 2016**, providers must participate with the MCO to receive 100% of the Medicaid fee schedule for providing covered services to members of the health plan. Non-participating providers will receive 90% of the Medicaid fee schedule.
Non-Participating Provider Billing

When out-of-state or non-participating providers render services, they must follow these steps to bill:

• Complete the non-participating provider form.

• Return the completed form by faxing it to Provider Data Management at 1-844-411-0579.

Non-Participating Providers Billing

Steps to Bill (Continued):

• Receive your unique AmeriHealth Caritas Iowa non-participating provider ID number from the plan.

• Use your national provider identification number and AmeriHealth Caritas Iowa non-participating provider ID to submit your claim to the plan.

• Timely filing for non-participating providers is 365 days from the date of service.
AmeriHealth Caritas Iowa has many resources for providers to partner with us:

- Provider Network Account Executives
- Education events
- Visits
- Trainings
- Surveys
- Online tools
- Getting involved (i.e. committees)
Provider Website

www.amerihealthcaritasia.com

Provider Network Account Executives

Iowa Territories:
## Provider Network Account Executives

<table>
<thead>
<tr>
<th>Contact Information:</th>
<th></th>
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<tbody>
<tr>
<td>Tonya Fustos - Western Iowa</td>
<td><a href="mailto:tfustos@amerihealthcaritasia.com">tfustos@amerihealthcaritasia.com</a> or (515) 330-3908</td>
</tr>
<tr>
<td>Tonya Fustos - Western Iowa</td>
<td><a href="mailto:tfustos@amerihealthcaritasia.com">tfustos@amerihealthcaritasia.com</a> or (515) 330-3908</td>
</tr>
<tr>
<td>Rondine Anderson - North Central Iowa</td>
<td><a href="mailto:randerson@amerihealthcaritasia.com">randerson@amerihealthcaritasia.com</a> or (503) 309-5686</td>
</tr>
<tr>
<td>Mary Brandt - South Central Iowa</td>
<td><a href="mailto:mbrandt@amerihealthcaritasia.com">mbrandt@amerihealthcaritasia.com</a> or (712) 621-8039</td>
</tr>
<tr>
<td>Heather Johnson – Polk County</td>
<td><a href="mailto:hjohnson@amerihealthcaritasia.com">hjohnson@amerihealthcaritasia.com</a> or (515) 508-0633</td>
</tr>
<tr>
<td>Josh Young – Polk County</td>
<td><a href="mailto:jyoung2@amerihealthcaritasia.com">jyoung2@amerihealthcaritasia.com</a> or (515) 401-8516</td>
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## AmeriHealth Caritas Iowa

**Our Mission:**

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

**For More Information:**

- Visit our website: [www.amerihealthcaritasia.com](http://www.amerihealthcaritasia.com)
- Call Provider Services: 1-844-411-0579
- Email: IowaProviderNetwork@amerihealthcaritasia.com
More than 30 YEARS of making care the heart of our work.

iahealth
AmeriHealth Caritas
Iowa