



HFMA Payer Panel

2024

Your Partner in Community Health Transformation

Iowa Total Care

Why we're in business

OUR PURPOSE

Transforming the health of the community, one person at a time

What we do

OUR MISSION

Better health outcomes at lower costs

What we represent

OUR PILLARS



Focus on the Individual



Whole Health



Active Local Involvement

What drives our activity

OUR BELIEFS

We believe healthier individuals create more vibrant families and communities.

We believe treating people with kindness, respect and dignity empowers healthy decisions.

We believe we have a responsibility to remove barriers and make it simple to get well, stay well, and be well

We believe in treating the whole person, not just the physical body.

We believe local partnerships enable meaningful, accessible healthcare.

Agenda:

- Contracting and Credentialing
- Medical Claims
- Provider Negative Balances
- Quality Initiatives
- Provider Resources
- Coming out of the pandemic
- Q & A

Contracting & Credentialing

Contracting for Providers

Where does a provider go if they want to contract with Iowa Total Care?



1. Visit [IowaTotalCare.com](https://www.IowaTotalCare.com).
2. Hover over 'For Providers'.
3. Select 'Become a Provider'.
4. Click on 'Contract Request Form'.

As a reminder, Provider Network generally does not contract for Transportation (A2C), Vision (OD/Hardware), Network (Envolve), Retail Pharmacy (CVS).

Questions? NetworkManagement@IowaTotalCare.com

Provider Enrollment/Credentialing



For all forms and templates:

1. Visit IowaTotalCare.com.
2. Hover over 'For Providers'.
3. Select 'Contracting & Credentialing'.
4. Click on 'Contracting & Credentialing Forms'.



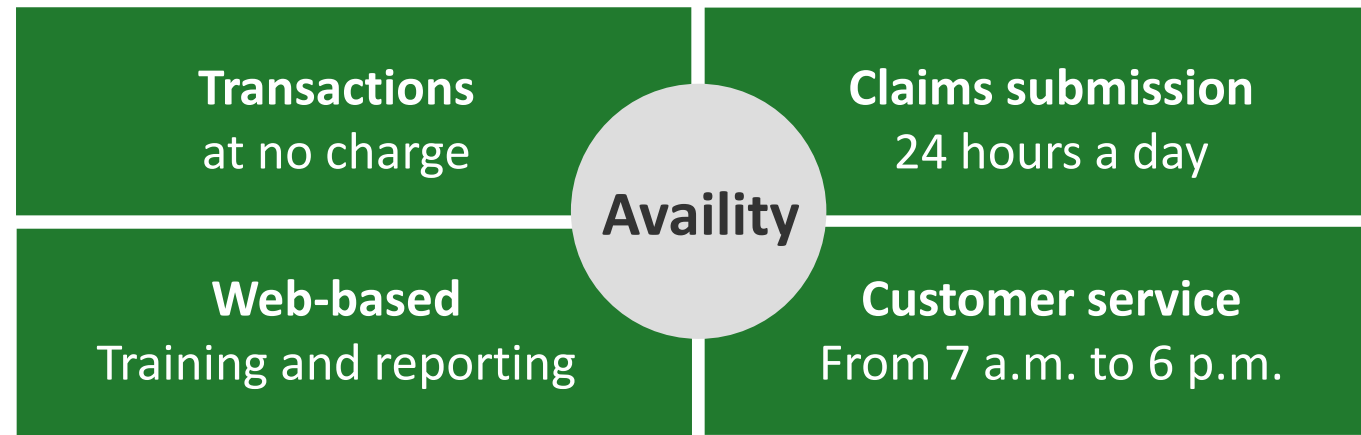
Submit to NetworkManagement@IowaTotalCare.com:

- For all Credentialing and Enrollment submissions.
 - Once enrolled, keep enrollments up-to-date promptly by submitting the following:
 - Rosters.
 - » All Delegated providers should submit quarterly (full) roster.
 - New provider additions.
 - Terminations.
 - Updates and changes.
- For questions.

Medical Claims

Claims Processing: Clearinghouse

Availity is the preferred clearinghouse, offering the following value services:



Iowa Total Care also accepts transmissions from Change Healthcare and Ability.

Other clearinghouses not listed above will need to be reviewed on an individual request basis.

Claims: Electronic Payment



Contact Information:

1-877-331-7154 x1 (available Monday-Friday, from 7 a.m. to 7 p.m.)

ProviderSupport@PayspanHealth.com

www.payspan.com

Improve cash flow

by getting payments faster.

Settle claims electronically

through Electronic Fund Transfers (EFTs) and Electronic Remittance Advices (ERAs).

Maintain control over bank accounts

by routing EFTs to the bank account(s) of your choice.

Match payments to advices quickly

and easily re-associate payments with claims.

Manage multiple payers

including any payers that are using Payspan to settle claims.

Eliminate re-keying of remittance data

by choosing how you want to receive remittance details.

Create custom reports

including Automated Clearing House (ACH) summary reports, monthly summary reports, and payment reports sorted by date.

Top Explanation Code (EX Code) Inquiries



EX Code Am: Administrative Denial

- Applied to claims when a practitioner or provider group is put on a sanction.
- Please reach out to Iowa Medicaid.

EX Code ya or yd: Denied After Review of Patient's Claim History

- This is a frequency edit that looks for claims that exceed limits for a period of time, per day or per lifetime.
- If you disagree with the denial, appeal with medical documentation that proves medical necessity for review.

EX Code wd: Diagnosis Code Incorrectly Coded per ICD10 Manual

- Policy # CC.PP.011 on Iowa Total Care payment policy website – incorrect coding of diagnosis code/s per the ICD-10 manual.
- Most common reason for denial is billing excludes 1 Dx codes together on the same claim.
- A corrected claim is required with updated Dx code information for payment.

EX Codes xX, yS, ys, xB, x9: Unbundling

- Denial occurs when one code billed is included in another code billed by same provider for same member in the same day according to CMS Procedure to Procedure Edits.
- If you disagree with the denial, appeal with medical documentation that proves medical necessity for review.

Top Explanation Code Inquiries



EX EF, EI, ZB, eS, eT, eU: Provider not registered with Iowa Medicaid

- This denial can refer to rendering, ordering, attending, referring or billing provider's not being registered with Iowa Medicaid.
- Please check to ensure all NPIs/TINs billed on the claim are actively registered with Iowa Medicaid. If they are, please dispute the claim following the dispute process.

EX PF and UZ: Incorrect Form

- Many services are required to be submitted on either a UB04 or CMS 1500 based on Iowa Medicaid Guidelines.
- A corrected claim is required on the correct claim form for payment to be made.

EX AQ: Ace Claim Level Denials

- These denials are based on [OCE Edits](https://hhs.iowa.gov/sites/default/files/OCE_Edits-For_Website_4.21.22.pdf) when the OCE edit indicates the whole claim should deny. (hhs.iowa.gov/sites/default/files/OCE_Edits-For_Website_4.21.22.pdf)
- There will be one line on the claim denied for another reason that indicates what needs to be fixed on the claim for payment to be made.
- A corrected claim that addresses the errors is required.

Common Billing Errors

- Billing the exact amount you expect to be paid.
 - Billing “customary charges” slightly higher than what you expect to be paid will reduce the need for corrected claims when there is a rate increase and allow Iowa Total Care to automatically reprocess claims.
 - If the billed charges are not higher or equal to the expected payment, the payment will be capped at the charged amount in most cases.
- Submitting corrected claims without the correct resubmission code/frequency code/documentation.
 - Use “7” as the frequency code (UB04) or Resubmission Code (CMS-1500) when submitting a corrected claim.
 - A corrected claim will completely replace the previous claim – please bill all lines where you are expecting payment.
 - To ensure accurate/timely reprocessing, please submit the corrected claim with documentation (example: Explanation of Benefits (EOB) from primary payer) even if you submitted it with the first-time claim.
 - Please try not to submit multiple corrected claims for the same services while previous submission is pending – this will slow claims processing.

Claim Dispute Process

A claim payment dispute involves a finalized claim in which a provider disagrees with the outcome.

1st DISPUTE STEP: RECONSIDERATION

- Provider can request to have the outcome of the finalized claim reviewed.
- There are two methods of submission:
 - **Submit via the Secure Provider Portal** (*this is the recommended method*).
 - **Submit Provider Dispute form** (available on Iowa Total Care website) **by mail** to the address below.
- **Submission of request must be within 180 calendar days** from the date of Explanation of Payment (EOP) or Provider Remittance Advice (PRA) .

2nd DISPUTE STEP: APPEAL

- Provider can request an appeal of the outcome.
- **Request must be submitted on a Provider Dispute Form.**
 - **Form must be submitted by mail** to the address below.
- **Submission of request must be within 30 calendar days** from the reconsideration determination letter.
- Include as much information as possible to assist with determination review.

To submit disputes by mail:



Iowa Total Care
Attn: Claim Disputes
PO Box 8030
Farmington, MO 63640-0830

Link to Provider Portal:

provider.iowatotalcare.com/

Link to Provider Dispute Form:

iowatotalcare.com/providers/resources/forms-resources.html

Helpful Information/Resources

Timely Filing Guidelines

Claim Submission Type	Timely Filing Guidelines
Initial Claim Submission	180 days.
Corrected Claim Submission	365 days from the last adjudication date up to two years from the date of service.
TPL	365 days from last date of EOP from primary carrier.
Disputes/First Level Appeal	180 days from EOB for first level dispute/appeal.
Second Level Appeal	30 days from the original decision notated on the provider remittance advice from the dispute/first level appeal.

Claims Processing Timelines

Claim Submission Type	Timely Filing Guidelines
First Time Claim/Corrected Claim	90% within 30 days of receipt. 95% within 60 days of receipt. 100% within 90 days of receipt.
Project/Claims Reprocessing	30 business days.
Disputes/First Level Appeal	30 business days.
Second Level Appeal	30 business days.

Clinical, Payment & Pharmacy Policies: (iowatotalcare.com/providers/resources/clinical-payment-policies.html)

A list of Iowa Total Care specific clinical and payment related polices.

Provider Remittance and Recoupment Guides: (iowatotalcare.com/providers/resources/provider-remittance---recoupment-guides.html)

Information on how to read your Iowa Total Care remittances.

Manuals, Forms and Resources: (iowatotalcare.com/providers/resources/forms-resources.html)

Provider manuals as well as forms and additional resources for providers.

Provider Negative Balances

What is a Negative Balance?



The total amount of money currently owed to Iowa Total Care by a provider.



A negative balance means that a provider was due a monetary payment, but they already have a negative balance with us, due to a recoupment or a pre-payment that was made to that provider, either on the same EOP or prior.

What Causes a Negative Balance?



Claim Adjustments

Overpayment Recoveries → If provider did not mail payment to Iowa Total Care/Centene's lockbox regarding a Claims Recovery Project, claims adjustments will be made to the Provider's account after the respective notice period is up. Adjustments related to recovery projects will result in a negative balance on the EOP, and be offset against future clean claims processed under provider's TIN + Payee ID.



Advance / Prepayment (e.g., manual claims check)

Detecting a Negative Balance

- ❑ Reconcile all remits received from Iowa Total Care.
- ❑ Balances may be offset by the total of the approved claims for payment leaving a reduced balance or no payment.
- ❑ If the balance amount is not completely satisfied, but only reduced, the remittance voucher will state that the negative balance will be carried forward.
- ❑ The remainder of the negative balance will appear on the following remits until it is satisfied.

EXPLANATION OF PAYMENT	
Iowa Total Care 1080 Jordan Creek Parkway, Ste. 100 S West Des Moines, IA 50266 1-833-404-1061 TTY:711	
PROVIDER NAME: [REDACTED]	Payee ID: [REDACTED]
Payment Date: [REDACTED]	Payment #: [REDACTED]
	Payment Amt: \$0.00
Claims Paid this Check Run:	\$-15,500.14
Claims paid offset against negative balance:	\$0.00
EFT/Check Amount:	\$0.00
Beginning negative balance:	\$0.00
Claims paid offsetting negative balance:	\$0.00
Claims paid increasing negative balance:	\$-15,500.14
Ending negative balance:	\$-15,500.14

Payment is being made electronically; no paper check will be issued.

When an EOP ends in a net negative amount, no money is paid to provider. Instead, a negative balance is applied to their account.

Resolution for Negative Balances

- ❑ Verify and document what TIN and Payee ID is on the EOP.
- ❑ Document the original negative balance dollar amount.
- ❑ If you have a negative balance that is carried forward:
 - You must reconcile future remits carefully for the balance. If receive ACH payments through Payspan, a negative balance summary is provided at the end of your EOP.
 - Keep all remits together until you see that the balance is satisfied.
- ❑ If a negative balance is not noticed until after the funds have already started being deducted:
 - You are not looking at the original remit that reflects the negative balance.
 - You must gather all prior remits for the specified provider in chronological order until the original (negative balance) is found.
 - Keep all remits together; do your own research prior to calling the call center/your Provider Relations Specialist (PRS).
- ❑ After you have thoroughly researched your prior remits for all remittance types and still you cannot find the original negative balance, or if no future claims will be processed under the TIN + Payee ID combination, please contact Provider Services **1-833-404-1061 (TTY: 711)** or your PRS to assist you in your efforts.
 - You must have on hand all remits that you have gathered that pertain to the negative balance to discuss with the helpline.

Negative Balance Report

- ❑ Providers can request a Negative Balance Report from their Provider Relations Specialist.
 - The negative balance report is a **CASH BALANCING TOOL**.
 - Refer to EOPs as “source of truth”.

- ❑ Negative balance payable numbers are generated when a Payee’s claims result in a net negative balance from respective check run.
 - Negative balances can also be manually created to repay on an advance, but 99.9% of negative balances that are generated will be done systematically through claims adjustments.

- ❑ Negative balance offsets will only be applied to respective TIN + Payee ID combination that is affiliated with the Payable number.

- ❑ Consolidated negative balance report better summarizes all negative balance payable activity into one view (rather than separate pages/tabs for each payable number).

How to Read a Negative Balance Report (OND553)

Iowa Total Care - Explanation of Negative Balance

Provider Name & Address

IRS Number

Payable Number 000900027524

Original Balance -394.93

Current Balance 0

Recoupment Date	Claim Number	Service Date	Original Paid Date	Mem First Name	Mem Last Name	Medicaid Number	Partient Control Number	Take Back	Payout	Net Adjustment	Paid Portion	Service Unit Count
9/18/2019		7/10/2019	7/26/2019					(74.09)	0.00	(74.09)	0.00	(1.00)
9/18/2019		7/11/2019	7/26/2019					(98.57)	0.00	(98.57)	0.00	(1.00)
9/18/2019		7/2/2019	7/26/2019					(74.09)	0.00	(74.09)	0.00	(1.00)
9/18/2019		7/1/2019	7/26/2019					(74.09)	0.00	(74.09)	0.00	(1.00)
9/18/2019		7/1/2019	7/26/2019					(74.09)	0.00	(74.09)	0.00	(1.00)
9/18/2019	Total							(394.93)	0.00	(394.93)	0.00	(5.00)
9/20/2019		7/10/2019	8/9/2019					0.00	44.09	44.09	0.00	1.00
9/20/2019		7/11/2019	8/9/2019					0.00	25.98	25.98	18.11	1.00
9/20/2019		7/11/2019	8/9/2019					0.00	50.05	50.05	0.00	1.00
9/20/2019		7/1/2019	8/9/2019					0.00	44.09	44.09	0.00	1.00
9/20/2019	Total							0.00	164.21	164.21	18.11	4.00
10/23/2019		10/9/2019	10/23/2019					0.00	54.81	54.81	16.41	1.00
10/23/2019		10/10/2019	10/23/2019					0.00	71.22	71.22	0.00	1.00
10/23/2019		10/10/2019	10/23/2019					0.00	104.69	104.69	0.00	1.00
10/23/2019	Total							0.00	230.72	230.72	16.41	3.00
Total								(394.93)	394.93	(0.00)	34.52	2.00

Consolidated Negative Balance Detail Report (OND553a)

The consolidated negative balance detail report (OND553a) provides all payable numbers on one tab. This is unlike the basic OND553 report (prior slide), which shows only one negative balance payable number per tab.

The OND553a report has many columns of detail we can provide. However, to simplify and minimize PHI, below is the standard view Consolidated Negative Balance report.

OND553a - Negative Balance Details														
Report Filter:														
Empty Filter														
agrees to EOP														
[current balance]														
Payable Number	IRS Number	Payee Who	Full Name	Claim Number	Service Line	Service Sequence	Recoupment Date	Patient Control Number	Original Balance	Balance	Recouped Amount	Offset Amount	Trans Amount	
0009xxxx Payable #1	xxxxxxxxx	P P1000xxxxxx1	Payee #1	xxxxxxxxxx	1	3	10/23/2019	xxxxxx	\$ (6.52)	\$ -	\$ (12.27)	\$ -	\$ (12.27)	
0009xxxx Payable #1	xxxxxxxxx	P P1000xxxxxx1	Payee #1	xxxxxxxxxx	3	0	10/23/2019	xxxxxx	\$ (6.52)	\$ -	\$ -	\$ 5.75	\$ 5.75	\$ (6.52)
0009xxxx Payable #1	xxxxxxxxx	P P1000xxxxxx1	Payee #1	xxxxxxxxxx	3	0	10/25/2019	xxxxxx	\$ (6.52)	\$ -	\$ -	\$ 6.52	\$ 6.52	
0009xxxx Payable #2	xxxxxxxxx	G xxxx	Payee #2	xxxxxxxxxx	1	1	12/27/2019	xxxxxx	\$(244.55)	\$ -	\$ (48.91)	\$ -	\$ (48.91)	
0009xxxx Payable #2	xxxxxxxxx	G xxxx	Payee #2	xxxxxxxxxx	2	1	12/27/2019	xxxxxx	\$(244.55)	\$ -	\$ (48.91)	\$ -	\$ (48.91)	
0009xxxx Payable #2	xxxxxxxxx	G xxxx	Payee #2	xxxxxxxxxx	3	1	12/27/2019	xxxxxx	\$(244.55)	\$ -	\$ (48.91)	\$ -	\$ (48.91)	
0009xxxx Payable #2	xxxxxxxxx	G xxxx	Payee #2	xxxxxxxxxx	4	1	12/27/2019	xxxxxx	\$(244.55)	\$ -	\$ (48.91)	\$ -	\$ (48.91)	
0009xxxx Payable #2	xxxxxxxxx	G xxxx	Payee #2	xxxxxxxxxx	1	1	12/27/2019	xxxxxx	\$(244.55)	\$ -	\$ (48.91)	\$ -	\$ (48.91)	
0009xxxx Payable #2	xxxxxxxxx	G xxxx	Payee #2	xxxxxxxxxx	1	0	12/31/2019	xxxxxx	\$(244.55)	\$ -	\$ -	\$ 111.62	\$ 111.62	
0009xxxx Payable #2	xxxxxxxxx	G xxxx	Payee #2	xxxxxxxxxx	2	0	12/31/2019	xxxxxx	\$(244.55)	\$ -	\$ -	\$ 111.62	\$ 111.62	
0009xxxx Payable #2	xxxxxxxxx	G xxxx	Payee #2	xxxxxxxxxx	4	0	12/31/2019	xxxxxx	\$(244.55)	\$ -	\$ -	\$ 3.69	\$ 3.69	
0009xxxx Payable #2	xxxxxxxxx	G xxxx	Payee #2	xxxxxxxxxx	1	0	12/31/2019	xxxxxx	\$(244.55)	\$ -	\$ -	\$ 17.62	\$ 17.62	
0009xxxx Payable #3	xxxxxxxxx	P P1000xxxxxx2	Payee #3	xxxxxxxxxx	1	1	2/13/2020	xxxxxx	\$(450.99)	\$ -	\$ (50.11)	\$ -	\$ (50.11)	
0009xxxx Payable #3	xxxxxxxxx	P P1000xxxxxx2	Payee #3	xxxxxxxxxx	2	1	2/13/2020	xxxxxx	\$(450.99)	\$ -	\$ (50.11)	\$ -	\$ (50.11)	

Negative Balance Report - Key Column Definitions

Payable Number: When a negative balance is generated, either by:

- claims on a respective EOP resulting in a net negative balance or
- manually applied to provider's account related to repayment of an advance,

a payable number is created, and the net negative balance is applied to the provider's account for that respective TIN + Payee #. The negative balances are then offset against future clean claim.

Recoupment Date: Agrees to date on EOP.

Original Balance: This is the original negative balance that was applied to your account.

Balance: This is the current balance of the Payable Number's negative balance.

Take Back/Recouped Amount: This is the amount that Iowa Total Care recouped from the respective claim.

Payout/Offset Amount: These are clean claims that Iowa Total Care offset against negative balances. No cash was paid to provider for these claims rather they were offset against negative balances.

Paid Portion: If only a portion of the claim payment was used to offset against a negative balance, the remaining amount would be reflected in this column. This is the amount of the claim that was either paid to the provider or offset against a different negative balance payable number.

Net Adjustment/Trans Amount: Reflects the net activity of the claim line (Recoupment Amount + Offset Amount).

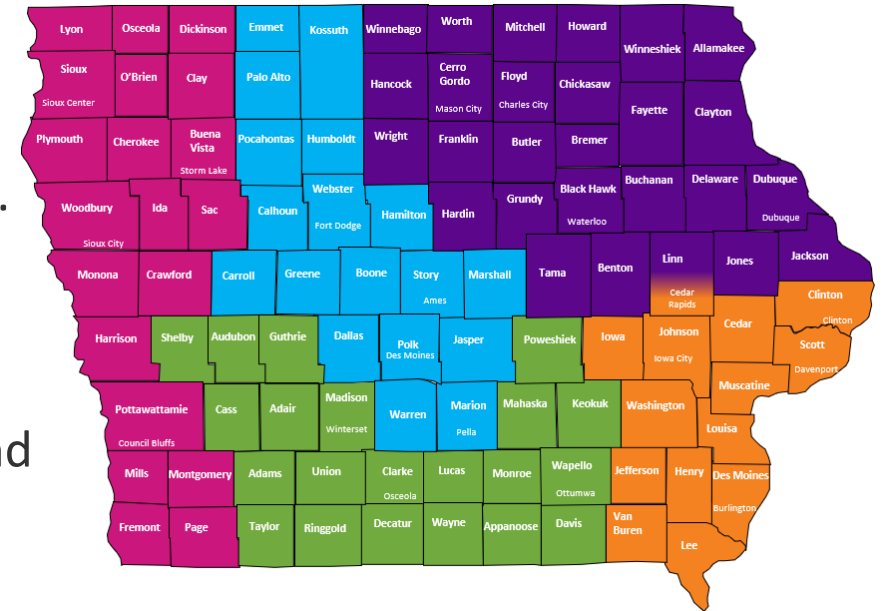
Quality Initiatives

Clinical Quality Consultant Program - Provider Engagement

Iowa Total Care's primary quality goal is to improve members' health status through a variety of meaningful quality improvement activities, implemented across all care settings and aimed at improving the quality of care and services delivered. We focus on collaborating with providers to generate positive member health outcomes, improved population health and ensuring our members are receiving the highest level of quality care.

To assist in providing quality health outcome, Iowa Total Care has developed an innovative Clinical Quality Consultant (CQC) program.

- CQCs consist of a diverse team of registered nurses who will serve as your individual point of contact.
- They assist in the education and management of clinical requirements that are part of Risk Adjustment, HEDIS, State and CMS regulatory requirements, and other quality measures.



For more information, visit:

iowatotalcare.com/providers/quality-improvement/clinical-quality-consultant.html

Social Determinants of Health Overview

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

- **238,290** Iowans are facing hunger (\approx **8%** of state population).
 - Of these, **68,999 are children.**¹
- Current Iowa high school dropout rate: **3.4%**.²
- Iowa's unemployment rate is currently **2.9%**.³
- Iowans spend more than **30%** of income on housing costs.⁴
- An estimated **49.5%** of adolescents (ages 13-18) have a mental disorder.⁵

1. [Feed America](#)

2. [Iowa Department of Education](#)

3. [Iowa Workforce Development](#)

4. [National Low Income Housing Coalition](#)

5. [National Institute of Mental Health](#)

Z Code Overview

Z codes are a set of ICD-10-CM codes used as a tool to identify a range of issues related but not limited to:

- Education and literacy.
- Employment.
- Housing.
- Ability to obtain adequate amounts of food or safe drinking water.
- Occupational exposure to toxic agents, dust, or radiation.

Z codes can be used in any health setting. By screening patients with Z codes:

- It will help identify areas where a patient has an SDOH barrier.
- Help to connect your patients with resources.
- Using codes associated with these conditions allow healthcare professionals and Iowa Total Care to collect data and identify solutions that more closely align with patients' needs.

Provider Resources

Provider Resources: Secure Provider Portal

After registering to access the secure provider portal, the following tools are available to easily view and share information:

- Check member eligibility.
- View the PCP panel (patient list).
- View and submit prior authorizations and member health records.
- Determine payment/check clear dates.
- View and print explanation of payment (EOPs).
- Access payment history.
- Manage and submit claims.
- Submit claims disputes.
- Access daily patient lists.
- Patient care gaps.
- View patient demographics and history.
- Download member roster.
- Complete member assessments and referrals.
- Access pay-for-performance reporting, payment, and member gap in care list.

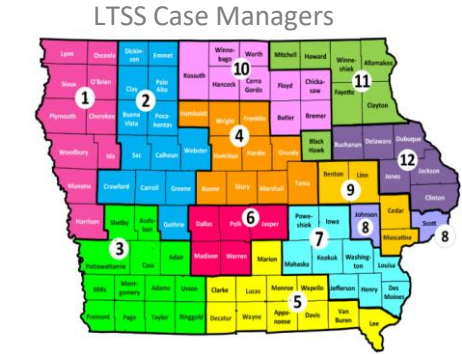
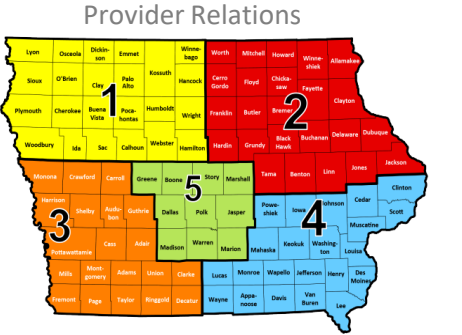
Register for the provider portal: Visit provider.iowatotalcare.com, then click the 'Create New Account' link under the 'Log In' button.

Resources & Contact Info:

Iowa Medicaid	
Iowa Medicaid Provider Services	IMEProviderServices@dhs.state.ia.us 1-800-338-7909 or 1-515-256-4609 TTY: 800-735-2942 Fax: 515-725-1155

Health Plan Information	
Website	iowatotalcare.com
Mailing Address	Iowa Total Care 1080 Jordan Creek Parkway, Suite 100 South West Des Moines, IA 50266
Fraud, Waste and Abuse Ethics and Compliance	1-866-685-8664 1-833-404-1064 (TTY: 711) Compliance@IowaTotalCare.com

Iowa Total Care Phone Line 1-833-404-1061 (TTY: 711)	
Member Services	Option 1
Provider Services	Option 2
Eligibility	Option 2, then Option 1
Claims	Option 2, then Option 2
Pharmacy	Option 2, then Option 3
Medical Authorizations	Option 2, then Option 4
Case Management (Medical/LTSS/Waiver)	Option 2, then Option 5
Behavioral Health	Option 2, then Option 6
Vision	Option 2, then Option 7
All Other Provider Questions	Option 2, then Option 0



**For the most up-to-date Provider Relations, Clinical Quality Consultant,
 and LTSS Community-Based Case Manager Territory Maps:**
iowatotalcare.com/territory-maps.html

Coming out of the Pandemic

Are you Taking Advantage of all Iowa Total Care has to Offer?

At Iowa Total Care, we're your partner in health. Together, we will continue to **transform the health of the community, one person at a time.**

- **Iowa Total Care Website** (iowatotalcare.com)
 - Everything you need to know about working with us.
 - **For Providers** (iowatotalcare.com/providers.html)
 - ✓ Portal login.
 - ✓ Provider quick links.
 - **Provider Newsletters** (iowatotalcare.com/providers/provider-newsletters.html)
 - **Provider Trainings & Webinars** (iowatotalcare.com/providers/provider-training.html)
 - ✓ Training opportunities.
 - **Manuals, Forms and Resources** (iowatotalcare.com/providers/resources/forms-resources.html)
 - ✓ Provides the tools and support providers need to deliver the best quality of care.
 - **Prior Authorization Check Tool** (iowatotalcare.com/providers/preauth-check/medicaid-pre-auth.html)
 - ✓ Quick and easy online tool to verify if a prior authorization is needed.
- **Video Appointments** (teladochealth.com)
 - Iowa Total Care has partnered with Teladoc Health.
 - Provides services at no added cost to members.
 - Easy to connect to our members by phone or video.
 - 24/7 virtual care for non-emergency issues.
 - Members may share visit results instantly with their primary care physician.
- **Transportation** (iowatotalcare.com/members/medicaid/benefits-services/transportation.html)
 - Assist members with transportation to and from doctor's appointments.
 - Rides must be set up at least 2 working days before appointment.
 - Urgent trips can be made with less than a 2-day notice.
 - ✓ Access2Care may check with provider to ensure appointment is urgent.
 - Rides can be scheduled up to 30 days in advance and 90 days in advance for certain types of appointments (i.e., dialysis, chemotherapy or radiation treatments).

Thank you for attending!

Questions?

Copies of training and educational materials can be obtained from the Iowa Total Care website: iowatotalcare.com