



INNOVATIVE  
INTEGRATED  
HEALTH, INC.

**AN INTRODUCTION**

**TO PACE**



# WHAT IS PACE?

**P**rogram of  
**A**ll- Inclusive  
**C**are for the  
**E**lderly



# WHO ARE WE?

- A comprehensive health plan and wellness program that provides full medical coverage, an Adult Day Health Center (ADHC), home health care services, transportation, social services, and more for seniors 55 years of age and older.

- **Innovative Integrated Health (IIH)** currently operates PACE in three California communities:



- IIH serves over 1,600 seniors (members or participants) through the PACE model of care

# ABOUT US

Founded in 2011, Innovative Integrated Health (IIH) is a premier multi-ethnic integrative healthcare provider focused on superior care management for elderly persons.

IIH provides a complete program of healthcare and wellness services. Our goal is to help seniors live independently in their homes, as an alternative to living in a nursing home.

# IIH PACE BY THE NUMBERS

**94%**

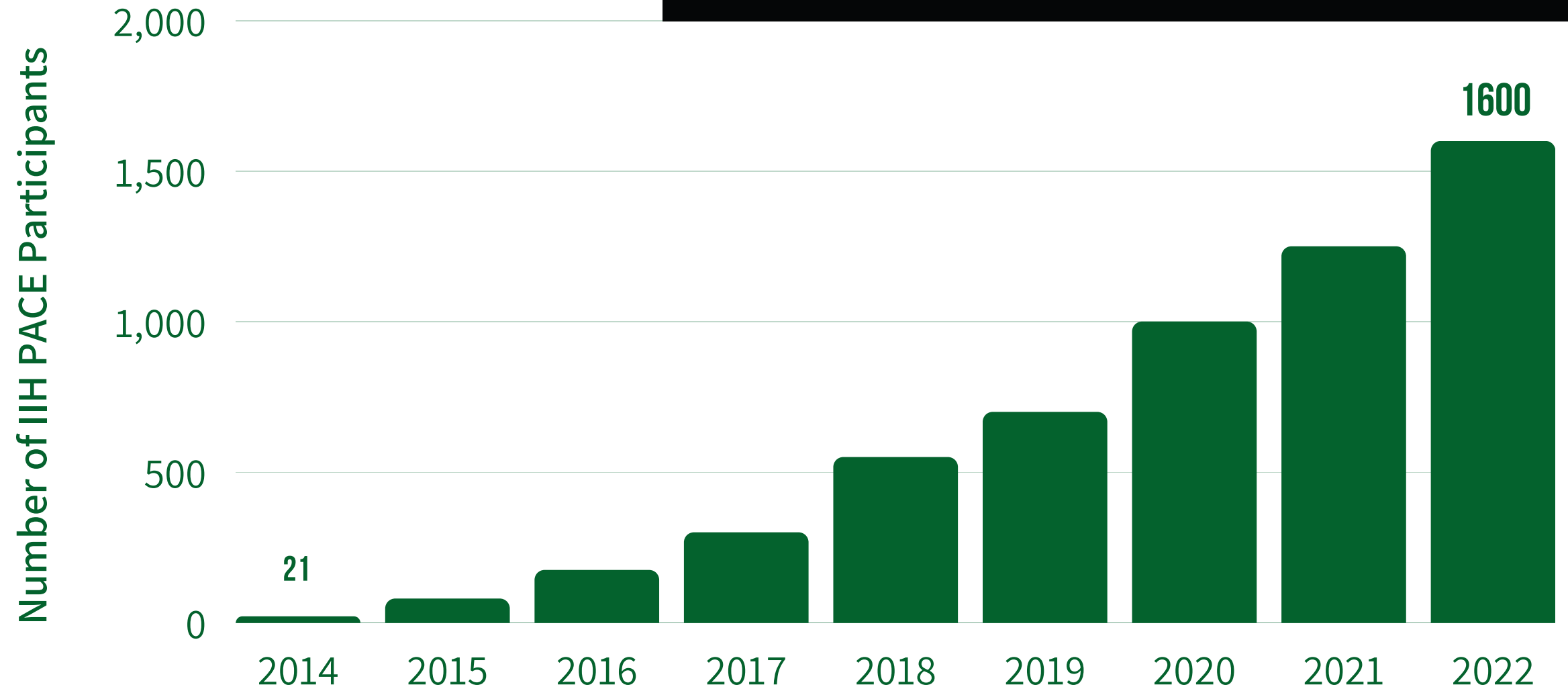
OVERALL PARTICIPANT SATISFACTION

**97%**

OVERALL FAMILY SUPPORT SATISFACTION

**98%**

OF FAMILY CAREGIVERS WOULD RECOMMEND PACE



## PACE PROVIDER PARTNERS



The number of trusted, healthcare providers in the IIH Provider Network is 3000 providers and growing

## HEALTH CARE AT THEIR PACE



IIH PACE Participants were scheduled for more than 54,000 on-site clinic visits in 2022, and an additional 21,000 outside provider appointments

## CAFE PACE



More than 75,000 hot meals were served at our IIH PACE facilities or delivered to participants' homes in 2022

## PACE ON THE ROAD



Approximately 150,000 rides were provided to IIH PACE participants in 2022

## HAVING FUN AT IIH PACE



IIH PACE Participants spent over 55,000 hours at our ADHCs enjoying arts and crafts, games, and other recreational therapy in 2022

## PACE AT HOME



Over 700,000 in-home health care hours were provided by IIH PACE Personal Care Attendants in 2022

6 OTHER BENEFITS



# WHO DOES PACE SERVE?

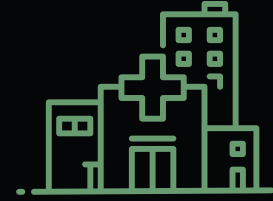
**Seniors must meet four requirements to join IIH PACE:**

- Are 55 years of age or older
- Reside in the PACE designated service area
- Meet the level of care equal to nursing home services as determined by the Department of Health Care Services
- Able to live safely in the community with the services of the PACE organization at the time of enrollment.

# PACE HEALTH CARE AND WELLNESS SERVICES



**PRIMARY, SPECIALTY &  
ACUTE CARE**



**HOSPITAL CARE**



**MENTAL HEALTH CARE & COUNSELING**



**DENTAL CARE**



**PRESCRIPTION DRUGS DELIVERY**



**EYE CARE & GLASSES**



**TRANSPORTATION**



**HOME HEALTH CARE SERVICES**



**SOCIAL SERVICES**



**NUTRITION SERVICES AND MEALS**



**PHYSICAL THERAPY &  
REHABILITATION**



**SPEECH THERAPY**



**OCCUPATIONAL THERAPY**



**LAB SERVICES**



**EXERCISE CLASSES**



**DURABLE MEDICAL EQUIPMENT**

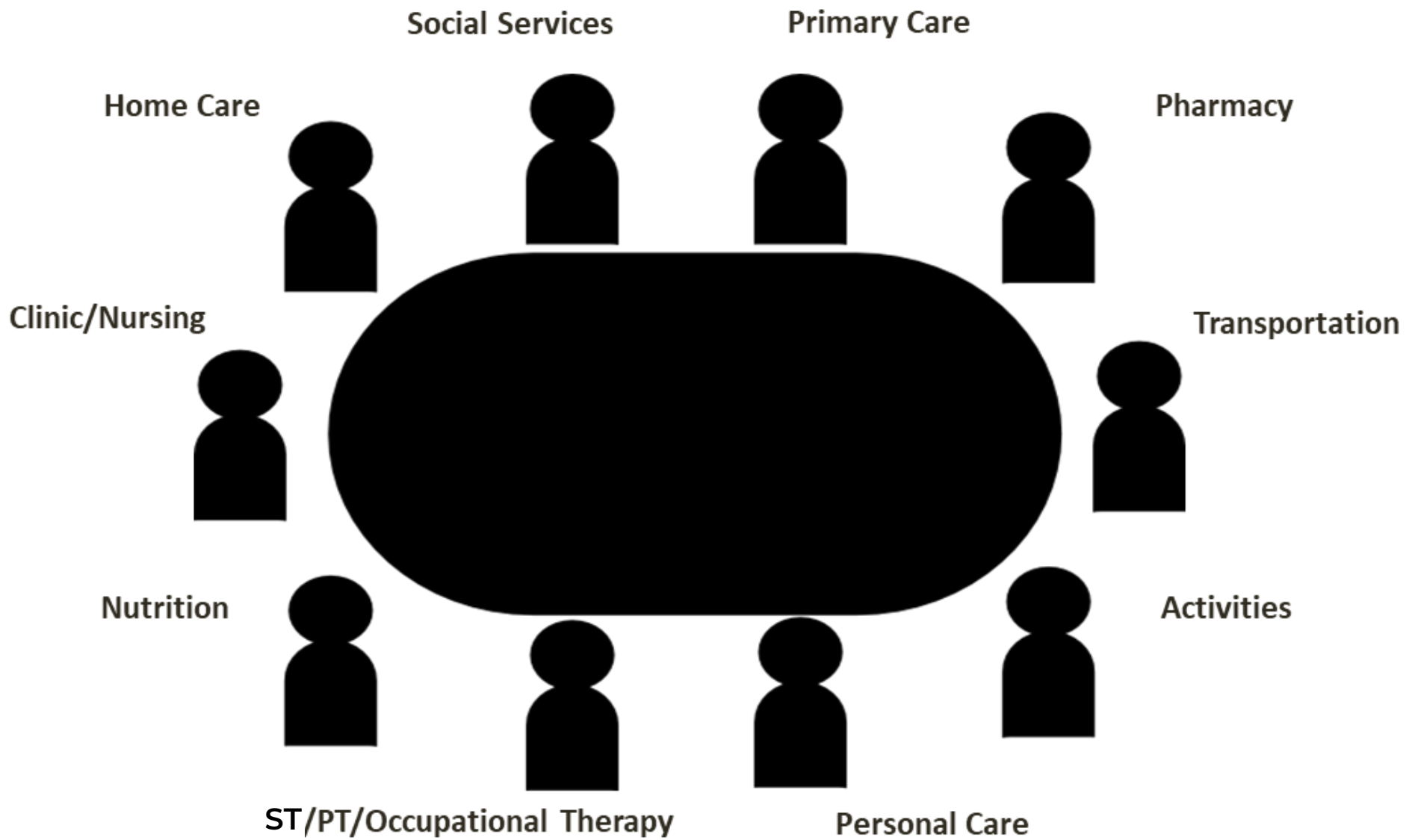


**ACCESS TO OUR ACTIVITY CENTER**



**& OTHER BENEFITS...**

# INTEGRATED, TEAM MANAGED CARE



## Interdisciplinary Team (IDT)

IDT is what makes PACE so unique. The IDT provides and plans all care for our members and works together to deliver care that is coordinated and specific to each individual member.



# INTERDISCIPLINARY TEAM

Using a team approach to care, we partner with our members to ensure their medical, social, and emotional needs are met.

The IDT handles all primary care, develops each member's individualized care plan, meets daily to review changes in care, and is the source for authorizations for our contracted providers.



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**FOR PROVIDERS**

# GETTING AUTHORIZATION

- Prior to performing any service, our specialty providers must obtain “APPROVED” authorization from IIH PACE.
- If during a visit you identify a need for our member, please note clearly and request authorization for additional services.
- Send records to our Medical Records team after a member's appointment in order for IIH PACE to have notes from the appointment for review and approval for additional request.
- If the service request is urgent, please contact our Authorization Specialist to expedite the process.

# IIH PACE MEMBER APPOINTMENTS

- The member will present their IIH PACE card at the front desk to identify themselves.



- A copy of insurance card is also included in the Authorization Packet sent prior to the visit.

# PHARMACY

- Prescriptions must be faxed to IIH PACE Authorizations Department in order for IIH PACE to place the requested order
- IIH PACE is partnered with Carekenesis/Grane Rx Pharmacy to fill participants' medications

# MEDICAL RECORDS

- **Requesting/Sending Medical Records:** Send via FAX to your local IIH PACE facility. See [Contact Us](#) (Slide 27) for appropriate fax number.
- **Contact Medical Records Department:** Call your local IIH PACE facility and ask for Medical Records.

# PACE PAYMENT

- Providers must accept IIH PACE payment as payment in full for any authorized services and shall NOT seek any reimbursement for services directly from the member, Medicaid, Medicare or other insurance carrier or provider.
- Surcharges, late fees, no-show fees and missed appointment fees to members by provider are prohibited.



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# CLAIMS SUBMISSION CHECKLIST



# HOW TO SUBMIT A CLAIM

- For services rendered to PACE members, submit all claims for services to PeakTPA at the following address:


PeakTPA  
11010 Prairie Lakes Drive, Suite 175  
Eden Prairie, MN 55344

For electronic claims submission:

Clearinghouse: Change Healthcare

Payer Name: Fresno PACE

Payer ID: 99660

 PLEASE NOTE: Payer names for Bakersfield PACE and Orange County PACE will also be "Fresno PACE"

**PLEASE NOTE: Electronic Submission is strongly encouraged due to potential scanning errors of paper claims**

- For questions regarding the status or payment of a claim for services rendered contact PeakTPA @ (952)400-7600.
- For authorization or medical management issues regarding our members, contact IIH PACE (ask to transfer to the Authorizations Department)

# LINKS FOR BILLING GUIDELINES

Billing guidelines for specific claim types can be accessed using the following links:

- **1500 Claim form:** <https://careventionhc.com/wp-content/uploads/2022/02/Peak-Professional-CMS-1500-Billing-Guidelines-FINAL.pdf>
- **UB-04 Claim form:** <https://careventionhc.com/wp-content/uploads/2022/02/Peak-Institutional-UB-04-Billing-Guidelines-FINAL.pdf>

○

**These documents can also be found on the IIH PACE drive provided to you.**

# PROVIDER CLAIM SUBMISSION CHECKLIST

- To ensure your claims are received and processed without delay, follow the protocol listed below. The IIH Claims Department considers claims to be "clean" if submissions include the following information:
  - **Valid Enrollment**
    - Member must have active enrollment on the date of service.
  - **Basic Patient Demographic Information**
    - Name (Spelling and placement of First and Last names must match a legal form of ID: IIH insurance card, Medicare ID, Medicaid State ID, Drivers License, Social Security Card)
    - Date of Birth
    - Gender
    - Patient ID Number (IIH 4-digit ID, Medicare MBI, or Medicaid ID are acceptable / NO SSN)
  - **Prior Authorization Number**
    - Only emergency-related services are exempt from prior authorization. **ALL other services require authorization.**
    - Begins with "PL-" and series of 5-6 digits (example: PL-32145)
    - CMS 1500 Box 23 / UB04 Box 63 / ADA Box 2

# PROVIDER CLAIM SUBMISSION CHECKLIST CONTINUED

- **Medical Records / Proof of Service**

- Records are required for all services for IHH PACE participants, including inpatient-hospital and emergency-related services.

**Any invalid information submitted as part of the Claims Submission Checklist (i.e. not "clean") may cause significant delays in approvals and payments**



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# SUBMITTING A CORRECTED CLAIM

# SUBMITTING A CORRECTED CLAIM

If your claim has been denied during the adjudication process, you have the right to submit a corrected claim. Providers have 365 days from the date of original denial to submit a corrected claim. Common reasons to submit a corrected claim include (but are not limited to) the following: incorrect spelling or placement of patient name, incorrect date of birth or gender, incorrect place of service (telehealth vs in-office) etc...

- After corrections have been made to erroneous claims you MUST complete the following steps to avoid a “duplicate” denial.

# SUBMITTING A CORRECTED CLAIM

## CMS 1500 FORM:

- Locate original claim number of the denied claim on EOB, EOP or Zero Pay remittance. All IIH claim numbers are 16 digits long and begin with "0169-000-".
- Place this original claim number of the denied claim in box 22 as "ORIGINAL REF. NO."
- Select "RESUBMISSION CODE 7" in box 22.
- Resubmit claim electronically, or send paper claim.

## UB04 FORM:

- Locate original claim number of the denied claim on EOB, EOP or Zero Pay remittance. All IIH claim numbers are 16 digits long and begin with "0169-000-".
- Place this original claim number of the denied claim in box 64 as "DOCUMENT CONTROL NUMBER"
- Change "TYPE OF BILL" to 137 in box 4
- Resubmit claim electronically, or send paper claim.

# SUBMITTING A CORRECTED CLAIM

## ADA DENTAL FORM

- Locate original claim number of the denied claim on EOB, EOP or Zero Pay remittance. All IIH claim numbers are 16 digits long and begin with "0169-000-".
- Place this original claim number of the denied claim in box 35 as "REMARKS"
- Resubmit claim electronically, or send paper claim.





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# APPEALING A DENIED CLAIM

# APPEALING A DENIED CLAIM

If your claim is denied due to payment discrepancies, not obtaining a prior authorization, or lack of medical records, you have the right to submit a Provider Appeal for Denied Claim.

All appeals must be submitted in writing.

The appeals are sent to PEAK TPA, and the appeals are then given to the IIH claims team.

**ALL PAPER CLAIM SUBMISSIONS:** Use the Provider Appeal for Denied Claim form as your coversheet for paper claim appeals.

You can access the file on your IIH PACE drive OR reach out to your designated Provider Relations Manager.

Innovative Integrated Health  
PEAK TPA  
ATTN: APPEALS DEPARTMENT  
11010 Prairie Lakes Dr, Ste 175  
Eden Prairie, MN 55344  
952-400-7600  
[intake@eclusive.com](mailto:intake@eclusive.com)



## Provider Appeal for Denied Claim

- 1) Complete the blank fields below
- 2) Include statement for appeal (denial reason, updates and claim edits, your desired outcome)
- 3) Attach corresponding documents (corrected claim forms, records, delivery tickets, etc...)
- 4) Sign and send to address in top left corner

**Original Claim Number(s)** \*\*ALL IIH CLAIM NUMBERS BEGIN W/ 0169-000- **Date(s) of Service**

1. \_\_\_\_\_ 1. \_\_\_\_\_

**Patient Name (First, Last)** **Billed Amount**

1. \_\_\_\_\_ 1. \_\_\_\_\_

Briefly identify the reason the claim was denied, your modifications or updates to claim information, and your desired outcome of this appeal. IIH has 45 days to determine appeals from the date received. Please send ALL corresponding documents to the TPA with your appeal.

Name of Provider Office: \_\_\_\_\_

Name of person submitting appeal: \_\_\_\_\_ Date: \_\_\_\_\_

Contact information of person submitting appeal: ph \_\_\_\_\_ email \_\_\_\_\_

# THANK YOU

## CONTACT US



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	 <small>BY INNOVATIVE INTEGRATED HEALTH</small>	 <small>BY INNOVATIVE INTEGRATED HEALTH</small>	 <small>BY INNOVATIVE INTEGRATED HEALTH</small>
<b>Main Contact</b>	Monique Herevia (559) 265-2271 <a href="mailto:mherevia@bakersfieldpace.org">mherevia@bakersfieldpace.org</a>	Julie Olvera 559-281-1870 <a href="mailto:jolvera@fresnopace.org">jolvera@fresnopace.org</a>	Marla Zelko 949-300-8733 <a href="mailto:mzelko@ocpace.org">mzelko@ocpace.org</a>
<b>Facility Number</b>	661-872-3860	559-400-6420	714-798-9044
<b>Scheduling Phone</b>	661-493-8422 or 661-493-9484	661-493-8422 or 661-493-9484	661-493-8422 or 661-493-9484
<b>Authorizations Phone</b>	661-493-8421	661-493-8421	661-493-8421
<b>Authorizations Fax#</b>	<a href="tel:855-824-5660">855-824-5660</a> or <a href="mailto:authorizations@bakersfieldpace.org">authorizations@bakersfieldpace.org</a>	<a href="tel:855-779-9584">855-779-9584</a> or <a href="mailto:authorizations@fresnopace.org">authorizations@fresnopace.org</a>	<a href="tel:855-866-0877">855-866-0877</a> or <a href="mailto:authorizations@ocpace.org">authorizations@ocpace.org</a>
<b>Medical Records Fax#</b>	855-909-1744	855-691-1590	855-400-8474
<b>Clinic</b>	661-493-8425	559-570-2722	(714) 855-3259
<b>Claims</b>	<a href="mailto:claims@innovativeih.com">claims@innovativeih.com</a>	<a href="mailto:claims@innovativeih.com">claims@innovativeih.com</a>	<a href="mailto:claims@innovativeih.com">claims@innovativeih.com</a>