

October 11, 2024

**GENERAL LETTER NO. 6-AP-169**

ISSUED BY: Bureau of Financial, Food, and Work Supports  
Division of Community Access and Eligibility  
Iowa Medicaid

SUBJECT: Employees' Manual, Title 6 Appendix, ***Income Maintenance Programs Appendix***, Contents 1-13, 2 and 3, revised; forms revised and new.

**Summary**

This chapter is revised to

- Update and rename 470-0398, Accident or Injury Request for Information: First Request to reflect new branding and content regarding vendors and agency names
- Create 470-0399, Accident or Injury Request for Information: Final Notice as a new document to supplement 470-0398
- Update forms 470-5771 and 470-5771(S), Report of Stolen SNAP Benefits, to reflect extended eligibility dates

**Effective Date**

Immediately.

**Material Superseded**

Remove the following pages from Employees' Manual, Title 6 Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents 1-13	September 27, 2024
2 and 3	September 27, 2024
470-0398	06/24
470-5771	04/24
470-5771(S)	04/24

**Additional Information**

Refer questions about this general letter to your area income maintenance administrator.

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**Accident or Injury Request for Information: First Request, Form 470-0398**

Purpose	<p>Form 470-0398, <i>Accident or Injury Request for Information: First Request</i> is used by Iowa Medicaid to collect information from Medicaid members or their representative when claims show they may have been involved in an accident or injury.</p> <p>The information returned on the form is used to identify claims with potential third-party liability (TPL). This form allows Iowa Medicaid to recover some or all of the Medicaid expenditures made on the member's behalf in connection to an accident or injury.</p>
Source	<p>Form 470-0398 is computer-generated by the OnBase system.</p>
Completion	<p>The form is prepared automatically when a Medicaid claim code indicates an accident or injury. It is generated when field staff, a member, a provider, an insurance company, or an attorney reports that the member has been involved in an accident and the possibility of third-party liability exists.</p>
Distribution	<p>The form is sent to the member, who returns it to Medicaid on completion. Once completed by the member or the member's representative, the form may be returned in one of the following ways:</p> <p><b>Mail:</b> Iowa Medicaid Enterprise PO Box 36446 Des Moines, IA 50315</p> <p><b>Phone:</b> Member Services <b>1-800-338-8366</b> or locally in the Des Moines area at <b>515-256-4606</b> (Monday - Friday, 8:00 am to 5:00 pm)</p> <p><b>Email:</b> <a href="mailto:RevCoLLien@dhs.state.ia.us">RevCoLLien@dhs.state.ia.us</a></p> <p><b>Fax:</b> 515-725-1352</p>
Data	<p>The form requests information from the member concerning:</p> <ul style="list-style-type: none"><li>▪ When and how the injury occurred.</li><li>▪ Whether the recipient has filed an insurance claim or retained an attorney in connection with the injury.</li><li>▪ The name and address of any involved insurance companies or attorneys.</li></ul>

**Accident or Injury Request for Information: Final Notice, Form 470-0399**

Purpose	<p>Form 470-0399, <i>Accident or Injury Request for Information: Final Notice</i> is used subsequent to 470-0398, <i>Accident or Injury Request for Information: First Notice</i> by Iowa Medicaid to collect information from Medicaid members or their representative when claims show they may have been involved in an accident or injury.</p> <p>The information returned is used to identify claims with potential third-party liability (TPL). This form allows Iowa Medicaid to recover some or all of the Medicaid expenditures made on the member's behalf in connection to an accident or injury.</p>
Source	Form 470-0399 is computer-generated by the OnBase system.
Completion	The form is prepared automatically when a Medicaid claim code indicates an accident or injury. It is generated when field staff, a member, a provider, an insurance company, or an attorney reports that the member has been involved in an accident and the possibility of third-party liability exists.
Distribution	<p>The form is sent to the member, who returns it to Medicaid on completion. Once completed by the member or the member's representative, the form may be returned in one of the following ways:</p> <p><b>Mail:</b> Iowa Medicaid Enterprise PO Box 36446 Des Moines, IA 50315</p> <p><b>Phone:</b> Member Services <b>1-800-338-8366</b> or locally in the Des Moines area at <b>515-256-4606</b> (Monday - Friday, 8:00 am to 5:00 pm)</p> <p><b>Email:</b> <a href="mailto:RevCoLLLien@dhs.state.ia.us">RevCoLLLien@dhs.state.ia.us</a></p> <p><b>Fax:</b> 515-725-1352</p>
Data	<p>The form requests information from the member concerning:</p> <ul style="list-style-type: none"><li>▪ When and how the injury occurred.</li><li>▪ Whether the recipient has filed an insurance claim or retained an attorney in connection with the injury.</li></ul>