

October 30, 1995

For Human Services Use Only

General Letter No. 8-A-AP(II)-574

Subject: Employees' Manual, Title VIII, Chapter A, Appendix, Part Two

ALL PROVIDERS MANUAL TRANSMITTAL NO. 95-4

Subject: All Providers Manual, Chapter C, "Recipient Eligibility," page 25 and 26, revised; and Appendix, pages 1 through 19, revised, and page 20, new.

This transmittal contains the revised Medical Expense Verification, Form MA-4069. The Medical Expense Verification form now includes the following claim types: "R" for personal care services in a residential care facility and "T" for transportation.

The Appendix is revised to include the agencies designated to provide EPSDT "Care for Kids" informing and care coordination services.

Date Effective

November 1, 1995

Material Superseded

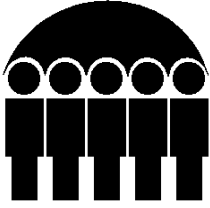
Remove from All Providers Manual and destroy Chapter C, pages 25 and 26, dated September, 1989, and Appendix, pages 1 through 19, dated November 1, 1993.

Additional Information

If any portion of this material is not clear, please direct your inquiries to Unisys Corporation, fiscal agent for the Iowa Department of Human Services.

IOWA DEPARTMENT OF HUMAN SERVICES
Charles M. Palmer, Director

Donald W. Herman, Administrator
DIVISION OF MEDICAL SERVICES



Iowa Department of Human Services

For Human Services use only:
General Letter No. 8-AP-104
Employees' Manual, Title 8
Medicaid Appendix

April 2, 1999

ALL PROVIDERS MANUAL TRANSMITTAL NO. 99-1

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: *All Providers Manual*, Chapter C, *Recipient Eligibility*, pages 39 through 44, revised; Chapter D, *General Program Policies*, pages 3, 4, 5, and 14, revised; *Appendix*, pages 1 through 8, revised.

This release:

- ◆ Adds the prior authorization requirement for male sexual dysfunction drugs.
- ◆ Deletes the dental prior authorization requirement for oral prophylaxis more frequently than every six months.
- ◆ Includes the revised *Health Services Application*.
- ◆ Updates the directory of the Department's county offices.

Date Effective

Deletion of the dental prior authorization requirement was effective on July 1, 1998. The drug prior authorization requirement is effective on March 1, 1999. Directory and form changes are effective upon receipt.

Material Superseded

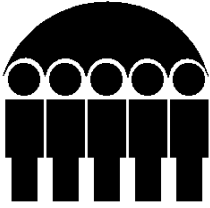
Remove the following pages from *All Providers Manual* and destroy them:

<u>Page</u>	<u>Date</u>
Chapter C 39-44	2/96
Chapter D 3	February 1, 1997
4	April 1, 1994
14	July 1, 1997
Appendix 1-8	November 1, 1995

Additional Information

Providers who determine presumptive eligibility should use up remaining supplies of the *Health Services Application* before reordering.

If any portion of this manual is not clear, please direct your inquiries to Consultec, fiscal agent for the Department of Human Services.



Iowa Department of Human Services

For Human Services use only:

General Letter No. 8-AP-134

Employees' Manual, Title 8
Medicaid Appendix

February 18, 2000

ALL PROVIDERS MANUAL TRANSMITTAL NO. 00-1

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: *All Providers Manual*, Table of Contents (pages 3 and 3a), revised; Chapter C, *Recipient Eligibility*, pages 1 through 10, 17 through 28, 39 through 44, 55, 56, 59, and 60, revised; and *Appendix*, pages 2 through 20, revised.

This release:

- ◆ Incorporates instructions for filing claims for people who must meet a Medically Needy spenddown obligation.
- ◆ Removes information about the *Medical Expense Verification*, form MA-4069. This form is no longer used in the Medically Needy Program.
- ◆ Transmits revised form 470-2927, *Health Services Application*, used by providers qualified to determine presumptive eligibility for pregnant women.
- ◆ Updates form 470-2629, *Presumptive Medicaid Income Calculation*, to the version currently in use.
- ◆ Updates form 470-2780, *Presumptive Medicaid Eligibility Notice of Decision*, to correct dates.
- ◆ Makes other minor corrections to the text.
- ◆ Updates the list of addresses of Social Security Administration, Department of Human Services, and EPSDT care coordination agency offices.

Date Effective

Upon receipt

Material Superseded

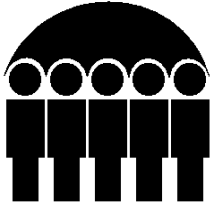
Remove the following pages from *All Providers Manual* and destroy them:

<u>Page</u>	<u>Date</u>
Table of Contents (page 3)	June 1, 1999
Table of Contents (page 3a)	June 1, 1998
Chapter C	
1, 2, 3, 4, 4a	June 1, 1999
5, 6	July 1, 1997

7, 8	February 1, 1997
9	July 1, 1997
10	February 1, 1997
17, 18	May 1, 1996
19-22	July 1, 1997
23, 24	July 1, 1995
25, 26	10/98
27	July 1, 1997
28	6/88
29-32	November 1, 1993
39-44	2/99
55, 56	4/97
59, 60	7/97
Appendix	
2-8	March 1, 1999
9-20	November 1, 1995

Additional Information

If any portion of this manual is not clear, please direct your inquiries to Consultec, fiscal agent for the Department of Human Services.



Iowa Department of Human Services

For Human Services use only:

General Letter No. 8-AP-171

Employees' Manual, Title 8

Medicaid Appendix

July 23, 2001

ALL PROVIDERS MANUAL TRANSMITTAL NO. 01-1

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: ***ALL PROVIDERS MANUAL***, Table of Contents (pages 1, 2, 3, and 3a), revised; Chapter B, *General Information About the Program*, pages 3 through 12, 12a, and 13 through 18, revised; Chapter C, *Recipient Eligibility*, page 6, 7, 8, 9, 17, 18, 19, 26 through 34, 38, 51, and 55 through 60, revised, and pages 6a through 6e, new; and *Appendix*, pages 1 through 20, revised.

Summary

This letter transmits:

- ◆ Updates to the list of Medicaid provider types.
- ◆ Additions to the list of Medicaid coverage groups, including new groups for:
 - Employed people with disabilities.
 - Women who need treatment for breast or cervical cancer or a pre-cancerous condition.
- ◆ A description of the presumptive eligibility determination process for women in the new cancer treatment coverage group.
- ◆ Clarification of the recipient eligibility information available through REVS.
- ◆ Clarification that not all mental health services are covered under fee-for-service reimbursement and that there is a preauthorization process for recipients enrolled in the Iowa Plan.
- ◆ New forms for authorizing providers to do presumptive eligibility determinations for women needing treatment for breast or cervical cancer.
- ◆ An updated form 470-2629, *Presumptive Medicaid Income Calculation*, reflecting current income limits. The 4/01 version of the form must be used to get a correct eligibility determination. Supplies of the previous version should be destroyed.
- ◆ A revised form 470-2580, *Presumptive Eligibility Notice of Decision*, reflecting the new group of women who can be presumptively eligible for Medicaid. Supplies of this version of the form will be distributed to the new group of qualified providers. Qualified providers for pregnant women should continue to use the previous version of the form until supplies are exhausted.
- ◆ An updated list of Social Security Administration offices.

Date Effective

July 1, 2001

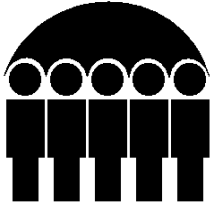
Material Superseded

Remove the following pages from the *Medicaid All Providers Manual* and destroy them:

<u>Page</u>	<u>Date</u>
Table of Contents (pp. 1 and 2)	September 1, 1997
Table of Contents (pp. 3 and 3a)	February 1, 2000
Chapter B	
3-6	October 1, 1994
7-9	June 1, 1999
10-12, 12a, 13	September 1, 1997
14	July 1, 1995
15	May 1, 1996
16	July 1, 1997
17, 18	October 1, 1994
Chapter C	
6-9, 17-19, 26-33	February 1, 2000
34, 38	July 1, 1997
51	November 1, 1993
55, 56	4/00
57	July 1, 1997
58	November 1, 1993
59, 60	12/99
Appendix	
1	March 1, 1999
2-20	February 1, 2000

Additional Information

If any portion of this manual is not clear, please direct your inquiries to Consultec, fiscal agent for the Department of Human Services.



Iowa Department of Human Services

For Human Services use only:

General Letter No. 8-AP-194
Employees' Manual, Title 8
Medicaid Appendix

September 20, 2002

ALL PROVIDERS MANUAL TRANSMITTAL NO. 02-1

ISSUED BY: Division of Financial, Health, and Work Supports
Bureau of Long Term Care

SUBJECT: *ALL PROVIDERS MANUAL*, Table of Contents, pages 3 and 3a, revised; Chapter C, *Recipient Eligibility*, pages 1, 23, 24, 38 through 50, 55, and 56, revised; and pages 22a and 22b, new; Chapter D, *General Program Policies*, pages 3 through 9, 12, 13, and 14, revised; and Appendix, pages 1 through 8, revised.

Summary

Chapter C is revised to:

- ◆ Reflect the income limit for pregnant women, which increased to 200% of the federal poverty level effective July 1, 2000.
- ◆ Add form 470-3931, *Medically Needy Expense Deletion Request*, which is to be used when a prescription is filled and billed for a potentially eligible Medically Needy recipient, but the recipient doesn't pick up the prescription.
- ◆ Update form 470-2927, *Health Services Application*, and its Spanish translation, form 470-2927(S), and instructions. Qualified providers may continue to use the previous version of the *Health Services Application* until supplies are exhausted.
- ◆ Update form 470-2629, *Presumptive Medicaid Income Calculation*, to include the amount of income to use when calculating presumptive Medicaid eligibility for households with more than six people.

Chapter D is revised to:

- ◆ Update the list of services that require prior approval.
- ◆ Update the address of the Department of Human Services Appeals Section.
- ◆ Revise the hours that the Drug Prior Authorization and Providers Relations units can be contacted by telephone.
- ◆ Correct and update the provider form request.

The Appendix is revised to update the list of Department of Human Services local offices. Due to restructuring, many Department offices are open less than full time. Phone calls and mail should be directed to the full time office housing the staff for those counties.

Date Effective

Changes in services that require prior approval were effective July 1, 1999, and August 1, 2001. Changes regarding the forms *Health Services Application* were effective January 1, 2002. Changes regarding the *Presumptive Medicaid Income Calculation* were effective April 1, 2002. All other changes were effective July 1, 2002.

Material Superseded

Remove the following pages from *ALL PROVIDERS MANUAL* and destroy them:

<u>Page</u>	<u>Date</u>
Contents	
3, 3a	July 1, 2001
Chapter C	
1, 23, 24	February 1, 2000
38	July 1, 2001
39-50	1/00
55, 56	4/01
Chapter D	
3, 4	March 1, 1999
5	June 1, 1999
6-9, 12, 13	July 1, 1997
14	March 1, 1999
Appendix	
1-8	July 1, 2001

Additional Information

The updated provider manual containing the revised pages can be found on the Internet at:

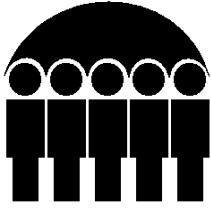
www.dhs.state.ia.us/policyanalysis

If you do not have Internet access, you may request a paper copy of this manual transmittal by sending a written request to:

ACS
Manual Transmittal Requests
PO Box 14422
Des Moines, IA 50306-3422

Include your Medicaid provider number, name, address, provider type, and the transmittal number that you are requesting.

If any portion of this manual is not clear, please direct your inquiries to ACS, fiscal agent for the Department of Human Services.



Iowa Department of Human Services

For Human Services use only:

General Letter No. 8-AP-238

Employees' Manual, Title 8

Medicaid Appendix

November 19, 2003

ALL PROVIDERS MANUAL TRANSMITTAL NO. 03-1

ISSUED BY: Division of Medical Services

SUBJECT: *ALL PROVIDERS MANUAL*, Table of Contents, pages 1, 2, and 3a, revised; Chapter B, *General Information About the Program*, pages 1 through 12, 12a, and 13 through 18, revised, and page 12b, new; Chapter C, *Recipient Eligibility*, pages 18, 55, and 56, revised; Chapter D, *General Program Policies*, pages 4 through 8, 12, and 13, revised; and Appendix, pages 1 through 20, revised.

Summary

Chapter B is updated to reflect:

- ◆ Restructuring of Department field offices.
- ◆ Changes in coverage for advanced registered nurse practitioner services.
- ◆ The additions of interim medical monitoring and treatment to the home- and community-based services brain injury waiver.
- ◆ The addition of adult day care, prevocational, and transportation services to the home- and community-based services mental retardation waiver.
- ◆ Current copayment policies for prescription drugs and physician services.

Chapter C is updated to reflect:

- ◆ Changes to REVS that require entry of dates with eight digits instead of six (MMDDYYYY).
- ◆ The current version of form 470-2629, *Presumptive Medicaid Income Calculation*. Form 470-2629 is revised annually due to changes in the federal poverty guidelines.

Chapter D is updated to:

- ◆ Update the revised list of services requiring prior approval. This revision adds the following services requiring prior approval:
 - Dental services: more than two porcelain crowns in a 12-month period.
 - Medical equipment and supplies: augmentative communication systems and enteral products, pumps and supplies.
- ◆ Reflect new procedures for the electronic submission of claims.
- ◆ Revise the hours the Drug Prior Authorization department can be reached by telephone.

All chapters are revised to change the name of the fiscal agent from ‘Consultec’ to ‘ACS.’ The appendix is revised to update addresses and phone numbers.

Date Effective

Changes regarding services that require prior approval were effective July 1, 2002.

Changes regarding presumptive eligibility for pregnant women were effective April 1, 2003.

Changes to waiver services, copayment, and claim submission were effective July 1, 2003.

Changes regarding REVS were effective October 1, 2003.

Changes regarding advanced registered nurse practitioners are effective December 1, 2003.

Material Superseded

Remove the following pages from *ALL PROVIDERS MANUAL* and destroy them:

<u>Page</u>	<u>Date</u>
Table of Contents	
1, 2	July 1, 2001
3a	July 1, 2002
Chapter B	
1	July 1, 1997
2	June 1, 1999
3-12, 12a, 13-18	July 1, 2001
Chapter C	
18	July 1, 2001
55, 56	4/02
Chapter D	
4-8, 12, 13	July 1, 2002
Appendix	
1-8	September 1, 2002
9-20	July 1, 2001

Additional Information

The updated provider manual containing the revised pages can be found at:

www.dhs.state.ia.us/policyanalysis.

If you do not have Internet access, you may request a paper copy of this manual transmittal by sending a written request to:

ACS
Manual Transmittal Request
PO Box 14422
Des Moines, IA 50306-3422

Include your Medicaid provider number, name, address, provider type, and the transmittal number that you are requesting.

If any portion of this manual is not clear, please direct your inquiries to ACS, fiscal agent for the Department of Human Services.



Medicaid Enterprise
Department of Human Services

For Human Services use only:
General Letter No. 8-AP-260
Employees' Manual, Title 8
Medicaid Appendix

February 3, 2006

ALL PROVIDERS MANUAL TRANSMITTAL NO. 06-1

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: ***ALL PROVIDERS MANUAL:***

Chapter I, ***General Program Policies***, pages 3, 4, 6, 13, 15, 18, 22, 28, and 57, revised;

Chapter II, ***Member Eligibility***, Table of Contents, page 1, revised; pages 3 and 21, revised; and pages 20a through 20d, new;

Appendix, Title Page, new; Table of Contents, page 1, revised; and pages 1 through 18, revised.

Summary

All Providers Manual, Chapter I, has been updated to:

- ◆ Correct references to the IME Provider Cost Audits and Rate Setting Unit.
- ◆ Clarify information on accessing Provider Manuals and reflect the decision to combine former chapters E and F into one Chapter III that contains all of the provider-specific information.
- ◆ Correct descriptions of covered infant and toddler services and transportation services.

All Providers Manual, Chapter II, has been updated to include the new Medicaid coverage group called Iowa Family Planning Network. Services covered are limited to family planning and family planning-related services as listed in this chapter. Member eligibility will be identified on the *Medicaid Assistance Eligibility Card (Limited Benefits)*.

The following contact information has been updated in the All Providers Manual, Appendix:

- ◆ Local Human Services offices
- ◆ Social Security Administration offices
- ◆ Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Care Coordination offices

Date Effective

February 1, 2006

Material Superseded

Remove the following pages from the **ALL PROVIDERS MANUAL**, and destroy them:

<u>Page</u>	<u>Date</u>
Chapter I	
3, 4, 6, 13, 15, 18, 22, 28	July 1, 2005
57	June 30, 2005
Chapter II	
Contents (p. 1)	June 30, 2005
3, 21	June 30, 2005
Appendix	
Contents (p. 1)	February 1, 2000
1-20	October 1, 2003

Additional Information

The updated provider manual containing the revised pages can be found at:
www.ime.state.ia.us/

If you do not have Internet access, you may request a paper copy of this manual transmittal by sending a written request to:

Iowa Medicaid Enterprise
Provider Services
PO Box 36450
Des Moines, IA 50315

Include your Medicaid provider number, name, address, provider type, and the transmittal number that you are requesting.

If any portion of this manual is not clear, please direct your inquiries to Iowa Medicaid Enterprise.



Medicaid Enterprise
Department of Human Services

For Human Services use only:
General Letter No. 8-AP-284
Employees' Manual, Title 8
Medicaid Appendix

April 4, 2008

ALL PROVIDERS MANUAL TRANSMITTAL NO. 08-2

ISSUED BY: Bureau of Medical Supports,
Division of Financial, Health and Work Supports

SUBJECT: **ALL PROVIDERS MANUAL**, Chapter II, **Member Eligibility**, form 470-2629, *Presumptive Medicaid Income Calculation*, revised; **Appendix**, pages 1 through 11, 13, and 15 through 18, revised.

Summary

Chapter II is revised to update the *Presumptive Medicaid Income Calculation* with income guidelines based on the federal poverty level for 2008.

The Appendix is revised to update the addresses and phone numbers of Department offices, Social Security offices, and EPSDT Care Coordination Agencies.

Date Effective

The presumptive income guidelines take effect on April 1, 2008.

Appendix changes are effective immediately.

Material Superseded

Remove the following form and pages from the **ALL PROVIDERS MANUAL**, Chapter II and the Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Chapter II 470-2629 (after p. 24)	4/07
Appendix 1-11, 13, 15-18	February 1, 2006

Additional Information

The updated provider manual containing the revised pages can be found at:
www.ime.state.ia.us/

If you do not have Internet access, you may request a paper copy of this manual transmittal by sending a written request to:

Iowa Medicaid Enterprise
Provider Services
PO Box 36450
Des Moines, IA 50315

Include your Medicaid provider number, name, address, provider type, and the transmittal number that you are requesting.

If any portion of this manual is not clear, please direct your inquiries to Iowa Medicaid Enterprise.



Medicaid Enterprise
Department of Human Services

For Human Services use only:
General Letter No. 8-AP-299
Employees' Manual, Title 8
Medicaid Appendix

June 26, 2009

ALL PROVIDERS MANUAL TRANSMITTAL NO. 09-2

ISSUED BY: Bureau of Medical Supports,
Division of Financial, Health and Work Supports

SUBJECT: **ALL PROVIDERS MANUAL**, Chapter II, **Member Eligibility**, Table of Contents (page 1), revised, pages 1, 2, 8 through 16, 19, 28, 29, 31, 32 and 33, revised, and the following forms:

- 470-2580 *Presumptive Medicaid Eligibility Notice of Decision*, revised
- 470-2580(S) *Presumptive Medicaid Eligibility Notice of Decision (Spanish)*, new
- 470-2927 *Health Services Application*, revised
- 470-2927(S) *Health Services Application (Spanish)*, revised
- 470-4299(S) *Verification of Emergency Health Care Services (Spanish)*, new
- 470-2629 *Presumptive Medicaid Income Calculation*, revised;

Appendix, Table of Contents (page 1), revised, and pages 1 through 17, revised.

Summary

This manual is revised to update the *Presumptive Medicaid Income Calculation* with income guidelines based on the federal poverty level for pregnant women increasing to 300% of the federal poverty level.

The *Presumptive Medicaid Eligibility Notice of Decision* is updated for the Department letterhead. The *Health Services Application* has been revised to:

- ◆ Add a column for reporting ethnicity, in response to federal requirements.
- ◆ Add a statement that the applicant agrees to cooperate in obtaining medical payments from third parties and to assign medical payments from a third party to the state of Iowa for people who become eligible for Medicaid.

Spanish translations of the *Presumptive Medicaid Eligibility Notice of Decision* and the *Verification of Emergency Health Care Services* are now available.

The Appendix is revised to update the addresses and phone numbers of Department offices, Social Security Administration offices, and EPSDT care coordination agencies.

Date Effective

July 1, 2009

Material Superseded

Remove the following form and pages from the **ALL PROVIDERS MANUAL** and destroy them:

<u>Page</u>	<u>Date</u>
Chapter II	
Contents (p. 1)	August 1, 2007
1, 2	August 1, 2007
470-2580 (after p. 2)	1/07
470-2927 (after p. 6)	5/06
470-2927(S)	1/08
8-12, 13, 14, 15, 16, 19	August 1, 2007
470-2629 (after p. 24)	4/09
28, 29, 31-33	June 30, 2005
Appendix	
Contents (p. 1)	February 1, 2006
1-10	April 1, 2008
12	February 1, 2006
13	April 1, 2008
14	February 1, 2006
15-18	April 1, 2008

Additional Information

Use up any remaining supplies of forms 470-2580, 470-2927, and 470-2927(S) before ordering supplies of the revised forms.

The updated provider manual containing the revised pages can be found at:
www.ime.state.ia.us/

If you do not have Internet access, you may request a paper copy of this manual transmittal by sending a written request to:

Iowa Medicaid Enterprise
Provider Services
PO Box 36450
Des Moines, IA 50315

Include your provider identifier, name, address, provider type, and the transmittal number that you are requesting.

If any portion of this manual is not clear, please direct your inquiries to Iowa Medicaid Enterprise.



Medicaid Enterprise
Department of Human Services

For Human Services use only:
General Letter No. 8-AP-314
Employees' Manual, Title 8
Medicaid Appendix

February 18, 2011

ALL PROVIDERS MANUAL TRANSMITTAL NO. 11-1

ISSUED BY: Bureau of Financial, Health, and Work Supports,
Division of Adult, Child, and Family Services

SUBJECT: **ALL PROVIDERS MANUAL,**

Chapter II, **Member Eligibility**, Contents (page 2), revised; pages 1, 13, and 33, revised; pages 34 through 39, new; and the following forms:

- 470-2580 *Presumptive Medicaid Eligibility Notice of Decision*, revised
- 470-2580(S) *Presumptive Medicaid Eligibility Notice of Decision (Spanish)*, revised
- 470-4164 *IowaCare Medical Card*, revised
- 470-2927 *Health Services Application*, revised
- 470-2927(S) *Health Services Application (Spanish)*, revised
- 470-4299 *Verification of Emergency Health Care Services*, revised
- 470-4299(S) *Verification of Emergency Health Care Services (Spanish)*, revised
- 470-4990 *Application for Authorization to Make Presumptive Medicaid Eligibility Determination for Children*, new
- 470-4855 *Application: Presumptive Health Care Coverage for Children*, new
- 470-4855(S) *Application: Presumptive Health Care Coverage for Children (Spanish)*, new

Appendix, Contents (page 1), revised; pages 1 through 17, revised; and pages 18 through 27, new.

Summary

Chapter II is revised to:

- ◆ Change the local phone number for the IME Member Services unit and update the letterhead on form 470-4164, *IowaCare Medical Card*.
- ◆ Add procedures on presumptive eligibility for children.
 - Add form 470-4990, *Application for Authorization to Make Presumptive Medicaid Eligibility Determination for Children*. Iowa Medicaid-enrolled providers who qualify may submit this form to the Provider Enrollment Department in the IME Provider Services Unit.
 - Add form 470-4855, *Application: Presumptive Health Care Coverage for Children*, and its Spanish translation, 470-4855(S). This form has been created to collect information needed to determine presumptive eligibility. Qualified entities can print the form from an electronic site to give to families who are applying for presumptive eligibility for their children.

The Provider Manual Appendix is revised to:

- ◆ Update the list of Department offices to reflect the recent reorganization.
- ◆ Add contact information for centralized programs.
- ◆ Update contact information for Social Security Administration offices and EPSDT Care Coordination agencies.

Date Effective

Chapter II changes are effective January 1, 2011. Appendix changes were effective July 1, 2010.

Material Superseded

This material replaces the following pages in the ***ALL PROVIDERS MANUAL***:

<u>Page</u>	<u>Date</u>
Chapter II	
Contents (page 2)	June 30, 2005
1	July 1, 2009
470-2580	7/09
470-2580(S)	7/09
470-4164	4/07
470-2927	6/08
470-2927(S)	6/08
13	July 1, 2009
470-4299	7/06
470-4299(S)	6/07
33	July 1, 2009
Appendix	
Contents (page 1)	July 1, 2009
1-17	July 1, 2009

Additional Information

The updated provider manual containing the revised pages can be found at:
www.ime.state.ia.us/

If you do not have Internet access, you may request a paper copy of this manual transmittal by sending a written request to:

Iowa Medicaid Enterprise
Provider Services
PO Box 36450
Des Moines, IA 50315

Include your Medicaid provider number, name, address, provider type, and the general letter number of the transmittal that you are requesting (found at the top right corner of the transmittal).

If any portion of this manual is not clear, please direct your inquiries to Iowa Medicaid Enterprise, Provider Services Unit, at 800-338-7909.



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

For Human Services use only:

General Letter No. 8-AP-385

Employees' Manual, Title 8
Medicaid Appendix

May 30, 2014

ALL PROVIDERS MANUAL TRANSMITTAL NO. 14-3

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **ALL PROVIDERS MANUAL APPENDIX**, Title page, revised; Contents (page 1), revised; and pages 1 through 22, revised.

Summary

The **ALL PROVIDERS MANUAL APPENDIX** is revised to:

- ◆ Change the service area manager for the Department's eastern service area.
- ◆ Update contact information for the Social Security Administration offices.
- ◆ Replace the contact information of the EPSDT Care Coordination Agencies with a link to the website.

Date Effective

Upon receipt.

Material Superseded

This material replaces the following pages in the **ALL PROVIDERS MANUAL APPENDIX**:

<u>Page</u>	<u>Date</u>
Appendix	
Title page	Undated
Contents (page 1)	July 1, 2010
1-27	July 1, 2010

Additional Information

The updated provider manual containing the revised pages can be found at:

http://dhs.iowa.gov/sites/default/files/all-app_0.pdf

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at imeproviderservices@dhs.state.ia.us.