

May 16, 1994

For Human Services Use Only

General Letter No. 8-A-AP(II)-515

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

ALL PROVIDERS MANUAL TRANSMITTAL NO. 94-1

Subject: All Providers Manual, Contents, page 3b, revised; Chapter B, "About The Program," pages 5 and 13, revised; Chapter C, "Recipient Eligibility," pages 9, and 52 through 56, revised; and Chapter D, "General Program Policies," pages 1 through 6, revised.

Chapter B is revised to reflect that home health agency services for persons aged 20 or under have been expanded to include personal care and private duty nursing.

The revision to Chapter C explains that the Medical Assistance Eligibility Card is green, the Individual Medical Assistance Eligibility Card is yellow, and the Medicaid Managed Health Care Card is pink.

Also, as a result of legislation effective March 1, 1994, the 50% work incentive deduction is no longer allowed when determining presumptive eligibility for Medicaid. Form 470-2629, Income Calculation Work Sheet for Presumptive Medicaid Eligibility Determinations, has been revised to reflect this change. Additionally, the figures on the work sheet have been revised to reflect the new federal poverty guidelines.

Chapter D is revised to add EPSDT private duty nursing and personal care services provided by a home health agency to the prior authorization list and clarifies when recipient notices are issued for denied prior authorization.

Date Effective

Chapter B: April 1, 1994

Chapter C: Elimination of the 50% work incentive deduction is effective March 1, 1994.

The changes to the poverty guidelines is effective April 1, 1994.

Medical card changes are effective May 1, 1994.

Chapter D: April 1, 1994

Material Superseded

Remove from All Providers Manual and destroy:

<u>Page</u>	<u>Date</u>
Contents, page 3b	November 1, 1993
Chapter B, pages 5 and 13	December 1, 1992
Chapter C, pages 9 and 52 through 56	November 1, 1993
Chapter D, pages 1 through 6	November 1, 1993

Additional Information

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

IOWA DEPARTMENT OF HUMAN SERVICES  
Charles M. Palmer, Director

Donald W. Herman, Administrator  
DIVISION OF MEDICAL SERVICES

March 8, 1995

For Human Services Use Only

General Letter No. 8-A-AP(II)-549

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

ALL PROVIDERS MANUAL TRANSMITTAL NO. 95-2

Subject: All Providers Manual, Chapter C, "Recipient Eligibility," pages 55 and 56, revised; and Chapter D, "General Program Policies," pages 2 and 5, revised.

Chapter C is revised to reflect the correct income limits as a result of the new federal poverty guidelines. Form 470-2629, Presumptive Medicaid Income Calculation, is revised to update the limits.

Chapter D is revised to reflect the most current federal regulations for Section 504 of the Rehabilitation Act of 1973 and to refer to the Clozapine Prior Authorization Certification, form 470-2879.

Date Effective

Chapter C: April 1, 1995

Chapter D: March 1, 1995

Material Superseded

Remove from All Providers Manual and destroy: Chapter C, pages 55 and 56, dated April 1, 1994, Chapter D, pages 2 and 5, dated April 1, 1994.

Additional Information

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

IOWA DEPARTMENT OF HUMAN SERVICES  
Charles M. Palmer, Director

Donald W. Herman, Administrator  
DIVISION OF MEDICAL SERVICES

June 26, 1995

For Human Services Use Only

General Letter No. 8-A-AP(II)-554

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

ALL PROVIDERS MANUAL TRANSMITTAL NO. 95-3

Subject: All Providers Manual, Chapter B, "General Information About the Program," page 14, revised; Chapter C, "Recipient Eligibility," pages 3, 4, 7 through 10, 23, and 24, revised; and Chapter D, "General Program Policies," pages 7 and 8, revised.

Revisions have been made to Chapter B to explain that a client who currently has Medicare may be later determined to be eligible for Medicaid. Therefore, there may be a delay in the payment from Medicaid.

Revisions have been made to Chapter C as follows:

- ◆ Submitting the Medical Expense Verification Form promptly will speed up the eligibility determination and result in quicker payment to providers for expenses that are not used to meet spenddown.
- ◆ A person with a spenddown may not have a current Medical Assistance Eligibility Card at the time service is requested, but may have met the spenddown at the time service is requested, or may be determined to be retroactively eligible at a later date.
- ◆ It is possible that a person does or will have Medicaid coverage, but does not have a current eligibility card. Persons who have applied for Medicaid benefits may have Form 470-2979, Proof of Application for Medicaid. This form verifies that as of the date the form is completed the person has applied for Medicaid benefits, but eligibility has not been determined, and if determined eligible, the person may be eligible only after meeting a spenddown.
- ◆ Persons with a Medically Needy spenddown obligation who do not have an eligibility card, and for whom REVS indicates ineligibility for Medicaid, may be determined to be retroactively eligible at a later date.
- ◆ For persons who have a Medical Assistance Eligibility Card but REVS does not indicate eligibility yet, call the worker to verify eligibility. It generally takes REVS two to three days to update.

Revisions have been made to Chapter D to clarify how to submit a Medicaid claim, for persons who become eligible after service is provided, when payment has been made by the patient. To do this, the payment is to be refunded to the patient before the Medicaid claim is submitted.

Date Effective

Upon receipt.

Material Superseded

Remove from Chapter B page 14, dated October 1, 1994; from Chapter C pages 3, 4, 7, and 8, dated November 1, 1993; page 9, dated May 1, 1994; and pages 10, 23, and 24, dated November 1, 1993; and from Chapter D, pages 7 and 8, dated November 3, 1993, and destroy.

Additional Information

If any portion of this manual 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

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

May 28, 1996

For Human Services Use Only

General Letter No. 8-A-AP(II)-597

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

**ALL PROVIDERS MANUAL TRANSMITTAL NO. 96-1**

Subject: *All Providers Manual*, Table of Contents, Page 3, revised; Chapter B, "General Information About the Program," pages 15 and 56, revised; Chapter C, "Recipient Eligibility," pages 17, 18, 39-44, 55, and 56, revised.

This information implements a requirement to limit benefits to certain eligibles who have disposed of resources or assets for less than fair market value. Skilled nursing facility, home health claims, and waiver services claims may be denied because of new edits in the system.

Form 470-2927, *Health Services Application*, has been revised.

The federal poverty levels have increased. Form 470-2629, *Presumptive Medicaid Income Calculation*, has been revised to increase the income limit.

**Date Effective**

May 1, 1996

**Material Superseded**

Remove from *All Providers Manual* and destroy Contents, page 3, dated October 1, 1994; Chapter B, pages 15 and 56-58, dated October 1, 1994; and Chapter C, pages 17 and 18, dated November 1, 1993; pages 39-44 (form 470-2927), dated 1/93, and pages 55 and 56 (form 470-2629), dated 4/95.

**Additional Information**

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

IOWA DEPARTMENT OF HUMAN SERVICES  
Charles M. Palmer, Director

Donald W. Herman, Administrator  
DIVISION OF MEDICAL SERVICES

January 24, 1997

For Human Services Use Only

General Letter No. 8-AP-12

Subject: Employees' Manual, Title 8, Medicaid Appendix

**ALL PROVIDERS MANUAL TRANSMITTAL NO. 97-1**

Subject: *All Providers Manual*, Table of Contents (page 3), revised; Chapter C, *Recipient Eligibility*, pages 5 through 14 and 19, revised; and page 14a, new; Chapter D, *General Program Policies*, pages 1, 2, 3, and 5, revised.

Currently, the Department of Human Services issues three different-colored medical assistance eligibility cards. Effective February 1, 1997, the Department of Human Services will begin issuing four different-colored eligibility cards:

- Pink: Managed care (for recipients in HMOs or MediPass)
- Green: Fee-for-service (non-managed care)
- Violet: Limited benefits (qualified Medicare beneficiaries or legal aliens)
- Blue: Lock-in (for recipients restricted to a specific provider)

Previously, a yellow card was used for both limited benefits and the lock-in program. The yellow card will be completely discontinued as of March 1, 1997.

**Note:** Cards for February 1997 are actually printed and issued in January. Therefore, for most of the recipients, the February cards will be the old versions. Only new applicants and recipients who are reinstated after February 1, 1997, will receive the new identification cards in February.

Eligibility cards issued on or after February 1, 1997, will be formatted differently. The size and style of the new cards will be similar to that of a private health insurer. The same information is contained on the card, but it may be located in a different place.

Changes are made in Chapter D to update the list of services requiring prior approval and to note that Medicaid does not cover services provided to persons who are inmates of nonmedical public institutions, such as jails or juvenile detention centers.

**Effective Date**

February 1, 1997



**Material Superseded**

Remove from *All Providers Manual*, and destroy:

<u>Page</u>	<u>Date</u>
Table of Contents (page 3)	May 1, 1996
Chapter C:	
5, 6	November 1, 1993
7-10	July 1, 1995
11-14, 19	November 1, 1993
Chapter D:	
1-3	April 1, 1994
5	March 1, 1995

**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



For Human Services Use Only:

**General Letter No. 8-AP-32**  
Employees' Manual, Title 8  
Medicaid Appendix

Medicaid Fiscal Agent for the Iowa Department of Human Services

August 22, 1997

## **ALL PROVIDERS MANUAL TRANSMITTAL NO. 97-2**

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 1, 2, 6 through 12, 13, and 16, revised; and page 12a, new; Chapter C, *Recipient Eligibility*, pages 5, 6, 9, 19 through 22, 27, 34, 38, 55 through 57, 59, and 60 revised; and Chapter D, *General Program Policies*, pages 5 through 14, revised.

This release:

- ◆ Corrects language on MediPASS cards.
- ◆ Clarifies prior approval for HMOs.
- ◆ Notes the phone numbers and address for the new Medicaid fiscal agent, Consultec, Inc.
- ◆ Reflects the change to the American Dental Association claim form.
- ◆ Adds lead investigation agencies as covered providers

### **Date Effective**

Coverage of lead investigation services is effective September 1, 1997. All other changes are effective July 1, 1997.

### **Material Superseded**

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

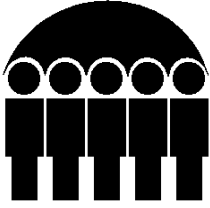
<u>Page</u>	<u>Date</u>
Table of Contents (pages 1 and 2)	October 1, 1994
Table of Contents (page 3)	February 1, 1997
Table of Contents (page 3a)	October 1, 1994
Chapter B:	
1, 2, 6-12	October 1, 1994
15	May 1, 1996
16	October 1, 1994

**Material Superseded (Cont.)**

Chapter C:	
5, 6, 9, 19	February 1, 1997
20, 21, 22, 27, 34, 38	November 1, 1993
55, 56	April 1996
57	November 1, 1993
59, 60	July 1991
Chapter D:	
5	February 1, 1997
6	April 1, 1994
7, 8	July 1, 1995
9-16	November 1, 1993

**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-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**

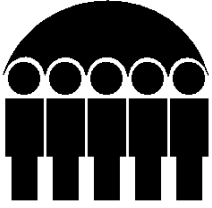
Remove the following pages from *All Providers Manual* and destroy them:

<u>Page</u>	<u>Date</u>
<b>Chapter C</b> 39-44	2/96
<b>Chapter D</b> 3	February 1, 1997
4	April 1, 1994
14	July 1, 1997
<b>Appendix</b> 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-116**  
Employees' Manual, Title 8  
Medicaid Appendix

May 29, 1999

**ALL PROVIDERS MANUAL TRANSMITTAL NO. 99-2**

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

SUBJECT: *All Providers Manual*, Table of Contents (page 3), revised; Chapter B, *General Information About the Program*, pages 2, 6, 7, 8, and 9, revised; Chapter C, *Recipient Eligibility*, pages 1 through 4, 25, 26, 55, 56, 59 and 60, revised; and page 4a, new; Chapter D, *General Program Policies*, page 5, revised.

This release:

- ◆ Removes the prior authorization requirement for binaural hearing aids.
- ◆ Updates descriptions of groups eligible for Medicaid.
- ◆ Clarifies provider responsibilities in relation to claims for Medically Needy recipients.
- ◆ Updates the sample of the *Medical Expense Verification*, form MA-4069.
- ◆ Updates the sample of the *Presumptive Medicaid Income Calculation*, form 470-2629.
- ◆ Updates the samples of the *Presumptive Medicaid Eligibility Notice of Decision*, form 470-2580.

Increases the limit on coverage for independently practicing physical therapists to \$1500 in an individual case in calendar year 1999, in order to remain consistent with Medicare.

**Date Effective**

June 1, 1999

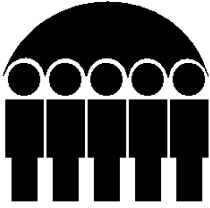
### **Material Superseded**

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

<u>Page</u>	<u>Date</u>
Table of Contents (page 3)	September 1, 1997
<b>Chapter B</b>	
2, 6-8	July 1, 1997
9	September 1, 1997
<b>Chapter C</b>	
1, 2	November 1, 1993
3, 4	July 1, 1995
25, 26	7/95
55, 56	6/97
59, 60	7/97
<b>Chapter D</b>	
5	March 1, 1999

### **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-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:

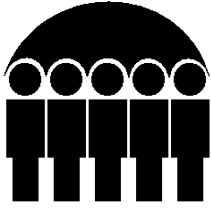
<u>Page</u>	<u>Date</u>
Table of Contents (page 3)	June 1, 1999
Table of Contents (page 3a)	June 1, 1998
<b>Chapter C</b>	
1, 2, 3, 4, 4a	June 1, 1999
5, 6	July 1, 1997



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
<b>Appendix</b>	
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-141**  
Employees' Manual, Title 8  
Medicaid Appendix

April 3, 2000

**ALL PROVIDERS MANUAL TRANSMITTAL NO. 00-2**

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

SUBJECT: *All Providers Manual*, Chapter C, *Recipient Eligibility*, pages 45 through 50, 55, and 56, revised.

This release:

- ◆ Publishes the updated Spanish-language version of form 470-2927, *Health Services Application*, used in making presumptive eligibility determinations for pregnant women.
- ◆ Updates form 470-2629, *Presumptive Medicaid Income Calculation*, with the 2000 federal poverty levels.

**Date Effective**

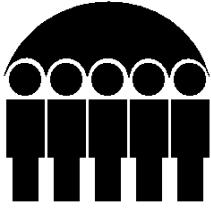
April 1, 2000

**Material Superseded**

Remove from *All Providers Manual*, Chapter C, pages 45-50, dated 1/93, and pages 55 and 56, dated 4/99, and destroy them.

**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

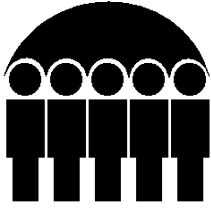
**Material Superseded**

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

### **Additional Information**

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

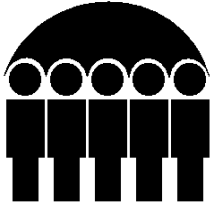
**[www.dhs.state.ia.us/policyanalysis](http://www.dhs.state.ia.us/policyanalysis)**

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>
<b>Table of Contents</b>	
1, 2	July 1, 2001
3a	July 1, 2002
<b>Chapter B</b>	
1	July 1, 1997
2	June 1, 1999
3-12, 12a, 13-18	July 1, 2001
<b>Chapter C</b>	
18	July 1, 2001
55, 56	4/02
<b>Chapter D</b>	
4-8, 12, 13	July 1, 2002
<b>Appendix</b>	
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](http://www.dhs.state.ia.us/policyanalysis).

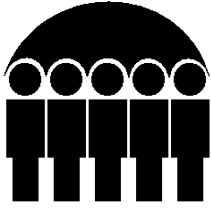
If you do not have Internet access, you may request a paper copy of this manual transmittal by sending a written request to:

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.



Iowa Department of Human Services

For Human Services use only:

**General Letter No. 8-AP-244**

Employees' Manual, Title 8

Medicaid Appendix

March 18, 2004

## **ALL PROVIDERS MANUAL TRANSMITTAL NO. 04-1**

**ISSUED BY:** Division of Financial, Health and Work Supports  
Bureau of Financial Support Programs

**SUBJECT:** *ALL PROVIDERS MANUAL*, Table of Contents, page 2, revised; Chapter A, *Description of Manual*, page 1, revised, and page 2, new; Chapter B, *General Information About the Program*, pages 15 and 16, revised, and page 16a, new; Chapter C, *Recipient Eligibility*, pages 22, 23, 24, 26, 27, 28, 51, 53, 55, and 56, revised.

### **Summary**

Chapter A is updated to reflect the transition to Internet publishing of the provider manuals.

Chapter B is revised to clarify Medicaid payment responsibility when a provider has entered into a "preferred provider agreement" or a "preferred patient care agreement." Medicaid covers only the portion of charges that a recipient has the legal obligation to pay. Language is also added to reinforce the expectation that providers will submit the "Explanation of Medicare Benefits" along with the claim for services provided to a recipient who also has Medicare coverage.

Chapter C is updated to reflect:

- ◆ A clarification that ambulatory prenatal care does not include a miscarriage.
- ◆ The correct Division name.
- ◆ A clarification that funds must be received direct and not through a sub-contract.
- ◆ A new question about Indian Health Services on form 470-2579, *Application for Authorization to Make Presumptive Medicaid Eligibility Determinations*.
- ◆ The 2004 revision of form 470-2629, *Presumptive Medicaid Income Calculation*. This form will no longer be available from Iowa Prison Industries at Anamosa.

### **Date Effective**

April 1, 2004

## Material Superseded

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

<u>Page</u>	<u>Date</u>
<b>Table of Contents</b> 2	December 1, 2003
<b>Chapter A</b> 1	October 1, 1979
<b>Chapter B</b> 15, 16	July 1, 2003
<b>Chapter C</b> 22	February 1, 2000
23, 24	July 1, 2002
26	July 1, 2001
27	12/90
28, 51	July 1, 2001
53	March 1, 1994
55, 56	4/03

## Additional Information

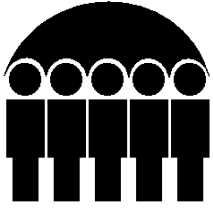
The updated provider manual containing the revised pages can be found at:  
**[www.dhs.state.ia.us/policyanalysis](http://www.dhs.state.ia.us/policyanalysis)**.

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.



Iowa Department of Human Services

For Human Services use only:

**General Letter No. 8-AP-256**

Employees' Manual, Title 8

Medicaid Appendix

April 8, 2005

**ALL PROVIDERS MANUAL TRANSMITTAL NO. 05-1**

ISSUED BY: Division of Financial Health and Work Supports,  
Iowa Department of Human Services

SUBJECT: **ALL PROVIDERS MANUAL**, Chapter C, **RECIPIENT ELIGIBILITY**, pages  
2, 5, 9, 18, 20, 39 through 43, 45 through 49, 51, 53, 55, and 56, revised.

**Summary**

Poverty levels used in determining presumptive eligibility for pregnant women are updated for 2005. Language is adjusted to reflect the Department's reorganization and the most current versions of the *Health Services Application* are included.

**Date Effective**

April 1, 2005

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
<b>Chapter C</b>	
2, 5	February 1, 2000
9	July 1, 2001
18	September 1, 2003
20	February 1, 2000
39-43, 45-49	1/02
51, 53	April 1, 2004
55, 56	04/04

**Additional Information**

The updated provider manual containing the revised pages can be found at:  
[www.dhs.state.ia.us/policyanalysis](http://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.



July 1, 2005

**ALL PROVIDERS MANUAL TRANSMITTAL NO. 05-2**

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

SUBJECT: **ALL PROVIDERS MANUAL:**

Chapter I, **General Program Policies**, Title Page, new; Table of Contents, page 1, new; pages 1 through 60, new; and the following forms:

- 470-4166 *Iowa Medicaid Provider Form Request*, revised
- 470-3744 *Provider Inquiry*, revised
- 470-0040 *Credit/Adjustment Request*, revised

Chapter II, **Member Eligibility**, Title Page, new; Table of Contents, pages 1 and 2, new; pages 1 through 33, new; and the following forms:

- 470-2213 *Medical Assistance Eligibility Card (Managed Care)*, revised
- 470-1911 *Medical Assistance Eligibility Card (Fee for Service)*, revised
- 470-2188 *Medical Assistance Eligibility Card (Limited Benefits)*, revised
- 470-3348 *Medical Assistance Eligibility Card (Lock-In)*, revised
- 470-2580 *Presumptive Medicaid Eligibility Notice of Decision*, revised
- 470-2927 *Health Services Application*, revised
- 470-2927(S) *Health Services Application (Spanish)*, revised
- 470-3931 *Medically Needy Expense Deletion Request*, revised
- 470-2448 *Request for Verification of Diagnosis*, unchanged
- 470-2579 *Application for Authorization to Make Presumptive Medicaid Eligibility Determinations*, unchanged
- 470-2582 *Memorandum of Understanding Between the Iowa Department of Human Services and the Qualified Provider*, unchanged
- 470-2629 *Presumptive Medicaid Income Calculation*, unchanged
- 470-3864 *Application for Authorization to Make Presumptive Medicaid Eligibility Determinations (BCCT)*, unchanged
- 470-3865 *Memorandum of Understanding With a Qualified Provider for Breast or Cervical Cancer Treatment*, unchanged

**Summary**

The Medicaid Provider Manual has been revised to reflect the implementation of the Iowa Medicaid Enterprise and reformatted to make the manual easier to maintain and easier to use on line.

This transmittal issues the updated sections of the All Providers Manual. Former All Providers Chapter A, "Description of Manual," Chapter B, "General Information About the Program," and Chapter D, "General Program Policies," have been combined into new Chapter I.

New Chapter I consolidates information about Iowa Medicaid administration, coverage, and reimbursement that applies to all provider types. The forms used to investigate or correct problem claims have been moved to this chapter from Chapter D, since they are used identically for all providers.

Former All Providers Chapter B, "Recipient Eligibility," has been reissued as Chapter II.

Chapters E on Coverage and Limitations and F on Billing and Payment will be updated and reissued for each provider type as Chapters III and IV.

Within the manuals, the form samples have been removed from the numbered pages and connected to the on-line manual through hypertext links. This will make the chapters quicker to load on line and easier to read and update.

### **Date Effective**

July 1, 2005

### **Material Superseded**

Remove the entire Chapters A, B, C and D from the ***ALL PROVIDERS MANUAL***, and destroy them. This includes the following:

<u>Page</u>	<u>Date</u>
Title Page	Undated
Contents (p. 1)	December 1, 2003
Contents (p. 2)	April 1, 2004
Contents (pp. 3, 3a)	July 1, 2002
<b>Chapter A</b>	
1, 2	April 1, 2004
<b>Chapter B</b>	
1, 2	July 1, 2003
3-12, 12a, 12b	December 1, 2003
13, 14	July 1, 2003
15, 16, 16a	April 1, 2004
17, 18	July 1, 2003
19-55	October 1, 1994
56	May 1, 1996
<b>Chapter C</b>	
1	July 1, 2002
2	April 8, 2005
3, 4	February 1, 2000
5	April 8, 2005
6, 6a-6e, 7, 8	July 1, 2001
9	April 8, 2005

10	February 1, 2000
11-14, 14a	February 1, 1997
15, 16	November 1, 1993
17	July 1, 2001
18	April 8, 2005
19	July 1, 2001
20	April 8, 2005
21	February 1, 2000
22	April 1, 2004
22a (470-3931)	9/02
22b	July 1, 2002
23, 24	July 16, 2003
25 (470-2448)	6/88
26	April 1, 2004
27 (470-2579)	2/04
28	April 1, 2004
29 (470-3864)	7/01
30	July 1, 2001
31-33 (470-3865)	7/01
34	July 1, 2001
35-37 (470-2582)	1/90
38	July 1, 2002
39-43 (470-2927)	3/05
45-49 (470-2927(S))	10/04
51	April 8, 2005
52	March 1, 1994
53	April 8, 2005
54	March 1, 1994
55, 56 (470-2629)	4/05
57, 58	July 1, 2001
59, 60 (470-2580)	6/01
<b>Chapter D</b>	
1, 2	February 1, 1997
3	July 1, 2002
4-8	July 1, 2003
9	July 1, 2002
10, 10a	June 1, 1998
11	July 1, 1997
12, 13	July 1, 2003
14	July 1, 2002

### **Additional Information**

The updated provider manual containing the revised pages can be found at:  
**[www.dhs.state.ia.us/policyanalysis](http://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:

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-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>
<b>Chapter I</b>	
3, 4, 6, 13, 15, 18, 22, 28	July 1, 2005
57	June 30, 2005
<b>Chapter II</b>	
Contents (p. 1)	June 30, 2005
3, 21	June 30, 2005
<b>Appendix</b>	
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/](http://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.



June 30, 2006

**ALL PROVIDERS MANUAL TRANSMITTAL NO. 06-2**

ISSUED BY: Bureau of Medical Supports, Iowa Department of Human Services

SUBJECT: **ALL PROVIDERS MANUAL:**

Chapter II, **Member Eligibility**, Table of Contents, page 1, revised;  
pages 18 and 19, revised; and the following forms:

- 470-2213 *Medical Assistance Eligibility Card (Managed Care)*, revised
- 470-1911 *Medical Assistance Eligibility Card (Fee for Service)*, revised
- 470-2188 *Medical Assistance Eligibility Card (Limited Benefits)*,  
revised
- 470-3348 *Medical Assistance Eligibility Card (Lock-In)*, revised
- 470-4299 *Verification of Emergency Health Care Services*, new

**Summary**

Form 470-2448, *Request for Verification of Diagnosis*, is obsolete. Income maintenance workers will use form 470-4299, *Verification of Emergency Health Care Services*, to verify that a person has received payable emergency services.

The *Medical Assistance Eligibility Cards* have been updated at the request of the U.S. Postal Service to correct an error.

**Date Effective**

July 1, 2006

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
<b>Chapter II</b>	
Contents (p. 1)	February 1, 2006
470-2213 (after p. 2)	No date
470-1911	No date
470-2188	No date
470-3348 (after p. 4)	No date
18, 19	June 30, 2005
470-2448	6/88

### **Additional Information**

The updated provider manual containing the revised pages can be found at:  
**[www.ime.state.ia.us/](http://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-268**  
Employees' Manual, Title 8  
Medicaid Appendix

March 23, 2007

**ALL PROVIDERS MANUAL TRANSMITTAL NO. 07-1**

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 14, 16, and 21, revised; pages 20e and 20f, new; and form 470-2629, *Presumptive Medicaid Income Calculation*, revised.

**Summary**

The is chapter is revised to:

- ◆ Correct two statements about Medically Needy eligibility.
- ◆ Provide information about the IowaCare program.
- ◆ Update the *Presumptive Medicaid Income Calculation* with income guidelines based on the federal poverty level for 2007.

**Date Effective**

The presumptive income guidelines take effect on April 1, 2007. The other changes are effective upon receipt.

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
<b>Chapter II</b>	
Contents (p. 1)	July 1, 2006
14, 16	June 30, 2005
21	February 1, 2006
470-2629 (after p. 24)	4/05

**Additional Information**

The updated provider manual containing the revised pages can be found at:  
[www.ime.state.ia.us/](http://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-283**  
Employees' Manual, Title 8  
Medicaid Appendix

February 22, 2008

## ALL PROVIDERS MANUAL TRANSMITTAL NO. 08-1

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

SUBJECT: **ALL PROVIDERS MANUAL**, Chapter I, **General Program Policies**, Contents (page 1), revised; Contents (pages 2 and 3), new; pages 5, 6, and 8 through 44, revised; and the following forms:

RC-0113 *List of Emergency Diagnosis Codes*, new  
470-3744 *Provider Inquiry*, revised  
470-0040 *Credit/Adjustment Request*, revised

Chapter II, **Member Eligibility**, Contents (page 1), revised; pages 1 through 21, revised; and the following forms:

470-1911 *Medical Assistance Eligibility Card*, revised  
470-2580 *Presumptive Medicaid Eligibility Notice of Decision*, revised  
470-4164 *IowaCare Medical Card*, new  
470-2927 *Health Services Application*, revised  
470-2927(S) *Health Services Application (Spanish)*, revised

### Summary

Chapter I is revised to:

- ◆ Update addresses for the Revenue Collection Unit.
- ◆ Add an explanation of the Children's Mental Health Waiver and the Iowa Plan for Behavioural Health.
- ◆ Remove references to the monthly medical card as verification of Medicaid eligibility.
- ◆ Add instructions to verify Medicaid eligibility of all members through the Eligibility Verification System (ELVS) or the IME web portal for every encounter or monthly for persons receiving services on a monthly basis.
- ◆ Add information for lock-in and Medipass that was previously in Chapter II.
- ◆ Include "pay and chase" requirements for situations where a woman is pregnant, a child has insurance through the absent parent, or a child is provided preventative pediatric services with certain diagnosis codes. "Pay and chase" refers to the IME paying a provider of services despite third-party insurance coverage, then billing the insurance company for the amount that was paid.
- ◆ Include instructions for Medicare paper claims.
- ◆ Update forms used to report problems with submitted claims, which have been revised to reflect the use of the national provider identifier (NPI).



Chapter II is revised to:

- ◆ Replace information about paper Medicaid cards with an explanation of the annual issuance of plastic cards.
- ◆ Add that IowaCare members may receive routine preventative medical examinations from a network provider or any physician, advanced registered nurse practitioner or physician assistant who participates in Medicaid.
- ◆ Update forms used in determining and demonstrating eligibility.

**Date Effective**

Upon receipt.

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
<b>Chapter I</b>	
Contents (page 1)	July 1, 2005
5	July 1, 2005
6	February 1, 2006
8-12	July 1, 2005
13	February 1, 2006
14	July 1, 2005
15	February 1, 2006
16, 17	July 1, 2005
18	February 1, 2006
19-21	July 1, 2005
22	February 1, 2006
23-27	July 1, 2005
28	February 1, 2006
29-56	July 1, 2005
470-3744	07/05
57	February 1, 2006
470-0040	05/05
58-60	July 1, 2005
<b>Chapter II</b>	
Contents (page 1)	April 1, 2007
1, 2	June 30, 2005
470-2213	3/06
470-1911	3/06
470-2188	3/06
3	February 1, 2006
470-3348	3/06
4-13 *	June 30, 2005
470-2580	07/05

470-2927	03/05
470-2927(S)	05/05
14 *	April 1, 2007
15	June 30, 2005
16	April 1, 2007
17	June 30, 2005
18, 19	July 1, 2006
20	June 30, 2005
20a-20d	February 1, 2006
20e, 20f, 21	April 1, 2007

\* Because of changes in the layout of the manual, the following form samples in Chapter II need to be refilled:

- ◆ Move form 470-3931, *Medically Needy Expense Deletion Request*, to follow page 12 instead of page 16.
- ◆ Move form 470-4299, *Verification of Emergency Health Care Services*, to follow page 14 instead of page 18.

### **Additional Information**

The updated provider manual containing the revised pages can be found at:  
**[www.ime.state.ia.us/](http://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, Provider Services.



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>
<b>Chapter II</b> 470-2629 (after p. 24)	4/07
<b>Appendix</b> 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/](http://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-298**  
Employees' Manual, Title 8  
Medicaid Appendix

May 1, 2009

**ALL PROVIDERS MANUAL TRANSMITTAL NO. 09-1**

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

SUBJECT: **ALL PROVIDERS MANUAL**,  
Chapter I, **General Program Policies**, page 40, revised, and form  
470-3744, *Provider Inquiry*, revised;  
Chapter II, **Member Eligibility**, page 4, revised, and form 470-2629,  
*Presumptive Medicaid Income Calculation*, revised.

**Summary**

This manual is revised to:

- ◆ Transmit an updated sample of the *Provider Inquiry*, which has been revised to clarify that it can be used to request policy interpretation as well as to inquire about claim issues.
- ◆ Correct the phone numbers for the Eligibility Verification System (ELVS). In the Des Moines area or from outside Iowa, call 515-323-9639; from inside Iowa, use the Iowa WATTS number, 1-800-338-7752.
- ◆ Update the *Presumptive Medicaid Income Calculation* with income guidelines based on the federal poverty level guidelines for 2009.

**Date Effective**

April 1, 2009

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
<b>Chapter I</b>	
40	March 1, 2008
470-3744 (before p. 41)	5/07
<b>Chapter II</b>	
4	April 1, 2007
470-2629 (after p. 24)	4/08

**Additional Information**

The updated provider manual containing the revised pages can be found at:  
[www.ime.state.ia.us/](http://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-300**  
Employees' Manual, Title 8  
Medicaid Appendix

January 29, 2010

**ALL PROVIDERS MANUAL TRANSMITTAL NO. 10-1**

ISSUED BY: Bureau of Medical Supports,  
Division of Adult, Child, and Family Services

SUBJECT: **ALL PROVIDERS MANUAL,**  
Chapter I, **General Program Policies**, Contents (pages 1, 2, and 3),  
revised; pages 4, 5, 10 through 18, and 19, revised; and page 18a,  
new;  
Chapter II, **Member Eligibility**, page 15, revised.

**Summary**

Chapter I is revised to:

- ◆ Update local phone numbers for the Iowa Medicaid Enterprise, which went in service beginning January 25, 2010.
- ◆ Add coverage descriptions for behavioral health services and independently practicing occupational therapists.
- ◆ Add the consumer choices option as a covered service under each of the home- and community-based services (HCBS) waivers.
- ◆ Reflect the change in the name of the HCBS mental retardation waiver to the intellectual disabilities waiver.
- ◆ Reflect that service coordination is no longer a covered service for local education agencies.

Chapter II is revised to update the resource limits for the Qualified Medicare Beneficiary coverage group, to \$6,600 for an individual and \$9,910 for a couple.

**Date Effective**

January 1, 2010

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
<b>Chapter I</b>	
Contents (pages 1, 2, and 3)	March 1, 2008
4	February 1, 2006
5, 10-19	March 1, 2008
<b>Chapter II</b>	
15	July 1, 2009

### **Additional Information**

The updated provider manual containing the revised pages can be found at:  
**[www.ime.state.ia.us/](http://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>
<b>Chapter II</b>	
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
<b>Appendix</b>	
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/](http://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.



Medicaid Enterprise  
Department of Human Services

For Human Services use only:  
**General Letter No. 8-AP-320**  
Employees' Manual, Title 8  
Medicaid Appendix

April 1, 2011

## ALL PROVIDERS MANUAL TRANSMITTAL NO. 11-2

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

SUBJECT: **ALL PROVIDERS MANUAL,**

Chapter II, **Member Eligibility**, pages 1, 2, 3, 27, 28, and 32, revised;  
and the following forms:

470-2747	<i>Foster Care Provider Medical Letter</i> , new
470-2747(S)	<i>Foster Care Provider Medical Letter</i> (Spanish), new
470-2979	<i>Proof of Application for Medicaid</i> , new
470-2580	<i>Presumptive Medicaid Eligibility Notice of Decision</i> , revised
470-2580(S)	<i>Presumptive Medicaid Eligibility Notice of Decision</i> (Spanish), revised
470-4164	<i>IowaCare Medical Card</i> , revised
470-2579	<i>Application for Authorization to Make Presumptive Medicaid Eligibility Determinations for Pregnant Women</i> , revised
470-2629	<i>Presumptive Medicaid Income Calculation</i> , revised

### Summary

Chapter II is revised to:

- ◆ Add samples and an explanation for forms 470-2747 and 470-2747(S), *Foster Care Provider Medical Letter*, which are issued to notify medical assistance providers that the Department will be authorizing Medicaid eligibility for the foster child.
- ◆ Add a sample of form 470-2979, *Proof of Application for Medicaid*, which is chiefly used by persons who expect to be conditionally eligible for Medicaid to encourage providers to submit bills for spenddown.
- ◆ Update form 470-2580, *Presumptive Medicaid Eligibility Notice of Decision*, and its Spanish translation 470-2580(S), to reflect the new appearance of the form. Providers will now generate this form through presumptive system entries using the Iowa Medicaid Portal Access (IMPA).
- ◆ Update the sample of form 470-4164, *IowaCare Medical Card*, to reflect the new state administration.
- ◆ Update form 470-2579, *Application for Authorization to Make Presumptive Medicaid Eligibility Determinations for Pregnant Women*. Iowa Medicaid-enrolled providers who qualify may submit this form to the Provider Enrollment Department in the IME Provider Services Unit.

- ◆ Update form 470-2629, *Presumptive Medicaid Income Calculation*, and related instructions to reflect the new federal poverty level figures effective April 1, 2011, and how to use this form to calculate income for entry into the presumptive system through IMPA.

**Date Effective**

Upon receipt.

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
<b>Chapter II</b>	
1	January 1, 2011
2	July 1, 2009
470-2580	2/11
470-2580(S)	2/11
470-4164	1/10
3	August 1, 2007
470-2579	2/04
470-2629	7/09
27	June 30, 2005
28, 32	July 1, 2009

**Additional Information**

The updated provider manual containing the revised pages can be found at:  
[www.ime.state.ia.us/providers](http://www.ime.state.ia.us/providers)

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](mailto:imeproviderservices@dhs.state.ia.us).



July 15, 2011

## **ALL PROVIDERS MANUAL TRANSMITTAL NO. 11-3**

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

SUBJECT: **ALL PROVIDERS MANUAL**, Chapter II, **Member Eligibility**, the following forms:

470-2927      *Health Services Application*, revised  
470-2927(S)    *Health Services Application (Spanish)*, revised  
470-4855      *Application: Presumptive Health Care Coverage for Children*, revised  
470-4855(S)    *Application: Presumptive Health Care Coverage for Children (Spanish)*, revised

### **Summary**

Chapter II is revised to update the following forms to maintain consistency with changes to the presumptive screens on the Iowa Medicaid Portal Access (IMPA) system:

- ◆ 470-2927 and 470-2927(S), *Health Services Application*
- ◆ 470-4855 and 470-4855(S), *Application: Presumptive Health Care Coverage for Children*

### **Date Effective**

Upon receipt.

### **Material Superseded**

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

<u>Page</u>	<u>Date</u>
<b>Chapter II</b>	
470-2927	12/10
470-2927(S)	12/10
470-4855	6/10
470-4855(S)	6/10

### **Additional Information**

Use up existing supplies of forms 470-2927 and 470-2927(S), *Health Services Application*, before reordering supplies from Anamosa in the usual manner.

The updated provider manual containing the revised pages can be found at:  
[www.ime.state.ia.us/providers](http://www.ime.state.ia.us/providers)

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](mailto:imeproviderservices@dhs.state.ia.us).



# 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-326**  
Employees' Manual, Title 8  
Medicaid Appendix

August 19, 2011

## ALL PROVIDERS MANUAL TRANSMITTAL NO. 11-4

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

SUBJECT: **ALL PROVIDERS MANUAL**, Chapter II, **Member Eligibility**, Title page, revised; Contents (pages 1 and 2), revised; pages 1 through 39, revised; pages 40 through 63, new; and the following forms:

470-2747	<i>Foster Care Provider Medical Letter</i> , revised
470-2747(S)	<i>Foster Care Provider Medical Letter (Spanish)</i> , revised
470-1911	<i>Medical Assistance Eligibility Card</i> , revised
470-2580	<i>Presumptive Medicaid Eligibility Notice of Decision (samples)</i> , revised
470-2580(S)	<i>Presumptive Medicaid Eligibility Notice of Decision (Spanish samples)</i> , revised
470-2582	<i>Memorandum of Understanding with a Presumptive Provider for Presumptive Medicaid Eligibility Determinations</i> , revised
470-2629	<i>Presumptive Medicaid Income Calculation</i> , revised

## Summary

Chapter II is revised to add instructions and the following forms:

- ◆ Update the letterhead on form 470-2747 and 470-2747(S), *Foster Care Provider Medical Letter*.
- ◆ Update the Eligibility Verification System (ELVS) and Member Services Call Center telephone numbers on form 470-1911, *Medical Assistance Eligibility Card*.
- ◆ Revise the instructions and form 470-2580 and 470-2580(S), *Presumptive Eligibility Notice of Decision*, to update the information included on the form.
- ◆ Update the resource limits for the Qualified Medicare Beneficiary Program.
- ◆ Delete reference to 470-4185, *IowaCare Premium Notice Reminder*, which is no longer issued.
- ◆ Reflect the increase in the income level that requires an IowaCare premium from over 100% of the federal poverty level to over 150% of the federal poverty level.

- ◆ Update the information about network providers that are medical homes for IowaCare.
- ◆ Add information about services provided to Medicaid members under the following programs:
  - Home- and community-based service waivers
  - Program for all-inclusive care for the elderly (PACE)
  - Money Follows the Person (MFP) Grant
- ◆ Reflect procedural changes in the enrollment process for presumptive Medicaid providers.
- ◆ Add policy details and examples about the various presumptive Medicaid programs.
- ◆ Reflect changes in the eligibility determination process for presumptive Medicaid for pregnant women and breast and cervical cancer treatment (BCCT). Providers now determine eligibility using entries made in the presumptive eligibility system through the Iowa Medicaid Portal Access (IMPA). These changes include:

<b>Old Process</b>	<b>New Process</b>
Provider determined eligibility manually	System determines eligibility based on provider entries
Provider called Quality Assurance to get state ID number	System assigns state ID number
Provider sent <i>Notice of Decision</i> to DHS	System retains DHS copy of <i>Notice of Decision</i>

- ◆ Obsolete form 470-3865, *Memorandum of Understanding with a Qualified Provider for Breast or Cervical Cancer Treatment*. This form is no longer needed because qualified providers for BCCT will now complete renamed form 470-2582, *Memorandum of Understanding with a Presumptive Provider for Presumptive Medicaid Eligibility Determinations*.
- ◆ Correct an error in the order of income deductions calculated on form 470-2629, *Presumptive Medicaid Income Calculation*.
- ◆ Add legal references and make other technical corrections.

### **Date Effective**

Upon receipt.

### **Material Superseded**

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

<u>Page</u>	<u>Date</u>
<b>Chapter II</b>	
Title page	Undated
Contents (page 1)	July 1, 2009
Contents (page 2)	January 1, 2011



470-2747	1/11
470-2747(S)	1/11
1, 2	April 1, 2011
470-1911	7/07
470-2580 (samples)	3/11
470-2580(S) (samples)	3/11
3	April 1, 2011
4	March 1, 2009
5-7	August 1, 2007
8-12	July 1, 2009
13	January 1, 2011
14	July 1, 2009
15	January 1, 2010
16	July 1, 2009
17, 18	August 1, 2007
19	July 1, 2009
20, 21	August 1, 2007
22	June 30, 2005
470-2582	1/90
23, 24	June 30, 2005
470-2629	3/11
25, 26	June 30, 2005
27, 28	April 1, 2011
29	July 1, 2009
30	June 30, 2005
470-3865	7/01
31	July 1, 2009
32	April 1, 2011
33-39	January 1, 2011

### **Additional Information**

The updated provider manual containing the revised pages can be found at:  
[www.ime.state.ia.us/providers](http://www.ime.state.ia.us/providers)

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](mailto:imeproviderservices@dhs.state.ia.us).



# 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-331**  
Employees' Manual, Title 8  
Medicaid Appendix

February 24, 2012

## **ALL PROVIDERS MANUAL TRANSMITTAL NO. 12-1**

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

SUBJECT: **ALL PROVIDERS MANUAL**, Chapter II, **Member Eligibility**, pages 19,  
20, and 44, revised; and the following form:

470-2629 *Presumptive Medicaid Income Calculation*, revised

### **Summary**

**ALL PROVIDERS MANUAL** Chapter II is revised to:

- ◆ Update the income amounts related to the federal poverty levels (FPLs).
- ◆ Update form 470-2629, *Presumptive Medicaid Income Calculation*.
- ◆ Update the list of IowaCare medical homes.

### **Date Effective**

April 1, 2012

### **Material Superseded**

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

<u>Page</u>	<u>Date</u>
<b>Chapter II</b>	
19, 20	August 1, 2011
470-2629	7/11
44	August 1, 2011

### **Additional Information**

The updated provider manual containing the revised pages can be found at:  
[www.ime.state.ia.us/providers](http://www.ime.state.ia.us/providers)

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](mailto:imeproviderservices@dhs.state.ia.us).



# 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-345**

Employees' Manual, Title 8  
Medicaid Appendix

March 15, 2013

**ALL PROVIDERS MANUAL TRANSMITTAL NO. 13-1**

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

SUBJECT: **ALL PROVIDERS MANUAL**, Chapter II, **Member Eligibility**, pages 19, 27, 36, and 44, revised; and form 470-2629, *Presumptive Medicaid Income Calculation*, revised.

**Summary**

**ALL PROVIDERS MANUAL** Chapter II is revised to:

- ◆ Update the list of IowaCare medical homes.
- ◆ Clarify that the maximum income for presumptive pregnant women and presumptive children is 300% of the federal poverty level.
- ◆ Update form 470-2629, *Presumptive Medicaid Income Calculation*.
- ◆ Update the income amounts related to the federal poverty levels (FPLs).

**Date Effective**

April 1, 2013

**Material Superseded**

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

<u>Page</u>	<u>Date</u>
<b>Chapter II</b>	
19	April 1, 2012
27, 36	August 1, 2011
470-2629	4/12
44	April 1, 2012

### **Additional Information**

The updated provider manual containing the revised pages can be found at:  
[www.ime.state.ia.us/providers](http://www.ime.state.ia.us/providers)

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](mailto:imeproviderservices@dhs.state.ia.us).



# 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-347**

Employees' Manual, Title 8  
Medicaid Appendix

March 29, 2013

## ALL PROVIDERS MANUAL TRANSMITTAL NO. 13-2

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

SUBJECT: **ALL PROVIDERS MANUAL**, Chapter II, **Member Eligibility**, pages 14 through 17 and 44, revised; and form 470-2629, *Presumptive Medicaid Income Calculation*, revised.

### Summary

**ALL PROVIDERS MANUAL** Chapter II is revised to:

- ◆ Revise member eligibility requirements to:
  - Include men.
  - Raise the age limit to 54.
  - Raise the income limit to 300% of the federal poverty level.
- ◆ Correct the monthly amount of additional income added for households with more than eight members in the chapter and on form 470-2629, *Presumptive Medicaid Income Calculation*.

### Date Effective

April 1, 2013

### Material Superseded

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

<u>Page</u>	<u>Date</u>
<b>Chapter II</b>	
14-17	August 1, 2011
470-2629	4/13
44	April 1, 2013

### **Additional Information**

The updated provider manual containing the revised pages can be found at:  
[www.ime.state.ia.us/providers](http://www.ime.state.ia.us/providers)

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](mailto:imeproviderservices@dhs.state.ia.us).



# 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-406

Employees' Manual, Title 8  
Medicaid Appendix

August 1, 2014

### ALL PROVIDERS MANUAL TRANSMITTAL NO. 14-4

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **ALL PROVIDERS MANUAL**, Chapter II, **Member Eligibility**, Table of Contents (pages 1 and 2), revised; pages 1 through 39, revised; and the following forms:

470-5200	<i>Application for Certification to Become a Qualified Entity (QE), new</i>
470-2582	<i>Memorandum of Understanding with a Presumptive Provider for Presumptive Medicaid Eligibility Determinations, revised</i>
470-5201	<i>Qualified Entity (QE) Medicaid Presumptive Eligibility Portal (MPEP) Access Request Form, new</i>
470-5170	<i>Application for Health Coverage and Help Paying Costs, new</i>
470-5170(S)	<i>Application for Health Coverage and Help Paying Costs (Spanish), new</i>
470-5192	<i>Addendum to Application for Presumptive Eligibility, new</i>
470-5192(S)	<i>Addendum to Application for Presumptive Eligibility (Spanish), new</i>

### Summary

**ALL PROVIDERS MANUAL** Chapter II is revised to:

- ◆ Align with current policies, procedures, and terminology.
- ◆ Ensure that current contact information is provided.
- ◆ Replace forms with links to ensure that the most recent version of the form is accessible.

### Date Effective

Upon receipt.

## Material Superseded

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

<u>Page</u>	<u>Date</u>
<b>Chapter II</b>	
Contents (pages 1 and 2)	August 1, 2011
1, 2	August 1, 2011
470-2580 (samples)	8/11
470-2580(S) (samples)	8/11
470-4164	3/11
3-13	August 1, 2011
14-17	April 1, 2013
18	August 1, 2011
19, 20	April 1, 2013
21-24	August 1, 2011
470-2927	6/11
470-2927(S)	6/11
25, 26	August 1, 2011
470-4990	10/10
470-2582	7/11
27	April 1, 2013
28	August 1, 2011
470-4855	6/11
470-4855(S)	6/11
29-34	August 1, 2011
470-2579	3/11
35	August 1, 2011
36	April 1, 2013
37-42	August 1, 2011
470-2629	5/13
43	August 1, 2011
44	April 2, 2013
45-52	August 1, 2011
470-3864	7/01
470-3865	7/01
53-63	August 1, 2011

## Additional Information

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

<http://dhs.iowa.gov/sites/default/files/All-II.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](mailto:imeproviderservices@dhs.state.ia.us).





# 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-442**  
Employees' Manual, Title 8  
Medicaid Appendix

May 6, 2016

## **ALL PROVIDERS MANUAL TRANSMITTAL NO. 16-2**

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **ALL PROVIDERS MANUAL**, Chapter II, *Member Eligibility*, pages 9 and 16, revised.

### **Summary**

**ALL PROVIDERS MANUAL**, Chapter II, *Member Eligibility*, is revised to align with current IA Health Link policies, procedures, and terminology.

### **Effective Date**

January 1, 2016

### **Material Superseded**

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

<u>Page</u>	<u>Date</u>
<b>Chapter II</b> 9, 16	August 1, 2014

### **Additional Information**

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

<http://dhs.iowa.gov/sites/default/files/All-II.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](mailto:imeproviderservices@dhs.state.ia.us).

For Human Services use only:

**General Letter No. 8-AP-486**

Employees' Manual, Title 8  
Medicaid Appendix

May 31, 2019

**ALL PROVIDERS MANUAL TRANSMITTAL NO. 19-1**

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **All Providers Manual**, Chapter II. *Member Eligibility*, Title page, revised;  
Contents (pages 1 and 2), revised; and pages 1 through 39, revised.

**Summary**

**All Providers Manual**, Chapter II. *Member Eligibility*, is revised to reflect current policies, procedures, and terminology.

**Effective Date**

Immediately.

**Material Superseded**

This material replaces the entire Chapter II from the **All Providers Manual**, which includes the following pages:

<u>Page</u>	<u>Date</u>
<b>Chapter II</b>	
Title page	Undated
Contents (pp. 1 and 2)	August 1, 2014
1-8	August 1, 2014
9	January 1, 2016
10-15	August 1, 2014
16	January 1, 2016
17-39	August 1, 2014

**Additional Information**

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

<https://dhs.iowa.gov/sites/default/files/All-II.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](mailto:imeproviderservices@dhs.state.ia.us).

For Human Services use only:

**General Letter No. 8-AP-489**

Employees' Manual, Title 8  
Medicaid Appendix

April 17, 2020

**ALL PROVIDERS MANUAL TRANSMITTAL NO. 20-1**

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **All Providers Manual**, Chapter II. *Member Eligibility*, pages 20 and 21, revised; and the following forms:

- 470-5200 *Application for Initial/Recertification to Be a Presumptive Provider (PP)*, renamed and revised
- 470-5201 *Qualified Entity (QE) Medicaid Presumptive Eligibility Portal (MPEP) Access Request*, revised

**Summary**

**All Providers Manual**, Chapter II. *Member Eligibility*, is revised to:

- ◆ Clarify that, like individual Qualified Entities, Presumptive Provider (PP) organizations are responsible for compliance with the requirements explained in the Medicaid Presumptive Eligibility Policy and MPEP Training and in form 470-2582, *Memorandum of Understanding (MOU) with a Provider for PE Determinations*.
- ◆ Reflect that each PP is required to attest to having reviewed these materials as a condition of both initial certification and annual recertification.
- ◆ Update these forms to reflect these requirements:
  - Form 470-5200, *Application for Initial/Recertification to Be a Presumptive Provider (PP)*, formerly named *Application for Certification to Become a Presumptive Provider (PP)*
  - Form 470-5201, *Qualified Entity (QE) Medicaid Presumptive Eligibility Portal (MPEP) Access Request*

**Effective Date**

Immediately.

## Material Superseded

This material replaces the following pages in the *All Providers Manual*:

<u>Page</u>	<u>Date</u>
<b>Chapter II</b>	
20	May 1, 2019
470-5200	8/16
470-5201	8/16
21	May 1, 2019

## Additional Information

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

<https://dhs.iowa.gov/sites/default/files/All-II.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](mailto:imeproviderservices@dhs.state.ia.us).