



# 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-334

Employees' Manual, Title 8  
Medicaid Appendix

July 13, 2012

### IOWA FAMILY PLANNING NETWORK WAIVER MANUAL TRANSMITTAL NO. 12-1

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

SUBJECT: **IOWA FAMILY PLANNING NETWORK WAIVER MANUAL**, Title  
Page, new; Table of Contents, new;

Chapter I, **General Program Policies**, Title Page, Table of Contents  
(pages 1, 2, and 3), pages 1 through 57, and the following forms:

470-4166 *Iowa Medicaid Provider Form Request*  
470-4708 *Medicare Crossover Invoice (Professional)*  
470-4707 *Medicare Crossover Invoice (Institutional)*  
RC-0113 *List of Emergency Diagnosis Codes*  
470-3744 *Provider Inquiry*  
470-0040 *Credit/Adjustment Request*

Chapter II, **Member Eligibility**, Title Page, Table of Contents (pages 1  
and 2), pages 1 through 63, and the following forms:

470-2747 *Foster Care Provider Medical Letter*  
470-2747(S) *Foster Care Provider Medical Letter (Spanish)*  
470-2979 *Proof of Application for Medicaid*  
470-1911 *Medical Assistance Eligibility Card*  
470-2580 *Presumptive Medicaid Eligibility Notice of Decision*  
470-2580(S) *Presumptive Medicaid Eligibility Notice of Decision*  
(Spanish)  
470-4164 *IowaCare Medical Card*  
470-3931 *Medically Needy Expense Deletion Request*  
470-4299 *Verification of Emergency Health Care Services*  
470-4299(S) *Verification of Emergency Health Care Services (Spanish)*  
470-2927 *Health Services Application*  
470-2927(S) *Health Services Application (Spanish)*  
470-4990 *Application for Authorization to Make Presumptive*  
*Medicaid Eligibility Determination for Children*  
470-2582 *Memorandum of Understanding with a Presumptive*  
*Provider for Presumptive Medicaid Eligibility*  
*Determinations*

470-4855	<i>Application: Presumptive Health Care Coverage for Children</i>
470-4855(S)	<i>Application: Presumptive Health Care Coverage for Children (Spanish)</i>
470-2579	<i>Application for Authorization to Make Presumptive Medicaid Eligibility Determinations for Pregnant Women</i>
470-2629	<i>Presumptive Medicaid Income Calculation</i>
470-3864	<i>Application for Authorization to Make Presumptive Medicaid Eligibility Determinations (BCCT)</i>

Chapter III, **Provider-Specific Policies**, Title Page, new; Table of Contents (pages 1 and 2), new; pages 1 through 68, new; and the following forms:

Comm. 20	<i>Your Guide to Medicaid, new</i>
Comm. 209	<i>Information About Your Privacy Rights, new</i>
Comm. 243	<i>Primary Care Access, new</i>
RC-0033	<i>Desk Aid, new</i>
470-4314	<i>Election of Iowa Family Planning Network, new</i>
470-4073	<i>Iowa Family Planning Network Worksheet, new</i>
470-4071	<i>Family Planning Medicaid Review, new</i>

**Appendix**, Title Page, Table of Contents, and pages 1 through 27

## Summary

This letter transmits a new manual for providers in the Iowa Family Planning Network. This material was previously part of the **Family Planning Services Manual**.

The manual is comprised of four sections:

- ◆ Chapter I contains information about Iowa Medicaid administration, coverage, and reimbursement that applies to all types of providers.
- ◆ Chapter II describes the different ways of attaining and demonstrating Medicaid eligibility. It also applies to all provider types.
- ◆ Chapter III explains Medicaid requirements specific to behavioral health intervention services. The chapter clarifies the following points for eligibility and services under the Iowa Family Planning Network:
  - The definition of “reproductive age.”
  - The location of North Iowa Community Action.
  - Documentation of the issuance of a notice of decision for eligibility.
  - Use of a third-party resource for medical expenses before a service is billed to Iowa Medicaid.
- ◆ The Appendix contains directories of local offices of the Department of Human Services and the Social Security Administration and EPSDT care and coordination agencies.

## Date Effective

July 1, 2012

**Material Superseded**

None.

**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-343**

Employees' Manual, Title 8  
Medicaid Appendix

September 28, 2012

**IOWA FAMILY PLANNING NETWORK WAIVER MANUAL TRANSMITTAL NO. 12-2**

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

SUBJECT: ***IOWA FAMILY PLANNING NETWORK WAIVER MANUAL***, Chapter III, *Provider-Specific Policies*, pages 2, 62, 67, and 68, revised.

## Summary

This manual is revised to:

- ◆ Update a phone number for Central Iowa Family Planning.
- ◆ Update the list of diagnosis and treatment codes. These codes are covered as of January 1, 2012.

## Date Effective

Upon receipt.

## Material Superseded

This material replaces the following pages from Chapter III of the ***Iowa Family Planning Network Waiver Manual***:

<u>Page</u>	<u>Date</u>
2, 62, 67, 68	July 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-346**

Employees' Manual, Title 8  
Medicaid Appendix

March 15, 2013

**IOWA FAMILY PLANNING NETWORK WAIVER MANUAL TRANSMITTAL NO. 13-1**

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

SUBJECT: ***IOWA FAMILY PLANNING NETWORK WAIVER MANUAL***, Chapter III, *Provider-Specific Policies*, page 12, revised.

## Summary

This chapter is revised to update the income limits for Iowa Family Planning Network eligibility due to the 2013 federal poverty levels.

## Date Effective

April 1, 2013

## Material Superseded

This material replaces page 12, dated July 1, 2012, from Chapter III of the ***Iowa Family Planning Network Waiver Manual***.

## 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-348**

Employees' Manual, Title 8  
Medicaid Appendix

March 29, 2013

**IOWA FAMILY PLANNING NETWORK WAIVER MANUAL TRANSMITTAL NO. 13-2**

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

SUBJECT: ***IOWA FAMILY PLANNING NETWORK WAIVER MANUAL***, Chapter  
III, *Provider-Specific Policies*, page 12, revised.

## Summary

This chapter is revised to correct the monthly amount of additional income added for households with more than eight members.

## Date Effective

April 1, 2013

## Material Superseded

This material replaces page 12, dated April 1, 2013, from Chapter III of the ***Iowa Family Planning Network Waiver Manual***.

## 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-354**

Employees' Manual, Title 8  
Medicaid Appendix

February 21, 2014

**IOWA FAMILY PLANNING NETWORK WAIVER MANUAL TRANSMITTAL NO. 14-1**

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

SUBJECT: ***IOWA FAMILY PLANNING NETWORK WAIVER MANUAL***, Contents (page 1), revised; Chapter III, *Provider-Specific Policies*, Contents (pages 1 and 2), revised; pages 2 through 6, 7, 10, 11, 12, 14, 20, 21, 24, 25, 31, 32, 33, 44, 58, 61 through 68, revised; and pages 6a, 6b, and 69, new.

## Summary

This chapter is revised to:

- ◆ Update the federal poverty levels for 2014.
- ◆ Update the names of the Iowa Family Planning Network (IFPN) designated agencies.
- ◆ Remove requirements that make a person ineligible for IFPN. A person who has health insurance that covers family planning services or a youth covered by ***hawk-i*** may be eligible for IFPN.
- ◆ Clarify that parental income is not required to be used for teenagers.
- ◆ Add the Imaging Center addresses to forward applications to DHS.
- ◆ Revise and add legal references.
- ◆ Remove an example for residency which is no longer accurate.
- ◆ Remove procedures for the Birth Verification System as it is no longer in use.
- ◆ Remove the use of child support income in determining household income.
- ◆ Update the list of diagnosis and treatment codes. These codes will be covered as of January 1, 2013.

## Date Effective

Upon receipt.

## Material Superseded

This material replaces the following pages from Chapter III of the *Iowa Family Planning Network Waiver Manual*:

<u>Page</u>	<u>Date</u>
Contents (page 1)	July 1, 2012
<b>Chapter III</b>	
Contents (pages 1 and 2)	July 1, 2012
2	September 1, 2012
3-7, 10, 11	July 1, 2012
12	April 2, 2013
14, 20, 21, 24, 25, 31-33, 44, 58, 61	July 1, 2012
62	September 1, 2012
63-66	July 1, 2012
67, 68	September 1, 2012

## Additional Information

The new provider manual can be found at:

[http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual\\_Documents/Provman/IFPN.pdf](http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Provman/IFPN.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-429**

Employees' Manual, Title 8  
Medicaid Appendix

November 13, 2015

**IOWA FAMILY PLANNING NETWORK WAIVER MANUAL TRANSMITTAL NO. 15-1**

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

SUBJECT: ***IOWA FAMILY PLANNING NETWORK WAIVER MANUAL***, Chapter  
III, *Provider-Specific Policies*, Contents (pages 1 and 2), revised; pages  
2 through 5, 10 through 16, 20, 21, 25, 44, 49, and 61, revised.

## Summary

This chapter is revised to:

- ◆ Add three designated provider agencies.
- ◆ Remove references to the Medicare Savings Program.
- ◆ Replace references to outdated brochures, pamphlets, and a desk aid with links to the Department's website.
- ◆ Add information about the application to apply for full Medicaid benefits.
- ◆ Add information on persons who meet eligibility requirements.
- ◆ Update the federal poverty levels for 2015.
- ◆ Add information on claiming good cause due to confidentiality.
- ◆ Add the amount needed to earn a qualifying quarter for 2015.
- ◆ Align with current ICD-10 policies, procedures, and terminology.
- ◆ Update links due to the Department's new website.

## Effective Date

October 1, 2015

## Material Superseded

This material replaces the following pages from the ***Iowa Family Planning Network Waiver Manual***:

<u>Page</u>	<u>Date</u>
<b>Chapter III</b>	
Contents (pages 1 and 2)	February 1, 2014
2-4	February 1, 2014
Comm. 20	1/12
Comm. 209	8/10
Comm. 243	10/05
RC-0033	4/12
5, 10-12	February 1, 2014
13	July 1, 2012
14	February 1, 2014
15, 16	July 1, 2012
20, 21, 25, 44	February 1, 2014
49	July 1, 2012
61-68	July 1, 2013

## Additional Information

The new provider manual can be found at:

<http://dhs.iowa.gov/sites/default/files/IFPN.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-438**  
Employees' Manual, Title 8  
Medicaid Appendix

April 1, 2016

## **IOWA FAMILY PLANNING NETWORK WAIVER MANUAL TRANSMITTAL NO. 16-1**

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

SUBJECT: ***IOWA FAMILY PLANNING NETWORK WAIVER MANUAL***, Chapter  
III, *Provider-Specific Policies*, page 12, revised.

### **Summary**

This chapter is revised to update the Family Planning Income Limits (300% of Federal Poverty) table.

### **Effective Date**

Upon receipt.

### **Material Superseded**

This material replaces the following page from the ***Iowa Family Planning Network Waiver Manual***:

Page

Date

**Chapter III**

12

October 1, 2015

### **Additional Information**

The new provider manual can be found at:

<http://dhs.iowa.gov/sites/default/files/IFPN.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-460**  
Employees' Manual, Title 8  
Medicaid Appendix

March 10, 2017

## **IOWA FAMILY PLANNING NETWORK WAIVER MANUAL TRANSMITTAL NO. 17-1**

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: ***IOWA FAMILY PLANNING NETWORK WAIVER MANUAL***, Chapter III, *Provider-Specific Policies*, pages 32, 44, 49, and 61, revised.

### **Summary**

The ***IOWA FAMILY PLANNING NETWORK WAIVER MANUAL*** is revised to:

- ◆ Add the amount needed to earn a qualifying quarter for 2016.
- ◆ Replace the link to ensure the most recent version is accessible.

### **Effective Date**

Immediately.

### **Material Superseded**

This material replaces the following pages from the ***IOWA FAMILY PLANNING NETWORK WAIVER MANUAL***:

<u>Page</u>	<u>Date</u>
<b>Chapter III</b>	
32	February 1, 2014
44, 49, 61	October 1, 2015

### **Additional Information**

The updated provider manual containing the revised pages can be found at:  
<http://dhs.iowa.gov/sites/default/files/IFPN.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-464**  
Employees' Manual, Title 8  
Medicaid Appendix

June 9, 2017

## **IOWA FAMILY PLANNING NETWORK WAIVER MANUAL TRANSMITTAL NO. 17-2**

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

SUBJECT: ***IOWA FAMILY PLANNING NETWORK WAIVER MANUAL***, Chapter  
III, *Provider-Specific Policies*, page 12, revised.

### **Summary**

This chapter is revised to update the Family Planning Income Limits (300% of Federal Poverty) table.

### **Effective Date**

Upon receipt.

### **Material Superseded**

This material replaces the following page from the ***Iowa Family Planning Network Waiver Manual***:

Page

Date

**Chapter III**

12

April 1, 2016

### **Additional Information**

The new provider manual can be found at:

<http://dhs.iowa.gov/sites/default/files/IFPN.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

Kim Reynolds  
Governor

Adam Gregg  
Lt. Governor

Jerry R. Foxhoven  
Director

For Human Services use only:

**General Letter No. 8-AP-472**  
Employees' Manual, Title 8  
Medicaid Appendix

September 29, 2017

## **IOWA FAMILY PLANNING NETWORK WAIVER MANUAL TRANSMITTAL NO. 17-3**

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

SUBJECT: ***IOWA FAMILY PLANNING NETWORK WAIVER MANUAL***, obsolete.

### **Summary**

This letter eliminates the ***IOWA PLANNING NETWORK WAIVER MANUAL***. Employees' Manual 5-F, ***IOWA FAMILY PLANNING PROGRAM MANUAL***, replaces this provider manual.

### **Effective Date**

July 1, 2017

### **Material Superseded**

This material rescinds the entire ***IOWA FAMILY PLANNING NETWORK WAIVER MANUAL***. This includes the following pages:

<u>Page</u>	<u>Date</u>
Title page	Undated
Contents (page 1)	February 1, 2014
<b>Chapter III</b>	
Title page	Undated
Contents (pages 1 and 2)	October 1, 2015
1	July 1, 2012
2-5	October 1, 2015
6, 6a, 6b, 7	February 1, 2014
8, 9	July 1, 2012
10, 11	October 1, 2015
12	April 1, 2017
13-16	October 1, 2015
17-19	July 1, 2012
20, 21	October 1, 2015
22, 23	July 1, 2012
24	February 1, 2014

25	October 1, 2015
26-30	July 1, 2012
31	February 1, 2014
32	February 1, 2017
33	February 1, 2014
34-43	July 1, 2012
44	February 1, 2017
45-48	July 1, 2012
49	February 1, 2017
50-57	July 1, 2012
58	February 1, 2014
59, 60	July 1, 2012
61	February 1, 2017

### **Additional Information**

The new provider manual can be found at:

<http://dhs.iowa.gov/sites/default/files/5-F.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).