

{Current Date}

{MEM HIPAA Authorized Rep} {Address Line 1}{Address Line 2} {City}, {State} {Zip}

RE: {Member Name} {State ID}

This is in response to your call about a bill from {Prov Name} for services provided to you/member name on date of service (\$ amount).

Iowa Medicaid has received a claim that has denied for the charges listed above. We contacted the provider's billing office who explained that the services you received are not covered by Iowa Medicaid for persons on the Iowa Family Planning Network (IFPN) waiver.

Under IFPN, Iowa Medicaid only covers services related to <u>birth control</u>, <u>pregnancy prevention</u>, and <u>related preventative services</u>.

If you have any questions about your eligibility or the type of Medicaid that you receive, please contact your local Department of Human Services office or the DHS Call Center at 877-347-5678.

If you have any questions, please contact the Member Services Call Center again. If you disagree with this action, you may file an appeal as explained on the backside of this letter.

Iowa Medicaid Enterprise Member Services Unit

Code #029B Log ID # {Contact Log Number}

470-4811 (01/19)