

{Current Date}

Re: {Member Name} {DCN}
Last four digits of Medicaid ID #: {State ID Last 4}
Month and date of birth (omitting year for privacy): {DOB Month Day}

Dear Provider Name:

Quality Improvement Organization (QIO) Services has received a request for waiver services on the above member. In order to process the request, additional information is required. The checked items below are necessary to complete this request:

- Assisted Living records: including recent comprehensive nursing assessment with identified needs, current service plan, current cognitive testing, functional assessment, and GDS sheet with score.
- Medical records including all office visit documentation, consults, history and physical, exam information such as cognitive testing, functional assessment, and orders for all home services (do not include labs or x-rays).
- Please supply a detailed written statement from the physician indicating the qualifications this member has that would justify / not justify the need for nursing facility placement; as the waiver programs are designed for members who currently require nursing facility level of care.
- Therapy records including services provided, plan of treatment, progress notes, information on home plan, goal measurement, and discharge summary, if applicable.
- Home health records: including current plan of care, nursing assessment, homemaker and/or home health aide plan of care, and all progress notes.
- Homemaker records: including care plan and visit notes.
- CDAC records; please send copies of completed CDAC daily service logs. **DO NOT SEND ORIGINALS**
- Please complete, sign and date the Level of Care Certification for HCBS Waiver Program form.
- Additional documentation is needed as follows:

Beginning with the last month you provided service; please submit the previous three months of records unless otherwise indicated above. Please do not send original documents, send copies only.

Please include the name and phone number for the person in your office that we could contact if necessary.

Please attach the above-checked items and return **within 10 business days** of the date of this letter to:

Fax to 515-725-1349 (preferred)

OR

Upload into IMPA system

OR

Mail to:

QIO Services Waiver Team / {Current User Real Name}

Iowa Medicaid Enterprise

PO Box 36478

Des Moines, IA 50315

Please use the first page of this letter as the cover page with your submission. Thank you for your prompt response.

Sincerely,

Iowa Medicaid Enterprise
QIO Services – Waiver Team

AUTHORITY FOR REQUEST AND RELEASE OF RECORDS FOR MEDICAID CLAIMS REVIEW

Under Title 45 of the Code of Federal Regulations (CFR) 164.506, a covered entity may disclose or release Protected Health Information without the individual's authorization for treatment, payment, and health care operation activities. According to 45 CFR 164.501, "health care operations" include conducting or arranging for medical review, legal service, and auditing functions including fraud and abuse detection and compliance programs.

Title XIX of the Social Security Act, Sections 1902 and 1903, and regulations found in 42 CFR 456, stipulate that utilization review activities are required to ensure that services rendered are necessary and of optimum quality and quantity. Federal regulations found in 42 CFR 455 require the State to have the ability to identify and refer cases of suspected fraud and/or abuse in the Iowa Medicaid program for investigation and/or prosecution. Utilization review safeguards against unnecessary care and services and ensures that payments are appropriate according to the coverage policies established by the Department of Human Services Iowa Administrative Code 441-79.4. The utilization review process assists Medicaid policy staff in making important policy decisions, such as identifying areas of policy that require clarification or change. It is an invaluable tool in shaping policy guidelines and ensuring that services are provided in an efficient and effective manner.