IOWA HHS

Iowa Medicaid
Iowa HHS

Health Homes Notification Form

Please print clearly or complete electronically — accuracy is important. Complete this form to request enrollment of a member in your health home, the transfer of a member from the Iowa Department of Health and Human Services (HHS) or another MCO, a change in tier for a member, or disenrollment of a member from your health home. *Submission of enrollment form does not guarantee enrollment or payment for the health home. Members must meet Iowa Medicaid eligibility guidelines for successful enrollment.*

Please check the box next to the applicable MCO or Iowa Medicaid and submit as directed below:

☐ **Fax to Wellpoint: 844-556-6125**
☐ **Fax to Molina: 833-616-4714 or upload via Availity Portal**
☐ **Fax to Iowa Total Care: 833-864-9673 or upload via Client Portal**
☐ **Iowa Medicaid: Upload to IMPA**

Section 1: Member Information		
Name:	Date of Birth:	Phone:
MCO-Assigned Member ID #:	Medicaid ID Number:	
Home Address:		

Section 2: Health Home Provider Information		
Health Home Name:		
Health Home Contact Name:	Phone:	Email:
National Provider Identifier (NPI) #:	MCO-Assigned Provider #:	

Section 3: Type of Request	
Enrollment/Renewal/Change in Tier Effective Date: (1st of the month)	**Disenrollment Effective Date:(Last day of month)**
☐ Enrollment ☐ Annual Renewal ☐ Change in Tier Reason Transferring to waiver CBCM ☐ Disenrollment Choose an item	**Tier Level** (check one) ☐ Tier 5 - Adult Non-Habilitation ☐ Tier 6 - Children Non-Waiver ☐ Tier 7 - Habilitation ☐ Tier 8 - Children's Mental Health Waiver
Additional Information:	

Section 4: Enrollment and Annual Renewal Documentation
Attach clinical documentation, dated within the last 365 days, that includes diagnosis, functional limitations, and mental health professional signature. Enrollments and renewals without this information will not be processed.
Qualifying Diagnosis Codes

Section 5: Health Home Verification	
Health Home Staff Signature:	Date: