

Integrated Health Homes (IHH) Managed Care Organizations (MCOs) Notification

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 by the applicable MCO and submit form as directed below:

- Fax to Amerigroup Iowa Inc.: 844-556-6125 Fax to Iowa Total Care: 833-864-9673 or upload via Client Portal
 Fax to Molina: 833-616-4714 or upload via Availity Portal

Section 1: Member Information

Name:	Date of Birth:	Phone:
MCO-Assigned Member ID #:	Medicaid Member ID #:	
Home Address:		

Section 2: Provider Information

Health Home Name:		
Health Home Contact Name:	Phone:	Email:
National Provider Identifier (NPI) #:	MCO-Assigned Provider #:	
Primary Care Provider Name:		

Section 3: Status

<input type="checkbox"/> Enrollment <input type="checkbox"/> Change in Tier Reason <input type="checkbox"/> Disenrollment	Additional Information:
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Effective Date of Change:

Section 4: Enrollment

Attach clinical documentation, dated within the last 365 days, that includes diagnosis, functional limitations, and mental health professional signature. Enrollments without this information will not be processed.

Qualifying Diagnosis Codes	Tier Level (check one) <input type="checkbox"/> Tier 5 - Adult Non-Habilitation <input type="checkbox"/> Tier 6 - Children Non-Waiver <input type="checkbox"/> Tier 7 - Habilitation <input type="checkbox"/> Tier 8 - Children's Mental Health Waiver
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Health Home Staff Signature:

Phone:	Date:
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