IOWA HHS

Iowa Health Link
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Chronic Condition Health Home 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 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**

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:	
National Provider Identifier (NPI) #:	MCO-Assigned Provider #:
Primary Care Provider Name:	

Section 3: Status	
☐ Enrollment ☐ Renewal (for ITC only, for AGP complete through HIP) ☐ Disenrollment: Choose an item	Additional Information:
Effective Date of Change:	

Section 4: Enrollment

Conditions- select all that apply:

☐ Mental Health Condition ☐ Chronic Pain ☐ Heart Disease
☐ Substance Use Disorder ☐ COPD ☐ Hypertension
☐ Asthma ☐ Diabetes
☐ BMI over 24 or child BMI>85th Percentile
☐ At risk for another condition (list risk):

Tier Level (check one)

☐ Tier 1: 1-3 Conditions
☐ Tier 2: 4-6 Conditions
☐ Tier 3: 7-9 Conditions
☐ Tier 4: 10+ Conditions

Patient Tier Assessment Tool (PTAT) Date:

Health Home Staff Signature:	
Phone:	Date: