

Managed Care Plan Submission Checklist

Date: MCP Staff Submitting Item: Date Effective (if applicable, i.e. new policies and programs):					
Checklist for Item Submitted					
		Capitation Rates		Policy – Medical, LTSS, Behavioral Health please select from drop down below	
		Claims and Benefits		None	
		Information Technology		Provider Network	
		Medication - Medical		Provider Rates	
		Medication - Pharmacy		Reporting Manual, SDOH, Quality Strategy	
	Α. (General A. General		General	
		Other			
Question to Iowa Medicaid –					
(Check ALL boxes below; send to:					

Reason for Submission (please check one): (Use p. 2 if additional documentation is needed)				
□ Updated Document (please note changes or include track changes)				
□ New Document (please provide context / purpose):				
Describe context/ purpose:				
(Check ALL boxes below; send to: lHLDirect@dhs.state.ia.us ; cc: Account Mgr.)				
☐ MCP has reviewed applicable Iowa Administrative Code, Iowa Code, Informational Letters, and manuals prior to submission of document				
☐ MCP has reviewed documents internally for grammar and content prior to submission				
\square MCP has complied with requirements for branding, reading level, and translation regarding layout and all content				
☐ MCP Subject Matter Expert or Program Director has reviewed prior to submission to Iowa Medicaid				
Question (Continued from page I)				