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**INFORMATIONAL LETTER NO. 2639-MC-FFS-D**

**DATE:** October 31, 2024

**TO:** All Iowa Medicaid Providers

**APPLIES TO:** Managed Care (MC), Fee-for-Service (FFS), Dental (D)

**FROM:** Iowa Department of Health and Human Services (HHS),  
Iowa Medicaid

**RE:** Annual Submission Requirements Regarding Prevention and  
Detection of Medicaid Fraud and Abuse Federal Fiscal Year (FFY)  
2025

**EFFECTIVE:** November 1, 2024

As per Section 6032 of the Deficit Reduction Act of 2005 (Pub L. 109-171), any provider or provider entity that receives payments, in any Federal Fiscal Year (FFY), of \$5,000,000 or more from any state Medicaid program must have written policies for all employees, including management, and for all employees of any contractor or agent, that provide detailed information about the following:

- The Federal False Claims Act established under section 3729 through 3733 of Title 31, United States Code
- Administrative remedies for false claims and statements established under Chapter 38 of Title 31, United States Code
- State laws pertaining to Civil or Criminal penalties for false claims and statements
- Whistleblower protections under such laws, with respect to the role of such laws in preventing and detecting fraud, waste and abuse in federal health care programs

**Providers are not required to send copies of their policies but must complete and return the Attestation of Compliance with Section 6032 of The Federal Deficit**

**Reduction Act Form (470-5506) annually. The form can be found on the Iowa Department of Health and Human Services' (HHS) [Provider Forms webpage](#)<sup>1</sup>.**

For the FFY ending **September 30, 2024**, the attestation form must be received by the Iowa Medicaid by **January 31, 2025**. Please include the entity National Provider Identifiers (NPIs) and Taxpayer Identification Number/Employer Identification Number (TIN/EIN) when submitting the form.

Compliance with these requirements is mandatory for providers or entities receiving \$5,000,000 or more from the Iowa Medicaid program in any federal fiscal year. The \$5,000,000 amount is based on claims paid by the Iowa Medicaid and its contracted Managed Care Entities (MCEs), net of any adjustments to those claims. The \$5,000,000 threshold is calculated based on payments made to a TIN/EIN.

The form may be faxed to the Iowa Medicaid Program Integrity (PI) Unit at 515-725-1354 or mailed to:

Iowa Medicaid  
Program Integrity Unit  
P.O. Box 36390  
Des Moines, IA 50315

State and federal laws require that any provider or provider entity that fails to comply with this requirement will be subject to sanction, including probation, suspension or termination of participation in the Iowa Medicaid program.

If you have questions, please contact Iowa Medicaid Provider Services, the appropriate MCO or PAHP:

**Iowa Medicaid Provider Services:**

- Phone: 1-800-338-7909
- Email: [imeproviderservices@hhs.iowa.gov](mailto:imeproviderservices@hhs.iowa.gov)

**Managed Care Organizations (MCOs):**

**Iowa Total Care:**

- Phone: 1-833-404-1061
- Email: [providerrelations@iowatotalcare.com](mailto:providerrelations@iowatotalcare.com)
- Website: <https://www.iowatotalcare.com>

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<sup>1</sup> <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/provider-services/provider-forms>

**Molina Healthcare of Iowa:**

- Phone: 1-844-236-1464
- Email: [iproviderrelations@molinahealthcare.com](mailto:iproviderrelations@molinahealthcare.com)
- Website: <https://www.molinahealthcare.com/providers/ia/medicaid/home.aspx>
- Provider Portal: <https://www.availity.com/molinahealthcare>

**Wellpoint Iowa, Inc. (formerly Amerigroup Iowa, Inc.):**

- Phone: 1-833-731-2143
- Email: [ProviderSolutionsIA@wellpoint.com](mailto:ProviderSolutionsIA@wellpoint.com)
- Website: <https://www.provider.wellpoint.com/iowa-provider/home>

**Prepaid Ambulatory Health Plans (PAHPs):**

**Delta Dental:**

- Phone: 1-888-472-1205
- Email: [provrelations@deltadentalia.com](mailto:provrelations@deltadentalia.com)
- Website: <https://www.deltadentalia.com/dentists/>

**MCNA Dental:**

- Phone: 1-855-856-6262
- Email: [IA\\_PR\\_Dept@mcna.net](mailto:IA_PR_Dept@mcna.net)
- Website: <https://www.mcnaia.net/dentists>