
INFORMATIONAL LETTER NO. 2727-MC-FFS-D

DATE: January 23, 2026

TO: Iowa Medicaid Physicians, Dentists, Advanced Registered Nurse Practitioners, Therapeutically Certified Optometrists, Podiatrists, Pharmacies, Home Health Agencies, Rural Health Clinics, Clinics, Skilled Nursing Facilities, Intermediate Care Facilities (ICF), Nursing Facilities – Mental ILL, Federally Qualified Health Centers (FQHC), Indian Health Services, Maternal Health Centers, Certified Nurse Midwives, Community Mental Health, Family Planning, Residential Care Facilities, Intermediate Care Facilities for the Intellectually Disabled (ICF/ID) State, Community-Based ICF/ID Providers, Physician Assistants

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

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

RE: SUPPORT Act Section 5042(e)(1)(A) Reporting Requirements Survey for Federal Fiscal Year (FFY) 2025

EFFECTIVE: Immediately

Section 5042 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act, codified in [42 U.S.C. 1396w-3a](#)¹, requires covered providers who are permitted to prescribe controlled substances and who participate in Medicaid to query qualified prescription drug monitoring programs (PDMPs) before prescribing controlled substances to most Medicaid beneficiaries. In Iowa, the PDMP is known as the Prescription Monitoring Program (PMP) or [Iowa PMP AWAREx](#)².

¹ <https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title42-section1396w-3a&num=0&edition=prelim>

² <https://iowa.pmpaware.net/login>

Documentation of the query of the database within the PMP must be made in the member's file by the prescribing provider. Subject to the requirements under [Iowa Code chapter 124](#)³, subchapter VI, if the provider is not able to conduct a review of the PMP, the member's file should include the reasons the provider was not able to complete the review. Upon request of the Iowa Medicaid program, the prescribing provider shall submit the documentation.

This does not apply to Medicaid members who are receiving inpatient hospice care or long-term residential facility care. Notification of provider requirements for prescribing controlled substances was provided in [Informational Letter \(IL\) NO. 2280-MC-FFS-D](#)⁴.

Section 1927(g)(3)(D) of the Social Security Act (the Act) requires each state to submit an annual report on the operation of its Medicaid Drug Utilization Review (DUR) program. Centers for Medicare & Medicaid (CMS) has included questions to reference metrics for compliance with provisions outlined in Section 5042 of the SUPPORT Act. Mandatory State reporting to CMS began with the FFY 2023 DUR survey and will continue annually.

Please complete the [survey](#)⁵ regarding your prescribing practices for Federal Fiscal Year (FFY) 2025, from October 2024 through September 2025. The survey is open effective immediately and will close on March 31st, 2026, at 11:59 pm Central Standard Time (CST).

³ <https://www.legis.iowa.gov/docs/ico/chapter/124.pdf>

⁴ <https://secureapp.dhs.state.ia.us/IMPA/Information/ViewDocument.aspx?viewdocument=3dfb2272-3099-4683-b063-2d490252a48f>

⁵ <https://forms.office.com/g/DAuSfTwLEj>

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

Managed Care Organizations (MCOs):

Iowa Total Care:

- Phone: 1-833-404-1061
- Email: providerrelations@iowatotalcare.com
- Website: <https://www.iowatotalcare.com>

Molina Healthcare of Iowa:

- Phone: 1-844-236-1464
- Email: aproviderrelations@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
- 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
- Website: <https://www.deltadentalia.com/dentists/>

MCNA Dental:

- Phone: 1-855-856-6262
- Email: IA_PR_Dept@mcna.net
- Website: <https://www.mcnaia.net/dentists>