Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

IME Policy Clarification # 000114

Date

MCO CEO Name
MCO
Address Line 1
Address Line 2
Des Moines, Iowa XX

Dear Ms/Mr.:

This letter is a formal notification of the state's expectations related to the operations and implementation of Iowa Medicaid under the managed care program. This purpose of this letter is to do following:

☒Provide formal guidance
☐Request for information

This is to confirm that the Iowa Medicaid Enterprise (IME) Informational Letter notification to providers a minimum of thirty (30) days in advance of implementation of changes to the Preferred Drug List (PDL) and Prior Authorization (PA) criteria satisfies the contract requirement of 3.2.6.2.1.3 The Contractor shall provide a minimum of thirty days' notice to providers prior to implementation of PDL and PA changes. Separate provider notification by the Contractor is not required.

Please sign and return the attached receipt and attestation of understanding by July 13, 2016.

Sincerely,

Elizabeth Matney
Managed Care Oversight and Supports Bureau Chief

Attestation:

I hereby attest to understanding this communication including all requirements and due dates.

Name_____ Date_____