

IME Policy Clarification # [PC000247]

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

**Content**

This policy clarification is in regards to Informational Letter (IL) 2047-MC-FFS. This IL explains the change in federal law regarding prenatal services that will no longer be paid and chased. After consulting with Centers for Medicare and Medicaid Services (CMS) it was determined that Maternal Health Centers (MHC), Provider Type 35, need to follow the guidelines as outlined in the IL. This means that MHCs must file claims with the third party carrier prior to filing a claim with Medicaid.

CMS has clarified that when a MHC is unable to credential with an insurance plan, the MHC must provide a letter from the insurance plan indicating that the provider does not meet credentialing requirements in order to override the third party liability edit. The letter from the insurance carrier must be dated within 12-months from the date of service. A current letter from the insurance carrier must be submitted with each claim and the insurance plan letter must be updated on an annual basis.

Below is a list of MHCs that are not able to credential with insurance plans.

National Provider Number (NPI)	Iowa Medicaid provider number	Provider Name
	[Available to MCOs]	ALLEN WOMENS HEALTH DEPARTMENT
1700981487	[Available to MCOs]	AMERICAN HOME FIND ASSOC
1952440455	[Available to MCOs]	COMMUNITY HEALTH RESOURCES (Trinity-Muscatine)
1851490643		Dubuque VNA
X000703607	[Available to MCOs]	FAMILY INC

1194890558	[Available to MCOs]	HAWKEYE AREA COMM ACTION
1528184488	[Available to MCOs]	HCCMS FAMILY HLTH SERV
1003992678	[Available to MCOs]	JOHNSON CO DEPT OF
1013087824	[Available to MCOs]	LEE COUNTY HEALTH DEPARTMENT
1285709964	[Available to MCOs]	MARION COUNTY PUBLIC HEALTH DEPT
1508953084	[Available to MCOs]	MATURA ACTION CORP
1306919394	[Available to MCOs]	MID-IOWA COMM ACTION INC
1528156890	[Available to MCOs]	MID-SIOUX OPPORTUNITY INC
1174741540	[Available to MCOs]	NEW OPPORTUNTIES INC
1083762322	[Available to MCOs]	NORTH IA COMM ACTION ORG
1033376298		SCOTT COUNTY HEALTH DEPARTMENT
1932402245	[Available to MCOs]	SIOUXLAND DISTRICT HEALTH DEPARTMEN
1013092220	[Available to MCOs]	TAYLOR COUNTY HHA
1679658157	[Available to MCOs]	UP WITH FAMILIES (Webster Co.)
1023145729	[Available to MCOs]	VISITING NURSE SERVICES
1649267113	[Available to MCOs]	WARREN COUNTY HEALTH SERVICES
1497823231	[Available to MCOs]	WASHINGTON CO PUB HEALTH

**This formal guidance impacts capitation rates in the following manner:**

This is an Iowa Medicaid practice prior to April 1, 2016 and was included in the experience used to develop the capitation rates.

This is a new process or policy that does not have a fiscal impact.

This is a new process or policy that was reflected in revised capitation rates and implemented July 1, 2020

Sincerely,

Account Manager  
Managed Care Account Manager

**Attestation:**

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

Name \_\_\_\_\_ Date \_\_\_\_\_.

The department will monitor progress towards implementation and may impose remedies for failure to implement.

Attachment: Information Letter (IL) 2047-MC-FFS