



# Iowa Department of Human Services

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## INFORMATIONAL LETTER NO.1714-MC-FFS-D

**DATE:** August 22, 2016

**TO:** Iowa Medicaid Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Indian Health Service Providers

**APPLIES TO:** Managed Care, Fee-for-Service and Dental

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

**RE:** IA Health Link-Managed Care Wraparound Payments-Updated Forms and Clarifications

**EFFECTIVE:** Immediately

Informational Letter [1701-MC](#)<sup>1</sup> dated July 25, 2016, addressed IA Health Link Managed Care Wraparound Payments. This Informational letter further clarifies the process for wraparound payment requests.

### **Wraparound Form Updates and Additions:**

Updates have been made to the following forms. **Providers should begin using the updated forms immediately:**

- 1) [470-3495](#)<sup>2</sup>- Managed Care Wraparound Payment Request
- 2) [470-5210](#)<sup>3</sup>- Dental Wellness Plan Wraparound Payment Request
- 3) [470-5211](#)<sup>4</sup>- Iowa Marketplace Choice Wraparound Payment Request

In addition, **Form 470-5419, Wraparound Supporting Claims Detail**, which is an excel based form, has been added for the supporting claims detail as described in item number seven (7) in the above mentioned updated forms. **Supporting data for the wraparound requests must be submitted using this form.**

### **Other Clarifications:**

- 1) When to include a claim in the wraparound request- In order to be included in the quarterly wraparound request, a claim must have been paid correctly by the Managed Care Organization (MCO). Wraparound payment requests for a given quarter should include claims paid correctly during the given quarter. Dates of service on the claim

<sup>1</sup> [https://dhs.iowa.gov/sites/default/files/1701-MC\\_IAHealthLink-ManagedCareWraparoundPayments.pdf](https://dhs.iowa.gov/sites/default/files/1701-MC_IAHealthLink-ManagedCareWraparoundPayments.pdf)

<sup>2</sup> <https://dhs.iowa.gov/sites/default/files/470-3495.pdf>

<sup>3</sup> <http://dhs.iowa.gov/sites/default/files/470-5210.pdf>

<sup>4</sup> <http://dhs.iowa.gov/sites/default/files/470-5211.pdf>

need to be reported in the supporting claims detail, but do not have to be within the quarter of submission.

- 2) Form Submission- Quarterly, there should be a separate wraparound request form submitted for each MCO that the provider works with. Each request form needs to be accompanied by the supporting claims detail using Form 470-5419.
- 3) Medicaid Recipient ID Number-The supporting claims detail need to include the Iowa Medicaid Recipient ID Number, not the ID number issued by the MCO.

If you have any questions, please contact the IME Provider Cost Audit Unit at 1-866-863-8610, locally in Des Moines at 515-256-4610, or by email at [costaudit@dhs.state.ia.us](mailto:costaudit@dhs.state.ia.us).