



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

December 5, 2014

## GENERAL LETTER NO. 5-A-15

ISSUED BY: Bureau of Financial, Health and Work Supports  
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 5, Chapter A, **INTERIM ASSISTANCE REIMBURSEMENT**, Title page, revised; and page 16, revised.

### Summary

Chapter 5-A is revised to update the claim forms acceptable for Medicaid claims.

### Effective Date

Upon receipt.

### Material Superseded

This material replaces the following pages from Employees' Manual, Title 5, Chapter A:

<u>Page</u>	<u>Date</u>
Title page	February 18, 2011
16	February 18, 2011

### Additional Information

Refer questions about this general letter to your area income maintenance administrator.

Revised December 5, 2014

Employees' Manual  
Title 5  
Chapter A

# **INTERIM ASSISTANCE REIMBURSEMENT**



**Iowa Department  
of Human Services**

The county agency must also have a Medicaid provider number to receive payment. To obtain a provider number, submit a request to the IME Provider Services Unit that includes:

- ◆ Name and address of the county agency as it is to be printed on the warrant issued for payment of the claim.
- ◆ The county agency's federal tax identification (ID) number.
- ◆ A statement that reads: "I certify the information provided is true and accurate. By signing this I attest that Medicaid claims submitted by this agency will be for persons determined eligible for Medicaid for the date of service."
- ◆ Signature of the county agency director.
- ◆ Date of signature.

Send the request to Iowa Medicaid Enterprise, Provider Correspondence, PO Box 36450, Des Moines Iowa 50315. Incomplete submissions will be returned.

The medical provider must complete an acceptable Medicaid claim for the services. Acceptable Medicaid claims are:

- ◆ CMS-1500, *Health Insurance Claim Form*, for physician claims.
- ◆ CMS-1450 for hospital claims (inpatient or outpatient).
- ◆ *Universal Pharmacy Claim* for pharmacy claims.
- ◆ *Dental Claim Form* from the American Dental Association.

If Medicaid is approved, submit the Medicaid claim for payment. Attach a copy of the *Notice of Decision* sent to the client that approved the client for Medicaid. Do not submit claims before Medicaid approval.

Enter your assigned provider number on the Medicaid claim in the space provided for this number. Make sure this is the county agency's provider number, not the number of the medical provider.

The following statement must be on each claim submitted for payment to attest that the person is Medicaid-eligible for the time period of the claim: "*The client named on this claim is Medicaid-eligible for the date of service on this claim.*" The county agency staff person will sign and date the statement.