



INFORMATIONAL LETTER NO. 2579-MC-FFS-D

DATE: April 30, 2024

TO: All Iowa Medicaid Providers

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

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

RE: Change of Ownership (CHOW)

EFFECTIVE: Immediately

The purpose of this informational letter (IL) is to clarify the process of a Change of Ownership (CHOW) and the responsibilities of the seller and buyer.

To minimize any delays, Iowa Medicaid requests that a CHOW notice is submitted at least 60 days prior to the change. The CHOW notice must also be submitted to the Managed Care Organizations (MCOs) and/or the Prepaid Ambulatory Health Plan (PAHPs).

The seller is the party responsible for submitting the CHOW notice to Iowa Medicaid and the MCOs/PAHPs (please see contact information further down). The CHOW notice must include the following information at a minimum:

- Provider/Facility Name
- Service Address
- National Provider Identifier (NPI)
- Tax ID
- Anticipated Sell Date
- Buyer's Contact Information

The buyer is the party responsible for submitting the enrollment application and supplemental forms to Iowa Medicaid. Please contact Provider Enrollment at IMEProviderEnrollment@dhs.state.ia.us to obtain the following forms:

- 470-0254: Iowa Medicaid Universal Provider Enrollment Application
- 470-2965: Iowa Medicaid Provider Agreement General Terms
- 470-4202: Electronic Fund Transfer Authorization

- 470-5112: Iowa Medicaid Designated Contact Person
- 470-5186: Iowa Medicaid Ownership and Control Disclosure
- W9: Request for Taxpayer Identification Number and Certification

Additional Information of Importance:

- The buyer must also register the facility with the Iowa Secretary of State under the buyer's information.
- **The enrollment process will not begin until the above documentation has been received.**
- Applicable to Nursing Facilities & Intermediate Care Facilities for the Intellectually Disabled (ICF/ID) only: As soon as they are available, Iowa Medicaid requires a copy of the Final Purchase Agreement and Operational Transfer Agreement. The Agreement must include which party will assume liability to Iowa Medicaid if a current debt exists, or if one becomes known to Iowa Medicaid within the statutory lookback period. The enrollment will not be completed and approved until the agreements have been received.

Enrollment Form Submission

Enrollment forms may be sent to Iowa Medicaid by one of the following methods:

- Email: IMEProviderEnrollment@dhs.state.ia.us
- Fax: 515-725-1155, ATTN Provider Enrollment
- Mail:
Iowa Medicaid
Attn: Provider Enrollment
PO Box 36450
Des Moines, IA 50315

If you have questions, please contact Iowa Medicaid Provider Services, or the appropriate MCO or PAHP:

Iowa Medicaid Provider Services:

- Phone: 1-800-338-7909
- Email: imeproviderservices@dhs.state.ia.us

Managed Care Organizations (MCOs):

Iowa Total Care:

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

Molina Healthcare of Iowa:

- Phone: 1-844-236-1464
- Email: IAProviderContracts@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: providernetworkia@wellpoint.com
- Website: <https://www.provider.wellpoint.com/iowa-provider/home>

Prepaid Ambulatory Health Plans (PAHPs):

Delta Dental:

- Phone: 1-888-472-1205
- Website: <https://www.deltadentalia.com/>

Managed Care of North America, Inc. (MCNA):

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