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**INFORMATIONAL LETTER NO. 2641-MC-FFS-D**

**DATE:** November 18, 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:** Ownership and Control Disclosure (OCD) Reminder

**EFFECTIVE:** Upon Receipt

This Informational Letter (IL) serves as a reminder to providers that per their provider agreement, their Ownership and Control Disclosure (OCD) is to be updated within 35 business days after any change in ownership or control.

Pursuant to 42 C.F.R. sections 455.104 through 455.106, providers applying for and revalidating with Medicaid must disclose any person with an ownership or control interest totaling 5% or more ownership of the disclosing entity. This includes any managing employee, meaning a general manager, business manager, administrator, director or other individual who exercises operational or managerial control over, or who directly or indirectly conducts, the day-to-day operation of an institution, organization or agency.

Individual practitioners or groups of practitioners that are not organized as a business, corporation, partnership or limited liability corporation are exempt from submitting an OCD to Iowa Medicaid.

Under 441 IAC §79.2(2), Iowa Medicaid has the authority to take administrative action when a provider is non-compliant with disclosure requirements, including and not limited to payment withholds and/or imposing sanctions on any person when appropriate.

To update an OCD, the Designated Contact Person (DCP) for the organization may log into the [Iowa Medicaid Portal Access \(IMPA\)](#)<sup>1</sup>. Once logged in, the DCP will go to “Review,” then “OCD” and begin a new OCD.

If these options do not appear for the DCP, or if the DCP needs to be changed, the [Iowa Medicaid DCP Form \(470-5112\)](#)<sup>2</sup> may be submitted to Iowa Medicaid Provider Enrollment. This form can be found the [Provider Forms webpage](#)<sup>3</sup> on the [Iowa Department of Health and Human Services’ \(HHS\) website](#)<sup>4</sup>.

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

**Email:** [imeproviderenrollment@hhs.iowa.gov](mailto:imeproviderenrollment@hhs.iowa.gov)

**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, the appropriate MCO or PAHP:

**Iowa Medicaid Provider Services:**

- Phone: 1-800-338-7909
- Email: [imeproviderservices@hhs.iowa.gov](mailto:imeproviderservices@hhs.iowa.gov)

**Managed Care Organizations (MCOs):**

**Iowa Total Care:**

- Phone: 1-833-404-1061
- Email: [providerrelations@iowatotalcare.com](mailto:providerrelations@iowatotalcare.com)
- Website: <https://www.iowatotalcare.com>

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<sup>1</sup> <https://secureapp.dhs.state.ia.us/imp/Default.aspx>

<sup>2</sup> <https://hhs.iowa.gov/media/12377/download?inline>

<sup>3</sup> <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/provider-services/provider-forms>

<sup>4</sup> <https://hhs.iowa.gov/>

**Molina Healthcare of Iowa:**

- Phone: 1-844-236-1464
- Email: [iproviderrelations@molinahealthcare.com](mailto:iproviderrelations@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: [ProviderSolutionsIA@wellpoint.com](mailto:ProviderSolutionsIA@wellpoint.com)
- Website: <https://www.provider.wellpoint.com/iowa-provider/home>

**Prepaid Ambulatory Health Plans (PAHPs):**

**Delta Dental:**

- Phone: 1-888-472-1205
- Email: [provrelations@deltadentalia.com](mailto:provrelations@deltadentalia.com)
- Website: <https://www.deltadentalia.com/dentists/>

**MCNA Dental:**

- Phone: 1-855-856-6262
- Email: [IA\\_PR\\_Dept@mcna.net](mailto:IA_PR_Dept@mcna.net)
- Website: <https://www.mcnaia.net/dentists>