



Iowa Department of Corrections and Iowa Department of Human Services Healthcare Coverage Application Process for Release Planning

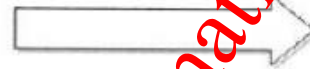


Application Tips

- Items in Step 1 and 2 should not be sent any sooner than 30 days prior to an inmate's release. The 'Medicaid Prior to Release' form is required to be submitted with the application.
- Items in Step 1 need to be mailed to Imaging Center 4 in Cedar Rapids.
- **Questions about the application, or changes to an inmate's release date or address upon release date** can be made by calling the DHS Income Maintenance worker at 319-208-5513.
- **Questions about MCO enrollment, MCO choice counseling, or changes to an inmate's MCO selection** can be directed to IME Member Services at IMEMember@dhs.state.ia.us
- **Questions about Behavioral Health treatment for individuals with serious mental illness, chronic substance use, or complex medical conditions** can be directed to the inmate's chosen MCO (contact information found on page 2).

STEP 1: Complete Application and Forms

- Application (Form 470-5170)
- Release of Information (Form AD-CR-04 F-2)
- Medicaid Prior to Release (Form 470-5209)



Mail Application and Forms to:

Imaging Center 4
PO BOX 2027
Cedar Rapids, IA 52406

STEP 2: Complete MCO Enrollment Form

- IA Health Link Managed Care Organization Enrollment



Mail, Fax or Email Form to:

Iowa Medicaid Enterprise Member Services
PO Box 36510
Des Moines, IA 50315
IMEMemberServices@dhs.state.ia.us
Fax: 515-725-1351

If Individual Has Serious Mental Illness, Chronic Substance Use, or Complex Medical Condition, Complete Step 3:

STEP 3: Complete Medically Exempt Referral Form

- Medically Exempt Referral Form (Form 470-5199 SOC)



Mail, Fax or Email Form to:

Iowa Medicaid Enterprise Member Services
(Attn: Medically Exempt)
PO Box 36510
Des Moines, IA 50315
IMEMemberMedicallyExempt@dhs.state.ia.us
Toll Free: 1-800-338-8366
Fax: 515-725-1351

For Public Information Only

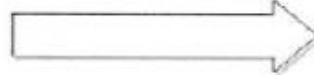


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STEP 4: Contact Chosen MCO

- If member is enrolling in an MCO (See Below)
- Complete a Release of Information for chosen MCO
 - Fax to corresponding MCO



MCO Contact Information:

Amerigroup Iowa, Inc.

Name: Lori Baker

Email: lori.baker@amerigroup.com

Fax: 1-844-556-6122

AmeriHealth Caritas Iowa, Inc.

Name: Tinesha Jacobe

Email: tjacobe@amerihealthcaritasia.com

Fax: 1-844-399-0477

UnitedHealthcare Plan of the River Valley, Inc.

Name: Cheryl Chopard

Email: cheryl.chopard@uhc.com

Fax: 1-855-205-4743

-OR-

Name: Kim Lochner

Email: kimberly.lochner@uhc.com

Fax: 1-855-205-4743



Iowa Department of Human Services

Who is Impacted

<h4>Members Enrolling in Managed Care</h4> <ul style="list-style-type: none"> • Low income families and children • Iowa Health and Wellness Plan • Long Term Care • HCBS Waivers • <i>hawk-i</i> • MEPD (Medicaid for Employed People with Disabilities) • Dually eligible Medicaid and Medicare 	<h4>Members Staying with Iowa Medicaid</h4> <ul style="list-style-type: none"> • Program of All-inclusive care for the elderly (PACE) (member can opt in) • American Indians/Alaskan Natives (can opt in) • Programs where Medicaid already pays premiums: Health Insurance Premium Payment Program (HIPP), Medicare Savings Program only • Medically Needy • Undocumented persons eligible for short-term emergency services only • Presumptively eligible
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Iowa Department of Human Services

Information and Questions

Contact Information

IA Health Link Page	http://dhs.iowa.gov/iahealthlink
Frequently Asked Questions (FAQ)	http://dhs.iowa.gov/iahealthlink/faqs
Enrollment Resources	http://dhs.iowa.gov/iahealthlink/resources
Iowa Medicaid Member Services	Email: IMEMemberServices@dhs.state.ia.us



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