



# Iowa Department of Human Services

## Medicaid e-News

### Important Update:

#### Information for Mandatory Reporters

Mandatory Reporters need to be aware of a change in Iowa law relative to infants, which refers to a child less than 1 year of age, born with and identified as being affected by substance abuse.

As of July 1, 2017, health care providers involved in the delivery or care of an infant affected by **any** substance abuse or withdrawal symptoms resulting from prenatal drug exposure or Fetal Alcohol Spectrum Disorder will be required to notify the department via the Child Abuse Hotline number **1-800-362-2178**. Prior to this, only infants born positive for an **illegal substance** in the child's body were required to be reported.

This change in Iowa law is the result of new federal legislation. Public Law 114-198, the Comprehensive Addiction and Recovery Act of 2016 (CARA), was passed on July 22, 2016. The intent of this legislation is to address the problem of opioid addiction and to assist states in handling infants born with a substance abuse disorder.

The Iowa Department of Human Services has implemented policies and procedures to address the needs of these infants and their families. When a Child In Need of Assistance assessment is initiated, the DHS worker will consult with the health care provider to confirm that the infant is affected by substance abuse, withdrawal symptoms or Fetal Alcohol Spectrum Disorder. Once confirmed, a Safe Plan of Care will be developed. The health care provider will be asked to review the plan and agree that the concerns and needs of the child and family have been identified and are addressed.

If DHS is notified by a health practitioner that an infant is substance-affected and additional information is provided that constitutes a child abuse allegation, the department shall commence a Child Abuse Assessment rather than a Child in Need of Assistance assessment. A Safe Plan of Care will still be developed as previously indicated.



#### Member Services

[Amerigroup Iowa, Inc.](#)

1-800-600-4441

[AmeriHealth Caritas Iowa, Inc.](#)

1-855-332-2440

[United Healthcare Plan of the River Valley, Inc.](#)

1-800-464-9484

[Iowa Medicaid Member Services](#)

1-800-338-8366

#### Provider Services

[Amerigroup Iowa, Inc.](#)

1-800-454-3730

[AmeriHealth Caritas Iowa, Inc.](#)

1-844-411-0579

[United Healthcare Plan of the River Valley, Inc.](#)

1-888-650-3462

Additional information related to the CARA legislation can be found at the following website:  
[www.acf.hhs.gov](http://www.acf.hhs.gov)

**[Iowa Medicaid  
Provider Services](#)**  
1-800-338-7909

Provider Tools and Resources:

### Provider Resource Pages

Comprehensive provider resource pages are available for each Managed Care Organization (MCO), featuring provider training manuals, webinars and important updates. View them below:

**[Amerigroup.com/IAProvider](http://Amerigroup.com/IAProvider)**

**[AmeriHealthCaritasIA.com/IAProvider](http://AmeriHealthCaritasIA.com/IAProvider)**

**[UHCCommunityPlan.com/IAProvider](http://UHCCommunityPlan.com/IAProvider)**

### Verify Eligibility

The Eligibility and Verification Information System (ELVS) line is very busy during the first of the month. The [ELVS web portal](#) is another option for providers in lieu of calling the ELVS line but each provider must enroll through the Electronic Data Interchange Support Services (EDISS). The ELVS web portal allows for multiple eligibility checks and batch submission, where as the ELVS phone system only allows for one at a time.

Login ID and password may be obtained through EDISS by submitting the following [Access Request Form](#) to EDISS or calling EDISS at 1-800-967-7902.

For more information, please see Informational Letter 1650-MC available [here](#).

### Informational Letters

Informational letters are posted through the Iowa Medicaid Portal Application (IMPA) system and are available on the DHS website [here](#). These letters communicate important policies and procedures for providers and their administrative staff.

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