

**INFORMATIONAL LETTER NO. 2717-MC-FFS**

**DATE:** December 2, 2025

**TO:** All Iowa Medicaid Providers

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

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

**RE:** Annual Submission Requirements Regarding Prevention and  
Detection of Medicaid Fraud and Abuse

**EFFECTIVE:** Immediately

This Informational Letter applies to you if you are a provider, or part of a provider entity, that receives payments of \$5,000,000 or more from Iowa Medicaid in any federal fiscal year (October 1 to September 30).

Section 6032 of the Deficit Reduction Act of 2005 (Pub L. 109-171) mandates that any provider or provider entity that receives payments, in any federal fiscal year, of \$5,000,000 or more from any state Medicaid program must have written policies for all employees, including management, and for all employees of any contractor or agent, that provide detailed information about the following:

- The Federal False Claims Act established under section 3729 through 3733 of Title 31, United State Code.
- Administrative remedies for false claims and statements established under Chapter 38 of Title 31, United States Code.
- State laws pertaining to Civil or Criminal penalties for false claims and statements.
- Whistleblower protections under such laws, with respect to the role of such laws in preventing and detecting fraud, waste and abuse in Federal health care programs.

**Providers are not required to send copies of their policies but must complete and return the Attestation of Compliance with Section 6032 of the Federal Deficit Reduction Act form (470-5506) annually. The form can be found on the HHS web page at <https://hhs.iowa.gov/medicaid/provider-services/provider-forms>.<sup>1</sup>**

For the federal fiscal year ending September 30, 2025, the attestation form must be received by the Iowa Medicaid by **January 31, 2026**. Please include the entity National Provider Identifiers (NPIs) and Tax Identification Number/Employer Identification Number (TIN/EIN) when submitting the form.

Compliance with these requirements is mandatory for providers or entities receiving \$5,000,000 or more from the Iowa Medicaid program in any federal fiscal year. The \$5,000,000 amount is based on claims paid by the Iowa Medicaid and its contracted Managed Care Entities (MCEs), net of any adjustments to those claims. The \$5,000,000 threshold is calculated based on payments made to a TIN/EID.

**The form may be faxed to:**

**Iowa Medicaid Program Integrity (PI) Unit:**

- Fax: 1-515-725-1354
- Address: **Iowa Medicaid**  
Program Integrity (PI) Unit  
P.O. Box 36390  
Des Moines, IA 50315

State and federal laws require that any provider or provider entity that fails to comply with this requirement will be subject to sanction, including probation, suspension, or termination of participation in the Iowa Medicaid program.

If you have questions, please contact Iowa Medicaid Provider Service:

**Iowa Medicaid Provider Services:**

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

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<sup>1</sup> <https://hhs.iowa.gov/Medicaid/provider-services/provider-forms>