

The background of the slide features a soft-focus photograph of a medical professional, a Black woman with short curly hair wearing a white lab coat and a stethoscope, looking down at a clipboard. To her left, a woman with long brown hair, wearing a reddish-brown top, is smiling and looking towards the doctor. The scene is set in a bright, clinical environment with white walls and shelves in the background.

Iowa Medicaid Fee-for-Service: Provider Enrollment and Revalidation

Provider Outreach Education (POE)

September 30, 2025

Fee-for-Service (FFS) Guidance



Health and
Human Services



Objectives

- **Identify** and avoid the top 5 enrollment and revalidation errors using practical, real-world prevention strategies.
- **Understand** when and how to contact Iowa Medicaid Provider Enrollment for efficient issue resolution.
- **Apply** best practices and key reminders to streamline enrollment and maintain compliance.
- **Recognize** the importance of Informational Letters and learn how to access them for timely updates and policy changes.



Prevent the 5 Biggest Enrollment Pitfalls



Top 5 Provider Enrollment Issues

1. Separate applications are required for each unique Tax ID.
 - If a provider operates under multiple Tax IDs, a separate enrollment application must be submitted for each Tax ID.
 - For example, one EIN for their main clinic and another EIN for a separately incorporated location — each Tax ID would require its **own enrollment application**.



Top 5 Provider Enrollment Issues

2. Only one application should be submitted per Tax ID, Individual provider and location.

- Submitting more than one application for the same Tax ID, individual provider, and location is considered a duplicate.
- Duplicate applications create confusion, slow down processing, and can result in one or more applications being withdrawn.



Top 5 Provider Enrollment Issues

3. Provider submitting outdated version of the enrollment application.

- To confirm you're using the most current enrollment application, check the bottom left corner of the form. It should display: 470-0254 (Rev. xx/xx).
- If your form shows an earlier revision date, download the updated version from the Iowa Medicaid website before submitting.
- Use the latest version with the revision date: [Iowa Medicaid - Universal Provider Enrollment Application](#)



Top 5 Provider Enrollment Issues

4. Incorrect Provider Type

The **Provider Type listed** for the individual in box 16 does not match the Provider Type of the group linkage information listed in boxes 31a-c.

- Verify that the individual's Provider Type in box 16 is **consistent** with the Provider Type of the group.
- Mismatched types can result in enrollment delays or rejections.

Reason for Application: Check one box.

☐ New group , individual practitioner or institutional category that is part of the Tax ID and subject to the Iowa Medicaid provider agreement.	☐ Adding New Location. If you are adding a new location to a Tax Identification Number already enrolled in the Iowa Medicaid program.
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16. Type Code	17. Provider or DBA Name	18a. Tax ID (for billing entity)
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Top 5 Provider Enrollment Issues

Incorrect Group Linkage

5. The **NPI, Taxonomy Code, and ZIP Code** entered in boxes 31a–31c **do not match** the information listed in the group file.

Ensure that the NPI, Taxonomy Code, and ZIP Code in boxes 31a–31c are **identical** to the corresponding details in the group file to avoid processing errors or rejections.

Group Linkage Information* Individual professionals may be associated with an organization. If that is the case, identify the organization in the boxes below.		
If you are a Pharmacist: Enter the pharmacy NPI, Taxonomy code, and location zip code:		
31a. Organizational NPI	31b. Organizational Taxonomy	31c. Organization Location Zip



Enrollment Best Practices

- **Provide Accurate Contact Information:** Include contact details for someone who can respond to questions or provide additional information about the application.
- **Enrollment Notification & Follow-Up:** Once the application has been assigned, a Provider Enrollment Representative will notify the point of contact listed on the application via phone and email, including a status update and their packet number.
- **Reference Your Packet Number:** Always reference the packet number when communicating with Iowa Medicaid Provider Services.
- For all communication regarding your application please work directly with your assigned Provider Enrollment Representative.



Prevent the 5 Biggest Revalidation Pitfalls



Status in IMPA:

1. “In Progress”

- The provider has **started** the revalidation process.
- Sections of the application may still be incomplete or awaiting review.

2. “Submitted”

- All sections have been **checked out, completed, and checked back in**.
- The provider has **generated the required documents**, printed the enrollment renewal list and email to provider enrollment with the cover sheet with the bar code, and signed the **Agreement and Acceptance**.
- The revalidation is officially submitted.

Note: Not all providers will be required to submit additional documentation, therefore their revalidation would be marked as “complete”.

3. “Complete”

- Iowa Medicaid **Provider Enrollment** has finished their verification:
 - All submitted documents
 - All providers associated with the Tax ID
- The revalidation process is finalized, and the provider’s enrollment remains active.

Top 5 Provider Revalidation Issues

1. Providers often overlook the required Enrollment Renew List.

- When completing revalidation, the provider must print, fully complete, and submit all necessary Iowa Medicaid documentation along with the Enrollment Renew List.

Tax ID:
Application Status: **Submitted**

[Home](#)
[Process Checkout/Checkin](#)
[1 Business Entity Management](#)
[2 Organizational Roster Management](#)
[3 Rendering Roster Management](#)
[4 Ownership And Control Disclosure](#)
[Provider Type](#)
[5 Health Information Technology Survey](#)
[6 IME Documentation Verification](#)
[7 Agreement and Acceptance](#)
[8 Renewal Package Review](#)

IME Documentation Verification
Reenrollment package was received on 3/20/2025

Tax ID: : [Change of Address form](#) [Provider Termination form](#) [Print Enrollment Renewal List](#)

Current Status: **Submitted**

[Generate Documents](#)

Mailing Address (Show Address...)

Provider Name/Address	Provider Type	Document	Status	Status Date
ANKENY, IA 50023-8046	08	Point of Sale Agreement - Form 470-3747 https://dhs.iowa.gov/ime/providers/forms	Received	3/24/2025
ANKENY, IA 50023-3037	12	CMS Certification letter	Received	3/24/2025
CEDAR RAPIDS, IA 52402-7216	12	CMS Certification letter	Received	3/24/2025
CEDAR RAPIDS, IA 52402-3452	08	Point of Sale Agreement - Form 470-3747 https://dhs.iowa.gov/ime/providers/forms	Received	3/24/2025

Provider Reenrollment - Coversheet

Send this document along with any required documentation indicated on the checklist of requirements page to the following address:

Iowa Medicaid Enterprise
PO Box 36450
Des Moines, IA 50315

Application: **Provider ReEnrollment**
Tax ID:

Business Entity Information:

1099 Name:
Business Email:
Phone Number:
Fax Number:
Headquarter Address:



Top 5 Provider Revalidation Issues

2. Providers frequently fail to complete required forms for each individual listed in the documentation verification.

- For every provider listed in Step 6 of the IME Documentation Verification, a form must be completed and submitted.

Tax ID:
Application Status: **Submitted**

[Home](#)
[Process Checkout/Checkin](#)
[1 Business Entity Management](#)
[2 Organizational Roster Management](#)
[3 Rendering Roster Management](#)
[4 Ownership And Control Disclosure](#)
[Provider Type](#)
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[7 Agreement and Acceptance](#)
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IME Documentation Verification
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Top 5 Provider Revalidation Issues

3. Providers often struggle to locate the Local Education Agency (LEA) and Ambulance verification forms.

You can locate these documents on our website:

- Local Education Agency (LEA): [LEA Agreement](#)
- Ambulance - [Ambulance Verification of Compliance](#)

Top 5 Provider Revalidation Issues

4. The provider cannot complete the Agreement and Acceptance step because they either didn't request the **signatory PIN** or failed to **claim** it.

- Check your email, spam and junk, if no PIN was received, contact Provider Enrollment.
- If you received the PIN but didn't claim
 - Log in to the IMPA portal.
 - Go to File
 - Claim PIN
 - Enter your Tax ID and PIN
 - Hit Claim PIN



The screenshot shows the Iowa Medicaid Portal Access interface. At the top, there's a header with the text "Iowa Medicaid Portal Access" and a "Good Afternoon" greeting. Below the header is a navigation bar with links: "File", "Review", "Manage", "Information", "Messages", and "Logout". The main content area is titled "Claim PIN" and contains a form with the following fields: "Enter PIN", "Tax ID:", and "PIN:". A "Claim PIN" button is located at the bottom of the form. The footer of the page reads "Iowa Department of Human Services".



Top 5 Provider Revalidation Issues

5. The application status still shows “**Submitted**” on the IMPA portal, even though the provider believes they’ve completed all steps.

- If all required documents have been submitted, including the Enrollment Renewal list no further action is needed from the provider.
- The application is pending review and completion by the Provider Enrollment (PE) representative.

Tax ID	Process ID	Status	Completion Date	Select	Cancel
		Submitted		<u>Select</u>	



Best Practice

- The Designated Contact Person (DCP) is assigned one Personal Identification Number (PIN) for access to the Iowa Medicaid Portal Access (IMPA) system.
 - Additionally, if PIN has not been claimed within 90 days, the provider will be required to resubmit a new DCP.
- Proactively terminate inactive providers to avoid completing additional documentation during the revalidation process.
- Iowa Medicaid Provider enrollment send out Revalidation reminders 60 and 30 days prior to your revalidation due date.
- Stay in compliance, ensure all contact information is updated properly.



Best Practices

- Requesting your packet number:
 - Use a fax cover sheet and fax to 515-725-1155.
 - Include your written request for the packet number and email address where the information should be sent.
- The provider will be notified if the application is incomplete (missing or incorrect information), corrections to the application resets the 90-day automatic recycle.
- If Iowa Medicaid receives an incomplete provider application, the provider will be notified in the following order:
 1. Phone call
 2. Email
 3. US mail letter (used as a last resort)
- If the provider does not submit requested information, the application automatically recycles in 90 days.
- Please return all calls and respond to email for requests for information.



Provider Enrollment Contact Guide



Get in Touch

Provider Enrollment Inbox: IMEProviderEnrollment@HHS.Iowa.gov

Maximizing Use of the Communication Tool

- **Reissue PINs** for Designated Contact Person (DCP) and Ownership & Control Disclosure (OCD)
- **Request Welcome Letters** for newly enrolled providers
- **Access Provider Rosters** – view a list of currently enrolled providers
- **Submit Applications** – streamline enrollment and updates



Important Notes

- Applications are processed in the order they are received, and we are working diligently to process all applications as quickly as possible.
- Once your application is processed, you will receive a Welcome letter by mail. If we require any further information, one of our representatives will contact you using the details you provided.
- All address changes must be submitted on the official Change Request Form and upload via IMPA: [470-4608 Iowa Medicaid Provider Address Change Request](#).
- The Enrollment Renewal Check List MUST be attached when submitting the revalidation packet.
- Revalidation Application Instructions - Provider IMPA User Guide
 - [Provider Reenrollment and OCD User Guide](#)



Resources



Provider Enrollment Resources

- **Contact Provider Enrollment** Monday to Friday from 8 a.m. to 5 p.m. CST
- **Toll Free Phone:** 1-800-338-7909
- **Des Moines Area Phone:** 515-256-4609 opt. 2
- **Submit Forms by Fax:** 515-725-1155
- **Link** to enrollment process: [Iowa Medicaid Provider Enrollment Flow Chart](#)
- **FAQ:** [Provider Enrollment FAQ](#)
- **RELAY IOWA TTY:** 1-800-735-2942
- **Website Link:** [Provider Enrollment](#)
- **Email:** imeproviderenrollment@hhs.iowa.gov

Resources - Forms

- **Ambulance Enrollment Form** - [Ambulance Verification of Compliance](#)
- **Iowa Medicaid Universal Provider Enrollment Application:**
[470-0254, Iowa Medicaid Universal Enrollment Application](#)
- **HHS website provider enrollment:** [Provider Enrollment | Health & Human Services](#)
- **Provider Forms:** [Provider Forms | Health & Human Services \(iowa.gov\)](#)
- **Designated Contact Person (DCP) Form:** <https://hhs.iowa.gov/media/12377/download?inBox>
- **Provider Request to Terminate Enrollment:** <https://hhs.iowa.gov/media/6036/download?inBox>
- **EFT Authorization Form:** <https://hhs.iowa.gov/media/5442/download?inBox>