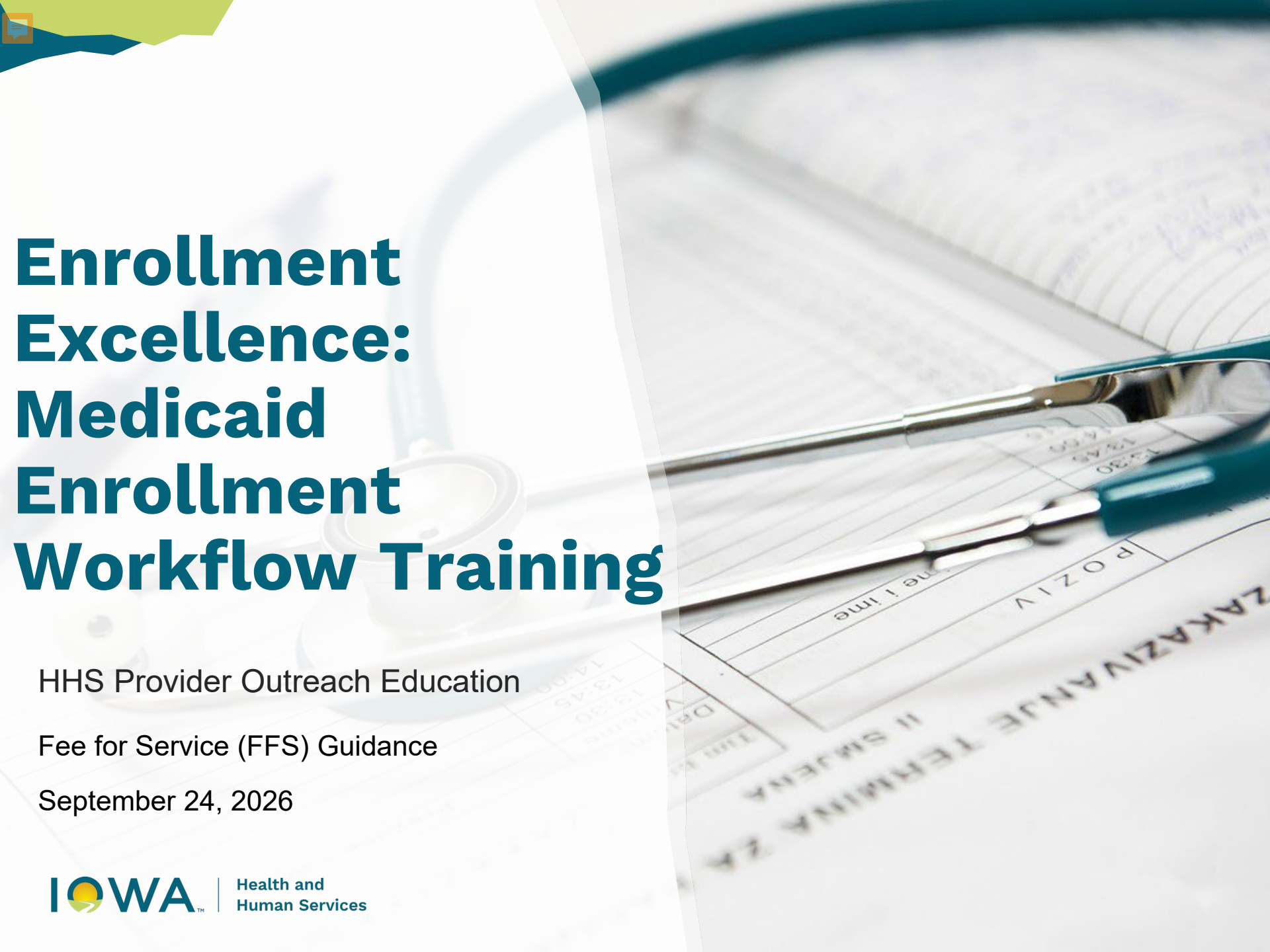




Enrollment Excellence: Medicaid Enrollment Workflow Training

HHS Provider Outreach Education

Fee for Service (FFS) Guidance

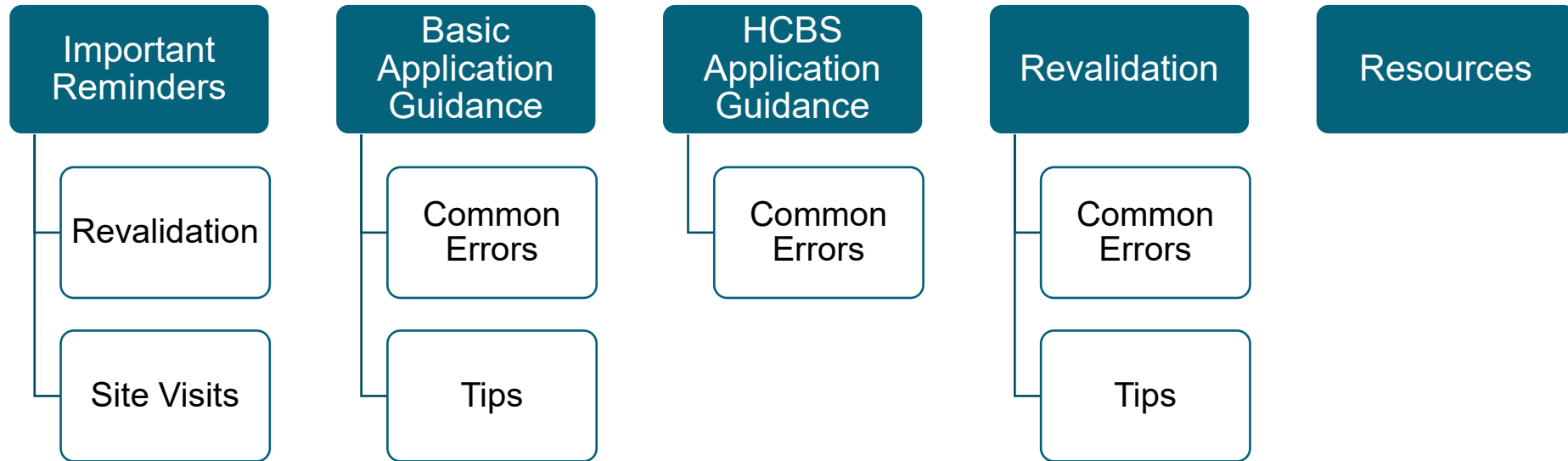
September 24, 2026



Health and
Human Services



Objectives





Important Reminders



Revalidation Reminder

Per IL 2738-FFS, Revalidation will occur over a two-year period, from July 1, 2026, through June 30, 2028. Providers will receive revalidation notices in phases.

Revalidation is at the Tax ID level. All NPIs associated will be screened during the revalidation process.

Each Tax ID will have approximately 30 days to complete the revalidation process once notified.



Revalidation Reminder

As a reminder, Ordering and Referring providers enrolled under their Social Security Number (SSN) complete revalidation by sending HHS a new Provider Agreement.

Additional information, including timelines and instructions, will be available on the [Medicaid Provider Revalidation](#). Providers are encouraged to ensure their contact information is current and to watch for future updates.

For questions, please contact us
at MedicaidProviderServicesRevalidation@hhs.iowa.gov



Site Visit Reminder

As part of the enrollment process, Iowa Medicaid has adopted a screening procedures per the Patient Protection and Affordable Care Act (ACA) requirements for newly enrolling and revalidation provider types according to the federally identified categorical risk level of their provider type.

The enhanced screening process is effective for all moderate- and high-risk provider types. Please refer to [Informational Letter 1179](#) for further details.



Moderate – High Risk Provider Types

Master Provider Listing

- The following provider types are automatically deemed moderate/high risk.

09 – Home Health Agency – High risk level

10 – Independent Lab – Moderate risk level

11 – Ambulance – Moderate risk level

12 – Durable Medical Equipment – High risk level

15 – Physical Therapist – Moderate risk level

19 – Rehabilitation Agency – Moderate risk level

21 – Community Mental Health Center – Moderate risk level

45 – Hospice – Moderate risk level

18 – Skilled Nursing Facility (Recently added to this list)

- All types listed above are required to be enrolled with Medicare, except for 11, 12, & 15.
- Providers with 5% or more ownership may be subject to submitting a fingerprint kit.



Site Visit Reminder

Iowa Medicaid will reach out to providers directly when a site visit is required. Communication will occur through:

Email

Phone calls

Providers will be contacted within 30 business days of determining a site visit is needed



Basic Application Guidance

Fee-for-Service



Iowa Medicaid Universal Provider Enrollment Application

Iowa Medicaid Universal Provider Enrollment Application:

470-0254, Iowa Medicaid
Universal Enrollment
Application



This application is a total of 18 pages with a section A, B, and C.



Section A is required ONLY when the TAX ID is new to the Iowa Medicaid program. With every Section A requires a Section B.



Section B is always required with all enrollments into the Iowa Medicaid Program.



Section C is only required for individual providers, if the provider wants the application shared with the Managed Care Organizations in Iowa.



Application Page 1-Checklist

New enrollees and those with a **new Tax Identification Number TIN**: If you are enrolling in the Iowa Medicaid program for the **first time or are already enrolled, but have a new Tax ID**, the following forms are required:

- ☐ Form 470-0254: Iowa Medicaid Universal Provider Enrollment Application (Section A)
- Attach a photocopy of all certifications, licenses, or accreditation documents (See page 9 for a complete list of required supporting documentation.)
- ☐ Form 470-2965: Iowa Medicaid Provider Agreement General Terms – Last page must be completed.
- ☐ Form 470-4202: Electronic Fund Transfer (EFT) Authorization – Must attach voided check or bank letter (EFT is the only payment method available through the Iowa Medicaid Enterprise)
- ☐ IRS Form W-9.
- ☐ Form 470-5112: Designated Contact Person – Must attach copy of driver license or state issued ID



Application Page 1-Checklist

Adding an individual or sub-part to your organization:

If the Tax ID is already enrolled and active, the following form is required:

- ☐ Form 470-0254, Iowa Medicaid Universal Provider Enrollment Application (Section B) – Attach a photocopy of all certifications, licenses, or accreditation documents.

Important Information:

- ☐ Complete and submit all required forms and documentation.
- ☐ If extra space is needed to answer any questions, please attach any additional pages.
- ☐ Type or print all information so that it is legible. Do not use a pencil.
- ☐ If any field is not applicable, please enter N/A.
- ☐ An incomplete form will delay the application approval process.
- ☐ Attach all required and current supporting documentation.



Application-Page 10

Complete for each individual professional and institutional category.

Note the following:

- Box 16 – Type Code: Use the Master Provider Listing on page 9.
 - If you are enrolling as Behavioral Health Provider or if you hold a license in the behavioral health field and are seeking clarification on whether Provider Type 62 is appropriate, please reference Iowa Administrative Code (IAC) 441—77.26(249A) Behavioral health services.



Application-Page 10, Continued

Complete for each individual professional and institutional category.

Note the following:

- Box 17: Provider or DBA Name
- Box 18a: Tax ID (for billing entity)
- 18b: Social Security Number:
 - Leave blank if your application is for an Organization.
- 18c: Date of Birth: Enter the DOB for the individual entered in box 17.
 - No entry is required if it is an organization
- Box 19: Requested Effective Date of Enrollment:
 - Enter the requested effective date of the enrollment



Application-Page 10, Continued

Complete for each individual professional and institutional category.

- Box 20: Enter the physical address of the service location. Note that each service location must be listed for which medical records are stored. Print additional pages of Section B as needed to indicate more than three service locations.
 - a. Enter the service address.
 - (i) Enter the phone number, fax number of the service location for which the application is being made.
 - b. Enter an additional service location, if any.
 - (i) Enter the phone number, fax number of the additional service location.
 - c. Enter a third additional service address, if any.
 - (i) Enter the phone number, fax number of the additional service location.



Application-Page 10, Continued

Complete for each individual professional and institutional category.

- Box 21: Enter the pay to address.
 - The address is only needed if the NPI being enrolled will be the pay to provider.
- Box 22: Enter mailing address
- Box 23a: Enter the NPI
 - Enter the NPI of the individual or organization named in box 17.
- Box 23b: Taxonomy Code: if applicable
- Boxes 24 a-g: Primary Professional or Certification number
 - This section captures key details about the provider's professional license or certification.
 - **Reminder:** Make sure to attach a copy of your Certification



Application-Page 11

Complete for each individual professional and institutional category.

- Box 25: Drug Enforcement Agency (DEA) Number. If the provider does not have a DEA Number, enter N/A.
- Box 26: Primary Specialty* (if applicable)
- Box 27: Secondary Specialty* (if applicable)
- Box 28: Medication Coverage for Medication Assisted Treatment (MAT)
 - **Reminder:** Make sure to attach a copy of your Certification, Accreditation or Provisional Certification
- Box 29a - e: Authorized Pharmacist
 - **Reminder:** Make sure to attach a copy of your Certificate(s)



Application-Page 12

30. Disciplinary History

a. Has there ever been disciplinary action against this provider's license by a licensing board in any state?

☐ **Yes** ☐ **No** If yes, please attach an explanation.

b. Has the provider ever been sanctioned by Medicare or any state health program?

☐ **Yes** ☐ **No** If yes, please attach an explanation

c. Has the provider been convicted of any criminal offense?

☐ **Yes** ☐ **No** If yes, in your explanation clearly identify any convictions related to your involvement in any program under Medicare, Medicaid or the Title XXI services program. Check **no** if there have not been any convictions.



Application–Page 12 Continued

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

- **Please note:** The NPI listed in 31a must pull an active enrollment organization that matches the Tax ID in box 18a of the HHS application

Application-Don't forget to sign

I certify that the information submitted on this enrollment application is, to the best of my knowledge, true, accurate, and complete and that I have read this entire form before signing. I also understand that payment of claims will be from federal and state funds and that any falsification or concealment of a material fact may be prosecuted under federal and state law. I hereby attest and warrant that I will immediately notify the Iowa Medicaid Enterprise of any material change to the information I have submitted in the application either during the application process or thereafter.

Owner/registered/authorized agent print name:	Date:
Owner/registered/authorized agent signature:	Title:
Email Address for Medicaid-Related Correspondence including Provider Enrollment request:	

Please send the completed Universal Provider Enrollment Application and all applicable attachments to:

**Iowa Medicaid Enterprise, Attn: Provider Enrollment,
PO Box 36450, Des Moines, Iowa 50315**

Or email to: IMEProviderEnrollment@hhs.iowa.gov

This is a legal document, and anyone who signs it shall be held liable for its content. If you are receiving notifications about this application and did not authorize it, please contact IMEProviderEnrollment@hhs.iowa.gov immediately.



How to submit a completed Application

Send the completed Provider Application and all applicable attachments to Iowa Medicaid:

Fax: 515-725-1155

Or

Attn: Provider Enrollment
PO Box 36450
Des Moines, IA 50315

Note: For information regarding the HHS Iowa Medicaid Enrollment process, please reference the HHS Provider Enrollment overview located on the HHS website, Provider Training - [HHS Provider Enrollment Overview](#)

Top Errors

Application Rejections and Delays



Top Application Errors



New TIN: If the provider has never been enrolled with the HHS or was previously enrolled but is no longer active, the provider is considered new and requires Ownership and Control Disclosure OCD.



If there is a change **in** ownership, the provider must complete a DCP form and update the OCD **within** 35 days.



If there is a change **of** ownership, the provider must complete a DCP form and new application must be submitted **within** 35 days.

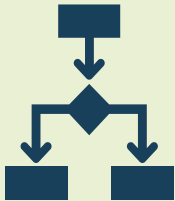
For additional information, please refer to
[Informational Letter 2579-MC-FFS-D](#)



Top Application Errors



Each provider application should be submitted separately for each distinct Tax ID. If a provider has **multiple Tax IDs**, they must complete a separate application for each one, as each Tax ID represents a unique legal entity or business structure.



Multiple applications for the same provider and location:
Only one application should be submitted per provider and location. Submitting multiple applications for the same provider and location will be rejected.

Tips



Tips

- 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.
- If Iowa Medicaid receives an incomplete provider application, the provider will be notified in the following order:
 - Email
 - Phone call
- If the provider does not submit requested information in the communicated timeframe, the application is rejected.



Tips

Iowa Medicaid will reach out to providers directly. Communication will occur through:

- **Email** – This is the primary method of notification.
- **Phone calls** – Used to follow up or ensure providers received the initial notice.

Importance of a Valid Point of Contact

Because provider enrollment relies heavily on email and phone outreach, it is essential that providers:

- List a valid and accessible point of contact (POC) on their provider application.
- Ensure the POC monitors email regularly and responds promptly.
- Provide updated contact information whenever changes occur.

Basic HCBS Waiver Application Guidance

Fee-for-Service



Iowa Medicaid Home-and-Community-Based (HCBS) Waiver Provider Application

Iowa Medicaid Home-and-Community-Based (HCBS) Waiver Provider Application

Form 470-2917, Iowa Medicaid Home-and-Community-Based (HCBS) Waiver Provider Application



This application is a total of 17 pages with a sections I and II.



Section I and II are always required with all enrollments into the Iowa Medicaid Program.



Enrollment Process for HCBS Overview

Provider Enrollment

- Application is reviewed
- Additional information needed is requested
- Submits complete application to HCBS Specialist

HCBS reviews the application

- Requests additional materials
- Reviews materials and requests information
- Determines certification

Provider enrollment reviews the HCBS determination

- A letter is sent to the provider advising them of the application determination



HCBS Review Required

- Adult Day Care
- Behavioral Programming
- Case Management
- Consumer Directed Attendant Care
- Assisted Living
- Counseling
- Day Habilitation
- Family and Community Supports
- In-Home Family Therapy
- Interim Medical Monitoring & Treatment
- Mental Health Outreach
- Prevocational Service
- Respite
- Supported Community Living
- Residential- Based Supported community Living
- Supported Employment



HCBS

Application Rejections and Delays



Top HCBS Errors

Missing signature(s)

Missing date(s)

Missing required forms for new Tax ID

Missing qualifications for services that are being applied for (on the application, qualification is listed next to each service that requires it)

Providers may skip signing a form because they are unsure who is deemed an “authorized official”, but we tell providers that whomever is filling out the form may sign it.



Preventing Revalidation Pitfalls



Status in IMPA:

1. “In Progress”

- The provider has **started** the revalidation process.
- Sections of the revalidation 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 has emailed provider enrollment the cover sheet with the bar code, and signed the **Agreement and Acceptance.**

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:
 - For all submitted documents
 - For all providers associated with the Tax ID
- The revalidation process is finalized, and the provider’s enrollment remains active.



Top Provider Revalidation Errors

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.

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:
Headquater Address:





Top Provider Revalidation Errors

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.

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

You can locate these documents on our website:

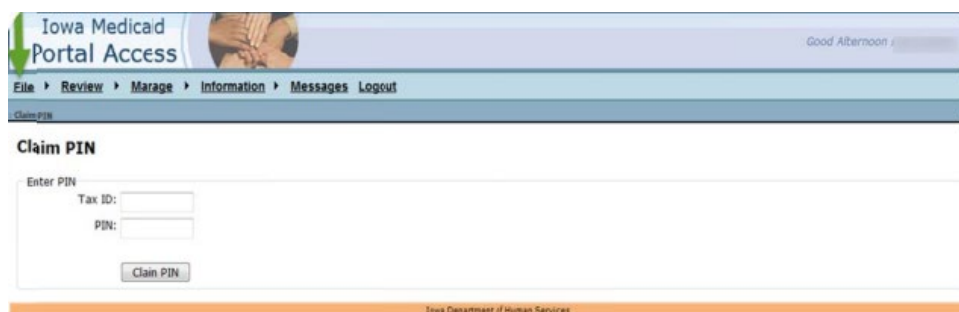
- Local Education Agency (LEA): [LEA Agreement](#)
- Ambulance - [Ambulance Verification of Compliance](#)

Top Provider Revalidation Errors

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 "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 Provider Revalidation Errors

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

- Once 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>	



Revalidation Best Practices

- 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 with 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.
- Beginning Sept 1st first waive of revalidation notices were sent via USPS. Providers have been prioritized based on risk category.
- Stay in compliance, ensure all contact information is updated properly.

For additional information and guidance, please refer to [Provider Reenrollment \(Revalidation\) and OCD User Guide](#)

Resources - Forms

- **Iowa Medicaid Universal Provider Enrollment Application:** <https://hhs.iowa.gov/media/4467/download?inline>
- **Designated Contact Person (DCP) Form:** <https://hhs.iowa.gov/media/12377/download?inBox>
- **EFT Authorization Form:** <https://hhs.iowa.gov/media/5442/download?inBox>
- **HHS website provider enrollment:** [Provider Enrollment | Health & Human Services](#)
- **Provider Forms:** [Provider Forms | Health & Human Services \(iowa.gov\)](#)
- **Iowa Medicaid Provider Agreement General Terms:** <https://hhs.iowa.gov/media/4887/download?inline>
- **Iowa Medicaid Home-and Community-Based (HCBS) Waiver Provider Application:** <https://hhs.iowa.gov/media/4874/download?inline>
- **Iowa Medicaid Portal Access:** <https://secureapp.dhs.state.ia.us/impa/Default.aspx>



Contact Information

Contact Iowa Medicaid Provider Enrollment :

IMEProviderenrollment@HHS.Iowa.Gov

Toll free: 800-338-7909 or locally 515-256-4609

Contact Iowa Medicaid Provider Services

IMEProviderservices@HHS.Iowa.Gov

Toll free: 800-338-7909 or locally 515-256-4609

Questions?

IMEprovideroutreach@hhs.iowa.gov