IOWA Health and Human Services

Case Mix Request Access for the Iowa Medicaid Portal Access (IMPA) System

This form is for use by providers to request Case Mix access on IMPA.

Facility Name	IMPA Username
Tax Identification Number (T N) *	National Provider Identification (NPI) Number *
Facility State ID Number	

Contact Information of Person Completing this Form

First Name	Last Name
Telephone Number	Email

Certification Statement and Signature

Signature and Date **

***** Sign this form electronically by typing your name and the date.***

Please check the statement below to express your agreement.

☐ I am authorized to access my Facility's Case Mix Roster data. Please grant me permission to upload documents.

After completing this registration form, please submit the form as an email attachment by clicking on the "SUBMIT" button below.

Submit

For any security access inquiries, please send an email to IMPAsupport@dhs.state.ia.us.