

Provider Enrollment and Ownership, Control and Disclosure (OCD)

Comm. 526 (Rev. 07/25)

Process Flow Chart

Application

The provider locates the application on the Iowa Department of Health and Human Services (HHS) website. The provider completes **one** application and returns it by email, fax **or** mail to Iowa Medicaid with all supporting documentation.

Application Requirements (forms and supporting documents) for providers with:

New Tax ID Number (TIN):

- Universal Application
- Copy of license or certification
- Provider Agreement
- W-9
- Designated Contact Person (DCP)
- State issued ID
- Electronic Funds Transfer (EFT)
- Voided check or letter from bank

Existing TIN:

- Universal Application: Pages 10-11
 - Copy of license or certification
- If it is a 'pay to' provider, EFT form
- Voided check or letter from bank

Iowa Medicaid Screening and Review

lowa Medicaid reviews the application and supporting documentation. Any incomplete forms or missing documentation will delay the application process. Either a letter requesting corrections will be sent, OR the application will be processed, within seven business days (unless additional screening is required). See "Screening Levels" on page 2.

Yes**

New TIN

Existing

Moderate/High Risk

Provider (see pg. 2)

These providers (see

also ILs 1179,1575

& 1647) may have

additional steps to

complete after the

screening and review.

TIN

Yes**

No

Is all required information included?

No

More Information Requested

lowa Medicaid sends a letter to the provider requesting additional information.

Is the information received?*

Is Additional Review Needed?

Program Integrity (see page 2)

Some applications may be referred to Program Integrity for additional review.

HCBS

Yes**

Provider (see page 2) Additional review is required.

1. Send lowa

Pended for OCD

1. Send Iowa Medicaid the designated contact person (DCP) form.

The provider is enrolled with lowa

Medicaid, but not yet active. lowa

Medicaid will send a letter

requesting the provider:

2. Log into Iowa Medicaid Portal Access (IMPA) system to claim their PIN and enter the required information.

Active

Each Monday Iowa Medicaid is notified of completed OCDs, and providers are made active. A welcome letter is sent to providers within 10 business days.

Active

The provider's information is keyed in, and the provider is made active immediately following the review. A welcome letter is sent to providers within 10 business days.

*NOTE: If requested information is not received from the provider within 120 days, the application is canceled.

Application Fee: Some providers are required to submit an application fee (see Informational Letter 1747-MC-FFS-D).

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

Existing TIN: If the provider is already enrolled and currently active with Iowa Medicaid, OCD is not needed.

^{**}Once all required information is received and any additional reviews completed, the provider's information is sent in a daily file to the MCOs they've selected. Provider must still go through MCO credentialing process.



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Additional Information on Enrollment Process

Screening Levels

- The screening levels, limited, moderate and high, are based on national statistics of the provider type's risk of fraud waste or abuse.
- · After the application has been screened and the risk level determined, the application is forwarded to the site review team for review, if applicable.

Program Integrity (PI)

- Applications will be forwarded to PI for review and approval for any of the following:
 - Provider marked "yes" to any of the following questions: HCBS Waiver Application (470-2917) questions 18, 19 or 20; Universal Application (470-0254) questions 29a-29c; or Ordering and Referring Application questions 10, 11 or 12.
 - Provider was found on any of the following: Office of Inspector General Exclusion List, System for Award Management or State Medicaid Exclusion Lists.
 - Provider received a "high" rating on risk assessment tool due to overpayment.
 - Provider did not pass site visit, if applicable.

Home- and Community-Based Service Provider (HCBS)

• The following applications must be reviewed and approved by HCBS: Provider type 64 (Habilitation) and Waiver provider type 99 (Adult Day Service, Behavioral Programming, Case Management, Chore, Counseling, Day Habilitation, Family and Community Supports, Family Counseling, In-Home Family Therapy, Interim Medical Monitoring and Treatment, Mental Health Outreach, Prevocational Services, Respite, Supported Community Living, Residential-Based Supported Community Living and Supported Employment).

Moderate/High Risk Provider

- All moderate or high risk provider types are subject to pre and post enrollment site visits wherein lowa Medicaid will verify the information submitted by the provider is accurate and determine compliance with federal and state enrollment requirements. Iowa Medicaid is not required to conduct site visits on providers who have already been screened as a moderate risk provider type by Medicare or another state's Medicaid or CHIP program in the previous 12 months.
- High risk provider types and any person with a five percent or more direct or indirect ownership interest in the provider, unless the provider is enrolled with Medicare, may also require fingerprint-based criminal background checks.
- Moderate risk provider types include the following:
 - Ambulance Suppliers
 - Community Mental Health Centers
 - Comprehensive Outpatient Rehabilitation Facilities
 - Hospice Organizations
 - Independent Diagnostic Testing Facilities and Independent Clinical Laboratories
 - Physical Therapy including Physical Therapy Groups
 - Portable X-Ray Suppliers
 - Re-enrolling Home Health Agencies
 - Re-enrolling Suppliers of Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)
- High risk provider types include the following:
 - Newly enrolling Home Health Agencies
 - Newly enrolling DMEPOS Suppliers
- All other provider types not listed above are considered limited risk provider types; however, the screening level for any individual or agency may change at any time.