



## Health Home IMPA Access Request Form

**Please return this completed form to:** Provider Services Unit, Iowa Medicaid Enterprise P.O. Box 36450 Des Moines, IA 50315 or fax to (515) 725-1155

**Health Home Information:** (Enter the Taxpayer ID and National Provider Number enrolled with Medicaid as provider type 71)

1.Taxpayer ID:	2.National Provider Identifier:
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**Contact Information:** (Enter the contact information for the staff person who will be responsible for patient enrollment into the Health Home)

Name:
Phone Number:
Email Address:
IMPA User Name:

The utilization of IMPA (*referenced in Section 4 of the Health Home Provider Agreement*) involves a resource (Health Home staff member) that will login and request Health Home enrollment of qualifying patients from the practice.

This form will be reviewed and approved or denied and an e-mail will be sent as soon as the process is completed to the address listed on the form.

Signature:	Date:
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Questions in completing this form contact: Iowa Medicaid Enterprise Provider Services Unit at (800) 338-7909 or (515) 256-4609, Option 2.