



Medicaid Member Documentation Upload Cover Sheet through the Iowa Medicaid Portal Access (IMPA) System

- Please save this form as the first page for all documentation uploaded through the IMPA system.
- Do not submit this page separately.

Primary Contact:

From		Date
Primary Contact Name	Telephone	Email

Please include the following information with this submission:

Member Last Name	Member First Name
State Identification Number (SID) or Social Security Number (if no SID)	
Date of Birth	

Program (check one box per submission):

- | | | |
|--|--|---|
| <input type="checkbox"/> AIDS/HIV Waiver | <input type="checkbox"/> Exception to Policy (ETP) | <input type="checkbox"/> Medical Claims |
| <input type="checkbox"/> Appeal | <input type="checkbox"/> Habilitation Services | <input type="checkbox"/> Nursing Facility (NF) or NF/MI |
| <input type="checkbox"/> Brain Injury Waiver | <input type="checkbox"/> Health and Disability Waiver | <input type="checkbox"/> Physical Disability Waiver |
| <input type="checkbox"/> Children's Mental Health Waiver | <input type="checkbox"/> Intermediate Care Facility for the Intellectually Disabled (ICF/ID) | <input type="checkbox"/> Prior Authorization (PA) |
| <input type="checkbox"/> Elderly Waiver | <input type="checkbox"/> Intellectual Disability Waiver | <input type="checkbox"/> Waiver Prior Authorization |
| | | <input type="checkbox"/> Other (specify): |

Admission review: Yes

Subsequent Stay Review (SSR) involving change in condition (describe below): Yes

Additional information: Yes

This section must be completed:

Describe rationale for submission of information (Level of Care (LOC), change in condition, new service, claim, PA, ETP, etc.):

Note: Please do not submit information relative to Subsequent Stay Reviews (SSRs) if they do not require review by Iowa Medicaid personnel.

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Instructions for Form 470-5403

- Purpose** Form 470-5403 provides a mechanism for providers to securely submit documentation to the Iowa Medicaid Enterprise (IME) for Medicaid members requiring review for services. Do not submit information relative to a subsequent stay review (SSR) if the member does not require review by the IME Medical Services Unit. Use one form for each member in which information is being submitted including if the information is for more than one program.
- Source** This form is available online at <http://dhs.iowa.gov/ime/providers/forms>.
- Completion** A form must be completed when:
- ◆ The Medicaid member is seeking admission to a waiver or program.
 - ◆ The Medicaid member has a change in condition and a SSR has been completed.
 - ◆ Additional information for a member is being submitted.
- Distribution** The provider uploads the form as the first page of all documentation sent to the IME Medical Services Unit through IMPA. The IME Medical Services Unit will make a review determination upon receipt of the form.
- Data**
- From:** The person completing the form.
- Date:** The date the form is completed (MM/DD/YY).
- Primary Contact:** Name, telephone number, and email of the person who understands and can discuss the information submitted.
- Member Name:** The Medicaid member's last and first name as it appears on the eligibility card.
- State Identification Number (SID) or Social Security Number:** The member's SID as it appears on the eligibility card. If the SID is not available, enter the member's social security number.
- Date of Birth:** The Medicaid member's birth date (MM/DD/YY).
- Program:** Check one box per submission.
- Admission review, SSR, and Additional information:** Check the type of information submitted.
- Rationale for submission of information:** Describe what the rationale is (e.g., level of care (LOC), change in condition, new service, claim, prior authorization, etc.).