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**INFORMATIONAL LETTER NO. 2616-MC-FFS-D**

**DATE:** July 25, 2024

**TO:** All Iowa Medicaid Providers

**APPLIES TO:** Managed Care (MC), Fee-for-Service (FFS), Dental (D)

**FROM:** Iowa Department of Health and Human Services (HHS), Iowa Medicaid

**RE:** Provider Revalidation and Enrollment Renewal Reminder

**EFFECTIVE:** Upon Receipt

Iowa Medicaid providers must complete enrollment revalidation every five years, to remain compliant with Title 42 Code of Federal Regulations (CFR) §455.414. Failure to complete revalidation will result in disenrollment from Iowa Medicaid program.

Iowa Medicaid provides two notices: one at 60 days and the other 30 days prior to your revalidation due date. If you are unsure if you have received this notice or want to confirm your revalidation due date, please contact Provider Services using the contract information listed below.

Instructions for provider enrollment revalidation are below.

**For all provider types, except for Individual Consumer-Directed Attendant Care (ICDAC) providers and Ordering, Referring and Prescribing (ORP) providers:**

To begin the revalidation process, print and complete the **Designated Contact Person (DCP) form (470-5112)**, located on the [Iowa Medicaid Provider Forms](https://hhs.iowa.gov/programs/welcome-iowa-medicaid/provider-services/provider-forms)<sup>1</sup> webpage on the [HHS website](https://hhs.iowa.gov/)<sup>2</sup> and return to:

**Iowa Medicaid Provider Enrollment  
PO Box 36450**

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<sup>1</sup> <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/provider-services/provider-forms>

<sup>2</sup> <https://hhs.iowa.gov/>

**Des Moines, IA 50315**

\*or scan and email to: [IMEProviderEnrollment@dhs.state.ia.us](mailto:IMEProviderEnrollment@dhs.state.ia.us)

Upon receipt of the DCP form, provider enrollment will assign a unique personal identification number (PIN) associated with the organization's tax identification (ID). The designated contact person will receive an email containing the PIN. The PIN, tax ID and national provider identifier (NPI) are used as the combination key to open the online application for enrollment renewal via [Iowa Medicaid Portal Access \(IMPA\)](#)<sup>3</sup>.

Note: If you do not receive a PIN, check your email's junk or spam folder.

Enrollment renewal is completed electronically on IMPA. The provider will:

- legally accept the new provider agreement;
- verify a listing that identifies each professional and institutional component of the provider organization and structure;
- complete the ownership and control disclosure; and
- provide individual social security numbers (SSN) where needed. Federal regulations require that state Medicaid agencies screen all Medicaid providers (See 42 CFR § 455.410 (2011) Enrollment and Screening of Provider and 42 CFR§ 455.104 (2011) Disclosure by Medicaid Providers and Fiscal Agents). The individual SSN is required for provider enrollment to check against the Office of Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE) and the Center for Medicare and Medicaid Services (CMS) Data Exchange (DEX). The individual SSN is required for screening purposes only. It does not pertain to claims processing or payment.

### **For ICDC Providers**

For enrollment renewal, complete and return forms:

1. **Iowa Medicaid Provider Agreement (470-2965)**

Every Iowa Medicaid provider **must** sign the new provider agreement. Please read the agreement and complete the last page. This is a legal contract and once the provider signs they are legally obligated to meet all the requirements of the agreement. **Iowa Medicaid strongly urges all providers to read the agreement and understand the rights and responsibilities of being a Medicaid provider prior to signing the agreement.**

2. **Individual CDAC Disclosure (470-4612)**

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<sup>3</sup> <https://secureapp.dhs.state.ia.us/imp/Default.aspx>

Both forms can be found on the [Iowa Medicaid Provider Forms](#)<sup>4</sup> webpage on the [HHS website](#)<sup>5</sup>.

**Provider Enrollment – Renewal  
PO Box 36450  
Des Moines, IA 50315**

\*or scan and email to: [IMEProviderEnrollment@dhs.state.ia.us](mailto:IMEProviderEnrollment@dhs.state.ia.us)

### **For ORP Providers:**

For enrollment renewal, complete and return forms:

#### **1. Iowa Medicaid Provider Agreement (470-2965)**

Every Iowa Medicaid provider **must** sign the new provider agreement. Please read the agreement and complete the last page. This is a legal contract and once the provider signs they are legally obligated to meet all the requirements of the agreement. **Iowa Medicaid strongly urges all providers to read the agreement and understand the rights and responsibilities of being a Medicaid provider prior to signing the agreement.**

Both forms can be found on the [Iowa Medicaid Provider Forms](#)<sup>6</sup> webpage on the [HHS website](#)<sup>7</sup>.

### **Return completed forms to:**

**Provider Enrollment – Renewal  
PO Box 36450  
Des Moines, IA 50315**

\*or scan and email to: [IMEProviderEnrollment@dhs.state.ia.us](mailto:IMEProviderEnrollment@dhs.state.ia.us)

The provider enrollment team will process renewal documents and renewals submitted through IMPA as they are received.

If you need to confirm your revalidation due date, have questions regarding the enrollment renewal process or you no longer wish to be an enrolled Medicaid provider; please contact the Provider enrollment unit at 1-800-338-7909 or [IMEProviderEnrollment@dhs.state.ia.us](mailto:IMEProviderEnrollment@dhs.state.ia.us).

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<sup>4</sup> <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/provider-services/provider-forms>

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