



Iowa Department of Human Services

## Iowa Medicaid

### Designated Contact Person

Questions relating to the completion of this form: Iowa Medicaid Enterprise Provider Services Unit at (800) 338-7909 or (515) 256-4609, Option 2

#### Please type or print information

Check one (Reason for Designated Contact Person):

☐ Enrollment Renewal

☐ Ownership and Control Disclosure

1. Name or Organization:

2. Tax ID or Social Security Number:

#### 3. Designated Contact Information

3a. First Name:

3b. Last Name:

3c. Title:

3d. Social Security Number:

3e. Email Address:

3f. Address:

City:

State:

Zip Code:

3g. Phone Number:

3h. Fax Number:

#### 4. Enrollment Renewal

Enter number of Enrollment user Personal Identification Number (PIN)s needed \_\_\_\_\_

Enter number of Signatory PINs needed \_\_\_\_\_

#### 5. Ownership and Control Disclosure

Enter the number of Ownership and Control Discloser (OCD) PINs needed \_\_\_\_\_

**Signature**

**Date**

Attach photo copy of driver's license or State issued ID of the designated contact person

### **Instructions for Completing the Designated Contact Person**

Purpose: The designated contact person is required for the coordination of Enrollment Renewal and Ownership and Control Disclosure information.

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Check one (Reason for Designated Contact Person)

- Enrollment Renewal-This user role has two types, Enrollment user and Signatory user. **Enrollment** user role can complete all sections of enrollment renewal except Agreement and Acceptance. **Signatory** user can complete all sections of enrollment renewal including the Agreement and Acceptance.
  - Ownership and Control Disclosure- this user role allows for the creation of or update to an already completed Ownership and Control Disclosure.
1. Enter name or organization name being enrolled or enrolled with Iowa Medicaid
  2. Enter the Tax Identification (ID) or Social Security Number (SSN) being enrolled or enrolled with Iowa Medicaid
  3. Designated Contact Information- leave blank
    - 3a. Enter the first name of the designated contact person
    - 3b. Enter the last name of the designated contact person
    - 3c. Enter the title of the designated contact person
    - 3d. Enter the SSN of the designated contact person
    - 3e. Enter the email address of the designated contact person
    - 3f. Enter the address of the designated contact person
  4. Required only for Enrollment Renewal-Enter the number of Personal Identification Numbers (PINs) needed for each type of enrollment renewal user
  5. Required only when updating or entering new Ownership and Control Disclosure (OCD) into the Iowa Medicaid Portal Access (IMPA) - Enter the number of OCD PINs needed.

Signature and Date – Required

Attach photo copy of Drivers License or State issued ID of the designated contact person-Required

**Mail Completed form to:**

Provider Correspondence/Provider Enrollment  
PO Box 36450  
Des Moines, Iowa 50315