



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

## Presumptive Medicaid Eligibility Notice of Decision

Effective \_\_\_\_\_, you are presumptively eligible to receive Medicaid coverage to pay for the cost of ambulatory medical care for pregnant women. Ambulatory medical care means all Medicaid-covered services except charges associated with inpatient care in a hospital or other medical institution and charges associated with termination or delivery of the baby, including miscarriage.

Your state identification number is \_\_\_\_\_.

You are only allowed one presumptive eligibility period per pregnancy and your eligibility will end \_\_\_\_\_; read the rest of this notice for exceptions to the ending date. You may verify whether eligibility continues by calling Member Services at 1-800-338-8366 or in the Des Moines area (515) 256-4606.

**This is not a formal ongoing Medicaid eligibility determination.** If you want the Department of Human Services (DHS) to make a formal Medicaid eligibility determination for ongoing assistance, you may either:

- Ask that the application you completed for the presumptive determination be sent to DHS, or
- File on your own with DHS at a later time.

Your application has been handled as you requested as shown below:

- Your application has been sent to \_\_\_\_\_ County Department of Human Services for a Medicaid eligibility determination.
- You must file a Medicaid application to get Medicaid beyond the end date shown above.

If you file an application for ongoing Medicaid with DHS before the end of your presumptive period, your presumptive period will end if you are not determined eligible. If DHS does not make the decision until past the date your presumptive period is supposed to end, your presumptive period may continue until a decision is made on your application.

### PROVIDERS: PLEASE READ

As a provider, you should know the following:

- This Notice of Decision is an indicator of the possibility of Medicaid eligibility and is not a guarantee of presumptive Medicaid eligibility.
- A person who is presumptively eligible will not be given a Medicaid Assistance Eligibility Card.
- Presumptive Medicaid eligibility is granted on a daily basis, rather than a monthly basis and may end at any time.
- Verify eligibility before giving services by calling the Eligibility Verification System (ELVS) in Iowa at 1-800-338-7752 or in Des Moines at (515) 323-9639. Eligibility verification through the ELVS line will be possible within 24-48 hours after this Notice of Decision is generated.

The presumptive eligibility determination was made by:

Provider name: \_\_\_\_\_

Name of person completing: \_\_\_\_\_

Phone number: \_\_\_\_\_

e-mail address: \_\_\_\_\_

SAMPLE



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## Presumptive Medicaid Eligibility Notice of Decision

Effective \_\_\_\_\_, you are presumptively eligible to receive Medicaid coverage to pay for the cost of all Medicaid-covered services, because you are a woman in need of treatment for breast or cervical cancer or a precancerous condition.

Your state identification number is \_\_\_\_\_.  
Your eligibility will end \_\_\_\_\_, 20\_\_\_\_; read the rest of this notice for exceptions to the ending date. You may verify whether eligibility continues by calling Member Services at 1-800-338-8366 or in the Des Moines area (515) 256-4606.

**This is not a formal ongoing Medicaid eligibility determination.** If you want the Department of Human Services (DHS) to make a formal Medicaid eligibility determination for ongoing assistance, you may either:

- Ask that the application you completed for the presumptive determination be sent to DHS, or
- File on your own with DHS at a later time.

If you file an application for ongoing Medicaid with DHS before the end of your presumptive period, your presumptive period will end if you are not determined eligible. If DHS does not make the decision until past the date your presumptive period is supposed to end, your presumptive period may continue until a decision is made on your application.

### PROVIDERS: PLEASE READ

As a provider, you should know the following:

- This Notice of Decision is an indicator of the possibility of Medicaid eligibility and is not a guarantee of presumptive Medicaid eligibility.
- A person who is presumptively eligible will not be given a Medicaid Assistance Eligibility Card.
- Presumptive Medicaid eligibility is granted on a daily basis, rather than a monthly basis and may end at any time.
- Verify eligibility before giving services by calling the Eligibility Verification System (ELVS) in Iowa at 1-800-338-7752 or in Des Moines at (515) 323-9639. Eligibility verification through the ELVS line will be possible within 24-48 hours after this Notice of Decision is generated.

The presumptive eligibility determination was made by:

Provider name: \_\_\_\_\_  
 Name of person completing: \_\_\_\_\_  
 Phone number: \_\_\_\_\_  
 e-mail address: \_\_\_\_\_



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## Presumptive Medicaid Eligibility Notice of Decision

Effective \_\_\_\_\_, you are presumptively eligible to receive Medicaid coverage to pay for the cost of all Medicaid-covered services.

Your state identification number is \_\_\_\_\_.  
Eligibility will end \_\_\_\_\_, 20\_\_\_\_; read the rest of this notice for exceptions to the ending date. You may verify whether eligibility continues by calling Member Services at 1-800-338-8366 or in the Des Moines area (515) 256-4606.

Only one presumptive eligibility period per child is allowed in 12 months.

**This is not a formal ongoing Medicaid eligibility determination.** Your application has been sent to the Department of Human Services (DHS) for a formal Medicaid eligibility determination. Your presumptive period will end if you are not determined eligible. If DHS does not make the decision until past the date your presumptive period is supposed to end, your presumptive period may continue until a decision is made on your application.

The presumptive eligibility determination was made by:

Provider name: \_\_\_\_\_  
Name of person completing: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
e-mail address: \_\_\_\_\_

### PROVIDERS: PLEASE READ

As a provider, you should know the following:

- This Notice of Decision is an indicator of the possibility of Medicaid eligibility and is not a guarantee of presumptive Medicaid eligibility.
- A person who is presumptively eligible will not be given a Medicaid Assistance Eligibility Card.
- Presumptive Medicaid eligibility is granted on a daily basis, rather than a monthly basis and may end at any time.
- Verify eligibility before giving services by calling the Eligibility Verification System (ELVS) in Iowa at 1-800-338-7752 or in Des Moines at (515) 323-9639. Eligibility verification through the ELVS line will be possible within 24-48 hours after this Notice of Decision is generated.



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## Presumptive Medicaid Eligibility Notice of Decision

Your application for presumptive Medicaid eligibility has been denied because. . .

- household income is greater than allowed for this program
- you are not a resident of Iowa
- you are not pregnant
- you are already enrolled in Medicaid
- you are only allowed one presumptive eligibility period per pregnancy
- you have asked that your application be withdrawn
- you have not provided the information we asked you to bring in
- other (type in reason)

**This is not a formal ongoing Medicaid eligibility determination.** If you want the Department of Human Services (DHS) to make a formal Medicaid eligibility determination for ongoing assistance, you may either:

- Ask that the application you completed for the presumptive determination be sent to DHS, or
- File on your own with DHS at a later time.

Your application has been handled as you requested as shown below:

- Your application has been sent to \_\_\_\_\_ County Department of Human Services for a Medicaid eligibility determination.
- You must file a Medicaid application to get Medicaid.

The presumptive eligibility determination was made by:

Provider name: \_\_\_\_\_  
 Name of person completing: \_\_\_\_\_  
 Phone number: \_\_\_\_\_  
 e-mail address: \_\_\_\_\_



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## Presumptive Medicaid Eligibility Notice of Decision

Your application for presumptive Medicaid eligibility has been denied because. . .

- you are not a resident of Iowa
- you do not have breast or cervical cancer or a precancerous condition
- you have creditable health insurance
- you are not in need of treatment for breast or cervical cancer
- you were not screened and diagnosed through the Breast and Cervical Cancer Early Detection Program (BCCEDP) or used Susan G. Komen funds
- you have asked that your application be withdrawn
- you have not provided the information we asked you to bring in
- other (type in reason)

**This is not a formal ongoing Medicaid eligibility determination.** If you want the Department of Human Services (DHS) to make a formal Medicaid eligibility determination for ongoing assistance, you may either:

- Ask that the application you completed for the presumptive determination be sent to DHS, or
- File on your own with DHS at a later time.

The presumptive eligibility determination was made by:

Provider name: \_\_\_\_\_  
 Name of person completing: \_\_\_\_\_  
 Phone number: \_\_\_\_\_  
 e-mail address: \_\_\_\_\_



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## Presumptive Medicaid Eligibility Notice of Decision

Your application for presumptive Medicaid eligibility has been denied because. . .

- your family income is over the income limit
- \_\_\_\_\_ is/are not a resident of Iowa
- \_\_\_\_\_ is/are not a U.S. citizen or qualified alien
- \_\_\_\_\_ is/are age 19 or older
- \_\_\_\_\_ is/are already enrolled in Medicaid
- \_\_\_\_\_ previous presumptive episode within the past 12 months
- you have asked that your application be withdrawn
- you have not provided the information we asked you to bring in
- other (type in reason)

**This is not a formal ongoing Medicaid eligibility determination.** Your application will be sent to the Department of Human Services (DHS) for a formal Medicaid eligibility determination.

The presumptive eligibility determination was made by:

Provider name: \_\_\_\_\_

Name of person completing: \_\_\_\_\_

Phone number: \_\_\_\_\_

e-mail address: \_\_\_\_\_