



## Provider Education

Medicaid Presumptive Eligibility  
Policy and MPEP Training

# Presumptive Eligibility Training Agenda

## Presumptive Eligibility (PE) Policies

ACA ■ MAGI Rules ■ PP/QE ■ Roles/Responsibilities ■ Programs

## Medicaid PE Portal (MPEP)

View Applications ■ Complete Applications ■ Appeals ■ Support

## Summary – Presumptive Eligibility

Flow ■ ACA ■ Applications ■ Policies ■ MPEP

## Presumptive Eligibility Resources

Policy ■ Technical ■ Rights – Responsibilities ■ Withdrawals



## Presumptive Eligibility (PE) Policies

ACA ■ MAGI Rules ■ PP/QE ■ Roles/Responsibilities ■ Programs

# Affordable Care Act

Young Adults Coverage

Plain Language Benefits Information

Cancellation & Appeals

Benefit Limits

Preventive Care

ER Access & Doctor Choice

## About the Law

The Affordable Care Act puts consumers back in charge of their health care. Under the law, a new "Patient's Bill of Rights" gives the American people the stability and flexibility they need to make informed choices about their health.

[View Key Features of the Affordable Care Act](#) or read a [year-by-year overview of features](#).

### Coverage

- **Ends Pre-Existing Condition Exclusions for Children:** Health plans can no longer limit or deny benefits to children under 19 due to a pre-existing condition.
- **Keeps Young Adults Covered:** If you are under 26, you may be eligible to be covered under your parent's health plan.
- **Ends Arbitrary Withdrawals of Insurance Coverage:** Insurers can no longer cancel your coverage just because you made an honest mistake.
- **Guarantees Your Right to Appeal:** You now have the right to ask that your plan reconsider its denial of payment.

### Costs

- **Ends Lifetime Limits on Coverage:** Lifetime limits on most benefits are banned for all new health insurance plans.
- **Reviews Premium Increases:** Insurance companies must now publicly justify any unreasonable rate hikes.
- **Helps You Get the Most from Your Premium Dollars:** Your premium dollars must be spent primarily on health care – not administrative costs.

### Care

- **Covers Preventive Care at No Cost to You:** You may be eligible for recommended preventive health services. No copayment.
- **Protects Your Choice of Doctors:** Choose the primary care doctor you want from your plan's network.
- **Removes Insurance Company Barriers to Emergency Services:** You can seek emergency care at a hospital outside of your health plan's network.

## Affordable Care Act

**The Patient Protection and Affordable Care Act (ACA)** was signed into law in 2010. This law, to be phased in over four years, includes comprehensive health care reform. ACA has impacted health care availability and eligibility determination, including presumptive eligibility.

## Presumptive Provider

Organization that approves PE determinations

Authorized by state agency

Only employees of PP have authority to make PE Determinations

May not delegate PE authority to another entity, subcontractor, or agent

## Qualified Entity

Individual authorized to determine Presumptive Eligibility

Under the supervision and authority of a Presumptive Provider

## Presumptive Eligibility and Programs

**Presumptive Eligibility (PE)** refers to a government program that offers immediate health services access by providing temporary health insurance through Medicaid or Children's Health Insurance Program (CHIP).

## **MAGI Rules:**

- **Tax rules** determine the income to be counted for eligibility
- **Household (HH) size** is based on the tax-filing unit
- **Taxpayer's family size** includes all claimed dependents
- **MAGI** defines HH size to use when no taxes are filed
- Different people in same HH may have **different MAGI HH**
- **Child support is excluded** from taxable income

## **PE and MAGI Rules**

Presumptive Eligibility is determined based on **Modified Adjusted Gross Income**, also known as **MAGI Rules**.

- **Process the Application**

- Date stamp the application upon receipt
- Enter ALL client-reported information into MPEP

- **Inform the Applicant**

- After PE determination, applications are forwarded to DHS for ongoing Medicaid determination
- BCCT and PW applicants may opt out of applications being processed for ongoing Medicaid benefits
- For ongoing Medicaid benefits, additional information and verifications may be required (does not impact PE)
- Medicaid determination ends PE benefits

## **QE Responsibilities: Process and Inform**

The QE is responsible for Processing the Application with all client-reported information. The QE is also responsible for Informing the Applicant of the DHS processing of the ongoing Medicaid application.

## ■ **Print and Maintain Documentation**

- Print the Notice of Action (NOA)
- Provide the applicant with the printed Notice of Action (NOA) as soon as possible and no later than three (3) days following the receipt of the Presumptive Eligibility (PE) application
- Print a PDF of the PE application for the QE file
- Maintain PE records for five (5) years

## **QE Responsibilities: Documentation**

After processing the application and providing the applicant with the PE and Medicaid information, the QE is responsible for printing the NOA for the client and the PDF for the file. The QE/PP is responsible for maintaining the PE records for five (5) years.

## Presumptive Eligibility Rules:

- Must be an **Iowa Resident**
- Must be **US citizen or qualified alien**
  - *Exceptions: Pregnant Women and BCCT Applicants*
- PE based on the **applicant statements** regarding circumstances and income; **self-attestation**
- PE is **not retroactive**
- Applicant may **not** have received PE in past 12 months
  - *Exceptions: Pregnant Women and BCCT Applicants*

## Presumptive Eligibility Rules

Presumptive Eligibility has very specific rules regarding Eligibility Determination. These rules determine the acceptance and denial of benefits and the eligibility for Presumptive Types.

## **Presumptive Eligibility Rules:** (continued)

- **PE information** must be entered into MPEP exactly as documented on the application no later than 3 working days after application receipt
- All PE Applications go to **DHS** for ongoing Medicaid Determination Exceptions: Pregnant Women and BCCT
- Applicants have the right to file an **appeal** of the Eligibility Decision, however Appeal Hearings are not granted for PE Medicaid Applications 441 Iowa Admin. Code 7.5(2)(a)(6)

## **Presumptive Eligibility Rule** *(continued)*

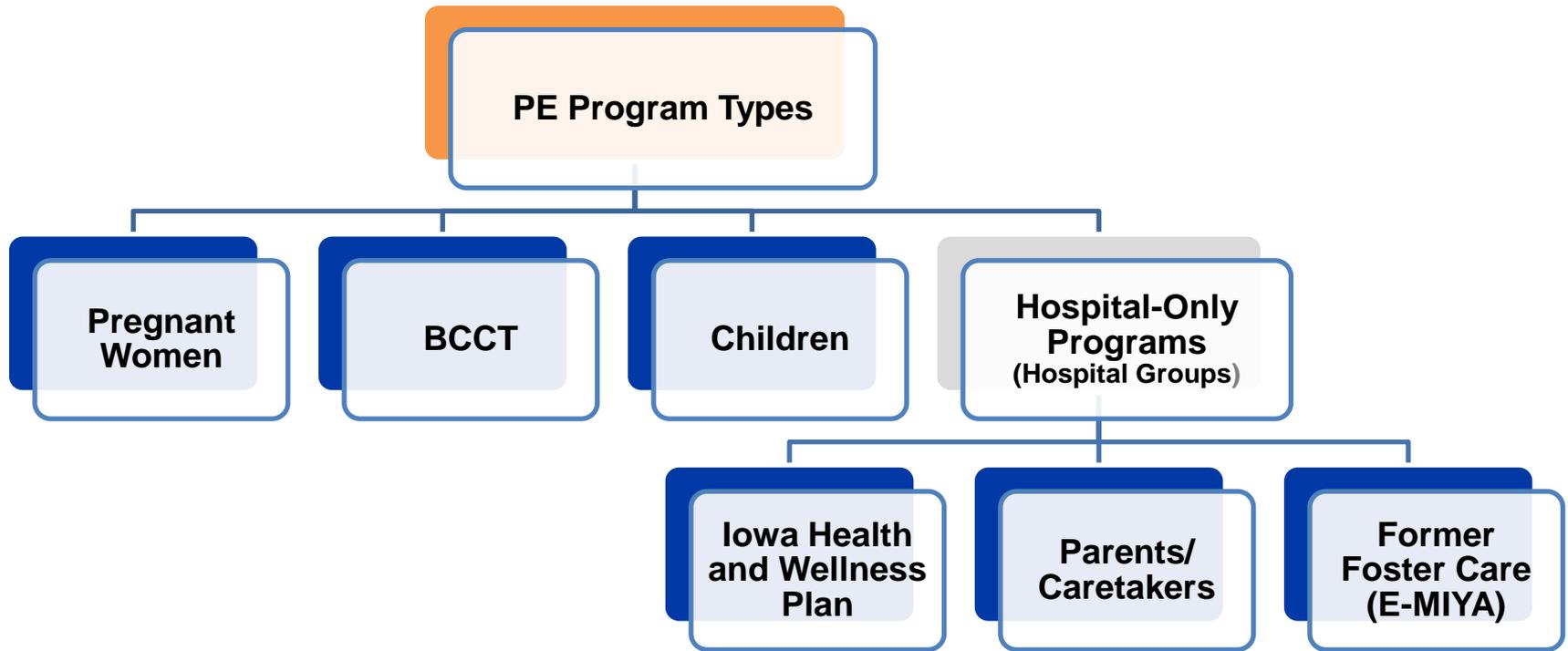
Presumptive Eligibility Rules include the type of information the applicant needs to provide, as well as how and when the applicant information is to be entered into the system.

## **Presumptive Eligibility Rules:** *(continued)*

- PE is granted on **daily basis**, rather than monthly basis
- **Coverage** through end of month after application month
  - Note:
    - PE may end earlier, if the ongoing Medicaid eligibility determination is made
    - PE may continue longer, if the ongoing Medicaid application is in a pending status

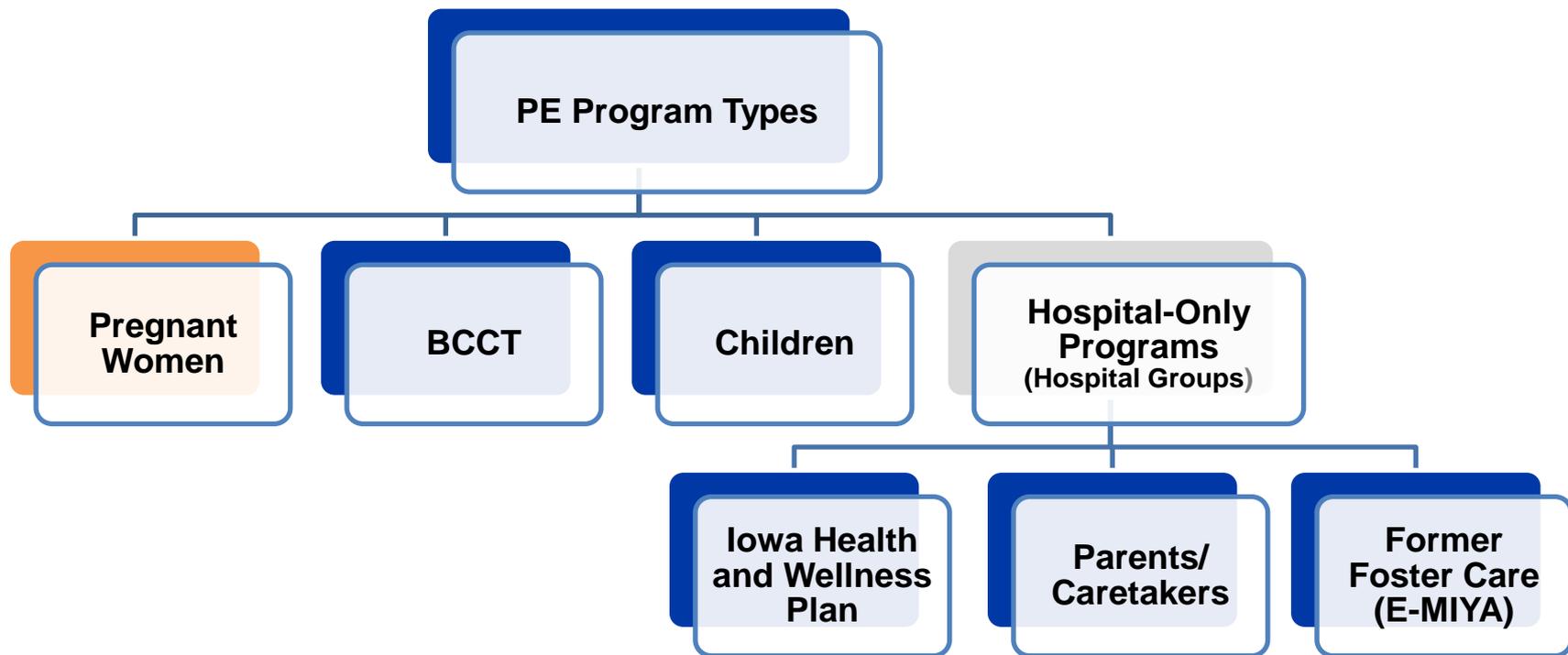
## **Presumptive Eligibility Rule** *(continued)*

Presumptive Eligibility Rules determine the type of benefits for which the applicant is eligible and the length of time for which those benefits are available.



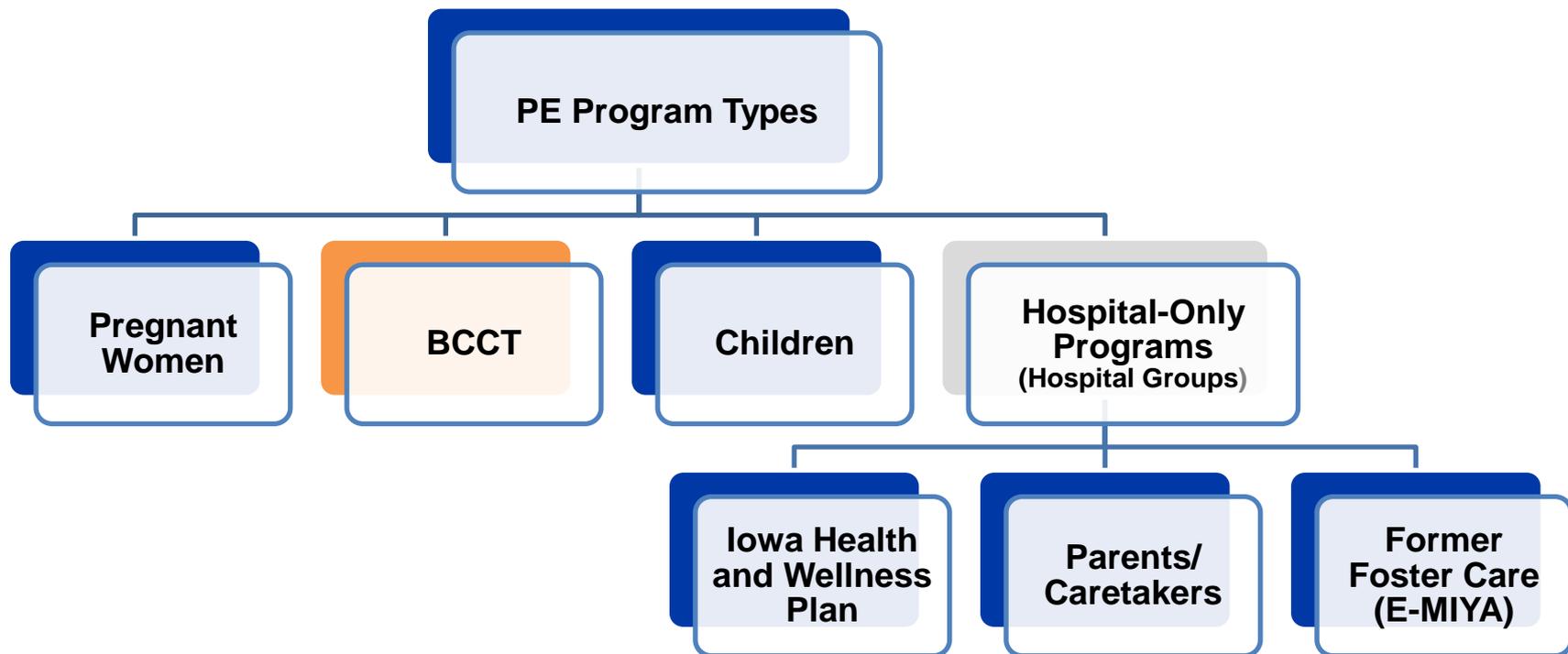
## PE Program Types

There are **six (6) types of Presumptive Eligibility(PE) Programs**; Pregnant Women, BCCT, Children, Iowa Health and Wellness Plan, Parents/Caregivers, and Former Foster Care (E-MIYA). **Note: Hospitals** are the only entities that may process **all six types of PE Programs**.



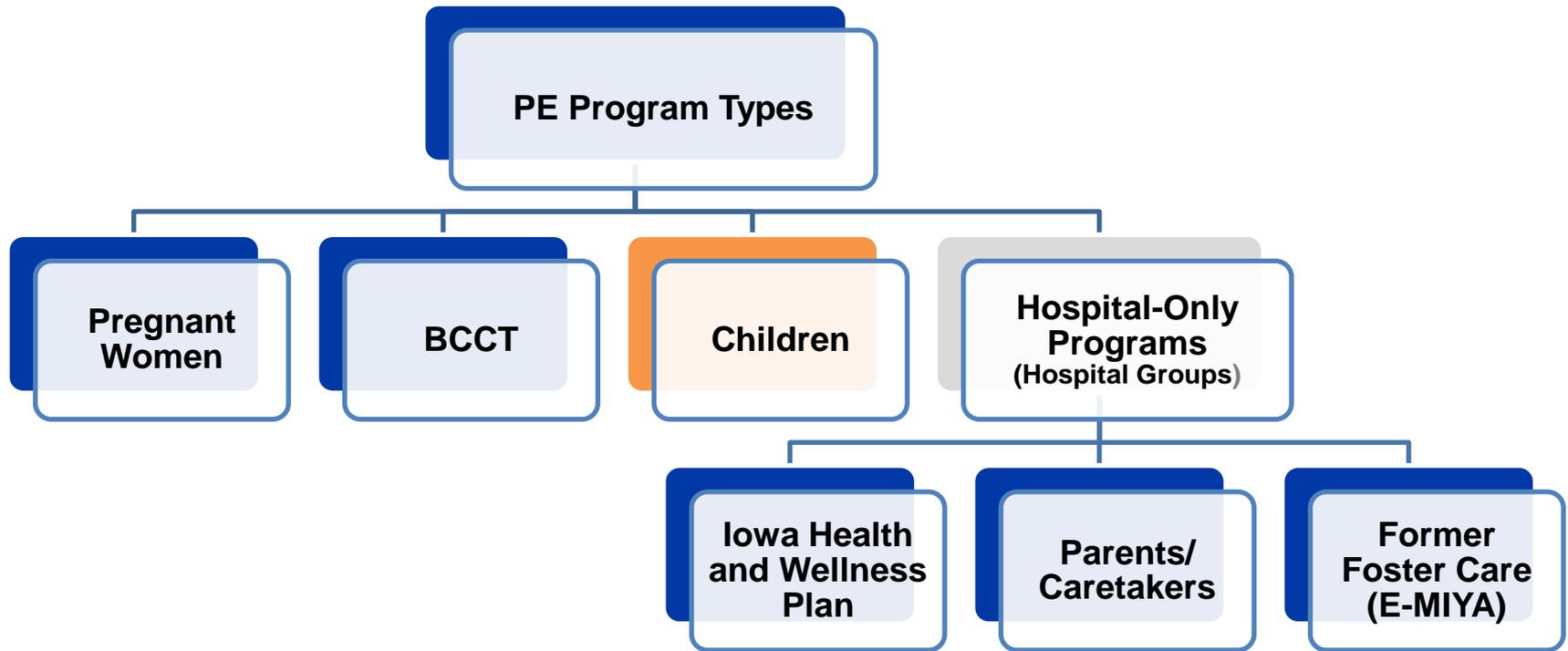
## Pregnant Women *(PE only once per pregnancy)*

- Citizenship/Qualified Alien status is **not** an eligibility factor
- Income limit: 375% Federal Poverty Level for MAGI HH size
- Ambulatory prenatal care: all Medicaid-covered services **except** inpatient hospital or institutional care and charges associated with delivery of baby (including miscarriage or pregnancy termination)



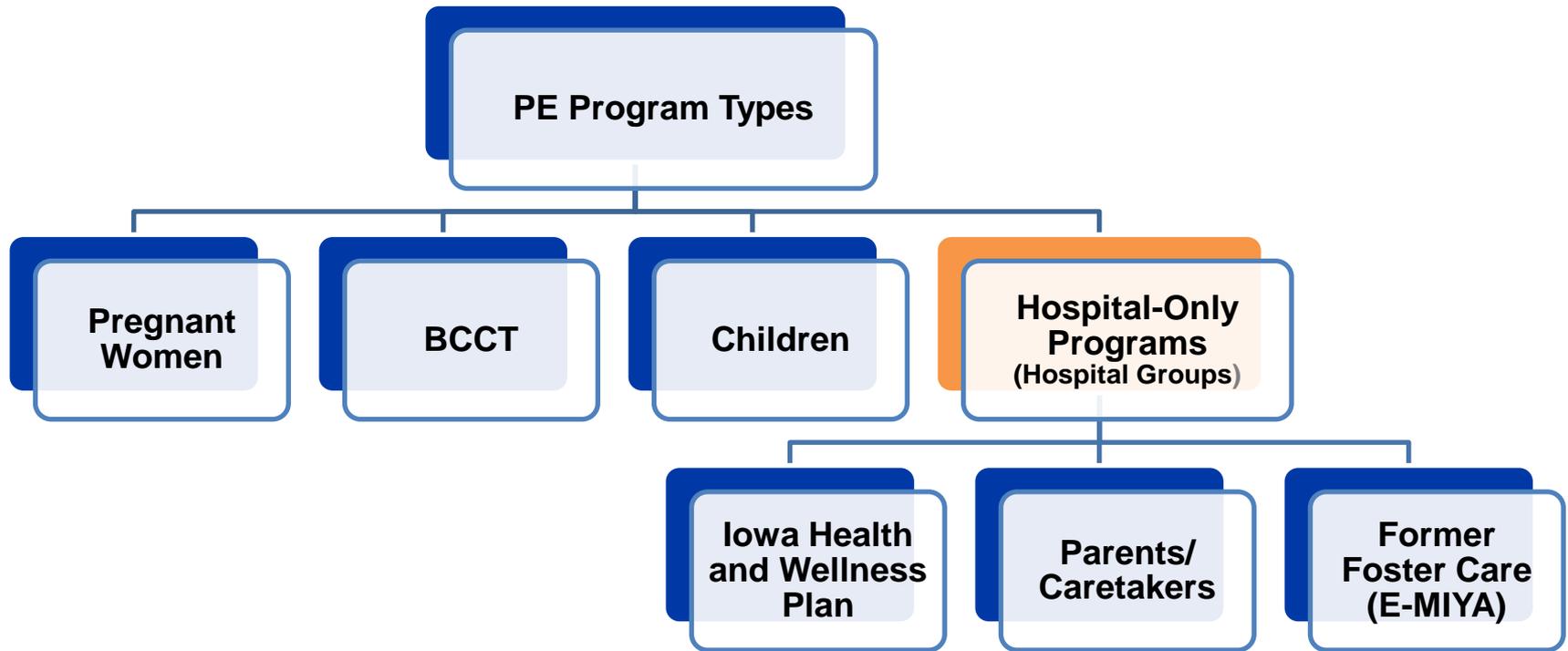
## Breast Cancer and Cervical Cancer Treatment

- Citizenship/Qualified Alien status is **not** an eligibility factor
- Under age 65
- Screened and diagnosed: Breast/Cervical pre-cancer/cancer
- No creditable insurance coverage
- **Note:** Only BCCEDP providers can determine BCCT PE



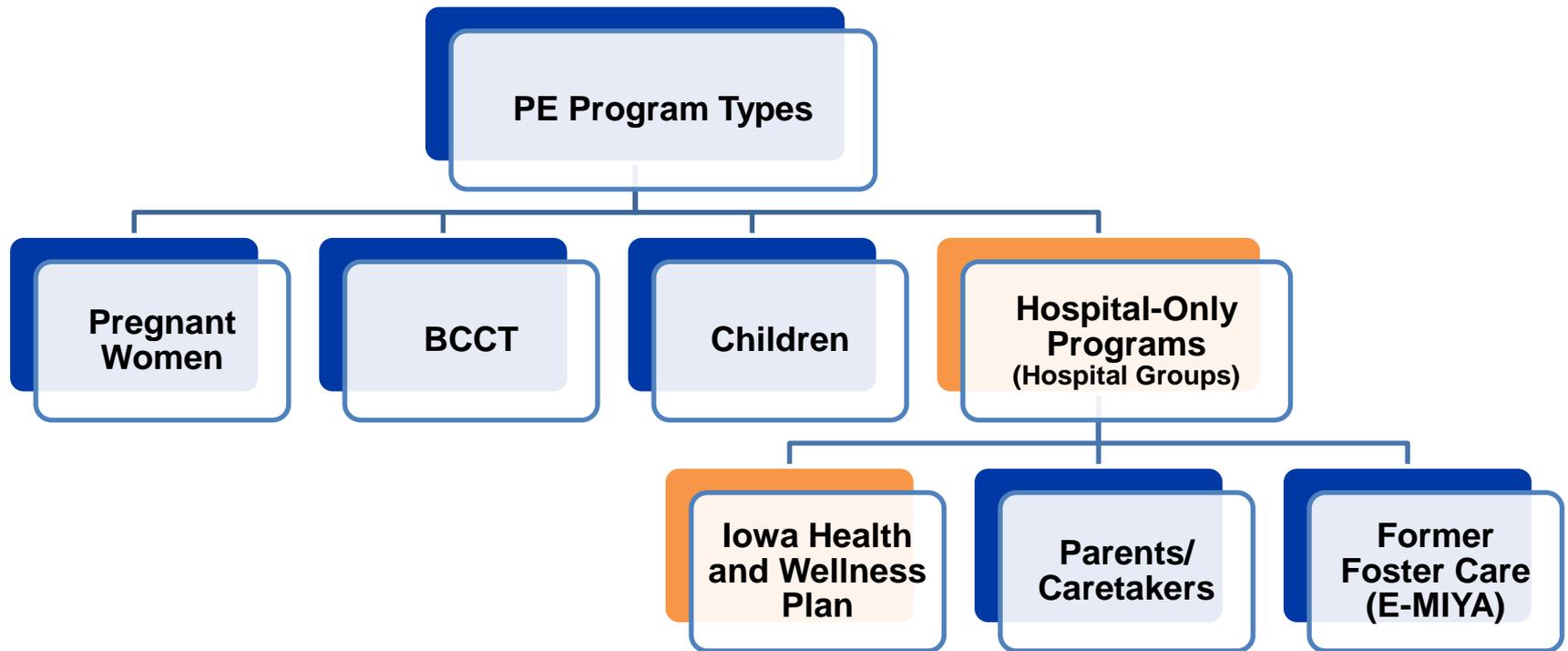
## Children

- Under age 19
- Family income limit is 302% of Federal Poverty Level (FPL)



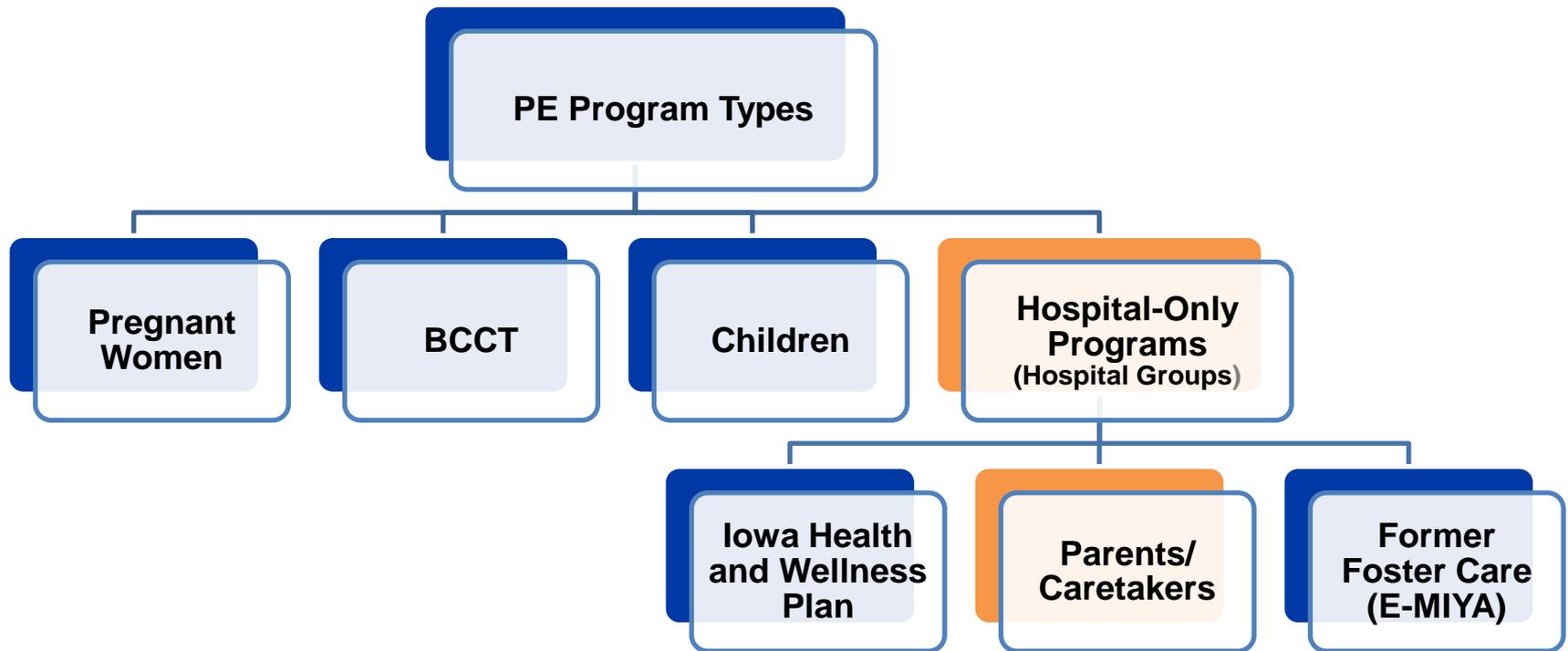
## Hospital Groups

- May process all six (6) types of PE programs
  - Hospital QEs: **Only** ones allowed to do PE determinations for Iowa Health and Wellness Plan, Parents/Caretakers, and Former Foster Care (E-MIYA)
- May process determinations for patients and non-patients



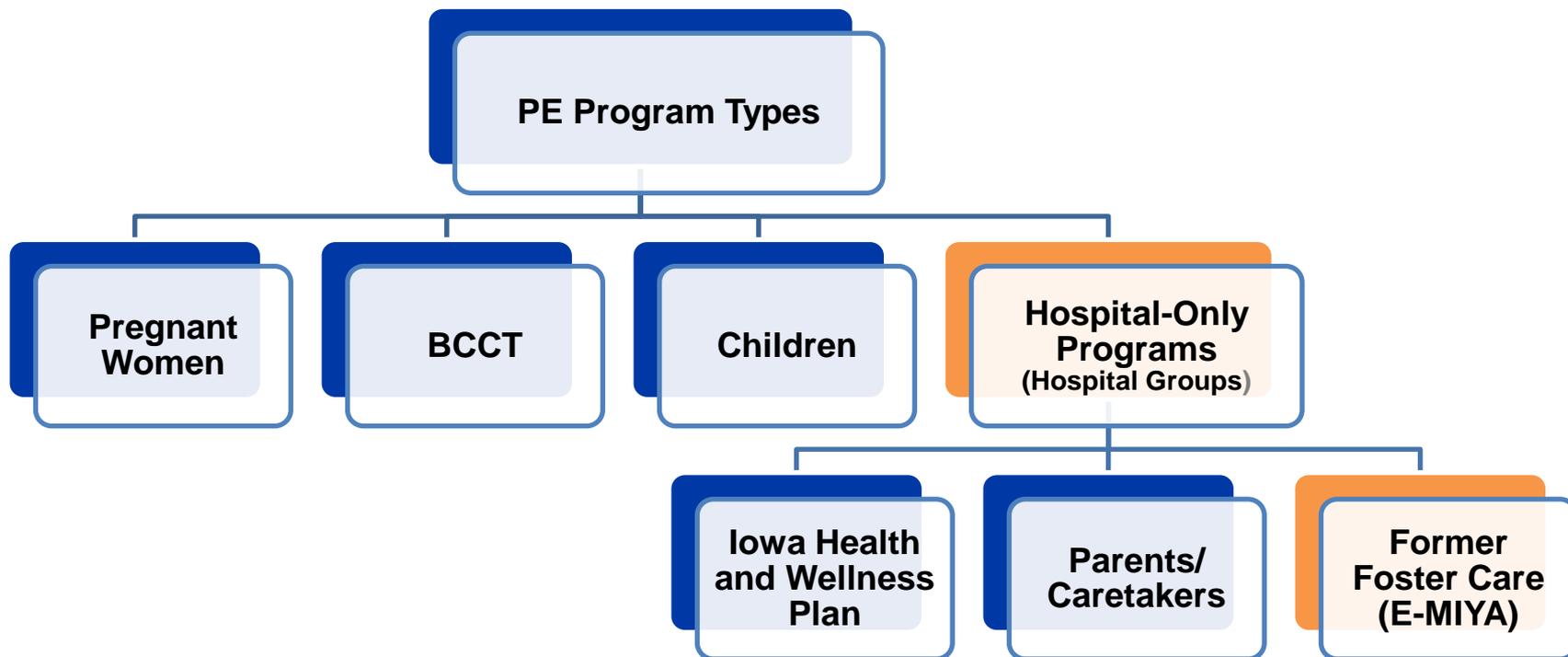
## Iowa Health and Wellness Plan

- Ages 19 through 64
- Not pregnant
- Not eligible for Medicare or Medicaid
- Dependents in home have, or are applying for, insurance
- Income limit is 133% Federal Poverty Level (FPL)



## Parents / Caretakers (and Spouses)

- Parent/caretaker of dependent child under age 18 (or 18 and still in high school)
- Caretaker is adult who takes on parental role/responsibilities
- Monthly Income limit is \$1033 for HH of 4
- Income limit varies by HH size



## Former Foster Care (E-MIYA)

- Age 18 though 25
- No income test for E-MIYA
- At the age of 18 or older was concurrently enrolled in Foster Care and Medicaid in Iowa
- E-MIYA: Expanded Medicaid for Independent Young Adults



## Medicaid PE Portal (MPEP)

[View Applications](#) ■ [Complete Applications](#) ■ [Appeals](#) ■ [Support](#)



### Information

#### Links

- Update Training Date
- Change My Password
- Printable PE Application
- Printable PE Addendum

### VIEW

my applications



- My PE Applications
- Other PE Applications

### APPLY

for benefits



- Submit Presumptive Eligibility Application

## MPEP

MPEP is Iowa's online Presumptive Eligibility Determination portal used by Presumptive Providers to enter PE Applicant information, run Eligibility Determination, and create Notice of Actions. MPEP sends PE applications to ELIAS, the DHS Eligibility system, for determination of ongoing benefits.



## Portal Homepage

MPEP Homepage shows the two portlets available to users.

- **View My Applications:** *(Existing applications)*  
Search, view, access, and update PE applications
- **Apply for Benefits:** *(New applications)*  
Start, complete, and submit PE applications



## View My Applications

**View My Applications** is where Qualified Entities can view, access, and update applications based on their security roles. **QEs** can search for and view all of their own PE applications. **QE Supervisors** can view the applications of the workers assigned within their provider organization.

## VIEW

### My PE Applications

#### Search My Applications

The screenshot shows a search interface for 'My PE Applications'. A blue oval highlights the 'From Date' and 'To Date' fields, which are both set to 11/26/2013 and 12/10/2013 respectively. Other fields include 'Last Name', 'First Name', 'Status', 'Type', and 'Confirmation Number'. There are 'Search' and 'Close' buttons at the bottom right.

From Date *	To Date *	Status	Type
<input type="text" value="11/26/2013"/>	<input type="text" value="12/10/2013"/>	<input type="text" value="Select One"/>	<input type="text" value="Select One"/>
Last Name	First Name	Confirmation Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

## Search by Application Date or by Name

**Date Search:** Users can search for an application by using specific **date** ranges, *not greater than 60 days*.

**Name Search:** Users can search for an application using the applicant's **last name** and **first name** or last name and first initial.

VIEW

## My PE Applications

### Search My Applications

From Date *	To Date *	Status	Type
<input type="text" value="11/26/2013"/> 	<input type="text" value="12/10/2013"/> 	<input type="text" value="Select One"/> 	<input type="text" value="Select One"/> 
Last Name	First Name	<b>Confirmation Number</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

## Search by Confirmation Number

**Confirmation Number Search:** Users can search by the **confirmation number**. This number is generated after the application has been submitted and is displayed on the confirmation page. Incomplete or expired applications do not have confirmation numbers.

VIEW

## My PE Applications

### Search My Applications

From Date \*

11/26/2013



To Date \*

12/10/2013



Status

Select One  
Select One  
Complete  
Expired  
Incomplete

Number

Type

Select One  
Select One  
PE BCCT  
PE Children  
PE Hospital Groups  
PE Pregnant Women

Search

Close

## Search by Application Status or Type

Searches can be done using Application **Status** or **Type**.

**Status: Complete** - Eligibility has been determined

**Expired** - Started, but not completed after 5 days

**Incomplete** - In progress

**Type:** BCCT, Children, Hospital Groups, Pregnant Women

## My PE Applications

## Search My Applications

From Date *	To Date *	Status	Type
11/26/2013	12/10/2013	Select One	Select One
Last Name	First Name	Confirmation Number	
smith			

Search

Close

## Search Results

Results 1 to 2 of 10

Application Date	Last Name	First Name	Status	Type	Confirmation Number
12/04/2013	<a href="#">aSmith</a>	aMyles	Incomplete	HP CH	
12/05/2013	<a href="#">ABergsmith</a>	ARyan	Incomplete	PW	

Back

1

## Search My Applications

When the search results appear, the user is able to view the status of the application. Incomplete applications can be opened by clicking on the [last name hyperlink](#). A completed (submitted) application is not able to be opened or viewed.



## Apply for Benefits

The **Apply for Benefits** portlet is where users begin the applications, complete in-progress applications, and submit Presumptive Eligibility applications for the program(s) for which they are authorized, based on their security roles.



## Information

### Links

- Update Training Date
- Change My Password
- Printable PE Application
- Printable PE Addendum

## VIEW

my applications



- My PE Applications
- Other PE Applications

## APPLY

for benefits



- Submit Presumptive Eligibility Application

# Printable Application and Addendum Forms

Applicants requesting PE must complete the Application for Health Coverage and Help Paying Costs (Form 470-5170 or 470-5170S) and Addendum to Application for Presumptive Eligibility (Form 470-5192 or 470-5192S). Links for these forms can be found on the MPEP homepage.



## Data Collection for PE Determination

This portlet is the location of the online application. It is important that all client-provided information is entered into the application. The PE Determination, and subsequent ongoing Medicaid eligibility, will be the most accurate when all available information is entered.



## Data Collection for Ongoing Medicaid benefits

Some application data is not required for PE Determination, but will be used by DHS to process ongoing Medicaid applications. Completing as many fields as possible reduces the number of information requests DHS must make of the applicant(s) and speeds up members' benefit processing.

**VIEW**  
my applications



- My PE Applications
- Other PE Applications

**APPLY**  
for benefits



- Submit Presumptive Eligibility Application



## ***Tip: Eligibility Determination Calculations***

ACA has changed PE eligibility determinations including household composition and size determination, and income and deduction inclusions. All PE calculations are completed by MPEP using the ACA rules and the client information. QEs do not need to complete any manual determinations.



## Data Completion

The application collects information in the following order: Primary Applicant, Other Household Members, Job and School, Income and Tax, Relationships, and Insurance Information. At any point during the application, the user can click one of the chevrons to go to a different category area.

- [Update Training Date](#)
- [Change My Password](#)
- [Printable PE Application](#)
- [Printable PE Addendum](#)

### Let's get started

*As a Qualified Entity, you have been authorized to process a Presumptive Eligibility determination.*

*You must answer the following questions based on the information provided by the applicant. Here are some things that you may be required to process the determination:*

- *Confirmation of any prior Presumptive Eligibility Coverage or existing Medicaid coverage*
- *First name*
- *Last name*
- *Home address*
- *Citizenship*
- *Income*
- *Self-attestation of pregnancy for pregnant woman*

*Upon completion of the required fields, a Presumptive Eligibility determination must be completed. An application for the appropriate Medicaid will be submitted for ongoing coverage.*

- \*You confirm that the information gathered on the following pages is based on the applicant's statement and self-attestation. You also confirm the applicant has agreed to provide the information and all are true for processing the Presumptive Eligibility determination and submission of a Medicaid application on their behalf.

## Let's get started

This page addresses some of the QE responsibilities in processing a PE Determination. There is a required field the QE must click to confirm that the data being entered is based on client information provided for the processing of a Medicaid application.

- Update Training Date
- Change My Password
- Printable PE Application
- Printable PE Addendum

### Instructions

*The tabs above tell you what kind of questions we will be asking. You will not have to answer all the questions. It is best to answer as many questions as you can. The bar below the tabs tells how close you are to finishing the application.*

*\**

*You'll see some questions with a star - next to them. You must answer these questions before you can go on to the next page.*



*Check this box next to the item you want to select.*



*Check this button next to the item you want to select.*

**Save and Continue**

*The Save and Continue button takes you to the next page.*

**Back**

*The Back button takes you to the page before the one you are on now.*

**Edit**

*The Edit button takes you to a person's information so you can make changes.*

Link Text

## ***Tip: Application Instructions***

The Instructions page gives an overview of basic system operations, including buttons and functions within the application. To go to a previous page, use the MPEP system **back** button and not the browser back button. It is important to note that a **\*** indicates a field is required.

The screenshot displays the 'PRESUMPTIVE ELIGIBILITY (PE) PORTAL' interface. At the top left is the Iowa Department of Human Services logo. The top right shows the user 'Tom Supervisor' and a 'Log Out' link. On the left, there is an 'Information' section with a 'Links' sub-section containing: 'Update Training Date', 'Change My Password', 'Printable PE Application', and 'Printable PE Addendum'. The main content area features a 'VIEW my application' section with two columns of application options. A blue circular highlight is drawn around a 'WARNING!' dialog box that is overlaid on the application cards. The dialog box contains the following text: 'Your session will timeout in 01:27 minutes. Click continue working to continue to extend your session or cancel to continue working without extending your session. Any unsaved work will be lost when the session expires.' At the bottom of the dialog are two buttons: 'Continue Working' and 'Cancel'.

## ***Tip: Session Timeout***

For security purposes, MPEP sessions timeout after 5 minutes. A warning message appears 2 minutes before timing out. The user can continue with the session by clicking the **Continue Working** button.

## Application Example: Household ABC

Name	Relshp	Info	Possible PE Programs	Benefits/Limits
Ani	Parent/ Spouse	Pregnant Parent	Pregnant Woman (PW) Hospital Group Parent/Caretaker Iowa Health and Wellness	PW Higher income limit Do not have to apply for full Medicaid Limited to ambulatory prenatal care Hospital Group Lower income limit Do not have to apply for full Medicaid Full Medicaid benefits
Bob	Parent/ Spouse	Parent	Hospital Group Parent/ Caretaker Iowa Health and Wellness	Same
Chaz	Son	18 in HS E-MIYA	Children Hospital Group EMIYA	Children – Higher income limit E-MIYA – No income limit

## Program Determination

An applicant may be eligible for multiple PE programs. It is the responsibility of the QE to know the options, requirements, and benefits of each PE Program Type in order to select the optimal program for the applicant(s).

Select a Program\*

\*Red asterisk indicates required

- PE BCCT
- PE Children
- PE Hospital Groups
- PE Pregnant Women

Back

Save and Continue

## Select Program(s)

PE program(s) selection is the first part of the application. The QE must select at least one program for an application.

**Note:** It is advisable to select all QE authorized programs shown on this page. Later in the application each applicant will be assigned, by the QE, to a specific program.

**APPLY**  
for benefits

**Enter Personal Information**

Welcome → **Start Application** → People → Job and School → Income → Other → Submit Application

Percent Complete: 0.0%

\* Red asterisk indicates required

**Applicant's Information**

First Name \* Mother Middle Initial Last Name \* Patient Suffix Maiden Name

**Contact Information**

Home Phone Number (999)999-9999 Mobile Phone Number (999)999-9999

**Address Information**

Do you have a home address? \*  
 Yes  No

Home Address Line 1 \*  
101 River Street

Home Address Line 2

City \* Des Moines State \* Iowa County Polk

Is your mailing address the same as your home address?  
 Yes  No

\* Red asterisk indicates required

Personal Email Address(example@abc.com):  
 Error! Email address must be in example@abc.com format Do you have a home address? \*  
 Error! Required Field Mobile Phone Number (999)999-9999:  
 Error! The phone number must be in the form (999)999-9999. Home Phone Number (999)999-9999:  
 Error! The phone number must be in the form (999)999-9999.

**Applicant's Information**

First Name \* Presumptive Middle Initial Last Name \* Patient Suffix Select One Maiden Name

**Contact Information**

Home Phone Number (999)999-9999 89899 Mobile Phone Number (999)999-9999 87122 Personal Email Address(example@abc.com) presumptive

Error! The phone number must be in the form (999)999-9999. Error! The phone number must be in the form (999)999-9999. Error! Email address must be in example@abc.com format

## Enter Personal Information

The first data collection page includes basic information. Additional fields may display, depending on the address information. **Note:** If required information is missing or entered in an incorrect format the **Error!** Message(s) will display after clicking the Save and Continue button.

## Select Address

Welcome

Start Application

People

Job and School

Income

Other

Submit Application

Percent Complete: 1.0%

Please choose one option for Home address and one option for mailing address.

Please choose one of the option for Home address.

Your Home address as you entered is:

125  
DES MOINES, IA DAVIS 50266

## Select Address

Welcome

Start Application

People

Job and School

Income

Other

Submit Application

Percent Complete: 1.0%

The Home and mailing address you entered has been corrected.

The Home address you entered has been corrected.

Your Home address as you entered is:

125  
DES MOINES, IA DAVIS 50266

Your Mailing address as you entered is:

125  
DES MOINES, IA DAVIS 50266

Back

Save and Continue

## Select Address

After completing the previous page, the system displays the entered address(es) in a standard format. The user must select at least one address. **Note:** If both home/physical and mailing addresses are entered, the user must select one home/physical address and one mailing address.

- [Update Training Date](#)
- [Change My Password](#)
- [Printable PE Application](#)
- [Printable PE Addendum](#)

## APPLY

### for benefits

#### Tell us More



Percent Complete: 1.0%

Please give us additional information about yourself. If you cannot answer a question you can skip it.

#### Father Patient

Application Date: \* 11/01/2013

Are you male or female? \*  Male  Female

Date of Birth(mm/dd/yyyy): \* 04/24/1977

Social Security Number (ie 123-45-6789): .....

Is the first and last name you provided the same name that appears on your Social Security card?  Yes  No

Marital Status: Select One

Are you Disabled?  Yes  No

Are you Blind?  Yes  No

Are you applying for Presumptive Eligibility? \*  Yes  No

Which type of Presumptive Eligibility? \* PE Children

## Tell us More

Required on this page: *Application Date\**, *Gender\**, *DOB\**, *Applying for PE?\**, *PE type\**, *Received PE in past 12 months?\** and *Current Medicaid Coverage?\**. **Note:** The *Application Date\** must be accurately entered. An incorrect date can cause a denial, non-payment or other issues.

- Update Training Date
- Change My Password
- Printable PE Application
- Printable PE Addendum

### Tell us More

Welcome → **Start Application** → People → Job and School → Income → Other → Submit Application

Percent Complete: 4.0%

Please give us additional information about yourself. If you cannot answer a question you can skip it.

#### Father Patient

Application Date: \* 11/01/2013

Are you male or female? \*  Male  Female

Date of Birth(mm/dd/yyyy): \* 04/24/1977

Social Security Number (ie 123-45-6789) \*\*\*\*\*

Is the first and last name you provided the same name that appears on your Social Security card?  Yes  No

Marital Status: Select One

Are you Disabled?  Yes  No

Are you Blind?  Yes  No

Are you applying for Presumptive Eligibility? \*  Yes  No

Which type of Presumptive Eligibility? \* PE Children

## Tip: Social Security Number / PE Program Type

The *Social Security Number (SSN)* field is important and is to be populated with an accurate SSN. If the applicant does not have a valid SSN, leave this field blank.

Select the *PE Program Type* from the drop-down box, populated with selections from the application's first page.

**APPLY for benefits**

**Tell us More**

Welcome → **Start Application** → People → Job and School → Income → Other → Submit Application

Percent Complete: 20%

Are you applying for Presumptive Eligibility? \*  Yes  No

Which type of Presumptive Eligibility? \* PE Choice

**Have you received Presumptive Eligibility in the last 12 months? \***  Yes  No

Are you currently receiving Medicaid Coverage? \*  Yes  No

Do you have any dependents living with you?  Yes  No

Do you have Medicare?  Yes  No

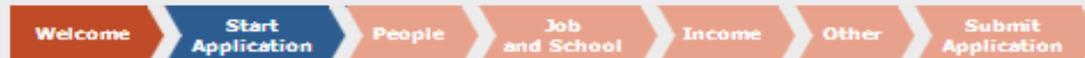
Back Save and Continue

## ***Tip: Received PE in the last 12 months?***

- Application month is the start of the 12 month period.
- Pregnant Women should only answer ‘**Yes**’, if they received PE during current pregnancy.
- Pregnant Women allowed PE once per pregnancy.
- BCCT does not have limits on prior PE periods.

- Update Training Date
- Change My Password
- Printable PE Application
- Printable PE Addendum

### Tell us More



Percent Complete 1.0%

Please give us additional information about yourself. If you cannot answer a question you can skip it.

#### Father Patient

Application Date: \*

Are you male or female? \*  Male  Female

Date of Birth(mm/dd/yyyy): \*

Social Security Number (ie 123-45-6789)

Is the first and last name you provided the same name that appears on your Social Security card?  Yes  No

Marital Status:

Are you Disabled?  Yes  No

Are you Blind?  Yes  No

Are you applying for Presumptive Eligibility? \*  Yes  No

Which type of Presumptive Eligibility? \*

## Tip: Creating a State ID Number

On this page, clicking [Save and Continue](#) creates a new **State Identification (SID)** number or finds an existing SID if the applicant has a Social Security number and is already in the system. The Notice of Action (NOA) and completed application both display the SID.

- Update Training Date
- Change My Password
- Printable PE Application
- Printable PE Addendum

### Tell us More



Percent Complete: 100%

Please give us additional information about yourself. If you cannot answer a question you can skip it.

### PE Test

Application Date: \*

Are you male or female?\*  Male  Female

Date of Birth(mm/dd/yyyy): \*

Social Security Number (ie 123-45-6789):

Is the first and last name you provided the same name that appears on your Social Security card?  Yes  No

Marital Status:

Are you Disabled?  Yes  No

Are you Blind?  Yes  No

Are you Pregnant?  Yes  No

Pregnancy Due Date: \*

Number of expected Babies:

Are you applying for Presumptive Disability?  Yes  No

## Tip: Are you Pregnant?

If an applicant answers that she is pregnant, two additional fields display. *Due Date* shows as required. *Number of expected Babies* is needed for accurate PE Determination results. **Note:** Number of expected babies is **required for correct PE results for Pregnant Women.**

- Update Training Date
- Change My Password
- Printable PE Application
- Printable PE Addendum

### Background Information



Percent Complete 1.00%

Please give us additional information about yourself. If you can not answer a question you can skip it.

#### Presumptive Patient

Are you a resident of the state? \*

Yes  No

What is your preferred language?

Select One

Would you like to have a person who speaks your first language help you when you visit the office at no cost?

Yes  No

Were you born in the U.S.?

Yes  No

What is your race?

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- ...

## Background Information

*State Residency\** is the starred question on this page. This page uses dynamic questions that may open up more fields. One example is *Were you born in the U.S.?* which may open additional fields, making it a question that is required for accurate PE Determination results.

## Start Application Summary

Welcome Start Application People Job and School Income Other Submit Application

Percent Complete: 1.0%

Please give us additional information about yourself. If you can not answer a question you can skip it.

smith sally

Do you want to apply for ongoing Medicaid?  Yes  No

Are you a resident of the state? \*  Yes  No

What is your preferred language?

Would you like to have a person who speaks your first language help you when you visit the office at no cost?  Yes  No

Were you ever in foster care?  Yes  No

Do you have a parent living outside the home?  Yes  No

Did you have insurance through a job and lose it within the past 3 months?  Yes  No

Were you born in the U.S.?  Yes  No

Do you have eligible immigration status? \*  Yes  No

What is your citizenship status?

Document Type:

ID Number:

Is the first and last name provided for yourself the same name that appears on this document?  Yes  No

First Name

Last Name

Have you lived in the U.S. since 1996?  Yes  No

What is your race?

American Indian or Alaska Native

Asian

Black or African American

Hispanic or Latino

Native Hawaiian or Other Pacific Islander

White

Unknown

Back Save and Continue

## Start Application Summary

Welcome Start Application People Job and School Income Other Submit Application

Percent Complete: 1.0%

Please give us additional information about yourself. If you can not answer a question you can skip it.

smith sally

Do you want to apply for ongoing Medicaid?  Yes  No

Are you a resident of the state? \*  Yes  No

What is your preferred language?

Would you like to have a person who speaks your first language help you when you visit the office at no cost?  Yes  No

Were you ever in foster care?  Yes  No

Do you have a parent living outside the home?  Yes  No

Did you have insurance through a job and lose it within the past 3 months?  Yes  No

Were you born in the U.S.?  Yes  No

Do you have eligible immigration status? \*  Yes  No

What is your citizenship status?

Document Type:

ID Number:

Is the first and last name provided for yourself the same name that appears on this document?  Yes  No

First Name

Last Name

Have you lived in the U.S. since 1996?  Yes  No

What is your race?

American Indian or Alaska Native

Asian

Black or African American

Hispanic or Latino

Native Hawaiian or Other Pacific Islander

White

Unknown

Back Save and Continue

## Tip: Were you born in the U.S.?

To receive correct PE determination, it is required to answer this question. Additional fields display with an answer of 'No'. One additional question is *Do you have eligible immigration status?* The Federal Government has a website on Immigration Status and Eligibility. (see next slide)

<https://www.healthcare.gov/what-do-immigrant-families-need-to-know>

The screenshot shows the HealthCare.gov website interface. At the top, there is a navigation bar with 'HealthCare.gov' on the left, and 'Learn', 'Get Insurance', and 'Log in' in the center. A 'Español' button is on the right. Below this is a secondary navigation bar with 'Individuals & Families', 'Small Businesses', and 'All Topics' with a dropdown arrow. A search bar with a 'SEARCH' button is on the right. The main content area has a 'TOPICS' section with two buttons: 'Other Health Insurance Programs' and 'Health Insurance Marketplace'. The article title 'What do immigrant families need to know about the Marketplace?' is prominently displayed. Below the title are social media sharing icons for Twitter, Facebook, and Email, and a 'PRINT' button. A short introductory paragraph reads: 'Immigrant families have important Marketplace eligibility details to consider. This page will help you understand your coverage options.' To the right of the article is a 'RELATED CONTENT' section with three links: 'Are my children eligible for CHIP?', 'Am I eligible for coverage in the Marketplace?', and 'What do American Indians and Alaska Natives need to know about the Marketplace?'. Below that is a 'MAY INTEREST YOU' section.

## ***Information: Immigrant Status and Eligibility***

Immigrant families have important eligibility details to consider. The **Federal Government** website (*link shown above*) gives information on **Immigrant Status and Eligibility**, including a list of eligible immigration statuses.

Update Training Date  
 Change My Password  
 Printable PE Application  
 Printable PE Addendum

## Background Information



Percent Complete 100%

Please give us additional information about yourself. If you can not answer a question you can skip it.

## Presumptive Child

Do you want to apply for ongoing Medicaid?  Yes  No

Are you a resident of the state? \*  Yes  No

What is your preferred language?

Would you like to have a person who speaks your first language help you when you visit the office at no cost?  Yes  No

Were you ever in foster care?  Yes  No

Do you have a parent living outside the home?  Yes  No

Did you have insurance through a job and lose it within the past 3 months?  Yes  No

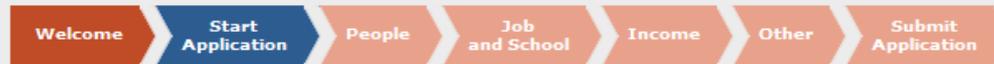
Were you born in the U.S.?  Yes  No

## ***Tip: Want to apply for ongoing Medicaid?***

This question is asked **only** of BCCT and PW Applicants. It is **required** that QEs ask BCCT/PW Applicants this question. **Important:** If an approved PE Application is processed for ongoing Medicaid benefits and does not meet the eligibility requirements, the PE ends immediately.

Update Training Date  
 Change My Password  
 Printable PE Application  
 Printable PE Addendum

## Background Information



Percent Complete: 10%

Please give us additional information about yourself. If you can not answer a question you can skip it.

## Presumptive Child

Do you want to apply for ongoing Medicaid?  Yes  No

Are you a resident of the state? \*  Yes  No

What is your preferred language?  ▾

Would you like to have a person who speaks your first language help you when you visit the office at no cost?  Yes  No

Were you ever in foster care?  Yes  No

Do you have a parent living outside the home?  Yes  No

Did you have insurance through a job and lose it within the past 3 months?  Yes  No

Were you born in the U.S.?  Yes  No

What is your race?  American Indian or Alaskan

## Tip: Ever in Foster Care?

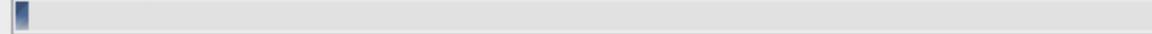
For the question, *Were you ever in foster care?* the PE applicant should answer ‘**Yes**’ **only** if he or she was concurrently enrolled in foster care and Medicaid, in Iowa, at the age 18 or older.

- Update Training Date
- Change My Password
- Printable PE Application
- Printable PE Addendum

Start Application Summary



Percent Complete: 1.0%



Tell us More  Show All | Hide All

Lady Patient Hide Details

Application Date: \* 11/01/2013

Are you male or female?\* Female

Date of Birth(mm/dd/yyyy): \* 04/07/1980

Social Security Number (ie 123-45-6789): \* \*\*\*-\*\*-\*\*\*\*

Is the first and last name you provided the same name that appears on your Social Security card:

Marital Status.

Are you Disabled?

Are you Blind?

Are you Pregnant?

Are you applying for Presumptive Eligibility? \* Yes

Which type of Presumptive Eligibility? \* PW

Have you received Presumptive Eligibility in the last 12 months? \* No

Are you currently receiving Medicaid Coverage? \*

# Summary

This page summarizes background information that the applicant has entered to this point. Information can be reviewed and edited on any and all of the summary pages.

**Note:** Each section of the application has a **Summary** page for reviewing and editing.

Links

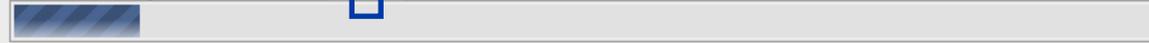
- Update Training Date
- Change My Password
- Printable PE Application
- Printable PE Addendum

for Benefits

Information about the people living in your home



Percent Complete: 11.0%



Note: \* You must answer these questions

When did the new person join the household? (mm/dd/yyyy) \*

First Name: \*

Middle Name:

Last Name: \*

Suffix:

What is the living situation of this person? \*

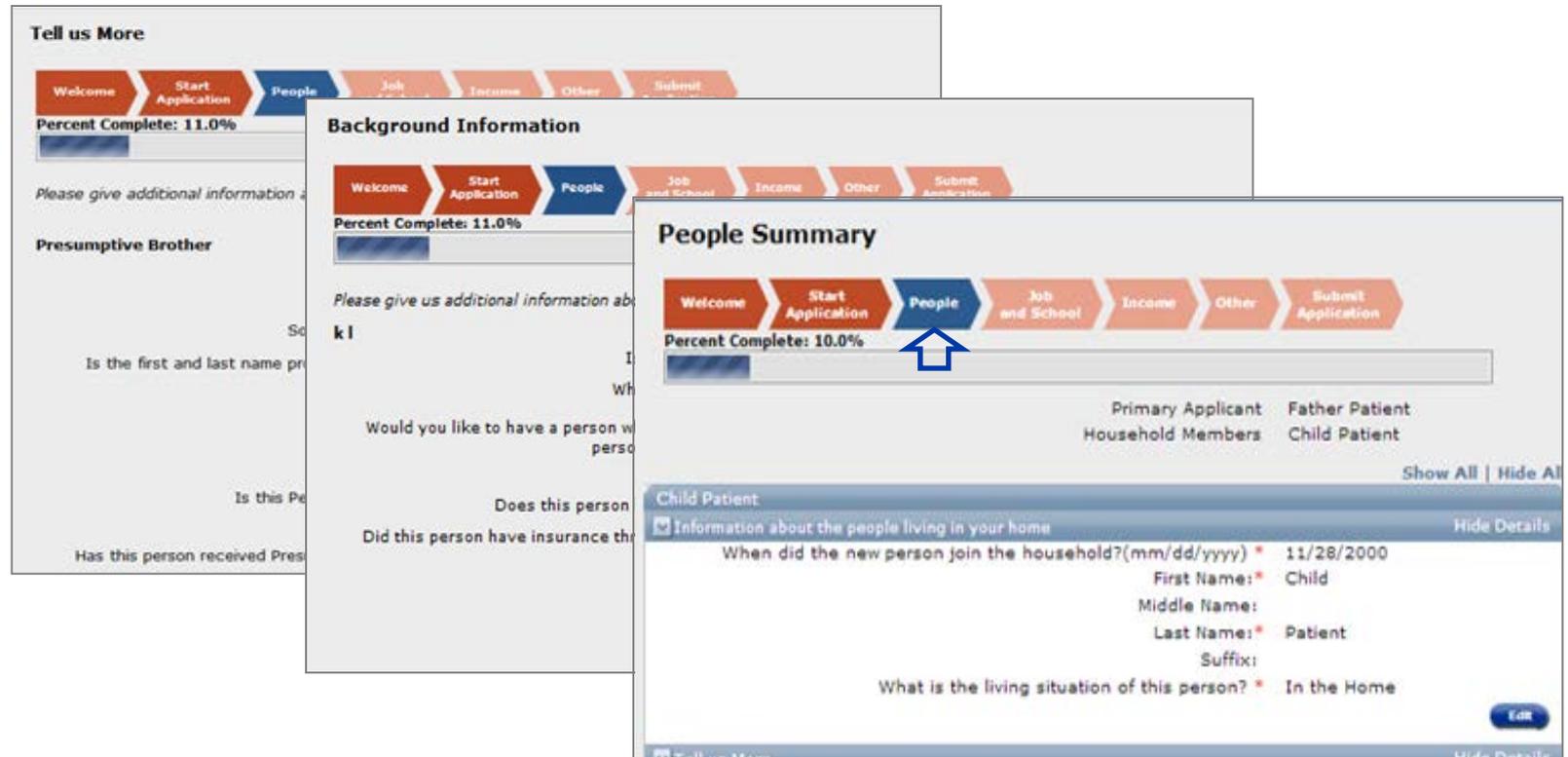
- In the Home
- Temporarily Out of the Home
- Permanently Out of the Home

Back

Save and Continue

## Information about People Living in Your Home

There are required fields for people in your household: *Date the person entered the household\**, *First and Last Names\**, *Person's Living Situation\**. **Note:** Unless specified, enter a date three months prior to the application for household entry date and enter *in the home* for living situation.



## Tell Us More (About People in the Household)

The next application sections are about the People in the Household. The same questions that were asked of the primary applicant are now asked of the additional household members. As is true in all areas, a summary page displays at the end of the section.

## Information

### Links

Update Training Date  
Change My Password  
Printable PE Application  
Printable PE Addendum

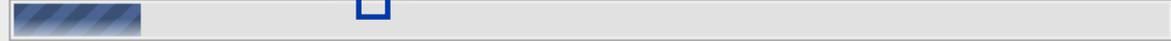
## APPLY

### for Benefits

#### People Summary



Percent Complete: 11.0%



Primary Applicant Steward Hansen  
Household Members Susie Hansen

Show All | Hide All

Susie Hansen

Information about the people living in your home

Show Details

Tell us More

Show Details

Background Information

Show Details

Delete Person

Is anyone else in your home?

Add Another Person

## **Tip: Summary Pages – Delete/Add, Show/Hide**

On any of the **Summary** pages, the user can delete or add Household Members, other than the Primary Applicant. To collapse or expand all of the section summaries click **Hide All** or **Show All**, respectively. To expand or close a specific section, use the arrow buttons on the left.

for Benefits

School, College or Training

Welcome Start Application People Job and School Income Other Submit Application

Percent Complete: 26.0%

You told us there are people in your home who are going to school or college. Please tell us more about these people by filling in the information below

Select a person \* Select One

Name of the School:

for benefits

Job and School

Welcome Start Application People Job and School Income Other Submit Application

Percent Complete: 22.0%

Next we will ask you some questions about the people in your home that have a job, attend school or are in training.

**Mother Patient**

Is anyone going to school, college or in training?  Yes  No

Is anyone working, planning to work in the next two months or is self employed?  Yes  No

Back Save and Continue

## School

The **Job and School** page is used to collect school information for the household members. The question *'Is anyone going to school?'* only needs to be answered if there is an 18 year old in the household who is still in high school. Additional fields display with a *'Yes'* answer.

**Job and Job History**

Welcome Start Application People **Job and School** Income Other Submit Application

Percent Complete: 26.0%

You told us that there are people in your home who have been working, self-employed or in training in the past 24 months or planning to work in the next two months. Please tell us more about these people by filling in the information below.

Select a person \*

Work or Training: \*  Work  Training

Start Date (mm/dd/yyyy)?\*

Is this job self-employment?  Yes  No

Employer Name:

Job Title:

Number of Hours of Work per Month:

Monthly Gross Income (before taxes):

Tips or Commissions :

In the past 6 months, d

for benefits

**Job and School**

Welcome Start Application People **Job and School** Income Other Submit Application

Percent Complete: 22.0%

Next we will ask you some questions about the people in your home that have a job, attend school or are in training.

**Mother Patient**

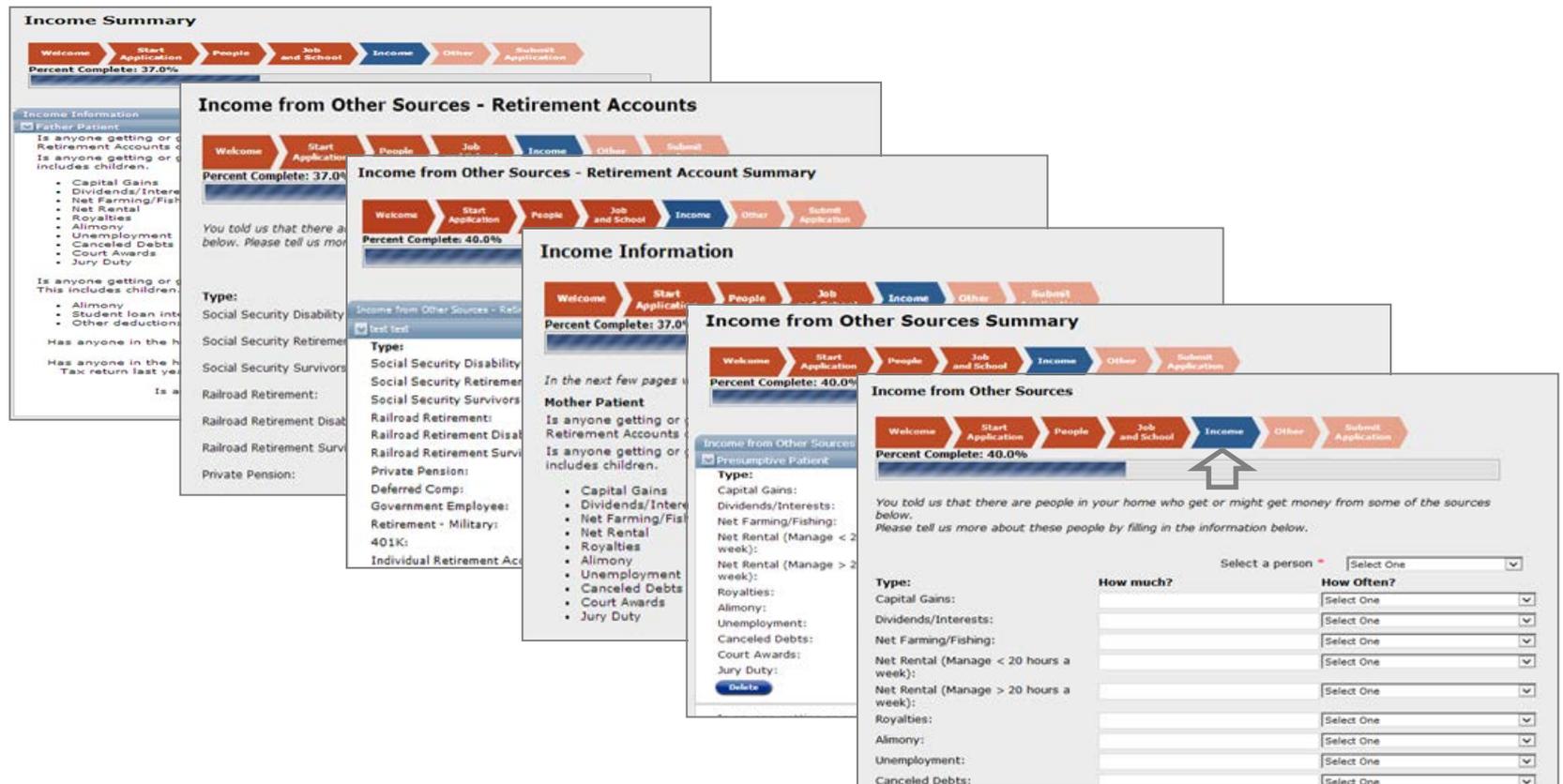
Is anyone going to school, college or in training?  Yes  No

Is anyone working, planning to work in the next two months or is self employed?  Yes  No

Back Save and Continue

## Job

This page also collects work information. If anyone in the household *'is working or plans to work in the next two months'*, the work question needs to be answered *'Yes'*. If this question is answered *'Yes'* for any of the household members, additional job pages will be displayed.



## Income Section: *Other than Earned Income*

This section is about household members who earn/receive money from sources other than earned income including Retirement accounts, IRAs, and Pensions. **Note:** ACA has changed countable income. PE Medicaid now follows the Federal tax rules, with a few exceptions.

**Deductions Summary**

Welcome Start Application People Job and School **Income** Other Submit Application

Percent Complete: 37.0%

---

**Deductions**

Presumptive Patient

Type:	How much?	How often?
Alimony:		
Student Loan Interest:		
Other Deductions:		Other deductions type:

[Delete](#)

Is anyone getting or going to get deductions from any of these? This includes children.

- Alimony
- Student loan interest
- Other deductions

**Deductions**

Welcome Start Application People Job and School **Income** Other Submit Application

Percent Complete: 37.0%

*If this person pays for certain things that can be deducted on a federal income tax return, telling us about them could make the cost of health insurance a little lower.*

Select a person:

Type:	How much?	How often?
Alimony:	<input type="text"/>	<input type="text" value="Select One"/>
Student Loan Interest:	<input type="text"/>	<input type="text" value="Select One"/>
Other Deductions:	<input type="text"/>	<input type="text" value="Select One"/>

Other deductions type:

[Back](#) [Save and Continue](#)

## Deductions

The **Deductions** section includes federal income tax deduction types, amounts, and frequency. **Note:** Under ACA, PE Medicaid follows tax rules when considering allowable deductions. The PE application forms only ask about deductions that are allowed under U.S. tax rules.

## Information

### Links

- [Update Training Date](#)
- [Change My Password](#)
- [Printable PE Application](#)
- [Printable PE Addendum](#)

## APPLY for Benefits

### Tax information about the people in your home



Percent Complete: 40.0%

We may use the federal tax info to see if you can get Medicaid. Tell us more by filling in the information below.

#### Child Patient

Does this person plan to file a tax return for the income earned in this year?

Select One

Will this person be claimed as a dependent by someone on this application that is filing taxes for income earned in this year?

Yes  No

#### OTHER DEPENDENTS

Can you claim a dependent(s) not listed on this application?

Yes  No

#### Brother Presumptive

Does this person plan to file a tax return for the income earned in this year?

Select One

Will this person be claimed as a dependent by someone on this application that is filing taxes for income earned in this year?

Yes  No

#### OTHER DEPENDENTS

Can you claim a dependent(s) not listed on this application?

Yes  No

[Back](#) [Save and Continue](#)

## Tax Information

Income tax information, including tax filing status and tax dependent status, are used to determine household size and income. Under ACA rules, household size and income may be different for individuals within the same home, based on household composition and tax filing status.

## Paper Application

### Do you plan to file a federal income tax return NEXT YEAR?

(You can still apply for health insurance even if you don't file a federal income tax return.)

Yes. **If yes**, please answer questions 1-3.  No. **If no**, skip to question 3.

Yes  No 1. Will you file jointly with a spouse?  
**If yes**, name of spouse: \_\_\_\_\_

Yes  No 2. Will you claim any dependents on your tax return?  
**If yes**, list names of dependents: \_\_\_\_\_

Yes  No 3. Will you be claimed as a dependent on someone's tax return? **If yes**, list the name of the tax filer: \_\_\_\_\_  
How are you related to the tax filer? \_\_\_\_\_

## MPEP Application

Has anyone in the household filed a Tax return last year, or plan to file a tax return this year?

Has anyone in the household been claimed as a dependent on a Tax return last year, or plan to be claimed as a dependent this year?

## Tip: Tax Information Year

The paper application asks about *filing a federal income tax return next year*. The MPEP refers to *filing a tax return this year*. **Note:** The **Tax Year** to be referenced is as follows:

- Applications submitted 1/1 through 4/15, use the prior year
- Applications submitted 4/16 through 12/31, use current year

**Yearly Income Summary**

Welcome Start Application People Job and School **Income** Other Submit Application

Percent Complete: 40.0%

Yearly Income

Presumptive Patient

Delete

Is anyone's month to m

for benefits

**Yearly Income**

Welcome Start Application People Job and School **Income** Other Submit Application

Percent Complete: 40.0%

Tell us what you expect the yearly income to be. For example, some people expect their income to change because they only work some months of the year.

Select a person:

Total income next year:

Total income this year:

Back Save and Continue

## Yearly Income

This **Income page** captures the expected yearly income for the individual(s)\* in the household.

## Information

### Links

Update Training Date  
Change My Password  
Printable PE Application  
Printable PE Addendum

## APPLY for benefits

### Household Relationships



Percent Complete: 65.0%

Listed below are all members of your household entered on the application. If any household member is missing, please return to the People Tab and add them. When all household members have been listed, please tell us each person's relationship to one another. This information is required to process your application.

Household Member	Relationship*	Related Household Member	Start Date	Parental Control
Father Patient	is the	Parent (biological/adopt	11/28/2000	<input checked="" type="checkbox"/>

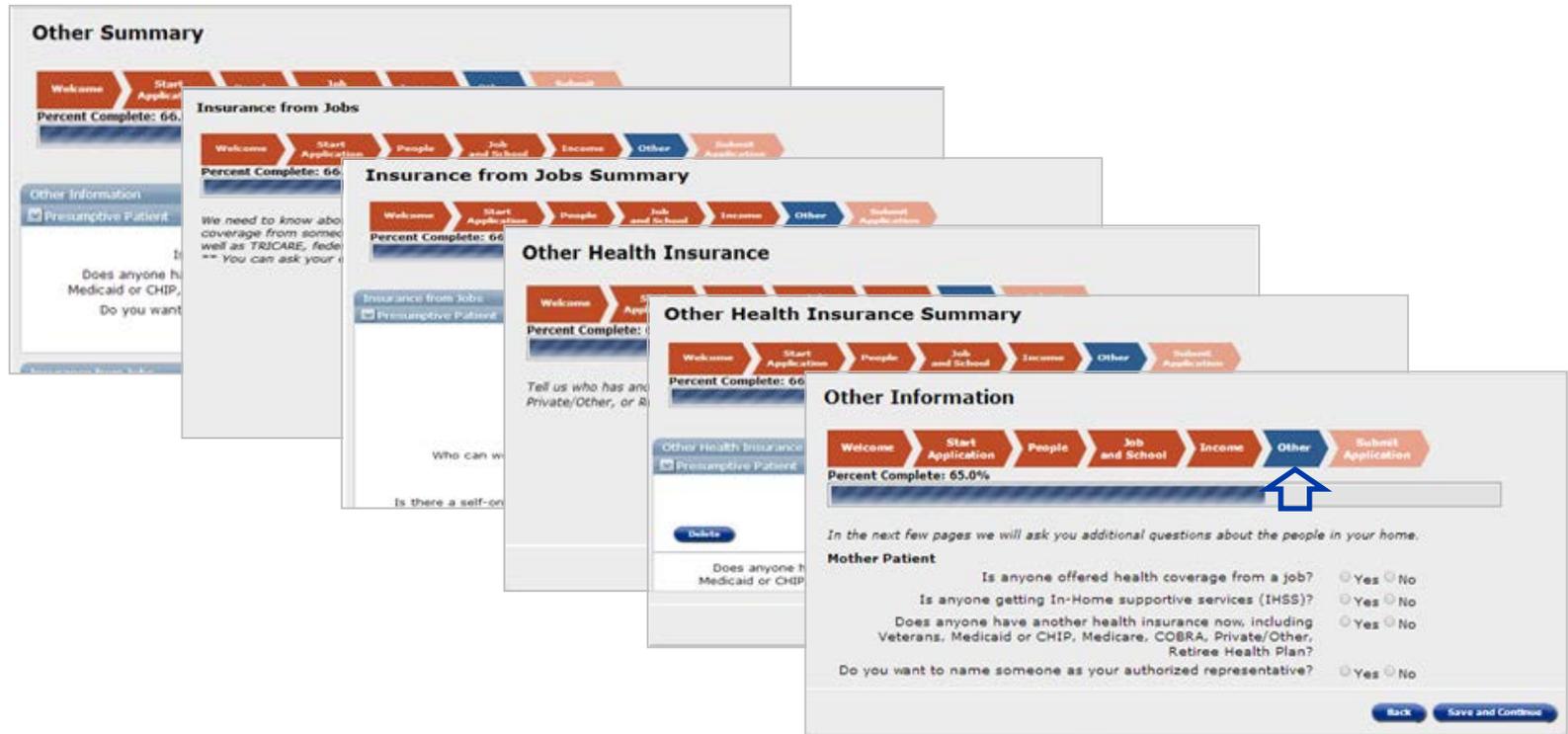
There is no other household member identified to have a relationship with. Please go to People category to add if you have missed anyone.

Back

Save and Continue

## Household Relationships

***Relationships\**** need to be established between all members of the household. Unless specified, enter ***Start Date*** as 3 months prior to application. For accurate PE Determination, ***Parental Control*** must be marked for all household adults who have Parental-type responsibilities.



## Other Information: Health Insurance

The Health Insurance pages, within Other Information, are used to gather household member Health Insurance information. Additional screens and fields display with a *‘Yes’* answer to *‘health coverage from a job?’* and/or *‘health insurance from other sources?’*.

## Information

### Links

[Update Training Date](#)  
[Change My Password](#)  
[Printable PE Application](#)  
[Printable PE Addendum](#)

## APPLY

### for benefits

#### Authorized Representative



Percent Complete: 65.0%



*You can give a trusted friend or partner permission to talk about this application with us, see your information and act for you on matters related to this application. This person is called an "authorized representative"*

#### Presumptive Patient

First Name:

Last Name:

Address:

Apartment Number:

City:

State:

## Other Information: Authorized Representative

On this page, applicants may choose to add an **Authorized Representative**. An authorized representative is an individual, identified by the applicant, with whom Medicaid application and benefits information may be shared.

## Information

### Links

Update Training Date  
Change My Password  
Printable PE Application  
Printable PE Addendum

## APPLY

### for benefits

#### Determine Eligibility



Percent Complete: 100%

*Click the Determine Eligibility button below for the PE Determination*

Back

Determine Eligibility

## Determine Eligibility

After the application is complete, **Eligibility** is run by clicking the **Determine Eligibility** button. The PE portal uses ACA rules and applicant data to determine eligibility.

**Note:** The results show on the next page and are not final until accepted. Edits can be made before accepting results.

## Information

### Links

[Update Training Date](#)  
[Change My Password](#)  
[Printable PE Application](#)  
[Printable PE Addendum](#)

## APPLY

### for Benefits

#### Determination Results



Percent Complete: 100%

First Name	Last Name	Result	Reason	Type
Susie	Hansen	Approved		PE BCCT
Steward	Hansen	Denied	Not a U.S. Citizen	PE Children

[Back](#)

[Accept PE Results](#)

## Determination Results

Eligibility results for applicants are displayed on this page, based on appropriate PE type. If results are not what the QE expected, previous screens can be reviewed and corrected. Clicking [Accept PE Results](#) accepts and finalizes results. **Note:** The PE begin date is the eligibility approval date.

## Information

### Links

[Update Training Date](#)  
[Change My Password](#)  
[Printable PE Application](#)  
[Printable PE Addendum](#)

## APPLY

### for Benefits

#### Confirmation

Thank you.  
The following PE Determination results have been accepted.  
The PE and Medicaid application confirmation number is 0-to6vsc

First Name	Last Name	Result	Reason	Type
gregory	buckeye	Approved		PE Hospital Groups

PE Notice Language English

[Print Application](#)

[Print PE Notice](#)

[Exit](#)

## Confirmation

The Confirmation page contains important information; eligibility results, confirmation number, and print commands. **Note:** The QE is required to print the NOA to give to the applicant (select [Print PE Notice](#)) and to print a PDF of the application for the QE's file (select [Print Application](#)).

## Information

### Links

[Update Training Date](#)  
[Change My Password](#)  
[Printable PE Application](#)  
[Printable PE Addendum](#)

## APPLY for Benefits

### Confirmation

Thank you.  
The following PE Determination results have been accepted.  
The PE and Medicaid application confirmation number is 0-to6vsc

First Name	Last Name	Result	Reason	Type
gregory	buckeye	Approved		PE Hospital Groups

PE Notice Language english ▾

[Print Application](#)

[Print PE Notice](#)

[Exit](#)

## ***Tip: Application and PE NOA***

An important component of this page is printing the NOA and Application PDF. After this page, the QE will not have the ability to open or recreate a completed application.



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kia Reynolds  
Lt. Governor

Charles W. Peltzer  
Director

Date of Decision: 11/01/2013  
E-app Number: 1001712

## Presumptive Medicaid Eligibility Notice of Action - Approval

taylor taylor  
33 DRIVE  
DES MOINES, IA 50521

Dear taylor taylor

Congratulations! The people you applied for have been approved for Medicaid under Presumptive Eligibility (PE). Individuals can only receive PE once a year (or once per pregnancy or cancer treatment episode, if applicable).

Please use this letter as proof of PE for Medicaid. Show this letter to every doctor, pharmacy, or other medical service provider that you see. Not all services are covered. You must use an Iowa Medicaid provider.

PE for Medicaid is granted on a daily basis and may end at any time. The latest date that you will have PE for Medicaid is listed below. PE for Medicaid coverage will end earlier if an ongoing Medicaid application is processed by the Department of Human Services (DHS) before this date. You may find out if eligibility continues by calling Member Services at 1-800-339-7752.

### The following individuals have been approved for Medicaid on a temporary basis under Presumptive Eligibility

Name (First, Middle Initial, Last Name)	State ID	Date of Birth	PE Type	Date Coverage Begins	Date Coverage Ends
taylor taylor		02/02/1981	PE Hospital Group	11/01/2013	12/31/9999

### PROVIDERS: PLEASE READ

As a provider, you should know the following:

- This Notice of Action is an indicator of possible 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 1-800-339-7752. Eligibility verification through the ELVS line will be possible within 24-48 hours after this Notice of Action is issued.



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kia Reynolds  
Lt. Governor

Charles W. Peltzer  
Director

Date of Decision: 11/01/2013  
E-app Number: 1001712

## Presumptive Medicaid Eligibility Notice of Action - Approval

Remember - This is not a formal Medicaid eligibility determination. PE Medicaid coverage is temporary. You must follow through with an ongoing Medicaid application process to make sure that the individual(s) continue to receive the medical care and coverage they need.

### PE Types of Infants & Children and Other

Your application has been sent to DHS for a formal eligibility determination for ongoing Medicaid. Your PE Medicaid will end if you are not eligible for ongoing Medicaid. DHS will contact you when a decision is made about ongoing eligibility for Medicaid. They will also contact you if they need more information.

### PE Types of Pregnant Women and BCCT

DHS told us that you want DHS to make a formal eligibility determination for ongoing Medicaid, your application was sent to DHS. If not, you must file a Medicaid application on your own if you want to get Medicaid beyond the coverage ends shown above. If you file an application for ongoing Medicaid with DHS before the end of your PE period, your PE Medicaid will end if you are not eligible for ongoing Medicaid. DHS will contact you when a decision is made about ongoing eligibility for health insurance. They will also contact you if they need more information.

Covered services:

### PE Type of Pregnant Women

If approved for the PE type of Pregnant Women, you are presumptively eligible to receive Medicaid coverage only for the cost of ambulatory medical care. Ambulatory medical care means all Medicaid-covered services except charges for inpatient care in a hospital or other medical institution and charges for termination or delivery of the baby, including miscarriage.

### PE Types of Infants & Children and Other and BCCT

If approved for any of these PE types, you are presumptively eligible to receive Medicaid coverage for the cost of all Medicaid covered services.

The presumptive eligibility determination was made by:

Qualified Entity Name: Austin Hospital Association \_\_\_\_\_  
 Name of Person Completing: Tom Supervisor \_\_\_\_\_  
 Phone number: \_\_\_\_\_  
 e-mail address: \_\_\_\_\_

You have the right to file an appeal of this notice but appeal hearings are not granted on presumptive eligibility for Medicaid, based on 411 Iowa Admin. Code 7.5(2)(a)(8)

Date of Decision: 11/01/2013  
E-app Number: 1001712

## You Have the Right to Appeal

What is an appeal?

An appeal is asking for a hearing because you do not like a decision the Department of Human Services (DHS) makes. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [411 Iowa Administrative Code Chapter 7].

How do I appeal?

Filing an appeal is easy. You must appeal in writing for Medical Assistance. To appeal, do one of the following:

- Complete an appeal electronically at <https://ohsecure.dhs.state.ia.us/forms>, or
- Write a letter telling us why you think a decision is wrong, or
- Fill out an Appeal and Request for Hearing form. You can get this form at your county DHS office.

Send or take your appeal to the Department of Human Services, Appeals Section, 5th Floor, 1305 E. Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, you can ask for help from your county office or you may call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193 for Legal Aid.

How long do I have to appeal?

For Medical Assistance, you must file an appeal:

- Within 30 calendar days of the date of a decision or
- Before the date a decision goes into effect

If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing. If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

Can I continue to get benefits when my appeal is pending?

You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal:

- Within 10 calendar days of the date of a decision, or
- Before the date of a decision goes into effect

Any benefits you get while your appeal is being decided may have to be paid back if the Department's action is correct.

How will I know if I get a hearing?

You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. This letter will tell you why you did not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

Can I have someone else help me in the hearing?

You or someone else, such as a friend or relative can tell why you disagree with the Department's decision. You may also have a lawyer help you, but the Department will not pay for one. Your county DHS office can give you information about legal services. The cost of legal services will be based on your income, you may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, please send a letter detailing your complaint to: Iowa Department of Human Services, Hoover Building - 5th Floor, Policy Bureau 1305 E. Walnut, Des Moines IA 50319-0114 or via e-mail at: [Complaints@dhs.state.ia.us](mailto:Complaints@dhs.state.ia.us)

Additional Information:

You may look at the Employee's Manual (EM) and the Department's county office Health Insurance Portability and Accountability Act (HIPAA) information found online at [www.dhs.iowa.gov](http://www.dhs.iowa.gov).

# Sample: Notice of Action (NOA)

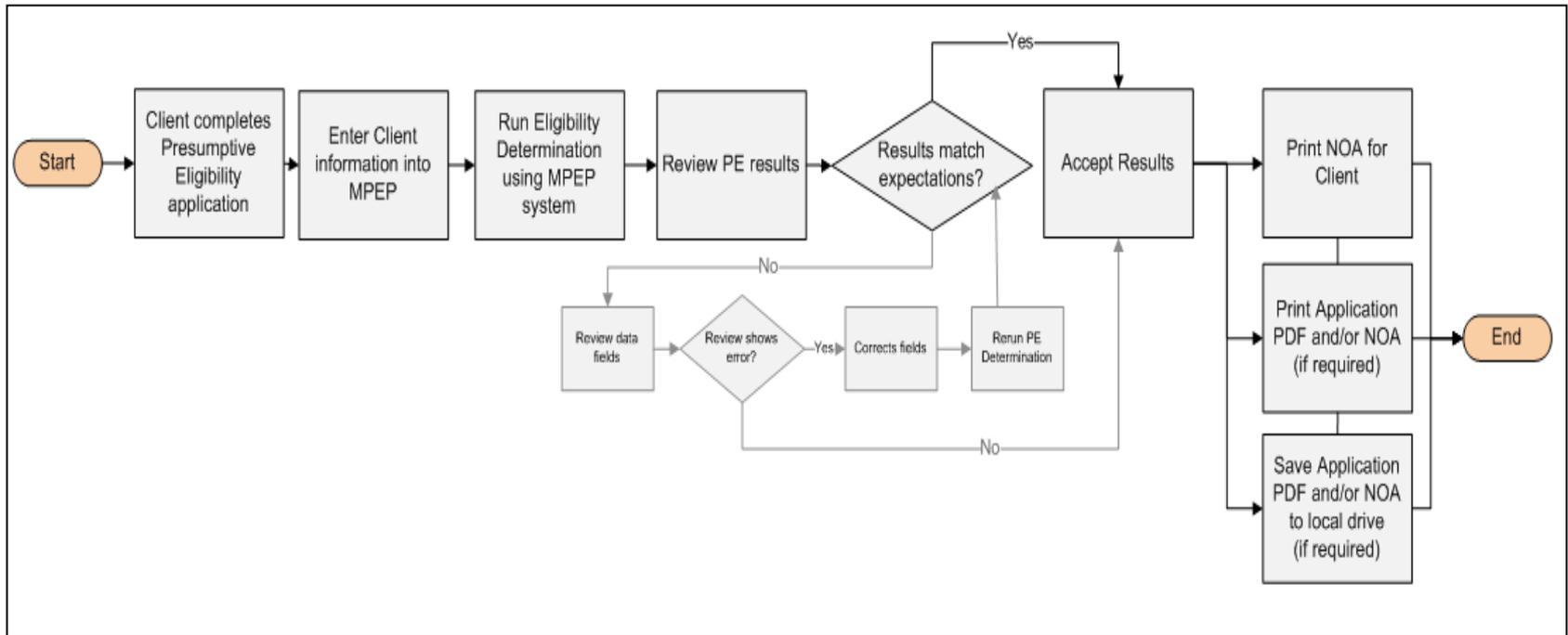
NOAs include PE Results, PE Type, Client and Program Information, Coverage Dates, Provider Information, PE Information and Benefits, and, possibly, Denial Reason. The Applicant Appeal Process is included in the NOA.

**Note:** Clients must present NOAs to providers for services.



## Summary – Presumptive Eligibility

Flow ■ ACA ■ Applications ■ Policies ■ MPEP



## ***PE Provider Application Process Flow***

The Process Flow for the PE Application is as follows:

1. PE application completed
2. Data entered into MPEP
3. Eligibility determined in MPEP
4. NOA given to applicant

## Summary: ACA Rules

- **ACA** Eligibility Determinations use **MAGI Rules**
- **MAGI = Modified Adjusted Gross Income**
- **MPEP uses ACA rules** to complete all calculations
- **Federal Tax rules** used to determine eligible income
- **Household (HH) size** is based on the tax-filing unit
- Household members may each have **own HH size**
- All claimed dependents are included in **family size**
- **MAGI** defines HH size to use when no one files taxes
- **Child support is excluded** from taxable income

# Summary: Application Information

- **Application date** must be accurate
- **All client-shared** data must be entered into MPEP
- Applicant information is **self-attested**
- **Completed** applications cannot be recreated or edited
- **Incomplete** (in progress) applications can be continued
- Applications **expire 5 days** after start, if not completed
- **Summary pages**, at each section end, can be edited
- **Tax Year** to be used: Applications submitted:
  - Jan 1 through April 15, use **previous year**
  - April 16 through Dec 31, use **current year**

## Summary: Application Information

- Only enter the **SSN** if accurate, otherwise leave blank
- **Due date** is required for PW
- Applicants can identify an **Authorized Representative**
- **PE for PW**: Expected number of babies is required
- For accurate PE Determination results, the question ***Were you born in the U.S.*** must be answered. Additional fields display depending on the answer.
- The **SID is created** after saving **Tell Us More** page
  - **Returning** and saving may create another SID
  - To avoid recreating a SID, use chevrons to navigate
- **Foster Care**: 'Yes' only if 18+ years and concurrently enrolled in Foster Care and Medicaid in Iowa

## Summary: PE Programs

- **PE Programs:** BCCT, Children, Hospital Groups, PW
- Important to **select best PE program** for the individual
- Households may have **different PE programs**
- An individual may only be on **one PE program**
- 12 month prior PE period starts with **application month**
- **PW:** Prior PE only counts if during current pregnancy
- **BCCT:** No 12 month limit for prior PE

## Summary: Ongoing Medicaid Benefits

- **All PE applications** will be processed by DHS for ongoing Medicaid eligibility (with exceptions below)
- **BCCT / PW** applicants required question, 'Do you want applications processed for ongoing Medicaid eligibility?'
- **PE ends immediately** for anyone with approved PE whose ongoing Medicaid application is then denied

## Summary: Documents

- **NOAs are required** to be printed for the client
- It is **required to print Application PDFs** for QE files
- Required to **save documentation for 5 years**
- Print **prior to exiting Confirmation page**
- NOAs and PDFs can be **saved to local computers**



## Presumptive Eligibility Resources

Policy ■ Technical ■ Rights and Responsibilities ■ Withdrawals

1-855-889-7985

IMEMPEPSupport@dhs.state.ia.us

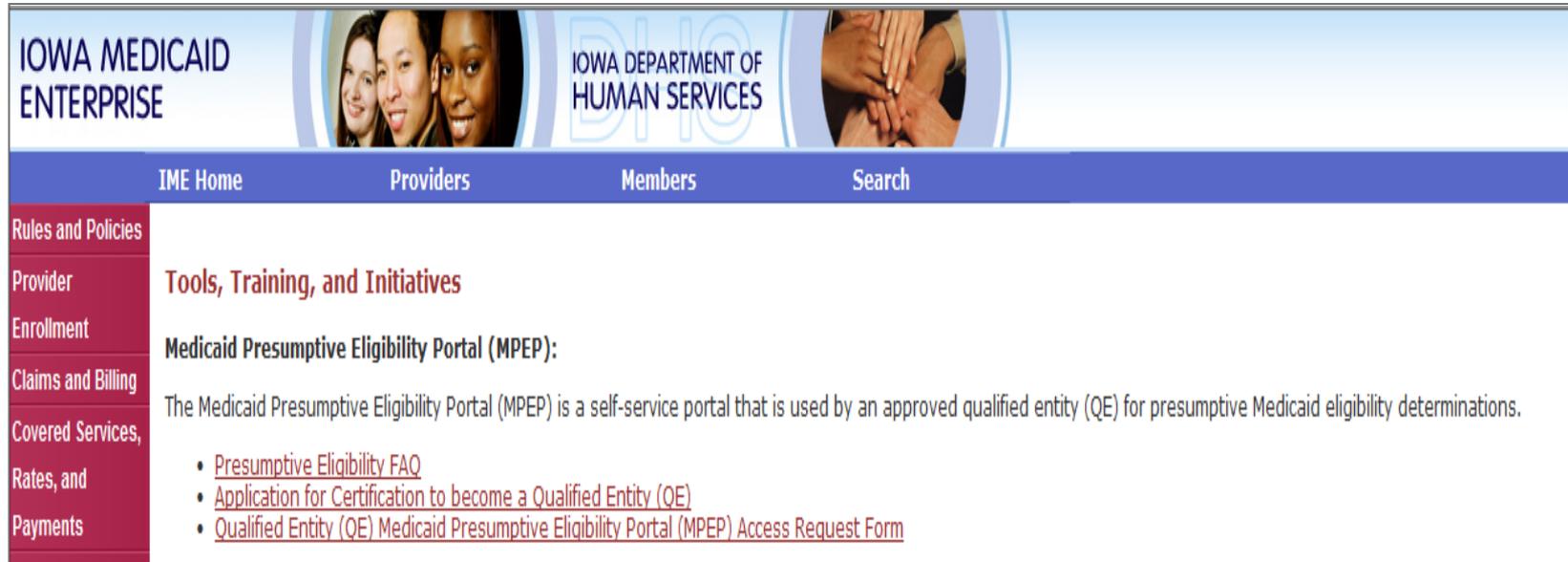


## ***QE Support: PE Policy and MPEP Technical***

Support is available for Qualified Entities through the Department of Human Services (DHS) Contact Center.

- Phone support: **855-889-7985** M-F 7 am – 6 pm
- Email support: [IMEMPEPSupport@dhs.state.ia.us](mailto:IMEMPEPSupport@dhs.state.ia.us)

<http://www.ime.state.ia.us/Providers/OnlineToolshtm>



The screenshot shows the top navigation bar of the Iowa Medicaid Enterprise website. The header includes the text "IOWA MEDICAID ENTERPRISE" on the left, a central logo for "IOWA DEPARTMENT OF HUMAN SERVICES" with the acronym "DHS" in large letters, and a photograph of three women's faces. Below the header is a blue navigation bar with links for "IME Home", "Providers", "Members", and "Search". A red sidebar menu on the left lists categories: "Rules and Policies", "Provider", "Enrollment", "Claims and Billing", "Covered Services,", "Rates, and", and "Payments". The "Provider" category is expanded, showing "Tools, Training, and Initiatives" and "Medicaid Presumptive Eligibility Portal (MPEP):". The MPEP section includes a descriptive paragraph and three bullet points with links: "Presumptive Eligibility FAQ", "Application for Certification to become a Qualified Entity (QE)", and "Qualified Entity (QE) Medicaid Presumptive Eligibility Portal (MPEP) Access Request Form".

## ***QE Support: Access to Online PE Materials***

Online PE materials are available at the **Iowa Medicaid Enterprise (IME)** website. These materials include Presumptive Eligibility FAQs, Qualified Entity (QE) MPEP Access Request Form, and the Application for Certification to become a Qualified Entity (QE).

The screenshot displays the Iowa DHS website interface. On the left, a vertical menu titled 'Information links' contains several options, with 'Rights and Responsibilities' circled in blue. The main content area features two large tiles. The first tile, 'CHECK eligibility', includes a photo of a smiling man and the text 'What benefits could I receive?'. The second tile, 'APPLY for benefits', includes a photo of a pregnant woman holding a child and the text 'Apply for assistance.'

## ***Applicant: Rights and Responsibilities***

QEs can go to the link above and print out the **Rights and Responsibilities** for an applicant who has requested a copy. Applicants can also go to the site, directly, if they wish. The applicant may also contact DHS and have a copy of the Rights and Responsibilities mailed to them.

<https://www.healthcare.gov/what-do-immigrant-families-need-to-know>

The screenshot shows the Healthcare.gov website interface. At the top, there is a navigation bar with 'HealthCare.gov' logo, 'Learn', 'Get Insurance', and 'Log in' links. A 'Español' button is also present. Below this is a secondary navigation bar with 'Individuals & Families', 'Small Businesses', and 'All Topics' dropdown, along with a search bar and a 'SEARCH' button. The main content area features a 'TOPICS' section with 'Other Health Insurance Programs' and 'Health Insurance Marketplace' tabs. The article title 'What do immigrant families need to know about the Marketplace?' is prominently displayed. Below the title are social media sharing options for Twitter, Facebook, and Email, and a 'PRINT' button. A short introductory paragraph states: 'Immigrant families have important Marketplace eligibility details to consider. This page will help you understand your coverage options.' To the right, there is a 'RELATED CONTENT' section with three links: 'Are my children eligible for CHIP?', 'Am I eligible for coverage in the Marketplace?', and 'What do American Indians and Alaska Natives need to know about the Marketplace?'. At the bottom of this section is a 'MAY INTEREST YOU' heading.

## ***Information: Immigrant Status and Eligibility***

Immigrant families have important eligibility details to consider. The **Federal Government Healthcare.gov** website (link shown above) gives information on Immigrant Status and Eligibility. This information includes a list of eligible immigration statuses.



### ***Applicant: Withdrawing An Application***

Ongoing Medicaid applications may be withdrawn by contacting **DHS** using the phone number shown above. If an application is withdrawn prior to DHS processing, it will not be processed. If receiving PE benefits, withdrawing the application will not impact the client's current PE benefits.



## Provider Education

Medicaid Presumptive Eligibility  
Policy and MPEP Training