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
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- Rights – Responsibilities
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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 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).

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
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**.
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.

- **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: 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.

- 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
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
PE Program Types

- Pregnant Women
- BCCT
- Children
- Hospital-Only Programs (Hospital Groups)
  - Iowa Health and Wellness Plan
  - Parents/Caretakers
  - Former Foster Care (E-MIYA)

**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
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. **QE**s 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.
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.
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.
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
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.
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.

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.
**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.
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.
**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.
**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.
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 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.
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

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.
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.
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.
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.
**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.
**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.**
**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.
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)
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.
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.
**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.
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.
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.
**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.
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

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

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.
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.
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

This **Income page** captures the expected yearly income for the individual(s)* in the household.
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?’.
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.
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.
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.
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).
**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.**
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
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
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).
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://dhsservices.iowa.gov/apspssp/ssp.portal
**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