Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

Presumptive Eligibility by Hospitals — S21

42 CFR 435.1110

One or more qualified hospitals are determining presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.

(•) Yes ( ) No

☑ The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

☑ A qualified hospital is a hospital that:

☑ Participates as a provider under the Medicaid state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.

☑ Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.

Assists individuals in completing and submitting the full application and understanding any documentation requirements.

(•) Yes ( ) No

☑ The eligibility groups or populations for which hospitals determine eligibility presumptively are:

- ☑ Pregnant Women
- ☑ Infants and Children under Age 19
- ☑ Parents and Other Caretaker Relatives
- ☑ Adult Group, if covered by the state
- ☑ Individuals above 133% FPL under Age 65, if covered by the state
- ☑ Individuals Eligible for Family Planning Services, if covered by the state
- ☑ Former Foster Care Children
- ☑ Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state
- ☐ Other Family/Adult groups:
- ☐ Eligibility groups for individuals age 65 and over
- ☐ Eligibility groups for individuals who are blind
- ☐ Eligibility groups for individuals with disabilities
- ☐ Other Medicaid state plan eligibility groups
- ☐ Demonstration populations covered under section 1115

The state establishes standards for qualified hospitals making presumptive eligibility determinations.

Medicaid Eligibility

○ Yes ◉ No

▣ The presumptive period begins on the date the determination is made.

▣ The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

▣ Periods of presumptive eligibility are limited as follows:

○ No more than one period within a calendar year.

○ No more than one period within two calendar years.

◉ No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

○ Other reasonable limitation:

The state requires that a written application be signed by the applicant, parent or representative, as appropriate.

◉ Yes ○ No

◉ The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.

○ The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

An attachment is submitted.

▣ The presumptive eligibility determination is based on the following factors:

▣ The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)

▣ Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.

☒ State residency

☒ Citizenship, status as a national, or satisfactory immigration status

☑ The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals. A copy of the training materials has been included.

An attachment is submitted.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Provider Education

Medicaid Presumptive Eligibility Policy and MPEP Training

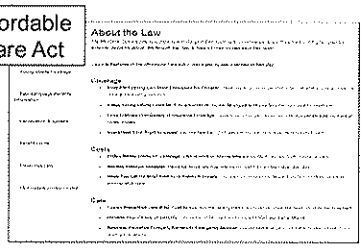
Presumptive Eligibility Training Agenda

- **Presumptive Eligibility (PE) Policies**
  - ACA ▪ MAGI Rules ▪ PP/QE ▪ Roles/Responsibilities ▪ Programs
- **Medicaid PE Portal (MPEP)**
  - View Applications ▪ Complete Applications ▪ Appeals ▪ Support
- **PE Summary and Self-Quiz**
  - 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



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 **M**odified **A**djusted **G**ross **I**ncome, also known as **MAGI Rules**.

- **Inform the Applicant of the following application information:**
  - All information entered on the application must be known by the applicant to be true
  - An application signature is required and, if information has been falsified, the individual is subject to penalties of perjury
  - 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

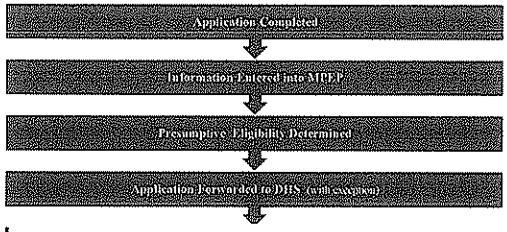
QE Responsibilities: Process and Inform

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

- **Process the Application**
  - Date stamp the application upon receipt
  - Enter ALL client-reported information into MPEP
- **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 QE file. The QE/PP is responsible for maintaining the PE records for five (5) years.



Application Process Summary

The PE Application process begins with completion of the Medicaid application and PE addendum. The QE enters all client reported information into MPEP which makes the PE determination. The application, with exception, is then forwarded to DHS for ongoing Medicaid determination.

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)*

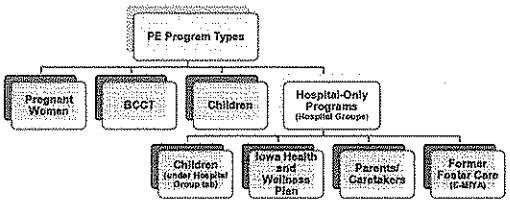
Presumptive Eligibility Rules include the type of information the applicant needs to provide, as well as how and when the applicant information is to be entered into the system.

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

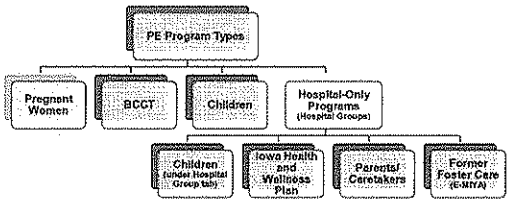
Presumptive Eligibility Rule *(continued)*

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.



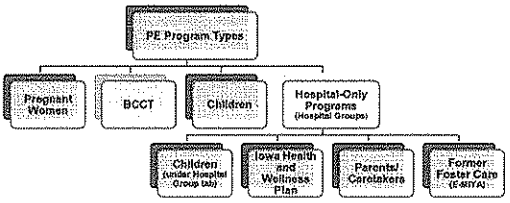
PE Program Types

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



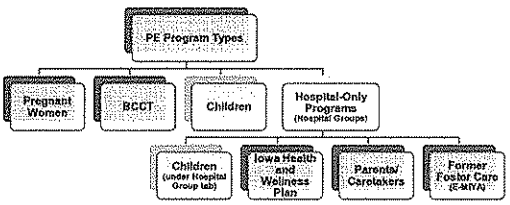
Pregnant Women *(PE only once per pregnancy)*

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



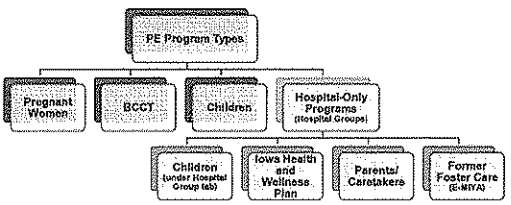
Breast Cancer and Cervical Cancer Treatment

- 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



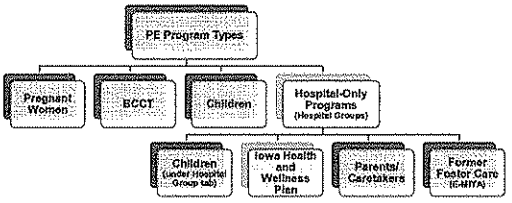
Children

- Under age 19
- Family income limit is 302% of Federal Poverty Level (FPL) for children ages 1-18 years of age
- Family income limit is 375% of Federal Poverty Level (FPL) for infants under 1 year of age



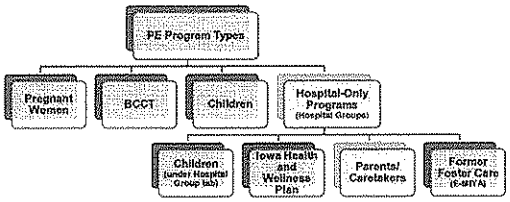
Hospital Groups

- 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



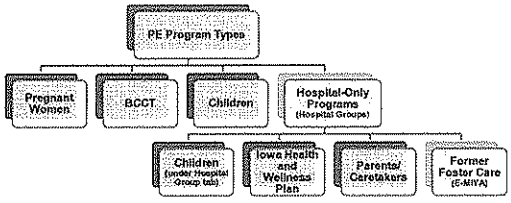
Iowa Health and Wellness Plan

- 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)



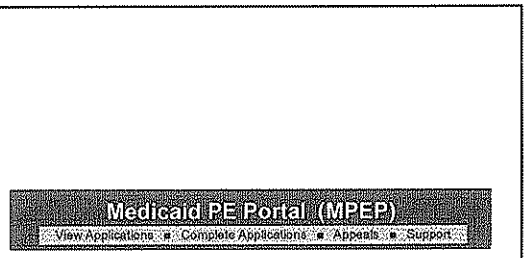
Parents and Caretakers (Includes Spouses)

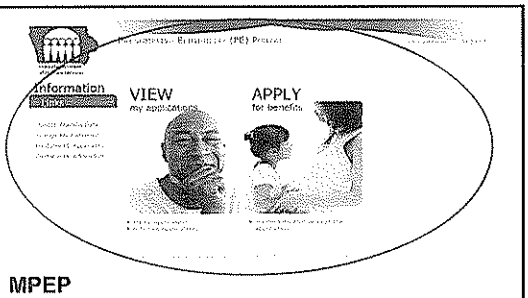
- Parent/caretaker of dependent child under age 18 (or 18 and still in high school)
- Caretaker is adult who takes on parental role/responsibilities
- Monthly Income limit is $1033 for HH of 4
- Income limit varies by HH size



Former Foster Care (E-MIYA)

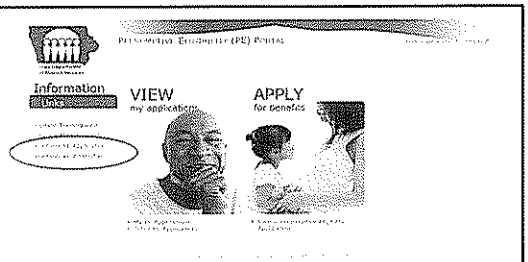
- Age 18 though 25
- No income test for E-MIYA
- At the age of 18 or older was concurrently enrolled in Foster Care and Medicaid in Iowa
- E-MIYA: Expanded Medicaid for Independent Young Adults





MPEP

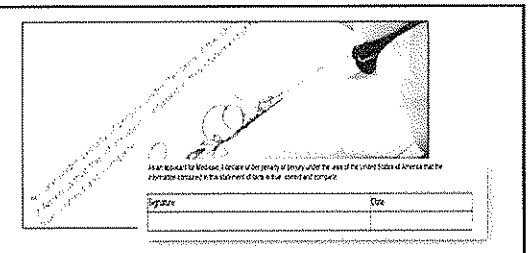
MPEP is Iowa's online Presumptive Eligibility Determination portal used by Presumptive Providers to enter PE Applicant information, run Eligibility Determination, and create Notice of Actions. MPEP sends PE applications to ELIAS, the DHS Eligibility system, for determination of ongoing benefits.



Client Signature *(Required)*

There are two options for obtaining the client signature.

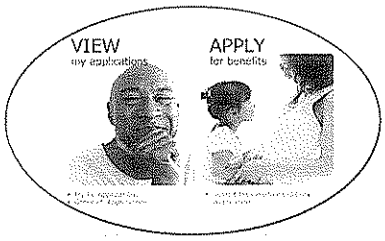
- Paper application and addendum are printed from MPEP site, then completed and signed by the client.
- The QE enters client information directly into MPEP and prints the signature page for the client to sign.



Client Signature – Declaration Statement

I declare under penalty of perjury under the laws of the United States of America that the information contained in this statement of facts is true, correct and complete.

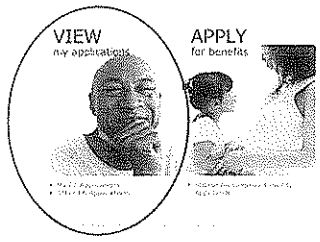
In signing the application, whether the paper application or the printed signature page, the client is agreeing to the statement of truth shown above.



Portal Homepage

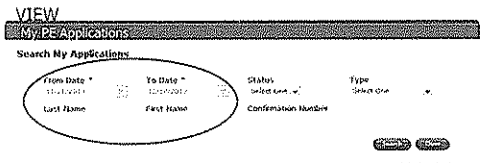
MPEP Homepage shows the two portlets available to users.

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



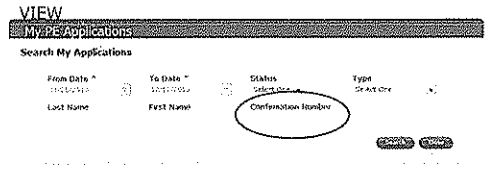
View My Applications

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.



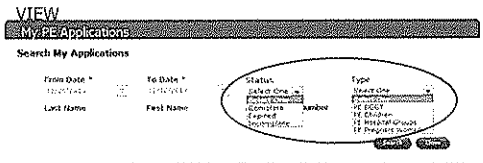
Search by Application Date or by Name

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.



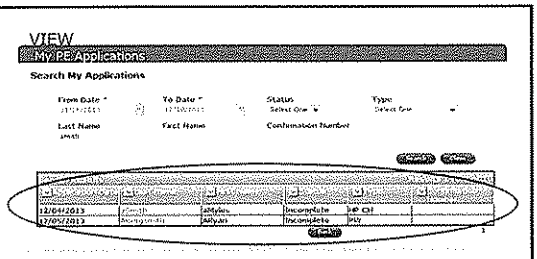
Search by Confirmation Number

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

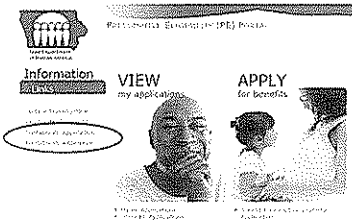


Search My Applications

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

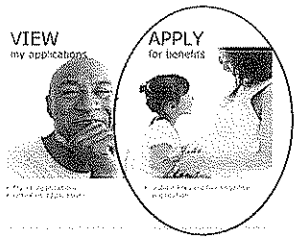
The **Apply for Benefits** portlet is where users begin the applications, complete in-progress applications, and submit Presumptive Eligibility applications for the program(s) for which they are authorized, based on their security roles.



Application Process

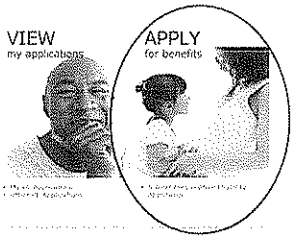
PE applicant information can be collected one of two ways:

- Paper: Applicant completes Application for Health Coverage and Help Paying Costs and PE Addendum
- Online: QE asks applicant the PE questions and enters the answers directly in MPEP



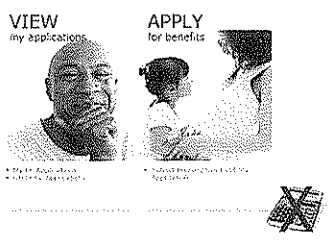
Data Collection for PE Determination

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.



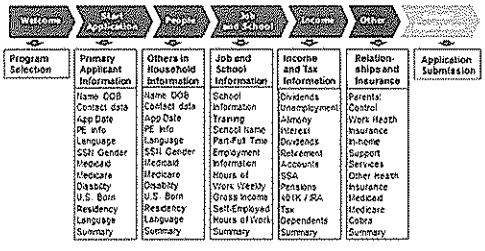
Data Collection for Ongoing Medicaid benefits

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.



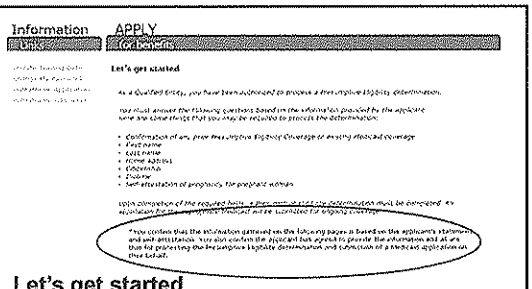
Tip: Eligibility Determination Calculations

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.



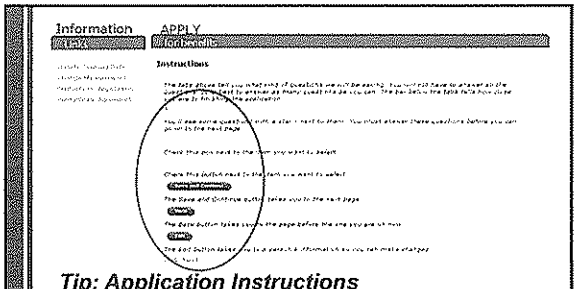
Data Completion

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.



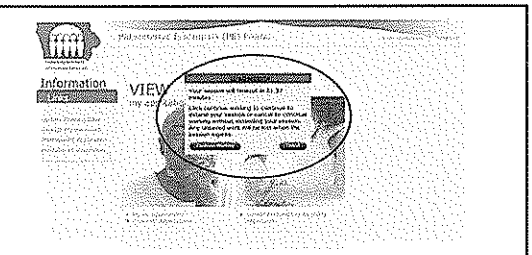
Let's get started

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

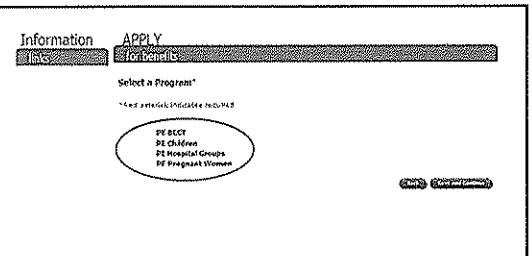
For security purposes, MPEP sessions timeout after 5 minutes. A warning message appears 2 minutes before timing out. The user can continue with the session by clicking the Continue Working button.

Application Example: Household ABC

Name	Relshp	Info	Possible PE Programs	Benefit Limits
Ani	Parent/ Spouse	Pregnant Parent	Pregnant Women (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-MNA	Children Hospital Group EMNA	Children – Higher income limit E-MNA – No income limit

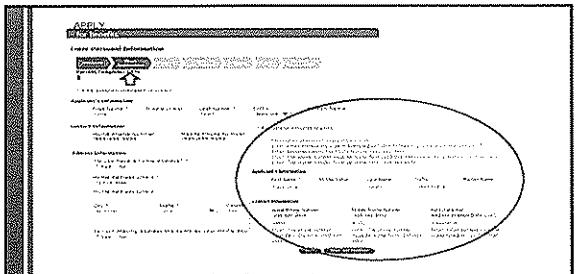
Program Determination

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).



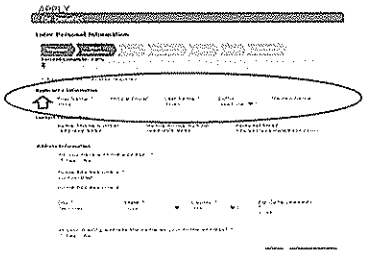
Select Program(s)

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.



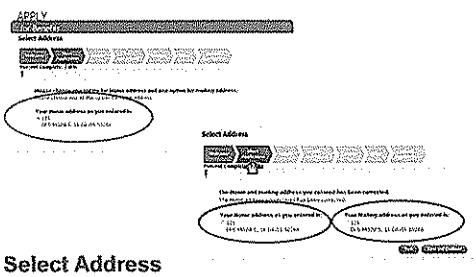
Enter Personal Information

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.



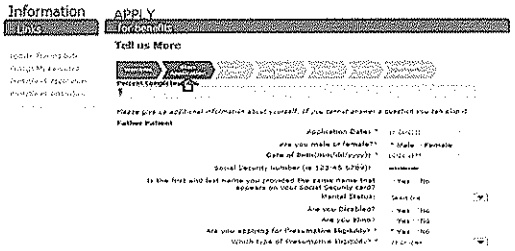
Primary Applicant

If a child has a parent or caretaker adult living with them, enter the adult as the Primary Applicant, regardless of whether the adult is applying for PE. Entering a child as the Primary Applicant, when other adults are in the household may cause incorrect ongoing Medicaid eligibility results.



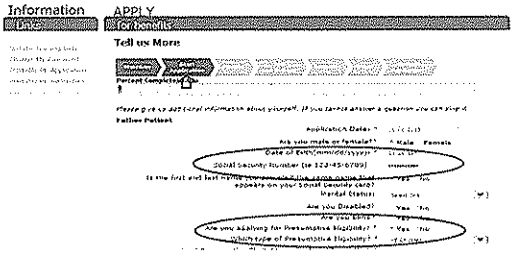
Select Address

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.



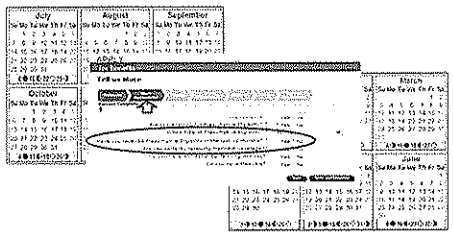
Tell us More

Required fields: *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 accurate, as an incorrect date can cause a denial, non-payment or other issues. SSN is an optional field.



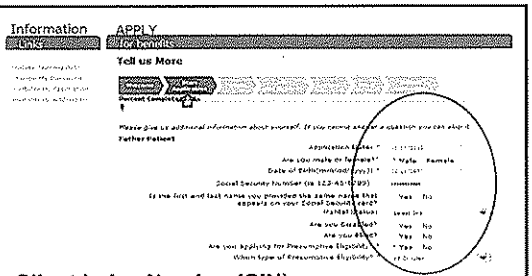
Tip: Social Security Number / PE Program Type

- The *Social Security Number (SSN)* is an optional field. If the applicant does not provide SSN, leave this field blank.
- Select the *PE Program Type* from the drop-down box, populated with selections from the application's first page.



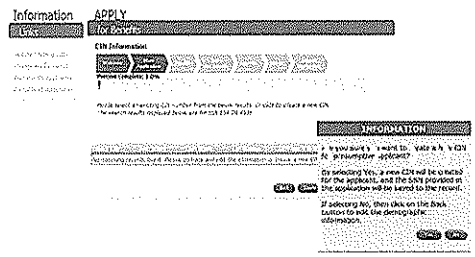
Tip: Received PE in the last 12 months?

- Application month is the start of the 12 month period.
- PW only answer *Yes*, if PE was during current pregnancy.
- Pregnant Women allowed PE only once per pregnancy.
- BCCT who received PE and has new cancer diagnosis may receive PE again, even within the same 12 months.



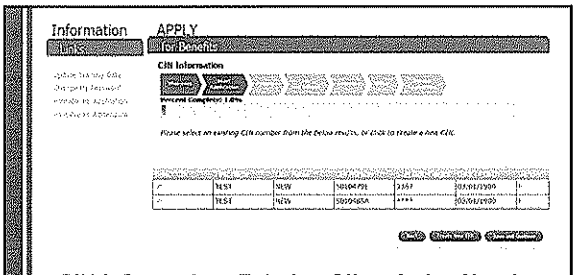
Client Index Number (CIN)

After clicking Save and Continue on this page, the QE is directed to the CIN information page where the QE will create a new CIN or locate an existing CIN for an applicant who is already in the system.
Note: The CIN is the same as State Identification number.



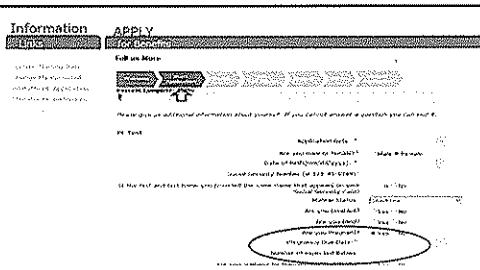
CIN Information: New Client Index Number

View name(s) that display. If no names display, no matching records are found and a new CIN must be created. Click **Create New CIN button**. A message verifying CIN request displays. Note: The CIN does not display until creating NOA.



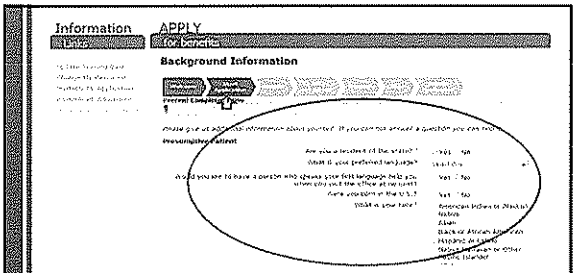
CIN Information: Existing Client Index Number

On this page, view name(s) under Select CIN. View the list of names. If there is a match with first and last names, DOB, gender, and SSN, if available, then click the button next to the matching name. Click **Save and Continue** button to continue processing.



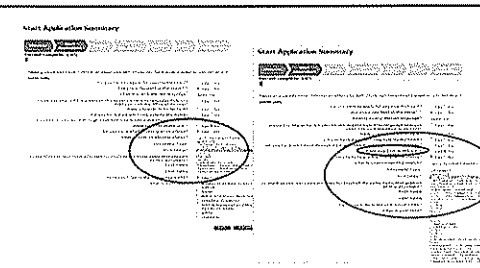
Tip: Are you Pregnant?

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.**



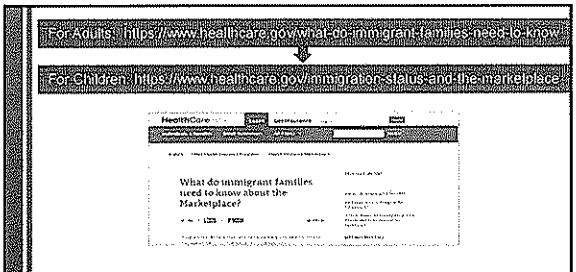
Background Information

*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 websites on Immigration Status and Eligibility. *(see next slide)*



Information: Immigrant Status and Eligibility

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

Immigration Status

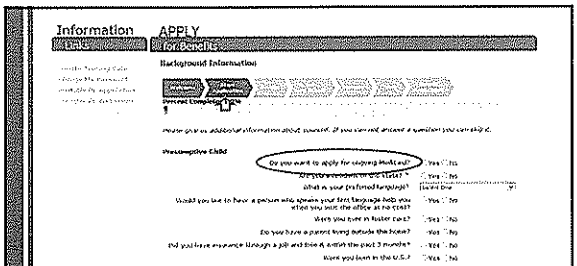
The PE applicant must attest to being a citizen or having an eligible immigration status. The QE needs to help the applicant understand how to answer the immigration question, but the QE does not need to verify or make the determination of the immigration status.

Do you have eligible immigration status?

YES	NO *at all ages*
Child under 21 lawfully present in U.S.	**Nonqualified Alien** lawfully admitted to U.S only for a specific temporary reason (e.g., visitors for work or vacation, exchange students, temporary workers)
Asylee	**Undocumented Alien** in U.S. without papers or status documentation
Refugee	**NO** *only if 21 or older*
Cuban/Haitian Entrant	**Lawful Permanent Resident** Note: LPR/ Green Card Holder Do not have eligible immigration status until qualified alien status for 5 years
Conditional entrant granted pre-1980	**Battered** non-citizen, spouse, child, or parent Note: Do not have eligible immigration status until qualified alien status for 5 years
Trafficking victim and spouse, child, sibling, or potent or person with pending app for trafficking victim visa	**Paroled** into U.S. for at least one year Note: Do not have eligible immigration status until having qualified alien status for 5 years
Granted withholding of deportation	
Tribe: Member of a federally recognized Indian tribe or American Indian born in Canada	

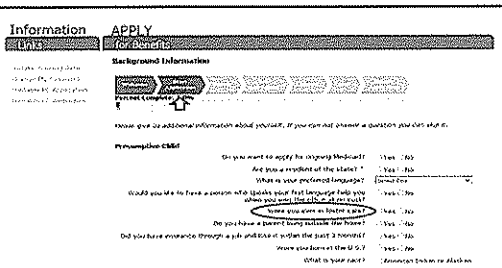
Immigration Chart

This chart includes eligible immigration status information. More details for **Adults** can be found at:
https://www.healthcare.gov/what-do-immigrant-families-need-to-know
More details for **Children** can be found at:
https://www.healthcare.gov/immigration-status-and-the-marketplace



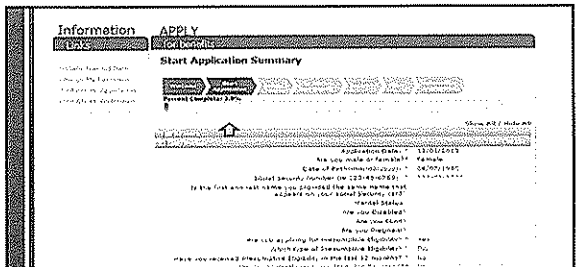
Tip: Want to apply for ongoing Medicaid?

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.



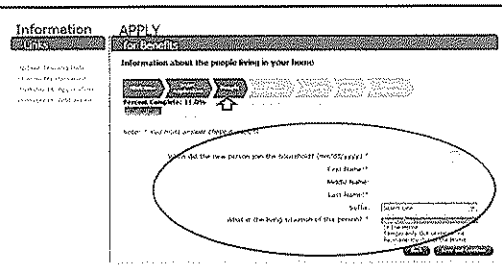
Tip: Ever in Foster Care?

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.



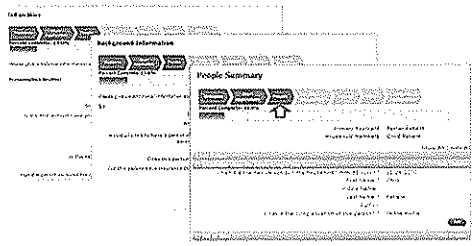
Summary

This page summarizes background information 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.



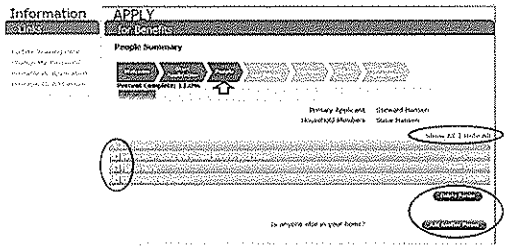
Information about People Living in Your Home

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.



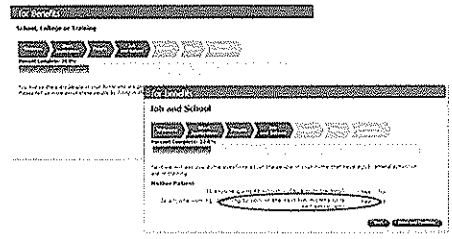
Tell Us More (About People in the Household)

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.



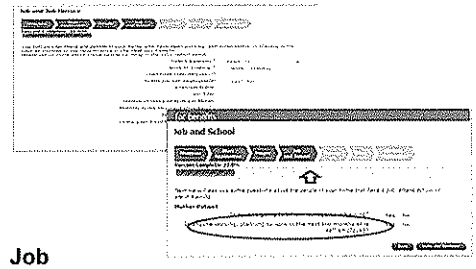
Tip: Summary Pages – Delete/Add, Show/Hide

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.



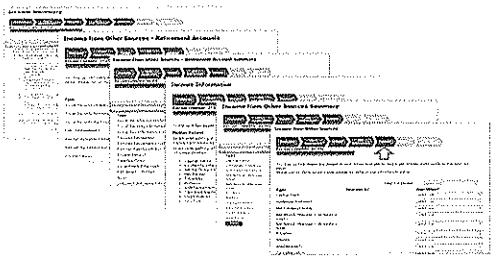
School

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.



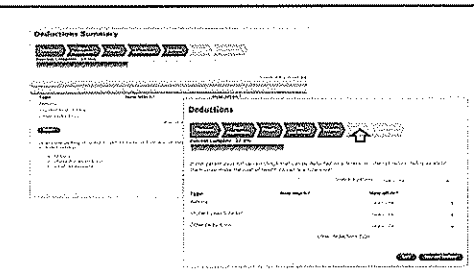
Job

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 must be answered '*Yes*'. If this question is answered *'Yes'* for any of the household members, additional job pages will be displayed.



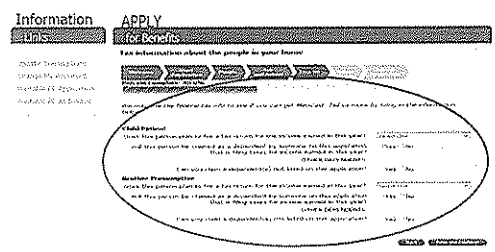
Income Section: *Other than Earned Income*

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



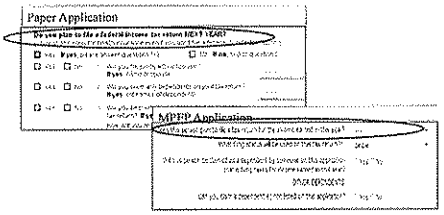
Deductions

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

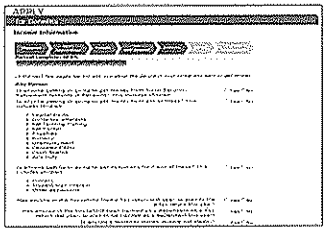
Income tax information, including tax filing status and tax dependent status, are used to determine household size and income. Under ACA rules, household size and income may be different for individuals within the same home, based on household composition and tax filing status.



Tip: Tax Information Year

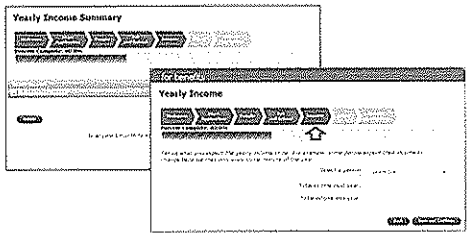
The paper application asks about *filing a federal income tax return* ***next year.*** The MPEP refers to *filing a tax return* ***this year.*** **Note:** The **Tax Year** to be referenced is as follows:

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



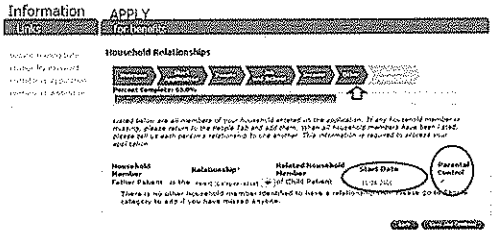
Monthly Income

The applicant's current monthly income is to be used as the income that is entered by the applicant and recorded in the system. The income information page captures the types of income that the applicant may be receiving.



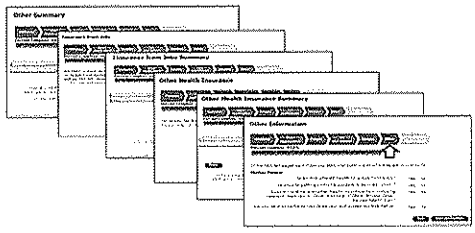
Yearly Income

Yearly income is only asked if the prior question, *'Is anyone's monthly income not steady?'*, is answered with *'Yes'*. This information is only used in the ongoing Medicaid eligibility determination and is only applicable if income is not steady or is unpredictable.



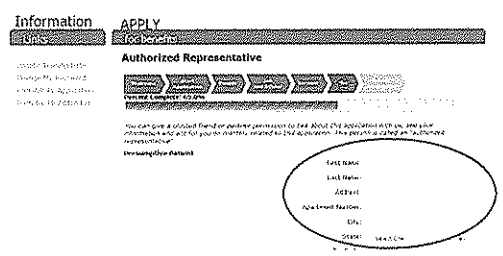
Household Relationships

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.



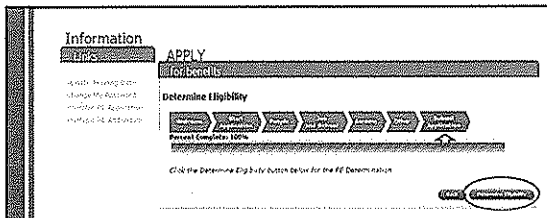
Other Information: Health Insurance

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?'*.



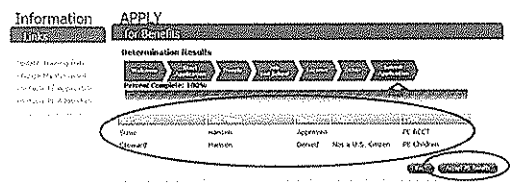
Other Information: Authorized Representative

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.



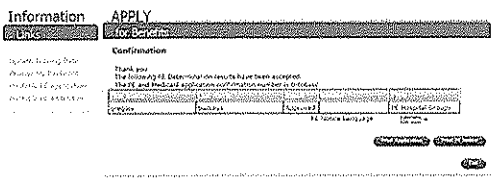
Determine Eligibility

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.



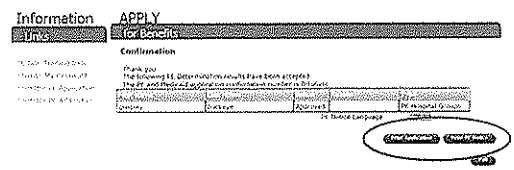
Determination Results

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

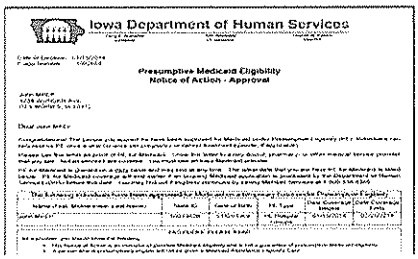
An important component of this page is printing the NOA and Application PDF.

Note: <u>After this page, the QE will not have the ability to open or recreate a completed application</u>.

Presumptive Group	Specific PE Category	Aid Code
Presumptive Children	Presumptive T19 Children	HSC
Presumptive Children	Presumptive T21 Children	H2C
Presumptive Pregnant Women	Presumptive Pregnant Women	HWA
Presumptive Parents/Caretakers	Presumptive Parents/Caretakers	HPA
Presumptive E-MIYA	Presumptive E-MIYA	HCA
Presumptive HAWP	Presumptive HAWP	HIA
Presumptive BCCT	Presumptive BCCT	HBA

Presumptive Eligibility Aid Codes

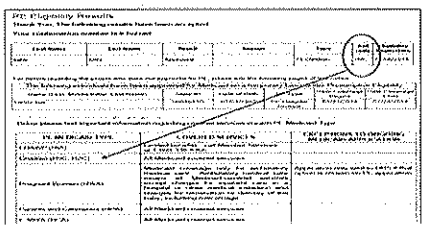
This chart shows the Presumptive Eligibility Aid Codes. If an applicant is eligible for Presumptive Medicaid services, the appropriate Aid Code is printed on the Notice of Action (NOA).



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.

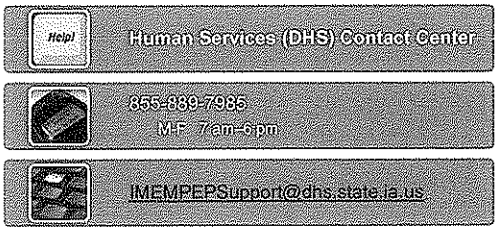
Note: Clients must present NOAs to providers for services.



Sample: PE Information on NOA

NOAs also include the specific PE Medicaid Type and the associated Covered Services and Exceptions to Ongoing Medicaid Applications.

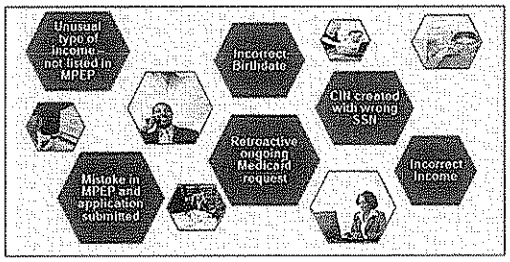
To determine the applicable details for each PE-approved person, refer to the Aid Code displayed on the PE Eligibility Results of the application PDF



QE Support: PE Policy and MPEP Technical

The DHS Contact Center should be contacted when:

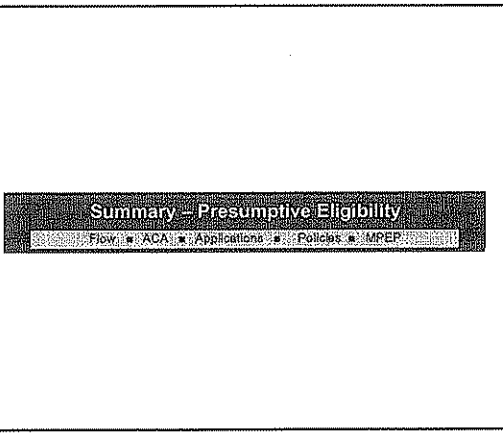
- Information needs to be edited after saving application
- There is application information that cannot be recorded in the MPEP portal
- There are technical difficulties

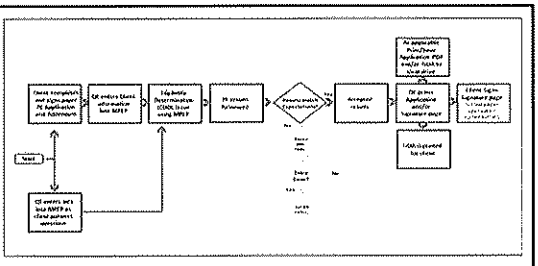


Contact Center Examples

- Unusual type of income – not listed in MPEP
- Applicant requests retroactive ongoing Medicaid
- Mistake in MPEP and application submitted – incorrect birthdate, CIN created with wrong SSN, incorrect income

IMEMPEPsupport@dhs.state.ia.us





PE Provider Application Process Flow

The Process Flow for the PE Application is as follows:

1. PE data collected
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-provided** 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**, found at the end of 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 **CIN is created** after saving **Tell Us More** page
- **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:** A person who is diagnosed and receives treatment, but has a new cancer diagnosis may receive PE, again, during the same 12 month time period

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 to apply for ongoing Medicaid ?'
- **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

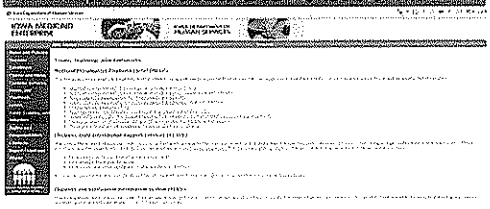
1-855-889-7985 IMEMPEPSupport@dhs.state.ia.us

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

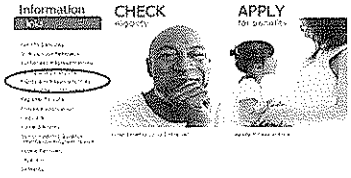
http://www.ime.state.ia.us/Providers/Online



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).

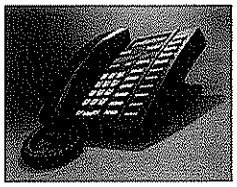
https://dhsservices.iowa.gov/apspssp/ssp.portal



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.

DHS Contact Center: **855-889-7985**



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.

Medicaid Presumptive Eligibility Self - Quiz

The following pages include a 15 question self-test on Presumptive Eligibility and Qualified Entities. Answers to these PE and QE questions are located on the pages after the self-test.

1. If eligible, Presumptive Eligibility ..
(Mark each statement that is true)
a) Begins on the date of application
b) Is not retroactive
c) May only be used for services at an Iowa Medicaid provider

2. Which of the following is true?
a) Each household member is required to complete his/her own individual PE application
b) Applications cannot be post-dated
c) Applications can be future dated

3. To qualify for PE E-MIYA (former foster care), which of the following conditions must be met?
a) 14-26 years of age
b) At the age of 18, were/are concurrently enrolled in Medicaid and Foster Care in Iowa
c) At 175% Federal Poverty Level

4. When entering income information, use the applicant's ...
a) Tax information from last year
b) Current monthly income information
c) A formula of the tax information and number of dependents

5. Which of the following statements is true?
(Mark each true statement)
a) The determination of Presumptive Eligibility is based on applicant self-attested statements
b) Ongoing Medicaid is based on some verified information gathered by Department of Human Services

6. QEs should advise clients on the probability of receiving ongoing Medicaid benefits.
a) True
b) False

7. By State of Iowa requirements, QEs are to complete PE training prior to state approval for becoming a QE.
a) True
b) False
c) It depends on what type of PE they will be determining

8. It is important to enter as much applicant information into MPEP as possible because ...
(Mark each statement that is true)
a) It slows the determination of ongoing Medicaid determination.
b) It reduces the need for applicants to provide DHS with information at a later date
c) It helps ensure that the correct person is in the system with the accurate state ID
d) It increases the accuracy of the PE determination and the ongoing Medicaid determination

9. Only parents and step-parents can be identified on the Relationship page for Parental Control.
a) True
b) False

10. With the exception of BCCT and Pregnant Women, how often may all other PE groups receive PE benefits?
a) Once in a 12 month period
b) Three times a year
c) As often as needed

11. Pregnant Women may obtain PE benefits
a) For the duration of the pregnancy
b) Once a pregnancy
c) As often as ordered by the primary care or obstetrician

12. Which of the following are sources of support for those working with PE programs?
(Mark each applicable information channel)
a) Iowa Medicaid Enterprise (IME) Website
http://www.ime.state.ia.us/Providers/OnlineTools.html
b) PE Policy and Technical Support
IMEMPEPSupport@dhs.state.ia.us
c) Rights and Responsibilities
www.dhsservices.iowa.gov

13. The two PE applicant types who may elect not to have their applications go to DHS for ongoing Medicaid determination?
(Mark 2 answers)
a) E-MIYA (Former Foster Care)
b) Children
c) Pregnant Women (PW)
d) Breast Cancer and Cervical Cancer (BCCT) applicants

14. QEs are to submit PE applications …
(Mark all statements that are true)
a) As soon as possible
b) Within 3 working days
c) Within 1 month of application
d) With all client reported information

15. Which individuals are allowed to sign a PE application?
(Mark all statements that are true)
a) The applicant
b) An adult in the applicant's household
c) An authorized representative
d) Someone acting responsibly for a minor
e) Someone acting responsibly for an incapacitated applicant

Answers to Self-Quiz

#	Answer
1.	a, b, c
2.	b
3.	b
4.	b
5.	a, b
6.	b
7.	a
8.	b, c, d
9.	b
10.	a
11.	b
12.	a, b, c
13.	c, d
14.	a, b, c
15.	a, b, c, d, e

FAQs : PE Application Processing

Is it okay if applications are taken at the clinic and delivered to the QEs at the hospital?

- Anyone may assist with the application. An application collected at a clinic that is neither a QE nor a place approved to take full Medicaid applications is not considered to have been submitted until received by either a QE or a DHS application site. The person making the PE eligibility decision must be certified as a QE.

We are a QE hospital with 2 clinics. Are they considered part of the hospital for PE Applications?

May we obtain certification for physician office staff?

- Affiliated clinics within a health system are not hospitals and, therefore, may not be certified as QEs under the hospital Presumptive Provider organization.
- If the clinic wants to become a QE, it must apply and qualify on the basis of its specific provider organization.

FAQs : Presumptive Policies

Is it just automatic that the patient will have presumptive eligibility by just filling out the application?

- No. Filing an application does not guarantee presumptive Medicaid eligibility. Some presumptive applicants will be denied due to failure to meet eligibility requirements.

Do I have to verify wages for a client?

- No. PE Medicaid is based only on the client's self-attested situation. That means eligibility is based on the answers the client provides on the application, and any other information that the QE clarifies in the course of assisting the client with the application process. Verification cannot be requested or required for PE Medicaid.

FAQs : Presumptive Policies

How many times can a person get PE Medicaid?

- Children, parents and caretakers, former foster care children under age 26, individuals age 19-64, and BCCT can get presumptive Medicaid once in a twelve (12) month period.
- Pregnant women can get presumptive Medicaid once per pregnancy.
- BCCT has exception with new cancer diagnosis

Is there an exception for how often a person can get PE?

- Individuals who have been screened through the BCCEDP who are in need of treatment for certain cancers can get presumptive if their treatment ends and they are again screened through the BCCEDP and are in need of treatment.

FAQs : Presumptive Policies

What percentage of time should a child be in an adult's care in order for the adult to claim Parental Control?

- Parents automatically have Parental Control of their own children.
- Other adults have Parental Control when they have assumed the role and responsibilities of a parent due to the absence or incapacity of the parent.
- Spouses of parents and spouses of caretakers are also eligible to claim parental control

Should I use current wages or the client's income tax return?

- Providers should enter the current month's income at the time of application.

FAQs : Presumptive Policies

Some applicants do not provide social security numbers. Can I submit an application in MPEP for these individuals?

- The PE application can be submitted in MPEP without an SSN. SSN is not an MPEP required field and the SSN field has no impact on PE eligibility. QEs may encourage, but not require, PE applicants to provide SSNs.

Is there an advantage to providing a SSN?

- The SSN will ensure correct applicant identification and avoid duplicate client creation. In addition, the SSN speeds up processing of the ongoing Medicaid application and allows DHS to verify more information through data matches, reducing information requested from the applicant.
- If an SSN is provided, it is important that the QE accurately enter it in MPEP.

FAQs : Presumptive Policies

How do we add newborns to a PE case?

- If the mother is currently eligible for Iowa Medicaid, you may add the baby by calling the DHS Call Center at 1-877-347-5678.
- If the mother is not currently eligible, follow the application process the same as anyone else.

For pregnant women (PW) with children applying for PE will the mother and child be on the same application, or do they fill out a separate ones?

- All household members are able to apply on the same application. The presumptive eligibility will still depend on the program types the QE is approved to process.
- For example: a QE approved to do PE for both PW and children would be able to approve a pregnant woman and her children on the same PE application. However, a QE for children only would not be able to approve PE for a pregnant woman.

FAQs : Presumptive Policies

Are there situations where a person might be eligible for PE if processed in a separate application?

- Exception. A PE denial reason of "Ineligible Applicant" for an individual means the person is not eligible as a member of the primary applicant's household under MAGI rules. The same individual might be eligible if processed as a separate PE application.
- To do this, the QE should first accept the PE denial results and then enter that individual's information in MPEP as if only that individual were applying.
- The original application date is protected. The QE will need to enter this application date in MPEP.
- A copy of the original application should be maintained in each PE applicant's files, along with documentation that two separate applications were entered in MPEP due to rules on who can be included in a MAGI household.

FAQs : Presumptive Policies

If the local DHS offices are not planning on becoming CACs, can families go there to apply for *hawk-i* and Medicaid, even though it's not through HealthCare.gov or ELIAS?

- There is no wrong door for filing an application for any of the insurance affordability programs (Medicaid, ***hawk-i***, or help paying for an insurance plan - tax credit or cost sharing).
- While we do encourage applicants to use healthcare.gov or ELIAS (dhsservices.iowa.gov) to apply online for the fastest results, anyone can also apply for Medicaid/*hawk-i* by mailing in a paper application, in-person at any local DHS office, or by telephone with the DHS contact center at 1-855-889-7985.
- People can apply with the help of a CAC.

FAQs : Presumptive Policies

How many days do I have to submit an application in MPEP after I receive the paper application?

- As stated in the MOU between DHS and the Presumptive Provider /QE, DHS expects entries to be entered into MPEP as soon as possible and within three (3) working days of paper application receipt date. The applicant can only receive a PE determination after entries are made in MPEP.
- DHS recognizes there may be a few exceptions when entries in MPEP cannot be made within the 3 working days, and MPEP will allow the applications to be entered beyond the 3 working days when this occurs.
- QEs should strive to complete MPEP entries within the 3 working day standard, and should not establish business practices that result in PE applications being completed in MPEP more than 3 days after the application date. If the majority of applications are not completed in MPEP within 3 working days, the QE and Provider may be subject to corrective actions.

FAQs : Presumptive Policies

What are the required fields for Presumptive Eligibility?

- Shows as **Required** in System
  - Name
  - Address
  - Application Date
  - Gender
  - Date of Birth
  - Applying for PE?
  - Type of PE?
  - Had PE in last 12 months?
  - Receiving Medicaid?
  - Resident of State?
- Required to run eligibility (does not show as required)
  - Born in US?
    - If no, Eligible Immigration status?
- Additional fields required, if applicable, e.g. number of babies if pregnant, income/working, relationship, parental control

FAQs : Presumptive Policies

What do we do if we receive a paper application in the mail?

- The QE is required to date-stamp the application with the date it is received from the applicant.
- For purposes of protecting an application date, an application is valid and must be date-stamped on the date it is submitted to the QE with only the applicant's name, address, and signature under penalty of perjury at the bottom of page 10 of form 470-5170, Application for Health Coverage and Help Paying Costs.
- If necessary, the applicant may then answer the other necessary questions in the application after it has been submitted to and date-stamped by the QE. All necessary information must be obtained from the applicant before the application can be entered and completed in MPEP.

FAQs : Presumptive Policies

Who is eligible to sign the PE application?

- A PE application must be signed by one of the following individuals.
- The applicant
- An adult in the applicant's household
- An authorized representative
- Someone acting responsibly for a minor
- Someone acting responsibly for an incapacitated applicant.

FAQs : Presumptive Policies

If patients comes in close to midnight, do we have them date their signatures on the date they presented or the date they signed the forms?

- The patient should date the form with the date they actually sign the application.
- More importantly, the QEs are responsible for date-stamping the applications with the date they are actually received.
- Applications cannot be backdated.
- Applications cannot be future dated.

If I start an MPEP application for a client but don't complete it, how long do I have to submit the application before it expires in MPEP?

- Applications expire 5 days after entries were started in MPEP if those entries have not been completed.
- If the application entries in MPEP have expired because the QE has not completed them within 5 days of starting, the QE must start over and complete the MPEP entries so that the applicant receives a Notice of Action on their PE application.

FAQs : Presumptive Policies

I don't see the question in the PE application about ongoing Medicaid.

- This question only shows if the applicant is Pregnant or a BCCT applicant. These are the two (2) groups that may opt out of ongoing Medicaid eligibility determination.

How do I answer the question "When did _____ join the household?" when I am not sure?

- If known, enter the specific date. Approximate dates are also acceptable if the exact date is not known. If not known, enter the first day of the month that is three (3) months prior to the application.
- For example, if the PE application is submitted 2/25, enter 11/1 as the date the person joined the household.

FAQs : Presumptive Policies

Will the ELVS line show when someone is presumptively eligible?

- The current message states that "The member has time–limited Medicaid due to a presumptive eligibility decision". At this time there are no plans on changing this message.

Will a Medicaid card be issued to someone who is determined to be eligible for presumptive?

- A Medicaid card is not issued to someone who has been determined eligible for Medicaid only under a presumptive program.
- Instead, those whose eligibility has been determined presumptively by a qualified entity will be given a Presumptive Medicaid Eligibility Notice of Action to indicate time-limited eligibility. MPEP generates this Notice, which the QE prints and gives to the applicant.

FAQs : Presumptive Policies

Is PE coverage retroactive?

- No, PE can begin no earlier than the date of application.
- PE is not retroactive. However, if the person completes the process to become eligible for ongoing Medicaid, as determined by DHS, ongoing Medicaid benefits always automatically go back to the 1st day of the application month.

Is ongoing Medicaid retroactive?

- Ongoing **Medicaid** may be retroactive for up to three (3) months prior to the application.
- However, retroactive coverage under the **Iowa Health and Wellness** Program **cannot** go back prior to 1/1/2014.

FAQs : Presumptive Policies

If my client already has a CIN (aka State ID) from a previous MPEP application submission or previous Medicaid coverage, will the MPEP system issue a new CIN or reuse the existing CIN?

- MPEP will use the existing CIN whenever it is able to recognize that the applicant already exists in DHS systems.
- MPEP will recognize that the applicant already exists if an SSN is entered that matches existing DHS records.
- If an SSN is not entered, MPEP may recognize that the applicant already exists if the applicant's name, date of birth, and gender match DHS records.
- If the applicant's SSN or name/date of birth/gender do not match existing records, a new CIN will be generated because the DHS systems will not recognize that the applicant is already known.

FAQs : Presumptive Policies

If I submit an application for IHAWP and the client is denied for over income, will his/her case information be automatically forwarded to the Marketplace?

- Applications denied for PE will not be forwarded to the Marketplace.
- Applications denied by DHS for ongoing Medicaid eligibility will be automatically forwarded to the Marketplace when the client is denied for over income or for other ineligibility reasons that apply to Medicaid/***hawk-i*** but not to Marketplace eligibility.
- Undocumented aliens will not be referred to the Marketplace. Certain lawfully present aliens who are ineligible for Medicaid but who may be eligible for help through the Marketplace will be referred to the Marketplace.
- Applicants who are denied for ongoing Medicaid by DHS due to failure to provide information needed to determine eligibility will not have their application forwarded to the Marketplace.

FAQs : Presumptive Policies

If a person signed up and is approved in one facility and is then moved to another Care Facility or in Home Health Care, does PE follow them to the new facility and/or in Home Health Care?

- Regular Medicaid rules apply including stay requirement and level of care.
- Medicaid procedures completed by an Iowa Medicaid provider are covered if PE was approved initially and the PE coverage has not ended.
- Stay requirements, level of care, and other additional requirements that must be met for payment of facility-related services must still be satisfied under regular Medicaid rules. PE Medicaid does not include coverage of facility-related services.

FAQs : Presumptive Policies

What documentation do I give to the client for his/her records?

- The QE is **always required** to give the client the Notice of Action (NOA). (The QE must also keep a copy of the NOA in the PE file).
- If the client did not complete a paper application, the QE is **required** to give the client a copy of the signed and dated electronic application summary.
- If the client completes a paper application, a copy is to be given to the client if requested.
- If the applicant requests a copy of their Rights and Responsibilities, QEs can print this from the DHS services portal at dhsservices.iowa.gov. Alternatively, applicants can print this form themselves from this portal, or they may contact DHS to have a copy mailed to them.

FAQs : Presumptive Policies

Can I change /update information on a client application after I submit for a determination in MPEP?

- Completed applications cannot be recreated or edited, so it is important the QE review the results BEFORE they are finalized.
- Eligibility results for applicants are displayed on the *Apply for Benefits 'Determination Results'* page.
- If the results shown on this page are not what the QE expected, previous screens can be reviewed and corrected.
- Clicking 'Accept PE Results' accepts and finalizes results.

FAQs : Presumptive Policies

If I need assistance, who can I contact?

- PE policy and MPEP technical support is available for QEs 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

FAQs : Presumptive Policies

If a patient is approved for Presumptive Medicaid under the new categories, will this cover ICF level of care?

- Stay requirements, level of care, and other additional requirements that must be met for payment of facility-related services must still be satisfied under regular Medicaid rules. PE Medicaid does not include coverage of facility-related services.

Can a person go to any medical provider while on PE Medicaid?

- PE will only cover services provided by an Iowa Medicaid provider.

FAQs : Presumptive Policies

What should I do if I need to let DHS know something about the PE application but there is no place to report this information on MPEP?

- Call the DHS Contact Center or email IMEMPEPsupport@dhs.state.ia.us with this information.
- Examples of information you might need to report to the MPEP support help desk are:
- Unusual types of income not listed on MPEP
- Applicant says they need retroactive Medicaid coverage
- You made a mistake in MPEP data entry and didn't realize it until after the application was already completed in MPEP (e.g. incorrect SSN or date of birth, misspelled name, wrong income)

FAQs : Presumptive Policies

How many PE Portals are there?

- There is only **one Portal** for Presumptive Providers and it is called **MPEP**

Is there a public portal for Iowa residents to use to apply for Medicaid programs?

- Yes, there is a portal specifically for the residents of Iowa called the **DHS Self Services Portal (SSP).** This is a web-based site where individuals can apply for standard Medicaid programs.
- www.dhsservices.iowa.gov

FAQs : Presumptive Policies

Can I submit an application for a non-resident of Iowa or the US?

- Anyone may apply for PE/Medicaid at any time, and any application for PE MUST be entered on MPEP.
- If the applicant is not an Iowa resident, MPEP will deny the application.
- Similarly, if the applicant does not meet the citizenship or alien status requirements for the PE type, MPEP will deny the application.

If applicants are denied for PE due to not being citizens, can they still get three day emergency Medicaid?

- If the applicants meet the 3-day emergency Medicaid eligibility requirements, they may receive the emergency Medicaid.

FAQs : Presumptive Policies

The alien codes for the Legal Permanent Resident (LPR) are not all loaded in the MPEP. Is there a default?

- Rules will determine citizenship/alien status based on the question *"Do you have eligible immigration status"* only for the PE types that have citizenship/alien status as an eligibility requirement.
- Regardless of what document/section types are entered, the answer to the question above determines the PE outcome.

For PE, the alien doc/code field isn't required, so if the dropdown doesn't have a close match to the client's immigration status/doc, should I leave the field blank?

- The PE decision is made based on the answer to the question *"Do you have eligible immigration status"*. PE will be determined correctly regardless of what dropdowns are selected or if this field is left blank.
- DHS requests any information needed to process the ongoing Medicaid portion of the application.

FAQs : Presumptive Policies

Where do I find online Presumptive Eligibility materials?

- Online PE materials are available at the Iowa Medicaid Enterprise (IME) website.
- Some of the materials found at this site include PE FAQs, Qualified Entity (QE) MPEP Access Request Form, and the Application for Certification to become a Qualified Entity (QE).
- http://www.ime.state.ia.us/Providers/OnlineTools.html

Where do I go to find Rights and Responsibilities?

- QEs can go to the link and print Rights and Responsibilities for applicants who has requested copies.
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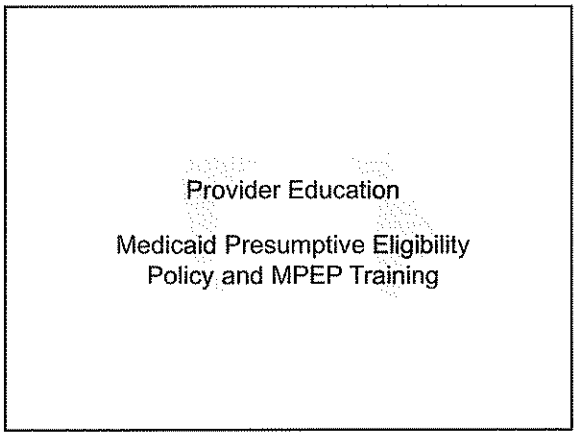
Provider Education
Medicaid Presumptive Eligibility
Policy and MPEP Training