



Provider Education

Medicaid Presumptive Eligibility (PE)
Policy and Medicaid Presumptive
Eligibility Portal (MPEP) Training

March 2015

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

Presumptive Eligibility Resources

- Policy
- Technical
- Rights – Responsibilities
- Withdrawals

PE Summary and Self-Quiz

- Flow
- ACA
- Applications
- Policies
- MPEP

Presumptive Eligibility Policies

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

Affordable Care Act (ACA)

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

ACA

Read the Law

Pre-Existing Conditions

Young Adults Coverage

Plain Language Benefits Information

Cancellation & Appeals

Benefit Limits

Preventive Care

ER Access & Doctor Choice

About the Law

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

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

Coverage

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

Costs

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

Care

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

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

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).

Modified Adjusted Gross Income (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

PE determination is based on **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
- All 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 & 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.

- Application is valid and must be date stamped on the date submitted to QE with applicant's name, address, and signature under penalty of perjury at the bottom of page 10 of application for Health Coverage and Help Paying Costs.
- All necessary information must be obtained from applicant before application can be entered and completed in MPEP.
- All valid applications must be submitted for processing MPEP. Contact MPEP Support desk if unable to enter application in MPEP.

Process the Application

- Enter *ALL* client-reported information into MPEP
- A postponed entry into MPEP will result in delayed eligibility
- Eligibility cannot begin prior to entry into MPEP

Print and Maintain Documentation

- Print the Notice of Action (NOA)
- Provide the applicant with the printed NOA as soon as possible and no later than three (3) days following the receipt of the PE application
- Print a PDF of the PE application for the QE file
- Date stamp the application upon receipt
- 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/Presumptive Provider (PP) is responsible for maintaining the PE records for five (5) years.

Application Process

Step 1

Paper Application and addendum or Applicant to give the information



Step 2

Information Entered into MPEP



Step 3

PE Determined and Print Signature page from MPEP (if no paper application)



Step 4

Application Forwarded to DHS (with exception)

Application Process Summary

The PE Application process begins with the completion of the Medicaid application and PE addendum or the applicant gives verbal information. The QE enters all client reported information into MPEP which makes the PE determination. If verbal information is obtained without application, you must print the signature page from MPEP. The application is then forwarded to DHS for ongoing Medicaid determination.

- ❖ Applicant may choose to opt out of applications being processed for ongoing Medicaid at this time.

PE Rules:

- Must be an **Iowa Resident**
- Must be **US citizen or qualified alien**
 - *Exceptions: Pregnant Women and Breast and Cervical Cancer Treatment (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*

PE Rules

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

PE Self Attestation

- PE is based on the applicant's self-attested circumstances
- A QE who becomes aware of discrepancies or questionable information reported by an applicant must clarify the situation with the household
- The QE must also document clarification of any information provided by the applicant as part of the file the QE maintains to support the PE decision
- If the self-attested applicant information entered in MPEP remains questionable after clarifying the situation with the household, the QE should let DHS know by emailing the MPEP Support desk (IMEMPEPSupport@dhs.state.ia.us) or calling the DHS Contact Center 855-889-7985

PE Rules: (continued)

- **PE information** must be entered into MPEP exactly as documented on the application no later than three working days after receipt of the application
- Enter information in MPEP as attested by applicant
- PW & BCCT applicants can opt out of ongoing Medicaid determination inside of MPEP at this time
- Children & Hospital groups can opt out of ongoing Medicaid determination by calling the DHS Contact Center at 855-889-7985
- 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)

PE Rule *(continued)*

PE 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.

PE Rules: *(continued)*

- PE is granted on a **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

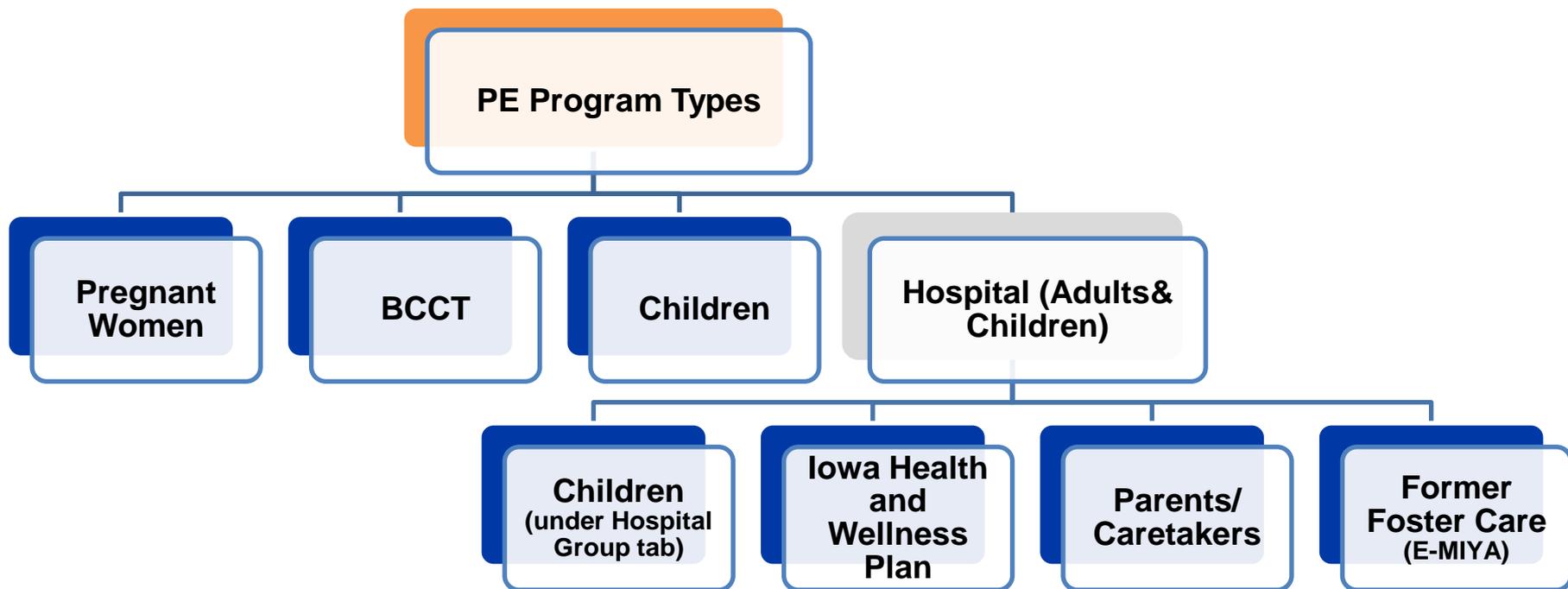
PE Rules *(continued)*

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

Hospital Groups Name Change

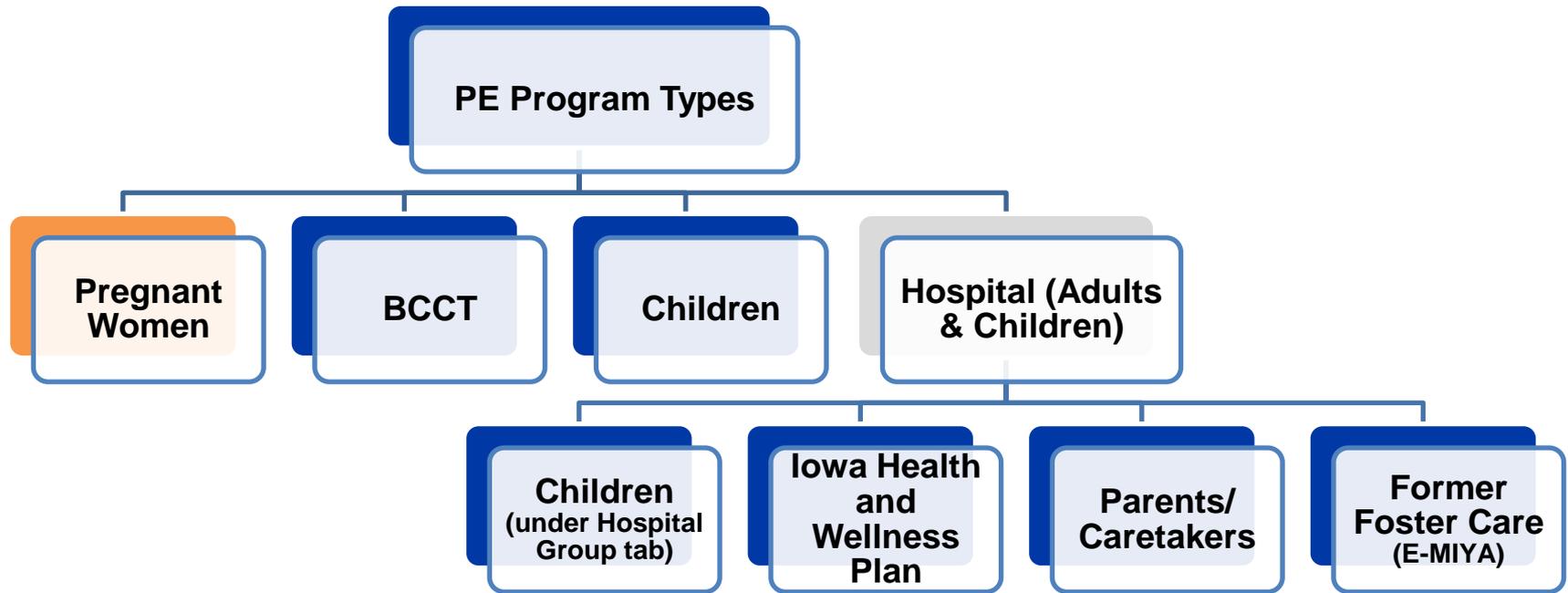
Hospital (Adults & Children)

- MPEP still shows **Hospital** group
- Adults & Children is the actual group
 - All QEs approved for Hospital can use Adults & Children PE category
- ❖ Name change in MPEP to come



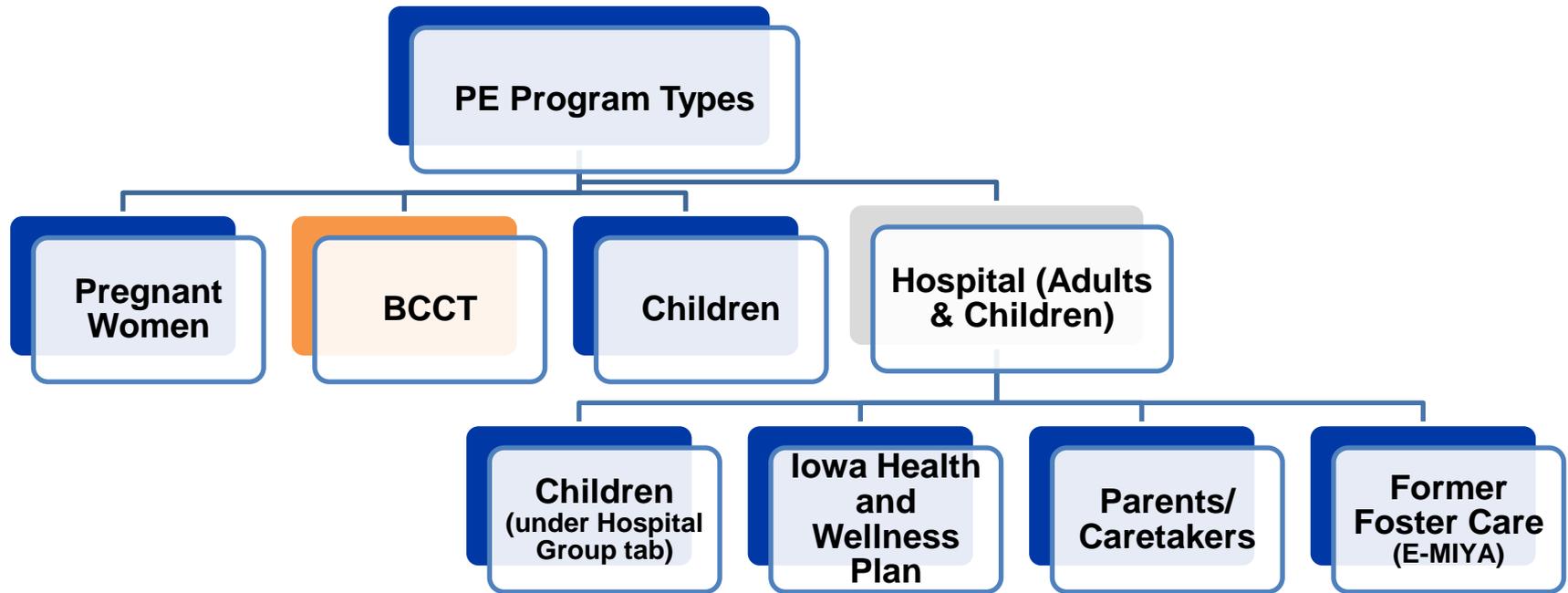
PE Program Types

There are **six (6) types of PE** Programs; Pregnant Women, BCCT, Children, Iowa Health and Wellness Plan, Parents/Caretakers and Expanded Medicaid for Independent Young Adults (E-MIYA)/Former Foster Care.



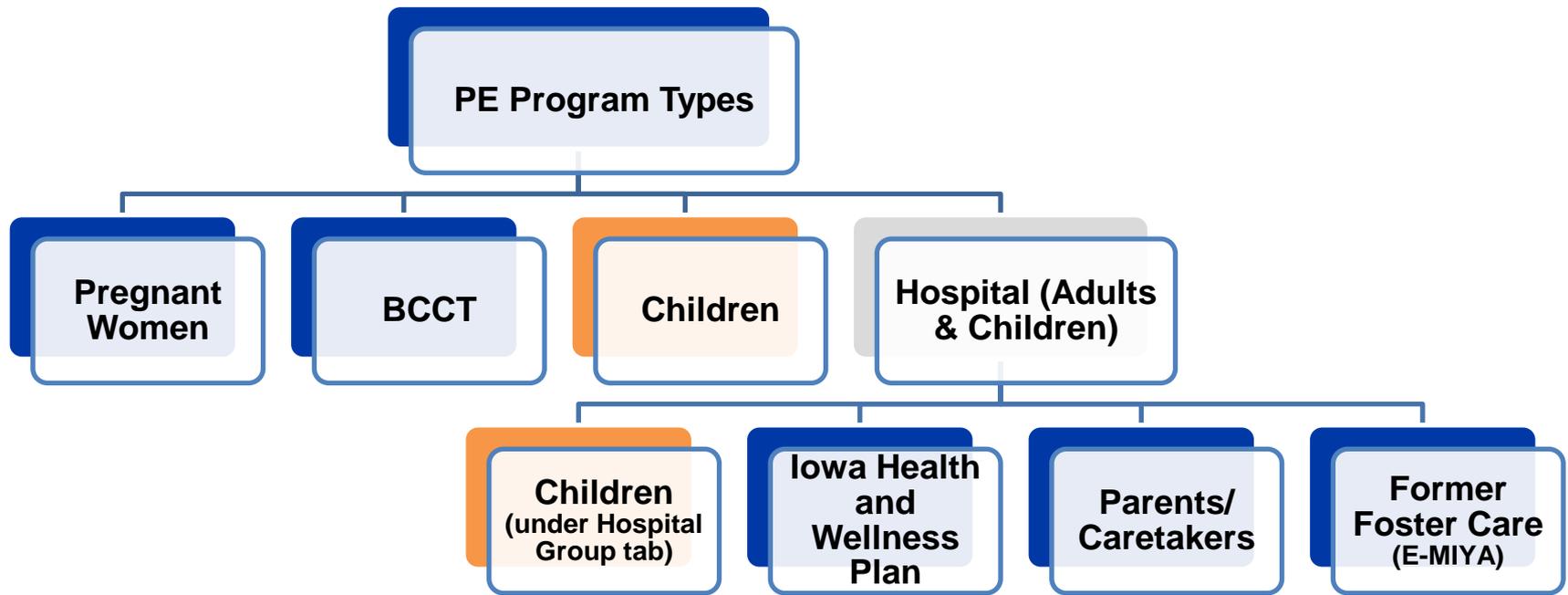
Pregnant Women *(PE only once per pregnancy)*

- 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)



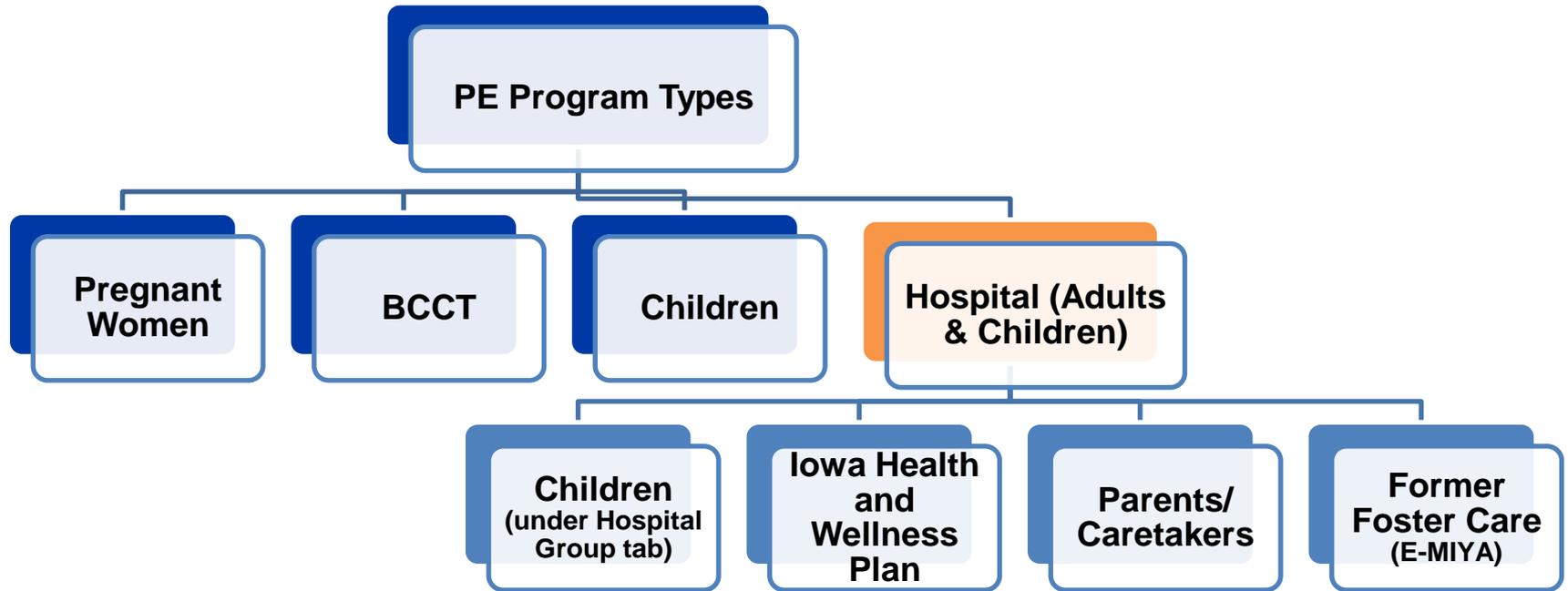
Breast and Cervical Cancer Treatment

- 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



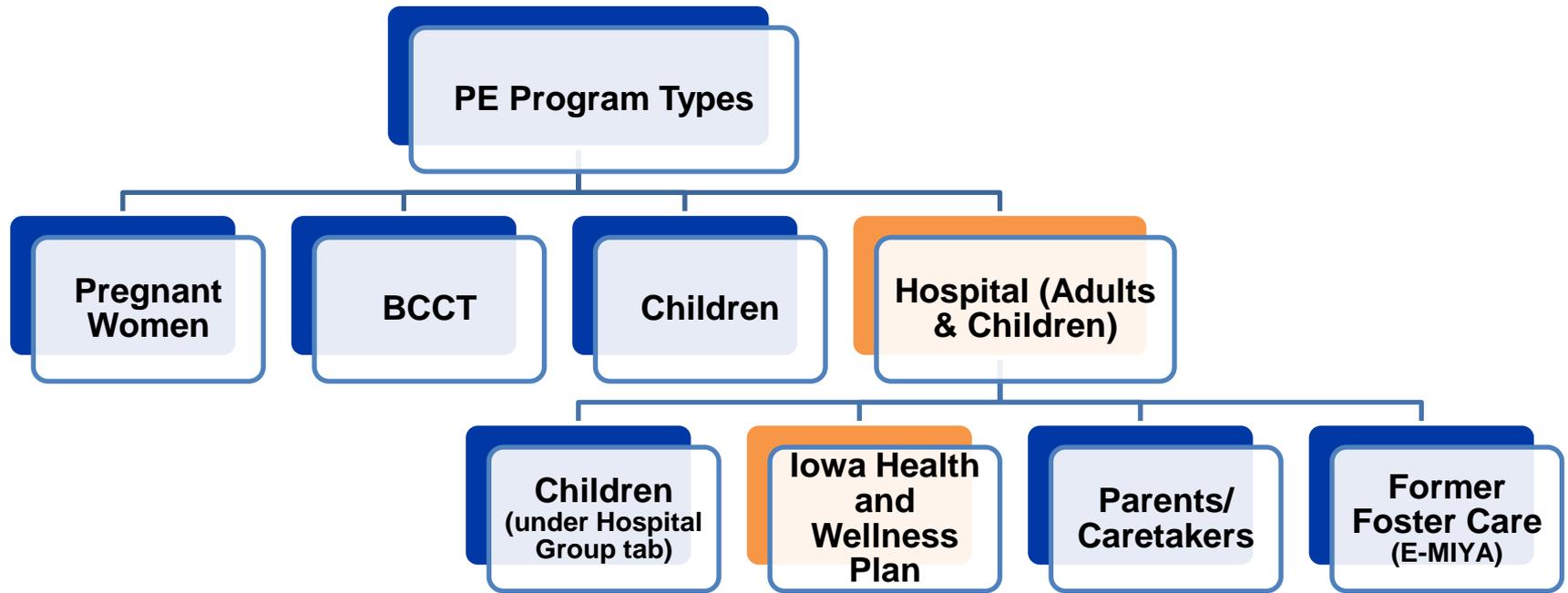
Children

- 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



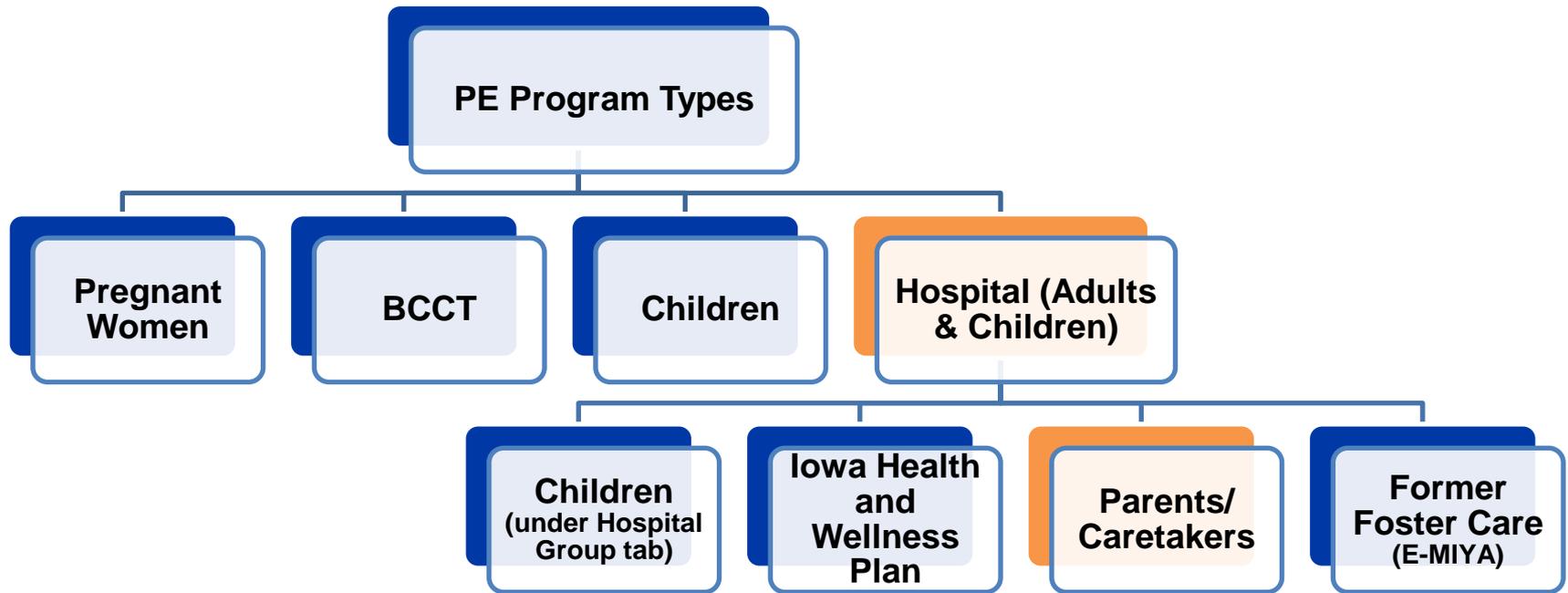
Adults & Children Group

- May process five (5) types of PE programs
 - Hospital/Adults & Children QEs: **Only** ones allowed to do PE determinations for Iowa Health and Wellness Plan, Parents/Caretakers, and E-MIYA
- May process determinations for patients and non-patients
- ❖ Only BCCEDP hospitals may do all six (6) types of PE



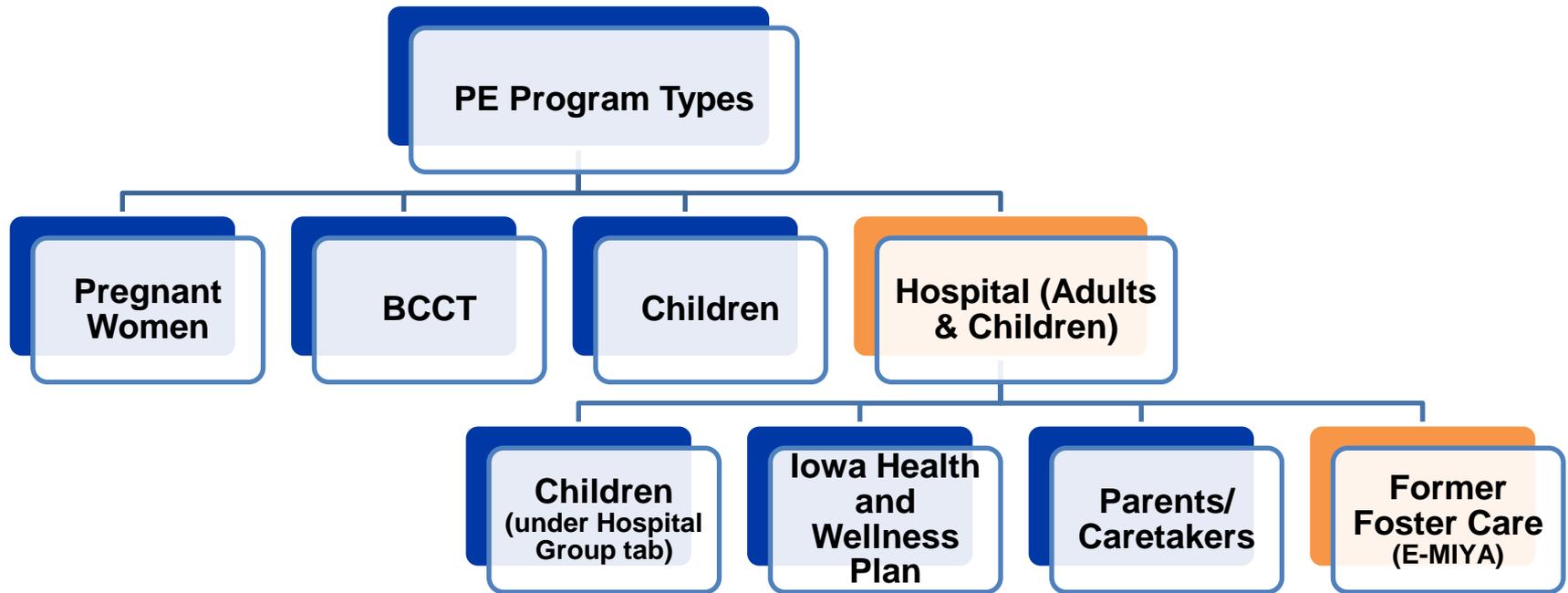
Iowa Health and Wellness Plan

- 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 four
- Income limit varies by HH size



E-MIYA/ Former Foster Care

- 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

MPEP

- View Applications
- Complete Applications
- Appeals
- Support



Information

Links

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

VIEW

my applications



- My PE Applications
- Other PE Applications

APPLY

for benefits



- Submit Presumptive Eligibility Application

MPEP

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



Information

Links

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

VIEW

my applications



- My PE Applications
- Other PE Applications

APPLY

for benefits



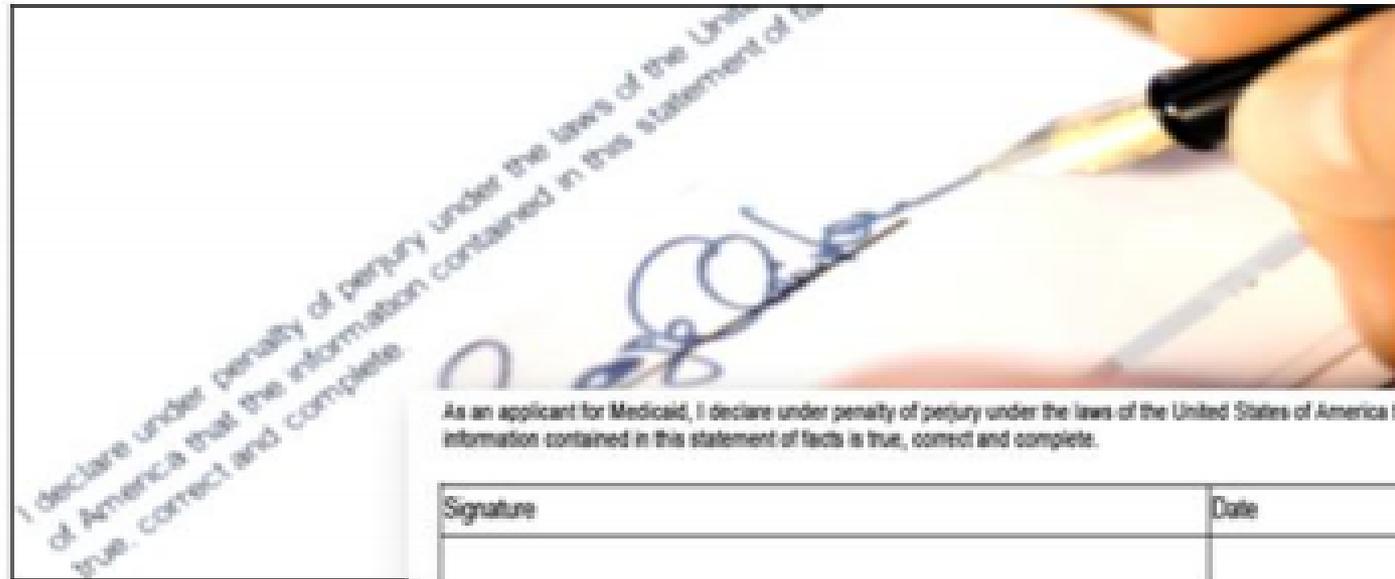
- Submit Presumptive Eligibility Application

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.

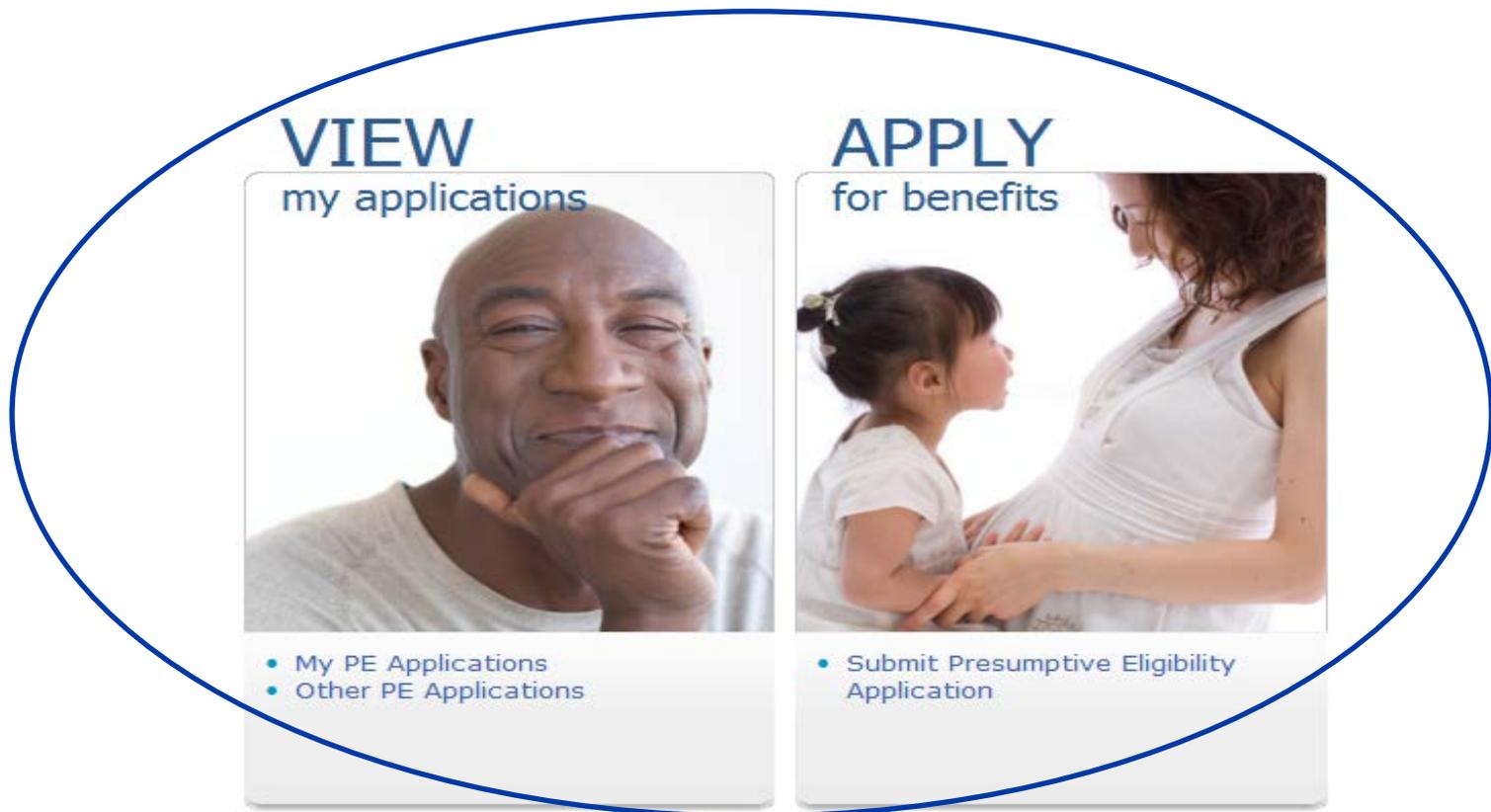
Applicant (Client) Signature is a Requirement



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



- My PE Applications
- Other PE Applications

APPLY

for benefits



- Submit Presumptive Eligibility Application

View My Applications

View My Applications is where Qualified Entities can view, access, and update applications based on their security roles.

QEs can search for and view all of their own PE applications.

QE Supervisors can view the applications of the workers assigned within their provider organization.

❖ At least one QE supervisor is recommended.

My PE Applications

Search My Applications

From Date *

11/26/2013



To Date *

12/10/2013



Status

Select One



Type

Select One



Last Name

First Name

Confirmation Number

Search

Close

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.

My PE Applications

Search My Applications

From Date *

11/26/2013



To Date *

12/10/2013



Status

Select One



Type

Select One



Last Name

First Name

Confirmation Number

Search

Close

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.

My PE Applications

Search My Applications

From Date *

11/26/2013



To Date *

12/10/2013



Last Name

First Name

Status

Select One

Select One

Complete

Expired

Incomplete

Number

Type

Select One

Select One

PE BCCT

PE Children

PE Hospital Groups

PE Pregnant Women

Search

Close

Search by Application Status or Type

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

Status: Complete - Eligibility has been determined

Expired - Started, but not completed after 5 days

Incomplete - In progress

Type: BCCT, Children, Adults & Children (Hospital Groups), Pregnant Women

My PE Applications

Search My Applications

From Date *

11/26/2013



To Date *

12/10/2013



Status

Select One

Type

Select One

Last Name

smith

First Name

Confirmation Number

Search

Close

Search Results

Results 1 to 2 of 10

Application Date	Last Name	First Name	Status	Type	Confirmation Number
12/04/2013	aSmith	aMyles	Incomplete	HP CH	
12/05/2013	ABergsmith	ARyan	Incomplete	PW	

Back

1

Search My Applications

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

VIEW

my applications



- My PE Applications
- Other PE Applications

APPLY

for benefits



- Submit Presumptive Eligibility Application

Apply for Benefits

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



Information

Links

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

VIEW

my applications



- My PE Applications
- Other PE Applications

APPLY

for benefits



- Submit Presumptive Eligibility Application

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

VIEW

my applications



- My PE Applications
- Other PE Applications

APPLY

for benefits



- Submit Presumptive Eligibility Application

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.

VIEW

my applications



- My PE Applications
- Other PE Applications

APPLY

for benefits



- Submit Presumptive Eligibility Application

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, if applicable
- Completing as many fields as possible reduces the number of information requests DHS must make of the applicant(s) and speeds up members' benefit processing

VIEW

my applications



- My PE Applications
- Other PE Applications

APPLY

for benefits



- Submit Presumptive Eligibility Application



Tip: Eligibility Determination Calculations

ACA has changed PE eligibility determinations including household composition, 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 manual determinations.



Program Selection	Primary Applicant Information	Others in Household Information	Job and School Information	Income and Tax Information	Relationships and Insurance	Application Submission
	Name DOB Contact data App Date PE Info Language SSN Gender Medicaid Medicare Disability U.S. Born Residency Language Summary	Name DOB Contact data App Date PE Info Language SSN Gender Medicaid Medicare Disability U.S. Born Residency Language Summary	School Information Training School Name Part-Full Time Employment Information Hours of Work Weekly Gross Income Self-Employed Hours of Work Summary	Dividends Unemployment Alimony Interest Dividends Retirement Accounts SSA Pensions 401K / IRA Tax Dependents Summary	Parental Control Work Health Insurance In-home Support Services Other Health Insurance Medicaid Medicare Cobra Summary	

Data Completion

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

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

Let's get started

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

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

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

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

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

Let's get started

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

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

Instructions

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

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



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



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

Save and Continue

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

Back

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

Edit

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

Link Text

Tip: Application Instructions

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

What are the required fields for PE in MPEP?

Required in MPEP 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 fields)

- 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

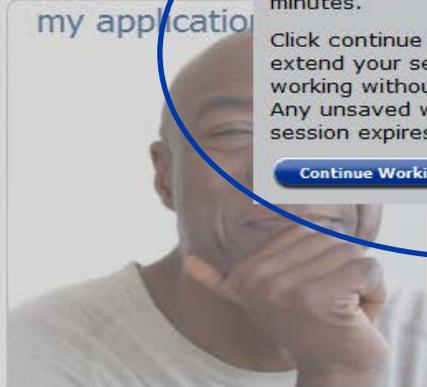


Information

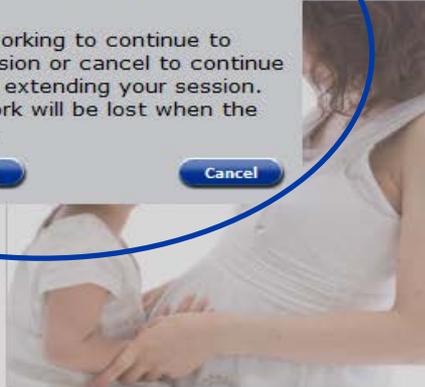
Links

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

VIEW my application



- My PE Applications
- Other PE Applications



- Submit Presumptive Eligibility Application

WARNING!

Your session will timeout in 01:27 minutes.

Click continue working to continue to extend your session or cancel to continue working without extending your session. Any unsaved work will be lost when the session expires.

[Continue Working](#) [Cancel](#)

Tip: Session Timeout

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

Application Example: Household ABC

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

Program Determination

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

Select a Program*

*Red asterisk indicates required

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

Back

Save and Continue

Select Program(s)

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

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

- ❖ Adults & Children (Hospital) Group will continue to be shown as Hospital Group until MPEP is updated

Enter Personal Information



Percent Complete 0%

* Red asterisk indicates required

Applicant's Information

First Name * Middle Initial Last Name * Suff

Mother Patient Select One

Contact Information

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

Address Information

Do you have a home address? *
 Yes No

Home Address Line 1 *
101 River Street

Home Address Line 2

City * State * County *

Des Moines Iowa Polk

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

* Red asterisk indicates required

Personal Email Address(example@abc.com):

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

Applicant's Information

First Name * Middle Initial Last Name * Suffix Maiden Name

Presumptive Select One

Contact Information

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

89899 87122 presumptive

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

Enter Personal Information

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

APPLY
for benefits

Enter Personal Information

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

Percent Complete: 1.0%

* Red asterisk indicates required

Applicant's Information

First Name *
Mother

Middle Initial

Last Name *
Patient

Suffix
Select One

Maiden Name

Contact Information

Home Phone Number (999)999-9999

Mobile Phone Number (999)999-9999

Personal Email Address(example@abc.com)

Address Information

Do you have a home address? *
 Yes No

Home Address Line 1 *
101 River Street

Home Address Line 2

City *
Des Moines

State *
Iowa

County *
Polk

Zip Code (####)
50266

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

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

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

Welcome Start Application People Job and School Income

Percent Complete: 1.0%

Please choose one option for Home address and one option for Mailing address.
Please choose one of the options for Home address.

Your Home address as you entered is:

125
DES MOINES, IA DAVIS 50266

Select Address

Welcome Start Application People Job and School Income Other Submit Application

Percent Complete: 1.0%

The Home and mailing address you entered has been corrected.
The Home address you entered has been corrected.

Your Home address as you entered is:

125
DES MOINES, IA DAVIS 50266

Your Mailing address as you entered is:

125
DES MOINES, IA DAVIS 50266

Back Save and Continue

Select Address

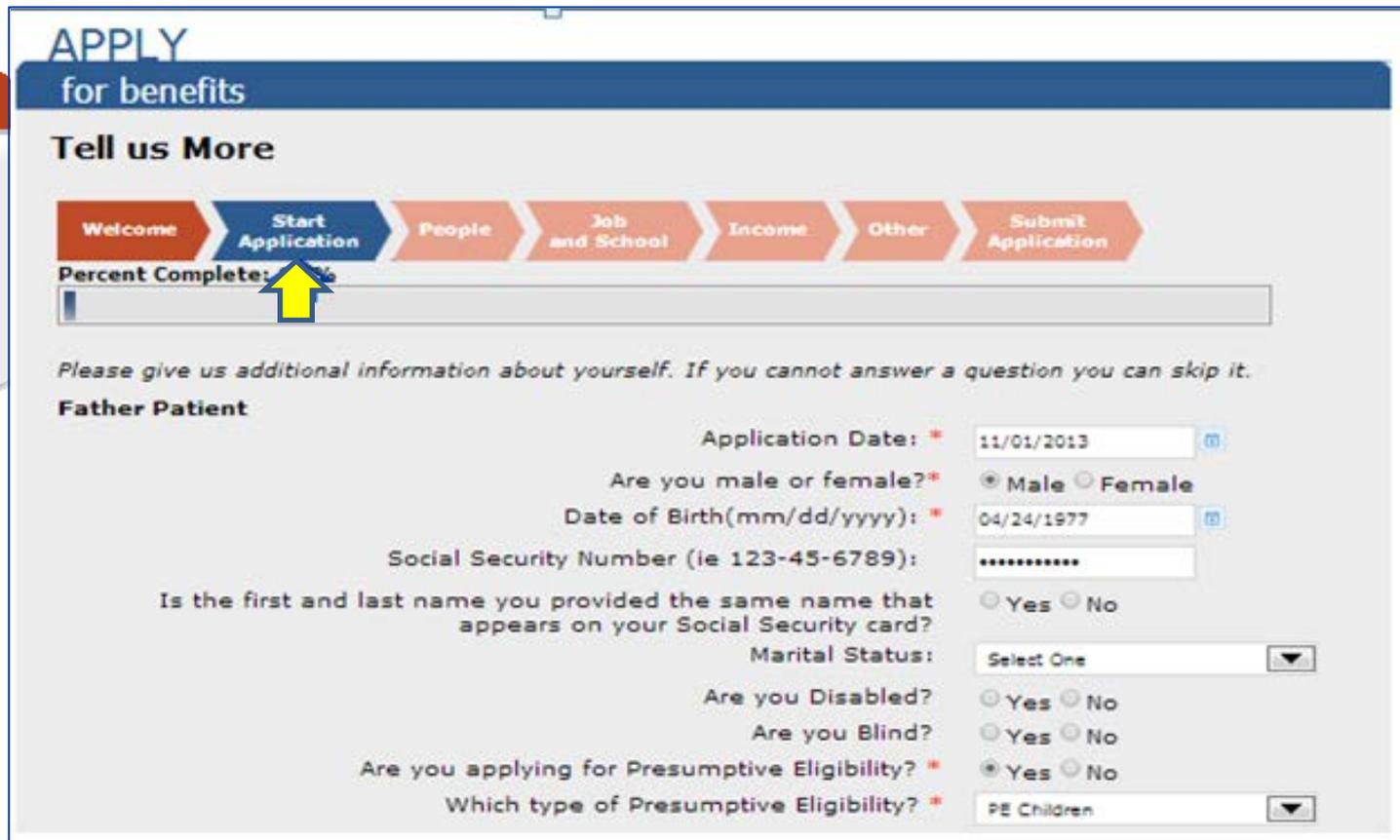
After completing the previous page, the system displays the entered address(es) in a standard format. The user must select at least one address. **Note:** If both home/physical and mailing addresses are entered, the user must select one home/physical address and one mailing address.

*Select the address that contains the correct county

Information

Links

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



APPLY
for benefits

Tell us More

Welcome Start Application People Job and School Income Other Submit Application

Percent Complete: 16%

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

Father Patient

Application Date: * 11/01/2013

Are you male or female? * Male Female

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

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

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

Marital Status: Select One

Are you Disabled? Yes No

Are you Blind? Yes No

Are you applying for Presumptive Eligibility? * Yes No

Which type of Presumptive Eligibility? * PE Children

Necessary fields: * *Application Date*, * *Gender*, * *DOB*, * *Applying for PE?*, * *PE Type*, * *Received PE in past 12 months?* and * *Current Medicaid Coverage?* **Note:** The current date (date application entries are being completed in MPEP) must be accurately entered in the * *Application Date* field, as an incorrect date can cause a denial, non-payment or other issues

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

Tell us More



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

Father Patient

Application Date: *

Are you male or female? * Male Female

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

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

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

Marital Status:

Are you Disabled? Yes No

Are you Blind? Yes No

Are you applying for Presumptive Eligibility? * Yes No

Which type of Presumptive Eligibility? *

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

Are you currently receiving Medicaid Coverage? * Yes No

Do you have any dependents living with you? Yes No

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.

July							August							September						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6			1	2	3			1	2	3	4	5	6	7
7	8	9	10	11	12	13	4	5	6	7	8	9	10	8	9	10	11	12	13	14
14	15	16	17	18	19	20	11	12	13	14	15	16	17	15	16	17	18	19	20	21
21	22	23	24	25	26	27	18	19	20	21	22	23	24							
28	29	30	31				25	26	27	28	29	30	31							
8:00	15:00	22:00	29:00				6:00	13:00	20:00	27:00										

October							November						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5								
6	7	8	9	10	11	12	3	4	5	6	7	8	9
13	14	15	16	17	18	19	10	11	12	13	14	15	16
20	21	22	23	24	25	26	17	18	19	20	21	22	23
27	28	29	30	31			24	25	26	27	28	29	30
4:00	11:00	18:00	25:00				3:00	10:00	17:00	24:00			

APPLY for benefits

Tell us More

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

Percent Complete: 1.0%

Marital Status:

Are you Disabled? Yes No

Are you Blind? Yes No

Are you applying for Presumptive Eligibility? * Yes No

Which type of Presumptive Eligibility? *

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

Are you currently receiving Medicaid Coverage? * Yes No

Do you have any dependents living with you? Yes No

Do you have Medicare? Yes No

March						
We	Th	Fr	Sa	Su	Mo	Tu
			1	2		
6	7	8	9			
13	14	15	16			
20	21	22	23			
27	28	29	30			
19:00	27:00					

June						
We	Th	Fr	Sa	Su	Mo	Tu
			1			
5	6	7	8			
12	13	14	15			
19	20	21	22			
26	27	28	29			
23:00	30:00					

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.

Links

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

APPLY

for benefits

Tell us More



Percent Complete: 1.0%

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

Father Patient

Application Date: *

Are you male or female? * Male Female

Date of Birth(mm/dd/yyyy):

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

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

Marital Status:

Are you Disabled? Yes No

Are you Blind? Yes No

Are you applying for Presumptive Eligibility? * Yes No

Which type of Presumptive Eligibility? *

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

Are you currently receiving Medicaid Coverage? * Yes No

Do you have any dependents living with you? Yes No

Do you have Medicare? Yes No

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

- ❖ Carefully enter the requested information
- ❖ Do NOT enter a number starting with 9's or 1's in SSN field

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.

Tip: A typo in this data could result in a duplicate CIN being issued for the applicant

- ❖ Refer to FAQ document for further instructions when applicant's correct demographic data does not match existing CIN record.

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

CIN Information



Percent Complete: 1.0%

Please select an existing CIN number from the below table.
The search results displayed below are for SSN (last 4 digits):

Select CIN	First Name	Last Name	CIN Number	SSN last 4 digits	Date of Birth	Gender
------------	------------	-----------	------------	-------------------	---------------	--------

No matching records found. Please go back and edit the information or create a new CIN.

INFORMATION

Are you sure you want to create a New CIN for presumptive applicant?

By selecting Yes, a new CIN will be created for the applicant, and the SSN provided in the application will be saved to the record.

If selecting No, then click on the Back button to edit the demographic information.

Yes

No

Back

Create New CIN

Save and Continue

CIN Information: New Client Index Number

CIN Information

Continued

CIN Information:

View name(s) that display. If no names display, no matching records are found and a new CIN must be created.

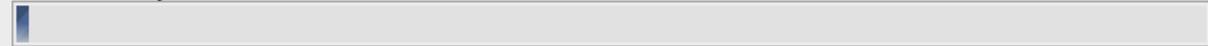
- Click **Create New CIN button**. A message verifying CIN request displays. *Note:* The CIN does not display until creating NOA.
- ❖ Tip: Both First and Last name must match and Social Security Number (*if used*) to obtain a matching CIN.
- ❖ Refer to FAQ for more on CIN matching

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

CIN Information



Percent Complete: 1.0%



Please select an existing CIN number from the below results, or click to create a new CIN.

Select CIN	First Name	Last Name	CIN Number	SSN last 4 digits	Date of Birth	Gender
<input type="radio"/>	TEST	NEW	5010479E	2367	03/01/1980	F
<input type="radio"/>	TEST	NEW	5010485A	****	03/01/1980	F

Back

Create New CIN

Save and Continue

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.

Information

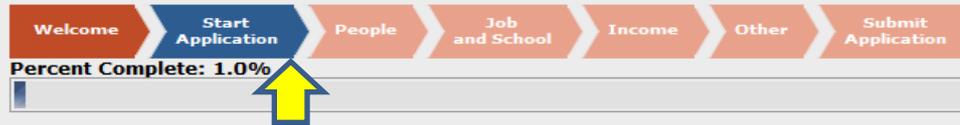
Links

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

APPLY

for Benefits

Tell us More



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

PE Test

Application Date: *

Are you male or female? * Male Female

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

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

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

Marital Status:

Are you Disabled? Yes No

Are you Blind? Yes No

Are you Pregnant? Yes No

Pregnancy Due Date: *

Number of expected Babies:

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.**

Information

Links

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

APPLY

for Benefits

Background Information



Percent Complete: 28.0%

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

test test

Are you a resident of the state? * Yes No

What is your preferred language?

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

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

Do you have eligible immigration status? Yes No

What is your citizenship status? *

Document Type: *

ID Number: *

yourself the same name that appears on this document? Yes No

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

Date of Entry:

Resident Since:

Date of Entry:

Resident Since (mm/dd/yyyy): *

Background Information

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

Start Application Summary

Welcome Start Application People Job and School Income Other Submit Application

Percent Complete: 1.0%

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

smith sally

Do you want to apply for ongoing Medicaid? Yes No

Are you a resident of the state? Yes No

What is your preferred language?

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

Were you ever in foster care? Yes No

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

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

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

Do you have eligible immigration status? Yes No

What is your citizenship status?

Document Type:

ID Number:

Is the first and last name provided for yourself the same name that appears on this document?

First Name

Last Name

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

What is your race?

American Indian or Alaska Native

Asian

Black or African American

Hispanic or Latino

Native Hawaiian or Other Pacific Islander

White

Unknown

Start Application Summary

Welcome Start Application People Job and School Income Other Submit Application

Percent Complete: 1.0%

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

smith sally

Do you want to apply for ongoing Medicaid? Yes No

Are you a resident of the state? Yes No

What is your preferred language?

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

Were you ever in foster care? Yes No

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

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

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

Do you have eligible immigration status? Yes No

What is your citizenship status?

Document Type:

ID Number:

Is the first and last name provided for yourself the same name that appears on this document?

First Name

Last Name

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

What is your race?

American Indian or Alaska Native

Asian

Black or African American

Hispanic or Latino

Native Hawaiian or Other Pacific Islander

White

Unknown

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)

Immigration Status

For Adults, see the list under the heading 'Immigrants and Medicaid & CHIP' at <https://www.healthcare.gov/immigrants/lawfully-present-immigrants/>

For Children, see the list under the heading 'Immigrants with the following statuses qualify to use the Marketplace' at <https://www.healthcare.gov/immigrants/immigration-status/>



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.

Were you born in the U.S. & do you have eligible immigration status?

- ❖ Pregnant Woman Category and BCCT Category will get accurate PE results if these questions are not answered, although this information will be needed if these individuals are applying for ongoing Medicaid.



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

Child under 21 lawfully present in U.S.

Asylee

Refugee

Cuban/Haitian Entrant

Conditional entrant granted pre-1980

Trafficking victim and spouse, child, sibling, or parent or person with pending app for trafficking victim visa

Granted withholding of deportation

Tribe: Member of a federally recognized Indian tribe or American Indian born in Canada

NO *at all ages*

Nonqualified Alien lawfully admitted to U.S only for a specific temporary reason (e.g., visitors for work or vacation, exchange students, temporary workers)

Undocumented Alien in U.S. without papers or status documentation

NO *only if 21 or older*

Lawful Permanent Resident Note: LPR/ Green Card Holder Do not have eligible immigration status until qualified alien status for 5 years

Battered non-citizen, spouse, child, or parent Note: Do not have eligible immigration status until qualified alien status for 5 years

Paroled into U.S. for at least one year Note: Do not have eligible immigration status until having qualified alien status for 5 years

Immigration Chart

This chart includes eligible immigration status information.

More details for **Adults** can be found under the heading ‘Immigrants and Medicaid & CHIP’ at <https://www.healthcare.gov/immigrants/lawfully-present-immigrants/>

More details for **Children** can be found under the heading ‘Immigrants with the following statuses qualify to use the Marketplace’ at <https://www.healthcare.gov/immigrants/immigration-status/>

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

Background Information



Percent Complete: 1.0%

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

Presumptive Child

Do you want to apply for ongoing Medicaid? Yes No

Are you a resident of the state? * Yes No

What is your preferred language?

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

Were you ever in foster care? Yes No

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

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

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

Tip: Want to apply for ongoing Medicaid?

This question is only asked **of BCCT & PW applicants** at this time. **All** other categories do not see the question and the application automatically goes to DHS for on going Medicaid determination. **Important:** If an approved PE Application is processed for ongoing Medicaid benefits and does not meet the eligibility requirements, the PE ends immediately.

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

Background Information



Percent Complete: 1.0%

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

Presumptive Child

Do you want to apply for ongoing Medicaid? Yes No

Are you a resident of the state? * Yes No

What is your preferred language?

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

Were you ever in foster care? Yes No

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

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

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

What is your race? American Indian or Alaskan

Tip: Ever in Foster Care?

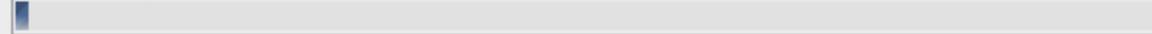
For the question, *Were you ever in foster care?* the PE applicant should answer ‘**Yes**’ **only** if he or she was concurrently enrolled in foster care and Medicaid, in Iowa, at the age 18 or older.

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

Start Application Summary



Percent Complete: 1.0%



Show All | Hide All

Tell us More

Lady Patient

Hide Details

Application Date: * 11/01/2013
 Are you male or female?* Female
 Date of Birth(mm/dd/yyyy): * 04/07/1980
 Social Security Number (ie 123-45-6789): * ***-**-****
 Is the first and last name you provided the same name that appears on your Social Security card:
 Marital Status.
 Are you Disabled?
 Are you Blind?
 Are you Pregnant?
 Are you applying for Presumptive Eligibility? * Yes
 Which type of Presumptive Eligibility? * PW
 Have you received Presumptive Eligibility in the last 12 months? * No
 Are you currently receiving Medical Coverage? *

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.

Links

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

for Benefits

Information about the people living in your home

Percent Complete: 11.0%

Note: * You must answer these questions

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

First Name: *

Middle Name:

Last Name: *

Suffix: Select One

What is the living situation of this person? *

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

Back Save and Continue

Information about People Living in Your Home

There are necessary 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.

The image shows a screenshot of a web application with two overlapping panels. The top panel, titled 'Background Information', has a progress bar with 'Welcome' and 'Start Application' steps completed, and 'People' as the current step. Below it, there are form fields for 'Presumptive Brother' and a question about household members. The bottom panel, titled 'People Summary', shows a progress bar with 'Welcome', 'Start Application', and 'People' completed, and 'Job and School', 'Income', 'Other', and 'Submit Application' remaining. A yellow arrow points to the 'People' step. Below the progress bar, there are sections for 'Primary Applicant', 'Household Members', and 'Child Patient' with expandable details. The 'Child Patient' section is expanded, showing information about a person who joined the household on 11/28/2000, with first name 'Child', last name 'Patient', and living situation 'In the Home'. There is an 'Edit' button at the bottom right of this section.

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.

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

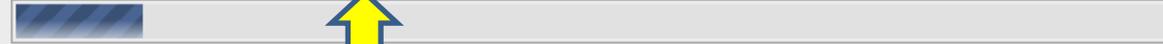
APPLY

for Benefits

People Summary



Percent Complete: 11.0%



Primary Applicant Steward Hansen
Household Members Susie Hansen

Show All | Hide All

Susie Hansen

Information about the people living in your home

Show Details

Tell us More

Show Details

Background Information

Show Details

Delete Person

Is anyone else in your home?

Add Another Person

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

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

for Benefits

School, College or Training

Percent Complete: 26.0%

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

for benefits

Job and School

Percent Complete: 22.0%

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

Mother Patient

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

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

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

School

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

Job and Job History

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

Percent Complete: 26.0%

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

Select a person *

Work or Training: * Work Training

Start Date (mm/dd/yyyy)? *

Is this job self-employment? Yes No

Employer Name:

Job Title:

Number of Hours of Work per Week:

Monthly Gross Income (before taxes):

Tips or Commission:

In the past 6 months, did you:

for benefits

Job and School

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

Percent Complete: 22.0%

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

Mother Patient

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

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

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

Job

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

The image shows a collage of overlapping screenshots from a web application. The primary focus is on the 'Income from Other Sources' section. Key elements visible include:

- Progress Indicators:** Multiple screenshots show progress bars with percentages such as 37.0% and 40.0%.
- Navigation:** A series of tabs at the top of the pages: Welcome, Start Application, People, Job and School, Income, Other, and Submit Application.
- Form Fields:**
 - 'Income Information' section with a 'Type:' dropdown and a list of income sources (Capital Gains, Dividends/Interests, Net Farming/Fishing, Net Rental, Royalties, Alimony, Unemployment, Canceled Debts, Court Awards, Jury Duty).
 - 'Income from Other Sources Summary' section with a 'Type:' dropdown and a list of sources (Social Security Disability, Social Security Retirement, Social Security Survivors, Railroad Retirement, Railroad Retirement Disability, Railroad Retirement Survivors, Private Pension).
 - 'Income from Other Sources' section with a 'Type:' dropdown and a list of sources (Capital Gains, Dividends/Interests, Net Farming/Fishing, Net Rental (Manage < 20 hours a week), Net Rental (Manage > 20 hours a week), Royalties, Alimony, Unemployment, Canceled Debts, Court Awards, Jury Duty).
- Input Fields:** Fields for 'How much?' and 'How Often?' with dropdown menus.
- Interactions:** A mouse cursor is shown hovering over a 'Select a person' dropdown menu.

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 Summary



Deductions

Presumptive Patient

Type:	How much?
Alimony:	
Student Loan Interest:	
Other Deductions:	

Is anyone getting or going to get deductions from any includes children.

- Alimony
- Student loan interest
- Other deductions

Deductions



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

Select a person:

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

Other deductions type:

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.

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

Tax information about the people in your home



Percent Complete: 40.0%

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

Child Patient

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

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

 Yes No

OTHER DEPENDENTS

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

 Yes No

Brother Presumptive

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

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

 Yes No

OTHER DEPENDENTS

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

 Yes No

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

Tax Information

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

Do you plan to file a federal income tax return NEXT YEAR?
 (You can still apply for health insurance even if you don't file a federal income tax return.)

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

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

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

Yes No 3. Will you be claimed as a dependent on your tax return? **If** _____
 How are you r _____

MPEP Application

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

What filing status will be used on this tax return? Single ▾

Will this person be claimed as a dependent by someone on this application that is filing taxes for income earned in this year? Yes No

OTHER DEPENDENTS

Can you claim a dependent(s) not listed on this application? Yes No

Tip: Tax Information Year

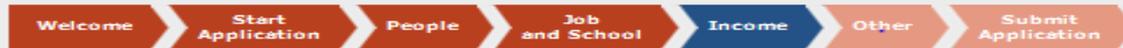
The paper application asks about *filing a federal income tax return next year*. The MPEP refers to *filing a tax return this year*. **Note:** The **Tax Year** to be referenced is as follows:

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

APPLY

for Benefits

Income Information



Percent Complete: 40.0%

In the next few pages we will ask you about the people in your home who earn or get money.

Any Person

Is anyone getting or going to get money from Social Security, Retirement Accounts or Pensions? This includes children. Yes No

Is anyone getting or going to get money from any of these? This includes children. Yes No

- Capital Gains
- Dividends/Interests
- Net Farming/Fishing
- Net Rental
- Royalties
- Alimony
- Unemployment
- Canceled Debts
- Court Awards
- Jury Duty

Is anyone getting or going to get deductions from any of these? This includes children. Yes No

- Alimony
- Student loan interest
- Other deductions

Has anyone in the household filed a Tax return last year, or plan to file a tax return this year? Yes No

Has anyone in the household been claimed as a dependent on a Tax return last year, or plan to be claimed as a dependent this year? Yes No

Is anyone's month to month income not steady? Yes No

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 Summary

Percent Complete: 40.0%

Yearly Income

Presumptive Patient

Total

Total

Delete

Is anyone's month to month in

for benefits

Yearly Income

Percent Complete: 40.0%

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

Select a person

Total income next year:

Total income this year:

Back Save and Continue

Yearly Income

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.

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

Household Relationships



Percent Complete: 65.0%

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

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

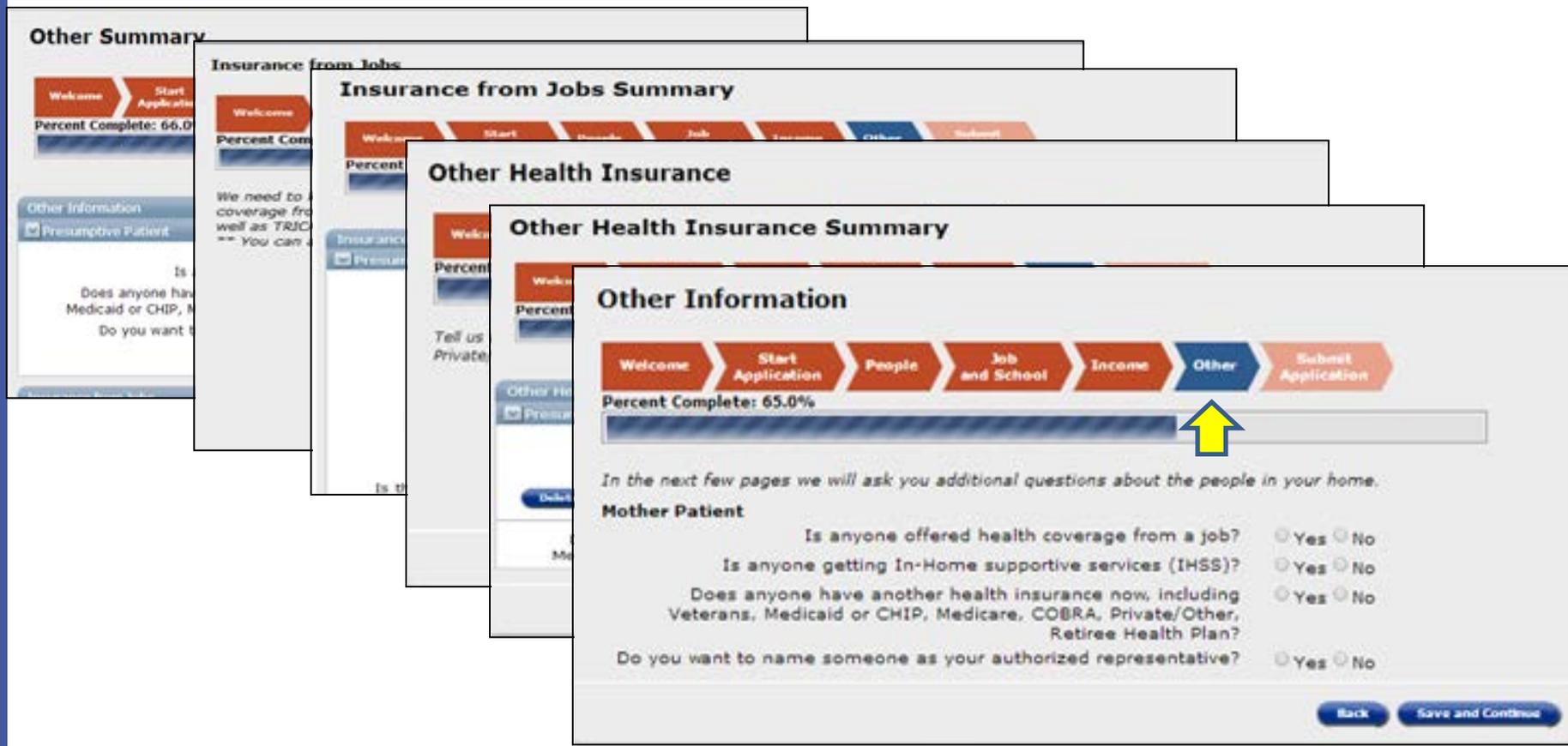
There is no other household member identified to have a relationship with. Please go to People category to add if you have missed anyone.

Back

Save and Continue

Household Relationships

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



Other Information: Health Insurance

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

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

Authorized Representative



Percent Complete: 65.0%

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

Presumptive Patient

The form fields for Presumptive Patient information are: First Name, Last Name, Address, Apartment Number, City, State (dropdown menu), and Zip Code. These fields are circled in blue.

Other Information: Authorized Representative

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

Information

Links

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

APPLY

for benefits

Determine Eligibility



Percent Complete: 100%

Click the Determine Eligibility button below for the PE Determination

Back

Determine Eligibility

Determine Eligibility

After the application is complete, **Eligibility** is run by clicking the **Determine Eligibility** button. The PE portal uses ACA rules and applicant data to determine eligibility. **Note:** The results show on the next page and are not final until accepted. Edits can be made before accepting results.

Links

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

for Benefits

Determination Results



Percent Complete: 100%

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

[Back](#)

[Accept PE Results](#)

Determination Results

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

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

Thank you.

The following PE Determination results have been accepted.

The PE and Medicaid application confirmation number is 0-to6vsc

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

PE Notice Language

English ▾

[Print Application](#)[Print PE Notice](#)[Exit](#)

Confirmation

The Confirmation page contains important information; eligibility results, confirmation number, and print commands.

Note: The QE is required to print the NOA to give to the applicant (select [Print PE Notice](#)) and to print a PDF of the application for the QE's file (select [Print Application](#)).

Information

Links

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

APPLY

for Benefits

Confirmation

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

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

PE Notice Language English ▾

[Print Application](#) [Print PE Notice](#)

[Exit](#)

Tip: Application and PE NOA

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

- ❖ *After this page, the QE will not have the ability to open or recreate a completed application.*



Date of Decision: 01/15/2014
E-app Number: 1002689

**Presumptive Medicaid Eligibility
Notice of Action - Approval**

John MPEP
1234 WONDER AVE
DES MOINES, IA 50312

Dear John MPEP

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

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

PE for Medicaid is granted on a daily basis and may end at any time. The latest date that you will have PE for Medicaid is listed below. PE for Medicaid coverage will end earlier if an ongoing Medicaid application is processed by the Department of Human Services (DHS) before this date. You may find out if eligibility continues by calling Member Services at 1-800-338-8366.

The following individuals have been approved for Medicaid on a temporary basis under Presumptive Eligibility					
Name (First, Middle Initial, Last Name)	State ID	Date of Birth	IPE Type	Date Coverage Begins	Date Coverage Ends
John MPEP	50039428	01/01/1969	PE Hospital Groups	01/15/2014	02/28/2014

PROVIDERS: PLEASE READ

As a provider, you should know the following:

- This Notice of Action is an indicator of possible Medicaid eligibility and is not a guarantee of presumptive Medicaid eligibility.
- A person who is presumptively eligible will not be given a Medicaid Assistance Eligibility Card.
- Presumptive Medicaid eligibility is granted on a daily basis, rather than a monthly basis, and may end at any time.

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.

PE Eligibility Results

Thank You. The following results have been accepted.

Your confirmation number is 0-to2zad

First Name	Last Name	Result	Reason	Type	Aid code	Eligibility Begin Date
Baby	Kitty	Approved		PE Children	H9C	01/06/2014

For details regarding the people who were not approved for PE, please see the following pages of this notice.

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

Name (First, Middle Initial, Last Name)	State ID	Date of Birth	PE Type	Date Coverage Begins	Date Coverage Ends
Sandy sue	5004643D	01/01/1980	PE Hospital Groups	01/21/2014	02/28/2014

Below please find important information regarding covered services in each PE Medicaid Type:

PE MEDICAID TYPE	COVERED SERVICES	EXCEPTIONS TO ONGOING MEDICAID APPLICATION
I-HAWP (HIA)	Limited benefits - call Member Services at 1-800-338-8366	
Children (H9C, H2C)	All Medicaid covered services	
Pregnant Women (HWA)	Medicaid coverage only for ambulatory medical care. Ambulatory medical care means all Medicaid-covered services except charges for inpatient care in a hospital or other medical institution and charges for termination or delivery of the baby, including miscarriage.	Application only sent to DHS if that option is chosen on PE application.
Parents and Caretakers (HPA)	All Medicaid covered services	
E-MIYA (HCA)	All Medicaid covered services	
BCCT (HBA)	All Medicaid covered services	Application only sent to DHS if that option is chosen on PE application.

Sample: PE Information on NOA

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

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

Presumptive Group	Specific PE Category	Aid Code
Presumptive Children	Presumptive T19 Children	H9C
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 IHAWP	Presumptive IHAWP	HIA
Presumptive BCCT	Presumptive BCCT	HBA

PE Aid Codes

This chart shows the PE Aid Codes. If an applicant is eligible for Presumptive Medicaid services, the appropriate Aid Code is printed on the NOA.



Human Services (DHS) Contact Center



855-889-7985

M-F 7 am–6 pm



IMEMPEPSupport@dhs.state.ia.us

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

Unusual
type of
income –
not listed in
MPEP



Incorrect
Birthdate



CIN created
with wrong
SSN

Mistake in
MPEP and
application
submitted



Retroactive
ongoing
Medicaid
request



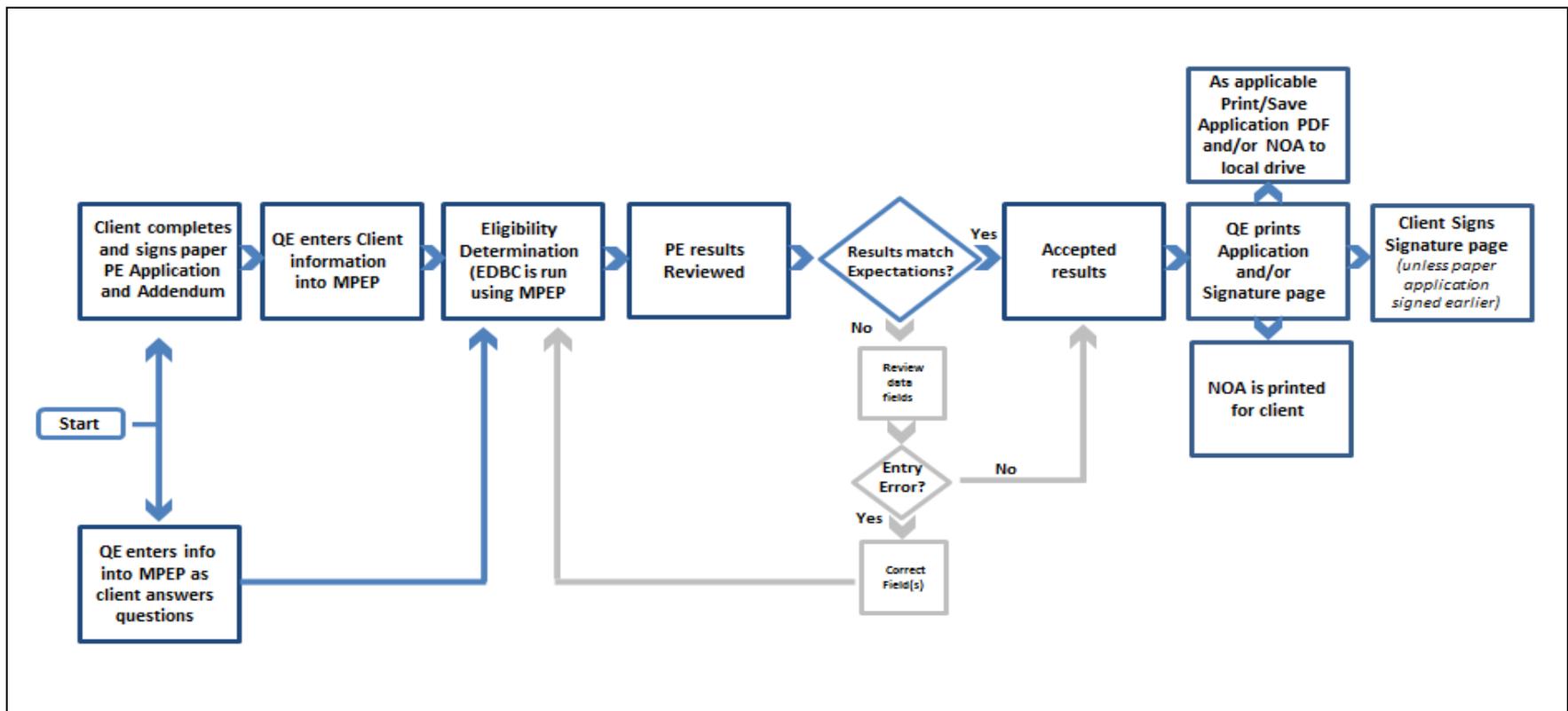
Incorrect
Income

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

Summary – PE

■ Flow ■ ACA ■ Applications ■ Policies ■
MPEP



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 Group (Adults/Children), Pregnant Woman
- 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)
- **Only PW and BCCT** applicants will see the question, 'Do you want to apply for ongoing Medicaid?'
 - **All** other categories must call to opt out
- **PE ends immediately** for anyone with approved PE whose ongoing Medicaid application is then denied
- ❖ Applicant may choose to opt out of applications being processed for ongoing Medicaid benefits

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**

❖ Please note:

For each approved PP Entity there should be at least one supervisor role listed in MPEP

PE Resources

- Policy
- Technical
- Rights and Responsibilities
- Withdrawals

1-855-889-7985

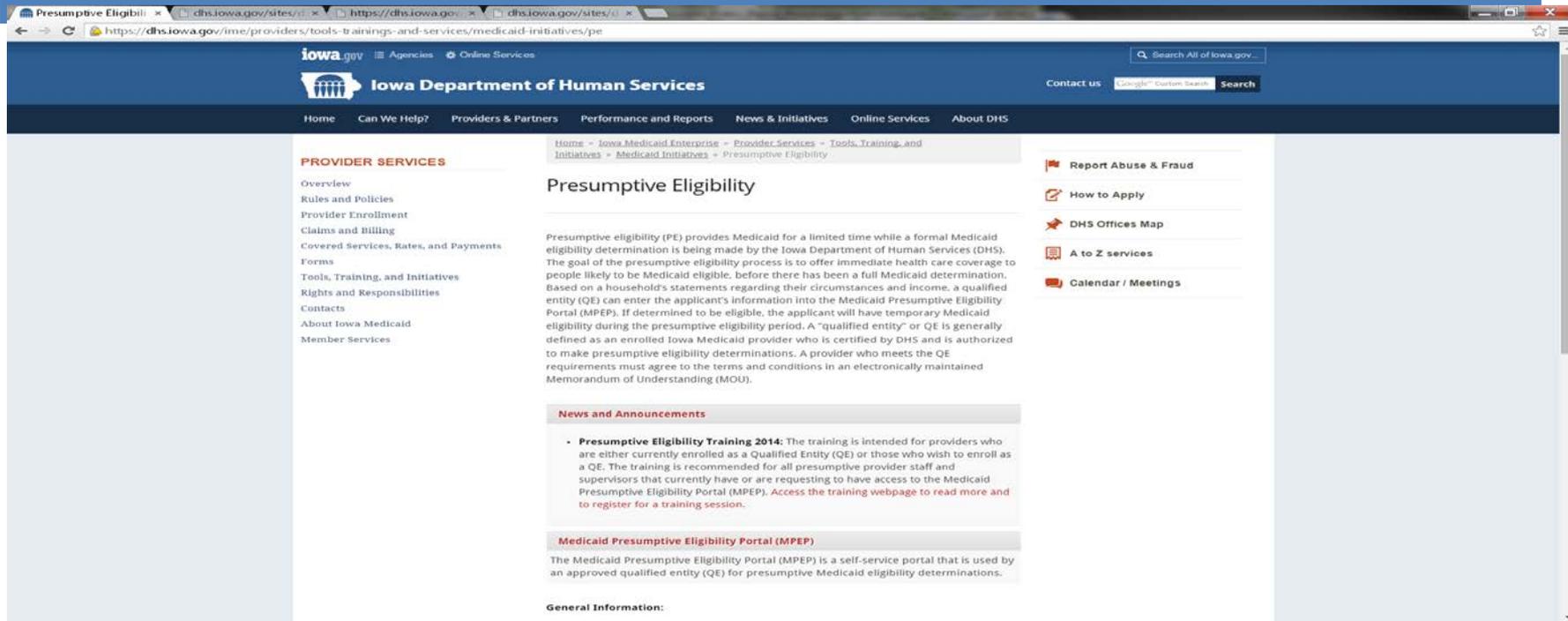
IMEMPEPSupport@dhs.state.ia.us



QE Support: PE Policy and MPEP Technical

Support is available for QEs through the 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 on the **DHS** website. These materials include Presumptive Eligibility FAQs, Qualified Entity (QE) MPEP Access Request Form, and the Application for Certification to become a QE.

❖ FAQ, Manual & Summary of helpdesk messages online

The screenshot displays the DHS website interface with three main sections:

- Information links:** A vertical list of links including "For TTY Services", "Give Us Your Feedback", "Authorized Representatives", "Terms and Conditions", "Rights and Responsibilities" (circled in red), "Your Rights Under HIPAA", "Register To Vote", "Printable Application", "Medicare", "Social Security", "Senior Health Insurance Information Program (SHIIP)", "Estate Recovery", "Legal Aid", and "Contacts".
- CHECK eligibility:** A panel featuring a photograph of a smiling man with his hand to his chin, and the text "What benefits could I receive?".
- APPLY for benefits:** A panel featuring a photograph of a pregnant woman holding a young child, and the text "Apply for assistance."

Applicant: Rights and Responsibilities

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

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 PE Self - Quiz

The following pages include a 14 question self-test on PE and QEs. Answers to these questions are located on the page after the self-test.

1. If eligible, Presumptive eligibility....

(Mark each statement that is true)

- a) Begins on the *Application Date* entered into MPEP
- b) Is not retroactive
- c) May only be used for services at an Iowa Medicaid provider

2. Which of the following are true?

- a) Each household member is required to complete his/her own PE application
- b) The current date (date application entries are being completed in MPEP) must be accurately entered in the **Application Date* field in MPEP
- 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 are 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 the Department of Human Services

6. QEs should advise applicants (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....

- a) It slows the determination of ongoing Medicaid
- 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 CIN (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 Woman, 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 Woman 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) DHS Website

<http://dhs.iowa.gov/ime/providers/tools-trainings-and-services/provider-tools>

b) PE Policy and Technical Support

imempepsupport@dhs.state.ia.us

c) Rights and Responsibilities

<https://dhsservices.iowa.gov/apsspssp/ssp.portal>

13. 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 applicant (client) reported information

14. 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

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. a, b, d
14. a, b, c, d, e