Provider Education

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

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 is a 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, per client request.
- 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 <u>under penalty of perjury</u> 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 <u>prior</u> 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 QE entering all client reported information into MPEP which makes the PE determination. If verbal information is obtained without paper application, you must print the signature page from MPEP. The application is then forwarded to DHS for ongoing Medicaid determination, if client requested.

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
- All PE group applicants (PW, BCCT, Children & Hospital groups) can opt out of ongoing Medicaid determination inside of MPEP at this time
- 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.

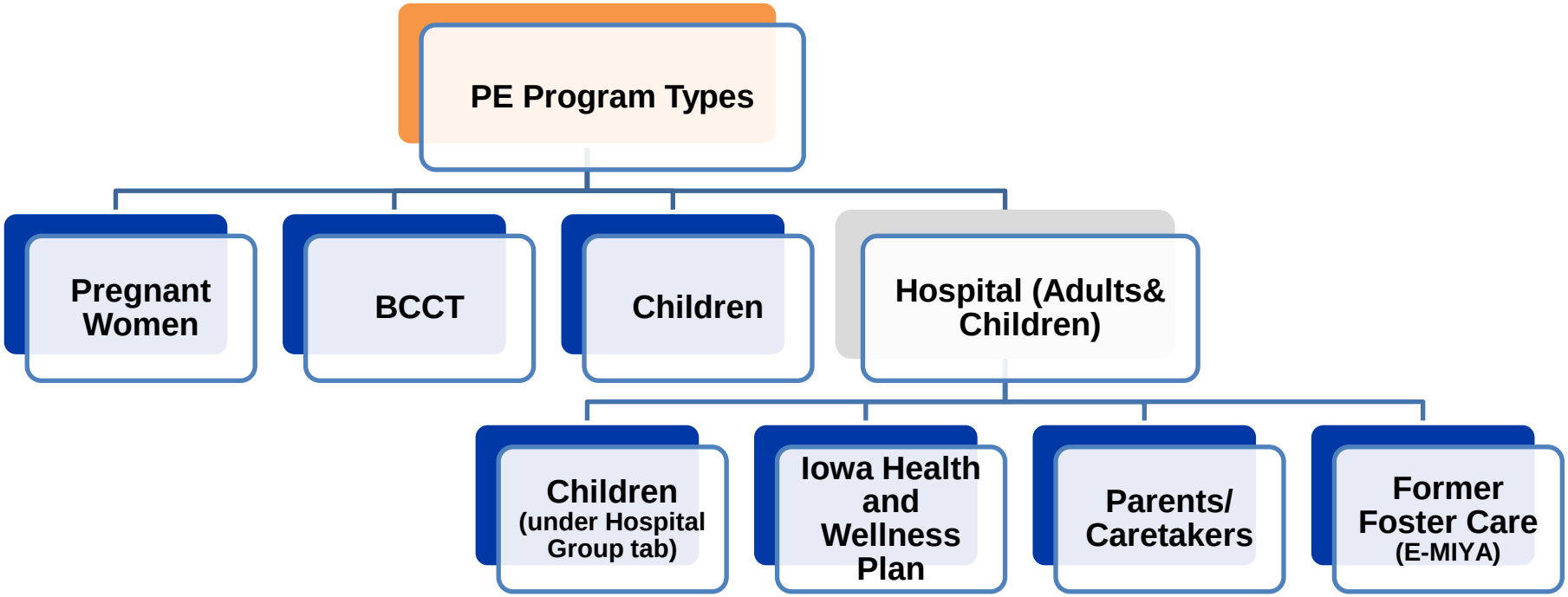
Hospital Groups Name Change

Hospital

(Adults & Children)

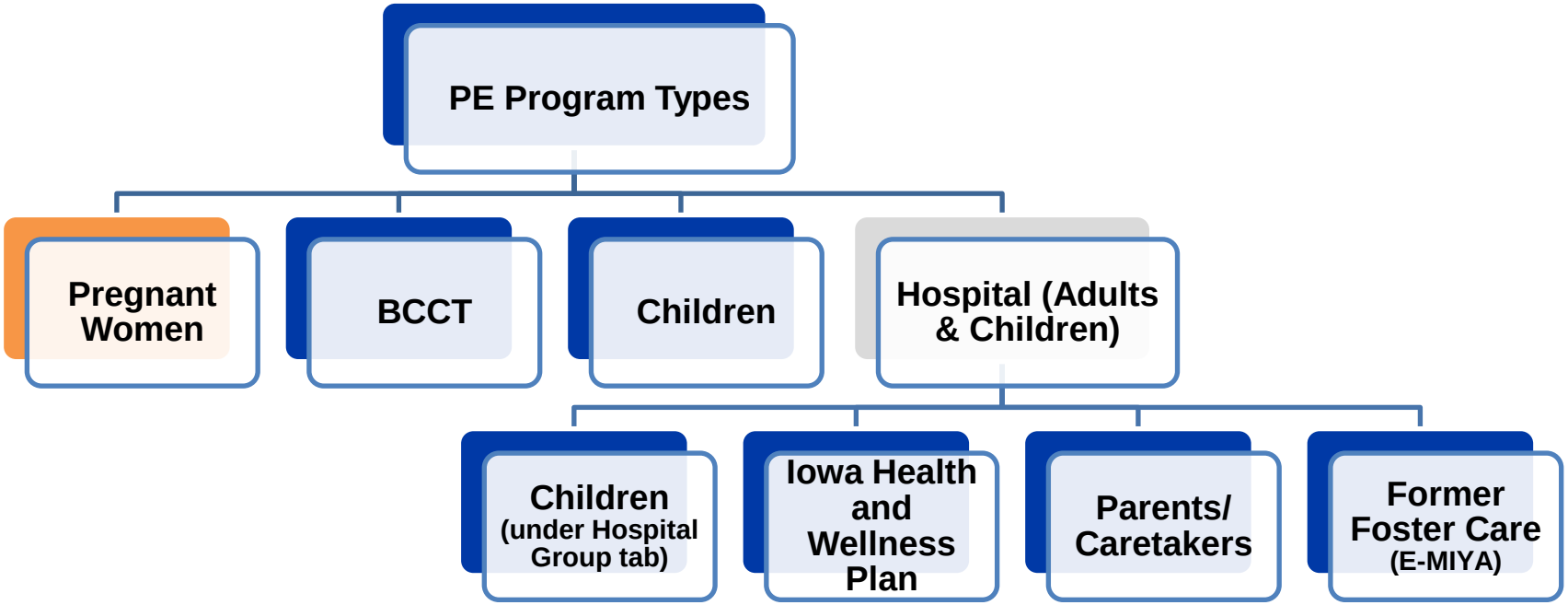
- MPEP still shows **Hospital** group
- Adults & Children is the actual group
  - All QEs approved for Hospital can use Adults & Children PE category

❖ Name change in MPEP to come



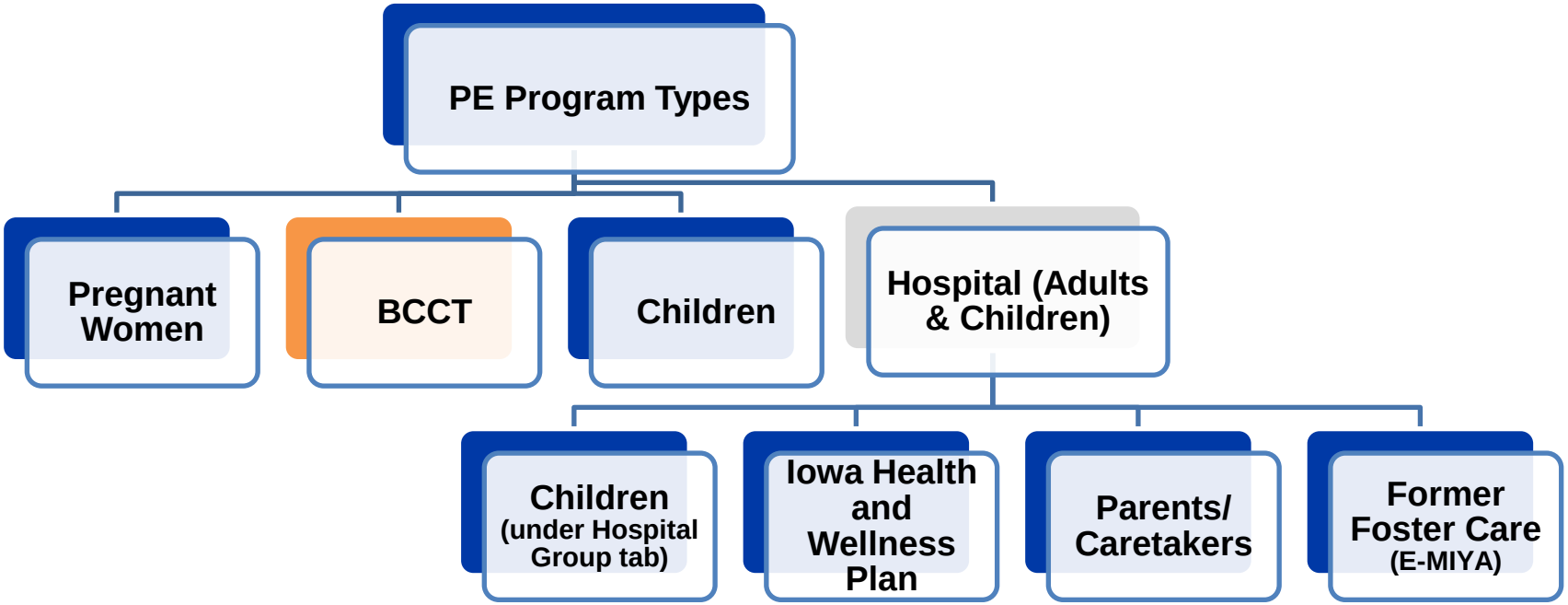
PE Program Types

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)*

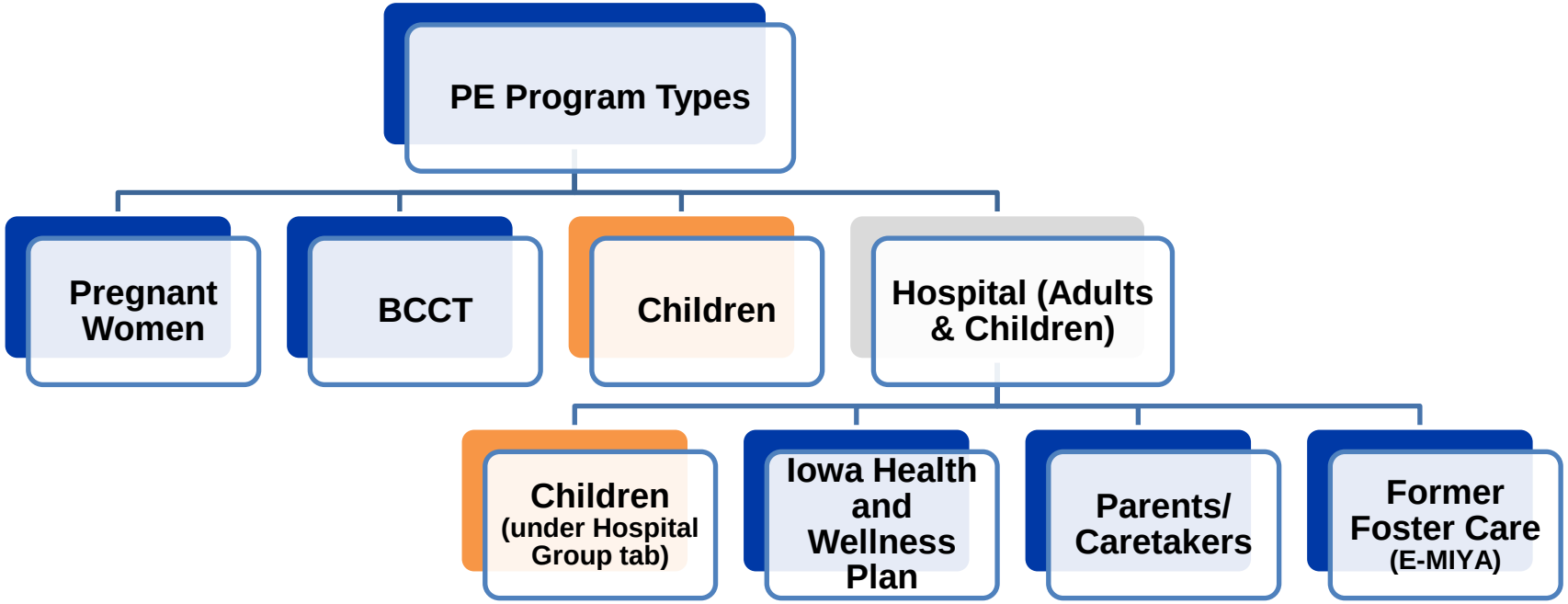
- Citizenship/Qualified Alien status is **not** an eligibility factor
- Income limit: 375% Federal Poverty Level for MAGI HH size
- Ambulatory prenatal care: Medicaid-covered services **except** inpatient hospital or institutional care and charges associated with delivery of baby (including miscarriage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



Breast and Cervical Cancer Treatment

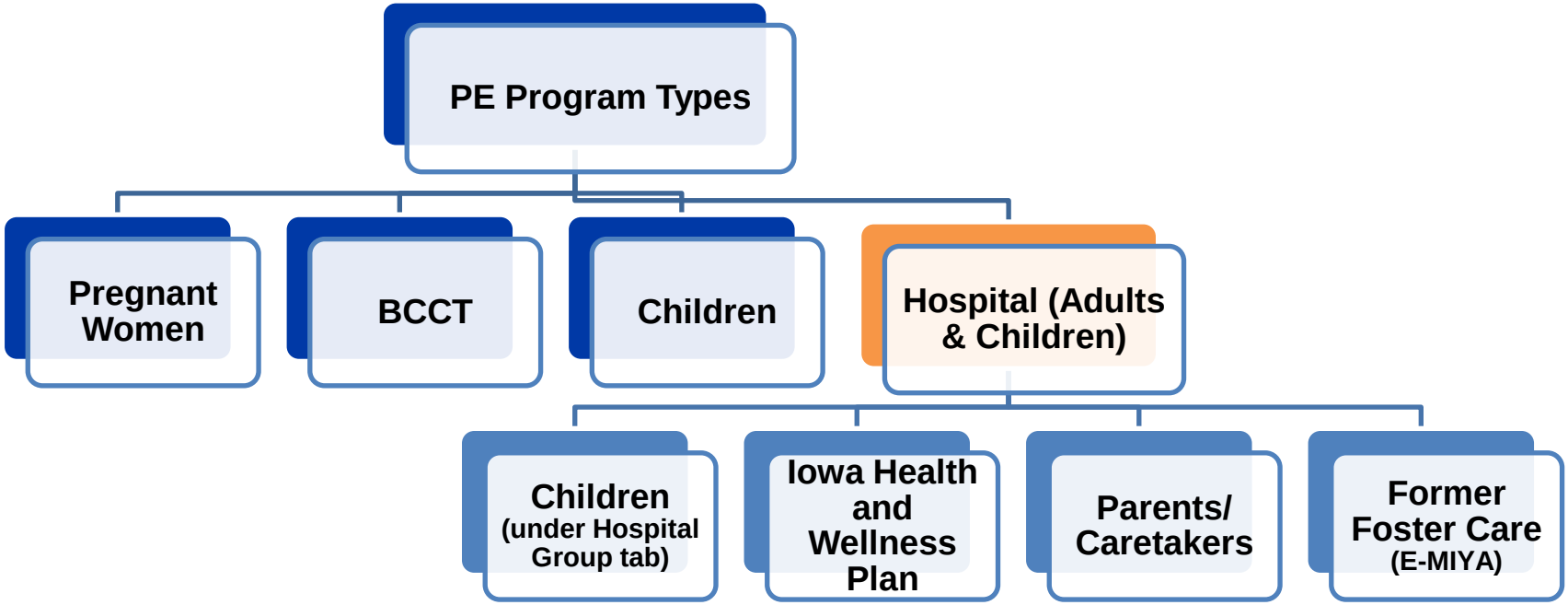
- Citizenship/Qualified Alien status is **not** an eligibility factor
- Under age 65
- Screened and diagnosed: Breast/Cervical pre-cancer/cancer
- No creditable insurance coverage

❖ **Note:** Only BCCEDP providers can determine BCCT PE



Children

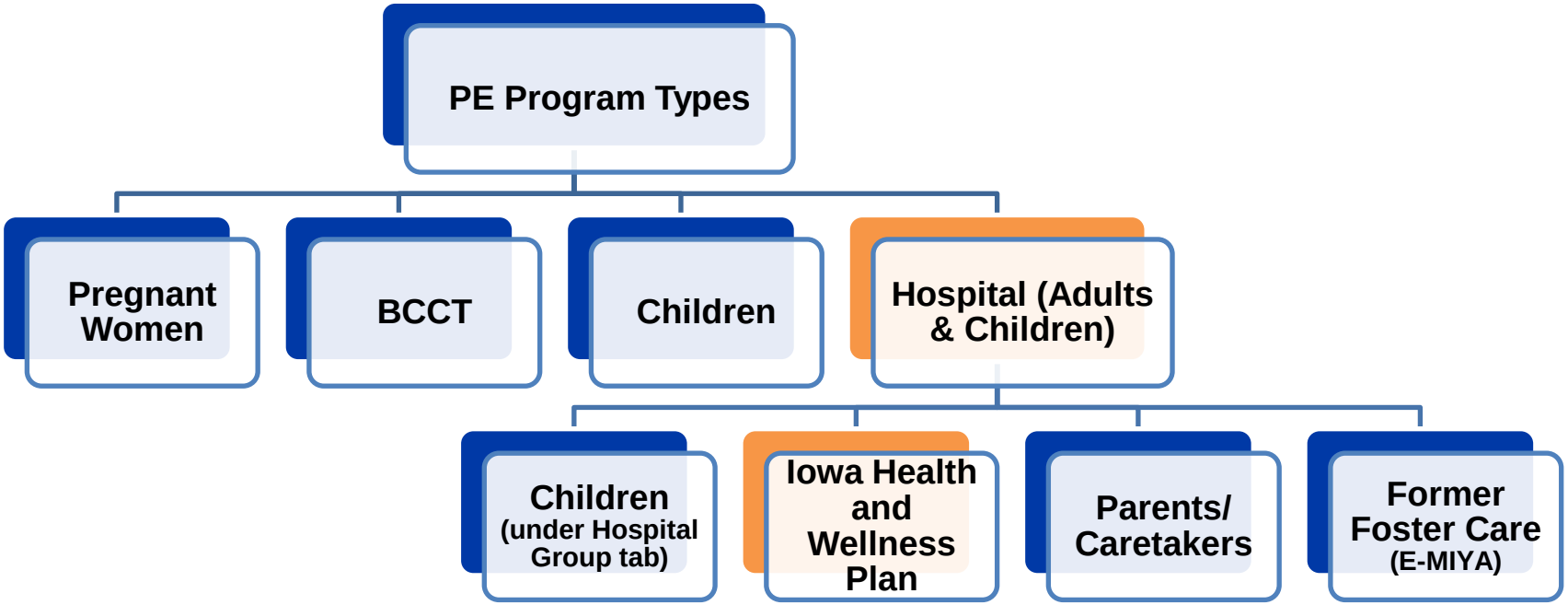
- Under age 19
- Family income limit is 302% of Federal Poverty Level (FPL) for children ages 1-18 years of age
- Family income limit is 375% of Federal Poverty Level (FPL) for infants under 1 year of age



Adults & Children Group

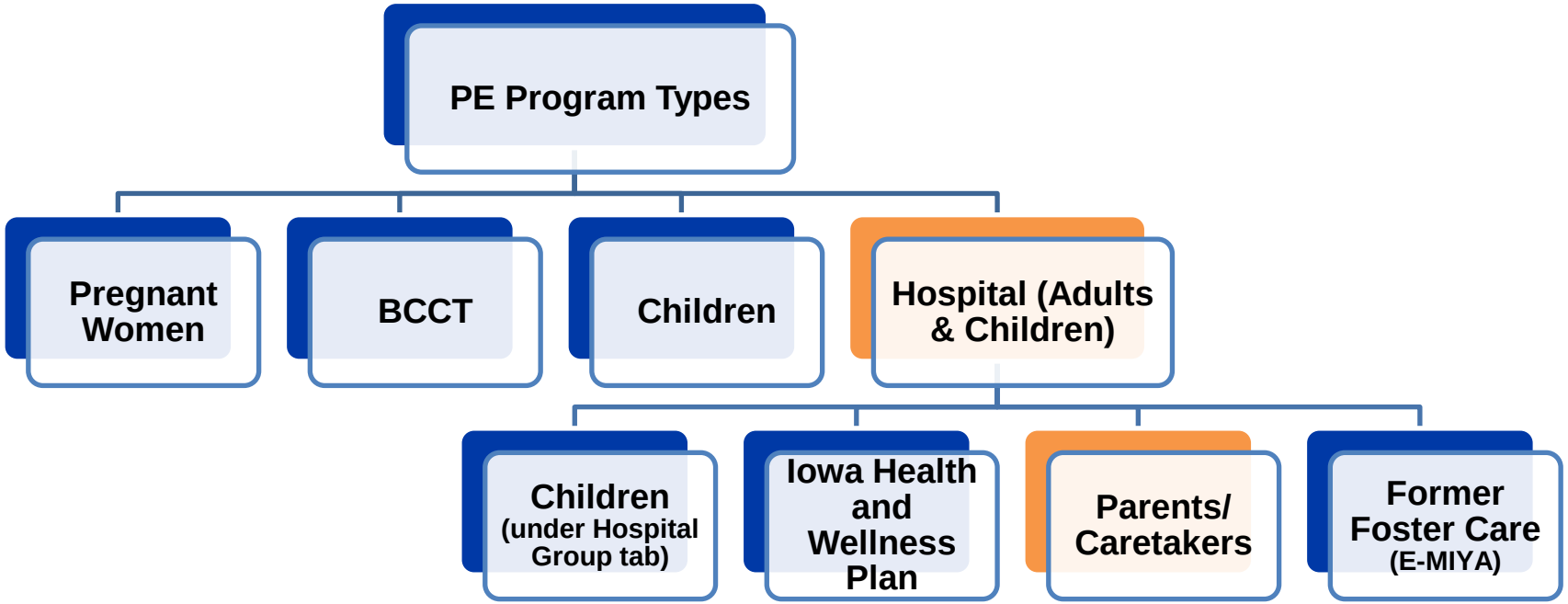
- May process five (5) types of PE programs
  - Hospital/Adults & Children QEs: **Only** ones allowed to do PE determinations for Iowa Health and Wellness Plan, Parents/Caretakers, and E-MIYA
- May process determinations for patients and non-patients

❖ Only BCCEDP hospitals may do all six (6) types of PE



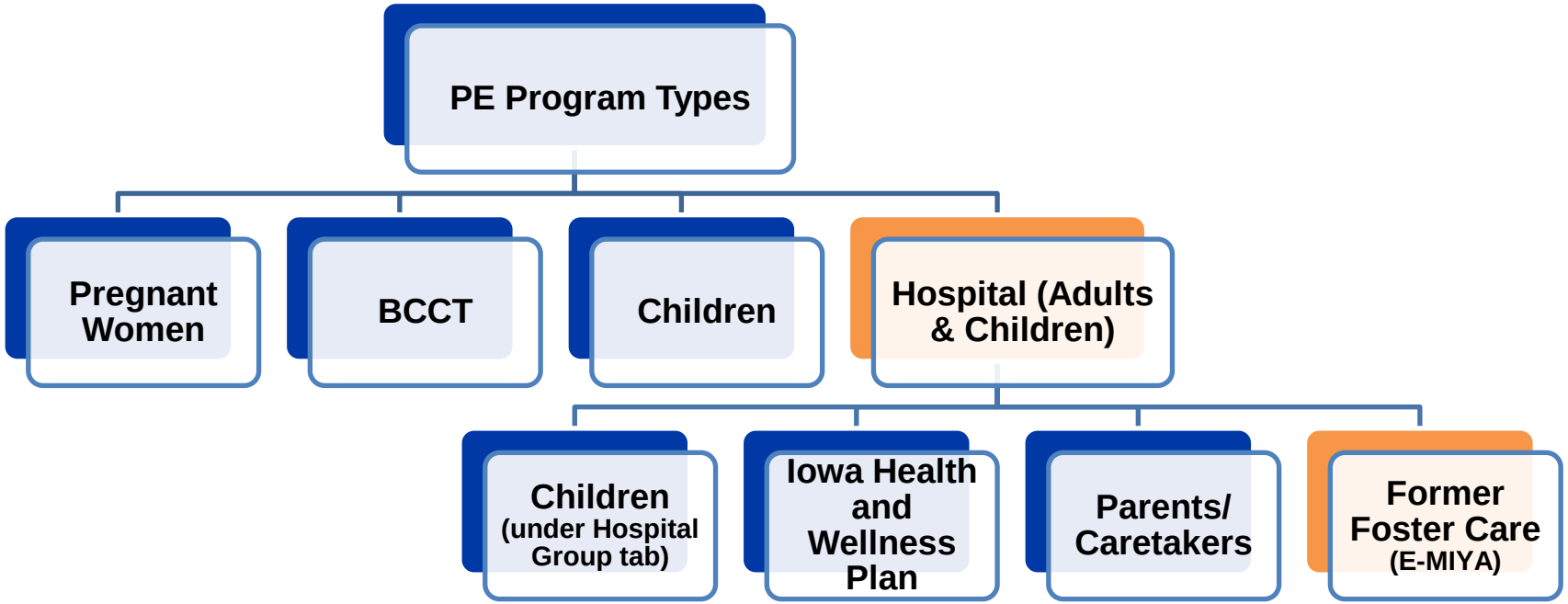
Iowa Health and Wellness Plan

- 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

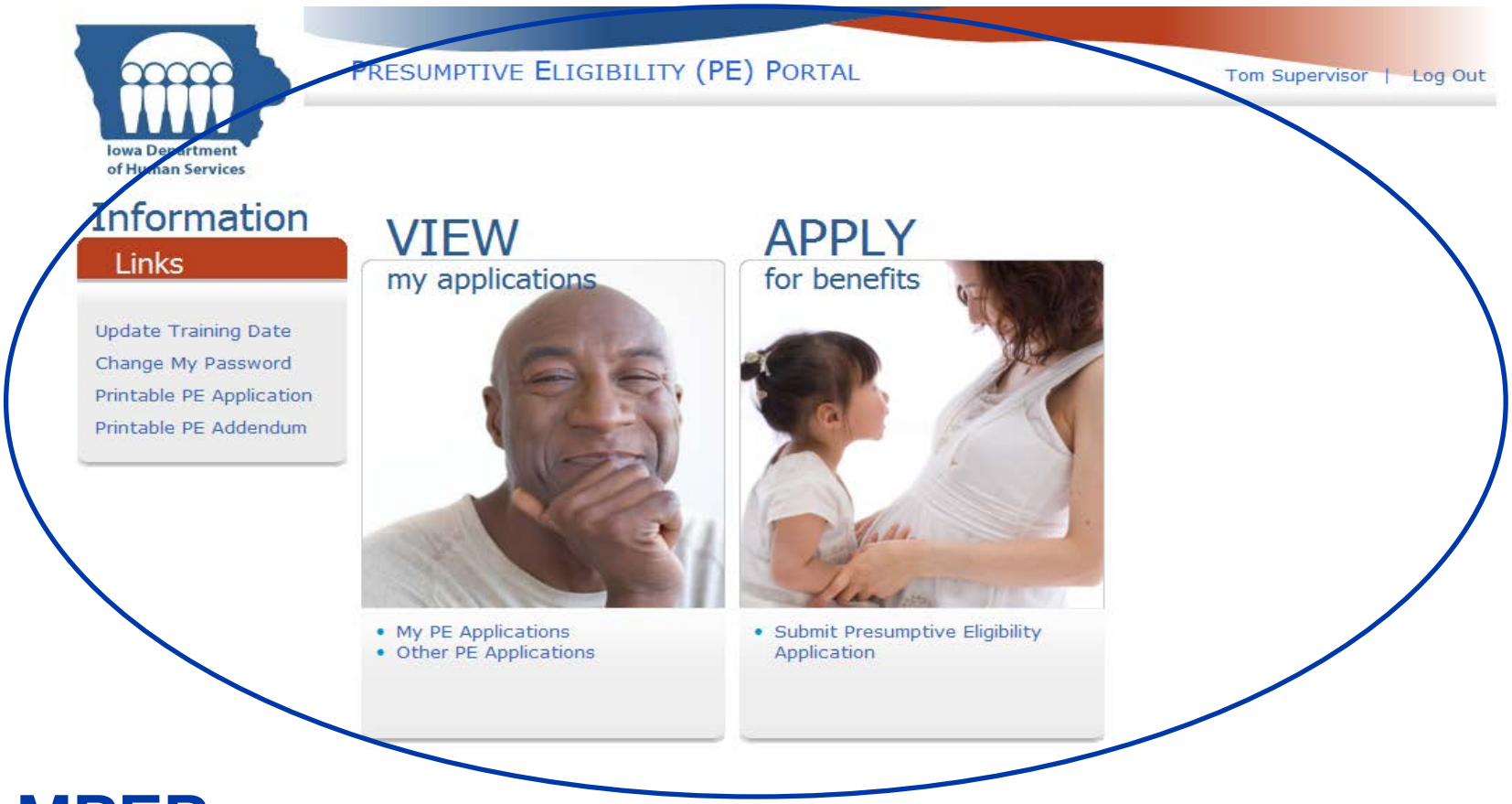


E-MIYA/ Former Foster Care

- 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

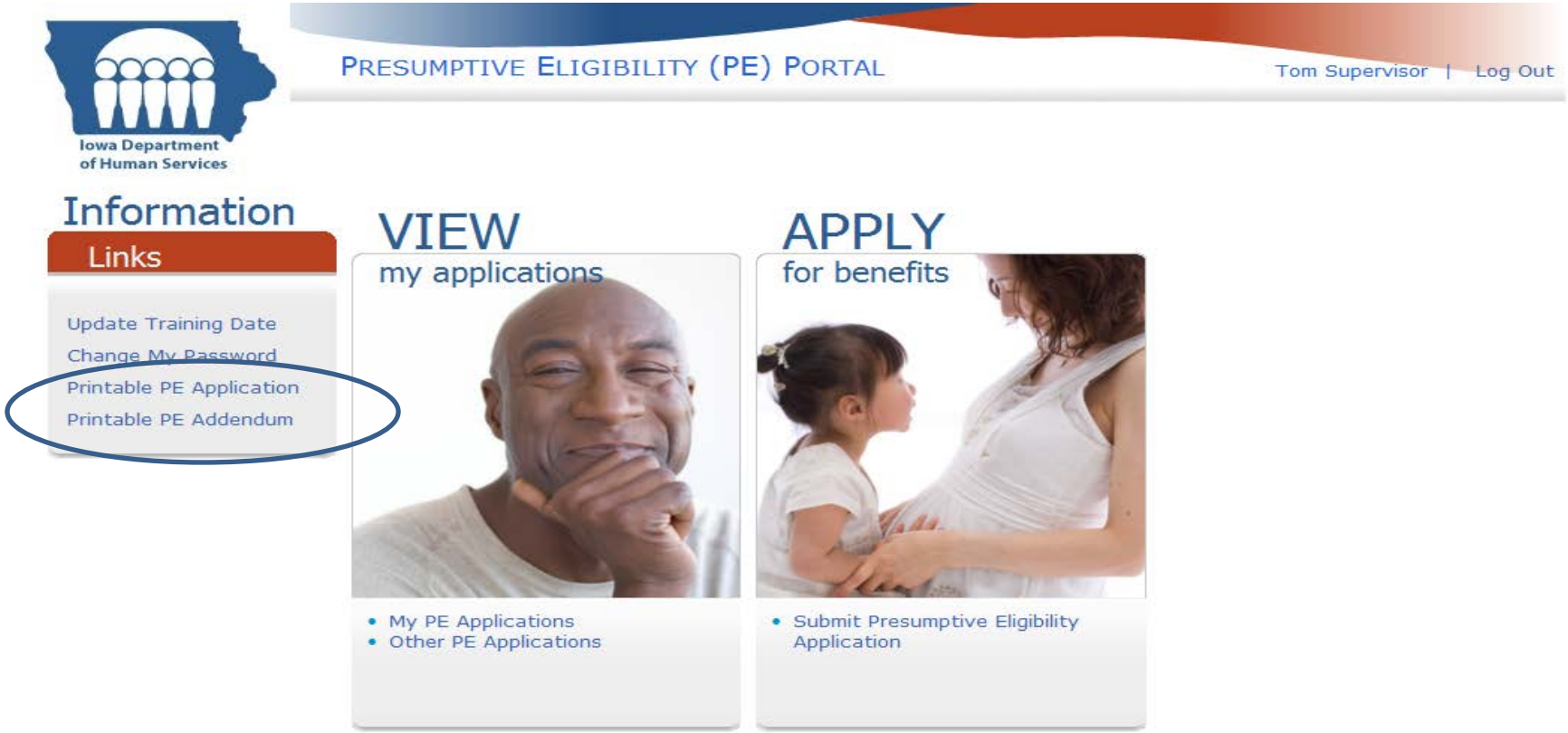
MPEP

- View Applications
- Complete Applications
- Appeals
- Support



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, if client requested.

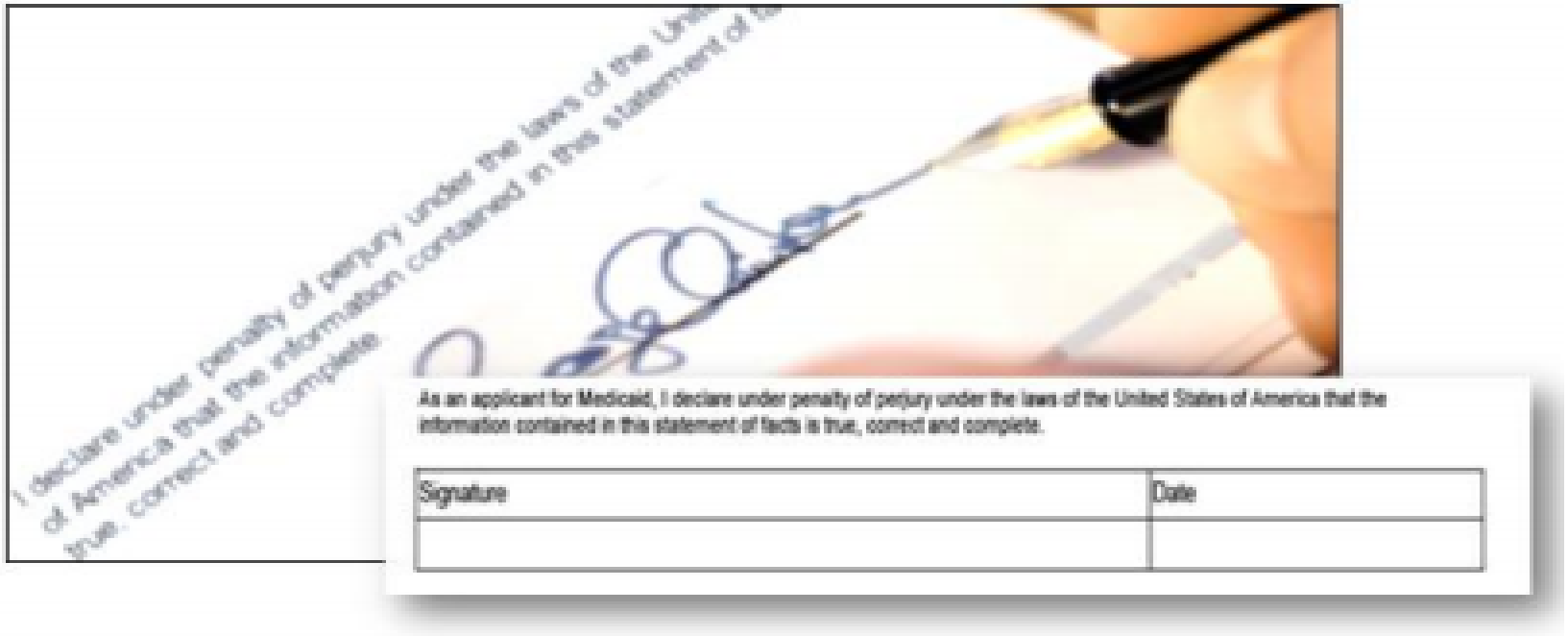


Client Signature *(Required)*

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

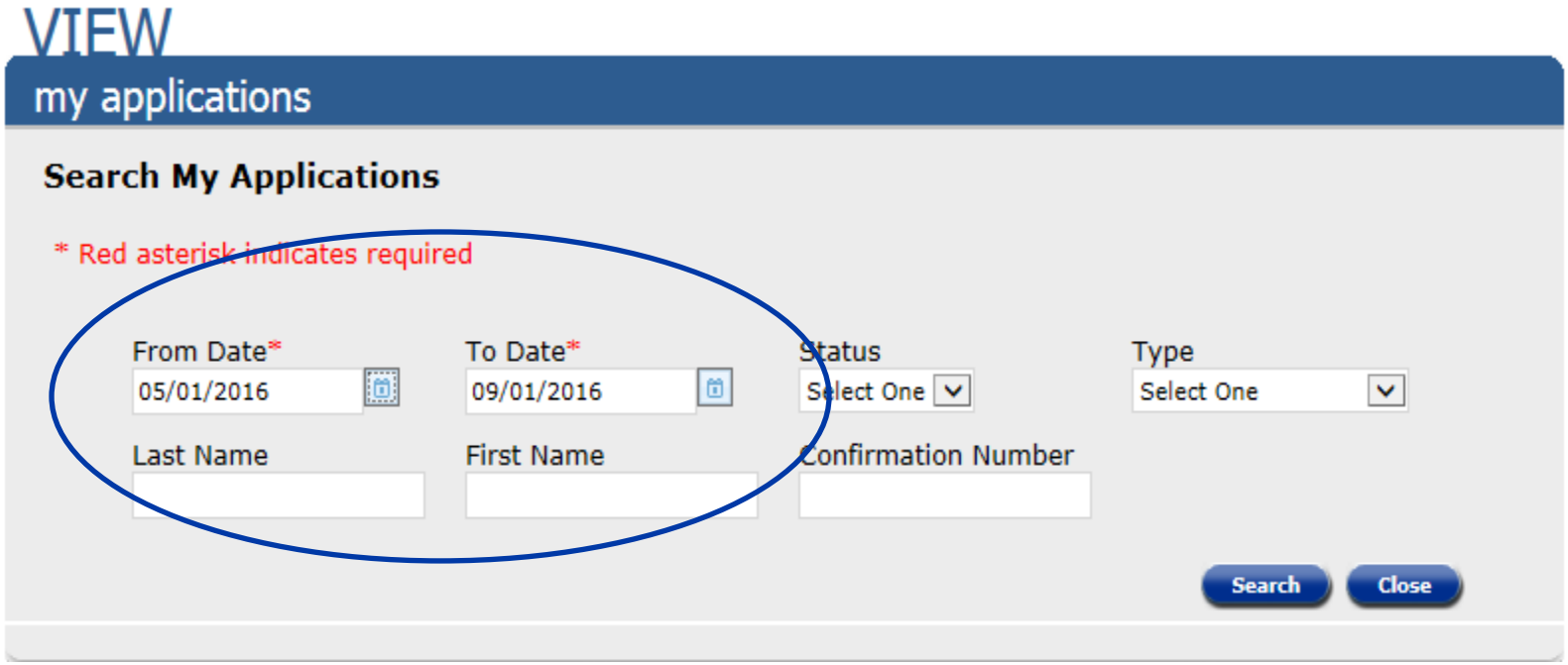
MPEP Homepage shows the two portlets available to users.

- **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

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.

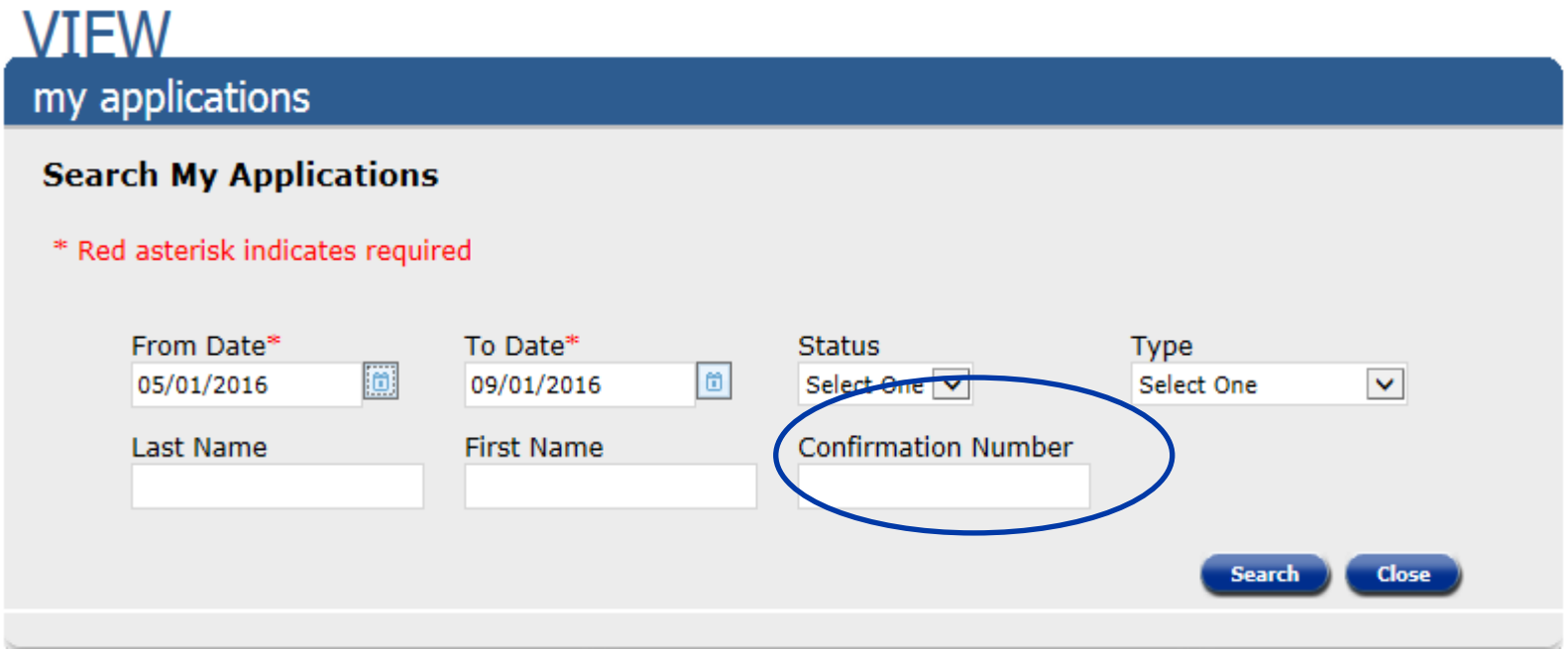
❖ At least one QE supervisor is recommended.



Search by Application Date or by Name

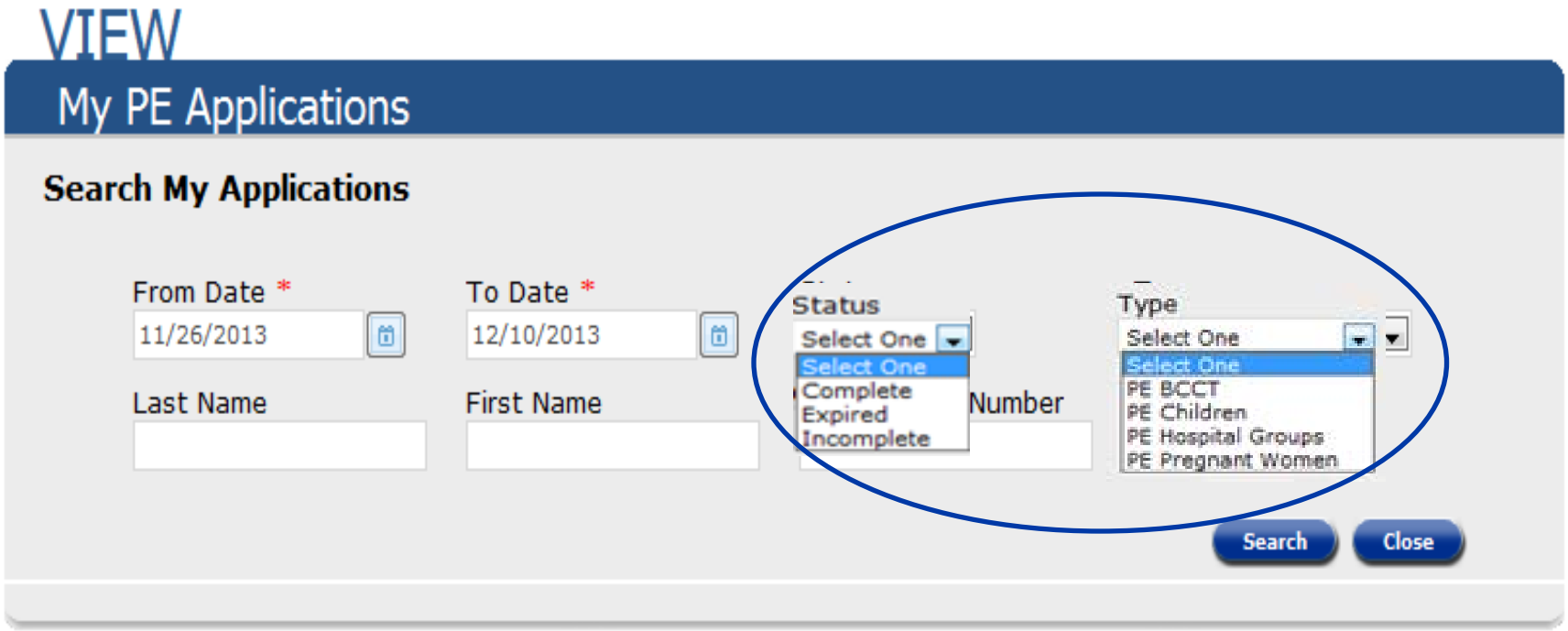
Date Search: Users can search for an application by using specific **date** ranges, *not greater than past 4 months from current date.*

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

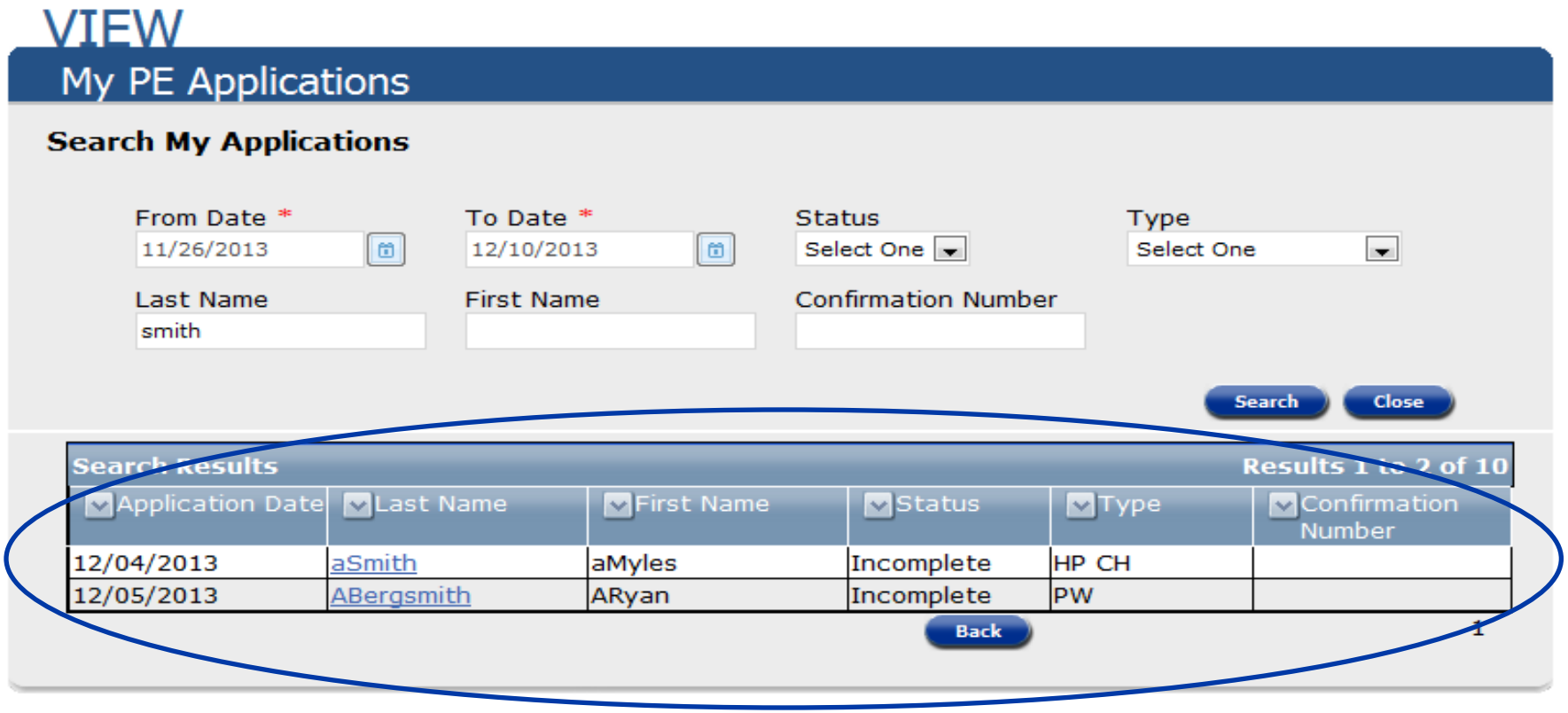
Searches can be done using Application **Status** or **Type.**

Status: Complete - Eligibility has been determined

Expired - Started, but not completed after 5 days

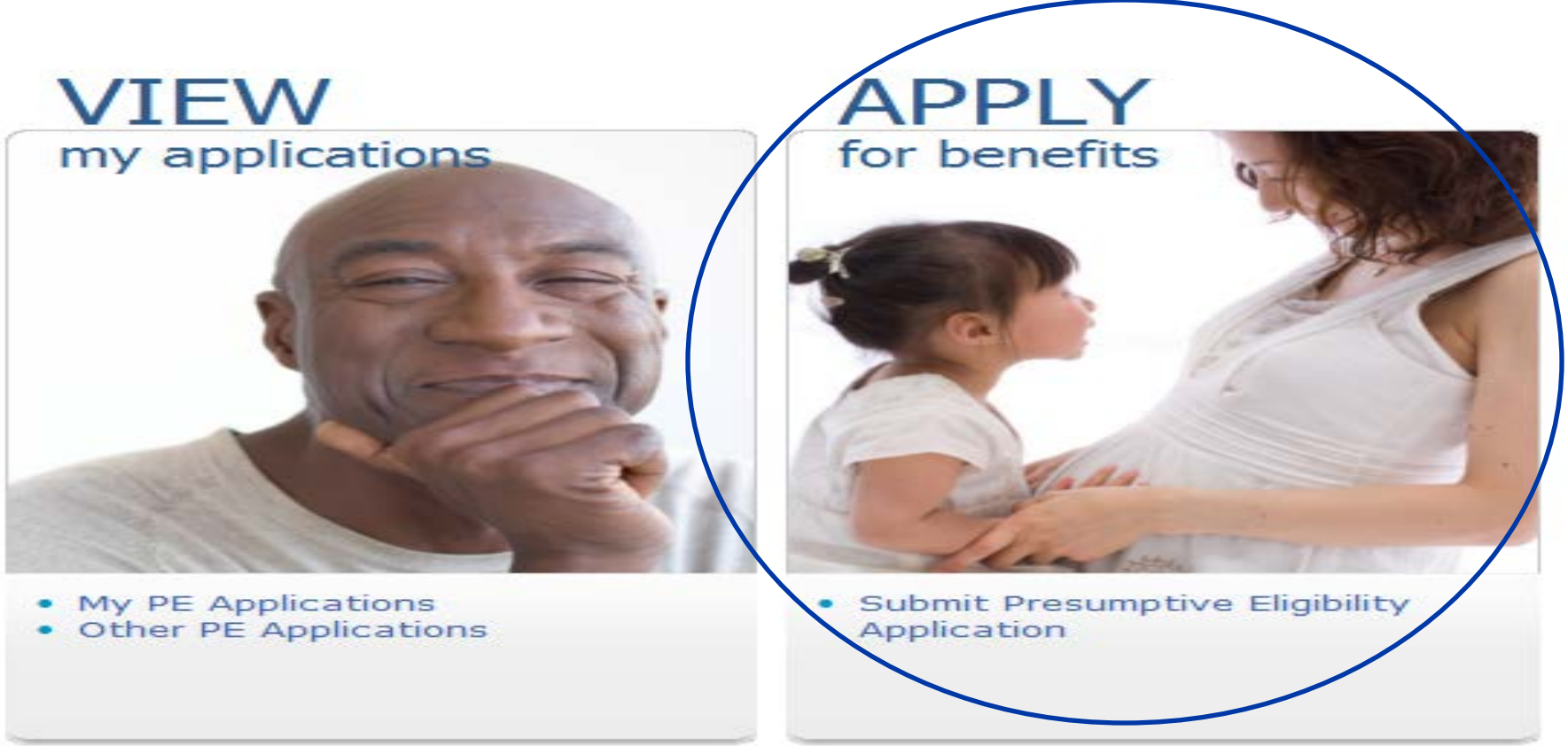
Incomplete - In progress

Type: BCCT, Children, Adults & 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.



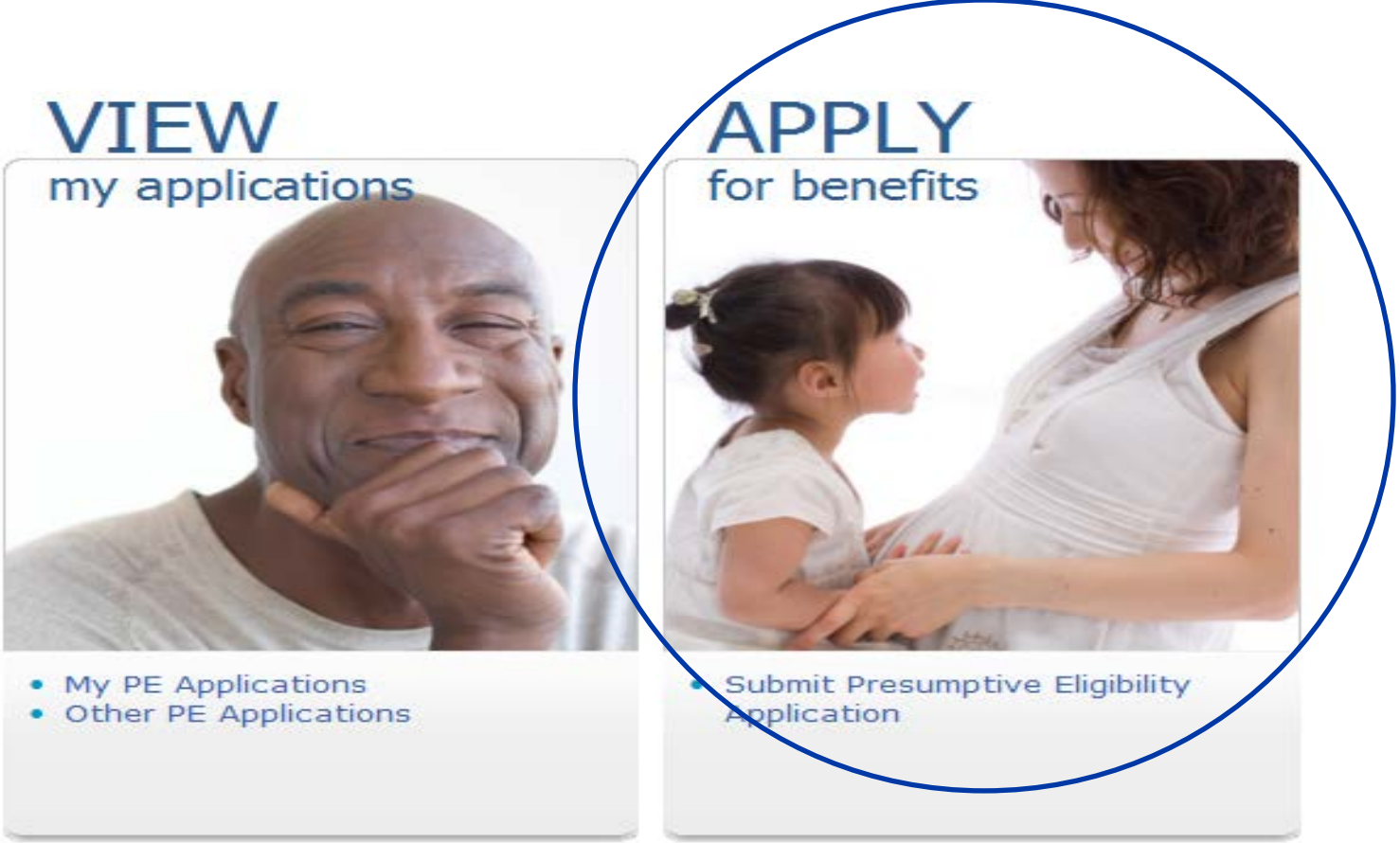
Apply for Benefits

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

Application Process

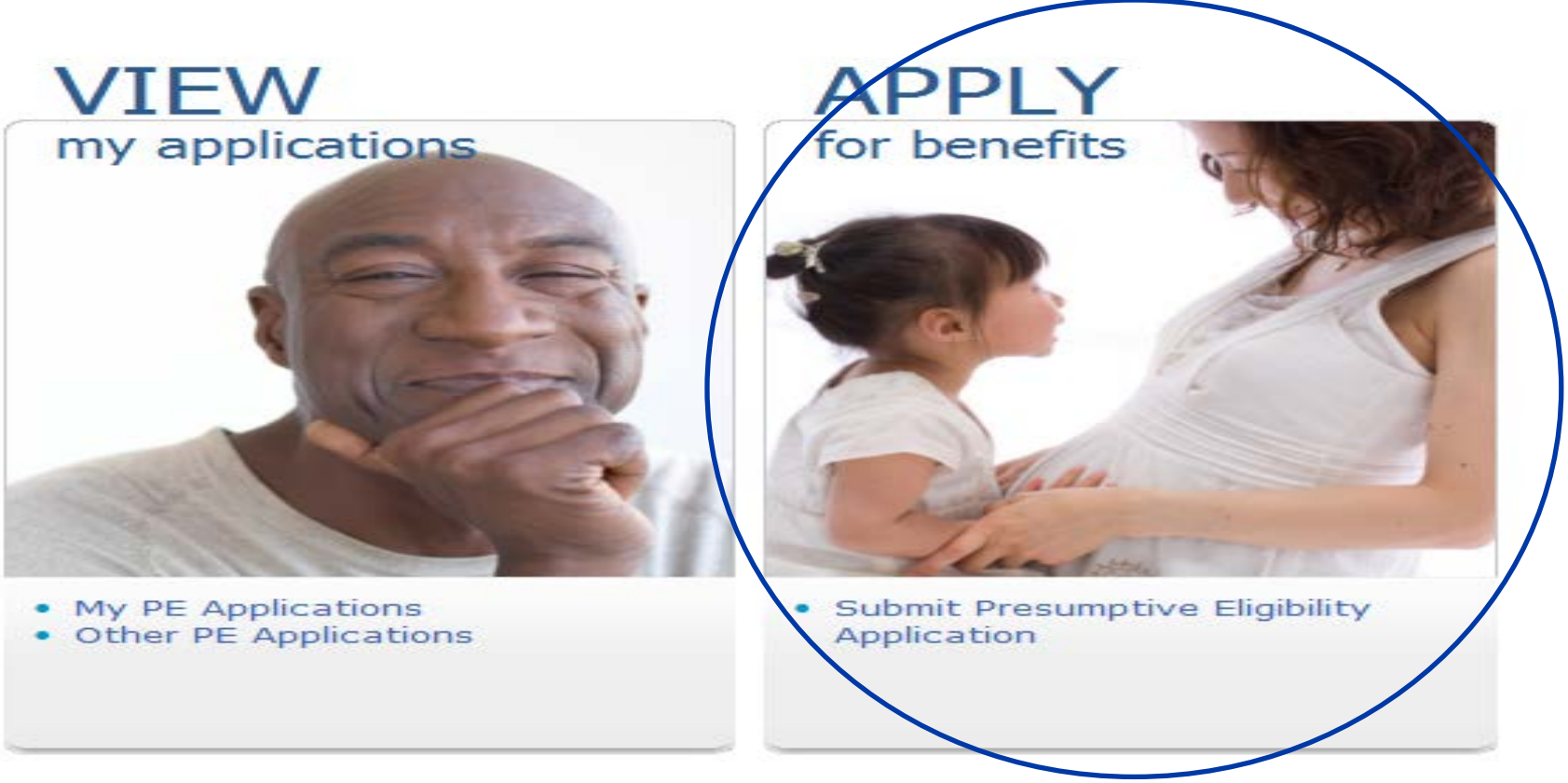
PE applicant information can be collected one of two ways:

- 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



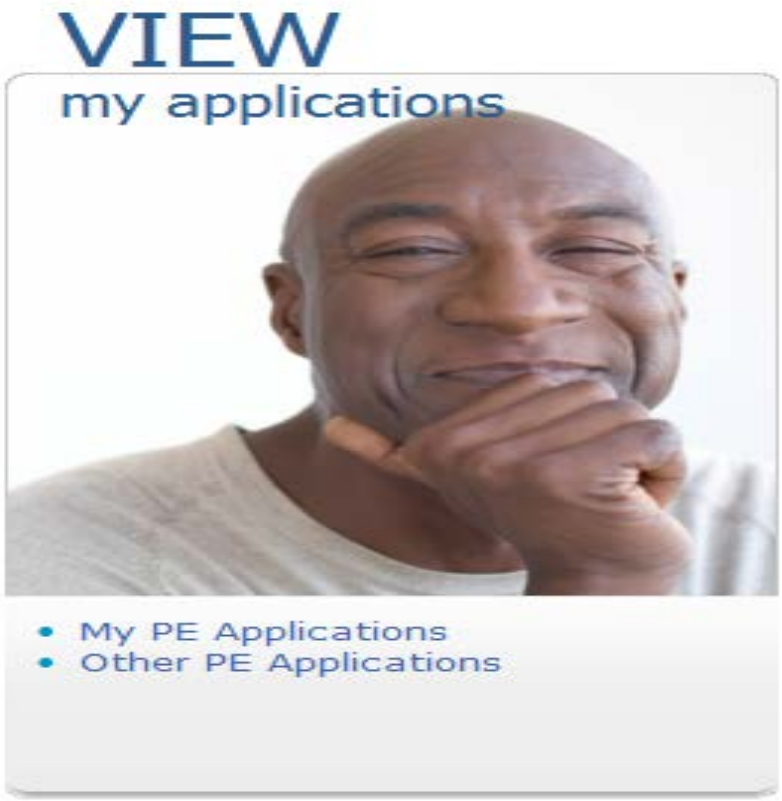
Data Collection for PE Determination

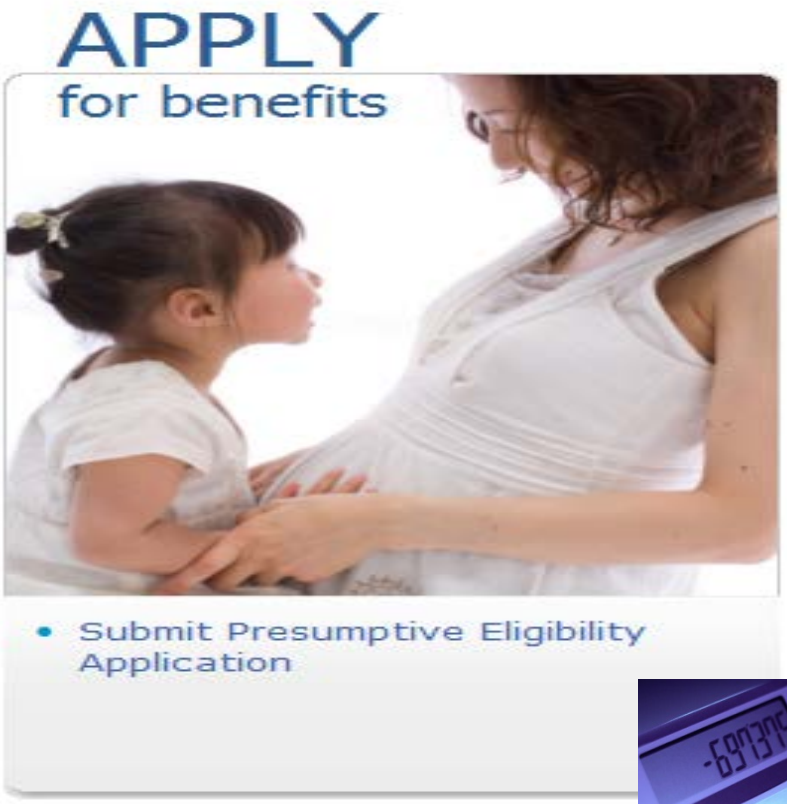
This portlet is the location of the online application. It is important that all client-provided information is entered into the application. The PE Determination and subsequent ongoing Medicaid eligibility will be the most accurate when all available information is entered.



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, 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





Tip: Eligibility Determination Calculations

ACA has changed PE eligibility determinations including household composition, size determination, and income and deduction inclusions. <u>All **PE** calculations</u> 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	Relation-ships 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.

Information

Links

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

APPLY

for benefits

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:

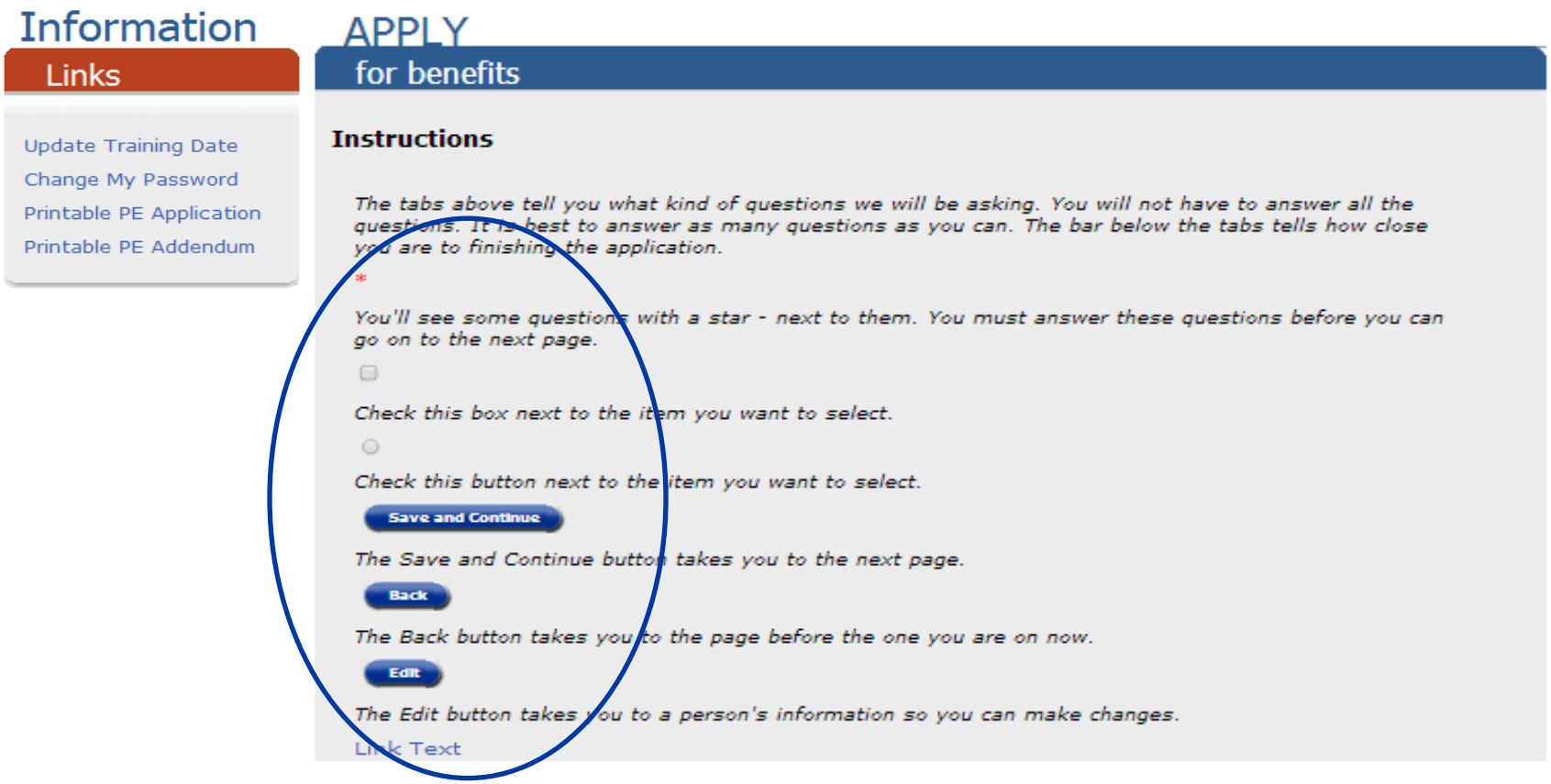
- *Confirmation of any prior Presumptive Eligibility Coverage or existing Medicaid coverage*
- *First name*
- *Last name*
- *Home address*
- *Citizenship*
- *Income*
- *Self-attestation of pregnancy for pregnant woman*

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.



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?

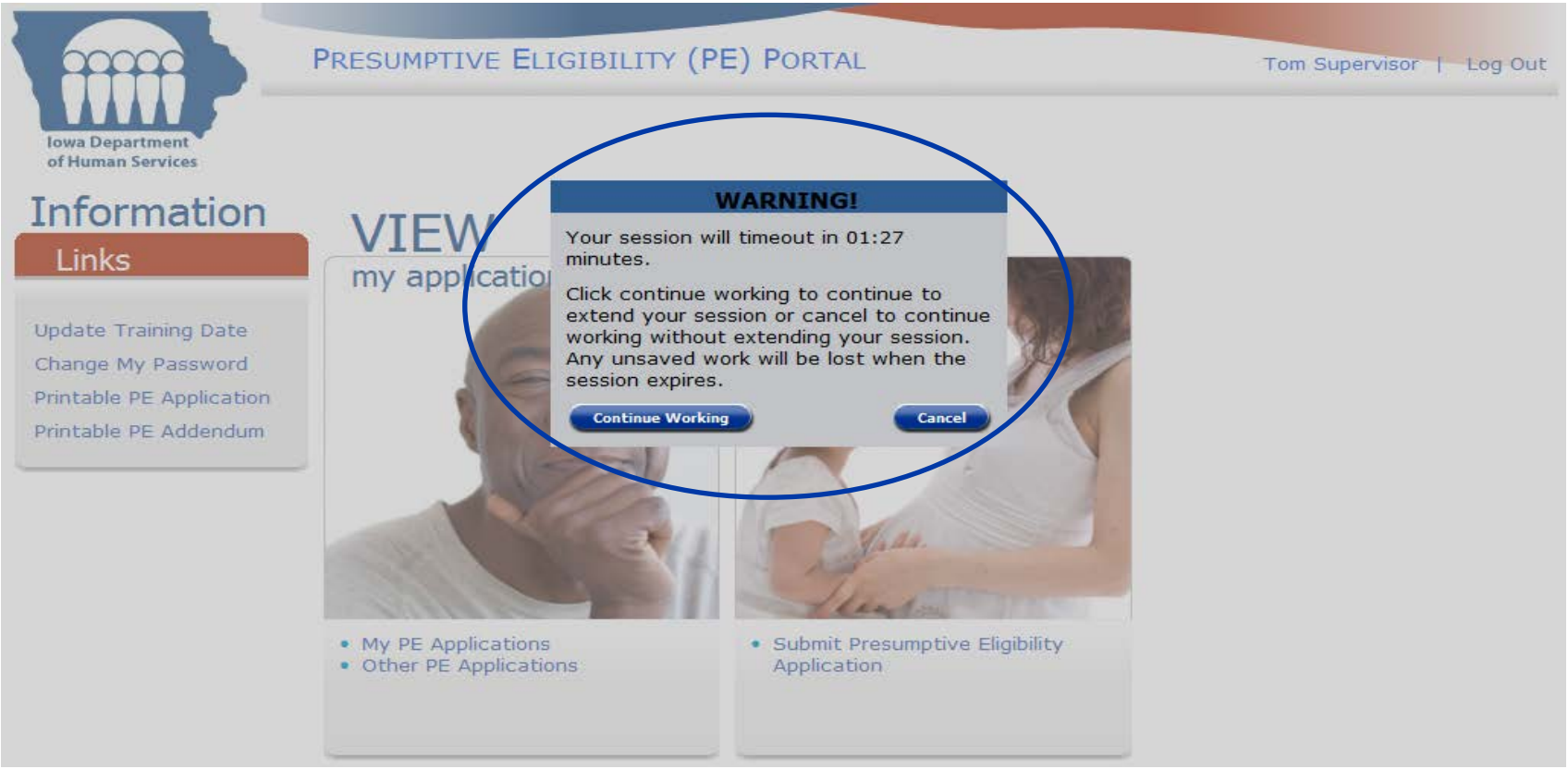
Required in MPEP system:

- 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



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

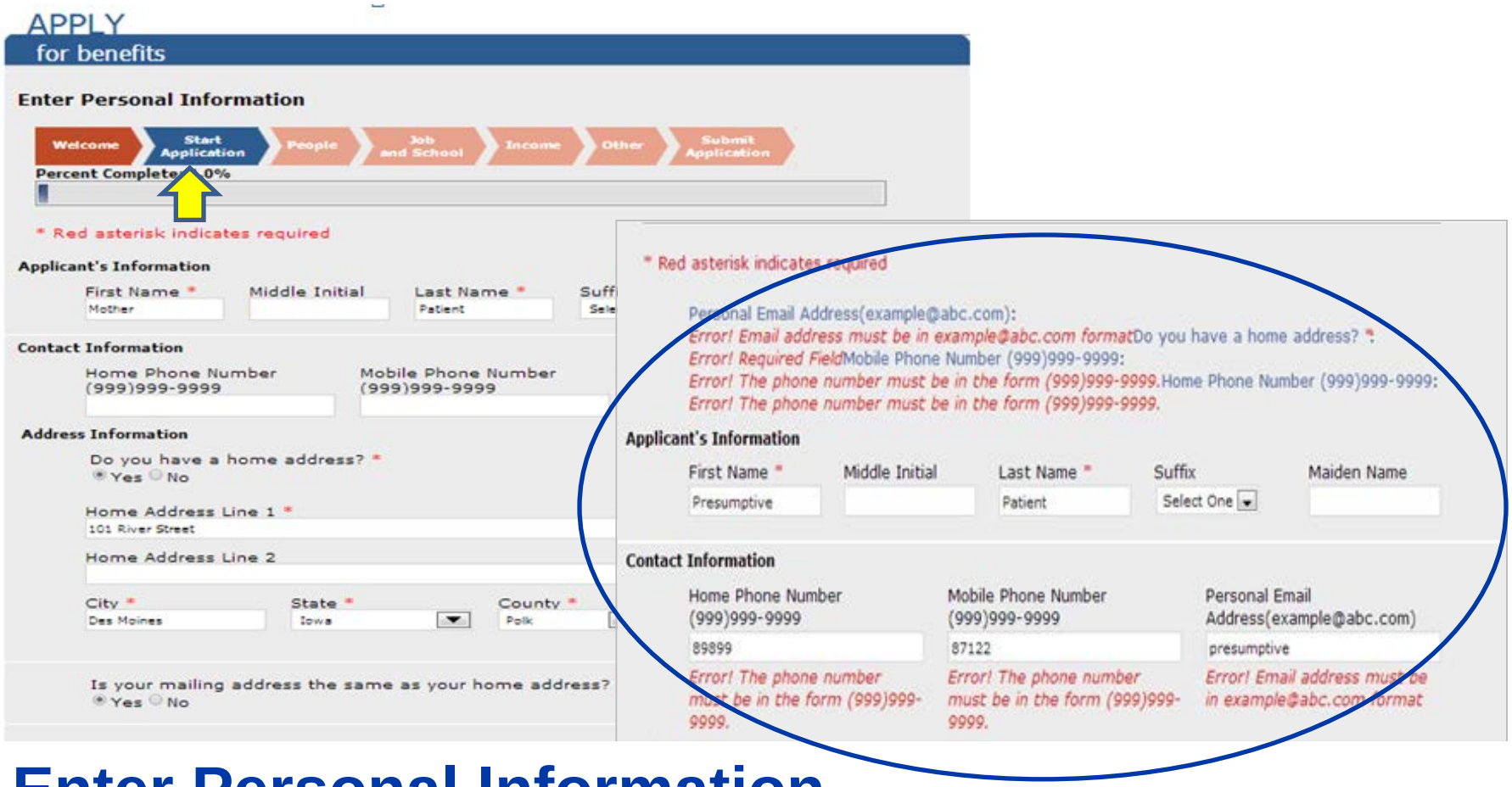
Program Determination

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 Program(s)

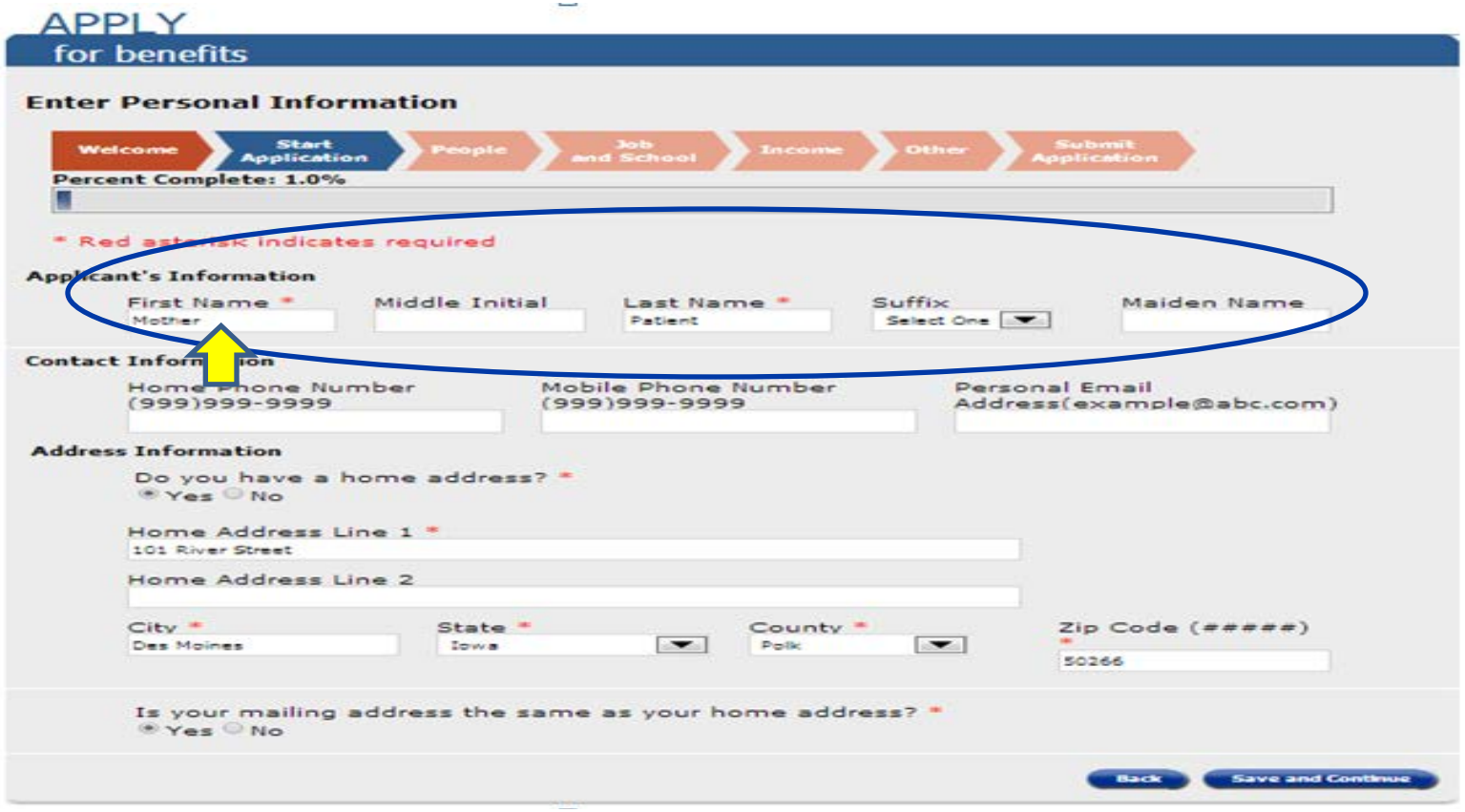
PE program(s) selection is the first part of the application. The QE must select at least one program for an application. **Note:** It is advisable to select all QE authorized programs shown on this page**.** Later in the application each applicant will be assigned, by the QE, to a specific program.

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



Enter Personal Information

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.



Primary Applicant

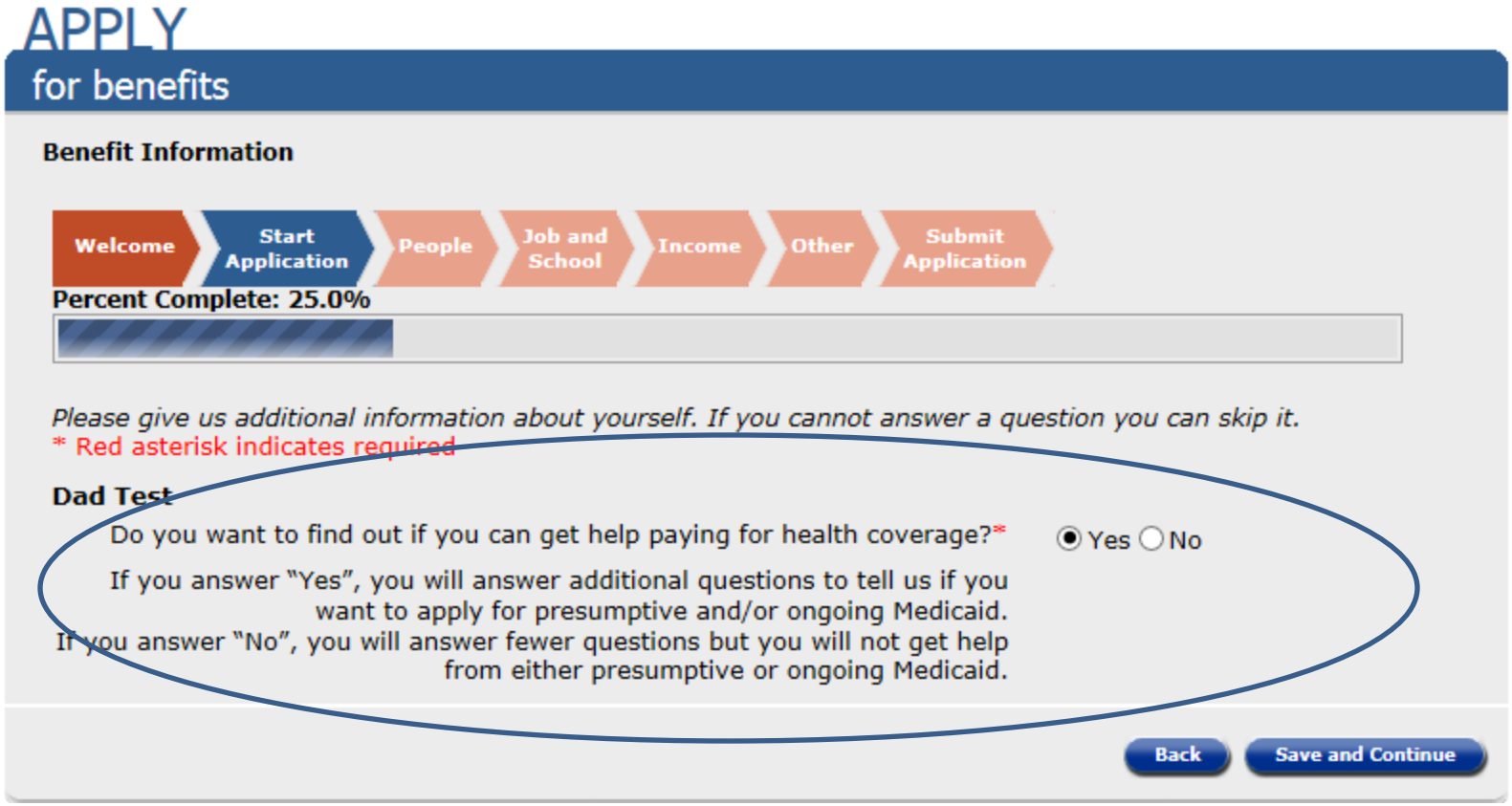
If a child has a parent or caretaker adult living with them, enter the adult as the Primary Applicant, regardless of whether the adult is applying for PE. Entering a child as the Primary Applicant when other adults are in the household may cause incorrect ongoing Medicaid eligibility results.

Select Address

On this page, user entered address and system generated addresses are displayed. Select appropriate address and click 'Save and Continue' button

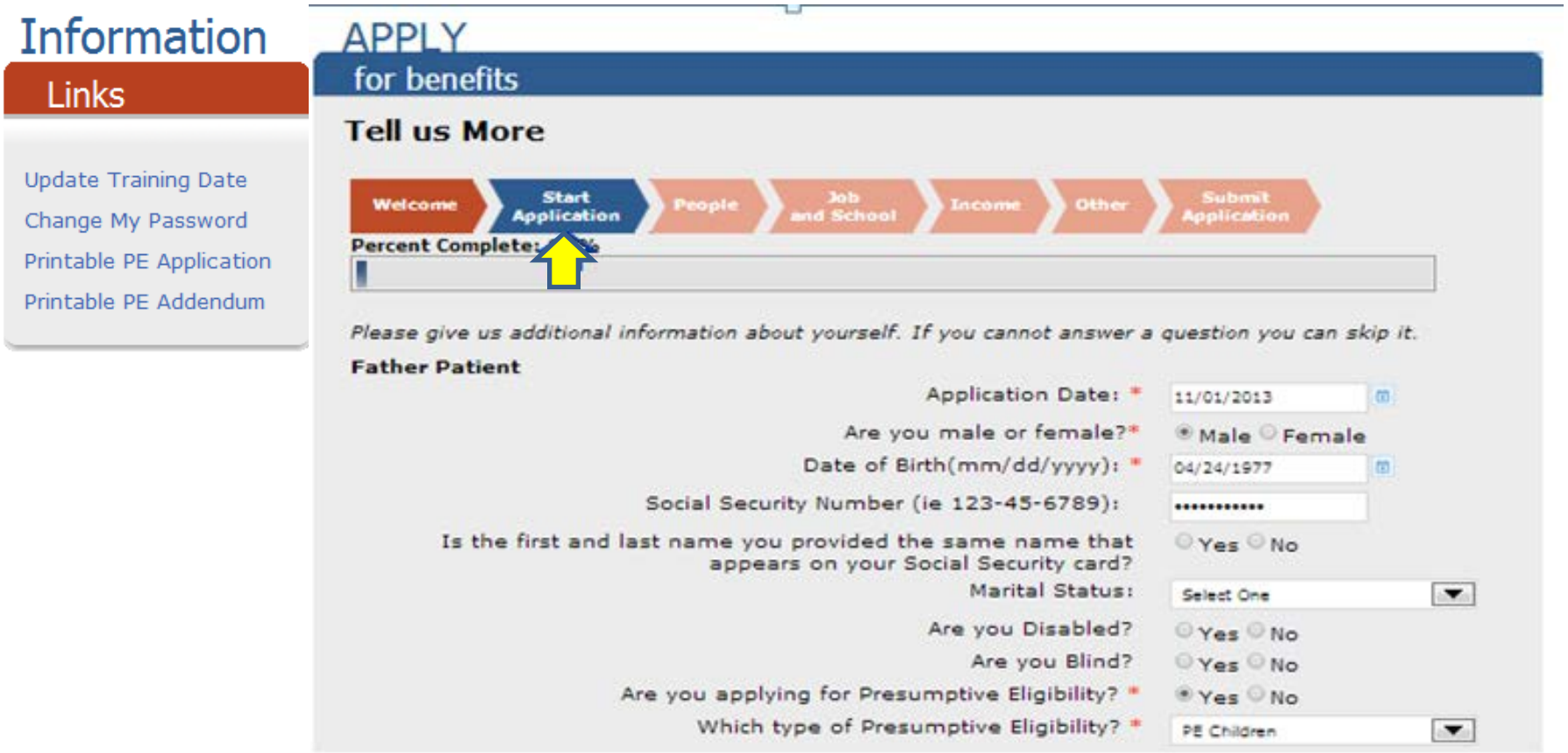
Note: If both home/physical and mailing addresses are entered, the user must select one home/physical address **and** one mailing address.

*Select the address that contains the correct county

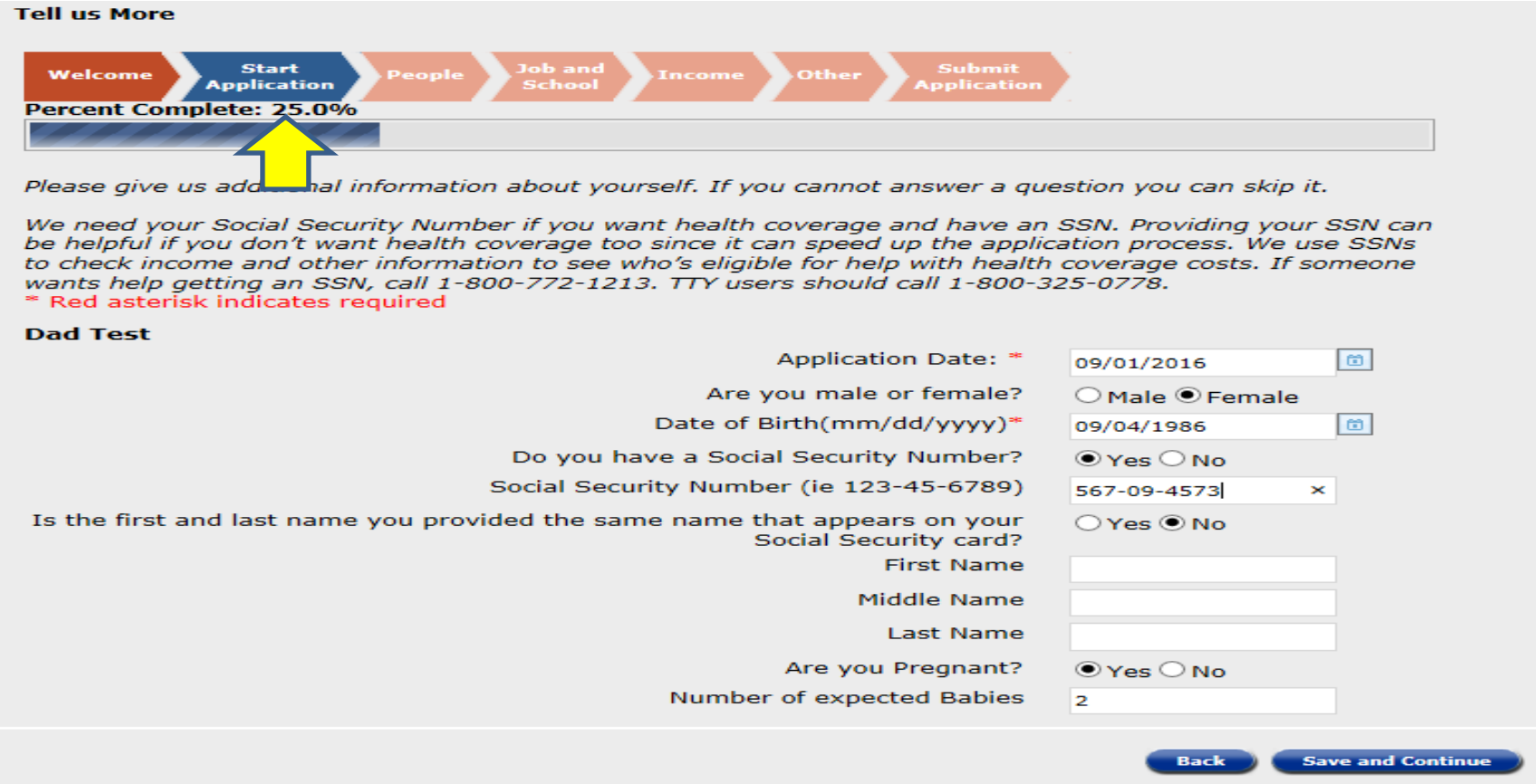


Benefit Information

If 'No' is selected to 'Do you want to find out if you can get help paying for health coverage?' question, the system will only ask relevant questions. If 'Yes' is selected, more information will be requested in subsequent pages



Upon answering 'Yes' to 'Do you want to find out if you can get help paying for health coverage?' question, the following necessary fields are displayed: ***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



Upon answering 'No' on 'Benefits Information' page the following necessary fields are displayed on 'Tell us More' page: ***Application** Date*, ***DOB***

Note: 'Background Information' page is not displayed for non-applicants

In this scenario, upon clicking 'Save and Continue' button on Tell us More page, user will be directed to People chevron.

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: 28.0%

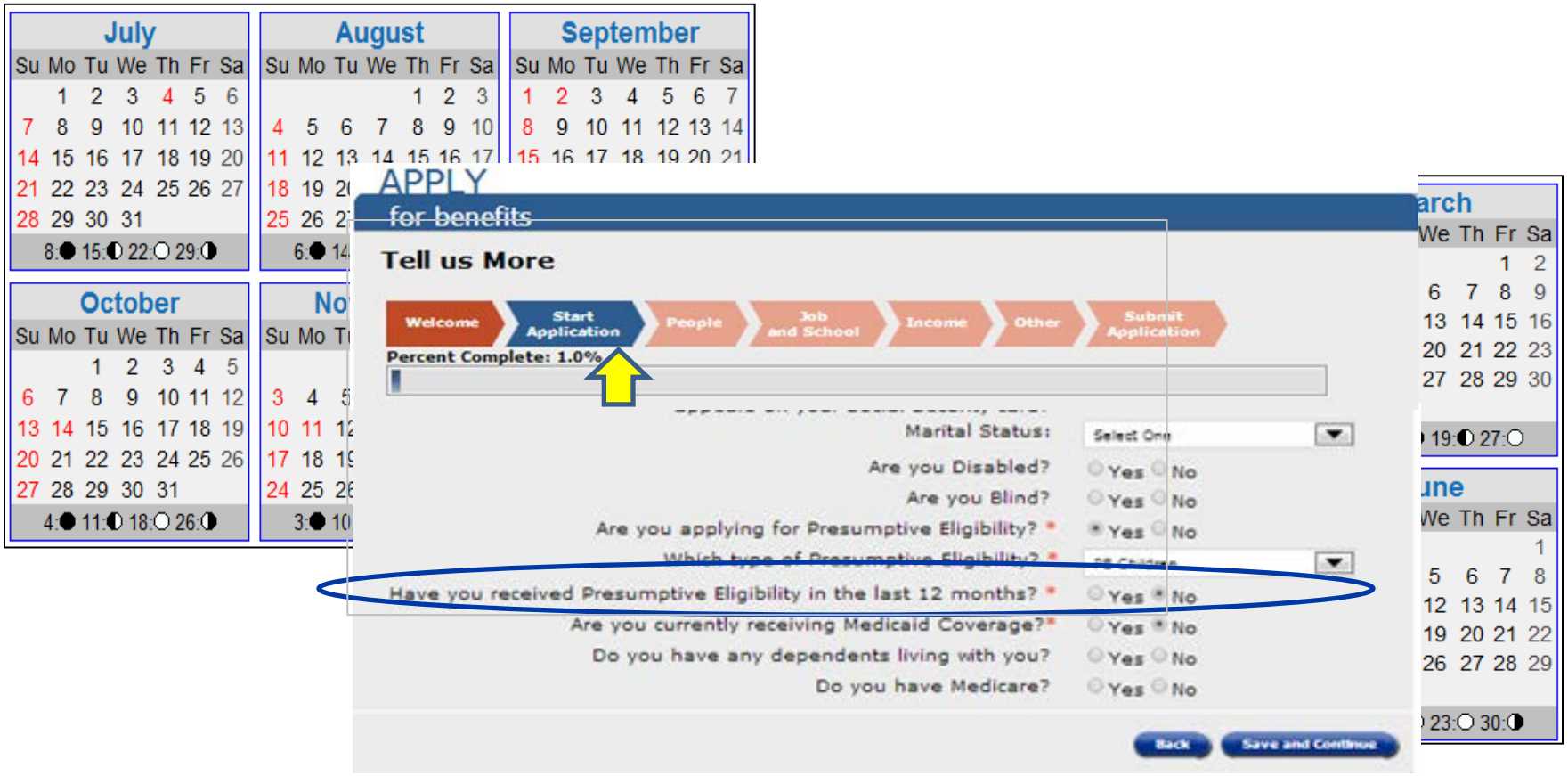
Please give us additional information about yourself. If you cannot answer a question you can skip it.

AElliot AMerles

Application Date: *	02/14/2016
Are you male or female?*	(•) Male ( ) Female
Date of Birth(mm/dd/yyyy): *	01/30/2015
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:	Never Married
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
Have you received Presumptive Eligibility in the last 12 months? *	( ) Yes (•) No
Are you currently receiving Medicaid Coverage?*	( ) Yes (•) No
Do you have a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc) or live in a medical facility or nursing home?	( ) Yes (•) No
Are you the parent or caretaker of any dependent children who are 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.



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.

- **Do NOT enter a SSN that starts with a ‘9’ because this is not actually a SSN. Entering a number starting with ‘9’ will cause significant delays in the applicant’s ability to access services or get claims paid.**
- **Do NOT make up a SSN or use all 1’s etc.**
- **An error message is displayed if ‘9’ is used in SSN field**

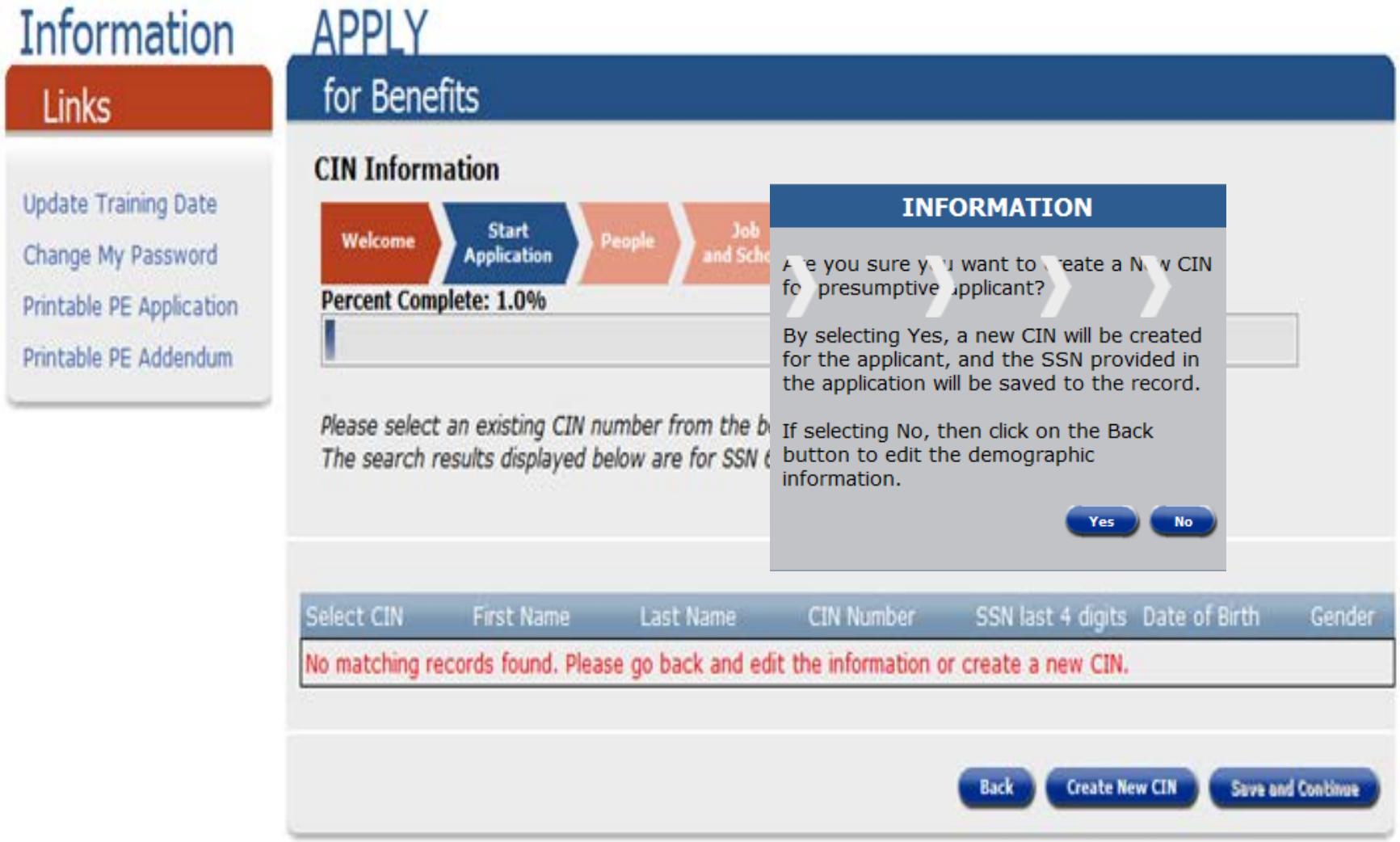
Client Index Number (CIN)

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.



CIN Information: New Client Index Number

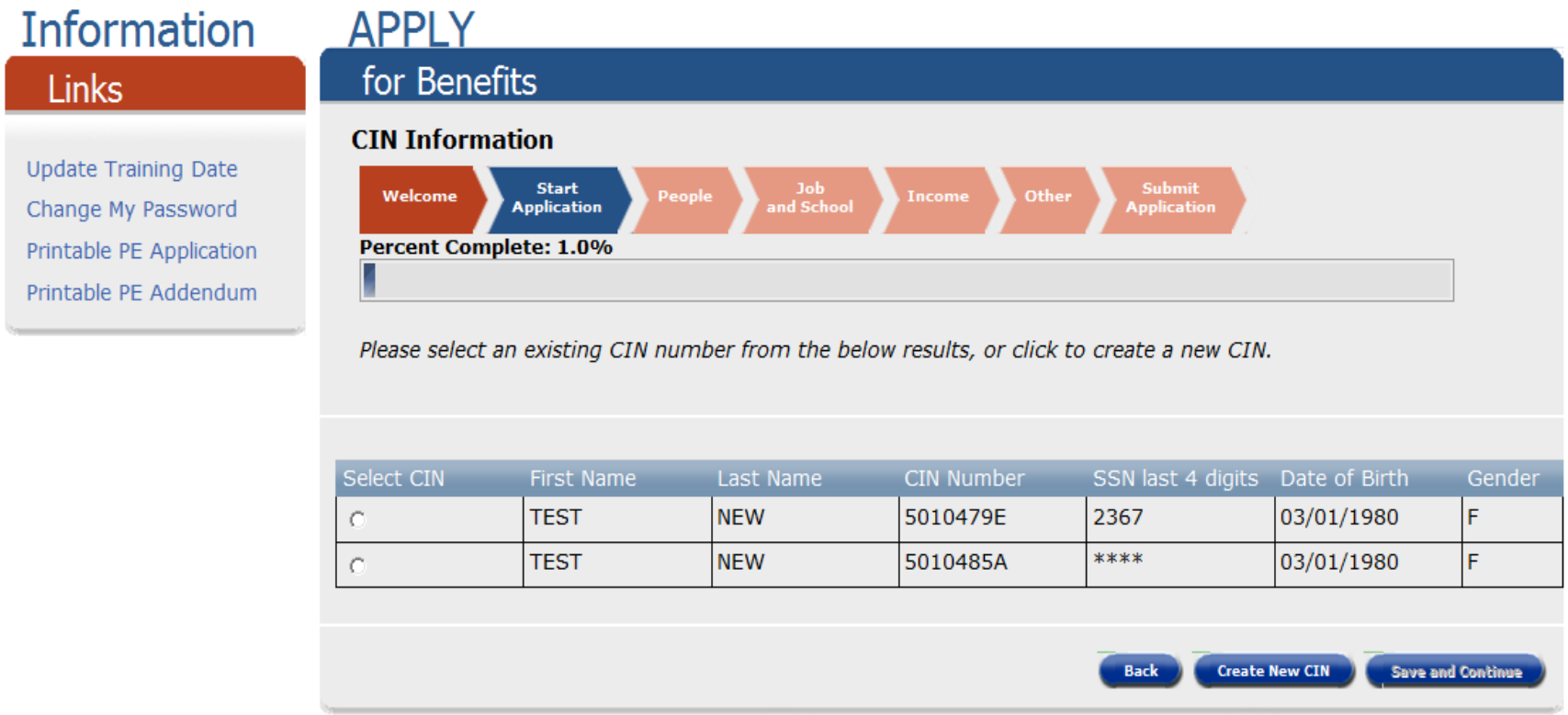
CIN Information

Continued

CIN Information:

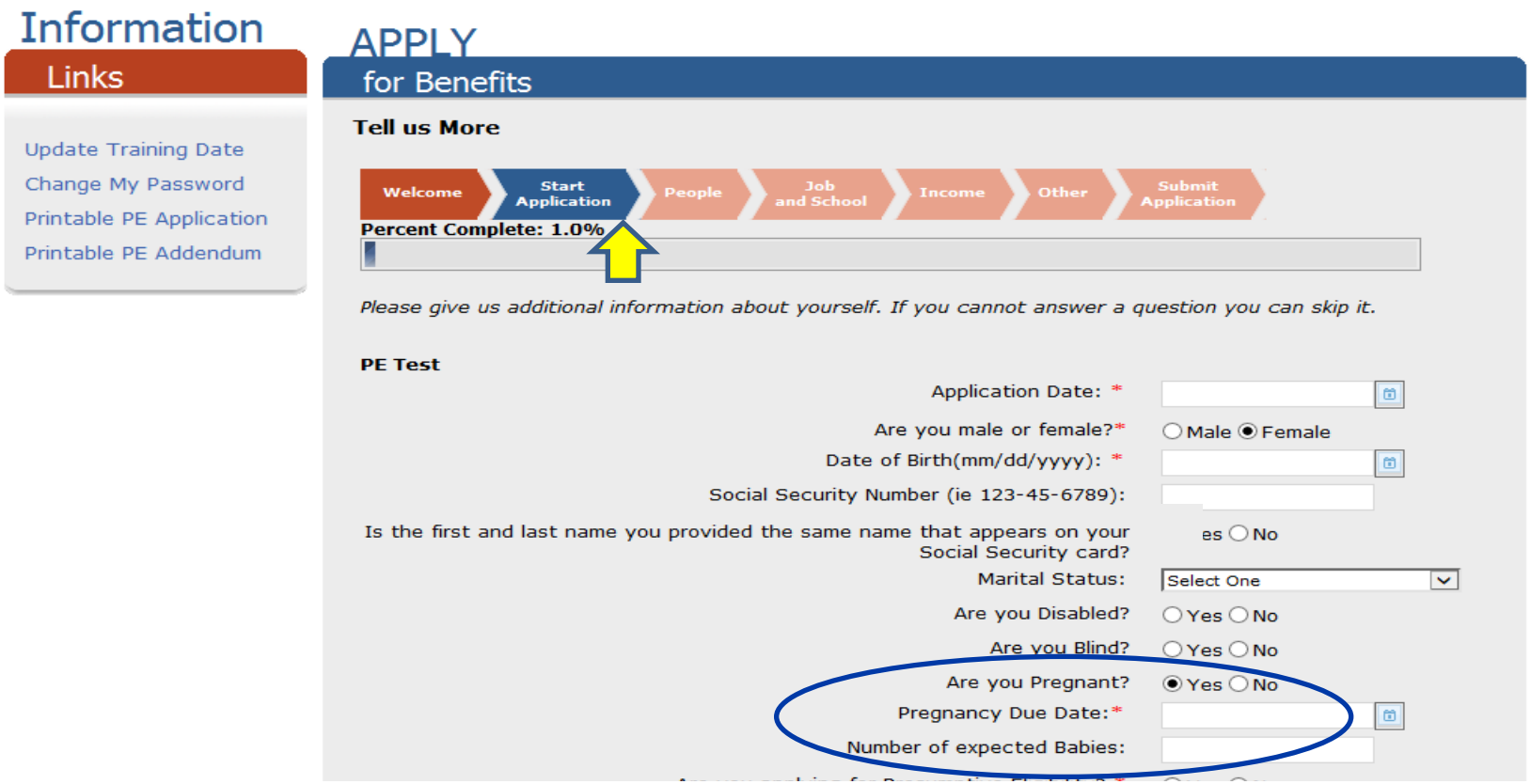
View name(s) that display. If no names display, no matching records are found and a new CIN must be created.

- 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



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

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

Percent Complete: 25.0%

Please give us additional information about yourself. If you can not answer a question you can skip it.
* Red asterisk indicates required

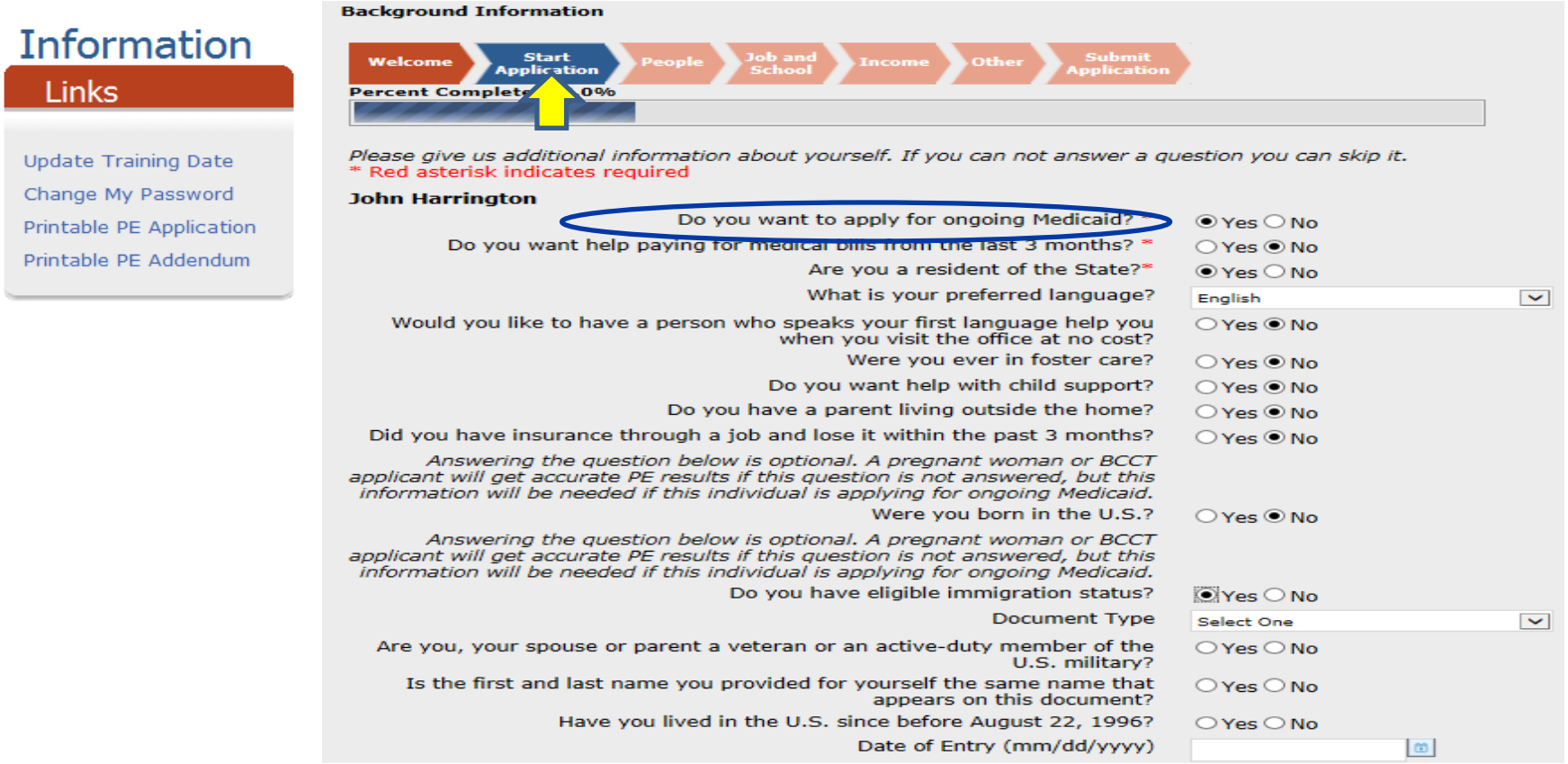
John Harrington

Do you want to apply for ongoing Medicaid? *	◉ Yes ○ No
Do you want help paying for medical bills from the last 3 months? *	○ Yes ◉ No
Are you a resident of the State?*	◉ Yes ○ No
What is your preferred language?	English
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 want help with child support?	○ 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
Answering the question below is optional. A pregnant woman or BCCT applicant will get accurate PE results if this question is not answered, but this information will be needed if this individual is applying for ongoing Medicaid.	
Were you born in the U.S.?	○ Yes ◉ No
Answering the question below is optional. A pregnant woman or BCCT applicant will get accurate PE results if this question is not answered, but this information will be needed if this individual is applying for ongoing Medicaid.	
Do you have eligible immigration status?	◉ Yes ○ No
Document Type	Select One
Are you, your spouse or parent a veteran or an active-duty member of the U.S. military?	○ Yes ○ No
Is the first and last name you provided for yourself the same name that appears on this document?	○ Yes ○ No
Have you lived in the U.S. since before August 22, 1996?	○ Yes ○ No
Date of Entry (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.



Tip: Want to apply for ongoing Medicaid?

This question is mandatory for all applicants.

Important: If an approved PE Application is processed for ongoing Medicaid benefits and does not meet the eligibility requirements, the PE ends immediately.

Upon answering ‘Yes’ to this question, ‘Do you want help paying for Medical bills from last 3 months’ is displayed. Clients can request retroactive Medicaid benefits by answering ‘Yes’ to this question

Background Information

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

Percent Complete: 25.0%

Please give us additional information about yourself. If you can not answer a question you can skip it.
* Red asterisk indicates required

Dad Test

Do you want to apply for ongoing Medicaid? *	◉ Yes ○ No
Do you want help paying for medical bills from the last 3 months? *	○ Yes ◉ No
Are you a resident of the State?*	◉ Yes ○ No
What is your preferred language?	Select One
Would you like to have a person who speaks your first language help you when you visit the office at no cost?	○ Yes ○ No
Were you born in the U.S.?	○ Yes ◉ No
Do you have eligible immigration status?	◉ Yes ○ No
Document Type	Select One
Are you, your spouse or parent a veteran or an active-duty member of the U.S. military?	○ Yes ○ No
Is the first and last name you provided for yourself the same name that appears on this document?	○ Yes ○ No
Have you lived in the U.S. since before August 22, 1996?	○ Yes ○ No
Date of Entry (mm/dd/yyyy)	
What is your race?	☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino ☐ Native Hawaiian or Other Pacific Islander

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

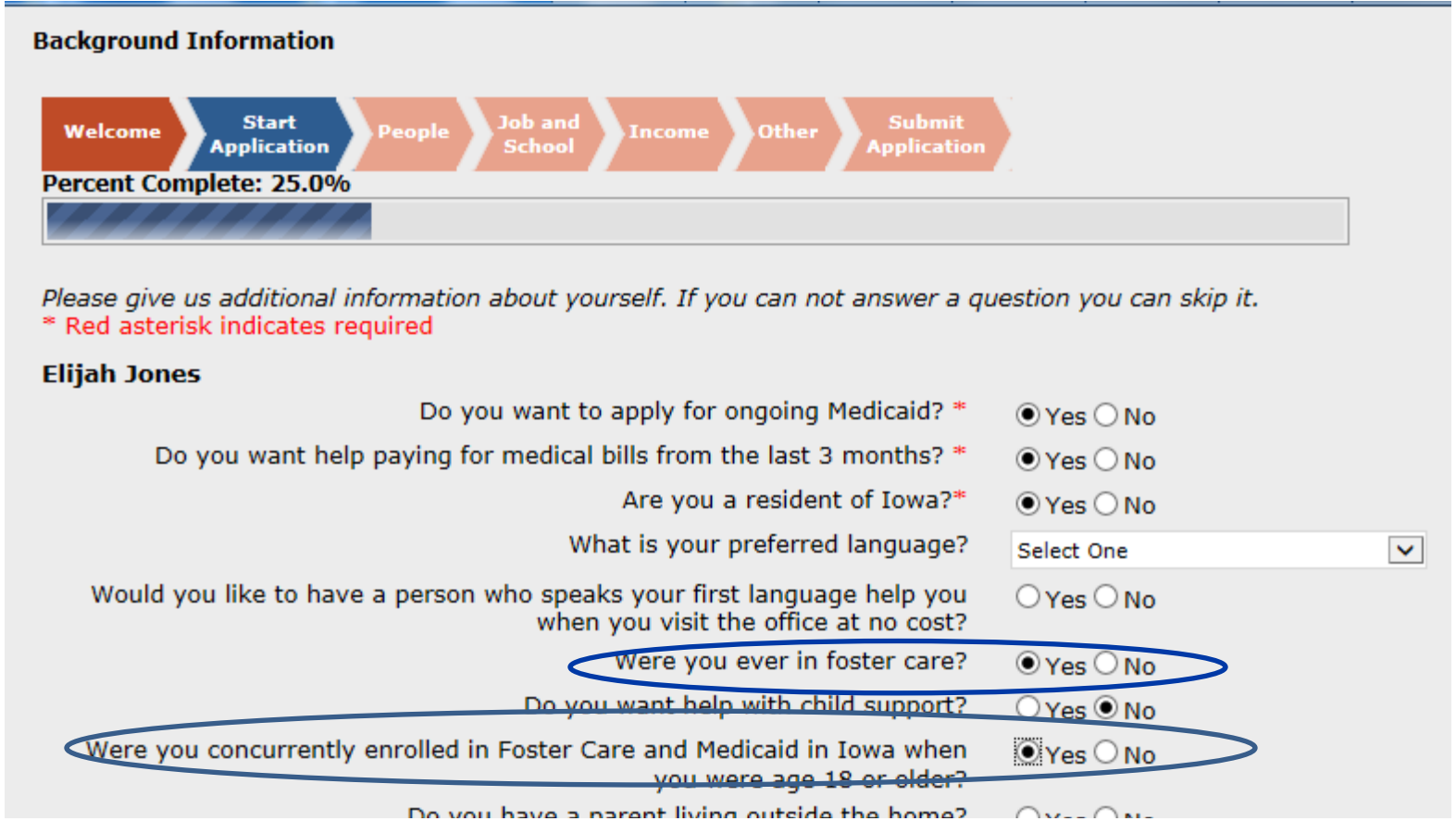
The PE applicant must attest to being a citizen or having an eligible immigration status. The QE needs to help the applicant understand how to answer the immigration question, but the QE does not need to verify or make the determination of the immigration status.

Do you have eligible immigration status?

YES	NO *at all ages*
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	**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 **Nonqualified Alien** lawfully admitted to U.S. in any other alien status.

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/



Tip: Ever in Foster Care?

Upon answering 'Yes' to *Were you ever in foster care?*, the question *'Were you concurrently enrolled in Foster Care and Medicaid in Iowa when you were 18 or older?'* is displayed. PE applicant may receive E-MIYA benefits only if '*Yes*' is selected for both questions.

Note: If the question *'Were you ever in foster care?'* is left blank or answered 'No', the concurrently enrolled question will not be displayed and the applicant will not be considered for E-MIYA benefits.

Information

Links

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

APPLY for benefits

Start Application Summary

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

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

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

Links

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

Information about the people living in your home

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

Percent Complete: 37.0%

* Red asterisk indicates required

First Name*
Middle Name
Last Name*
Suffix — Select One
What is the living situation of this person?* — Select One
Do you want to find out if this person can get help paying for health coverage?* — ○ Yes ○ No

If you answer "Yes", you will answer additional questions to tell us if this person wants to apply for presumptive and/or ongoing Medicaid.
If you answer "No", you will answer fewer questions but this person will not get help from either presumptive or ongoing Medicaid.

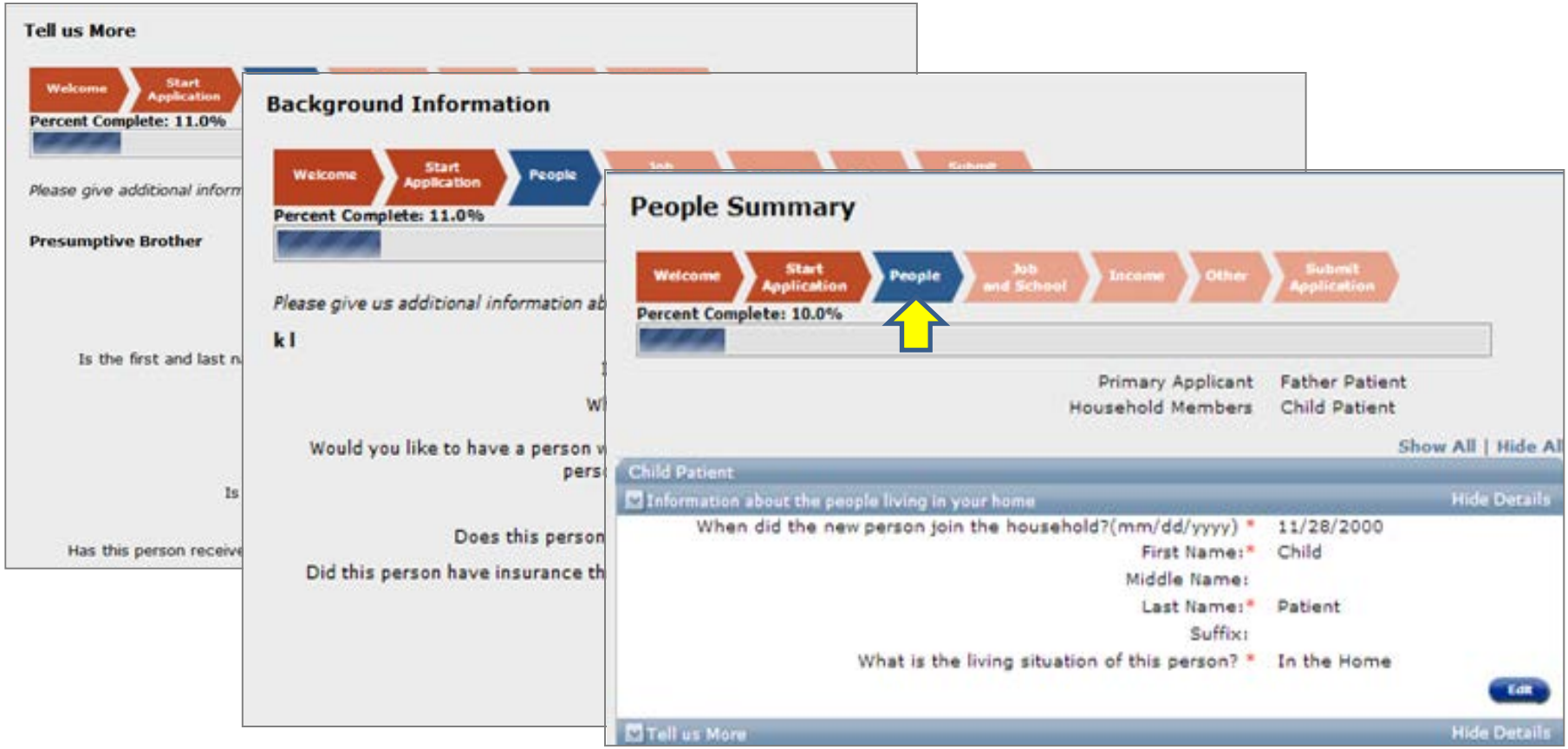
Back | Save and Continue

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***.

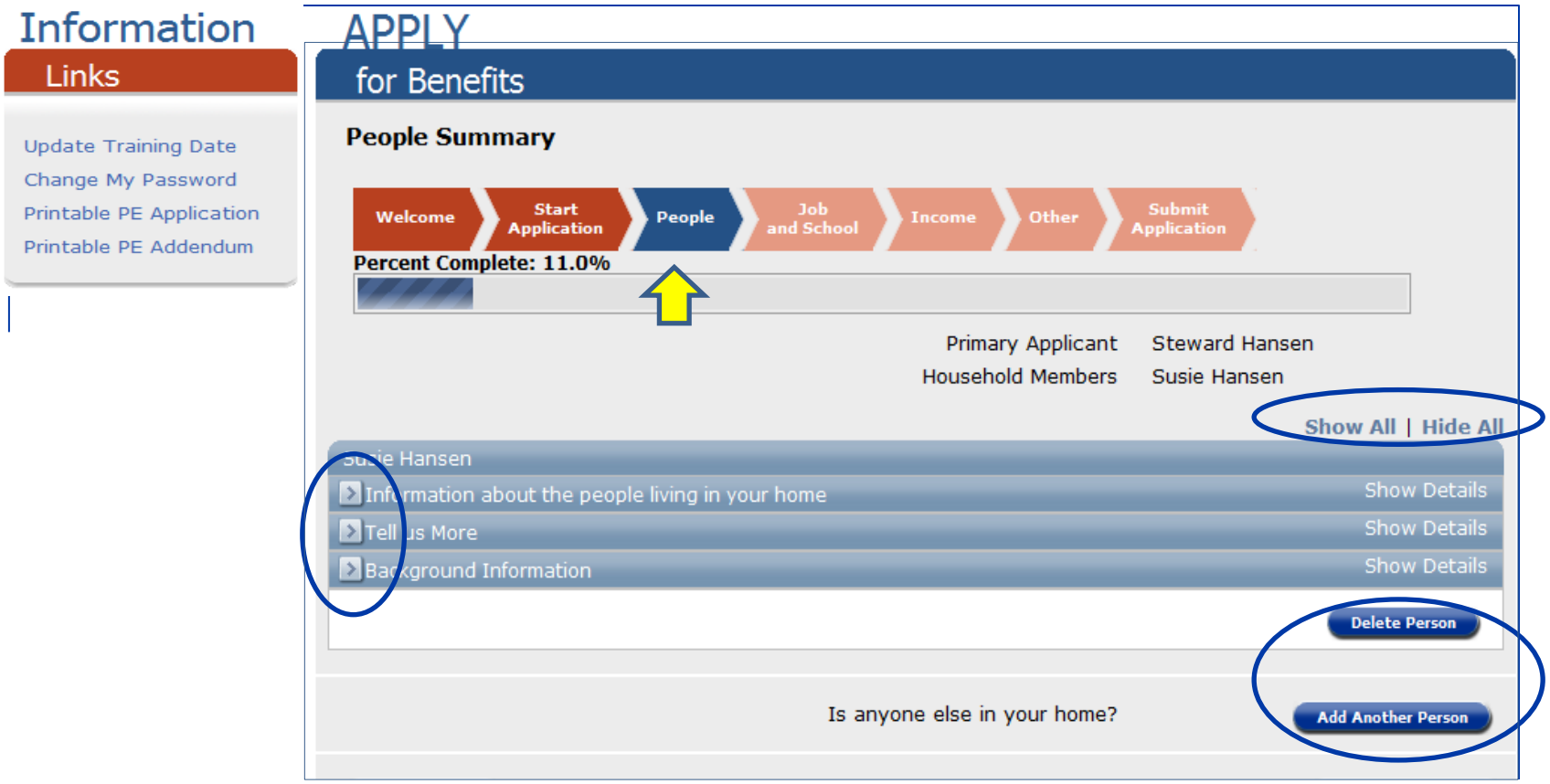
If 'No' is selected to 'Do you want to find out if you can get help paying for health coverage?' question, the system will only ask relevant questions. If 'Yes' is selected, more information will be requested in subsequent pages

Note: Unless specified, enter a date three months prior to the application for household entry date and enter *in the home* for living situation.



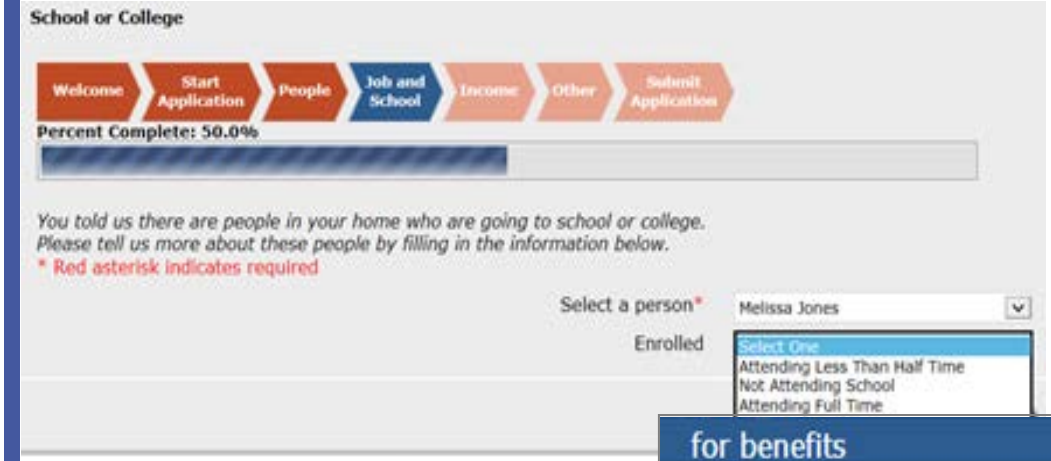
Tell Us More (About People in the Household)

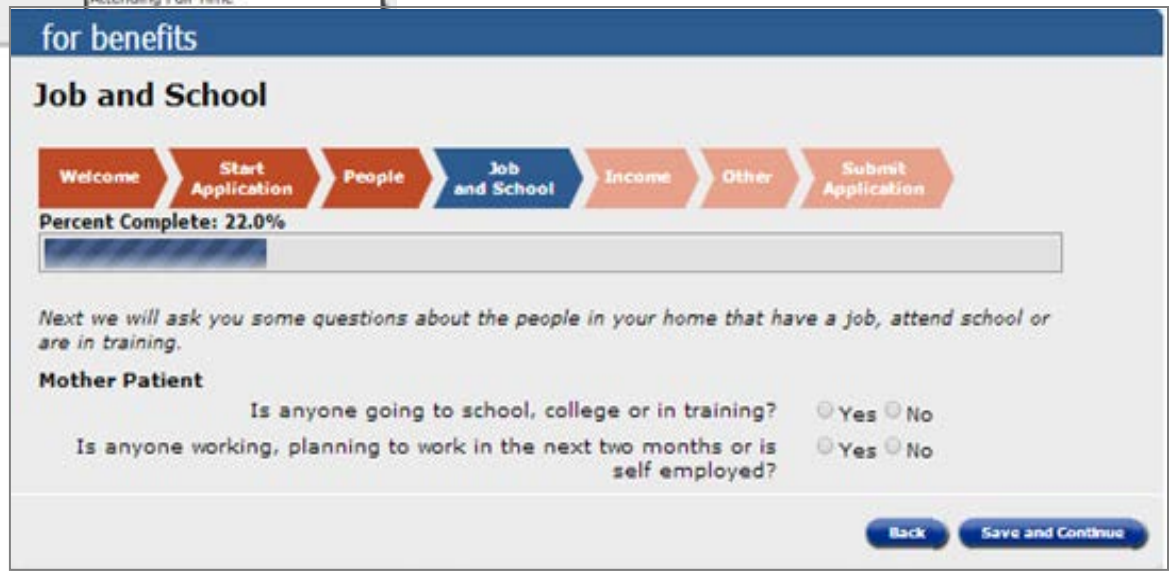
The next application sections are about the People in the Household. The same questions that were asked of the primary applicant are now asked of the additional household members. As is true in all areas, a summary page displays at the end of the section.



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

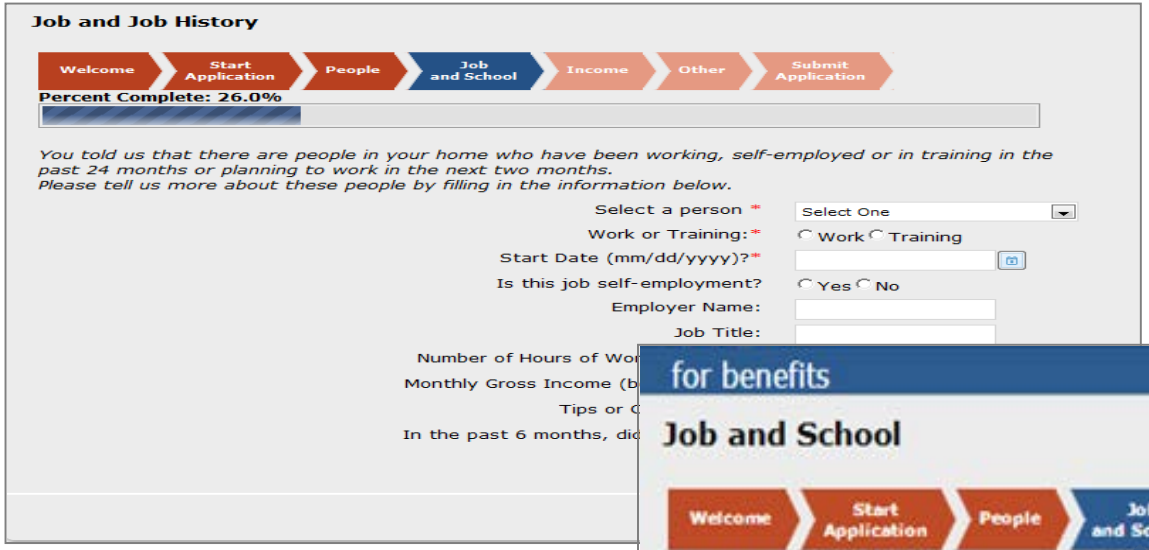
On any of the **Summary** pages, the user can delete or add Household Members, other than the Primary Applicant. To collapse or expand all of the section summaries click Hide All or Show All, respectively. To expand or close a specific section, use the arrow buttons on the left.

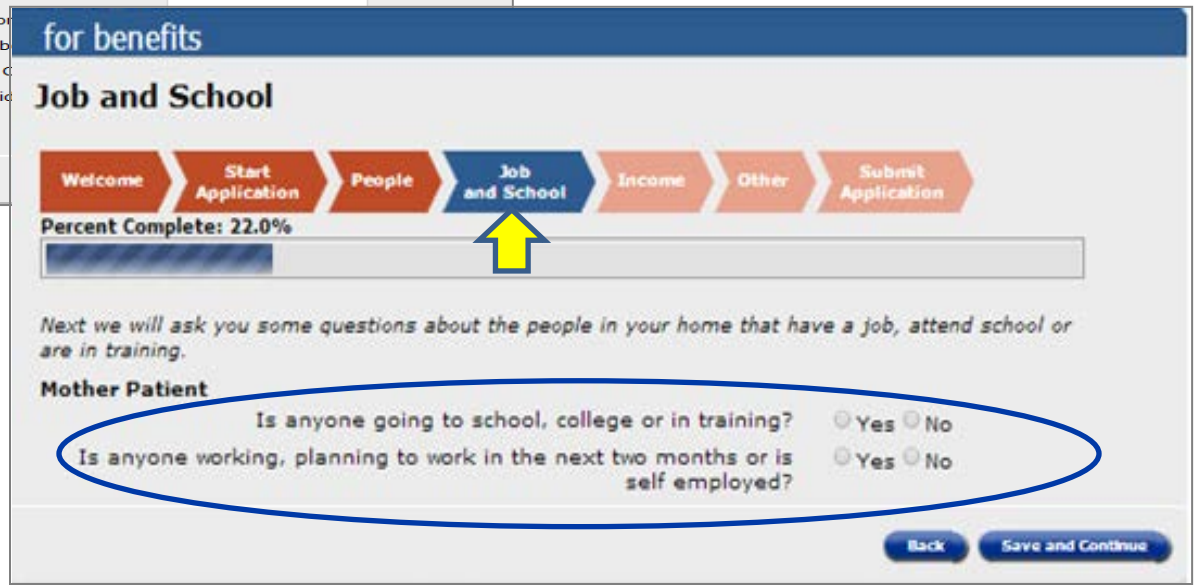




School

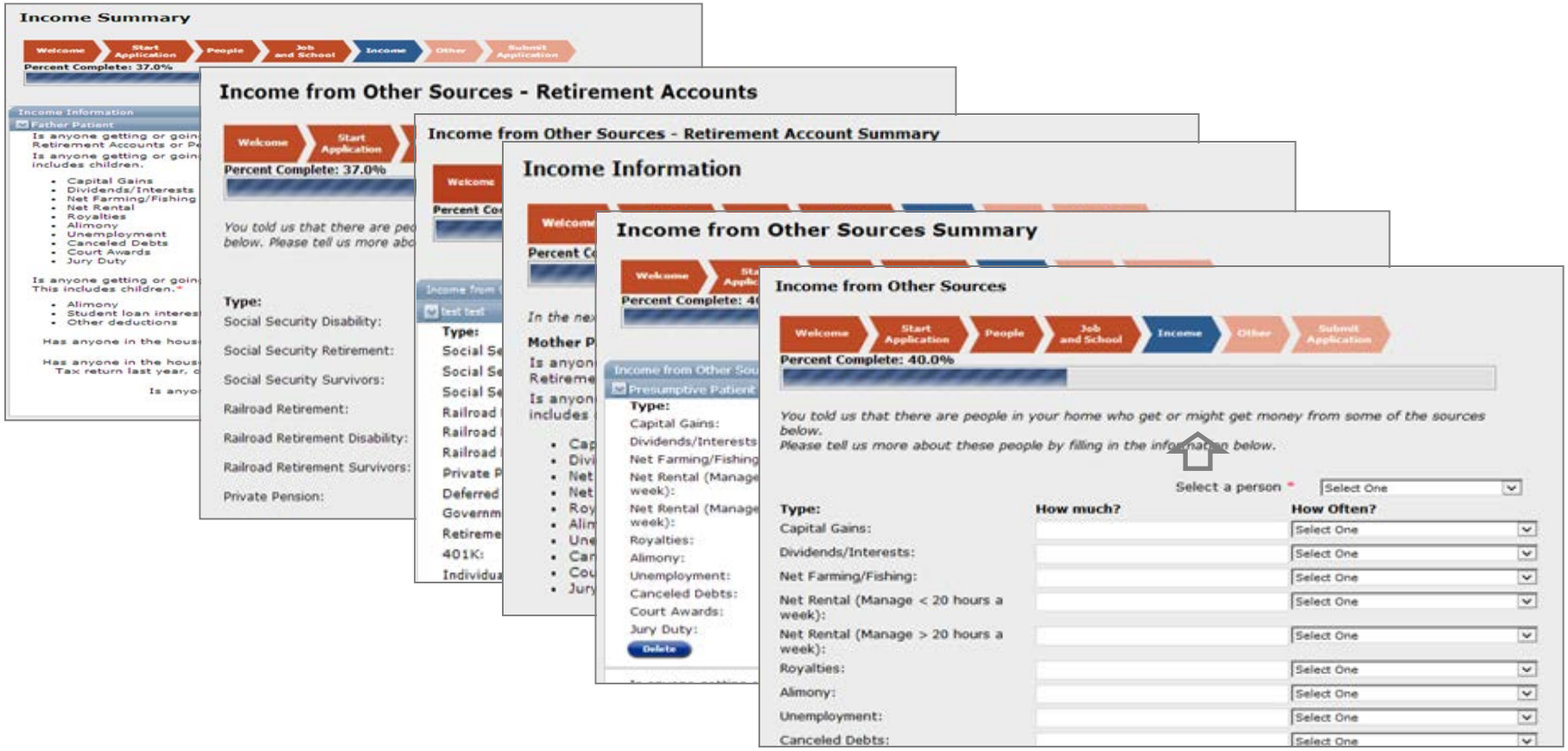
The **Job and School** page is used to collect school information for the household members. The question *'Is anyone going to school?'* only needs to be answered if there is an 18 year old or younger in the household who is still in school. Additional fields display with a '*Yes*' answer.





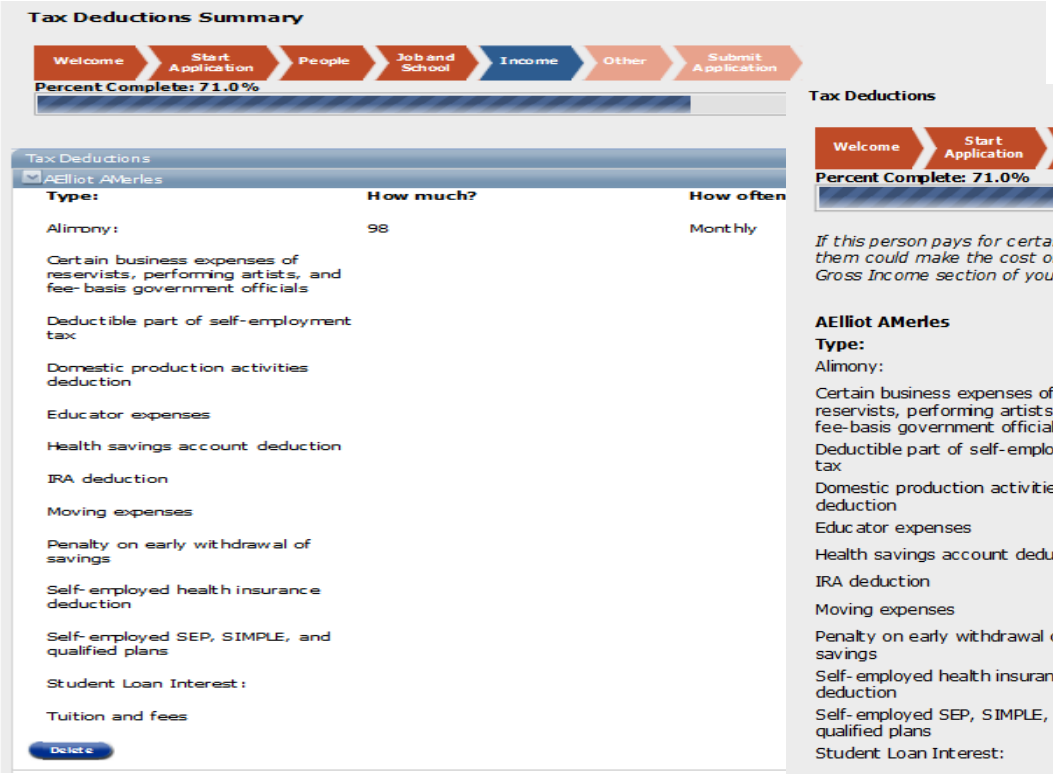
Job

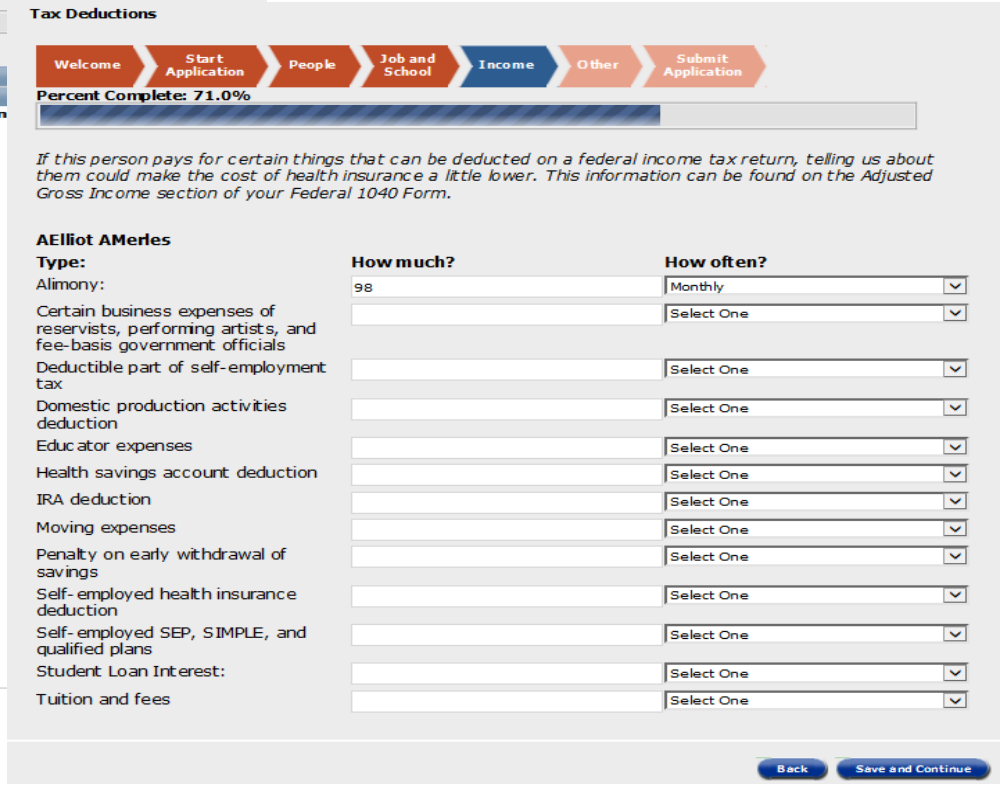
This page also collects work information. If anyone in the household '*is working or plans to work in the next two months*', the work question must be answered '*Yes*'. If this question is answered '*Yes*' for any of the household members, additional job pages will be displayed.



Income Section: *Other than Earned Income*

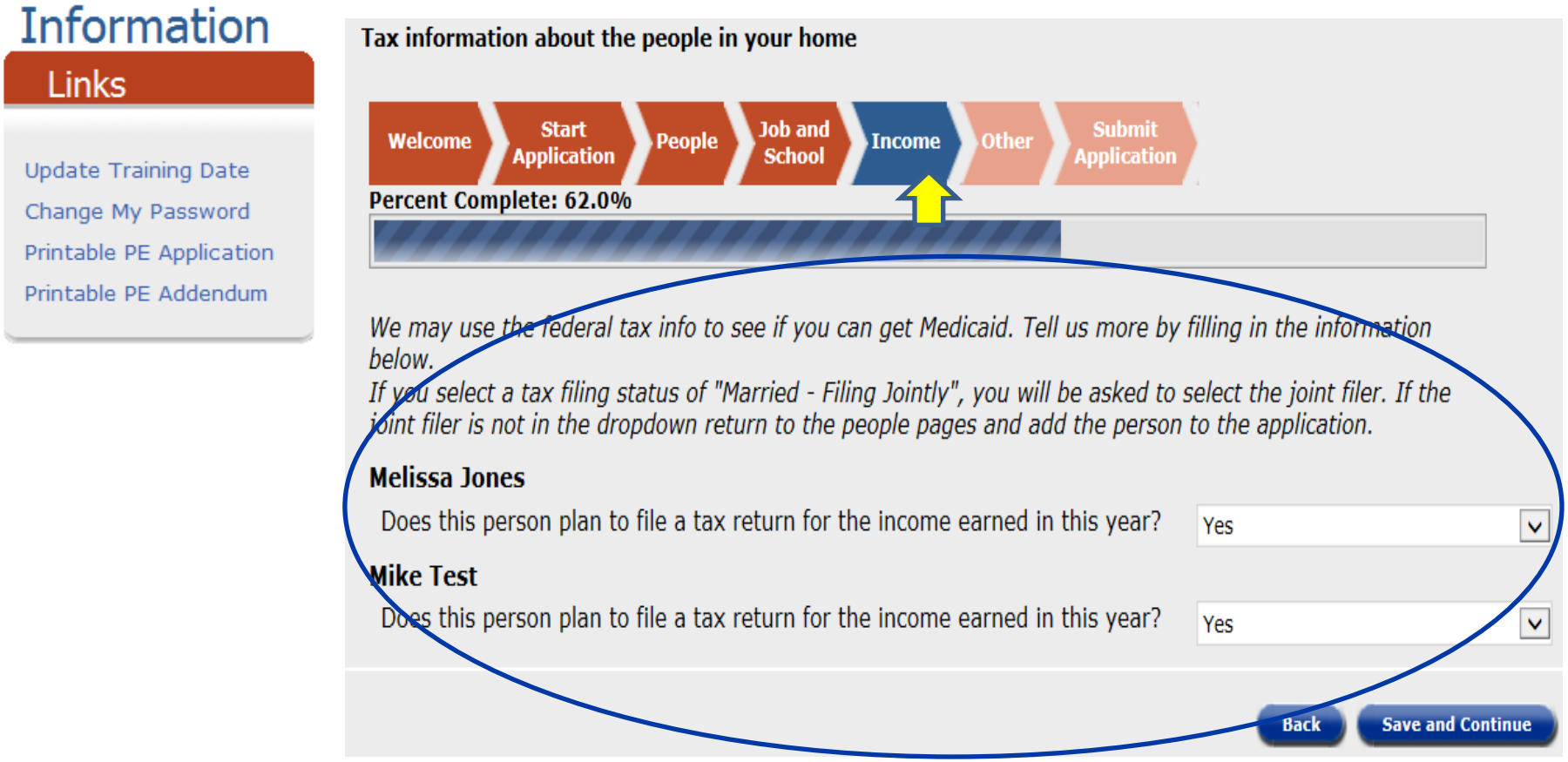
This section is about household members who earn/receive money from sources other than earned income including Retirement accounts, IRAs, and Pensions. **Note:** The ACA has changed countable income. PE Medicaid now follows the Federal tax rules, with a few exceptions.





Tax 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.

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 cla
tax return? **If**
How are you r

MPEP Application

Tax information about the people in your home continued

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

Percent Complete: 62.0%

We may use the federal tax info to see if you can get Medicaid. Tell us more by filling in the information below.
If you select a tax filing status of "Married - Filing Jointly", you will be asked to select the joint filer. If the joint filer is not in the dropdown return to the people pages and add the person to the application.
* Red asterisk indicates required

Melissa Jones

What filing status will be used on this tax return?* Head of Household

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

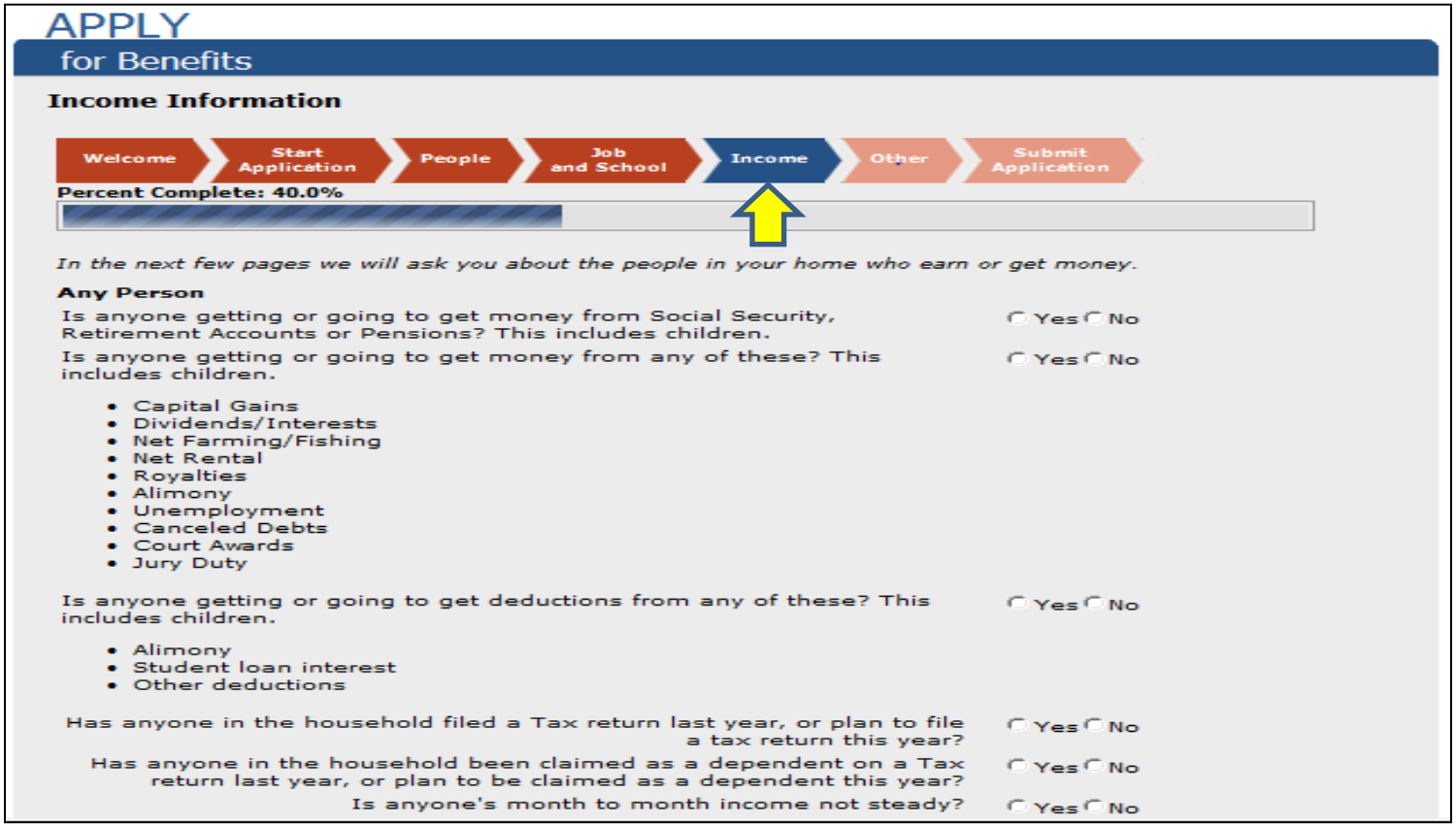
Can you claim a dependent(s) not listed on this application? ○ Yes ○ No

Back | Save and Continue

Tip: Tax Information Year

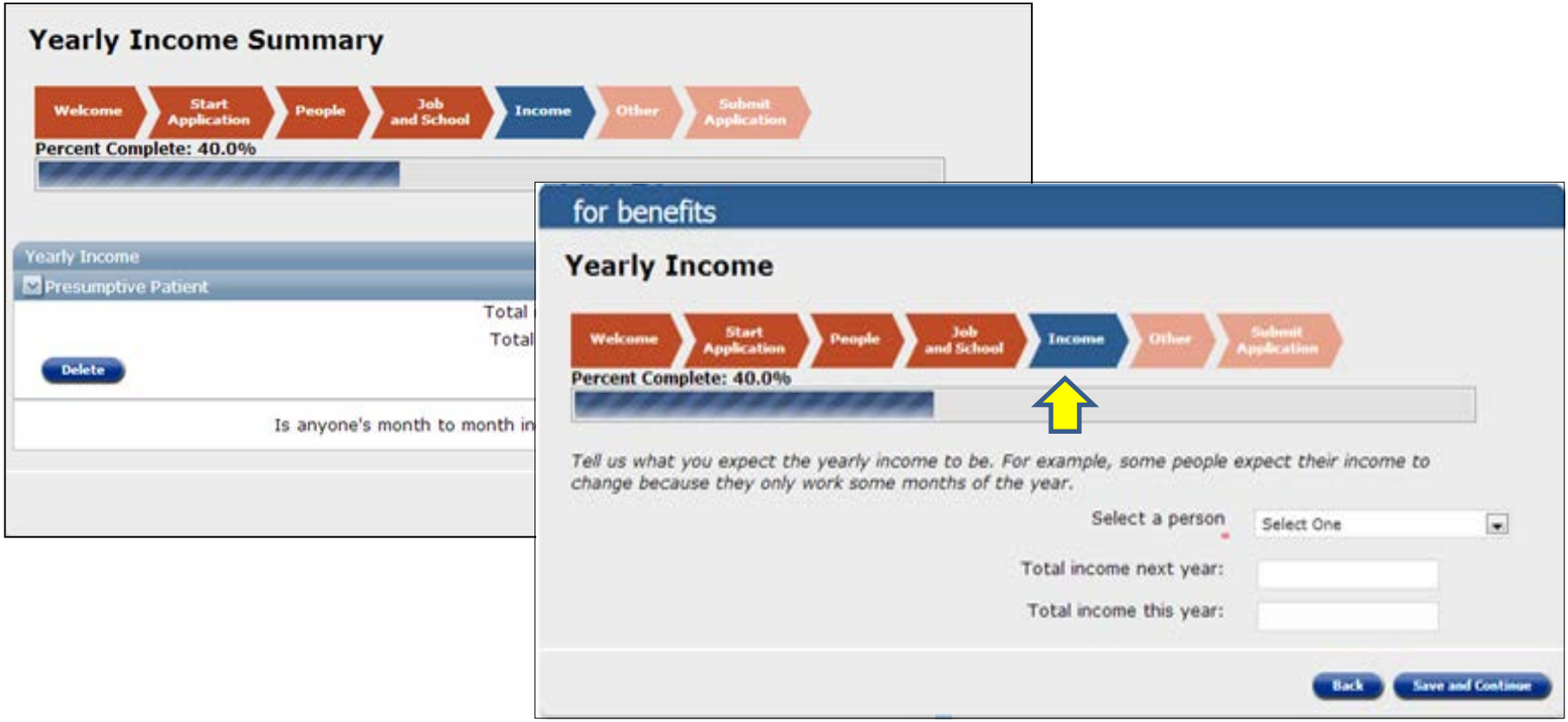
The paper application asks about *filing a federal income tax return **next year.*** The MPEP refers to *filing a tax return **this year***. **Note:** The **Tax Year** to be referenced is as follows:

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



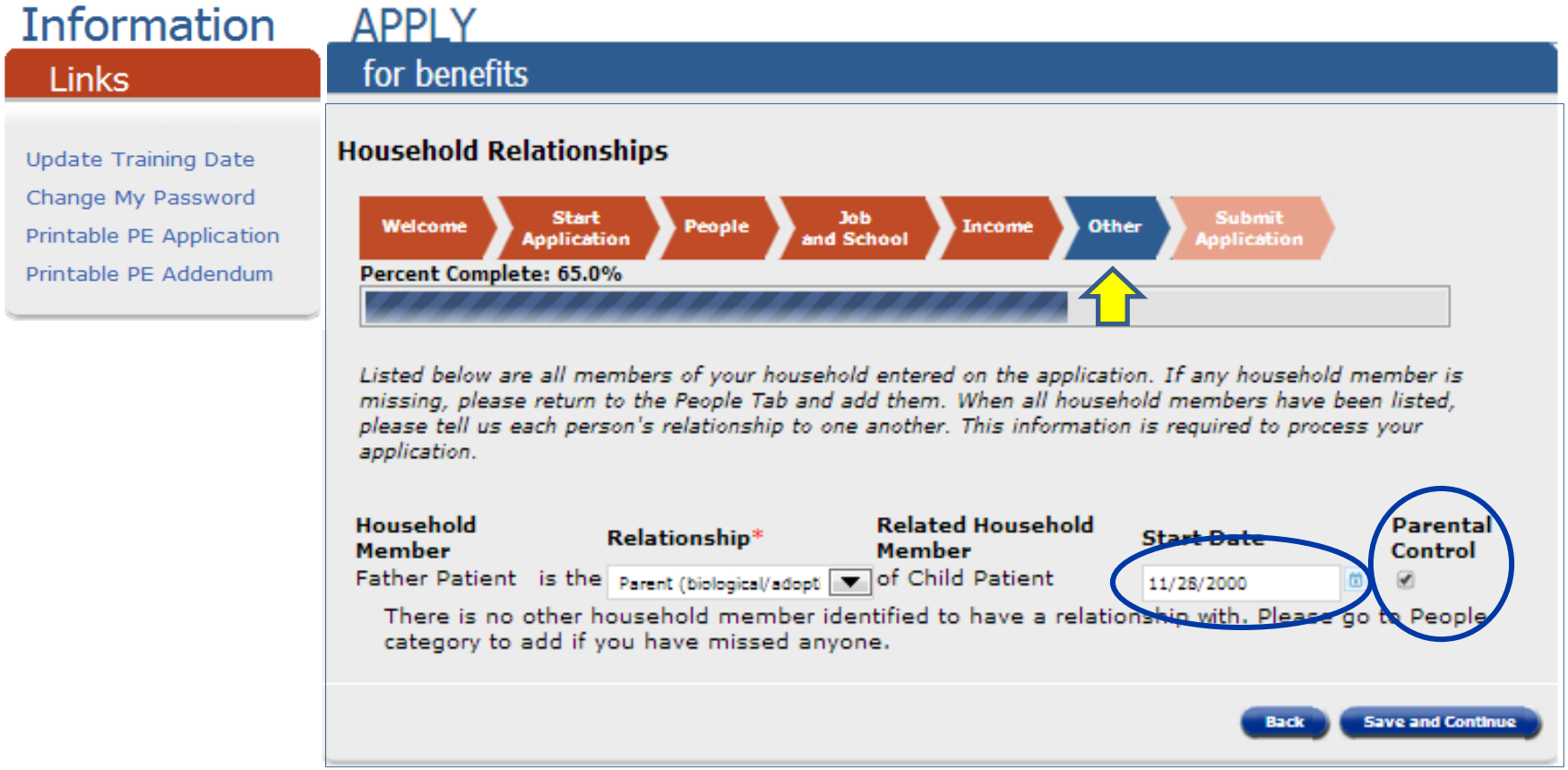
Monthly Income

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.



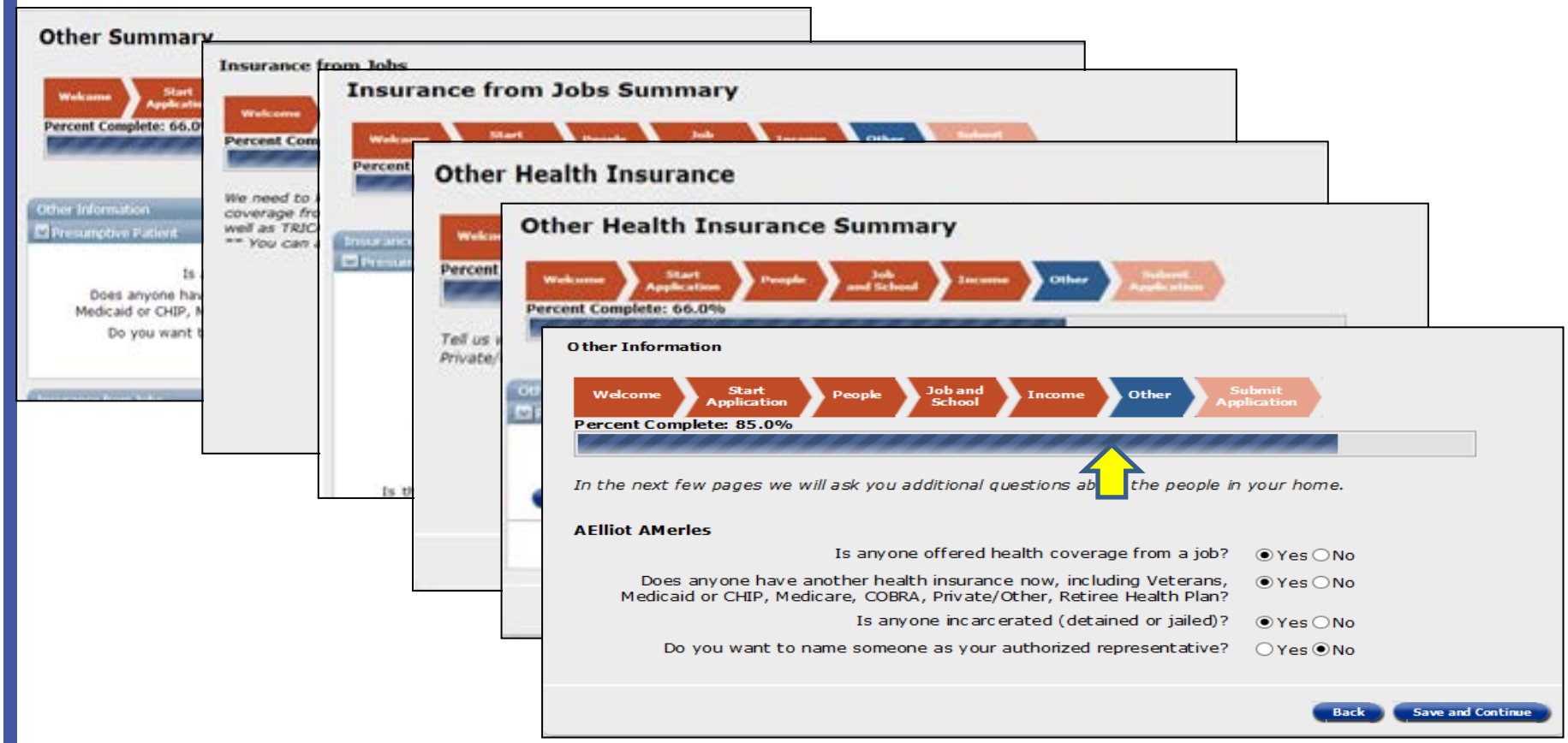
Yearly Income

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.



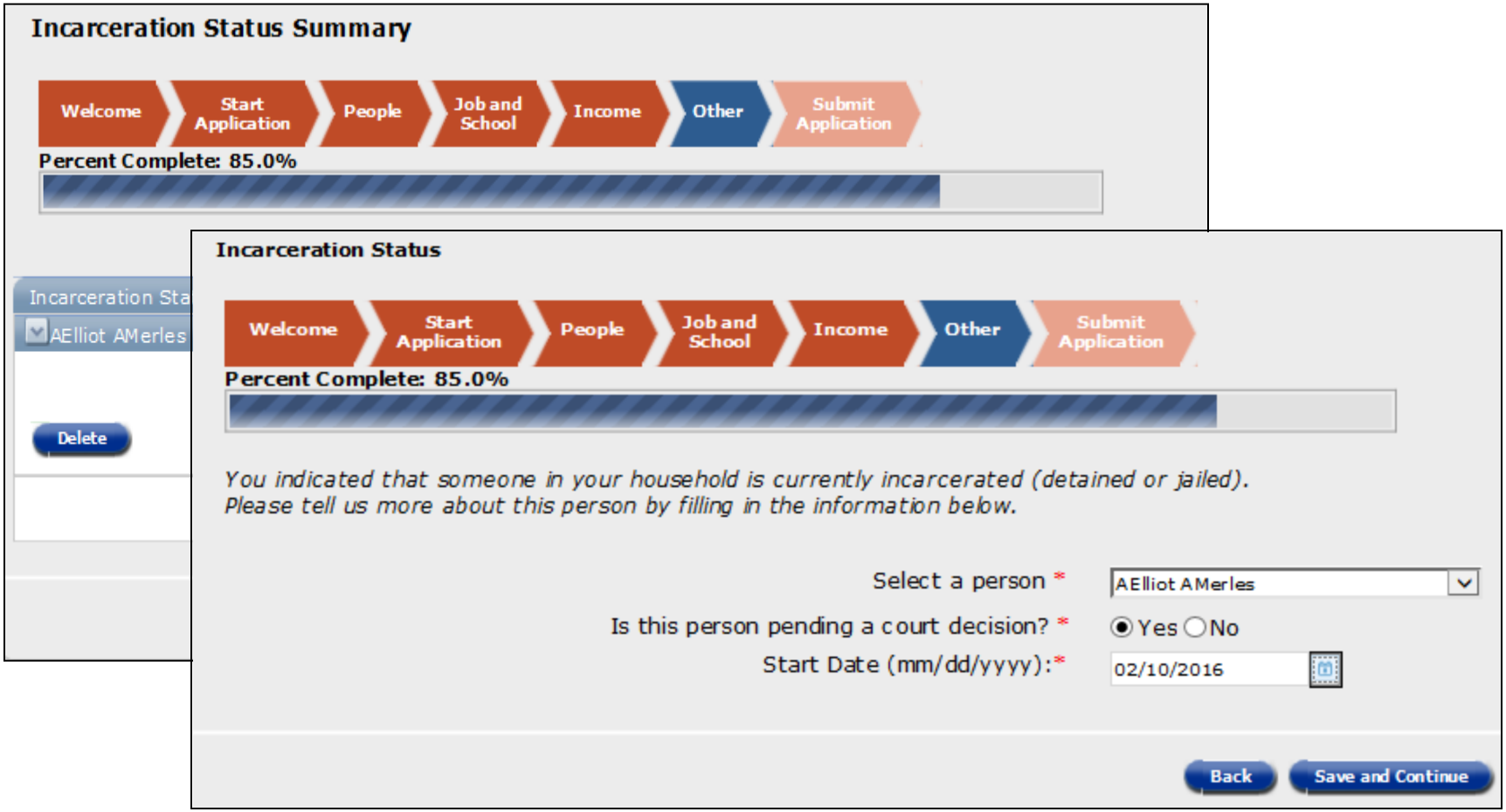
Household Relationships

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: Incarceration Status

Incarceration Status page is displayed upon answering 'Yes' to 'Is anyone incarcerated (detained or jailed) ?'

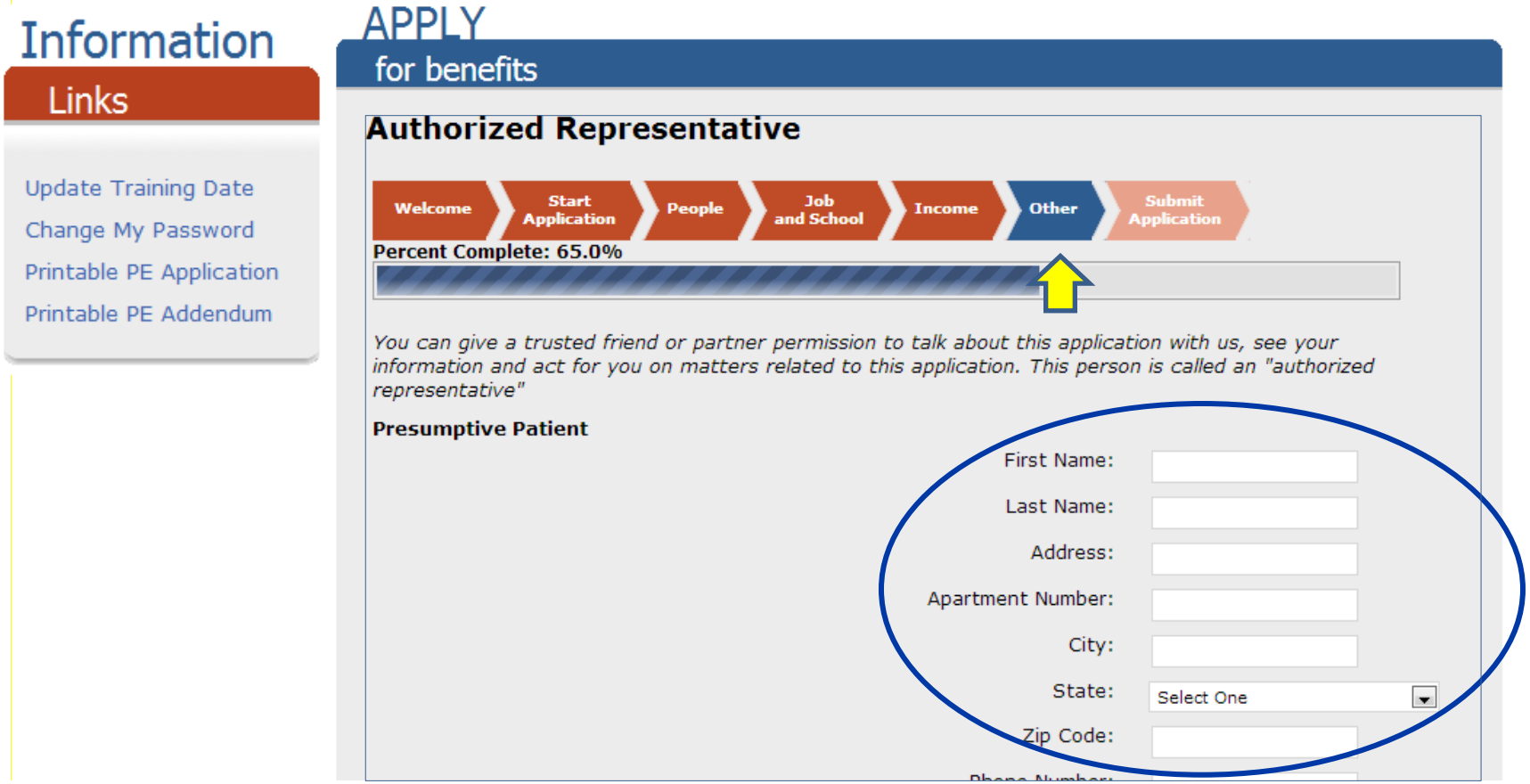
Note: See next slide for further instructions on completing this page.

Other Information: Incarceration Status: cont.

Upon selecting ‘Yes’ to ‘Is anyone incarcerated (detained or jailed)?’, ‘Pending Court Decision’ and ‘Start Date’ questions become mandatory. If the information is known, please provide the correct responses. If the applicant does not know this information or if the information is being entered from a Paper Application, follow the instructions below:

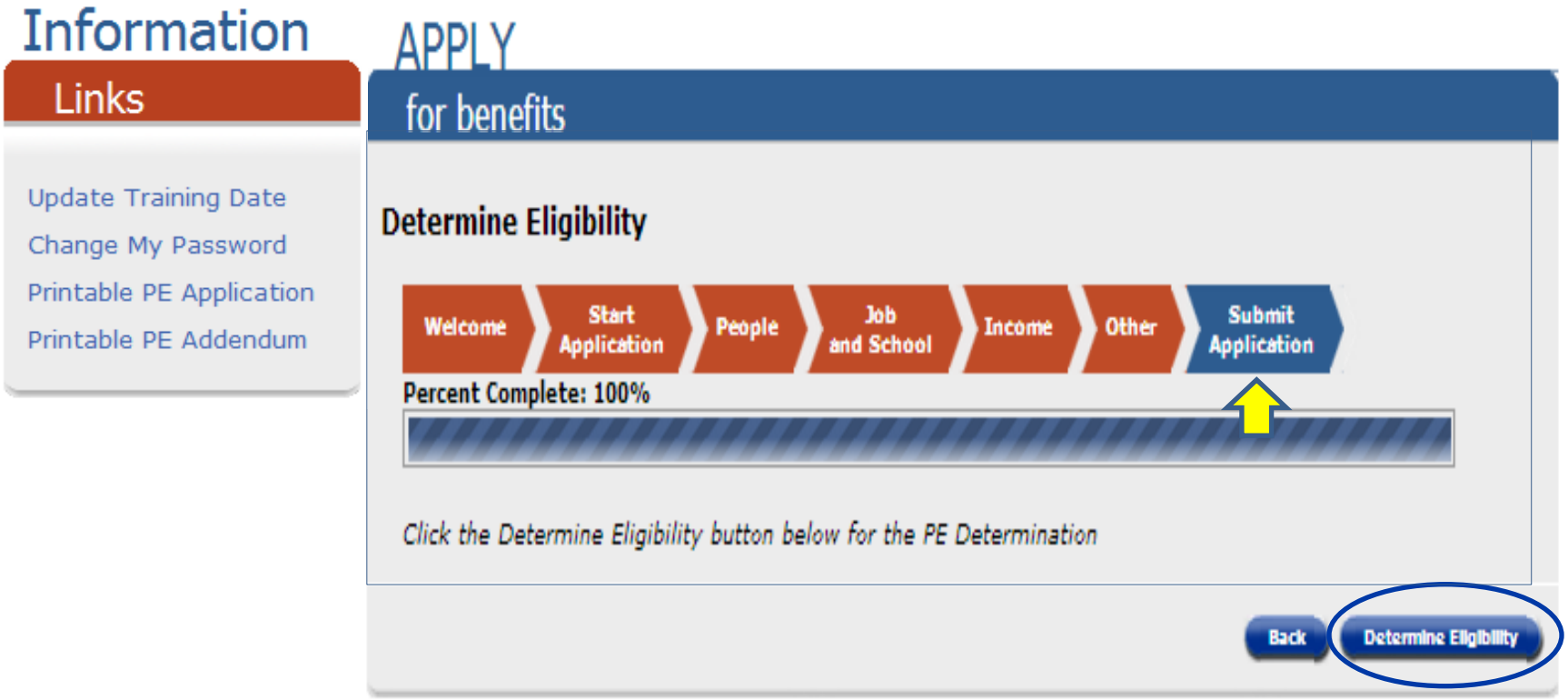
- I confirm that no one applying for health insurance on this application is incarcerated (detained or jailed).
  If not, the name of the person incarcerated is: _____

- This field can be found on page 16 of the Paper Application.
- ‘Is this person pending a court decision?’ Select ‘No’
- “Start Date’ Enter this first day of the month in which the applicant is seeking eligibility



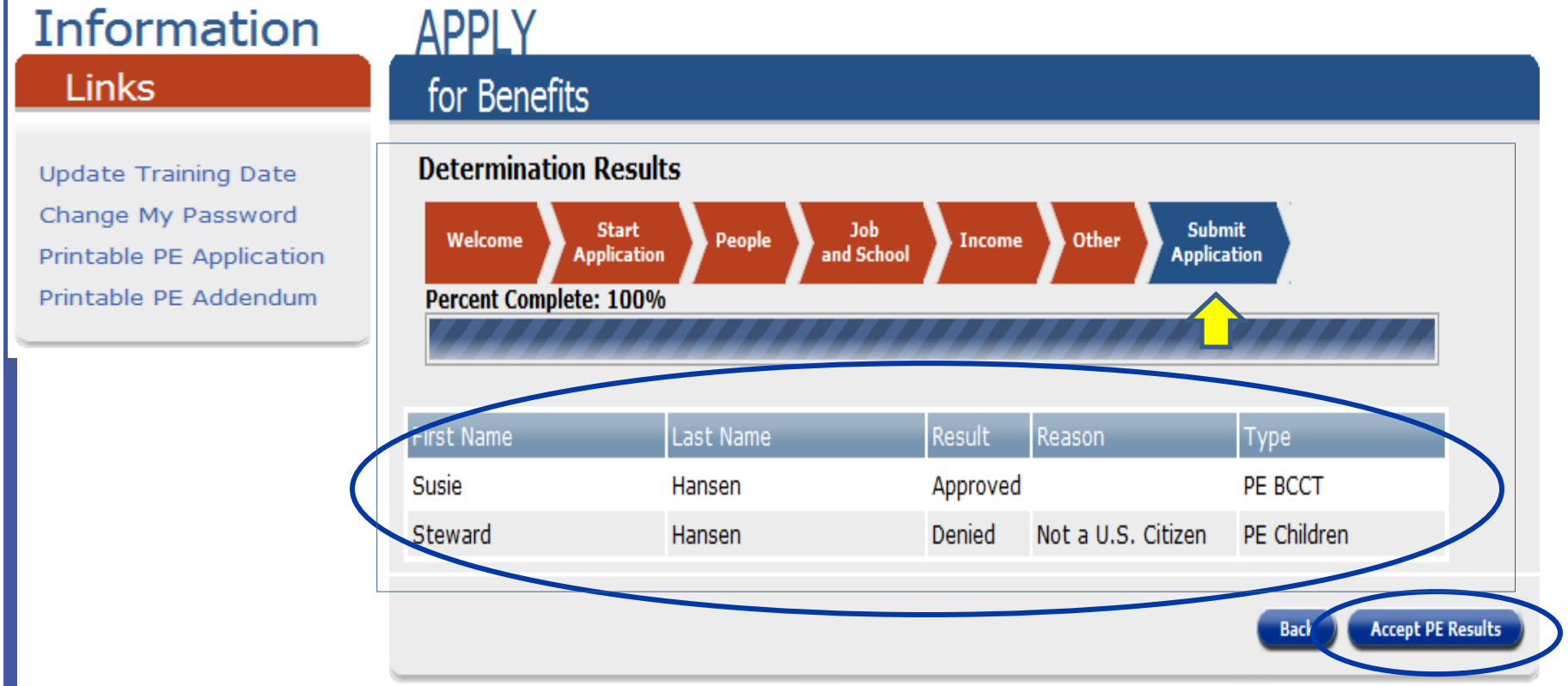
Other Information: Authorized Representative

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.

Information

Links

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 000tryzb

First Name	Last Name	Result	Reason	Type
Lily	Pad	Denied	Not a U.S. Citizen	PE Hospital Groups
Dave	Leung	Denied	Ineligible Applicant	PE Hospital Groups

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

Confirmation

Thank you.
The following PE Determination results have been accepted.
The PE and Medicaid application confirmation number is 000tryzb

First Name	Last Name	Result	Reason	Type
Lily	Pad	Denied	Not a U.S. Citizen	PE Hospital Groups
Dave	Leung	Denied	Ineligible Applicant	PE Hospital Groups

Print Application Print PE Notice

Exit

Tip: Application and PE NOA

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

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

Iowa Department of Human Services

Terry E. Branstad, Governor | Kim Reynolds, Lt. Governor | Charles M. Palmer, Director

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	PE 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.

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, includiing 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

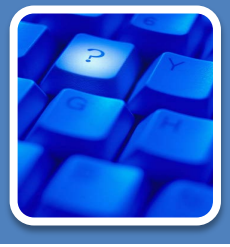
PE Aid Codes

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

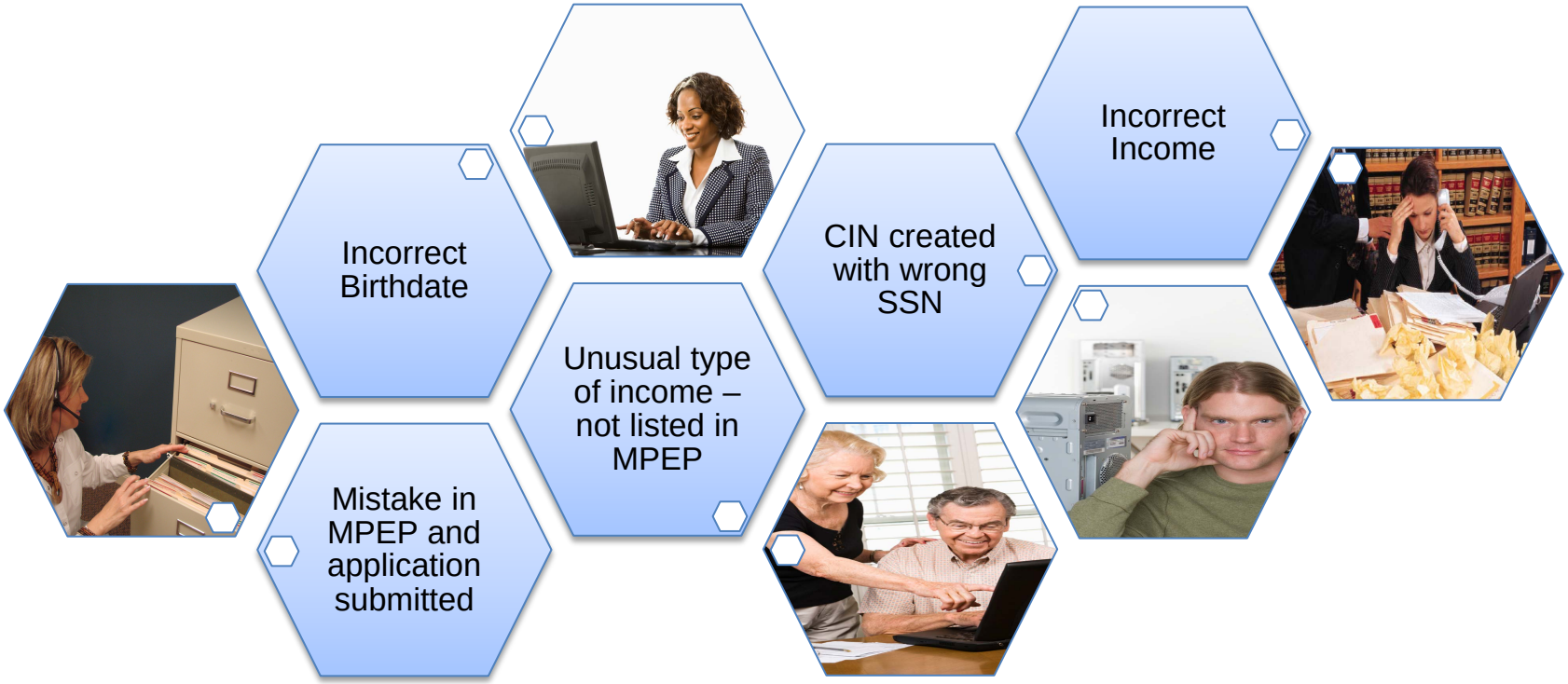


IMEMPEPSupport@dhs.state.ia.us

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

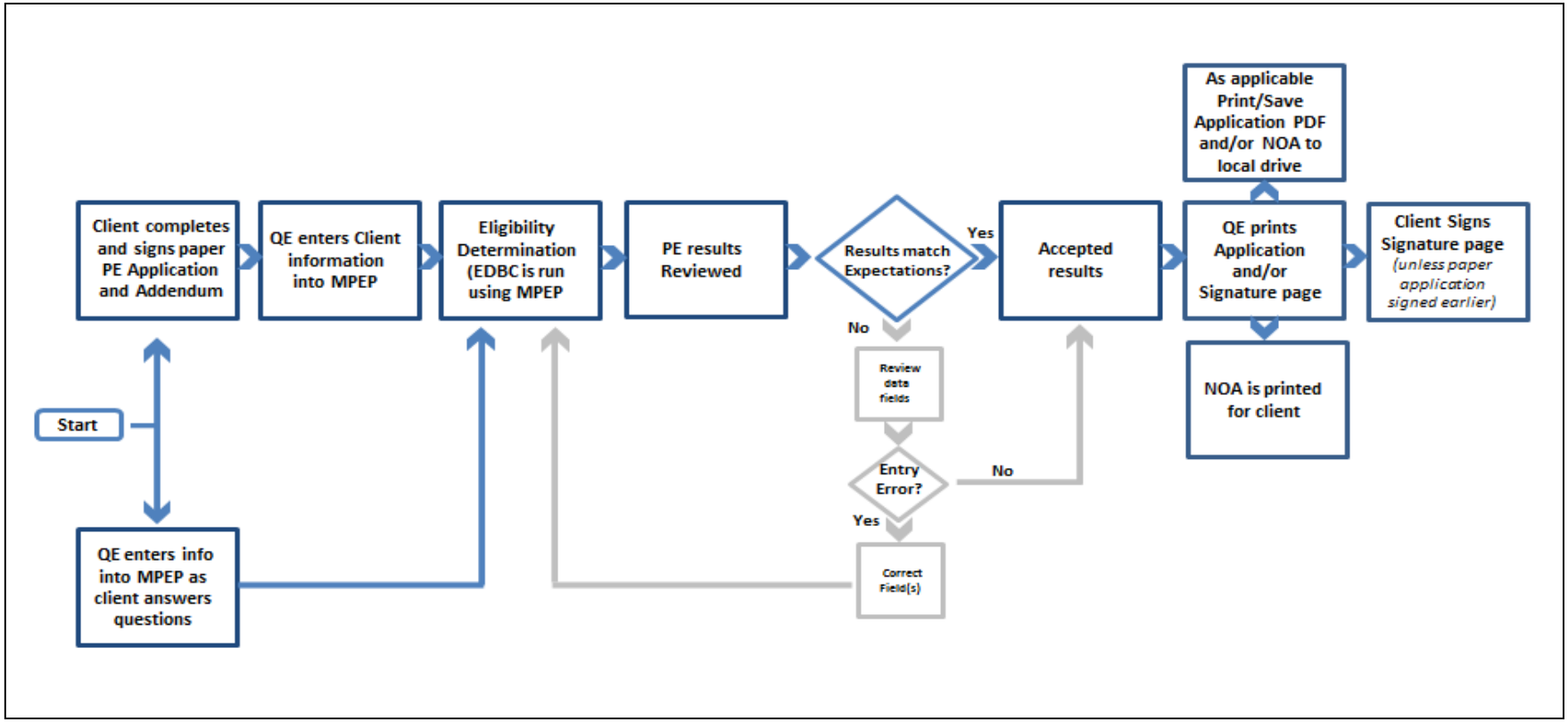


Contact Center Examples

- Unusual type of income – not listed in MPEP
- 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 = M**odified **A**djusted **G**ross **I**ncome
- **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**: May qualify for E-MIYA <u>only</u> if both foster care questions are answered as 'Yes'.

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** applicants will see the mandatory question, ‘Do you want to apply for ongoing Medicaid?’
- **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**

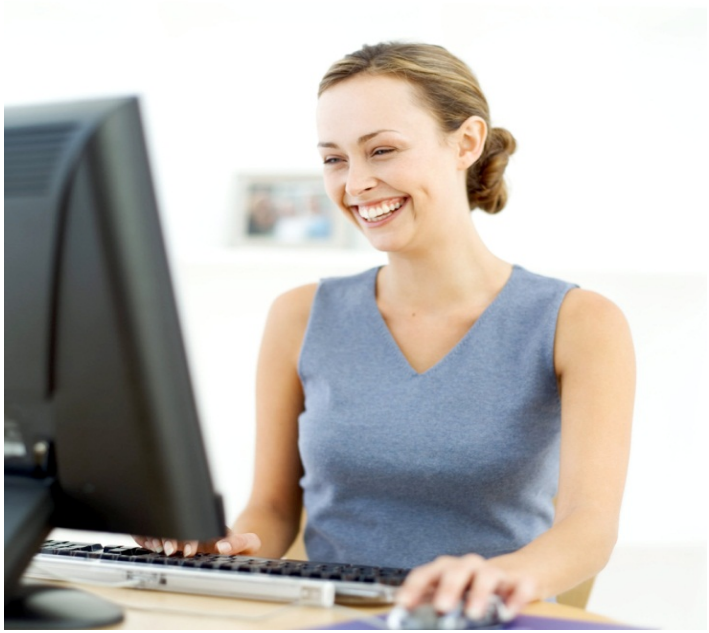
❖ Please note:

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

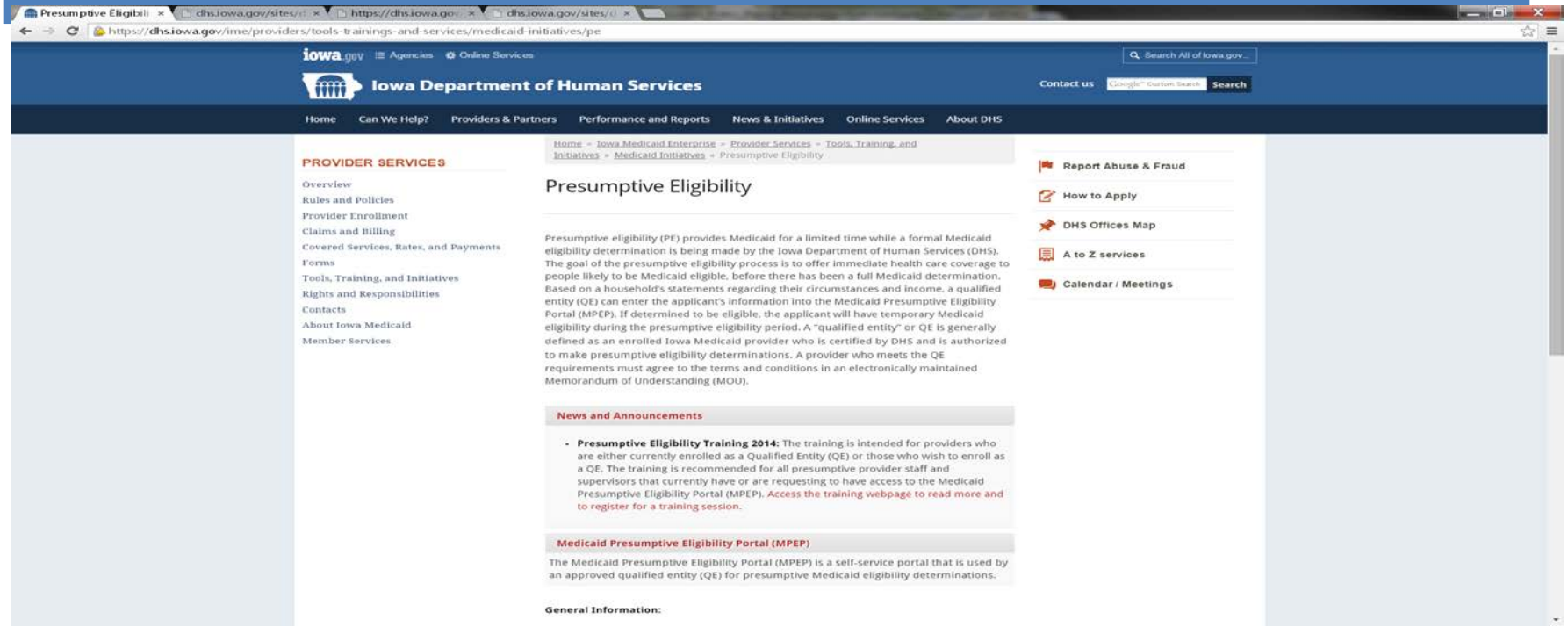


QE Support: PE Policy and MPEP Technical

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

https://dhs.iowa.gov/ime/providers/tools-trainings-and-services/medicaid-initiatives/pe

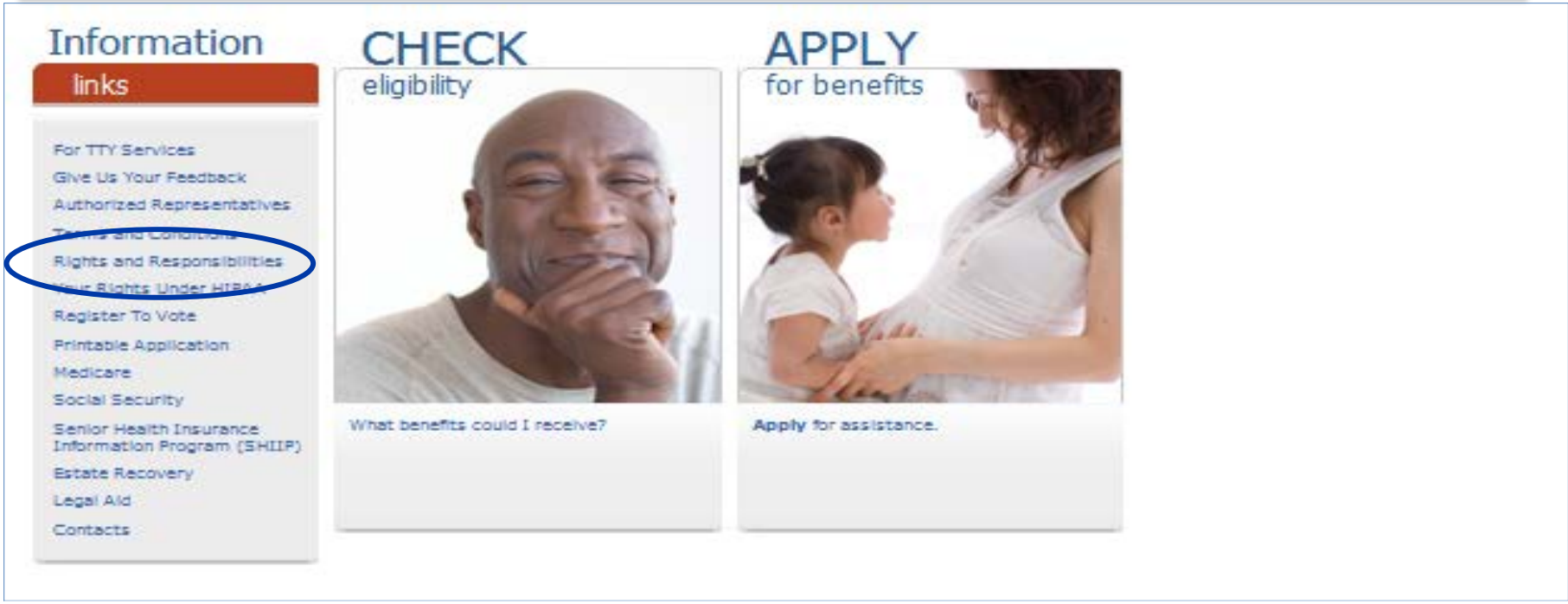


QE Support: Access to Online PE Materials

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

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



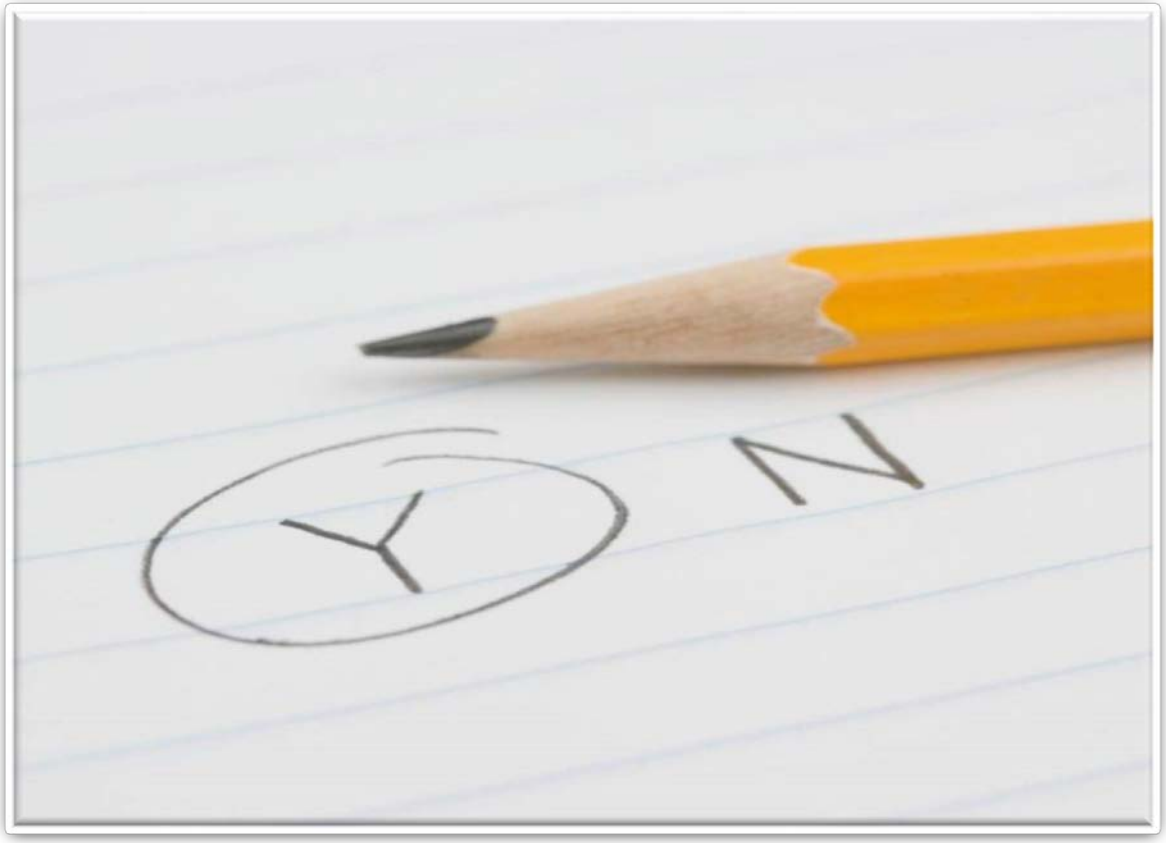
Applicant: Rights and Responsibilities

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 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/apspssp/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