Frequently Asked Questions

1. **What is presumptive eligibility?**
   Presumptive eligibility (PE) provides Medicaid for a limited time while a formal Medicaid eligibility determination is being made by the Department of Human Services (DHS).

2. **What is the goal of the presumptive program?**
   The goal of the presumptive eligibility process is to offer immediate health care coverage to people likely to be Medicaid-eligible, before there has been a full Medicaid determination.

3. **What is a Presumptive Provider (PP)?**
   A presumptive provider is an organization certified by the Iowa Department of Human Services to provide PE determinations. Individuals who are employees of the PP can be certified to provide PE.

4. **What is a qualified entity (QE)?**
   A "qualified entity" is generally defined as an enrolled employee of a PP, who is certified by DHS and is authorized to make PE determinations. Certain QEs for PE for children (e.g. school nurses) do not have to be enrolled Iowa Medicaid providers.

5. **What can a QE do?**
   Based on a household's statements regarding their circumstances and income, a QE can enter the applicant's information into the Medicaid Presumptive Eligibility Portal (MPEP). MPEP will immediately make a presumptive determination. If eligible, the applicant will have temporary Medicaid eligibility during the presumptive period.

6. **How do we become a qualified entity?**
   Applicants who meet the QE requirements must agree to the terms and conditions in an electronically maintained Memorandum of Understanding (MOU). Each QE must complete a web-based training module, which can be located at http://dhs.iowa.gov/ime/providers/tools-trainings-and-services/provider-tools.

7. **Since only certain fields in MPEP have the red asterisk (*) showing an entry in those fields is required, is it okay if I only make entries in the fields that are marked as "required" and skip all the other data fields?**

   QEs are required to obtain and enter ALL information about the applicant's current situation, even if a field is not marked as "required" by the MPEP system. This means that everyone in the applicant's household must be entered as a household member in MPEP and all income any of these people have must be entered in MPEP.

   If the QE has information in their other office paperwork (e.g. SSN, income, other household members) that is not reported on the PE/Medicaid application, this is a discrepancy the QE is required to clarify before the application is submitted in MPEP.

The most common errors DHS sees in this area are:

- A QE only enters information into MPEP about the person who is applying for PE even though there are other people in the applicant's household.

- A QE does not enter any income information in MPEP even though people in the applicant's household are working or have other sources of income.

- A QE does not enter Social Security Numbers (SSNs) in MPEP even though the applicant's household members have listed their SSNs on the paper application, can tell the QE their SSNs while the QE is filling out the application online in MPEP, or have already provided those SSNs on other paperwork the provider gets from patients.

This is best illustrated by an example:

Incorrect: Mom fills out a paper application listing only her 6-year-old child because that is the only person who needs PE coverage, so the QE enters the child as the only person in the household on the MPEP application. The child has no income, so the QE does not enter any income in MPEP. Mom was in a hurry so she left the SSN field blank on the paper application, so the QE simply leaves this field blank in MPEP too.

Correct: Mom fills out a paper application listing only her 6-year-old child because that is the only person who needs PE coverage. The QE asks mom who else is part of the household. Mom says that she (mom), dad, and the child's 17-year-old brother also live in the home. The QE asks what income they have, and mom says that she (mom) earns $800 gross each month, dad is getting $400 a month in unemployment benefits, and the 17-year-old son makes $200 gross each month at a part-time job. The QE enters all of these people and their respective incomes into MPEP. Mom says she cannot remember everyone's SSN but thinks that information may be on other paperwork she filled out for the provider. The QE finds the SSNs and enters them into MPEP.

QEs who skip data fields in MPEP when there is information to report in those fields are not following Medicaid rules. QEs who fail to ensure that complete and accurate information is obtained from the applicant and entered into MPEP may lose their certification to act as QEs and to process PE applications.

PE Application Processors

1. **Do QEs need to become Certified Application Counselors (CACs) to provide PE?**
   No, only those assisting with the HealthCare.gov application need to be a CAC.

2. **If a healthcare organization is not a CAC can they still be a PP?**
   Yes. All healthcare organizations who meet the requirements are allowed to provide presumptive determinations regardless of whether they are also a CAC.

3. **Can an employee of a healthcare organization, that is not a PP, take an application to a QE to be entered in MPEP?**
   Anyone can assist a client with filling out a paper application. Only the person actually making the entries in MPEP and completing the PE eligibility decision must be certified as a QE, but a PE decision cannot be made until the application has been entered and submitted in MPEP by a QE.

   It is also important to note that an application collected at a clinic that is neither a QE nor a place approved to take full Medicaid applications is not considered as "filed" until it is received by either a QE or a DHS application site.

4. **Does a person giving out PE applications to patients have to be certified or does only the person actually entering the applications into MPEP have to be certified?**
Only the person actually making the entries in MPEP and completing the PE eligibility decision must be certified as a QE.

   Anyone can assist a client with filling out a paper application, but only the QE can actually make any entries in MPEP and complete the PE eligibility determination.

5. **Can a QE take an application at a location other than the PP?**
A QE can take a PE application from any person who comes into their facility.

   The applicant does not have to be a patient.

6. **We are a PP hospital. We own multiple affiliated clinics. Are they considered part of the hospital for purposes of performing the presumptive application? May we obtain certification for physician office staff?**
The hospital PP organization must provide a list of the affiliated clinics owned by the hospital in order to have these clinics considered for certification as a PP.

   Affiliated clinics that have different ownership may not be certified as PPs under the hospital Presumptive Provider organization. If they want to become a PP, they must apply and qualify on the basis or their own provider organization.

7. **What requirements must a school nurse meet to become a QE?**
To become a QE, a school nurse does not need to have an NPI or be an enrolled Iowa Medicaid provider, but does need to be enrolled under a PP organization who is an Iowa Medicaid provider with an NPI. A school nurse who wants to become a QE may contact their local or area education association to request they become a PP.

Presumptive Policy

1. **Who are considered qualified staff to help fill out and submit the application?**
An approved presumptive provider may designate its employees to determine presumptive eligibility. Each person must be employed by the provider, complete a web-based training module and be certified by the department before they can begin to make eligibility determinations.

2. **Is it just automatic that the patient will have presumptive eligibility by just filling out the application?**
No. Filing an application does not guarantee presumptive Medicaid eligibility. Some presumptive applicants will be denied due to failure to meet eligibility requirements.

3. **How many times can a person get PE Medicaid?**
   - Children, parents and caretakers, former foster care children under age 26, individuals age 19-64, and Breast and Cervical Cancer Treatment (BCCT) patients* can get presumptive Medicaid once in a twelve (12) month period.
   - Pregnant women can get presumptive Medicaid once per pregnancy.
   - *Individuals who have been screened through the Breast and Cervical Cancer Early Detection Program (BCCEDP) who are in need of treatment for certain cancers can get presumptive if their treatment ends and they are again screened through the BCCEDP and are in need of treatment.

4. **Who may be eligible for Presumptive Medicaid?**
   - Children under 19
   - Pregnant women
   - Parents and caretakers of children under 19
   - Individuals age 19-64 (Iowa Health and Wellness Plan IHAWP)
   - Former foster care children under age 26
   - Individuals screened and diagnosed through the Breast and Cervical Cancer Early Detection Program (BCCEDP) and needing treatment for breast or cervical cancer.

5. **What services are covered under the PE program?**
   All services are covered that are normally paid by Medicaid when received from an Iowa Medicaid provider.

   - The following can get full Medicaid coverage:
     o Children under 19,
     o Parents and caretakers,
     o Individuals age 19-64 (subject to Wellness Plan limitations for the IHAW P group),
     o Former foster care children under age 26, and
     o Individuals who have been screened through the BCCEDP and are in need of treatment for certain cancers
   - Pregnant women get limited Medicaid coverage for ambulatory prenatal care.

6. **Do I have to verify wages or other information for a client?**
   No. PE Medicaid is based only on the client's self-attested situation. That means eligibility is based on the answers the client provides on the application, and any other information that the QE clarifies in the course of assisting the client with the application process.

   Verification cannot be requested or required for PE Medicaid.

   The PE applicant is responsible for providing complete and accurate information about their current situation, and the QE is responsible for clarifying any information provided by the PE applicant as needed to ensure complete and accurate information is entered into MPEP for the PE determination.

7. **Is income considered in the determination for Pregnant Women?**
   Yes. This income limit is 375% of the Federal Poverty Level for the Modified Adjusted Gross Income (MAGI) household size.

8. **How do I know if I'm completing income information correctly? Should I use current wages or the client's income tax return? Should I list the client's take-home pay (amount after taxes)?**
   QEs should enter the current month's income at the time of application.

   QEs must always enter gross income. Gross income is the amount before taxes or any other deductions are taken out.

   If the amount of income is unknown at that time, QEs should enter the best available estimated amount for the applicant's gross income.

9. **What percentage of time should a child be in an adult's care in order for the adult to claim Parental Control?**
   Parents and Stepparents automatically have parental control of their own children/stepchildren.
   (Though the best practice is still for the QEs to mark *Parental Control* for these individuals in MPEP).

Other adults have Parental Control only when they have assumed the role and responsibilities of a parent due to the absence or incapacity of the parent.

10. **Many applicants do not provide social security numbers (SSNs); can I submit an application in MPEP for these individuals?**
    - Although SSN is not marked as a "required" field in MPEP, QEs are required to obtain and enter an SSN whenever possible without delaying the PE application date.
    - A person without an SSN can still apply for and get PE coverage.
    - Although an SSN cannot be required, QEs should still encourage PE applicants to provide their SSNs whenever possible.

    Providing an SSN speeds up processing of the ongoing Medicaid application and allows DHS to verify more information through data matches, thus reducing information that must be requested from the applicant.

    If the applicant does provide an SSN, it is important that the QE accurately enter it in MPEP. This will ensure proper identification of the applicant and avoid creating duplicate client records in DHS' systems.

    Best practices for SSN data entry include:
    - If a valid SSN is not available, the field should be left blank. Do NOT enter random numbers (e.g. all 1111's or all 2222's) in the field.
    - Do NOT enter a number that starts with the number '9' because this is not actually an SSN. If an applicant provides a number that starts with a '9', that is an Individual Taxpayer Identification Number (ITIN) rather than an SSN. An ITIN is a tax processing number issued by the Internal Revenue Service. Although it will appear in MPEP, and from the PE NOA that PE has been approved, it is important to know that entering an ITIN in the SSN field will cause significant delays in the applicants' ability to access services or get claims paid.

11. **Do I still need to collect a paper application from a client?**
    PE applicant information can be collected in one of two ways – either by paper (application and addendum) or by the QE entering the applicant's information directly into MPEP.

    Although paper applications are no longer required, the QE is still required to obtain the applicant's signature before the PE application is valid.
    - If the applicant uses the paper application, the applicant must sign under penalty of perjury at the bottom of page 16 of form 470-5170, Application for Health Coverage and Help Paying Costs.
    - If the application is entered directly into MPEP, the QE must print the signature page from the application summary and have the applicant sign there under penalty of perjury.

    If a paper application is filled out, the PE applicant needs to complete both the *Application for Health Coverage and Help Paying Costs*, form 470-5170, and the *Addendum to Application for Presumptive Eligibility*, form 470-5192. This will ensure that all the needed information is collected for entry into MPEP. No PE determination will be made until the information from the paper application has been entered into MPEP.

12. **Should we give all of our self-paying patients in the ER a PE application?**
    If this is the established business practice, then this is acceptable. The applicant must choose to apply, and it is the responsibility of the PP/QE to ensure that the applicant understands the limitations and guidelines for PE.

13. **How do we add newborns to a PE case?**
    If the mother is currently eligible for Iowa Medicaid, you may add the baby by calling the DHS Call Center at 1-877-347-5678.

If the mother is not currently eligible, follow the application process the same as anyone else.

14. **If an applicant claims a child as a tax dependent but does not have parental control over any dependent children, how should the question 'Do you have dependents living with you' be answered?**
    - Parents and Stepparents automatically have parental control of their own children/stepchildren, so they should always answer 'yes' to this question.
    - Applicants who are not parents/stepparents should only answer 'yes' to this question if they have parental control over any dependent child(ren) living with them.
    - Applicants who are not parents/stepparents should answer 'no' to this question if they claim a child as a tax dependent but do not also have parental control over the child.

    See #9 above for a definition of parental control.

15. **Must the QEs and PPs respond to the QE Discrepancy emails?**
    Yes, responding to these emails is required under the terms of the PE MOU. QEs and PPs should respond promptly to these requests from the Department.

    PPs/QEs who make Presumptive Eligibility determinations are also required to be recertified annually. In order to be recertified, PPs/QEs will be required to respond to any pending or unresolved QE discrepancy emails from the current period before recertification is granted. The PP/QE will be notified when this is required during the recertification process and a response indicating resolution (explanation, training materials reviewed, etc.) from the PP/QE must be sent back to the MPEP Helpdesk or recertification will be denied. If a PP organization is denied recertification, all associated QEs under that PP will also lose access to MPEP and be unable to completed PE determinations.

Application Questions

1. **Should we have the applicant apply for PE or should they just apply for regular/ongoing Medicaid?**
   - It is up to the applicant to decide the benefits, if any, for which they apply.
   - It is the responsibility of the PP/QE to ensure the applicant understands their options so that the applicant can make an informed decision.
   - It is more inclusive to fill out the PE Application because it includes both the PE application and the subsequent filing of the full Medicaid application.
   - If the applicant chooses to apply for both PE and ongoing Medicaid, providers should not routinely send in paper copies of the application to Provider Services, the MPEP Support Desk, or to local DHS offices. However, providers are required to save signed copies of the applications and make these available upon request.
   - If the applicant chooses to apply only for ongoing Medicaid, the application should be submitted directly to DHS. The application should not be submitted on MPEP if no one is applying for PE. Note: This ONLY applies if NO ONE in the household is applying for Presumptive Eligibility.

2. **Clients fill out their own paper applications. So if our business practice is to skip the paper application and apply directly online in MPEP, can we let the clients fill out their own application in MPEP?**
   No, this is not an acceptable practice. MPEP is a secure portal for use only by approved staff (QEs/PPS). It is the QE's responsibility both to ensure applicants answer the application questions completely and accurately, and to enter the applicant's information into the MPEP. The practice of letting applicants enter their own information in MPEP is not consistent with the QE/PP responsibilities as stated in the MOU, manual, and PE/MPEP training documents. A QE letting clients enter their information into MPEP is effectively allowing clients the ability to approve their own benefits which could result in intentional fraud, or at minimum inadvertent errors in eligibility since clients do not have the

training or expertise required to use MPEP. Any individual QE and any related PP organization who allows this will be decertified from the PE program, and could also lose IME Medicaid Provider credentials.

Multiple Applicants

If you are taking an application where some applicants are applying for both PE and ongoing Medicaid but other household members only want to apply for ongoing Medicaid, MPEP should be used to submit both the PE and the ongoing Medicaid application.

In MPEP, select the option to apply only for ongoing Medicaid and not for PE for that individual.

Do not fax or mail in paper copies of the application to DHS when the application has already been submitted in MPEP.

Limited Medicaid for Emergency Services

If you are processing an application and any person on that application wants to apply for ongoing Medicaid and needs to be looked at for limited Medicaid for emergency services coverage, submit the ongoing Medicaid application through MPEP. After the application has been submitted and the results have been accepted, notify the MPEP Support Helpdesk of the applicant's need to be looked at for limited Medicaid for emergency services coverage. The MPEP Support Helpdesk will forward this information to DHS.

3. **For pregnant women (PW) with children applying for PE – will the mother and child be on the same application, or do they still need to fill out a separate one for the mother and the child?**
All household members are able to apply on the same application.

The ability for multiple people to actually obtain PE from a single QE will depend on which programs the QE is approved to process.

For example a QE approved to do PE for both PW and children would be able to approve a pregnant woman and her children on the same PE application. However, a QE for children only would not be able to approve PE for a PW.

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

4. **If the local DHS offices are not planning on becoming CACs, can families go there to apply for Hawki and Medicaid, even though it's not through HealthCare.gov?**
There is no wrong door for filing an application for any of the insurance affordability programs (Medicaid, Hawki, or help paying for an insurance plan e.g. tax credit or cost sharing).

While we do encourage applicants to use www.healthcare.gov to apply online for the fastest results, anyone can also apply for Medicaid/Hawki by mailing in a paper application, applying in-person at any local DHS office, or by calling the DHS contact center at 1-855-889-7985.

Alternatively, people can apply with the help of a CAC.

5. **How many days do I have to submit an application in MPEP after I receive a paper application?**
   It is important to remember that the beginning date of PE coverage is the date that the PE determination is made in MPEP.

   As stated in the MOU between DHS and the Presumptive Provider (PP)/QE, DHS expects entries to be made in MPEP as soon as possible and within three (3) working days of the date the paper application is received.

   This is required because the applicant can only receive a PE determination once entries are made in MPEP.

6. **Does a PE application have to be completed on the date of service?**
   Eligibility under the PE Medicaid programs is granted on a daily basis and cannot begin any earlier than the date the PE application is entered into MPEP. If the application is not entered into MPEP on the date of service, the services that were provided will not be covered by PE Medicaid.

7. **How should I handle a paper application received in the mail?**
   Although the beginning PE coverage cannot start before the date the PE determination is made in MPEP, the QE is still required to date-stamp the application with the date it is received from the applicant to document the date the application was received.

   An application is valid and must be date-stamped on the date it is submitted to the QE with only the applicant's name, address, and signature under penalty of perjury at the bottom of page 16 of form 470-5170, Application for Health Coverage and Help Paying Costs.

   If necessary, the applicant may then answer the other questions in the application after it has been submitted to and date-stamped by the QE. All necessary information must be obtained from the applicant before the application can be entered and completed in MPEP.

   All valid applications must be submitted for processing. Contact MPEP Support desk if you have a valid application but not enough information to complete entries in MPEP.

8. **Who needs to sign the application?**
   An application must be signed by only one of the following: the applicant, an adult in the applicant's household, an authorized representative, or someone acting responsibly for a minor or incapacitated applicant.

9. **What application date should be entered into MPEP?**
   The date of application that the QE enters must be the same date the application is entered into MPEP. Note: See the MPEP Support Helpdesk Message: Quarterly Update/Reminder regarding System Availability for an exception related to system downtime.

   It is very important that the QE enter the application date correctly in MPEP. Entering an incorrect date could result in errors such as an incorrect denial of PE or non-payment of claims.

   If you discover after MPEP entries have been made and a notice of action has been created that you have made an error, ask the DHS Contact Center for instructions on how to resolve the error. Do not reenter the application in MPEP unless instructed to do so by DHS. Reentering the application can create duplicate applications and affect the applicants' eligibility.

10. Patients sometimes come in before midnight and we aren't able to register them until after midnight. Do we have them date their signature on the date they presented or the date they signed the form?
The patient should date the form with the date they actually sign the application.

More importantly, the QEs are responsible for date-stamping the applications with the date they are actually <u>received</u> with a valid name, address, and signature.

Applications cannot be backdated.

11. If I start an MPEP application for a client but don't complete it, how long do I have to submit the application before it expires in MPEP?
Application entries in MPEP expire 5 days after entries were started in MPEP if those entries have not been completed.

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

12. Can I backdate an application?
No. Applications cannot be backdated. Only the current date (the date application entries are completed in MPEP) may be entered in the "date the application" field. *Note*: See the MPEP Support Helpdesk Message: Quarterly Update/Reminder regarding System Availability for an exception related to system downtime.

The QE is required to date-stamp the application with the date it is received from the applicant with a valid name, address, and signature.

13. Can I future date an application?
No. Only the current date (the date application entries are completed in MPEP) may be entered in the "date of application" field. *Note*: See the MPEP Support Helpdesk Message: Quarterly Update/Reminder regarding System Availability for an exception related to system downtime.

A future-dated application is not valid. MPEP will display an error message if a future date is entered in the 'date of application' field.

14. How do I answer the question "When did (applicant A) join the household?" when I am not sure?
Enter the first day of the month that is three (3) months prior the application unless you know or the applicant has specified that the household member joined the household more recently than that.

For example, if the PE application is submitted February 25, enter November 1 as the date each person joined the household if no other date is known. (One common situation when the QE will know a person joined the household more recently is if a child was just born within the past 3 months.)

Approximate dates are also acceptable if the exact date is not known.

15. What if I have an applicant whose legal last name has changed from what I previously had on file (ex: An applicant has married since the last time of coverage)?
If the QE enters an SSN that matches an existing client index number (CIN) on file but the last name does not match existing records for the individual MPEP will give the QE the opportunity to obtain the correct CIN by changing the last name entered on MPEP to match the last name that was previously associated to that person's record.

If the current/new last name the QE has entered differs from what MPEP shows is on record for this person, the QE must change the applicant's last name in MPEP to match the name previously associated with the existing CIN. This is to prevent duplicate CINs from being created.

The QE will then need to contact MPEP Support to give them the current legal last name so it can be updated. You can contact MPEP Support at IMEMPEPSupport@dhs.state.ia.us or by phone at 1-855-889-7985 M-F 8AM to 5PM.

Post-Application Questions

1. **Will the Eligibility and Verification Information Service (ELVS) line show when someone is presumptively eligible?**
   The current message states that "The member has time-limited Medicaid due to a presumptive eligibility decision". At this time there are no plans on changing this message.

   Allow up to 2 business days for eligibility to show on ELVS.

2. **If my client already has a CIN from a previous MPEP application submission or previous Medicaid coverage, will the MPEP system issue a new CIN or reuse the existing CIN?**
   MPEP will reuse the existing CIN whenever it is able to recognize that the applicant already exists in DHS systems.

   MPEP will recognize that the applicant already exists if an SSN is entered on MPEP and it is an exact match with records DHS already has for that person.

   If an SSN is not entered, MPEP may recognize that an applicant already exists if the applicant's name, date of birth, and gender match DHS records.

3. **Will a Medicaid card be issued to someone who is determined to be eligible for presumptive?**
   A Medicaid card is not issued to someone who has been determined eligible for Medicaid only under a presumptive program.

   Instead, those whose eligibility has been determined presumptively by a qualified entity will be given a Presumptive Medicaid Eligibility Notice of Action to indicate time-limited eligibility. MPEP generates this Notice, which the QE prints and gives to the applicant.

4. **Is PE coverage retroactive?**
   No, PE can begin no earlier than the date the PE determination is made in MPEP. However, if the person completes the process to become eligible for ongoing Medicaid as determined by DHS, ongoing Medicaid benefits always automatically go back to the 1st day of the application month.

5. **Is ongoing Medicaid retroactive?**
   Ongoing Medicaid may be retroactive for pregnant women, infants under one year of age, and residents of licensed nursing facilities.

6. **How long can PE last?**
   Presumptive Medicaid eligibility may continue up to the last day of the month following the month of the presumptive eligibility determination.

   If the presumptively eligible person files a Medicaid application within this period, PE coverage continues until the date that a decision is made on the ongoing Medicaid application.

7. **What happens when an ongoing Medicaid application is approved or denied?**
Presumptive Medicaid eligibility is granted on a daily basis rather than a monthly basis. The presumptive eligibility period ends when the Department approves or denies the ongoing Medicaid application.

8. **Ongoing determinations – How are they handled for each program?**
Ongoing Medicaid determinations are made by DHS based on all applicable eligibility requirements.

Unlike PE, verification of many eligibility factors is required in order to complete an ongoing Medicaid determination. Additional information and verification may be required for the ongoing determination that was not required for PE.

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

9. **Is there a timeframe for a full eligibility to be determined?**
DHS has up to 45 days to process the Medicaid application.

10. **When will Medicaid start if DHS approves the application?**
Medicaid begins the first day of the month in which a Medicaid application has been received and all eligibility requirements are met. Retroactive coverage for up to 3 months before the application month may also be provided for pregnant women, infants under one year of age, and residents of licensed nursing facilities.

11. **If I submit an application for IHAWP and the client is denied for over income, will his/her case information be automatically forwarded to the Marketplace?**
Applications denied for PE only will not be forwarded to the Marketplace.

Applications denied by DHS for ongoing Medicaid eligibility will be automatically forwarded to the Marketplace when the client is denied for over income or for other ineligibility reasons that apply to Medicaid/Hawki but not to Marketplace eligibility.

Undocumented aliens will not be referred to the Marketplace. Certain lawfully present aliens who are ineligible for Medicaid but who may be eligible for help through the Marketplace will be referred to the Marketplace.

Applicants who are denied for ongoing Medicaid by DHS due to failure to provide information needed to determine eligibility will not have their application forwarded to the Marketplace.

12. **What documentation do I give to the client for his/her records?**
The QE is always required to print and give the client
   - The Notice of Action (NOA),
   - A PDF of the completed application, and
   - Rights and Responsibilities Comm. 233.

The Rights and Responsibilities Comm. 233 can be printed from the link embedded within the QE's certification on the Submit Application Chevron, or from the 'Information Links' in the MPEP portal.

If the client completed a paper application, a copy is to be given to the client if requested.

The QE must also keep a copy of the NOA and a copy of the signed and dated electronic application summary in the PE file.

13. Can I change/update information on a client application after I submit the application for a determination in MPEP?
No. Completed applications cannot be recreated or edited, so it is very important the QE review the results *before* they are finalized.

Eligibility results for applicants are displayed on the Apply for Benefits Determination Results page. If the results shown on this page are not what the QE expected, previous screens can be reviewed and corrected. This must be done before Accept PE Results' is clicked Clicking 'Accept PE Results' accepts and finalizes results.

If you discover after MPEP entries have been made and a notice of action has been created that you have made an error, ask the DHS Contact Center for instructions on how to resolve the error. Do not reenter the application in MPEP unless instructed to do so by DHS. Reentering the application can create duplicate applications and affect the applicants' eligibility.

14. What should I do if I need to let DHS know something about the PE application but there is no place to report this information on MPEP?
Call the DHS Contact Center or email IMEMPEPsupport@dhs.state.ia.us with this information.

Examples of information you might need to report to the MPEP support help desk are:
- Unusual types of income not listed on MPEP
- You made a mistake in MPEP data entry and did not realize it until after the application was already completed in MPEP (e.g. incorrect SSN or date of birth, misspelled name, wrong income).
- Applicant's self-attested information entered on MPEP remains questionable after QE has attempted to clarify the information with the applicant.

15. If a person signed up and is approved in one facility and is then moved to another Care Facility or in Home Health Care, does PE follow them to the new facility and/or in Home Health Care?
Medicaid procedures completed by an Iowa Medicaid provider are covered if PE was approved initially and the PE coverage has not ended.

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

Rules for when PE coverage ends are covered in detail in the MPEP training.

16. If a patient is approved for Presumptive Eligibility, are they approved for regular state Medicaid or Iowa Wellness Plan during the "presumptive" period of time?
Medicaid-covered services in IHAWP during the PE period are limited to those benefits provided under the Iowa Wellness Plan.

System Questions

1. **How many QEs can a Presumptive Provider have?**
   Presumptive Providers can assign as many users as their facility might need. All users must complete the PE training and MOU before access to MPEP will be approved by IME Provider Enrollment. Access is granted on an individual user basis rather than as a whole facility.

2. **Are there two Portals?**
   There is only one portal for Presumptive Providers. This portal is called the Medicaid Presumptive Eligibility Portal (MPEP) and can be accessed at this link https://dhsmpep.iowa.gov.

   There is a different portal for all residents of Iowa for standard Medicaid (DHS Service Portal - https://dhsservices.iowa.gov/apspssp/ssp.portal).

3. **Can I have the Self Service Portal (SSP) and the MPEP open at the same time?**
   No

4. **What happens if I do have SSP and MPEP open at the same time?**
   MPEP will not work it both SSP and MPEP are open.

5. **An applicant can't remember if he/she applied for PE at another facility. Can I search all applications in the MPEP system to see if the client previously applied at another facility?**
   No. QEs can only search for their own PE applications. QE Supervisors can search only for the applications of the workers assigned within their provider organization. Note: Although anyone assigned a supervisor role in MPEP will have access to all PE types in MPEP, any PP/QE assigned a supervisor role should still only enter applications for PE types actually approved for their organization

   The determination of whether someone got PE in the last 12 months (or current pregnancy for PE PW) is now made by data matches completed by the MPEP system rather than based on how the applicant answers the questions. The unnecessary questions may be removed in a future system release.

   If a QE needs to check to see if an applicant has previously applied for PE they can contact the DHS Contact Center at 1-855-889-7985 M-F 8 AM to 5 PM or email IMEMPEPSupport@dhs.state.ia.us.

6. **What should I do when I need to enter a PE application but MPEP is down?**
   First, make sure you have logged on to MPEP correctly as explained in the guide - MPEP Login Support at https://dhs.iowa.gov/sites/default/files/MPEP%20Login%20Support.pdf.

   Also, be aware that MPEP is taken down for routine maintenance between 6-8pm each day (Monday through Friday) and on the 3rd Thursday of each month from 1-6am. This scheduled maintenance is expected to be brief, but sometimes MPEP does remain down for an extended period.

   If you are already in the process of entering an application, make every effort to complete the MPEP entries prior to 7pm (Mon-Fri), or if possible wait until MPEP comes back up to process the application. If you are having trouble accessing the portal, during regular working hours contact the MPEP Support desk for help immediately at imempepsupport@dhs.state.ia.us.

   See also the MPEP Support Helpdesk Message: Quarterly Update/Reminder regarding System Availability for detailed instructions for processing applications impacted by extended system downtime.

Non-Citizen Questions

1. **Can I submit an application for non-residents of Iowa or the US?**
Anyone may apply for PE/Medicaid at any time, and any application for PE *must* be entered on MPEP. If the applicant is not an Iowa resident, MPEP will deny the application.

   Similarly, if the applicant does not meet citizenship or alien status requirements, MPEP will deny the application.

2. **If an applicant is denied for PE for not being a citizen or eligible immigrant, can they still get limited Medicaid for emergency services?**
Yes, assuming they meet the limited Medicaid for emergency service requirements and have applied for ongoing Medicaid.

3. **The alien codes for the Legal Permanent Resident (LPRs) are not all loaded in the MPEP. Is there a default?**
Rules will determine citizenship/alien status based on the question "do you have eligible immigration status" only for the PE types that have citizenship/alien status as an eligibility requirement.

   Regardless of what document/section types are entered, the answer to the question above determines the PE outcome.

4. **For PE, the alien doc/code field isn't required, so if the dropdown doesn't have a close match to the client's immigration status/doc, should I leave the field blank?**
Yes, the PE decision will be made based on how the question "do you have eligible immigration status" is answered. So, PE will be determined correctly regardless of what dropdowns are selected or if this field is left blank.

   DHS will request any additional information needed to process the ongoing Medicaid portion of the application

Presumptive Benefits and Services

1. **Can a person go to any medical provider while on PE Medicaid?**
PE will only cover services provided by an Iowa Medicaid provider

2. **If a patient is approved for Presumptive Medicaid under the new categories, will this cover Intermediate Care Facility (ICF) level of care?**
Stay requirements, level of care, and other additional requirements that must be met for payment of facility-related services must still be satisfied under regular Medicaid rules. PE Medicaid does not include coverage of facility-related services.

General Questions

1. **Will the IME website information be changing with the new PE process?**
Yes, the department regularly updates all training materials as well as the PE provider manual. Refer to emails from the MPEP Support Helpdesk for updates that occur before the training materials or manual can be updated.

2. **What training for MPEP and PE is available to Presumptive Providers; is this also available to the healthcare organizations?**
All presumptive providers are provided with training and all training must be completed before access to MPEP is allowed.

3. **What if I am having trouble logging into MPEP?**
Use the following link to help troubleshoot resetting your password
https://dhs.iowa.gov/sites/default/files/MPEP%20Login%20Support.pdf

In some cases, clearing the cache may help. Each time you access a file through your web browser, the browser caches (stores) it. By doing this, the browser does not have to newly retrieve files from the remote web site each time you visit it. If any changes are made to the website, your computer may not be loading them because the site is stored in your computer's memory. This is when you may encounter browser errors. Clearing your cache will allow your browser to function more efficiently. Contact us if you need help clearing your cache.

If resetting the password does not resolve the logging in issue you can call the DHS Contact Center at 1-855-889-7985 or email MPEP at IMEProviderServices@dhs.state.ia.us. Include the following information:
- What web address you are using
- What browser and version you are using
- What error message you are receiving
- What username you are using when attempting to log into MPEP
- Do you know your password or does it need reset
- Have you ever successfully logged in before

4. **I still need help, who can I contact?**
- PE Policy and MPEP Technical Support is available for QEs through the DHS Contact Center.
  - Phone support: 855-889-7985 M-F 8 am – 5 pm
  - Email support: IMEProviderServices@dhs.state.ia.us
- Providers who have questions about what services are covered (e.g. dental, mental health) need to contact IME Provider Services.
  - Phone support: 800-338-7909 M-F 8 am – 5 pm
  - Email support: IMEProviderServices@dhs.state.ia.us

5. **Can you remind me where I can find PE information?**

Access to Online PE materials:
The following PE materials are available on the DHS webpage at
http://dhs.iowa.gov/ime/providers/tools-trainings-and-services/provider-tools
  - Medicaid Presumptive Eligibility Portal (MPEP)
  - Application for Health Coverage and Help Paying Costs
  - Application for Health Coverage and Help Paying Costs (Spanish version)
  - Addendum to Application for Presumptive Eligibility
  - Addendum to Application for Presumptive Eligibility (Spanish version)
  - Presumptive Eligibility FAQ
  - Application for Initial/Recertification to Be a Presumptive Provider (PP)
  - Qualified Entity (QE) Medicaid Presumptive Eligibility Portal (MPEP) Access
  - Request Form
  - Memorandum of Understanding with a Provider for PE Determinations
  - Medicaid Presumptive Eligibility Policy and MPEP Training
  - Medicaid Membership Eligibility Manual for Providers
  - Program Integrity and QE Discrepancy Process

- o MPEP Support Helpdesk Messages
- o MPEP Login Support
- o Qualified Entity (QE) Medicaid Presumptive Eligibility Portal (MPEP) Recertification

Applicant - Rights and Responsibilities:
The QE is always required to print and give the client Rights and Responsibilities Comm. 233. This can be printed from the link embedded within the QE's certification on the Submit Application Chevron, or from the 'Information Links' in the MPEP portal.

Applicant - Withdrawing an Application:
Ongoing Medicaid applications may be withdrawn by calling the DHS Contact Center at 1-855-889-7985.

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.

Becoming a Qualified Entity:
To begin the enrollment and certification process or if you have any questions, please contact the IME Provider Enrollment Unit at 1-800-338-7909 (option 2), or locally in Des Moines at 256-4609 (option 2) or by email at imeproviderservices@dhs.state.ia.us.

6. **I am a registered QE, but I am not getting emails or other updates from DHS. Why not?**
   Emails will be the primary source of communication from the DHS to QEs. Once registered, each QE should ensure with their organization that emails from DHS will not be blocked by their organization's firewall.