
STATE OF IOWA DEPARTMENT OF

Health ^{AND} Human

SERVICES

Provider Education

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



Presumptive Eligibility Training Agenda

Presumptive Eligibility (PE)

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

Medicaid PE Portal

- View Applications
- Complete Applications
- Appeals
- Support

Presumptive Eligibility Resources

- Policy
- Technical
- Withdrawals

PE Summary and Self-Quiz

- Flow
- ACA
- Applications
- Polices
- 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.

Affordable Care Act (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 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).

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

PE determination is based on **MAGI Rules**

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

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 automatically forwarded to HHS via MPEP for ongoing Medicaid determination, per client request. Submission of paper documentation to HHS is not needed.
- 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
- Inform applicant of Iowa Medicaid Estate Recovery Program
- Provide applicant with a copy of Rights and Responsibilities Comm. 233

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 HHS processing the ongoing Medicaid application.

- Application is valid and must be date stamped on the date submitted to QE with applicant's name, address, and signature under penalty of perjury at the bottom of page 16 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 in MPEP. Contact MPEP Support desk if unable to enter application in MPEP.

QE Responsibilities: Process & Inform

- QE who fails to ensure that complete and accurate information is obtained from the applicant and entered into MPEP may lose the certification to act as QE and process PE applications.



■ **Process the Application**

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

■ **Print and Maintain Documentation**

- Print the Notice of Action (NOA) and Right and Responsibilities (R&R) Comm. 233.
- Provide the applicant with the printed NOA and R&R as soon as possible but no later than two (2) working days after the date of determination.
- Print a PDF of the PE application and NOA for the QE file.
- QE must provide the client with a printed copy of the application, NOA and R&R.
- 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 and providing the NOA, application and Right and Responsibilities to the client. The QE file must have a copy of the NOA and application. The QE/Presumptive Provider (PP) is responsible for maintaining the PE records for five (5) years.

QE Responsibilities: When approval results in BCCT presumptive eligibility

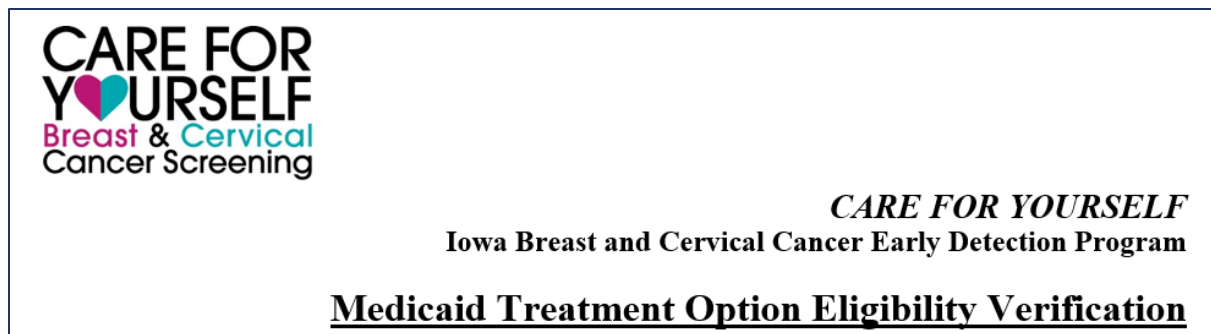
- The QE must complete all actions listed in the previous slide, and in a separate document provide HHS the items listed below:
 - Person's Name and Date of Birth
 - Verification the person has been screened under the breast and cervical cancer early detection program (BCCEDP)
 - Need for treatment for breast or cervical cancer
 - Anticipated initial length of treatment
 - Does not have other creditable coverage
 - Name of approved BCCEDP provider:
 - Example: **Holly Jones, RN,BSN, Care For Yourself, Iowa Breast and Cervical Cancer Program Coordinator**
- Note: This is only required when a PE BCCT applicant is *also applying for ongoing Medicaid*.

QE Responsibilities: When approval results in BCCT presumptive eligibility and applicant is also applying for ongoing Medicaid.

- The information listed on the previous slide should be sent to HHS using the **Upload Documents** feature within MPEP. Refer to slides 113-117 later in the presentation for information on uploading documents in MPEP.

Information can be submitted using

Medicaid Treatment Option Eligibility Verification form:

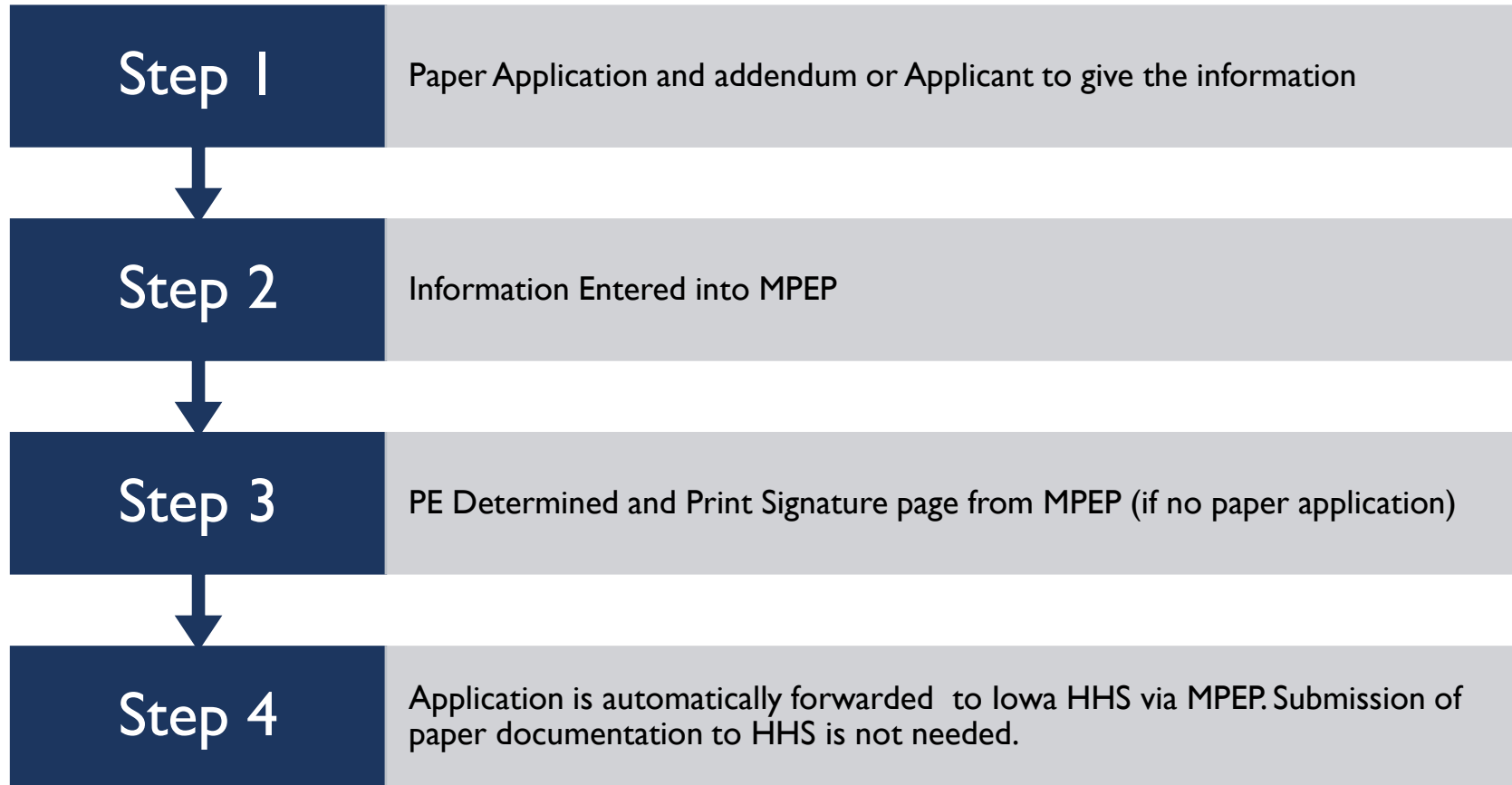


- Other forms are acceptable as long as all the required information is listed.

When approval results in BCCT presumptive eligibility and applicant is also applying for ongoing Medicaid AND the Upload Documents feature in MPEP results in an error.


- If unable to upload the documents using the Upload Documents feature in MPEP due to an error, then the BCCEDP provider may email the required information to:
- IMEMPEPSupport@dhs.state.ia.us

Application Process





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 automatically forwarded to HHS via MPEP for ongoing Medicaid determination, if client requested. Submission of paper documentation to HHS is not needed

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.

- 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 Self Attestation



PE is based on the applicant's self-attested circumstances



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 HHS know by emailing the MPEP Support desk (IMEMPEPSupport@dhs.state.ia.us) or calling the HHS Contact Center 855-889-7985

PE Self Attestation (Continued)

- A QE who becomes aware of discrepancies or questionable information reported by an applicant must clarify the situation with the household
- The **QE is responsible** for obtaining correct information about **ALL** people in the applicant's household (including tax household) and **MUST** also ensure that all current income of anyone in the household is reported accurately.

PE Self Attestation (Continued)

- 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.
- **QE who fails to ensure that complete and accurate information is obtained from the applicant and entered into MPEP may lose the certification to act as QE and process PE applications.**

PE Rules

- **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 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

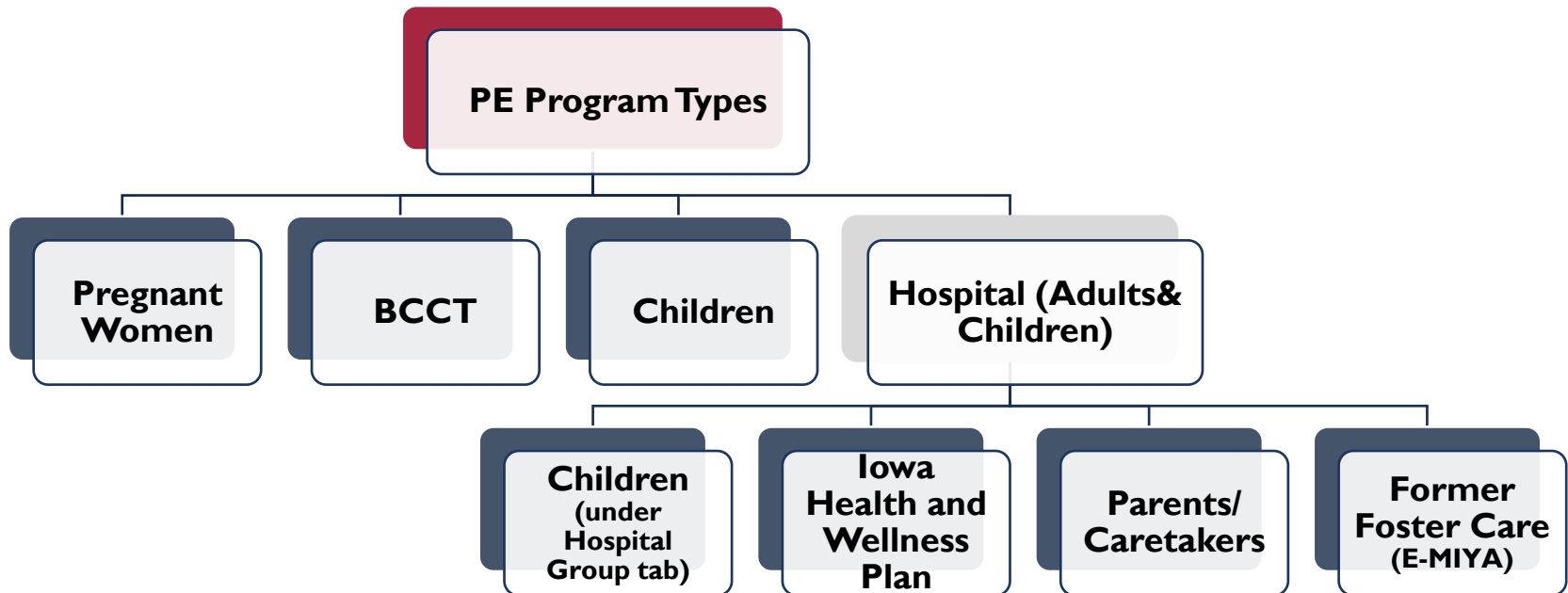
PE Rules determine the type of benefits for which the applicant is eligible and the length of time for which those benefits are available

Hospital Groups Name Change (Adults and Children)

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

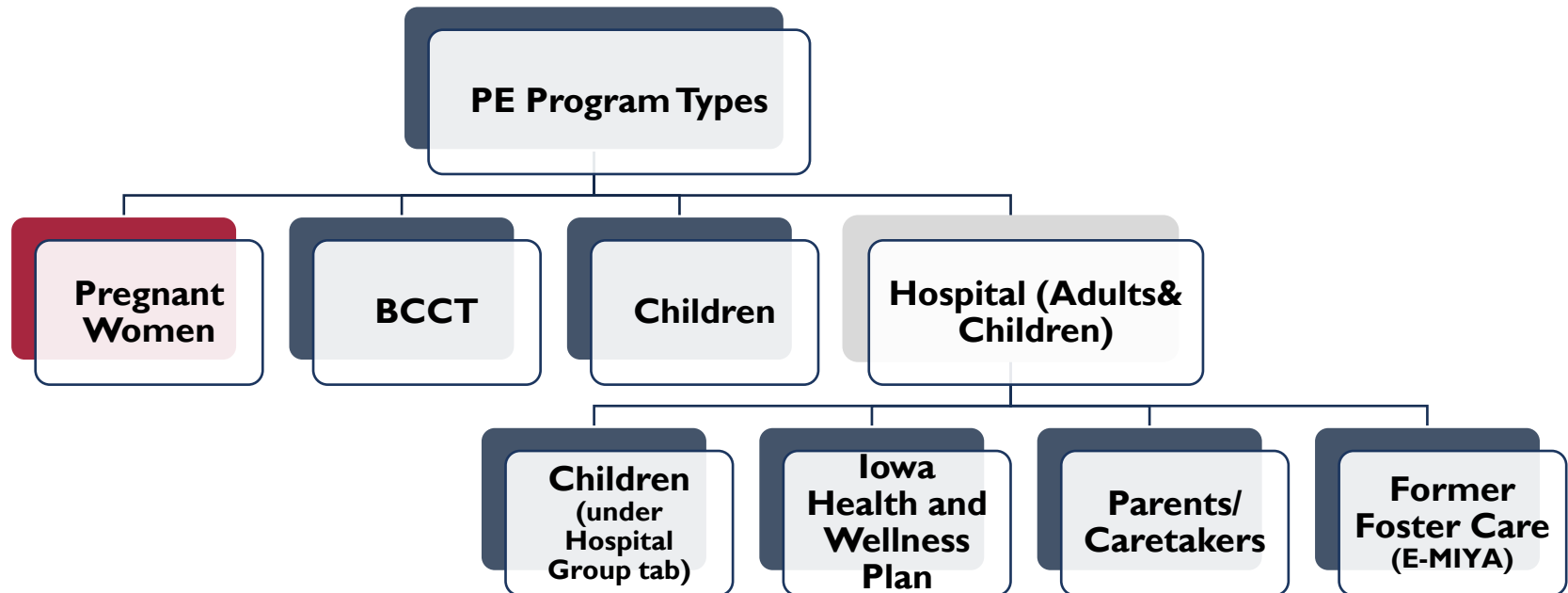
PE Program Types:

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*)

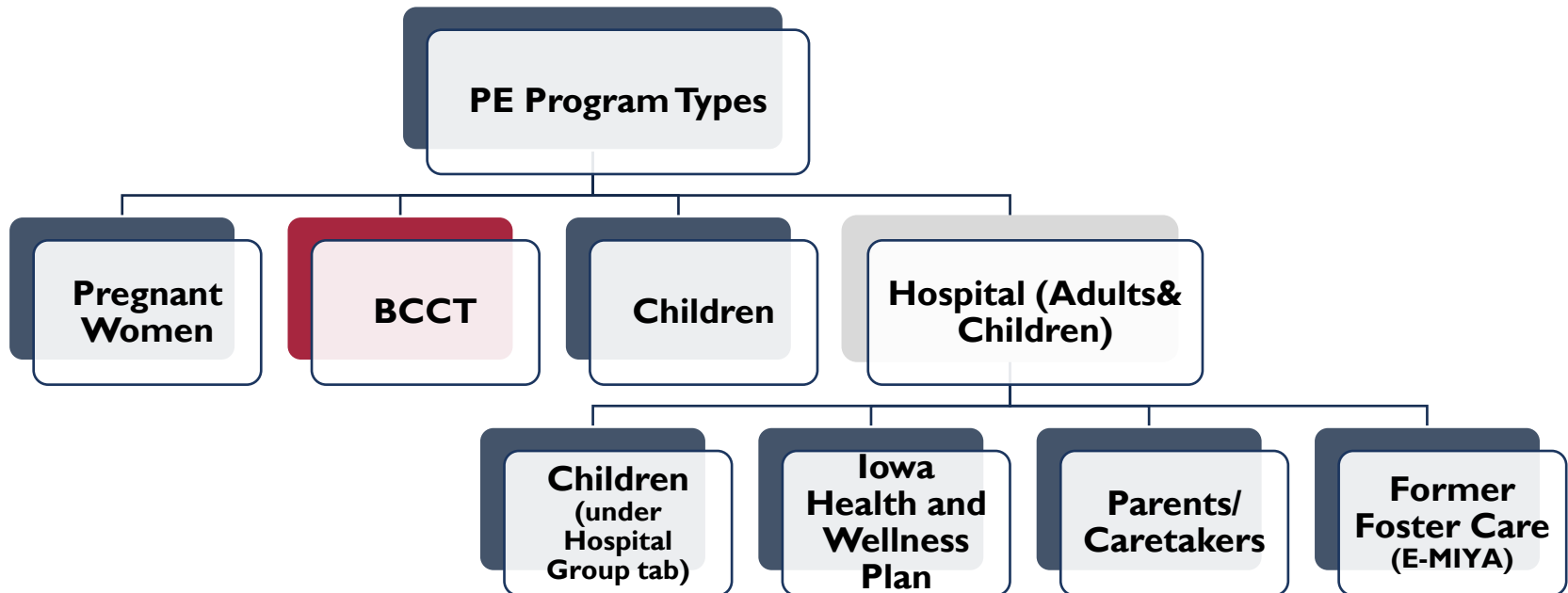
- Citizenship/Qualified Alien status is not an eligibility factor
- Income limit: 375% Federal Poverty Level for MAGI HH size
- Ambulatory prenatal care: Medicaid-covered services except inpatient hospital or institutional care and charges associated with delivery of baby (including miscarriage or pregnancy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



Breast and Cervical Cancer Treatment

- Qualified Alien status is not an eligibility factor
- Under age 65
- Screened and diagnosed: Breast/Cervical pre-cancer/cancer results in - need for treatment
- No creditable insurance coverage

Note: Only BCCEDP providers can determine BCCT PE





Breast and Cervical Cancer: Need for Treatment

- Definitive treatment for breast or cervical cancer is needed, including treatment of a precancerous condition or early-stage cancer, and including diagnostic services necessary to determine the extent and proper course of treatment; **AND** more than routine diagnostic services or monitoring services for a precancerous breast and cervical condition are needed.

Breast and Cervical Cancer: Creditable Coverage

- Any plan that covers hospital or physician care (or both) for treatment of the person's breast or cervical cancer is creditable coverage for BCCT.

Note: Medicare Part A or Part B are considered creditable coverage for BCCT.

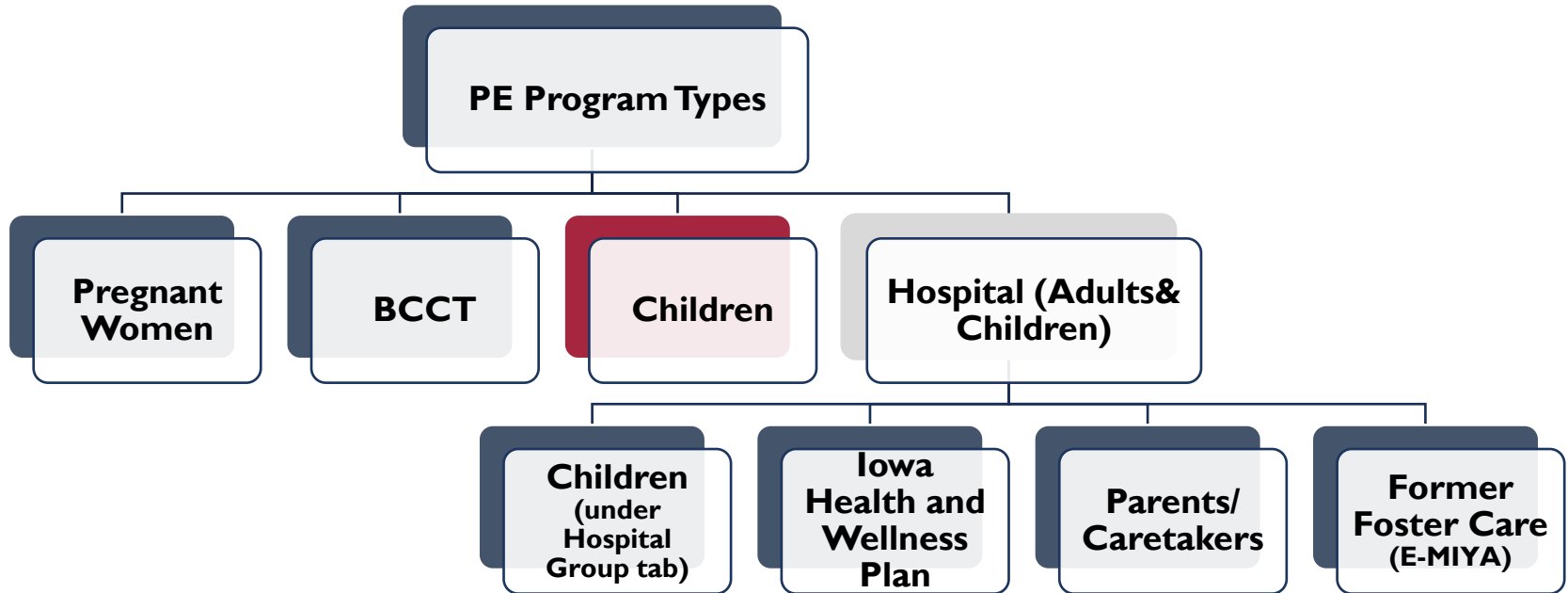


Breast and Cervical Cancer: Creditable Coverage

- A person does not have creditable coverage for BCCT if:
 - Coverage is limited, such as dental, vision, or long-term care, or coverage only for a specified disease or illness [other than breast or cervical cancer]
 - Their policy does not cover treatment of breast or cervical cancer.
 - They are in a period of exclusion for treatment of breast or cervical cancer (such as a pre-existing condition).
 - They have exhausted their lifetime limit on all benefits under their plan.

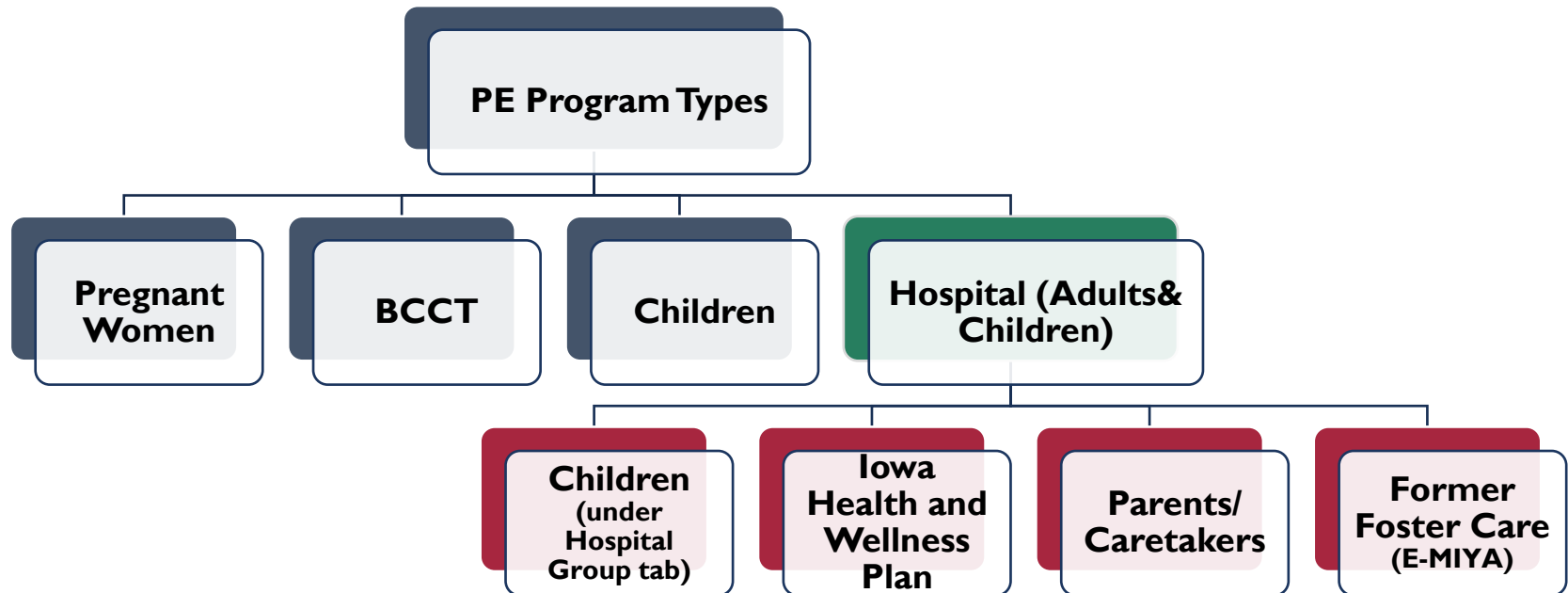
Children

- 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



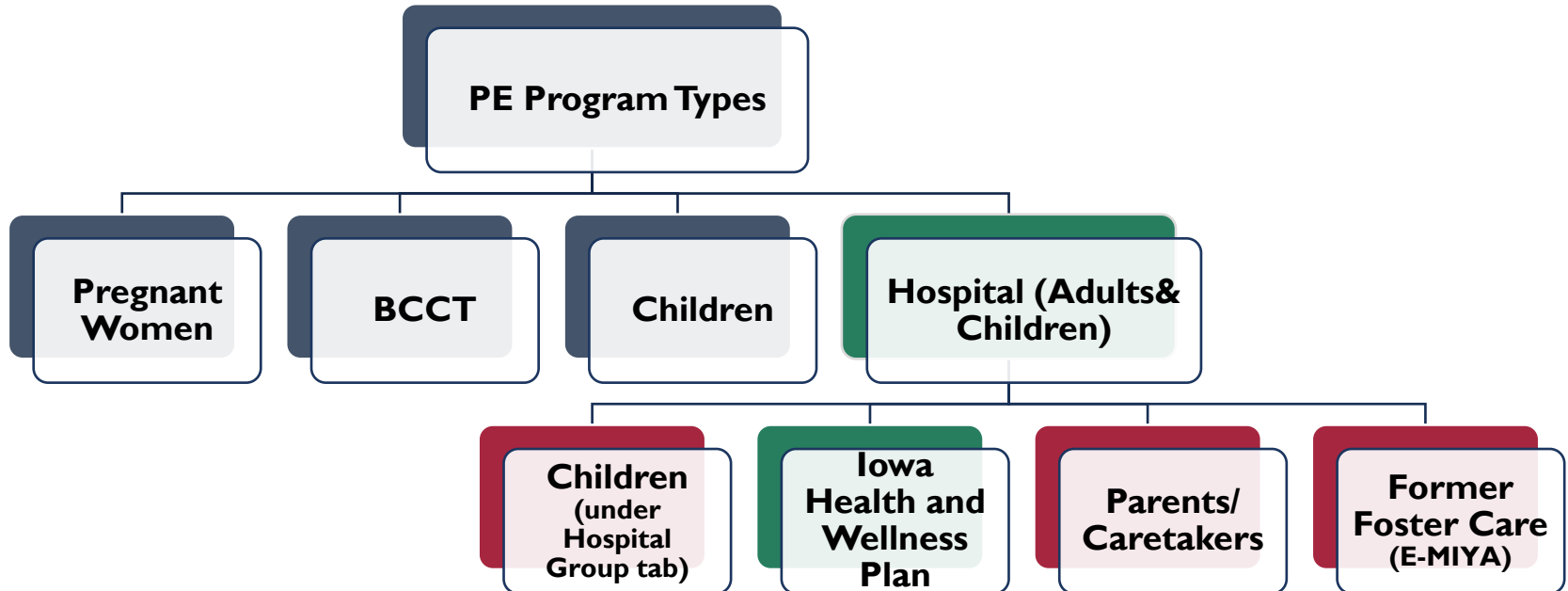
Adults & Children Group

- May process five (5) types of PE programs
- Hospital/Adults & Children QE: 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



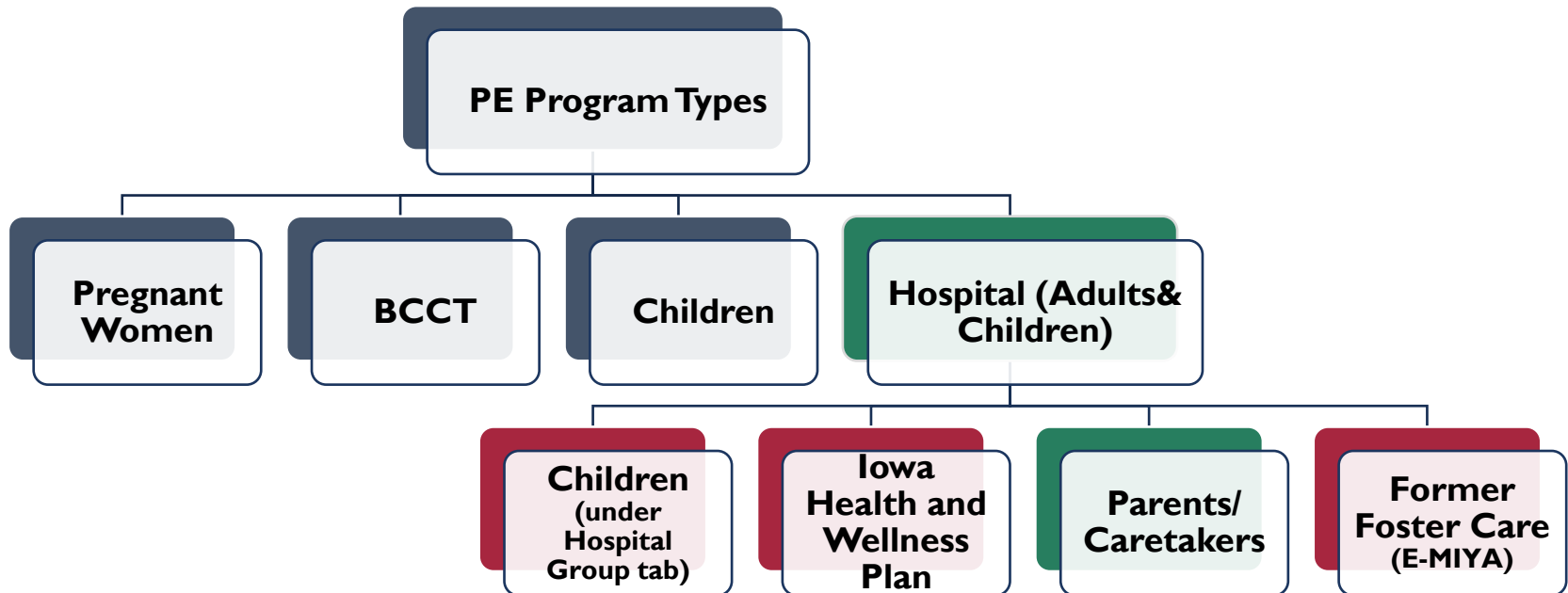
Iowa Health and Wellness Plan

- 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)



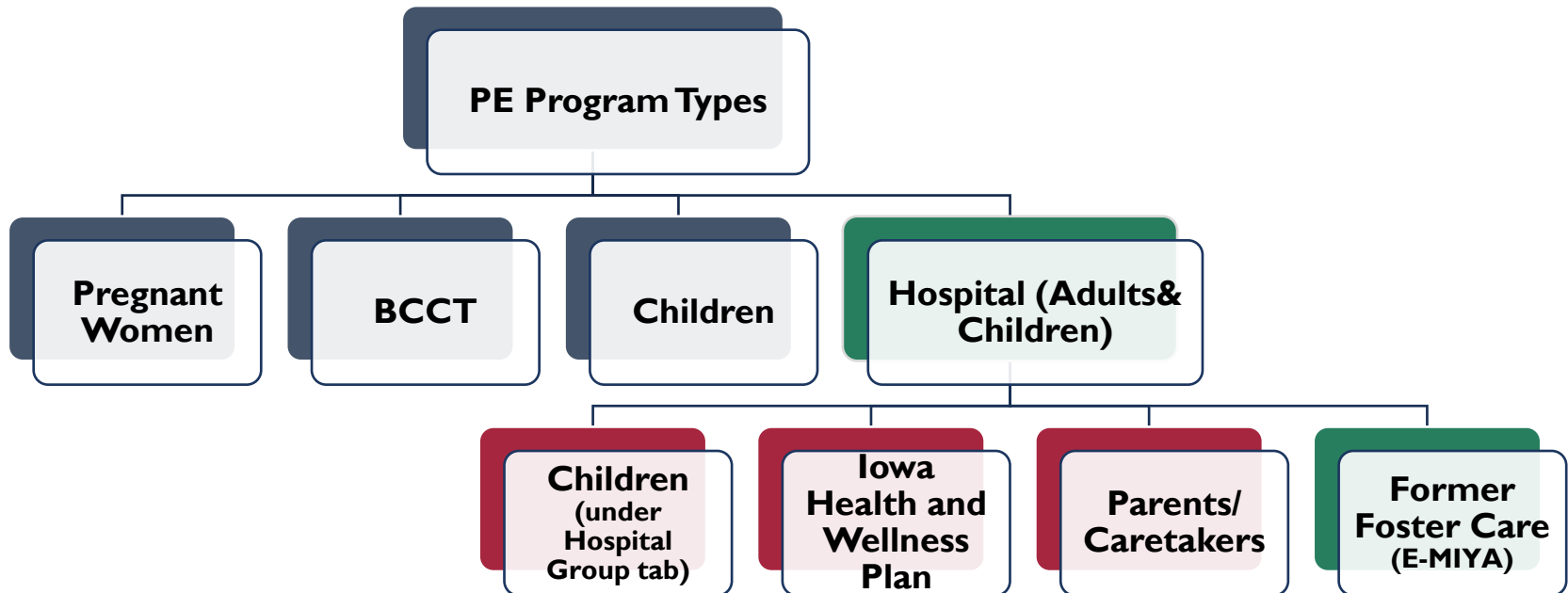
Parents and Caretakers (Includes Spouses)

- 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 any state



MPEP

View Applications, Complete Applications, Appeals, Support



My Applications

Here's where you can view existing applications.

[View my Applications](#)



Apply For Benefits

Here's where you can fill out an application for assistance.

[Submit Application](#)

MPEP

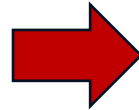
MPEP is Iowa's online Presumptive Eligibility Determination portal used by Presumptive Providers to enter PE Applicant information, run Eligibility Determination, and create Notice of Actions. MPEP sends PE applications to ELIAS, the HHS Eligibility system, for determination of ongoing benefits, if client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



My Application

Here's where you can view existing

[View my Application](#)



Useful Links

[Update Training Date](#)

[Change My Password](#)

[Printable PE Application](#)

[Printable PE Addendum](#)

[Rights and Responsibilities\(English\)](#)

[Rights and Responsibilities\(Spanish\)](#)

[Help](#)



Applications

Useful Links

To view Useful Links, click the lines in the upper left corner.

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.

Maternal and Pediatric Eligibility (PE) Portal

Test09 Super

Useful Links

- [Update Training Date](#)
- [Change My Password](#)
- [Printable PE Application](#)
- [Printable PE Addendum](#)
- [Rights and Responsibilities\(English\)](#)
- [Rights and Responsibilities\(Spanish\)](#)

[Help](#)

View Existing Applications

Here you can view existing applications.

Apply For Benefits

Here's where you can fill out an application for assistance.

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.*

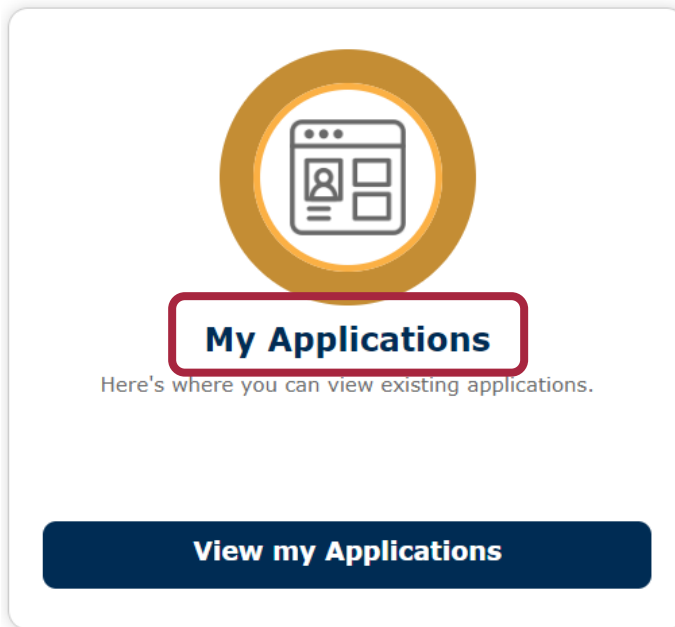
- In signing the application, whether the paper application or the printed signature page, the client is agreeing to the statement of truth shown above.



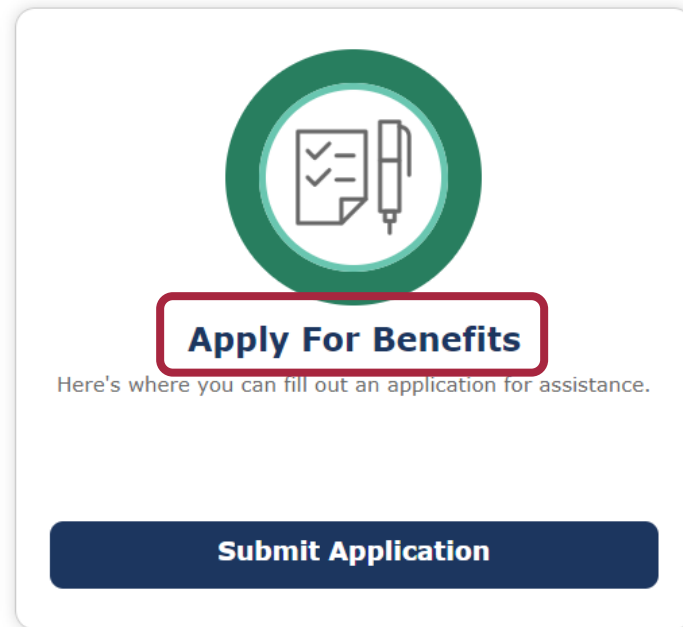
Portal Homepage

MPEP Homepage shows the two portlets available to users.

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




The portlet features a large orange circular icon containing a white outline of a computer monitor with a person icon and a document icon. Below the icon is a red-bordered box with the text "My Applications". Underneath that is a line of smaller text: "Here's where you can view existing applications." At the bottom is a dark blue button with the text "View my Applications".



The portlet features a large green circular icon containing a white outline of a document with a checklist and a pen. Below the icon is a red-bordered box with the text "Apply For Benefits". Underneath that is a line of smaller text: "Here's where you can fill out an application for assistance." At the bottom is a dark blue button with the text "Submit Application".

View My Applications

- By hovering over **View My Applications**, additional menu items appear. Qualified Entities can view, access, and update applications based on their security roles. **QE** can search for and view all of their own PE applications. **QE** has 30 days to complete unfinished applications in MPEP. **QE Supervisors** can view the applications of the workers assigned within their provider organization.
- ❖ At least one QE supervisor is recommended. Supervisor access grants access to all PE types, **HOWEVER**, it is only appropriate to enter applications for your approved PE types(s).



My Applications

Here's where you can view existing applications.

[View my Applications](#)

[My PE Applications](#)

[Other PE Applications](#)

Search by Application Date or by Name

- **Date Search:** Users can search for an application by using specific date ranges. Date range for completed applications cannot span more than 30 days.
- **Name Search:** Users can search for an application using the applicant's last name and first name or last name and first initial.

Search My Applications

* Red asterisk indicates required

From Date*	To Date*	Status	Type
<input type="text" value="02/05/2024"/>	<input type="text" value="02/19/2024"/>	Select One ▾	Select One ▾
Last Name	First Name	Confirmation Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

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 My Applications

* Red asterisk indicates required

From Date*	To Date*	Status	Type
<input type="text" value="02/05/2024"/>	<input type="text" value="02/19/2024"/>	<input type="text" value="Select One"/> ▾	<input type="text" value="Select One"/> ▾
Last Name	First Name	Confirmation Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

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

* Red asterisk indicates required

From Date* To Date*

Last Name First Name

Status
Select One
Complete
Expired
Incomplete

Type
Select One
PE BCCT
PE Children
PE Hospital Groups
PE 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.

Search My Applications

* Red asterisk indicates required

From Date* 02/06/2024 To Date* 02/20/2024 Status Select One Type Select One

Last Name First Name Confirmation Number

Close Search

Search Results: 1

Application Date	Last Name	First Name	Status	Type	Confirmation Number
02/19/2024	Smith	Mary	Incomplete	HP	

Previous 1 Next

Back

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.



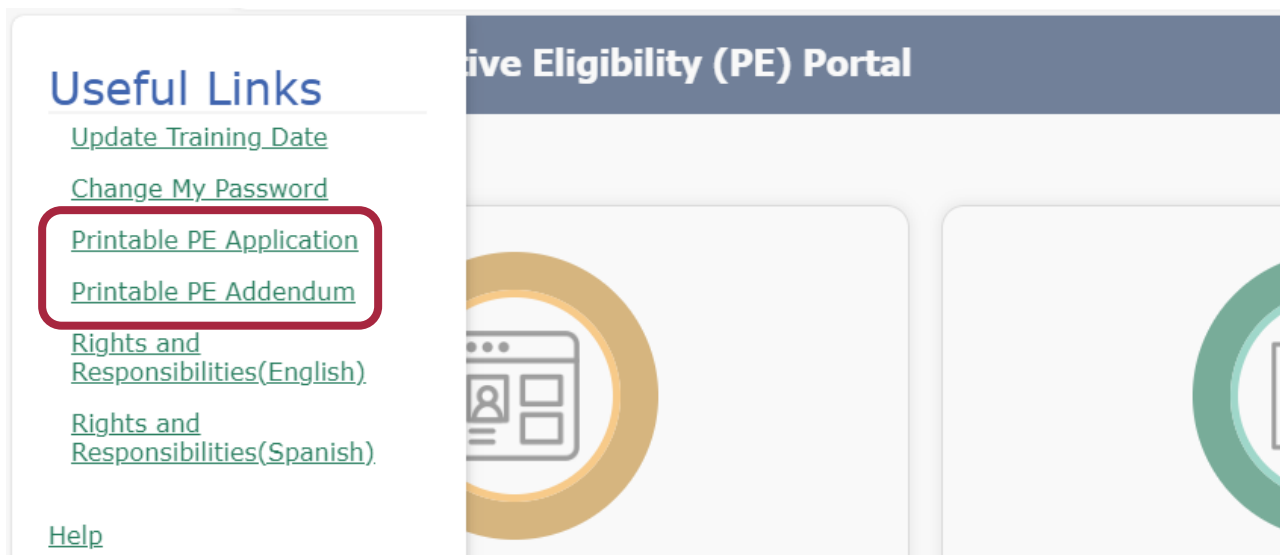
Apply For Benefits

Here's where you can fill out an application for assistance.

[Submit Application](#)


Application Process

- PE applicant information can be collected one of two ways:
 - **Paper:** Applicant completes Application for Health Coverage and Help Paying Costs and PE Addendum
 - **Online:** QE asks applicant the PE questions and enters then 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.



Apply For Benefits

Here's where you can fill out an application for assistance.

Submit Application

Data Collection for Ongoing Medicaid Benefits

- Some application data is not required for PE Determination, but will be used by HHS to process ongoing Medicaid applications, if applicable
- Completing as many fields as possible reduces the number of information requests HHS must make of the applicant(s) and speeds up members' benefit processing



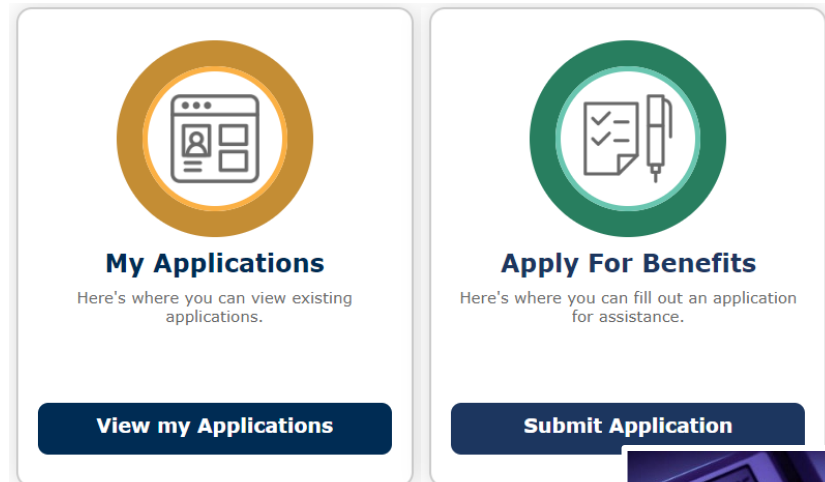
Apply For Benefits

Here's where you can fill out an application for assistance.

[Submit Application](#)

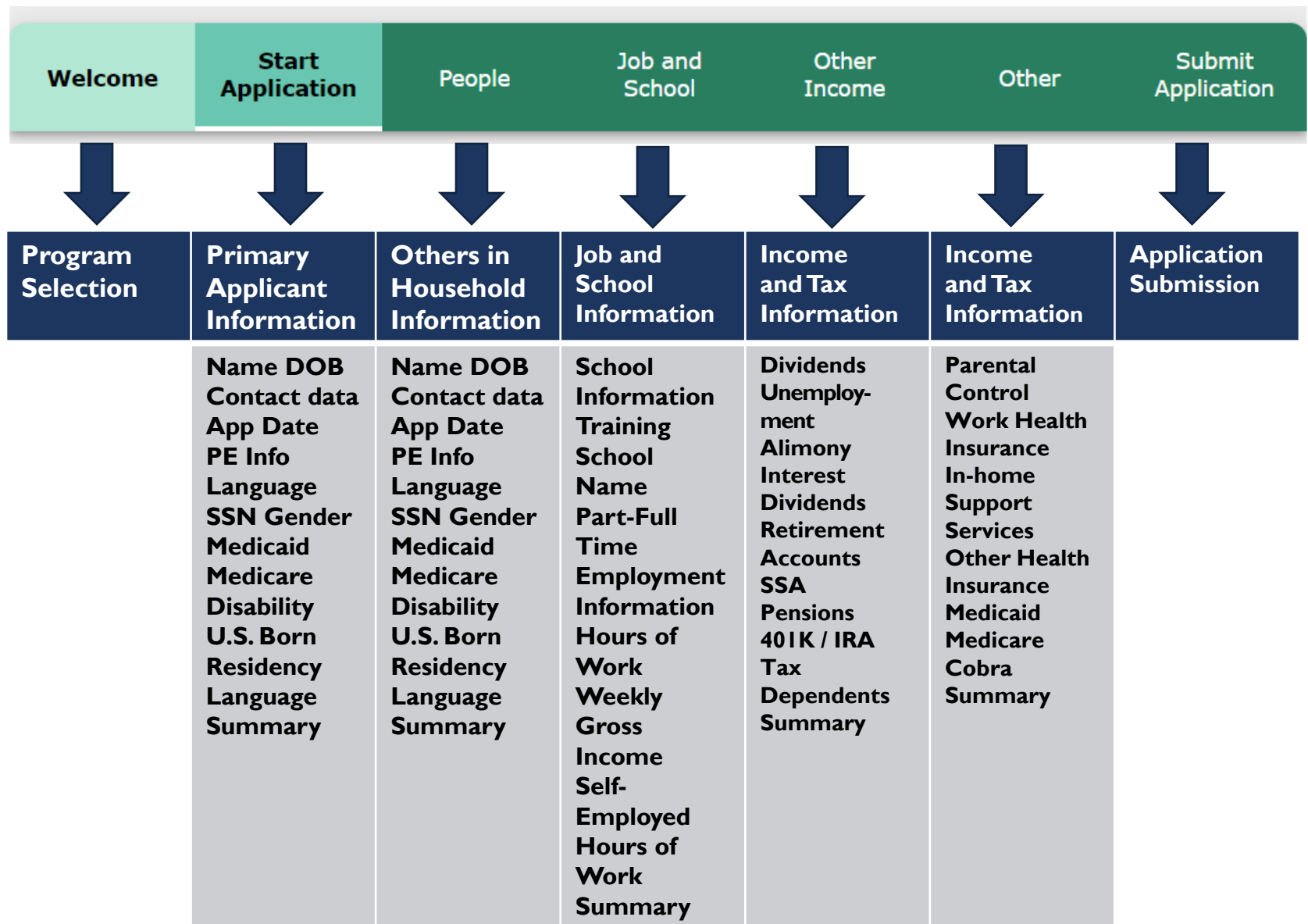
Tip: Eligibility Determination Calculations

- ACA has changed PE eligibility determinations including household composition, size determination, and income and deduction inclusions. All PE calculations are completed by MPEP using the ACA rules and the client information. QE does not need to complete manual determinations.



The image shows two side-by-side buttons. The left button is titled 'My Applications' and features an icon of a computer monitor with a person silhouette. Below the icon, it says 'Here's where you can view existing applications.' and has a dark blue button labeled 'View my Applications'. The right button is titled 'Apply For Benefits' and features an icon of a document with a checkmark and a pen. Below the icon, it says 'Here's where you can fill out an application for assistance.' and has a dark blue button labeled 'Submit Application'.





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 tabs to go to a different category area.

Let's Get Started

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

IOWA HHS Presumptive Eligibility (PE) Portal Test09 Super...

Let's get started

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

*** Red asterisk indicates required**

You must answer the following questions based on the information provided by the applicant. If the applicant does not provide or you do not enter information regarding income, then we will assume that the applicant has no income of that kind.

The following 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

At the end of this application, you must process the determination and provide the results to the applicant. Once the application is submitted, a Medicaid application will be created in ABMS so ongoing benefits can be determined.

***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.**

[Back](#) [Continue](#)

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.

Instructions

As you go through the pages in this application, there are tabs at the top of each page to show the question topics. You are not required to answer all the questions, but it is best to answer as many questions as you can. The progress bar below the tabs tell you how close you are to completing the application.

You'll see some questions with a star (*) next to them. You must answer these questions before you can go on to the next page. However, you can navigate to the "Submit Application" tab at any point to submit your application.

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

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

Save and Continue

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

Back

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

Edit

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

Link Text

Text that is blue is a hyperlink. Clicking this text will direct you to another web page.

Submit Application

The Submit Application button sends your application. When you click this button, The application is sent to the correct office location.

OK. Let's start the application.

Back **Continue**

What are the required fields for PE in MPEP?

Note: QE is required to obtain and enter ALL information about the applicant's current situation even if a field is not required by the system.

Required in MPEP system:

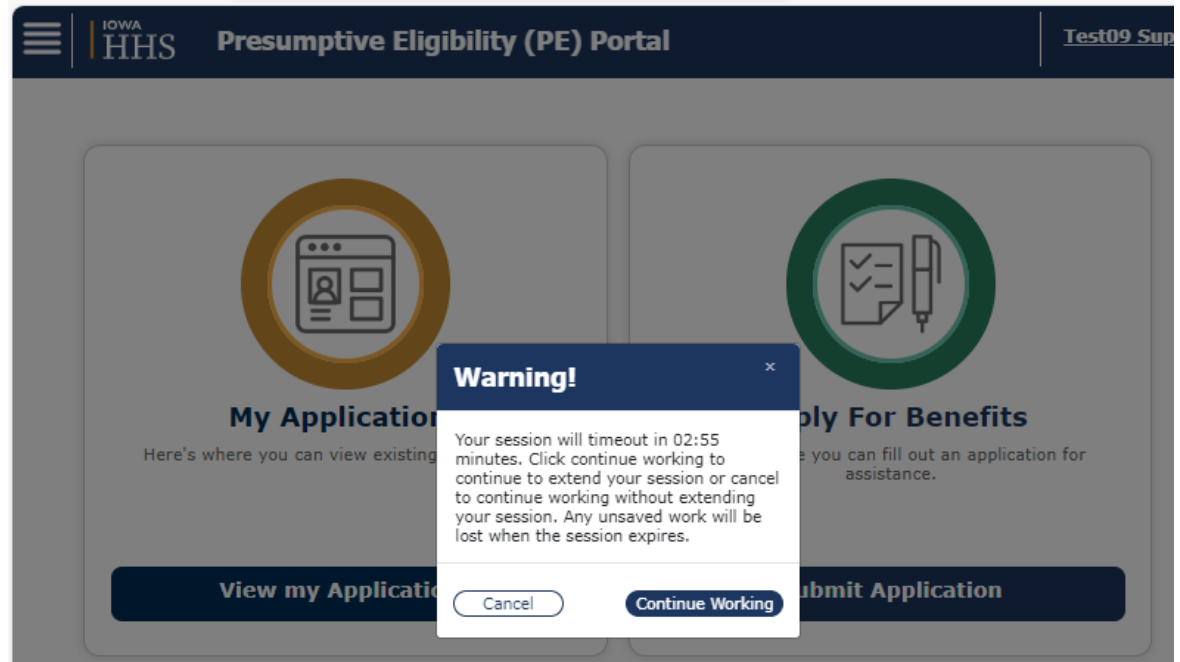
- **Name**
- **Address**
- **Application Date**
- **Gender**
- **Date of Birth**
- **Applying for PE?**
- **Type of PE?**
- **Had PE in last 12 months?**
- **Receiving Medicaid?**
- **Resident of State?**

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

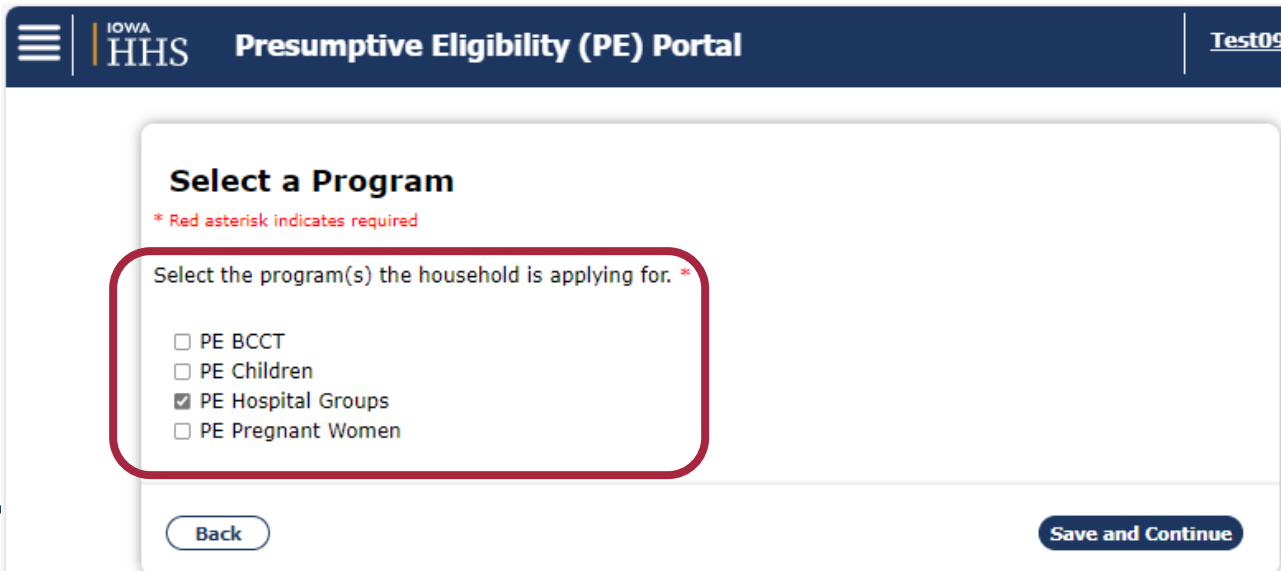
Name	Relshp	Info	Possible PE Programs	Benefits/Limits
Ani	Parent/ Spouse	Pregnant Parent	Pregnant Woman (PW) Adults & Children (Hospital Group) Parent/Caretaker Iowa Health and Wellness	PW Higher income limit Do not have to apply for full Medicaid Limited to ambulatory prenatal care Adults & Children (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 be shown as Hospital Group



The screenshot shows the 'IOWA HHS Presumptive Eligibility (PE) Portal' interface. The header includes the Iowa HHS logo, the portal title, and a 'Test09' identifier. The main content area is titled 'Select a Program' and includes a red asterisk indicating required fields. Below the title, there is a red-bordered box containing the instruction 'Select the program(s) the household is applying for. *' and a list of four program options: 'PE BCCT', 'PE Children', 'PE Hospital Groups' (which is checked), and 'PE Pregnant Women'. At the bottom of the form, there are 'Back' and 'Save and Continue' buttons.

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.

IOWA HHS Presumptive Eligibility (PE) Portal | Test09 Super

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

Enter Personal Information

* Red asterisk indicates required

Applicant's Information

First Name* | Middle Initial | Last Name* | Suffix | Maiden Name

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

Do you have a home address?*

Yes No

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

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

Enter Personal Information

* Red asterisk indicates required

First Name*: *Error! Required Field.*
Last Name*: *Error! Required Field.*
Do you have a home address?*: *Error! Required Field.*

Applicant's Information

First Name* | Middle Initial | Last Name* | Suffix | Maiden Name

Error! Required Field. | | *Error! Required Field.* | Select One v |

Contact Information

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

Address Information

Do you have a home address?*

Yes No

Error! Required Field.

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

Enter Personal Information

* Red asterisk indicates required

Applicant's Information

First Name*

Middle Initial

Last Name*

Suffix

Maiden Name

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 (A valid mailing address is required)

- On this page, user entered address and system generated addresses are displayed. Select appropriate address and click 'Save and Continue' button.
- **Notes:**
 - 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 county.
 - If the applicant indicates they are homeless, a valid mailing address must be obtained. Your hospital location cannot be used as a valid address.

IOWA HHS Presumptive Eligibility (PE) Portal Test09 Super

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

Select Address

The Home address you entered has been corrected.

Please choose one of the options for Home address.

Possible matches for your home address:
No matches were found for this entered address.

Your home address as you entered is:

123 E STREET
Des Moines, IA 50319

Back Save and Continue

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.

The screenshot shows the Iowa HHS Presumptive Eligibility (PE) Portal. The header includes the Iowa HHS logo and the title 'Presumptive Eligibility (PE) Portal'. A navigation bar contains tabs for 'Welcome', 'Start Application', 'People', 'Job and School', 'Other Income', 'Other', and 'Submit Application'. The 'Start Application' tab is active. The main content area is titled 'Benefit Information' and includes a note: 'Please give us additional information about yourself. If you cannot answer a question you can skip it.' Below this is a red asterisk indicating a required question: 'Do you want to find out if you can get help paying for health coverage?*' with radio buttons for 'Yes' and 'No'. Explanatory text follows: 'If you answer "Yes", you will answer additional questions to tell us if you want to apply for presumptive and/or ongoing Medicaid. If you answer "No", you will answer fewer questions but you will not get help from either presumptive or ongoing Medicaid.' At the bottom are 'Back' and 'Save and Continue' buttons.

- 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:** QE must enter the current date in the ‘Application Date Field’ with an exception allowed **only** when MPEP system downtime prevents a QE from submitting on the same day a valid application is received by the client. MPEP will not allow an application date that is more than 3 days in the past. An incorrect date can cause a denial, non-payment or other issues.

The screenshot shows the 'Presumptive Eligibility (PE) Portal' interface. At the top, there is a navigation bar with the Iowa HHS logo and the title 'Presumptive Eligibility (PE) Portal'. Below this is a secondary navigation bar with tabs: 'Welcome', 'Start Application' (highlighted with a red box), 'People', 'Job and School', 'Other Income', and 'Other'. The main content area is titled 'Tell Us More' and includes a sub-header 'Tell us more about yourself. If you cannot answer a question, you can skip it.' and a note '* Red asterisk indicates required'. The form fields are as follows:

- Mary Smith** (Name)
- Application Date:*
- Are you male or female?*: Male Female
- Date of Birth (mm/dd/yyyy)*
- Do you have a Social Security Number? Yes No
- Marital Status
- Are you Disabled? Yes No
- Are you Blind? Yes No
- Are you applying for Presumptive Eligibility?*: 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
- Do you have Medicare? Yes No

At the bottom of the form, there are two buttons: 'Back' and 'Save and Continue'.

- 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.

IOWA HHS Presumptive Eligibility (PE) Portal Test09 Super

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

Tell us More

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

We need your Social Security Number if you want health coverage and have an SSN. Providing your SSN can be helpful if you don't want health coverage too since it can speed up the application process. We use SSNs to check income and other information to see who's eligible for help with health coverage costs. If someone wants help getting an SSN, call 1-800-772-1213. TTY users should call 1-800-325-0778.

* Red asterisk indicates required

Mary Smith

Application Date: *

Are you male or female? Male Female

Date of Birth(mm/dd/yyyy)*

Do you have a Social Security Number? Yes No

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

Tip: Social Security Number / PE Program Type

- **IMPORTANT:** Although *Social Security Number (SSN)* is an optional field, the QE is required to obtain and enter an SSN whenever possible without delaying the PE application date as it will lessen the chance of a new CIN being created for a person who already has one.
- Select the *PE Program Type* from the drop-down box, populated with selections from the application's first page.

The screenshot shows the 'Presumptive Eligibility (PE) Portal' for Iowa HHS. The navigation bar includes 'Welcome', 'Start Application' (highlighted), 'People', 'Job and School', 'Other Income', 'Other', and 'Submit Application'. The main content area is titled 'Tell Us More' and includes instructions: 'Tell us more about yourself. If you cannot answer a question, you can skip it. * Red asterisk indicates required'. The user 'Mary Smith' is logged in. The form contains several fields: 'Application Date:' (02/19/2024), 'Are you male or female?*' (Male, Female), 'Date of Birth (mm/dd/yyyy)*' (01/01/2000), 'Do you have a Social Security Number?' (Yes, No) - this question and its input field are highlighted with a red box, 'Social Security Number (i.e. 123-45-6789)', 'Is the first and last name you provided the same name that appears on your Social Security card?' (Yes, No), 'Marital Status' (Select One), 'Are you Disabled?' (Yes, No), 'Are you Blind?' (Yes, No), 'Are you Pregnant?' (Yes, No), 'Are you applying for Presumptive Eligibility?*' (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), and 'Do you have Medicare?' (Yes, No). At the bottom, there are 'Back' and 'Save and Continue' buttons.

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

IOWA HHS Presumptive Eligibility (PE) Portal Test09 Super

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

Tell Us More

Tell us more about yourself. If you cannot answer a question, you can skip it.
* Red asterisk indicates required

Mary Smith

Application Date:* 02/19/2024

Are you male or female?* Male Female

Date of Birth (mm/dd/yyyy)* 01/01/2000

Do you have a Social Security Number? Yes No

Marital Status

Are you Disabled? Yes No

Are you Blind? Yes No

Are you Pregnant? Yes No

Are you applying for Presumptive Eligibility?* Yes No

Which type of Presumptive Eligibility?*

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

Are you currently receiving Medicaid Coverage? Yes No

Do you have 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

Do you have Medicare? Yes No

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

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.

IOWA HHS Presumptive Eligibility (PE) Portal Test09 Super

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

Tell Us More

Tell us more about yourself. If you cannot answer a question, you can skip it.
* Red asterisk indicates required

Mary Smith

Application Date:* 02/19/2024

Are you male or female?* Male Female

Date of Birth (mm/dd/yyyy)* 01/01/2000

Do you have a Social Security Number? Yes No

Social Security Number (i.e. 123-45-6789) ***-**-2222

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

Marital Status Married (includes comi)

Are you Disabled? Yes No

Are you Blind? Yes No

Are you Pregnant? Yes No

Pregnancy Due Date* [Field]

Number of expected Babies [Field]

Are you applying for Presumptive Eligibility?* Yes No

Which type of Presumptive Eligibility?* PE Hospital Groups



Welcome

Start Application

People

Job and School

Other Income

Other

Submit Application

Tell Us More

Tell us more about yourself. If you cannot answer a question, you can skip it.

* Red asterisk indicates required

Social Security Number (i.e. 123-45-6789);

Error! SSN cannot begin with the numbers 9, 666, or 000, middle numbers cannot be 00, and ending numbers cannot be 0000.

Are you applying for Presumptive Eligibility?*;Error! Required Field.

John Jones

Application Date:*

02/20/2024



Are you male or female?*

Male Female

Date of Birth (mm/dd/yyyy)*

01/01/2000



Do you have a Social Security Number?

Yes No

Social Security Number (i.e. 123-45-6789)

Error! SSN is not valid.

Is the first and last name you provided the same name that appears on your Social Security card?

Yes No

- Do NOT enter an SSN that starts with a '9'. An error message is displayed if '9' is used in SSN field
- Do NOT make up an SSN or use all 1's etc.

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.
- **IMPORTANT:** Creating a new CIN for an applicant who already has one may result in unnecessary requests for information to the client from HHS with denial/cancellation if no response, denial of claims, or the need to continually reapply for Medicaid.
- **Helpful hints to avoid creating a duplicate CIN:**
 - Ask the applicant if they have received Medicaid in Iowa before. This may be an indicator that they have an existing CIN and information may need to be modified on the application if not found when searching for a CIN.
 - Make sure that the applicant's name, date of birth, and SSN (if they have one) are entered correctly. Note: If you are expecting a CIN to appear in the search and it does not, it may be that the applicant is giving you a nickname (Mike instead of Michael). Clarify with the applicant if they go by a different name than what is on their Social Security card, immigration documents, etc.

CIN Information: New Client Index Number

The screenshot displays the 'Presumptive Eligibility (PE) Portal' interface. At the top, the Iowa HHS logo and the text 'Presumptive Eligibility (PE) Portal' are visible, along with a user identifier 'Test09 Super'. Below the header is a navigation bar with tabs: 'Welcome', 'Start Application' (active), 'People', 'Job and School', 'Other Income', 'Other', and 'Submit Application'. The main content area is titled 'CIN Information' and contains the following text: 'Please select an existing CIN number from the below results, or click to create a new CIN. The search results displayed below are for SSN ***-**-1234'. Below this text, a red message states 'No matching records found. Please g...'. A 'Back' button is located on the left. On the right, there are buttons for 'New CIN' and 'Save and Continue'. A modal dialog box titled 'INFORMATION' is overlaid on the screen, containing the following text: 'Are you sure you want to create a New CIN for presumptive applicant? By selecting Yes, a new CIN will be created for the applicant, and the SSN provided in the application will be saved to the record. If selecting No, then click on the Back button to edit the demographic information.' At the bottom of the dialog are 'No' and 'Yes' buttons.

CIN Information (Continued)

- 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. To avoid creating a duplicate CIN for the same person, carefully review this screen. If a duplicate CIN is created, it may cause an issue getting claims paid.

CIN Information

*Please select an existing CIN number from the below results, or click to create a new CIN.
The search results displayed below are for SSN ***-**-1234*

Select CIN	First Name	Last Name	CIN Number	SSN last 4 digits	Date of Birth	Gender
<input type="radio"/>	MARY	SMITH	5331077E	1234	01/01/2000	F

[Back](#) [Create New CIN](#) [Save and Continue](#)

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.

The screenshot shows the Iowa HHS Presumptive Eligibility (PE) Portal. The header includes the Iowa HHS logo and the title 'Presumptive Eligibility (PE) Portal'. Below the header is a navigation bar with tabs: 'Welcome', 'Start Application', 'People', 'Job and School', 'Other Income', 'Other', and 'Su App'. The main content area is titled 'Background Information' and contains the following text: 'Next, you will be asked for additional background information. If you cannot answer a question, you can skip it.' and '* Red asterisk indicates required'. The user's name 'Mary Smith' is displayed. A question is highlighted with a red box: 'Do you want to apply for ongoing Medicaid? *' with radio buttons for 'Yes' and 'No'. Below this question is another question: 'Do you need help paying for medical bills from the last three calendar months? If you answer yes and you fall into a category that allows for retroactive approval, we will determine if you are eligible for coverage during those months.' with radio buttons for 'Yes' and 'No'. Below that is another question: 'Are you a resident of Iowa?*' with radio buttons for 'Yes' and 'No'. A red arrow points from the 'No' radio button of the first question to a separate box at the bottom of the screenshot. This box contains the same question: 'Do you want to apply for ongoing Medicaid? *' with radio buttons for 'Yes' and 'No'. Below this question is a red warning message: 'By answering 'No' to this question, you are choosing to not apply for ongoing Medicaid. If approved for PE, your benefits will be temporary and will usually be limited to one PE coverage period per year.'

Background Information

- Static text is displayed under 'Are you a resident of Iowa' question. This description helps answer the question correctly.
- 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.

The screenshot shows the 'Presumptive Eligibility (PE) Portal' interface. The user is logged in as 'Mary Smith'. The 'Background Information' section contains several questions. The question 'Are you a resident of Iowa?' is highlighted with a red rounded rectangle. Below this question, a detailed list of residency criteria is provided. Other questions include 'Do you want to apply for ongoing Medicaid?', 'Do you need help paying for medical bills from the last three calendar months?', 'What is your preferred language?', and 'Were you ever in foster care?'.

Background Information

Next, you will be asked for additional background information. If you cannot answer a question, you can skip it.

* Red asterisk indicates required

Mary Smith

Do you want to apply for ongoing Medicaid? * Yes No

Do you need help paying for medical bills from the last three calendar months? If you answer yes and you fall into a category that allows for retroactive approval, we will determine if you are eligible for coverage during those months. Yes No

Are you a resident of Iowa?* Yes No

You are an Iowa resident if you meet any one of the three following criteria:

- You reside in Iowa; this includes living in Iowa but not having a permanent living address.
- You have entered Iowa because of a job commitment, either having or seeking employment in Iowa.
- You are under 21 and have a parent or caretaker who is an Iowa resident.

What is your preferred language?

Were you ever in foster care? Yes No

Background Information

- When **Spanish** is selected as the response to the question **‘What is your preferred language?’** for the Primary Applicant, the NOA that is generated in MPEP after determining PE results will be a Spanish/English version.
- The NOA will first include the Spanish version of the NOA, then a page that says **‘THIS PAGE IS INTENTIONALLY LEFT BLANK’**, followed by the English version of the NOA.

IOWA HHS Presumptive Eligibility (PE) Portal Test09 Supe

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

Background Information

Next, you will be asked for additional background information. If you cannot answer a question, you can skip it.
* Red asterisk indicates required

Mary Smith

Do you want to apply for ongoing Medicaid? * Yes No

Do you need help paying for medical bills from the last three calendar months? If you answer yes and you fall into a category that allows for retroactive approval, we will determine if you are eligible for coverage during those months. Yes No

Are you a resident of Iowa?* Yes No

You are an Iowa resident if you meet any one of the three following criteria:

- You reside in Iowa; this includes living in Iowa but not having a permanent living address.
- You have entered Iowa because of a job commitment, either having or seeking employment in Iowa.
- You are under 21 and have a parent or caretaker who is an Iowa resident.

What is your preferred language?

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

Were you ever in foster care? Yes No

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

Background Information

- **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)

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

Background Information

Next, you will be asked for additional background information. If you cannot answer a question, you can skip it.

* Red asterisk indicates required

Mary Smith

Do you want to apply for ongoing Medicaid? * Yes No

Do you need help paying for medical bills from the last three calendar months? If you answer yes and you fall into a category that allows for retroactive approval, we will determine if you are eligible for coverage during those months. Yes No

Are you a resident of Iowa?* Yes No

You are an Iowa resident if you meet any one of the three following criteria:

- You reside in Iowa; this includes living in Iowa but not having a permanent living address.
- You have entered Iowa because of a job commitment, either having or seeking employment in Iowa.
- You are under 21 and have a parent or caretaker who is an Iowa resident.

What is your preferred language? Spanish ▼

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

Were you ever in foster care? Yes No

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

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

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

Do you have eligible immigration status? Yes No

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/>
- 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/>

HealthCare.gov [Español](#) [Log in](#)

Get Coverage Keep or Update Your Plan See Topics ▾ Get Answers Search

Immigrants [Email](#) [Print](#)

More info

- Health coverage for immigrants
- Coverage for U.S. citizens & U.S. nationals
- Coverage for lawfully present immigrants

Immigration status to qualify for the Marketplace

Information: Immigrant Status and Eligibility

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

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

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





Immigration Status

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

Do you have eligible immigration status?

YES

Child under 21 lawfully present in U.S.

Asylee

Refugee

Cuban/Haitian Entrant

Conditional entrant granted pre-1980

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

Granted withholding of deportation

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

Citizens of Palau, the Marshall Islands, and the Federated States of Micronesia

Afghan Evacuees: This includes Afghan Humanitarian Parolees who arrive in the U.S. between July 31, 2021 and September 30, 2022 (see slide 82 for more info on Afghan evacuees)

Ukrainian Humanitarian Parolees (UHP) and non-Ukrainian individuals who last habitually resided in Ukraine and received humanitarian parole arriving in the U.S. between February 24, 2022 and September 30, 2023, are treated as refugees. They are eligible to receive full Medicaid/CHIP, without a five-year bar, if they meet all other eligibility requirements. (See slide 83 for more info)

NO at all ages

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.

Afghan Humanitarian Parolees who did not arrive in the U.S. between July 31, 2021 and September 30, 2022.

***LPRs, Battered, and Parolees** age 21 or older should answer Yes to the question once they've held that qualified alien status for 5 years.

Immigration Chart

This chart includes eligible immigration status information.

- More details for **Adults** can be found under the heading 'Immigrants and Medicaid & CHIP' at <https://www.healthcare.gov/immigrants/lawfully-present-immigrants/> More details for **Children** can be found under the heading 'Immigrants with the following statuses qualify to use the Marketplace' at <https://www.healthcare.gov/immigrants/immigration-status/>

Afghan Evacuees

Afghan evacuees are Afghan individuals who have assisted the U.S. government and have relocated to the U.S. Most Afghan evacuees will receive one of the 3 lawful immigration statuses listed in the chart below. The chart also includes possible immigration documents that the person may have for each of the immigration statuses which may help in determining if someone is an Afghan evacuee.

Special Immigrant Visa (SIV) Holders	Special Immigrant (SI/SQ) Parolees	Humanitarian (Non-SI/SQ) Parolees
<ul style="list-style-type: none"> Foreign passport with DHS/CBP admission stamp or I-551 with immigrant visa category CQ1, CQ2, or CQ3, or by a temporary I-551 with “ADIT” stamp. 	<ul style="list-style-type: none"> I-94 noting SQ or SI Parole (per section 602 (B)(1) AAPA/Sec 1059(a) NDAA2006). Foreign passport with a Department of Homeland Security (DHS)/CBP stamp admitting them with an SQ1, SQ2, SQ3, SQ6, SQ7, or SQ8 Class of Admission (COA). Form I-551, Permanent Resident Card Form I-766, Employment Authorization Document, with a C11 parolee category. 	<ul style="list-style-type: none"> Form I-94 noting Humanitarian Parole (per INA section 212(d)(5)(A)). Foreign passport with DHS/CBP admission stamp noting “OAR.” Foreign passport with DHS/CBP admission stamp noting “OAW.” Foreign passport with DHS/CBP stamp noting “DT” or “PAR”. <p>Note: Afghan Humanitarian Parolees age 21 and over only have eligible immigration status if they arrive in the U.S. between July 31, 2021 and September 30, 2022. Adults age 21 and over with Afghan Humanitarian Parolee status arriving outside these dates must answer “No” to the “Do you have eligible immigration status?” question.</p>

Note: A person is not required to provide immigration documents for presumptive eligibility. However, if the person does have documents available and they’re also applying for ongoing Medicaid, then uploading them in MPEP may speed up processing and help HHS make a correct eligibility determination.

Additional Ukraine Supplemental Appropriations Act, 2022

The Additional Ukraine Supplemental Appropriations Act, 2022 (AUSAA) authorizes assistance to specific Ukrainian populations and other non-Ukrainian individuals in response to their displacement from Ukraine and entry into the United States. This legislation grants eligibility for Ukrainian Humanitarian Parolees (UHP) and non-Ukrainian individuals who last habitually resided in Ukraine and received humanitarian parole who arrived in the U.S. between February 24, 2022 and September 30, 2023. Acceptable documentation for these groups is listed in the chart below.

Immigration Status or Category of Applicant	Acceptable Documentation
Ukrainian citizen or national who received humanitarian parole, known as a Ukrainian Humanitarian Parolee (UHP)	Form I-94 noting humanitarian parole (per INA section 212(d)(5) or 8 U.S.C. § 1182(d)(5)) Or Foreign passport with DHS/CBP admission stamp noting “DT” Or Foreign passport with DHS/CBP admission stamp noting Uniting for Ukraine or “U4U” Or Foreign passport with DHS/CBP admission stamp noting Ukrainian Humanitarian Parolee or “UHP” Or Form I-765 Employment Authorization Document (EAD) receipt notice with code C11 Or Form I-766 Employment Authorization Document (EAD) with the code C11
A non-Ukrainian individual who last habitually resided in Ukraine and received humanitarian parole	Any one of the forms or stamps listed above for UHPs And Documentation of last habitual residence in Ukraine Acceptable documentation indicating last habitual residency in Ukraine includes an original Ukrainian government-issued document, such as a current driver’s license or identification card. For documentation outside of these examples, contact the SPIRS helpdesk for assistance.

Note: A person is not required to provide immigration documents for presumptive eligibility. However, if the person does have documents available and they’re also applying for ongoing Medicaid, then uploading them in MPEP may speed up processing and help HHS make a correct eligibility determination.

Tip: Ever in Foster Care?

- Upon answering ‘Yes’ to *Was this person 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: Answer ‘Yes’ to the question *Were you concurrently enrolled in Foster Care and Medicaid in Iowa when you were 18 or older?* when the individual:
 - Turned 18 on or after 1/1/2023, and
 - They were enrolled in Medicaid in **any state** when they turned 18.
- **Note:** If the question *Was this person 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.

IOWA HHS Presumptive Eligibility (PE) Portal Test09 Super

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

Background Information

Next, you will be asked for additional background information. If you cannot answer a question, you can skip it.
* Red asterisk indicates required

Mary Smith

Do you want to apply for ongoing Medicaid? * Yes No

Do you need help paying for medical bills from the last three calendar months? If you answer yes and you fall into a category that allows for retroactive approval, we will determine if you are eligible for coverage during those months. Yes No

Are you a resident of Iowa?* Yes No

You are an Iowa resident if you meet any one of the three following criteria:

- You reside in Iowa; this includes living in Iowa but not having a permanent living address.
- You have entered Iowa because of a job commitment, either having or seeking employment in Iowa.
- You are under 21 and have a parent or caretaker who is an Iowa resident.

What is your preferred language?

Were you ever in foster care? Yes No

Were you concurrently enrolled in Foster Care and Medicaid in Iowa when you were age 18 or older? Yes No

Do you have a parent living outside the home? Yes 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.

The screenshot displays the 'Presumptive Eligibility (PE) Portal' interface. At the top, there is a dark blue header with the Iowa HHS logo and the text 'Presumptive Eligibility (PE) Portal'. To the right of the header, there is a link labeled 'Test09 Sup'. Below the header is a green navigation bar with several tabs: 'Welcome', 'Start Application' (which is highlighted), 'People', 'Job and School', 'Other Income', 'Other', and 'Submit Application'. The main content area is titled 'Start Application Summary' and shows the name 'Mary Smith'. Underneath, there is a section for 'Benefit Information' with a question: 'Do you want to find out if you can get help paying for health coverage?*' followed by the answer 'Yes'. There are 'Edit' and 'Delete' icons to the right of the answer. Below this is a section titled 'Tell Us More' with several fields: 'Application Date:*' with the value '02/19/2024', 'Are you male or female?*' with the value 'Female', 'Date of Birth (mm/dd/yyyy)*' with the value '01/01/2000', 'Do you have a Social Security Number?' with the answer 'Yes', and 'Social Security Number (i.e. 123-45-6789)' with the value '***-**-1234'.

Information about People Living in Your Home

- There are necessary fields for people in your household: **First and Last Names*, **What is the living situation of this person?*, **‘Do you want to find out if this person can get help paying for health coverage?’*
- If ‘No’ is selected to ‘Do you want to find out if this person 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 *in the home* for living situation.

The screenshot shows the Iowa HHS Presumptive Eligibility (PE) Portal. The navigation bar includes 'Welcome', 'Start Application', 'People' (highlighted with a red box), 'Job and School', 'Other Income', 'Other', and 'Submit Application'. The main heading is 'Information about the People Living in Your Home'. A note states: '* You must answer these questions'. The form fields are: 'First Name*' (text input), 'Middle Name' (text input), 'Last Name*' (text input), 'Suffix' (dropdown menu with 'Select One'), 'What is the living situation of this person?*' (dropdown menu with 'Select One'), and 'Do you want to find out if this person can get help paying for health coverage?*' (radio buttons for 'Yes' and 'No'). Below the form, there is explanatory text: '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.' At the bottom, there are 'Back' and 'Save and Continue' buttons.

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.

The screenshot shows the 'Tell Us More' section of the Iowa HHS Presumptive Eligibility (PE) Portal. The 'People' tab is highlighted with a red box. The form contains the following questions and options:

- Joe Smith**
- Is this person male or female?* Male Female
- Date of Birth(mm/dd/yyyy)*
- Does this person have a Social Security Number? Yes No
- Marital Status
- Is this person Disabled? Yes No
- Is this person Blind? Yes No
- Is this person applying for Presumptive Eligibility?* Yes No
- Does this person 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
- Is this person the parent or caretaker of any dependent children who are living with them? Yes No
- Does this person have Medicare? Yes No

Buttons:

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

- On any of the **Summary** pages, the QE can edit information about the people living in the home or scroll to the bottom of the page to delete or add Household Members, other than the Primary Applicant.

IOWA HHS Presumptive Eligibility (PE) Portal Test09 Su

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

People Summary

Thank you for the information about you. Now tell us about the people living in your home.

Primary Applicant : Mary Smith
Household Members : Joe Smith

Joe Smith

Information about the People Living in Your Home

First Name*
Joe

Last Name*
Smith

What is the living situation of this person?

Edit

Delete Person

Is anyone else in your home?

Add Another Person

Back Save and Exit Save and Continue

School

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

The image shows a two-part screenshot of the Iowa HHS Presumptive Eligibility (PE) Portal. The top part shows the navigation menu with 'Job and School' highlighted. The bottom part shows the 'Job and School' page for 'Mary Smith', with the question 'Is anyone going to school or college?' highlighted.

IOWA HHS Presumptive Eligibility (PE) Portal | Test09 Super

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

School or College

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

Select a person*

Enrolled

Back

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

Job and School

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

Mary Smith

Is anyone going to school or college? Yes No

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

Back | Save and Continue

IOWA HHS

Job

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

The screenshot shows the 'Job and School' section of the application. The navigation bar at the top includes 'Welcome', 'Start Application', 'People', 'Job and School' (highlighted with a red box), 'Other Income', 'Other', and 'Submit Application'. The main heading is 'Job and School'. Below it, a message states: 'Next we will ask you some questions about the people in your home that have a job or attend school.' The name 'Mary Smith' is displayed. The first question is 'Is anyone going to school or college?' with radio buttons for 'Yes' and 'No'. The second question, 'Is anyone working, planning to work in the next two months or is self employed?', is highlighted with a red box and has radio buttons for 'Yes' and 'No'. A 'Back' button is visible on the left side of the form.

The screenshot shows the 'Job and Job History' section of the application. The navigation bar at the top includes 'Welcome', 'Start Application', 'People', 'Job and School' (highlighted with a red box), 'Other Income', 'Other', and 'Submit Application'. The main heading is 'Job and Job History'. Below it, a message states: 'You told us that there are people in your home who have been working, self-employed or in training in the past 24 months or planning to work in the next two months. Please tell us more about these people by filling in the information below. * Red asterisk indicates required'. The form includes the following fields: 'Select a person*' (dropdown menu), 'Work or Training*' (radio buttons for 'Work' and 'Training'), 'Start Date (mm/dd/yyyy)?*' (text input with a calendar icon), 'Employer Name' (text input), 'Job Title' (text input), 'Monthly Number of Hours' (text input), 'Gross Income (before taxes) per pay period' (text input), 'Pay period frequency' (dropdown menu), 'Tips or Commissions' (text input), 'In the past 6 months, did this person' (checkboxes for 'Change Jobs', 'Stop working', and 'Start working fewer hours'), and 'Do you expect this income to stay the same?' (radio buttons for 'Yes' and 'No'). A 'Back' button is on the left and a 'Save and Continue' button is on the right.

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.

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

Income Information

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

Mary Smith

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

Is anyone getting or going to get money from the following sources? This includes children:

- Alimony
- Capital Gains
- Dividend Income
- Net Farm Income
- Net Rental Income
- Royalties
- Unemployment
- Canceled
- Court Awards
- Jury Duty

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

Income from Other Sources - Retirement Account Summary

Mary Smith

Social Security

How much Social Security Disability?*

100

How often?*

Monthly

Edit Delete

Is anyone getting or going to get money from Social Security, Retirement Accounts or Pensions? This includes children. Yes No [Add Another Entry](#)

Do you expect to receive any other income from these sources? Yes No

Does anyone in your household have a retirement account? Yes No

Has anyone in your household received a Social Security benefit last year, or plan to be claimed as a dependent this year? Yes No

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

Back Save and Exit Save and Continue

Back Save and Continue

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.

The screenshot shows the 'Other Income' page in the Iowa HHS Presumptive Eligibility (PE) Portal. The page title is 'Income Information' and it includes a sub-header: 'In the next few pages we will ask you about the people in your home who earn or get money.' The page is for 'Mary Smith' and contains several questions with radio button options for 'Yes' and 'No'. The 'Other Income' tab in the navigation bar is highlighted with a red box.

IOWA HHS Presumptive Eligibility (PE) Portal | Test09 Super...

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

Income Information

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

Mary Smith

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

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

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

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

- Alimony
- Certain business expenses of reservists, performing artists, and fee-basis government officials
- Deductible part of self-employment tax
- Domestic production activities deduction
- Educator expenses
- Health savings account deduction
- IRA deduction
- Moving expenses
- Penalty on early withdrawal of savings
- Self-employed health insurance deduction
- Self-employed SEP, SIMPLE, and qualified plans
- Student loan interest
- Tuition and fees

Do you expect this income to stay the same? Yes No

Does anyone in the household plan to file a tax return this year? Yes No

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

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

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

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.

The screenshot shows the Iowa HHS Presumptive Eligibility (PE) Portal. The top navigation bar includes a menu icon, the Iowa HHS logo, the title "Presumptive Eligibility (PE) Portal", and a "Test09 Su" label. Below the navigation bar is a green header with tabs: "Welcome", "Start Application", "People", "Job and School", "Other Income" (highlighted with a red box), "Other", and "Submit Application". The main content area is titled "Tax Deductions Summary". Underneath, it says "Tax Deductions" and asks, "Is anyone getting or going to get deductions from any of these? This includes children." To the right of this question is an "Add Another Entry" button. A bulleted list of deduction types follows: Alimony, Certain business expenses of reservists, performing artists, and fee-basis government officials, Deductible part of self-employment tax, Domestic production activities deduction, Educator expenses, Health savings account deduction, IRA deduction, Moving expenses, Penalty on early withdrawal of savings, Self-employed health insurance deduction, Self-employed SEP, SIMPLE, and qualified plans, Student loan interest, and Tuition and fees. At the bottom of the form are three buttons: "Back", "Save and Exit", and "Save and Continue".

Income Discrepancy Reasons

- Income Discrepancy Reasons is only asked if the question, ‘Do you expect this income to stay the same?’, is answered with ‘No’ on the Income Information page. This information is only used in the ongoing Medicaid eligibility determination.

Do you expect this income to stay the same? Yes No

Does anyone in the household plan to file a tax return this year? Yes No

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

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

The screenshot shows the Iowa HHS Presumptive Eligibility (PE) Portal. The navigation bar includes 'Welcome', 'Start Application', 'People', 'Job and School', 'Other Income' (highlighted with a red box), 'Other', and 'Submit Application'. The 'Other Income' section is active, displaying the 'Income Discrepancy Reasons' form. The form includes a message: 'You told us that you do not expect your income to stay the same. Please tell us more by filling in the information below.' There are two dropdown menus: 'Select a person*' and 'Select a reason:*'. The 'Select a reason:*' dropdown is open, showing options: 'Select One', 'Benefits Decrease', 'Benefits End', 'Benefits Increase', and 'Benefits Start'. A 'Back' button is visible at the bottom left of the form area.

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.

The screenshot shows the 'Other Income' section of the Iowa HHS Presumptive Eligibility (PE) Portal. The navigation bar includes 'Welcome', 'Start Application', 'People', 'Job and School', 'Other Income' (highlighted with a red box), 'Other', and 'Submit Application'. The main heading is 'Tax information about the people in your home'. Below this, there is explanatory text: '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.' Three individuals are listed: Mary Smith, Joe Smith, and Jacob Smith. Each has a question: 'Does this person plan to file a tax return for the income earned in this year?'. The dropdown menus are set to 'Yes', 'Yes', and 'No' respectively.

The screenshot shows the 'Other Income' section continued. The navigation bar is the same as the previous screenshot, with 'Other Income' highlighted. The main heading is 'Tax information about the people in your home continued'. Below this, there is explanatory text: 'We may use the federal tax info to see if you can get Medicaid. Tell us more by filling in the information below. * Red asterisk indicates required'. For Mary Smith, there are two questions: 'What filing status will be used on this tax return?*' with a dropdown menu set to 'Married - filing jointly', and 'Who is the joint filer?' with a dropdown menu set to 'Joe Smith'. Under the heading 'OTHER DEPENDENTS', there is a question: 'Can you claim a dependent(s) not listed on this application?' with radio buttons for 'Yes' and 'No', where 'No' is selected. At the bottom, there are 'Back' and 'Save and Continue' buttons.

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*.

■ Select 'Yes' to the tax filer question if the individual plans to file taxes for the current year.

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

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

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

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

Yes No 3. Will you be claimed as a dependent on someone's tax return? **If yes**, list the name of the tax filer: _____
How are you related to the tax filer? _____

IOWA HHS Presumptive Eligibility (PE) Portal Test09 Super...

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

Tax information about the people in your home

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.

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

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

Back Save and Continue

Yearly Income

- Details about Yearly Income is asked if the question, ‘Is anyone’s monthly income not steady?’, is answered with ‘Yes’ when filling out the applicant’s income. This information is only used in the ongoing Medicaid eligibility determination and is only applicable if income is not steady or is unpredictable.

Do you expect this income to stay the same? Yes No

Does anyone in the household plan to file a tax return this year? Yes No

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

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

IOWA HHS Presumptive Eligibility (PE) Portal Test09 Super...

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

Yearly Income

Tell us what you expect the yearly income to be. For example, some people expect their income to change because they only work some months of the year. Fill in either Total income next year or Total income this year.

* Red asterisk indicates required

Select a person*

Total income this year

Total income next year

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

Household Relationships

- **Relationships*** need to be established between all members of the household. Unless specified, enter *Start Date* as 3 months prior to application. For accurate PE Determination, *Parental Control* best practice is to mark for all household adults who have Parental-type responsibilities i.e. Parents/Stepparent. MPEP has safeguards in place and will assign parental control should the user fail to mark.

IOWA HHS Presumptive Eligibility (PE) Portal Test09 Su

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

Household Relationships

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

* Red asterisk indicates required

Joe Smith is Mary Smith's *

As of Start Date

Parental Control

Joe Smith is Jacob Smith's *

As of Start Date

Parental Control

Mary Smith is Jacob Smith's *

As of Start Date

Parental Control

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

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

In the next few pages we will ask you additional questions about the people in your home.

Mary Smith

Is anyone incarcerated (detained or jailed)? Yes No

Do you want to name someone as your authorized representative? Yes No

Back

Save

Incarceration Status

You indicated that someone in your household is currently incarcerated (detained or jailed). Please tell us more about this person by filling in the information below.

Select a person*

Is this person pending a court decision? * Yes No

Start Date (mm/dd/yyyy):*

Back

Save and Continue

Other Information: Incarceration Status: Continued

- 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:

Yes No Are you currently incarcerated?

- Note: This question is asked for each person listed on the application. Review the application and complete Incarceration Status for all ‘Yes’ responses.
- ‘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 or organization, identified by the applicant, with whom Medicaid application and benefits information may be shared.

IOWA HHS Presumptive Eligibility (PE) Portal Test09

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

Other Information

In the next few pages we will ask you additional questions about the people in your home.

Mary Smith

Is anyone incarcerated (detained or jailed)? Yes No

Do you want to name someone as your authorized representative? Yes No

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

IOWA HHS Presumptive Eligibility (PE) Portal Test09 Super...

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

Add an Authorized Representative

Provide details for the Authorized Representative and the benefit program(s)

* Red Asterisk indicates a required field

Authorized Representative Information

Mary Smith

Is this someone already listed on the application? Yes No

First Name*

Middle Name

Last Name*

Suffix

Does this person represent an Assisting/Community-Based Organization?* Yes No

What is this person's relationship to you?*

Home Phone (999)999-9999

Mobile Phone (999)999-9999

Personal Email Address (example@abc.com)

Primary Language*

Mailing Address Line 1*

Mailing Address Line 2

City*

State*

ZIP Code (99999)*

Select which program(s) you want this person to access on your behalf* Medicaid

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

Other Information: Authorized Representative: Continued

- What can an Authorized Representative do?
 - File Applications
 - Check on the progress of an application or ongoing eligibility
 - Request reschedule of interviews
 - Request extensions for providing documentation or verification
- What is sent to the Authorized Representative?
 - All correspondence that will affect eligibility will be sent to both the applicant AND the authorized representative
 - Medicaid cards are sent to the authorized representative and not to the client
- How can an Authorized Representative be added or removed?
 - These requests must be in writing on an application/review, an Authorized Representative form or any paper request
 - Requests can be sent to:
 - IMCSC@dhs.state.ia.us
 - Fax: 515-564-4041
 - Mail: Imaging Center 1, 417 E Kaneshville Blvd, Council Bluffs, IA 51503

Other Information: Health Insurance

- Health Insurance questions within the Submit Application tab are used to gather household member Health Insurance information. The questions on this page populate depending on how other questions are answered on the application.

The screenshot displays the Iowa HHS Presumptive Eligibility (PE) Portal. The top navigation bar includes the Iowa HHS logo, the title 'Presumptive Eligibility (PE) Portal', and a user identifier 'Test09 Super.'. Below the navigation bar is a horizontal menu with tabs: 'Welcome', 'Start Application', 'People', 'Job and School', 'Other Income', 'Other', and 'Submit Application'. The 'Submit Application' tab is highlighted with a red border. The main content area is titled 'Additional Information' and contains a message: 'In the next few pages we will ask you additional questions about insurance.' Below this message, the name 'Mary Smith' is displayed. A question is asked: 'Is anyone offered health coverage from a job?' with radio button options for 'Yes' and 'No', where 'No' is selected. At the bottom of the form, there are 'Back' and 'Save and Continue' buttons.

Voter Registration

- If the answer to the Voter Registration question is “Yes”, another paragraph appears advising the applicant that they can request help filling out a voter registration application form in the local office or that they can complete one online.

The screenshot shows the Iowa HHS Presumptive Eligibility (PE) Portal. The navigation bar includes the Iowa HHS logo, the title "Presumptive Eligibility (PE) Portal", and a user identifier "Test09 Super..". The main content area has a green header with tabs: "Welcome", "Start Application", "People", "Job and School", "Other Income", "Other", and "Submit Application". The "Voter Registration" section contains the following text:

Voter Registration

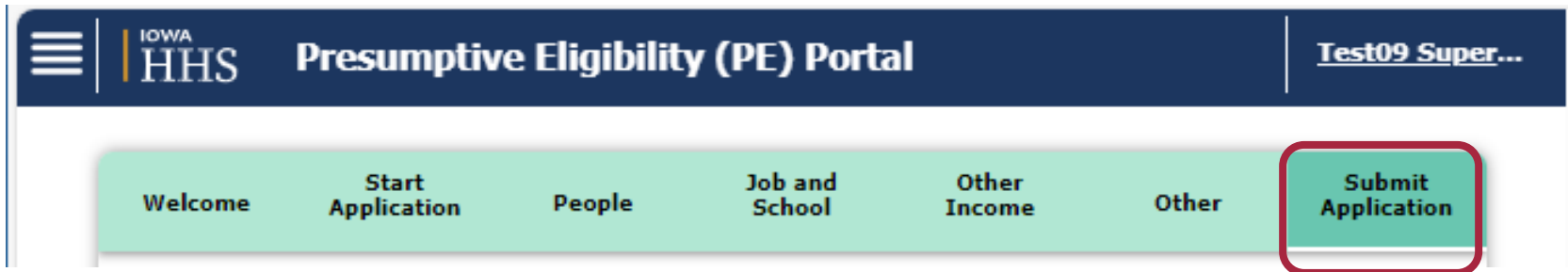
You are about to complete the application. Only a few more questions to go.

If you are not registered to vote where you live now, would you like to apply to register to vote? Yes No

If you would like help in filling out the voter registration application form, we can help you in the local office. The voter registration application is also available online at www.sos.iowa.gov

Buttons for "Back" and "Save and Continue" are visible at the bottom.

Iowa Medicaid Estate Recovery Program



- QEs are required to make ALL applicants aware of the Estate Recovery program.
- A QE is responsible to declare they have made the applicant aware of the Estate Recovery Program.
- The next slide includes an Estate Recovery screenshot.

■ Estate Recovery explanation: →

Estate Recovery

Federal law requires Iowa to have an estate recovery program. If you get Medicaid, you may be subject to estate recovery. This means any Medicaid funds used to pay for your healthcare, including the monthly fee paid to a Managed Care Organization (MCO), will need to be paid back from your estate after your death. Estate recovery applies if you get Medicaid and are:

- Age 55 or older, or
- Are under age 55 and live in a medical facility and cannot reasonably be expected to return home.

For more information, call the Iowa Medicaid Estate Recovery Program at 1-877-463-7887 or go online to [http://hhs.iowa.gov/sites/default/files/Comm123.pdf\(English\)](http://hhs.iowa.gov/sites/default/files/Comm123.pdf(English)) or <http://hhs.iowa.gov/sites/default/files/Comm123S.pdf> (Spanish).

**As a provider, I certify that I have completed this application on behalf of the applicant and that the applicant declares under penalty of perjury under the laws of the United States of America that the information contained in this application is true, correct and complete.*

Check to Sign *

Name *	Description
<input type="text"/>	Non-Applicant ▼

■ QE declaration and signature: →

**I declare that the applicant has been notified that they may be subject to Estate Recovery and where to receive more information. I acknowledge that I have provided the applicant with Rights and Responsibilities, Comm. 233. I am required to have the applicant sign and date a printed version of the electronic application summary. This document will be stored in the eligibility file, and I will provide a copy of this document to the applicant.*

Check to Sign *

Name *	Description
<input type="text"/>	Non-Applicant ▼

Rights and Responsibilities

- QE is required to provide applicant with a copy of Rights and Responsibilities Comm. 233.
- QE is responsible to declare they have provided the applicant with a copy of Rights and Responsibilities Comm. 233.
- Note: Rights and Responsibilities can be printed via the Submit Application Chevron or at anytime time using the Useful Links.

Useful Links

[Update Training Date](#)

[Change My Password](#)

[Printable PE Application](#)

[Printable PE Addendum](#)

[Rights and Responsibilities\(English\)](#)

[Rights and Responsibilities\(Spanish\)](#)

**I declare that the applicant has been notified that they may be subject to Estate Recovery and where to receive more information. I acknowledge that I have provided the applicant with Rights and Responsibilities, Comm. 233. I am required to have the applicant sign and date a printed version of the electronic application summary. This document will be stored in the eligibility file, and I will provide a copy of this document to the applicant.*

Check to Sign *

Name *

Description

Non-Applicant ▼

Back

Submit Application

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.

The screenshot displays the Iowa HHS Presumptive Eligibility (PE) Portal. The header includes the Iowa HHS logo, the title 'Presumptive Eligibility (PE) Portal', and a user identifier 'Test09 Super.'. A navigation bar contains several tabs: 'Welcome', 'Start Application', 'People', 'Job and School', 'Other Income', 'Other', and 'Submit Application'. The 'Submit Application' tab is highlighted with a red border. Below the navigation bar, the main content area is titled 'Determine Eligibility'. It contains two paragraphs of text: 'You can still change information on the application now. However, once you click the 'Determine Eligibility' button, your application will be submitted and you will not be able to make any further changes.' and 'If there are no changes necessary, click the 'Determine Eligibility' button below for the PE Determination.'. At the bottom of the content area, there are two buttons: 'Back' and 'Determine Eligibility'. The 'Determine Eligibility' button is highlighted with a red border.

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.

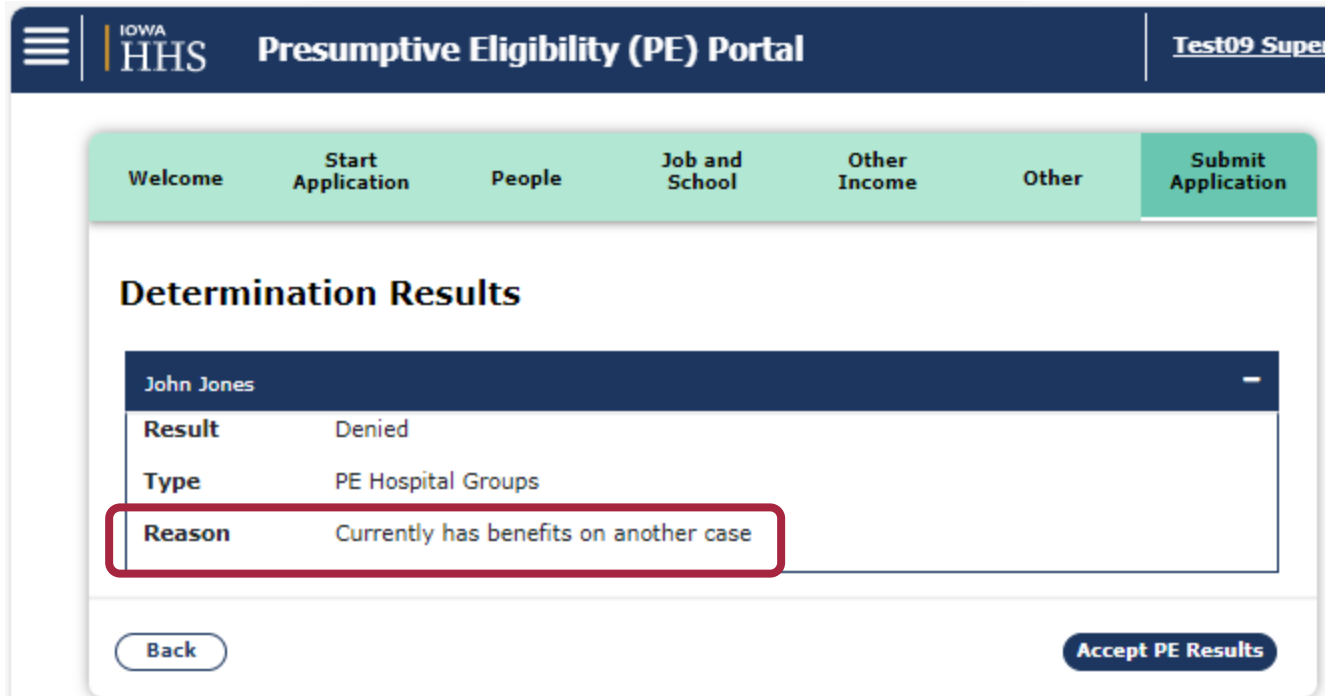
The screenshot shows the 'Presumptive Eligibility (PE) Portal' interface. At the top, there is a navigation bar with the Iowa HHS logo and the text 'Presumptive Eligibility (PE) Portal'. Below this is a secondary navigation bar with tabs: 'Welcome', 'Start Application', 'People', 'Job and School', 'Other Income', 'Other', and 'Submit Application'. The 'Submit Application' tab is highlighted with a red box. The main content area is titled 'Determination Results' and displays a table for 'Mary Smith'. The table has the following data:

Mary Smith	
Result	Approved
Type	PE Hospital Groups
Reason	

At the bottom of the screen, there are two buttons: 'Back' and 'Accept PE Results'. The 'Accept PE Results' button is highlighted with a red box.

Determination Results

- The PE denial reason of **‘Currently has benefits on another case’** indicates the applicant is currently receiving medical benefits with the Department.



The screenshot displays the Iowa HHS Presumptive Eligibility (PE) Portal. The header includes the Iowa HHS logo, the title "Presumptive Eligibility (PE) Portal", and a user identifier "Test09 Super". A navigation bar contains tabs for "Welcome", "Start Application", "People", "Job and School", "Other Income", "Other", and "Submit Application". The main content area is titled "Determination Results" and shows a table for "John Jones". The table has three rows: "Result" (Denied), "Type" (PE Hospital Groups), and "Reason" (Currently has benefits on another case). The "Reason" row is highlighted with a red border. At the bottom, there are "Back" and "Accept PE Results" buttons.

John Jones	
Result	Denied
Type	PE Hospital Groups
Reason	Currently has benefits on another case

The screenshot shows the Iowa HHS Presumptive Eligibility (PE) Portal. The navigation bar includes a menu icon, the Iowa HHS logo, the title "Presumptive Eligibility (PE) Portal", and a user identifier "Test09 Super". The main navigation tabs are "Welcome", "Start Application", "People", "Job and School", "Other Income", "Other", and "Submit Application". The "Determination Results" section displays the following information for John Jones:

John Jones	
Result	Denied
Type	PE Hospital Groups
Reason	Not a U.S. Citizen

At the bottom of the results section, there are two buttons: "Back" and "Accept PE Results".

- Before selecting the 'Accept PE Results' button review the results to ensure an error was not made completing the data collection pages and the correct outcome was received. A data entry error can potentially cause an incorrect approval/denial.

Determination Results

John Jones

Result	Denied
Type	PE Hospital Groups
Reason	Not a U.S. Citizen

[Back](#) [Accept PE Results](#)

- Common Things to Review Should Results NOT be as Expected:
 - Relationships
 - Income
 - U.S Citizenship
 - Do Children have Medical Coverage question
- Refer to Presumptive Eligibility FAQ at the following address for a detailed process to assist if results are not as expected or results were accepted in error.
- [Presumptive Eligibility Frequently Asked Questions \(FAQ\)](#)

Confirmation

- The Confirmation page contains important information; eligibility results, confirmation number, and print commands. **Note:** The QE is required to provide the client with a copy of the NOA and application. A printed copy of the NOA and application must be part of the QE file
- Select appropriate button to print.
- Upon clicking ‘**Upload Documents**’ button, ‘Verification Documents’ page is displayed. Note: This button will only appear when at least one applicant has indicated ‘Yes’ to the question ‘Do you want to apply for ongoing Medicaid?’ or ‘Does this person want to apply for ongoing Medicaid?’

Confirmation

Thank you.
The following PE Determination results have been accepted.

The PE and Medicaid application confirmation number is: 000tvjq7

John Jones	
Result	Denied
Type	PE Hospital Groups
Reason	Not a U.S. Citizen

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

[Upload Documents](#) [Exit](#)

Uploading Documents

- Although PE determination itself is based on self-attested information only, the ongoing Medicaid determination made by HHS may require documentation so uploading documentation that is readily available at the point of contact with the QE may speed up processing of ongoing Medicaid application, reduce the need for HHS to request information from the applicant, and/or reduce the number of ongoing Medicaid applications that HHS must deny when requested information is not provided.
- It is not necessary to upload any documentation related to the PE application itself, as HHS will continue to receive the PE application and PE NOA via the MPEP system. Only upload documents that HHS could need when making the ongoing Medicaid eligibility determination. Some of the most commonly needed documents include pay stubs, immigration documents, and a signed copy of the authorization for release of information (found on page 21 of the application). A complete list of document type options available for uploading can be found on the next slides.
- Uploading documentation with the PE application is encouraged but not required
- Submission of the completed PE application in MPEP should not be delayed in order to obtain/upload documents since PE benefits may only begin once the application is submitted in MPEP

Verification Documents page

- Upload and Delete buttons appear once a document type and file has been chosen.
- Exit button is displayed bottom right-hand corner of the page. When clicked it will take you back to the MPEP Home Page
- QEs can upload the documents on this page by selecting a value from 'Document Type' drop-down, choosing the file and clicking 'Upload' button

The screenshot shows the 'Presumptive Eligibility (PE) Portal' interface. At the top, there is a dark blue header with the Iowa HHS logo and the text 'Presumptive Eligibility (PE) Portal'. To the right of the header, it says 'Test09 Super'. Below the header is a navigation bar with several tabs: 'Welcome', 'Start Application', 'People', 'Job and School', 'Other Income', 'Other', and 'Submit Application'. The 'Submit Application' tab is highlighted in green. The main content area is titled 'Verification Documents' and contains the following text: 'The worker assigned to your application may need additional documents to determine your eligibility. To view a detailed example of document types that may be uploaded click 'here''. Below this, it says: 'If you have copies of these documents available now, please electronically attach them to your application. To do this, select the correct 'Document Type' and click on the 'Browse' button below to find and attach your document.' Further down, it lists supported file types: '.PNG, .JPG, .JPEG, .TIFF, or .PDF.' and states 'File Size Limit is 5MB.' There is a 'Document Type' dropdown menu with 'Select one' and a 'Choose File' button next to it, which currently shows 'No file chosen'. At the bottom of the page, there is an 'Exit' button.

Verification Documents (Continued)

The following values will display in 'Documents Type' drop-down:

Absent parent information
Alien Card
Annuities
Authorization for Release of Information
Bank Statement
Birth Certificate
Burial Contract
Burial Plot
Certificate of Citizenship
Change of address
Child Support Income
Disability Benefit Income
Drivers License
Employers Statement of Earnings
Financial Aid
Health Insurance
Income Tax Form
IPERS
Life Insurance
Medical Receipt
Medicaid/Hawki Review
Medicaid/State Supp Review
Medicare Card

Military Records
Other Correspondence
Passport
Pay Stub
Pension Income
Power of Attorney
Report on Incapacity
Review Recertification Eligibility Document
Retirement Income
Self Employment Record
Shelter Expenses
Social Security Card
SSI/SSA Award Letter
Trust
Unemployment Benefits
Utility Bill
Verification of School Enrollment
VA Benefits
Will

Verification Documents

- QEs can upload the documents on this page by selecting a value from 'Document Type' drop-down, choosing the file and clicking 'Upload' button. Once the document is uploaded successfully, a message is displayed on the screen as highlighted in the screenshot above.

The screenshot shows the Iowa HHS Presumptive Eligibility (PE) Portal. The navigation bar includes 'Welcome', 'Start Application' (selected), 'People', 'Job and School', 'Other Income', 'Other', and 'Submit Application'. The main content area is titled 'Verification Documents' and contains the following text:

The worker assigned to your application may need additional documents to determine your eligibility. To view a detailed example of document types that may be uploaded click ['here'](#).

If you have copies of these documents available now, please electronically attach them to your application. To do this, select the correct 'Document Type' and click on the 'Browse' button below to find and attach your document.

The following file types may be uploaded: .PNG, .JPG, .JPEG, .TIFF, or .PDF.

File Size Limit is 5MB.

Document Type No file chosen

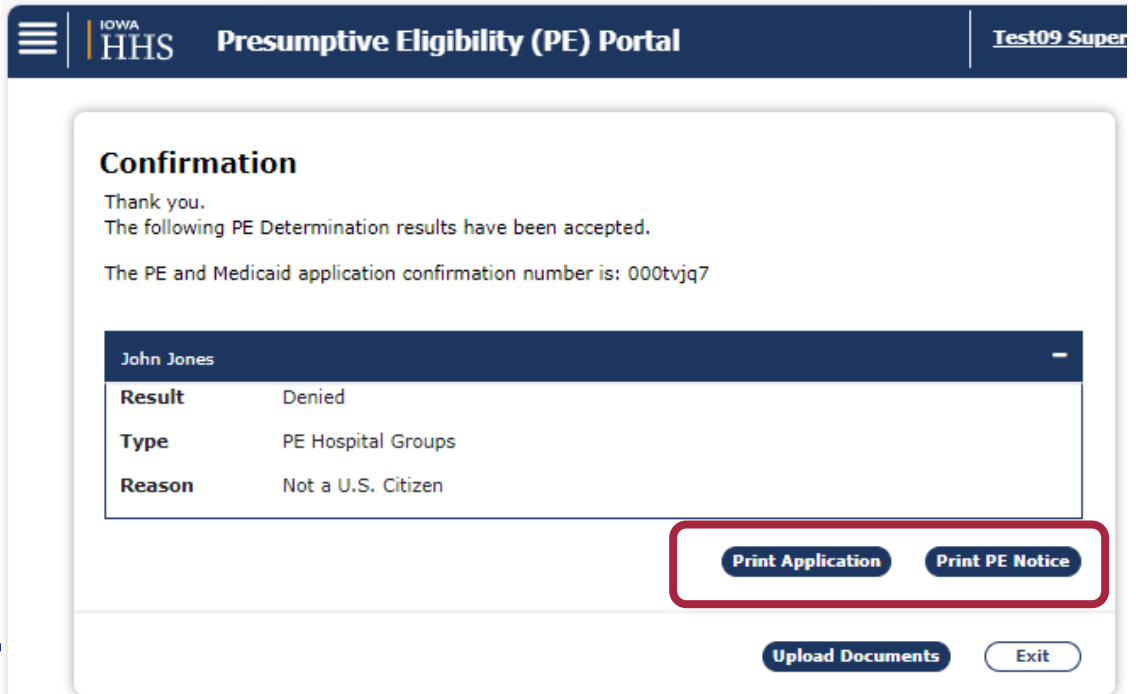
Documents Successfully Uploaded

Document Successfully Uploaded

Tip: Application and PE NOA

- An important component of this page is printing the NOA and Application PDF.
- ❖ After this page, the QE will not have the ability to open or recreate a completed application.

■ **NOTE:** If the QE needs to print documents after uploading documents, they can return to the My PE Portal to print the forms.



The screenshot shows the Iowa HHS Presumptive Eligibility (PE) Portal. The header includes the Iowa HHS logo, the title "Presumptive Eligibility (PE) Portal", and a user identifier "Test09 Super". The main content area displays a "Confirmation" message: "Thank you. The following PE Determination results have been accepted. The PE and Medicaid application confirmation number is: 000tvjq7". Below the message is a table with the following data:

John Jones	
Result	Denied
Type	PE Hospital Groups
Reason	Not a U.S. Citizen

At the bottom of the page, there are three buttons: "Print Application", "Print PE Notice", and "Upload Documents". The "Print Application" and "Print PE Notice" buttons are highlighted with a red box. An "Exit" button is also visible at the bottom right.

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.

Date of Decision: 10/01/2019
E-app Number: 1026791

Presumptive Medicaid Eligibility Notice of Action - Approval

Buffy Summers
123 HOME ST
SunnyDale, IA 99999

Dear Buffy Summers

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.

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.

PE Eligibility Results
 Thank You. The following results have been accepted.
 Your confirmation number is 0-to2zad

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

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

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

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

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

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

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.

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

QE Support: PE Policy and MPEP Technical

■ The HHS 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



**Health and Human Services (HHS)
Contact Center**



855-889-7985

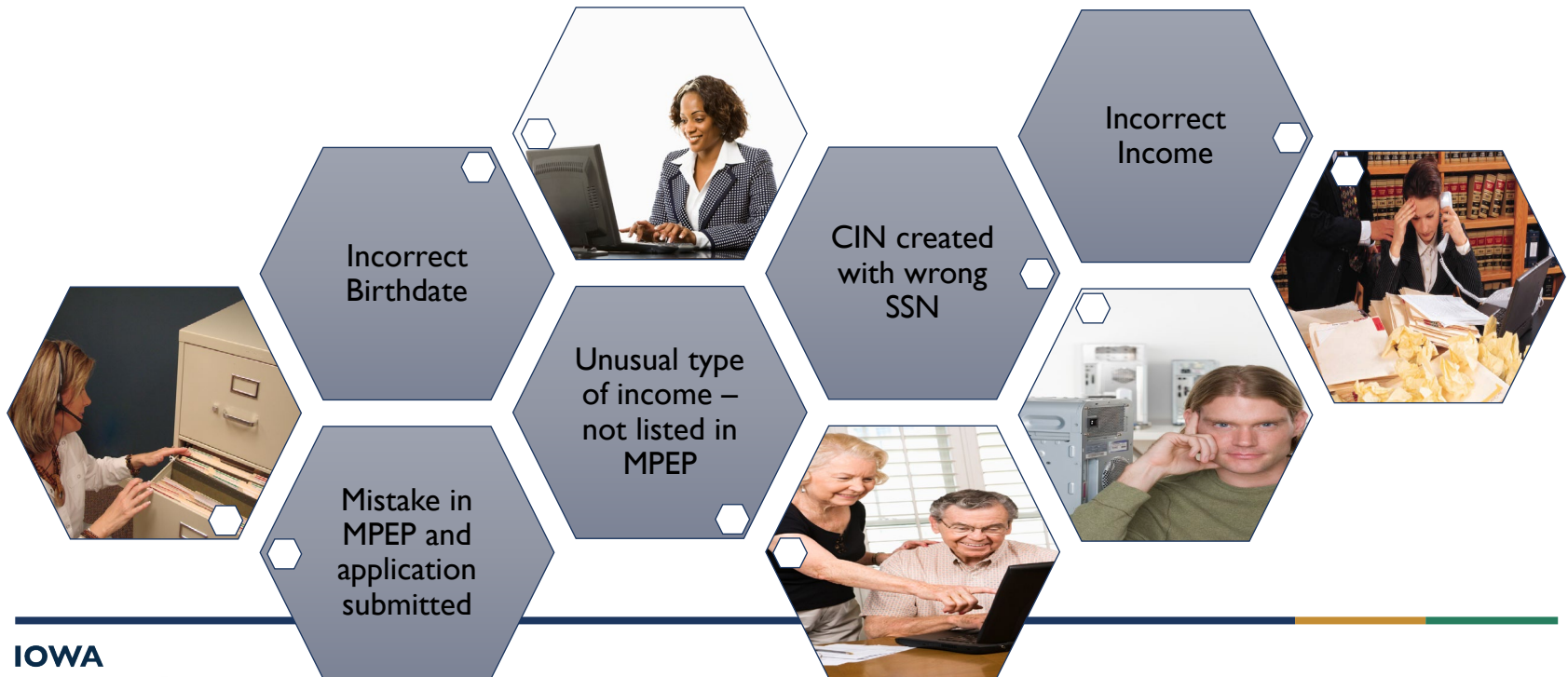
M-F 8 am–5 pm



IMEMPEPSupport@dhs.state.ia.us

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



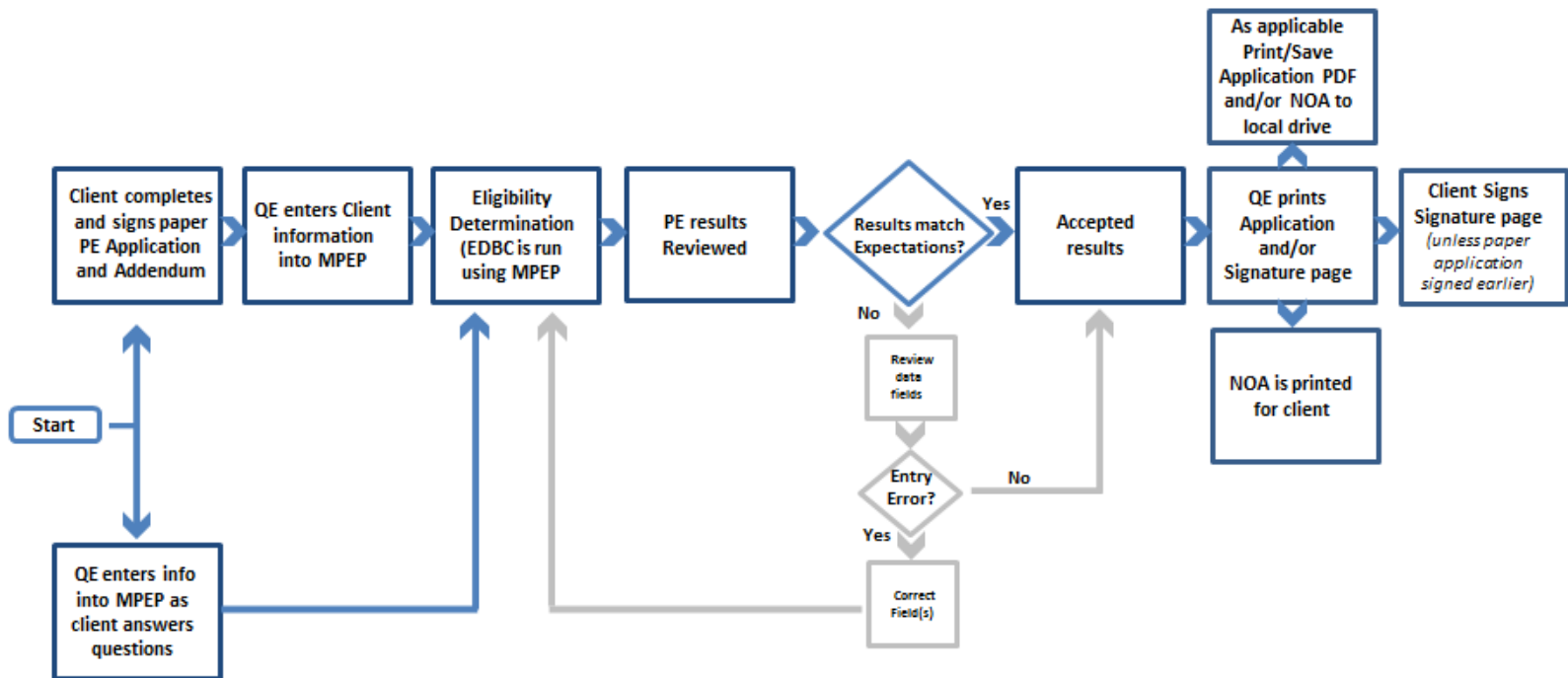
Summary – PE

Flow, ACA, Applications, Polices, 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. Copy of application, NOA and Rights and Responsibilities given to applicant



Summary: ACA Rules

- **ACA** Eligibility Determinations use **MAGI Rules**
- **MAGI** = Modified Adjusted Gross Income
- **MPEP** uses **ACA rules** to complete all calculations
- **Federal Tax rules** used to determine eligible income
- **Household (HH) size** is based on the tax-filing unit
- Household members may each have **own HH size**
- All claimed dependents are included in **family size**
- **MAGI** defines HH size to use when no one files taxes
- **Child support is excluded** from taxable income

Summary: Application Information

- **Application date** must be accurate
- **All client-provided** data must be entered into MPEP
- Applicant information is **self-attested**
- **Completed** applications cannot be recreated or edited
- **Incomplete** (in progress) applications can be continued
- Applications **expire 5 days** after start, if not completed
- **Summary pages**, found at the end of each section end, can be edited
- **Tax Year** is the current year

Summary: Application Information

- If the applicant does not provide SSN, leave this field **blank**. However, it is best practice to get and enter the SSN to avoid creating duplicate CINS.
- **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 only 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

- **NOA, application and Rights and Responsibilities are required** to be printed for the client
- It is **required to print NOA and Application** 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**

PE Resources

Policy, Technical, Withdrawals

QE Support: PE Policy and MPEP Technical



- Support is available for QE through the HHS Contact Center.
 - Phone support: **855-889-7985** M-F 8 am – 5 pm
 - Email support: IMEMPEPSupport@dhs.state.ia.us

QE Support: Access to Online PE Materials

- Online PE materials are available on the HHS 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
- [Presumptive Eligibility | Iowa Department of Health and Human Services](#)

The screenshot shows a web browser displaying the Iowa Department of Health and Human Services website. The URL in the address bar is <https://hhs.iowa.gov/ime/providers/tools-trainings-and-services/medicaid-initiatives/pe>. The page header includes the Iowa.gov logo, navigation links for Services, Agencies, and Social, and a search bar. The main header reads "STATE OF IOWA DEPARTMENT OF Health AND Human SERVICES". A secondary navigation bar lists: A-Z | Assistance Programs | Family Services | Medicaid | Mental Health & Disability | About | Apply or Appeal | Report Abuse & Fraud. A breadcrumb trail is highlighted with a red box: Home » Provider Services » Tools, Training, and Initiatives » Medicaid Initiatives » Presumptive Eligibility. Below the breadcrumb is a "Page Menu" icon.

Presumptive Eligibility

Applicant: Withdrawing an Application



HHS Contact Center 855-889-7985

- Ongoing Medicaid applications may be withdrawn by contacting **HHS** using the phone number shown above. If an application is withdrawn prior to HHS 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 13 question self-test on PE and QE.
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 when a determination is made in 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 any state.
- 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. QE should advise applicants (clients) on the probability of receiving ongoing Medicaid benefits?**

- a) True
- b) False

■ **7. By State of Iowa requirements, QE is 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 HHS 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) HHS Website,
<https://hhs.iowa.gov/ime/providers/tools-trainings-and-services/medicaid-initiatives/pe>
- b) PE Policy and Technical Support,
imempepsupport@dhs.state.ia.us
- c) None of the Above

■ **13. 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
13. a, b, c, d, e