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)	Medicaid PE Portal	Presumptive Eligibility Resources	PE Summary and Self-Quiz
• ACA • MAGI Rules • PP/QE • Roles/Responsibilities • Programs	• View Applications • Complete Applications • Appeals • Support	• Policy • Technical • Withdrawals	• Flow • ACA • Applications • Polices • MPEP

Presumptive Eligibility Policies

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

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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.

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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

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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

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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.

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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 <u>prior</u> 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.

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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.

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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:

CARE FOR Y♥URSELF
Breast & Cervical Cancer Screening

CARE FOR YOURSELF
Iowa Breast and Cervical Cancer Early Detection Program

Medicaid Treatment Option Eligibility Verification

- Other forms are acceptable as long as all the required information is listed.
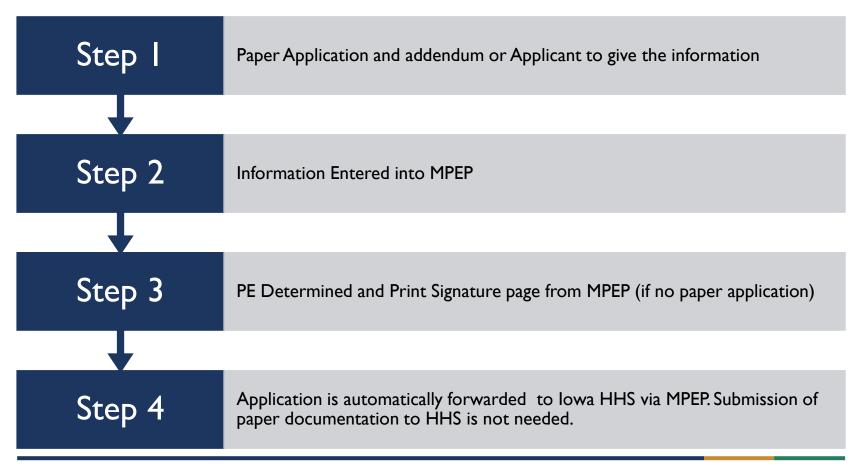
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When approval results in **BCCT** presumptive eligibility and applicant is also applying for ongoing Medicaid **AND** the Upload Documents feature in **MPEP** results in an error.

- 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

Step 1	Paper Application and addendum or Applicant to give the information
Step 2	Information Entered into MPEP
Step 3	PE Determined and Print Signature page from MPEP (if no paper application)
Step 4	Application is automatically forwarded to Iowa HHS via MPEP. Submission of paper documentation to HHS is not needed.

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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*

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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

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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.

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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.**

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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.

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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
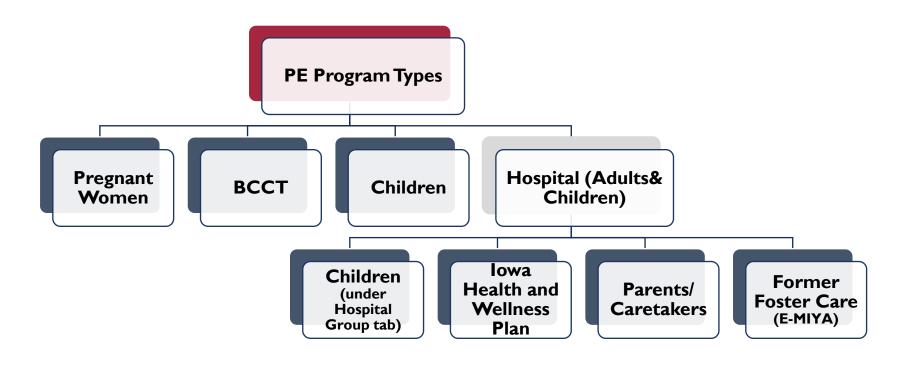
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Hospital Groups Name Change (Adults and Children)

- MPEP still shows **Hospital** group

- Adults & Children is the actual group

  - Any QE approved for Hospital can use Adults & Children PE category
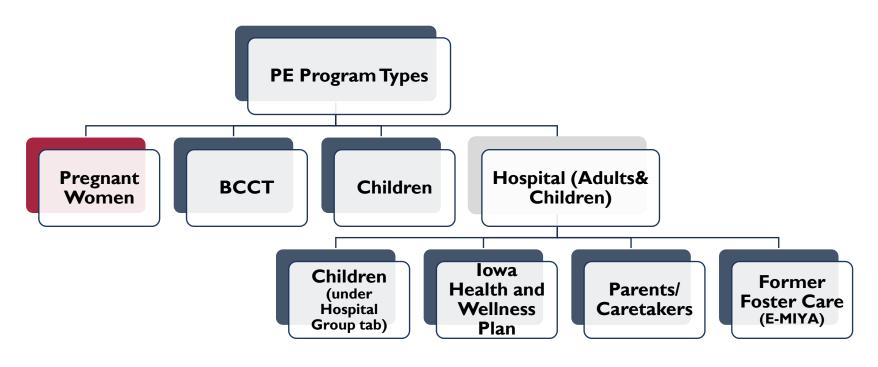
PE Program Types:

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)

```
                    PE Program Types
    ┌──────────┬──────────┬──────────────────┐
Pregnant      BCCT    Children    Hospital (Adults&
 Women                              Children)
                              ┌──────┬──────┬──────┐
                          Children  Iowa   Parents/  Former
                          (under   Health and Caretakers Foster Care
                          Hospital Wellness          (E-MIYA)
                          Group tab) Plan
```
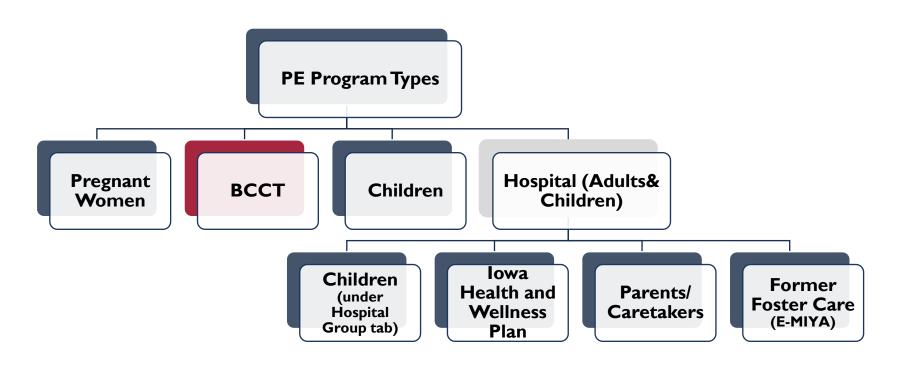
Breast and Cervical Cancer Treatment

- 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.

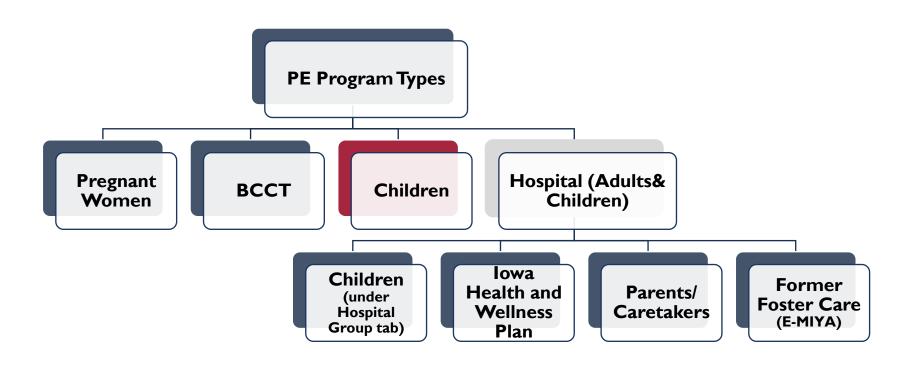Note: Medicare Part A or Part B are considered creditable coverage for BCCT.

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.
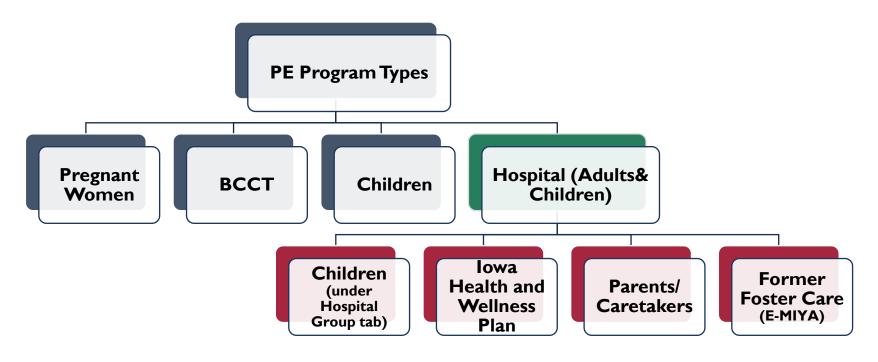
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Children

- 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

```
                        PE Program Types
                              |
   ┌──────────┬──────────┬─────────┴──────────────┐
Pregnant      BCCT      Children    Hospital (Adults&
Women                               Children)
                                         |
                    ┌───────────┬────────┴────────┬──────────────┐
                Children      Iowa          Parents/        Former
                (under        Health and    Caretakers      Foster Care
                Hospital      Wellness                      (E-MIYA)
                Group tab)    Plan
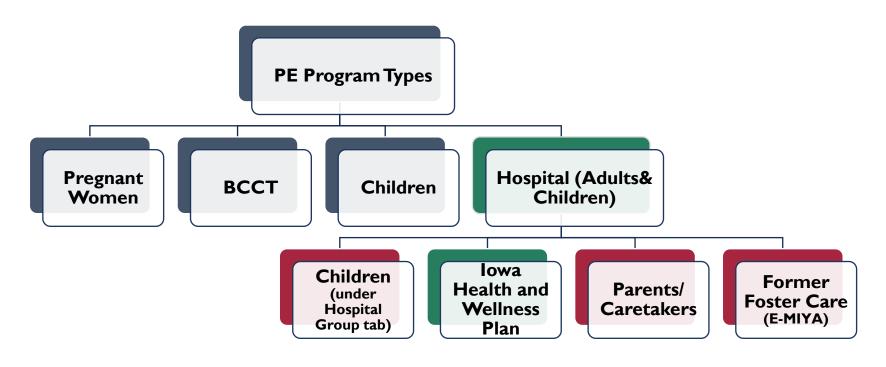```

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# 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
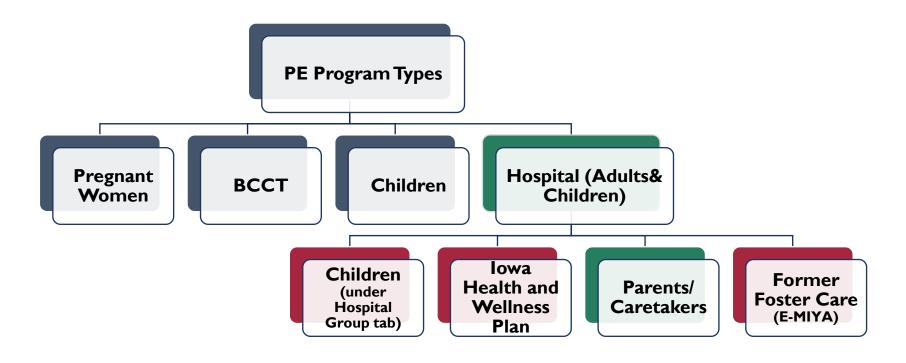
```
                        PE Program Types
    ┌──────────┬──────────────┬──────────────┐
Pregnant   BCCT   Children   Hospital (Adults&
Women   Children)
                    ┌────────┬────────┬────────┐
                Children   Iowa   Parents/   Former
                (under   Health and Caretakers Foster Care
                Hospital Wellness   (E-MIYA)
                Group tab) Plan
```

# 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)

```
                        PE Program Types
                               |
       ┌───────────────┬───────────────┬───────────────┐
   Pregnant   BCCT   Children   Hospital (Adults&
    Women   Children)
                                                         |
                          ┌──────────────┬──────────────┬──────────────┐
                      Children   Iowa   Parents/   Former
                       (under   Health and   Caretakers   Foster Care
                       Hospital   Wellness   (E-MIYA)
                      Group tab)   Plan
```
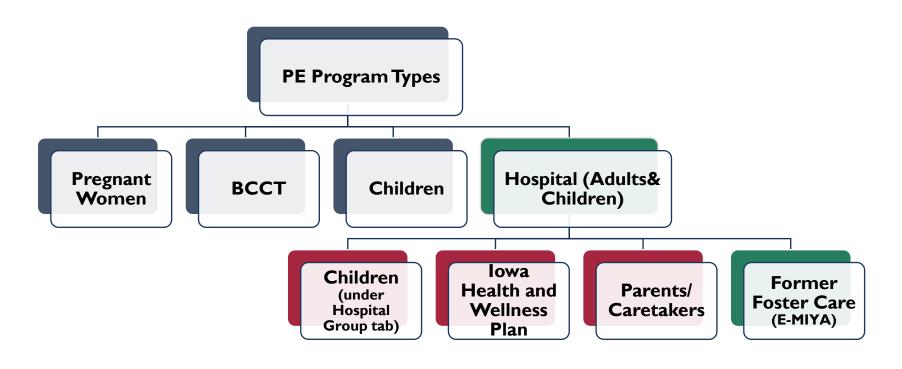
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# Parents and Caretakers (Includes Spouses)

- 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
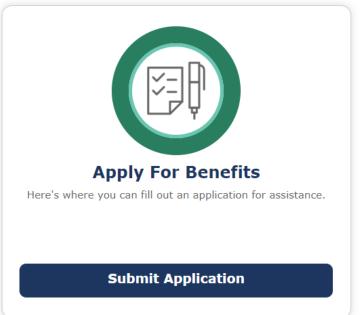
```
                    ┌──────────────────┐
                    │ PE Program Types │
                    └──────────────────┘
       ┌──────────────┬──────────────┬──────────────────┐
 ┌───────────┐ ┌───────────┐ ┌───────────┐ ┌──────────────────┐
 │ Pregnant │ │   BCCT   │ │ Children │ │ Hospital (Adults&│
 │ Women   │ │   │ │   │ │   Children)   │
 └───────────┘ └───────────┘ └───────────┘ └──────────────────┘
        ┌──────────────┬──────────────┬──────────────┐
  ┌───────────┐ ┌───────────┐ ┌───────────┐ ┌───────────┐
  │ Children │ │   Iowa   │ │ Parents/ │ │ Former   │
  │ (under   │ │Health and │ │Caretakers │ │Foster Care│
  │ Hospital │ │ Wellness │ │   │ │ (E-MIYA) │
  │Group tab) │ │   Plan   │ │   │ │   │
  └───────────┘ └───────────┘ └───────────┘ └───────────┘
```

# MPEP

View Applications, Complete Applications, Appeals, Support

# MPEP

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

# 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.



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# 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 hat 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

# 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
02/05/2024 | 02/19/2024 | Select One | Select One

Last Name | First Name | Confirmation Number

Close

Search

# Search by Confirmation Number

■ **Confirmation Number Search:** Users can search by the **confirmation number**. This number is generated after the application has been submitted and is displayed on the confirmation page. Incomplete or expired applications do not have confirmation numbers.

# Search by Application **Status** or **Type**

- ■ Searches can be done using Application **Status** or **Type.**
- ■ **Status:**
    - ■ **Complete -** Eligibility has been determined
    - ■ **Expired -** Started, but not completed after 5 days
    - ■ **Incomplete -** In progress
- ■ **Type:** BCCT, Children, Adults & Children (Hospital Groups), Pregnant Women

# Search My Applications

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

# Apply for Benefits

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



**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
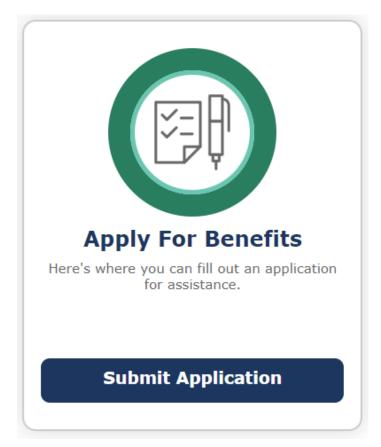


**Useful Links**
- Update Training Date
- Change My Password
- Printable PE Application
- Printable PE Addendum
- Rights and Responsibilities(English)
- Rights and Responsibilities(Spanish)
- Help

...tive Eligibility (PE) Portal

# 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.
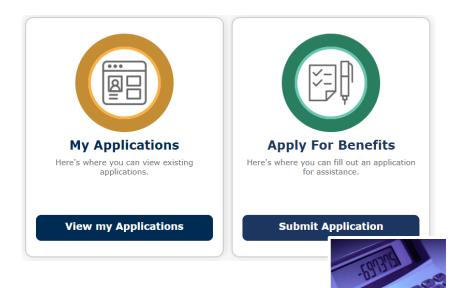


**Apply For Benefits**

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.



**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**

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

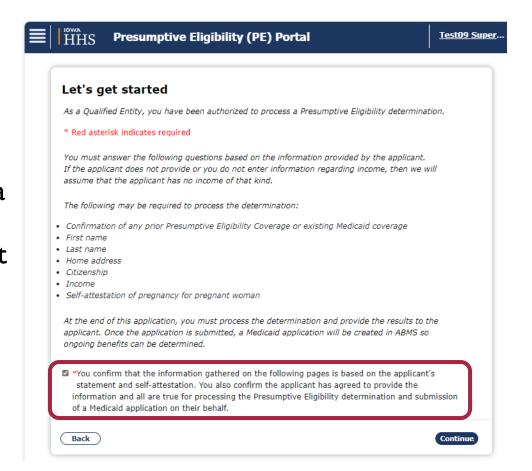| Program Selection | Primary Applicant Information | Others in Household Information | Job and School Information | Income and Tax Information | Income and Tax Information | Application Submission |
|---|---|---|---|---|---|---|
| | **Name DOB Contact data App Date PE Info Language SSN Gender Medicaid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

# Data Completion

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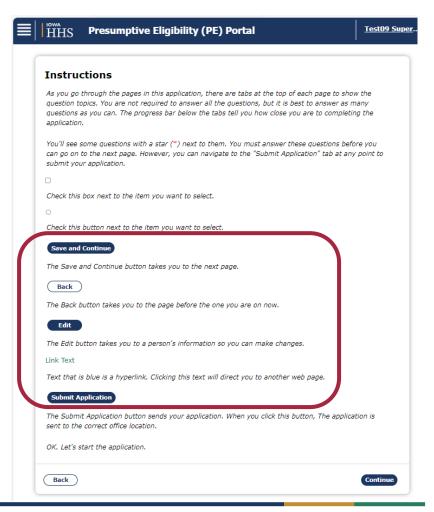
# Let's Get Started

■ 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.

# Tip: Application Instructions

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

**What are the required fields for PE in MPEP?**

**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.**

<u>**Required in MPEP system:**</u>

- **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)**<br>**Adults & Children (Hospital Group)**<br>    Parent/Caretaker<br>    Iowa Health and Wellness | **PW**<br>    Higher income limit<br>    Do not have to apply for full Medicaid<br>    Limited to ambulatory prenatal care<br>**Adults & Children (Hospital Group)**<br>    Lower income limit<br>    Do not have to apply for full Medicaid<br>    Full Medicaid benefits |
| Bob | Parent/ Spouse | Parent | **Adults & Children (Hospital Group)**<br>    Parent/ Caretaker<br>    Iowa Health and Wellness | **Same** |
| Chaz | Son | 18 in HS<br>E-MIYA | **Children**<br>**Adults & Children (Hospital Group)**<br>**EMIYA** | **Children – Higher income limit**<br>**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).
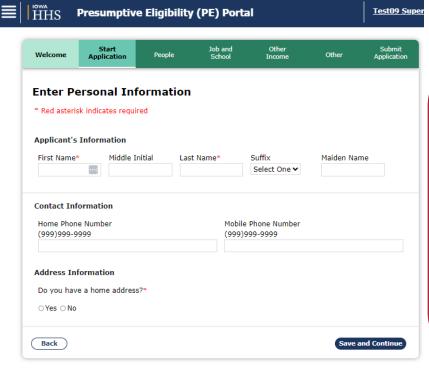
# Select Program(s)

■ 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.

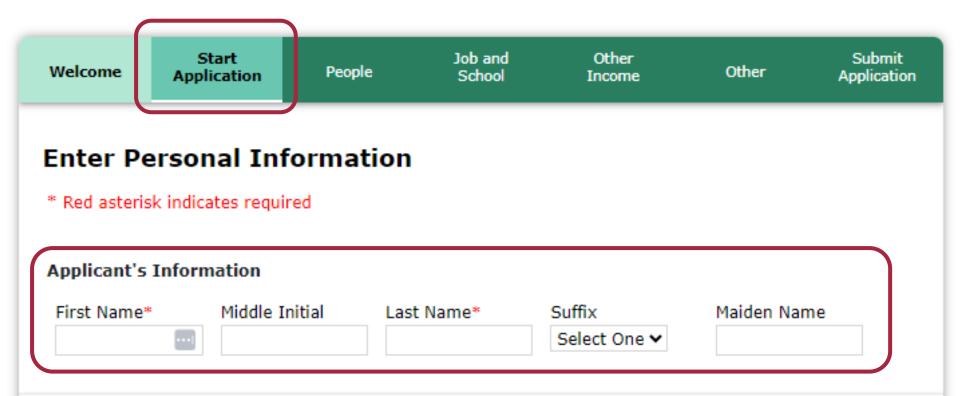• Adults & Children (Hospital) Group will be shown as Hospital Group

# 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.

| 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 |
| --- | --- | --- | --- | --- |
| [...] | | | Select One ▼ | |

# 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.
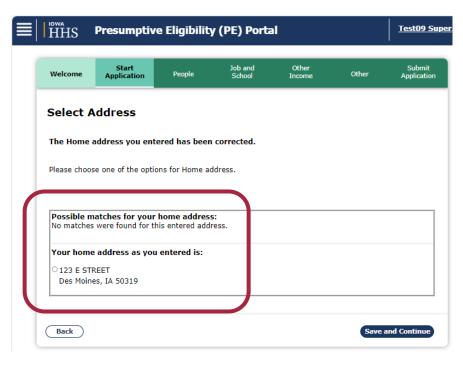
**IOWA HHS**

# 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.
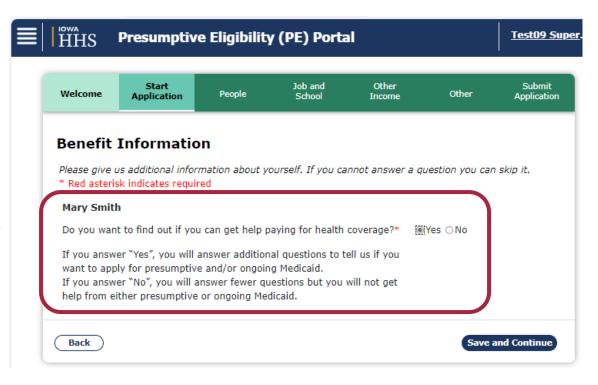
- **Notes:**
    - If both home/physical and mailing addresses are entered, the user must select one home/physical address **and** one mailing address. *Select the address that contains the county.
    - If the applicant indicates they are homeless, a valid mailing address must be obtained. Your hospital location cannot be used as a valid address.
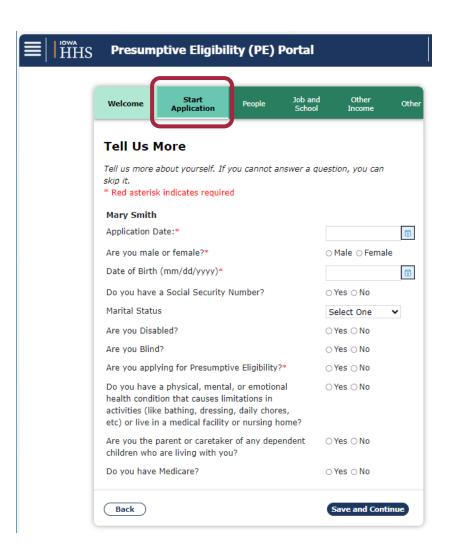
# Benefit Information

■ If 'No' is selected to 'Do you want to find out if you can get help paying for health coverage?' question, the system will only ask relevant questions. If 'Yes' is selected, more information will be requested in subsequent pages.
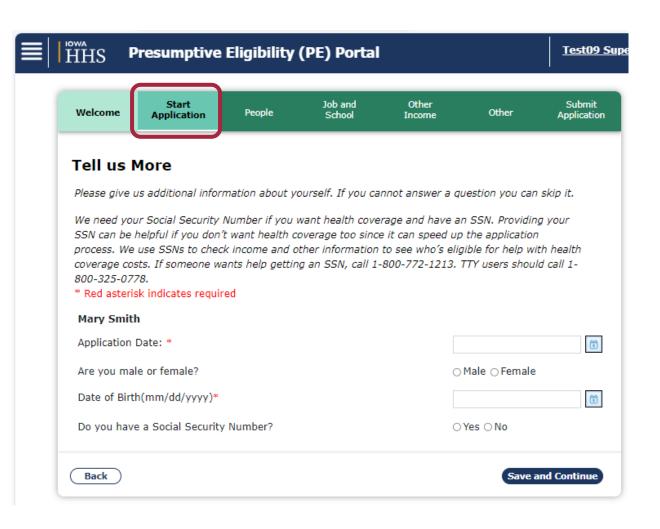
- Upon answering 'Yes' to 'Do you want to find out if you can get help paying for health coverage?' question, the following necessary fields are displayed: *Application Date*, *Gender*, *DOB*, *Applying for PE?*, *PE Type*, *Received PE in past 12 months?* and *Current Medicaid Coverage?*

- **Note:** 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.

- 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.
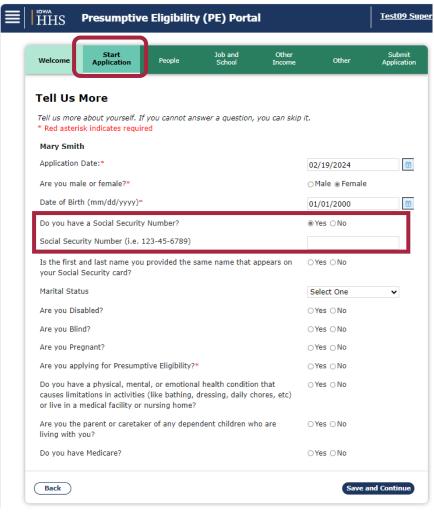


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| Welcome | Start Application | People | Job and School | Other Income | Other | Submit Application |

**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

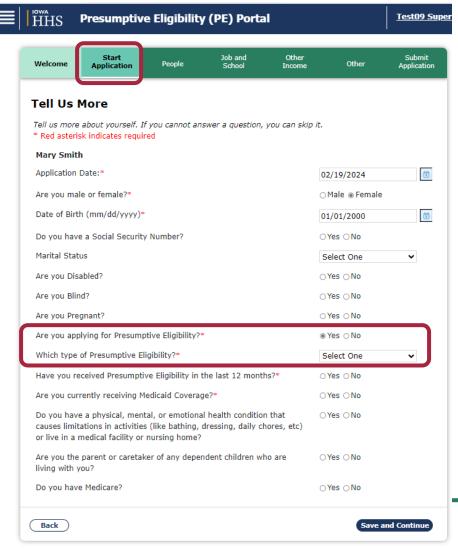# Tip: Social Security Number / PE Program Type

■ **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.

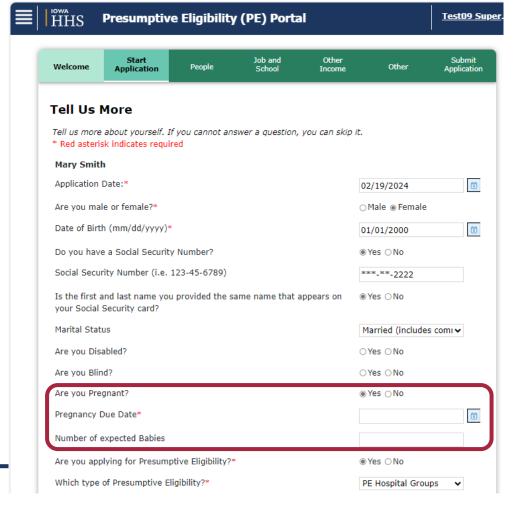# Tip: Received PE in the last 12 months?

- 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.

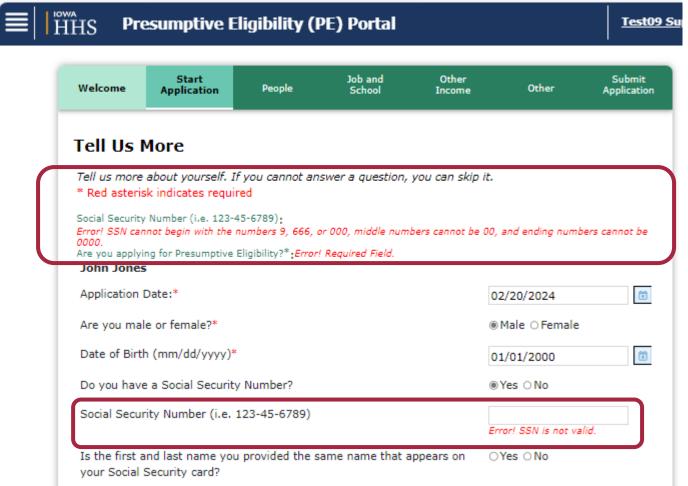- BCCT who received PE and has new cancer diagnosis may receive PE again, even within the same 12 months

# 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.**

- Do NOT enter an SSN that starts with a '9'. An error message is displayed if '9' is used in SSN field

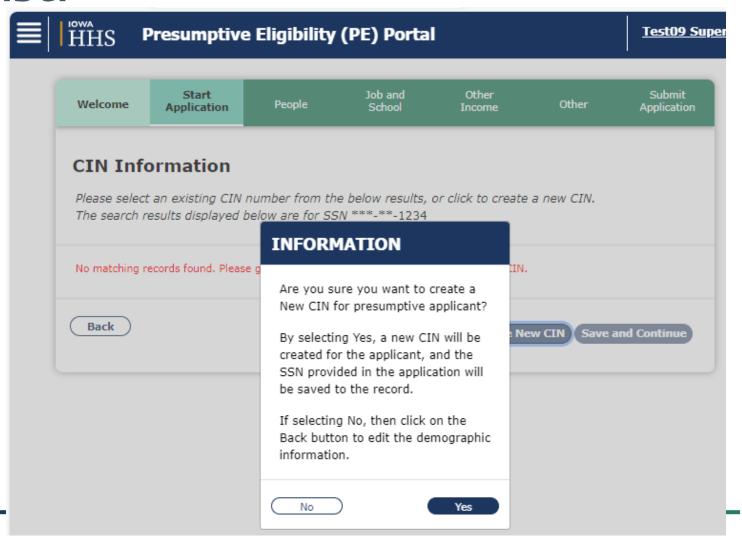- Do NOT make up an SSN or use all 1's etc.

# 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.

**IOWA**
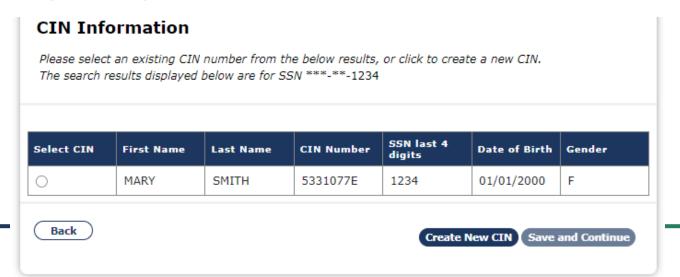HHS

# *CIN Information: New Client Index Number*

# 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

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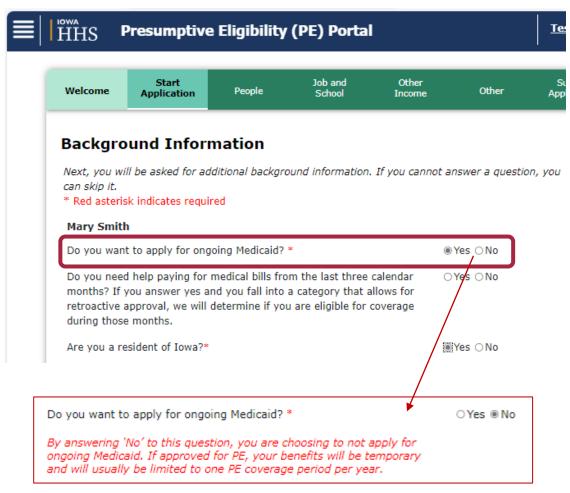# CIN Information: Existing Client Index Number

■ 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 |
|---|---|---|---|---|---|---|
| ○ | MARY | SMITH | 5331077E | 1234 | 01/01/2000 | F |

Back     Create New CIN   Save and Continue

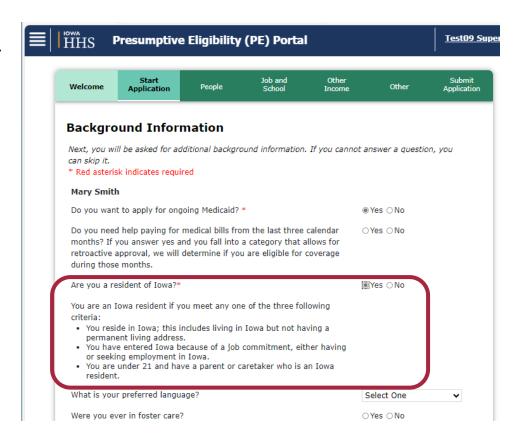**IOWA HHS**

# 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.



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

## 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

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

*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.*
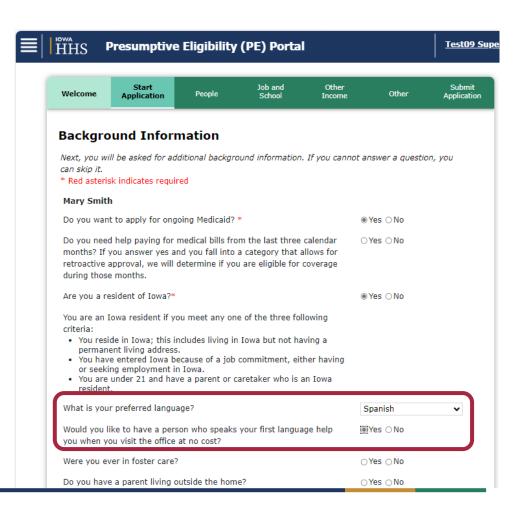
# Background Information

■ 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.

# 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.
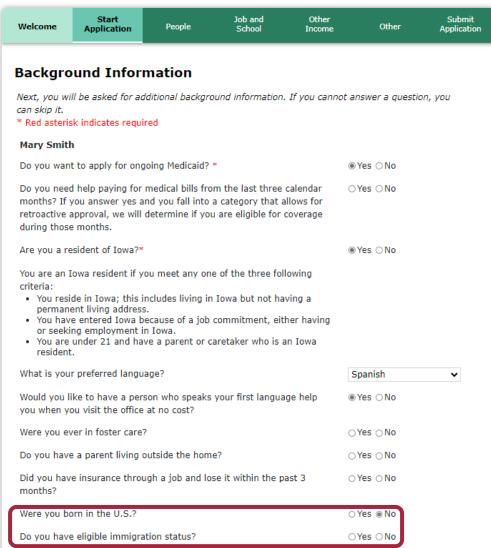
# Background Information

■ **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)

# 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/



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

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

# Immigration Status

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

# Do you have eligible immigration status?

| YES | NO at all ages |
|---|---|
| **Child under 21 lawfully present in U.S.** | **Undocumented Alien** in U.S. without papers or status documentation |
| **Asylee** | **NO only if 21 or older** |
| **Refugee** | ***Lawful Permanent Resident**, Note: LPR/ Green Card Holder Do not have eligible immigration status until qualified alien status for 5 years |
| **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 | ***Battered** non-citizen, spouse, child, or parent Note: Do not have eligible immigration status until qualified alien status for 5 years |
| **Granted withholding of deportation** | |
| Tribe: Member of a federally recognized Indian tribe or American Indian born in Canada | ***Paroled** into U.S. for at least one year Note: Do not have eligible immigration status until having qualified alien status for 5 years |
| **Citizens of Palau, the Marshall Islands, and the Federated States of Micronesia** | **Nonqualified** Alien lawfully admitted to U.S. in any other alien status. |
| **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) | **Afghan Humanitarian Parolees** who did not arrive in the U.S. between July 31, 2021 and September 30, 2022. |
| **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) | ***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 |
|---|---|---|
| • 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. | • I-94 noting SQ or SI Parole (per section 602 (B)(1) AAPA/Sec 1059(a) NDAA2006).<br>• 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).<br>• Form I-551, Permanent Resident Card<br>• Form I-766, Employment Authorization Document, with a C11 parolee category. | • Form I-94 noting Humanitarian Parole (per INA section 212(d)(5)(A)).<br>• Foreign passport with DHS/CBP admission stamp noting "OAR."<br>• Foreign passport with DHS/CBP admission stamp noting "OAW."<br>• Foreign passport with DHS/CBP stamp noting "DT" or "PAR".<br>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. |

**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.

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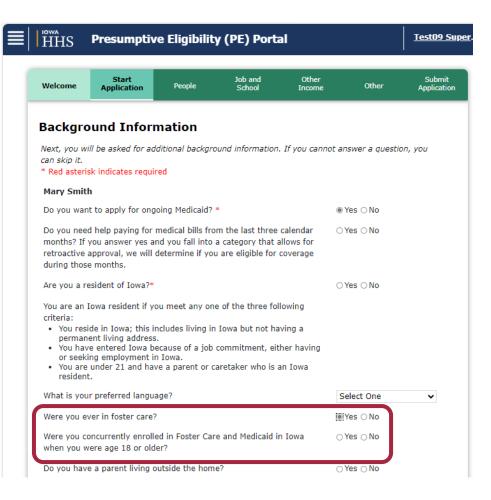# Additional Ukraine Supplemental Appropriations Act, 2022

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<br>Foreign passport with DHS/CBP admission stamp noting "DT" Or<br>Foreign passport with DHS/CBP admission stamp noting Uniting for Ukraine or "U4U" Or<br>Foreign passport with DHS/CBP admission stamp noting Ukrainian Humanitarian Parolee or "UHP" Or<br>Form I-765 Employment Authorization Document (EAD) receipt notice with code C11 Or<br>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<br>Documentation of last habitual residence in Ukraine<br>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.
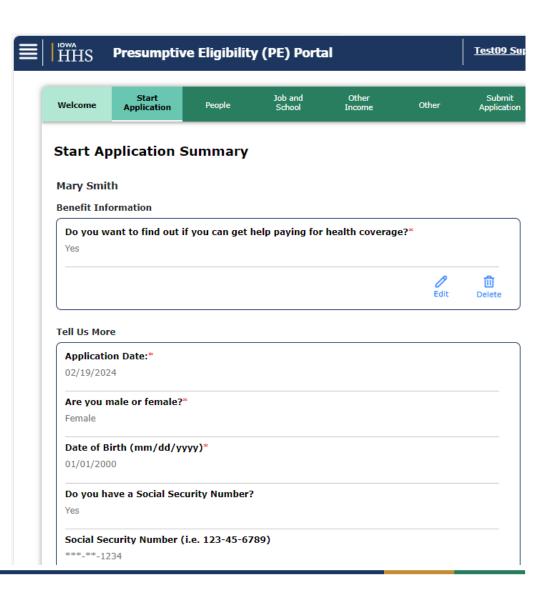
# Tip: Ever in Foster Care?

- 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 <u>only</u> 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.
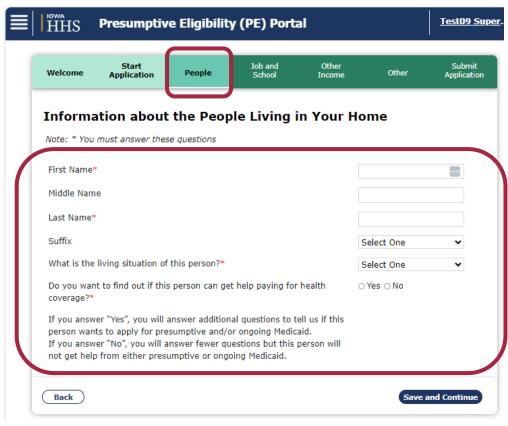
# Summary

- This page summarizes background information entered to this point. Information can be reviewed and edited on any and all of the summary pages.

- Note: Each section of the application has a Summary page for reviewing and editing.
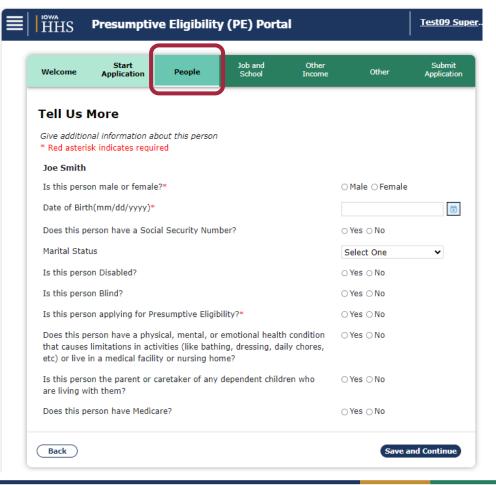
# Information about People Living in Your Home

- There are 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.



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

## Information about the People Living in Your Home

Note: * You must answer these questions

First Name*

Middle Name

Last Name*

Suffix — Select One

What is the living situation of this person?* — Select One

Do you want to find out if this person can get help paying for health coverage?* — ○ Yes ○ No

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

Back | Save and Continue

# Tell Us More (About People in the Household)

■ The next application sections are about the People in the Household. The same questions that were asked of the primary applicant are now asked of the additional household members. As is true in all areas, a summary page displays at the end of the section.
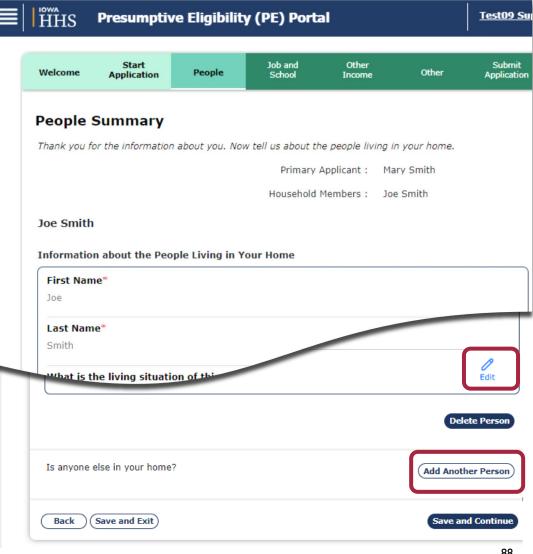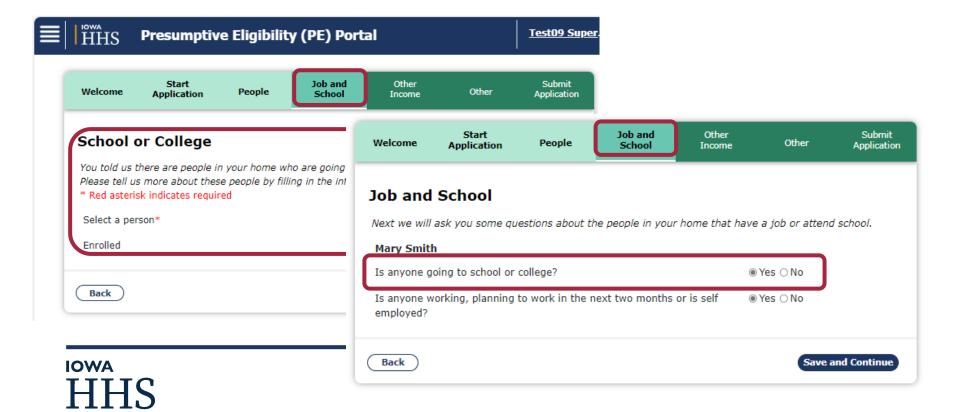
# Tip: Summary Pages – Delete/Add, Show/Hide

- On any of the **Summary** pages, the 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.
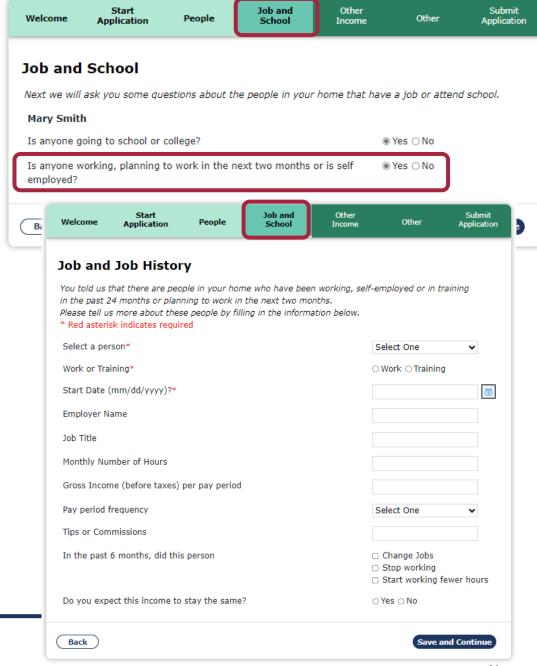
# School

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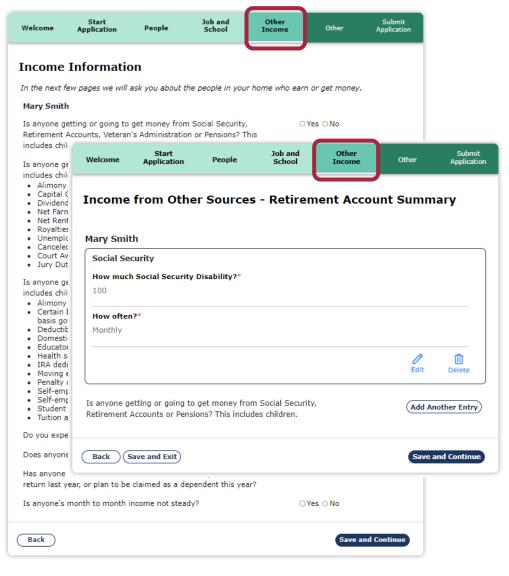
# Job

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

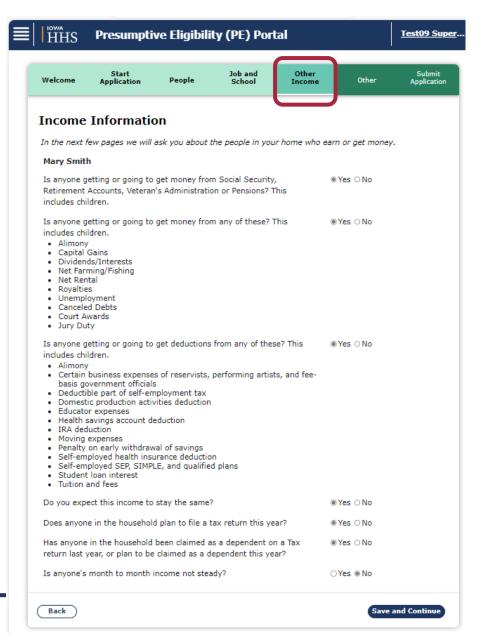# Income Section: Other than Earned Income

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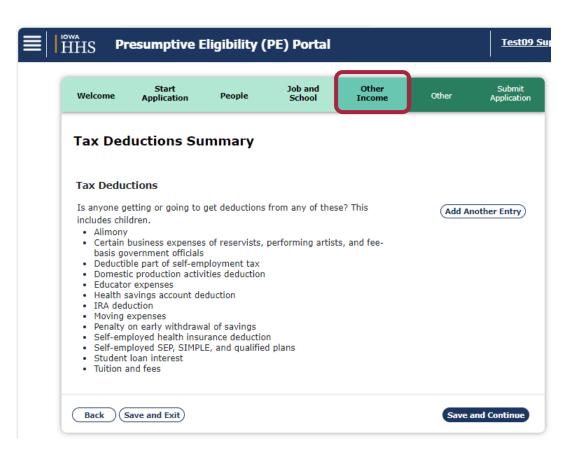
# Monthly Income

■ 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.
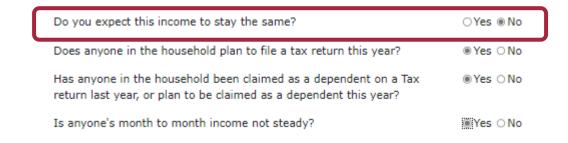
# Tax Deductions

- 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.
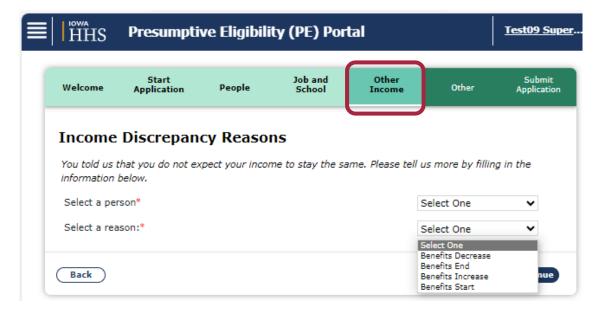
# Income Discrepancy Reasons

■ 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.
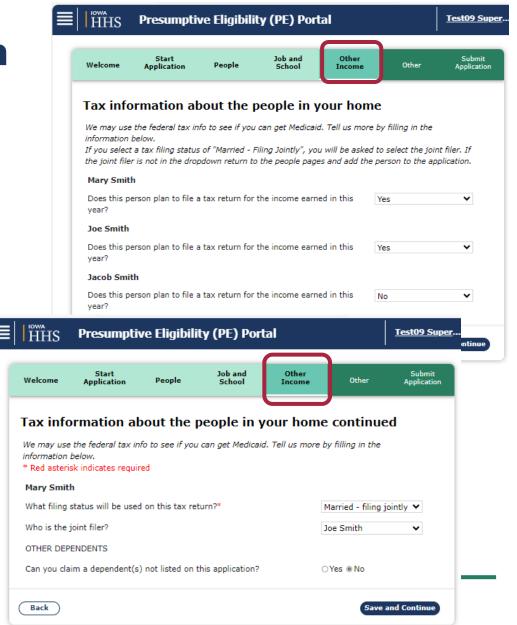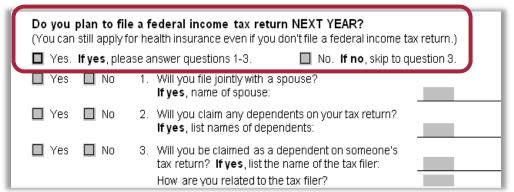
# Tax Information

■ 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.
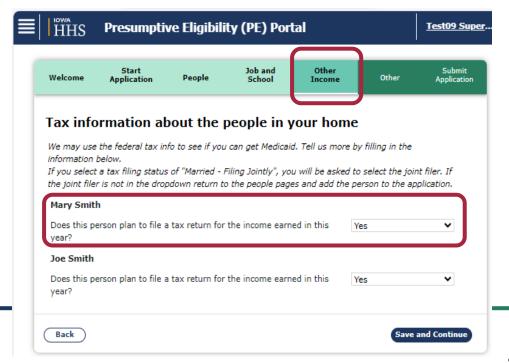


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HHS

# 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
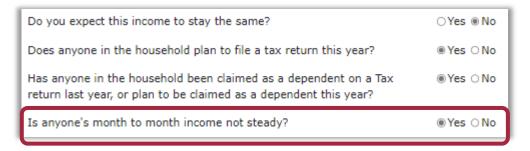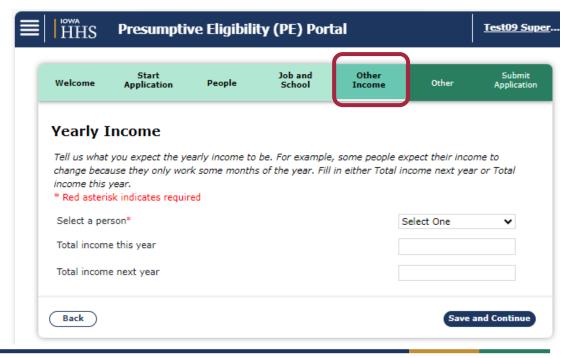
# Yearly Income

■ 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.
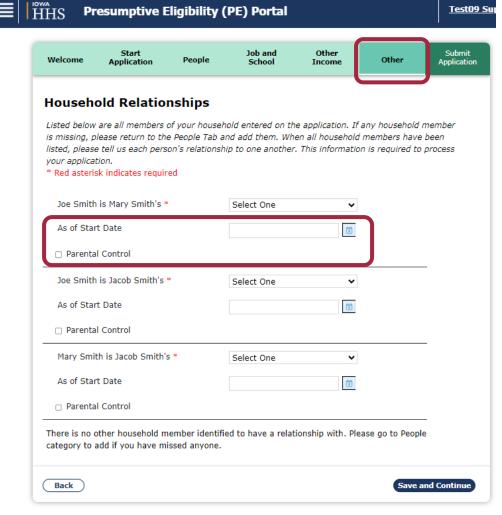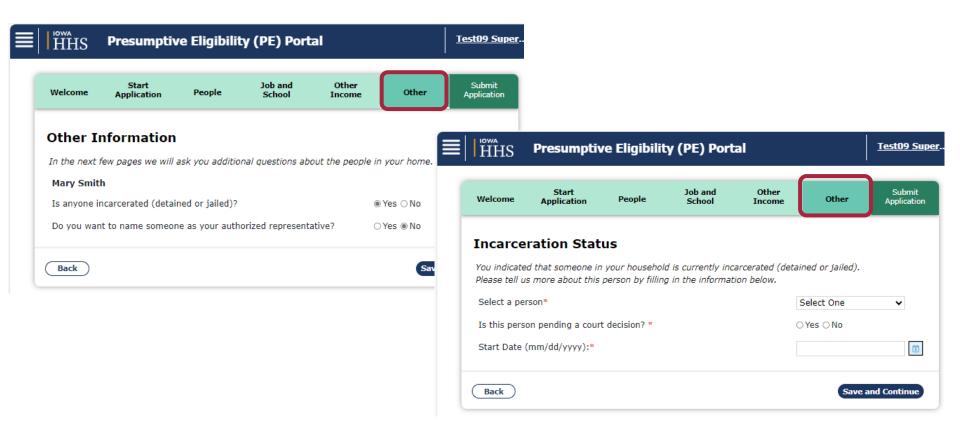
# Household Relationships

■ **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.
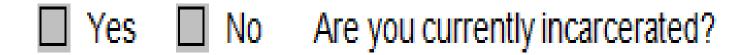
# Other Information: Incarceration Status

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

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

# Other Information: Incarceration Status: 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:
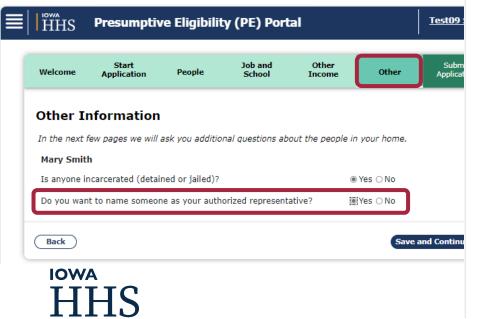
☐ Yes   ☐ No    Are you currently incarcerated?

- 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'

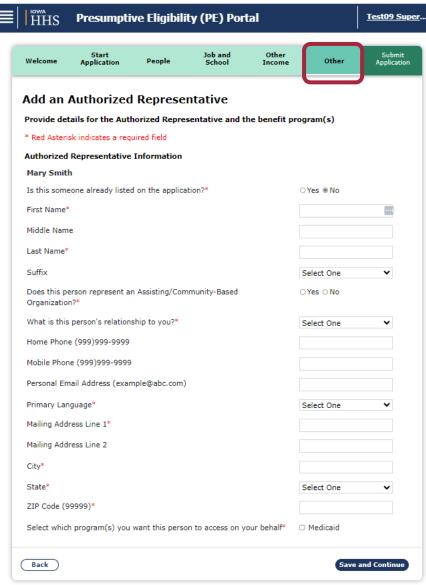- "Start Date' Enter this first day of the month in which the applicant is seeking eligibility

# 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.
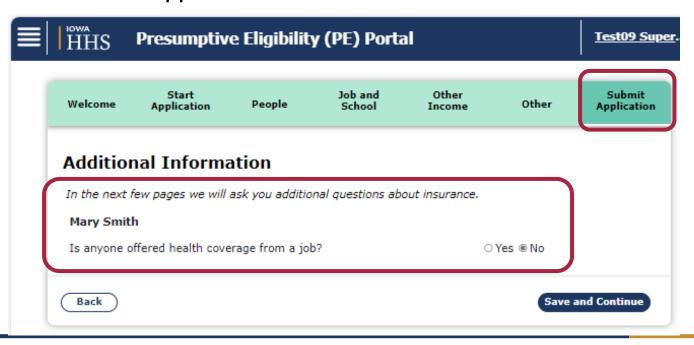
# Other Information: Authorized Representative: Continued

- 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 Kanesville 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.

# 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.

# Iowa Medicaid Estate Recovery Program



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

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

- 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:** →

**QE declaration and signature:** →

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Inside the portal screenshot:

**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, includ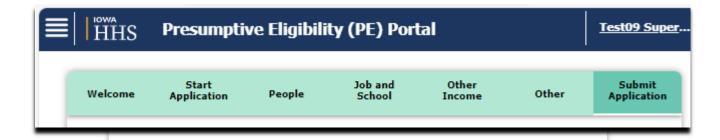ing the monthly fee paid to a Managed Care Organization (MCO), will need to be paid back from your estate after your death. Estate recovery applies if you get Medicaid and are:

- 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) 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

[                ]    Non-Applicant ✔

*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 )

# 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.*
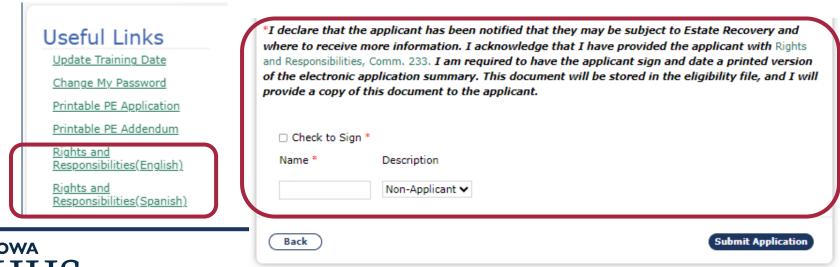
☐ Check to Sign *

Name *          Description

[                ]   Non-Applicant ▼
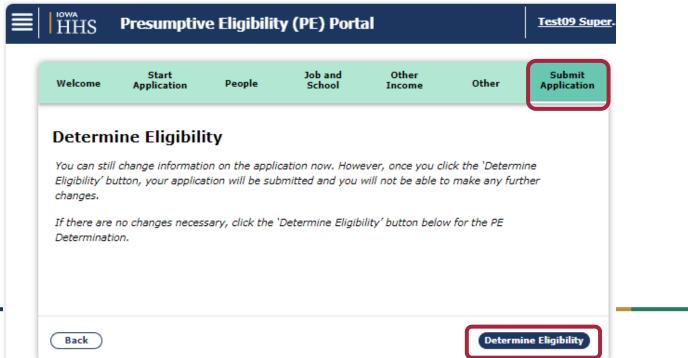
Back                                    Submit Application

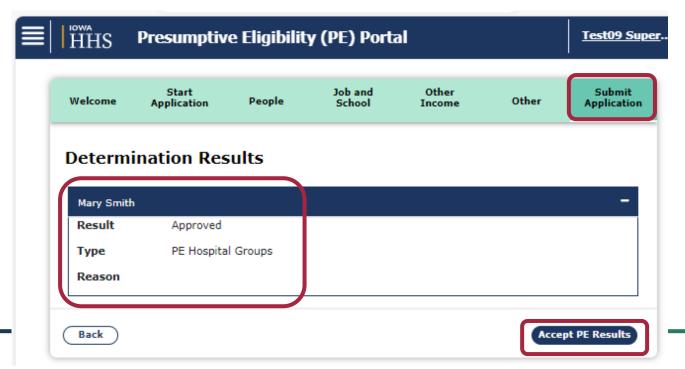**IOWA HHS**

# Determine Eligibility

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

# Determination Results

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

# Determination Results

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

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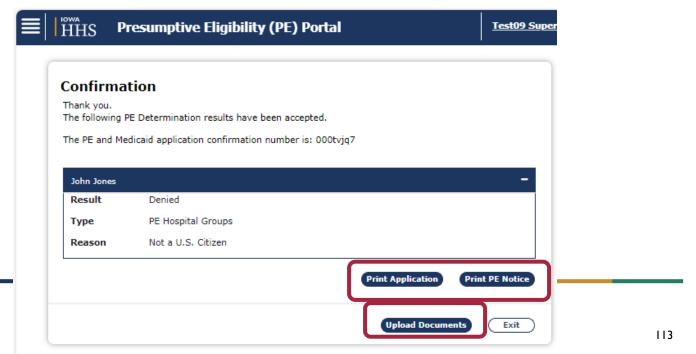
- Common Things to Review Should Results NOT be as Expected:
  - Relationships
  - Income
  - U.S Citizenship
  - Do Children have Medical Coverage question
- Refer to Presumptive Eligibility FAQ at the following address for a detailed process to assist if results are not as expected or results were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

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# 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?'



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# 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

# 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.



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# 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.



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# 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, includiing miscarriage. | Application only sent to DHS if that option is chosen on PE application. |
| Parents and Caretakers (HPA) | All Medicaid covered services | |
| E-MIYA (HCA) | All Medicaid covered services | |
| BCCT (HBA) | All Medicaid covered services | Application only sent to DHS if that option is chosen on PE application. |

# 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**
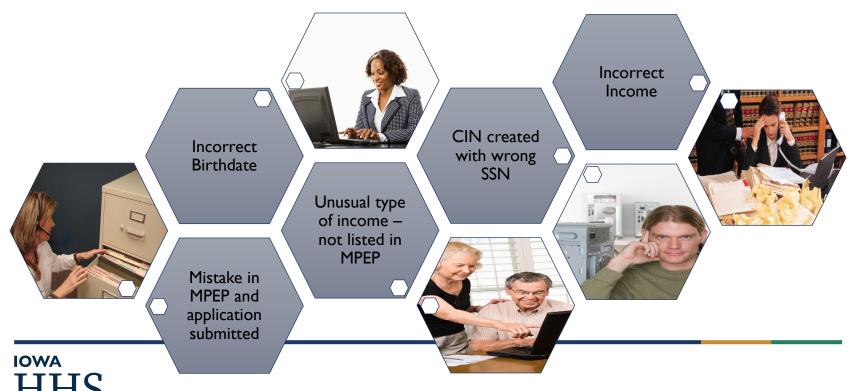
855-889-7985

**M-F   8 am–5 pm**

IMEMPEPSupport@dhs.state.ia.us

**IOWA HHS**

# 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
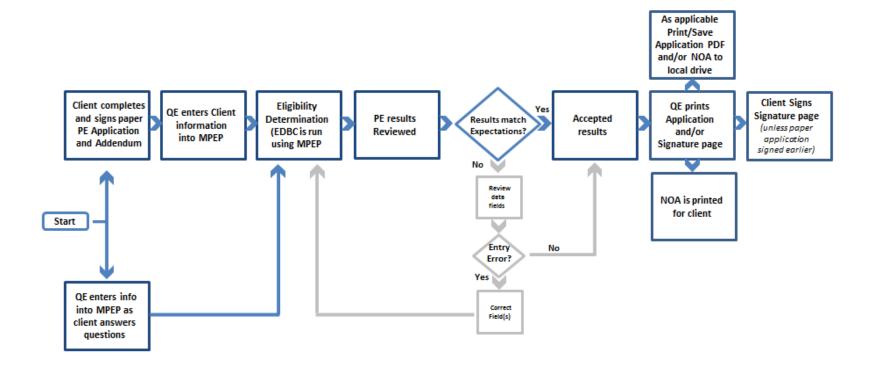


Incorrect Birthdate

Unusual type of income – not listed in MPEP

CIN created with wrong SSN

Incorrect Income

Mistake in MPEP and application submitted

# 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

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# 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

# 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.

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# 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

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- **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 <u>and</u> 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

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■ 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

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- **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

**IOWA
HHS**

- 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

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**HHS**

- 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

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■ 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

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HHS

## ■ 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

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HHS