



# Provider Townhall

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Health and  
Human Services

# Application Process

An eligibility determination must be completed within 45 days (or 90 days for determinations based on a disability)

Applications are processed through MAGI first

EXCEPTION: specific services requested, over age 65 with no dependents, or Medicare eligible

Processed through non-MAGI if no MAGI eligibility and attestation of being blind or disabled or over age 65

If additional information is needed to complete processing Form 470-5089, *Request for Information* is sent to the applicant

Notice of Action or Notice of Decision is mailed when the determination is complete

# Checking on Eligibility Status

- ▶ Providers enrolled in Medicaid can obtain information about member eligibility by accessing the ELVS (Eligibility Verification System).
  - Additional information about the ELVS line can be found in [All Providers Chapter II. Member Eligibility](#)
- ▶ If needed, you can confirm with the Field Eligibility Team that an application or information was received by the team.

# Future Enhancements and Recommendations

- ▶ HHS is working on more automated technical solutions that would allow providers to check on the status of an application online.
- ▶ Suggestions on process improvement or technical solutions. Please reach out to [Evy.Neri@hhs.iowa.gov](mailto:Evy.Neri@hhs.iowa.gov) or [Kara.Ullestad@hhs.iowa.gov](mailto:Kara.Ullestad@hhs.iowa.gov)