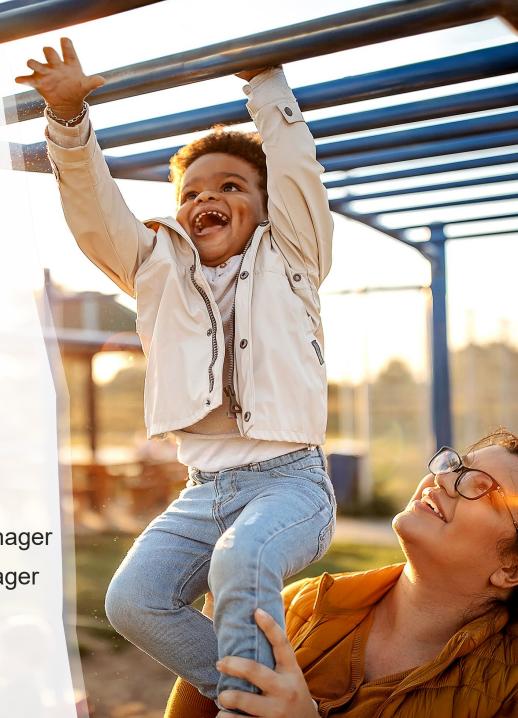
Provider Townhall

March 20, 2025

Evy Neri: Eligibility Determinations Manager

Kara Ullestad: Medicaid Program Manager





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 <u>and</u> 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 <u>All Providers Chapter II. Member Eligibility</u>
- ► 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 or Kara.Ullestad@hhs.iowa.gov