

For Human Services use only:

General Letter No. 8-AP-489

Employees' Manual, Title 8
Medicaid Appendix

April 17, 2020

ALL PROVIDERS MANUAL TRANSMITTAL NO. 20-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **All Providers Manual**, Chapter II. *Member Eligibility*, pages 20 and 21, revised; and the following forms:

- 470-5200 *Application for Initial/Recertification to Be a Presumptive Provider (PP)*, renamed and revised
- 470-5201 *Qualified Entity (QE) Medicaid Presumptive Eligibility Portal (MPEP) Access Request*, revised

Summary

All Providers Manual, Chapter II. *Member Eligibility*, is revised to:

- ◆ Clarify that, like individual Qualified Entities, Presumptive Provider (PP) organizations are responsible for compliance with the requirements explained in the Medicaid Presumptive Eligibility Policy and MPEP Training and in form 470-2582, *Memorandum of Understanding (MOU) with a Provider for PE Determinations*.
- ◆ Reflect that each PP is required to attest to having reviewed these materials as a condition of both initial certification and annual recertification.
- ◆ Update these forms to reflect these requirements:
 - Form 470-5200, *Application for Initial/Recertification to Be a Presumptive Provider (PP)*, formerly named *Application for Certification to Become a Presumptive Provider (PP)*
 - Form 470-5201, *Qualified Entity (QE) Medicaid Presumptive Eligibility Portal (MPEP) Access Request*

Effective Date

Immediately.

Material Superseded

This material replaces the following pages in the *All Providers Manual*:

<u>Page</u>	<u>Date</u>
Chapter II	
20	May 1, 2019
470-5200	8/16
470-5201	8/16
21	May 1, 2019

Additional Information

The updated provider manual containing the revised pages can be found at:

<https://dhs.iowa.gov/sites/default/files/All-II.pdf>

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at imeproviderservices@dhs.state.ia.us.



1. Presumptive Provider Categories

A presumptive provider is any organization that has been approved by the Department to conduct and authorize presumptive eligibility determinations.

The term “presumptive provider” applies to a provider that meets the definition of qualified provider pursuant to 42 USC 1396r-1 and the definition of qualified entity in the following federal regulations for the category of persons covered:

- ◆ Pregnant women: 42 CFR 435.116; 42 USC 1396r-1(b)(2);
- ◆ Persons needing breast or cervical cancer treatment (BCCT): 42 USC 1396r-1b(b)(2);
- ◆ Children under 19: 42 CFR 435.118; paragraphs (1) through (10) of the definition of qualified entity at 42 CFR 435.1101;
- ◆ Parents and caretakers: 42 CFR 435.110; 42 CFR 435.1103(b);
- ◆ Persons age 19 through 64: 42 CFR 435.119; 42 CFR 435.1103(b);
- ◆ Former foster care children: 42 CFR 435.150; 42 CFR 435.1103(b);
- ◆ “Qualifying hospital” for all of the above categories: 42 CFR 435.1110(b).

Presumptive providers are prohibited from performing presumptive eligibility determinations for Department programs for which they have not been designated by the Department as a presumptive provider for that program.

Pursuant to 42 CFR 435.1102(b)(2)(vi), only employees of the presumptive provider may be given the authority to make presumptive eligibility determinations. A presumptive provider may not delegate the authority to determine presumptive eligibility to another entity, subcontractor, or agent.

2. Application to Become a Presumptive Provider Organization

A “**presumptive provider (PP)**” is an organization, approved by the Department, to conduct and authorize PE determinations. The presumptive provider must meet the requirements outlined in the *Application for Initial/Recertification to Be a Presumptive Provider (PP)*. A PP organization that seeks to be authorized to make presumptive Medicaid eligibility determinations shall apply to DHS on form 470-5200, *Application for Initial/Recertification to Be a Presumptive Provider (PP)*. Click [here](#) to view the form online.



Application for Initial/Recertification to Be a Presumptive Provider (PP)

This form is to be used by providers as an application to be certified/recertified by the Iowa Department of Human Services (DHS) as a Presumptive Provider (PP) to make presumptive eligibility (PE) determinations.

Check one:

- I am applying for initial certification as a PP.
- I am applying for annual recertification as a PP.

Check an eligibility category (check all that apply):

- | | | | |
|---|-----------------------------------|---|--|
| <input type="checkbox"/> Parents/Caretakers
Individuals 19-64 years old
Former Foster Care Children
Children
Pregnant Women | <input type="checkbox"/> Children | <input type="checkbox"/> Pregnant Women | <input type="checkbox"/> Breast and Cervical
Cancer Treatment |
|---|-----------------------------------|---|--|

Provider/Organization Name		
Address		
City	State	Zip
Telephone	NPI Number	
Contact Name	Contact Email	
Administrator Name	Administrator Email	

- Please check here if you agree to receive future relevant provider information from the Iowa Medicaid Enterprise (IME) using these email addresses. Email addresses will not be given out and will not be used for any other purpose.

If you are currently an enrolled Medicaid provider, please indicate your provider type:

- | | |
|---|---|
| <input type="checkbox"/> General Hospital
<input type="checkbox"/> Physician MD
<input type="checkbox"/> Physician DO
<input type="checkbox"/> Rural Health Clinic
<input type="checkbox"/> Clinic
<input type="checkbox"/> Community Mental Health
<input type="checkbox"/> Area Education Agency
<input type="checkbox"/> Nurse Practitioner
<input type="checkbox"/> Indian Health Service | <input type="checkbox"/> Family Planning
<input type="checkbox"/> Mental Hospital
<input type="checkbox"/> Screening Center
<input type="checkbox"/> Maternal Health Center
<input type="checkbox"/> Certified Nurse Midwife
<input type="checkbox"/> Birthing Center
<input type="checkbox"/> Federally Qualified Health Center (FQHC)
<input type="checkbox"/> Local Education Agency
<input type="checkbox"/> Public Health Agency |
|---|---|

Presumptive Determination for Adults and Children

If you have selected a provider type above and are an enrolled Iowa Medicaid provider, you will be able to complete PE determinations for the following eligibility categories:

- Parents/caretakers
- Individuals 19-64 years old
- Former foster care children under the age of 26
- Children
- Pregnant women

Presumptive Determination for Pregnant Women Only

If you would like to be certified as a PP, you will be able to complete PE determinations only for the eligibility category of Pregnant Women.

1. Do you receive direct funds (not subcontract) under any of the following?

- Migrant health centers (under Section 329 or 330 of the Public Health Services Act)
 Yes No
- Community health centers (under Section 329 or 330 of the Public Health Services Act)
 Yes No
- Maternal and child health centers (under Title V of the Social Security Act)
 Yes No
- Health services for urban Indians (under Title V of the Indian Health Care Improvement Act)
 Yes No

If yes, attach a copy of the award letter or other verification of funding.

2. Do you participate in any of the following programs?

- Special Supplemental Food Programs for Women, Infants and Children (WIC)
 Yes No
- Commodity Supplemental Food Program
 Yes No
- A state perinatal program
 Yes No

If yes, attach a copy of documentation showing your agency's participation in the program.

3. Are you an Indian Health Service, a health program, or a facility operated by a tribe or tribal organization under the Indian Self Determination Act?

- Yes No

Presumptive Determination for Children Only

If you would like to be certified as a PP, you will be able to complete PE determinations only for the eligibility category of Children.

- Please check here if you are a school nurse

Presumptive Determinations for Breast and Cervical Cancer Treatment (BCCT) Only

If you would like to be certified as a PP, you will be able to complete PE determinations only for the eligibility category of BCCT.

1. **Are you under contract with the Iowa Department of Public Health as lead agency for the Breast and Cervical Cancer Early Detection Program?**

Yes No

If yes, please indicate which counties: _____

2. **Do you have a cooperative agreement with the Iowa Department of Public Health under the Center for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program to receive reimbursement for providing breast or cervical cancer screening or diagnostic services to participants in the Care for Yourself Breast and Cervical Cancer Early Detection Program?**

Yes No

All Provider Types

All Presumptive Providers are responsible for meeting the requirements explained in the "Medicaid Presumptive Eligibility Policy and MPEP Training" and in form 470-2582, *Memorandum of Understanding (MOU) with a Provider for PE Determinations*, available at <https://dhs.iowa.gov/ime/providers/tools-trainings-and-services/medicaid-initiatives/pe>.

1. **I have reviewed the Policy and MPEP Training and know that I am responsible for compliance with the requirements it explains.**

Yes No

2. **I have read and agree to the terms stated in the Memorandum of Understanding (MOU).**

Yes No

By signing this document I understand that any false statement, omission or misrepresentation may result in prosecution under state and federal laws.

Signature	Date
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This form will be reviewed and a decision to approve or deny will be made. An email will be sent by the IME Provider Enrollment Unit when this process is complete to the email address listed on this form. This should take no more than two business days. Contact the IME Provider Enrollment Unit at 1-800-338-7909, option 2, for assistance in completing this form.

You may fill out, print, and mail or fax the completed form to:

Iowa Medicaid Enterprise
Provider Services Unit
PO Box 36450
Des Moines, IA 50315
Fax: 515-725-1155

Email: IMEMPEPsupport@dhs.state.ia.us



Qualified Entity (QE) Medicaid Presumptive Eligibility Portal (MPEP) Access Request

This form is to be used by Qualified Entities (QE) that have completed their online training and are requesting access to the Medicaid Presumptive Eligibility Portal (MPEP).

NAME OF PRESUMPTIVE PROVIDER (PP):

FULL NAME OF USER:

PHONE NUMBER:

EMAIL OF USER:

- Please check here if you agree to receive future relevant provider information from the Iowa Medicaid Enterprise (IME) using this email address. This email address will not be given out and will not be used for any other purpose.

Please check all that applies:

1. I am a qualified entity to make presumptive Medicaid Eligibility determinations for:

- Pregnant women
 Children
 BCCT (breast and cervical cancer treatment)
 Hospitals (former foster care children, individuals 19-64 years old, parents and caretakers, children, pregnant women)

2. I am a qualified entity for more than one organization.

- Yes
 No

3. I have reviewed the Policy and MPEP Training and know that I am responsible for compliance with the requirements it explains.

- Yes
 No

4. I have read and agree to the terms stated in the Memorandum of Understanding (MOU).

Yes

No

Signature and Date (print name and date then read and check the statement below)

I certify that I am an approved Qualified Entity enrolled with Iowa Medicaid certified by DHS with the authority to make presumptive eligibility determinations as a Qualified Entity. By signing this document I understand that any false statement, omission or misrepresentation may result in prosecution under state and federal laws.

This form will be reviewed and a decision to approve or deny will be made. An email will be sent when this process is complete to the email address listed on this form. This should take no more than two business days.

You may also fill out, print, and mail or fax the completed form to:

Iowa Medicaid Enterprise
Provider Services Unit
PO Box 36450
Des Moines, IA 50315
Fax to (515) 725-1155



Send the completed application form and supporting documents (if applicable) to:

Iowa Medicaid Enterprise
Attn: Provider Enrollment
PO Box 36450
Des Moines, IA 50315

Or Fax: (515) 725-1155 Attn: Provider Enrollment

For questions about applying to be a presumptive provider, contact the IME Provider Enrollment Unit at (800) 338-7909 (option 2), or locally (Des Moines) at (515) 256-4609 (option 2) or by email at imeproviderservices@dhs.state.ia.us.

After receiving completed form 470-5200, the Department determines if the applicant organization meets the criteria to become a presumptive provider (PP). If qualified as a PP, an email sent to the PP organization contains the required steps for each individual who the PP organization will be designating to make presumptive eligibility determinations. This email contains required self-directed training, form 470-2582, *Memorandum of Understanding with a Presumptive Provider for Presumptive Medicaid Eligibility Determinations*, and form 470-5201, *Qualified Entity (QE) Medicaid Presumptive Eligibility Portal (MPEP) Access Request*.

PP organizations are required to be recertified annually. Each PP organization's designated contact will be notified by email 60 days in advance of the certification expiration date of the requirement to recertify. To be recertified, the PP must complete the self-directed training and re-attest to the Memorandum of Understanding.

Click [here](#) to view the *Memorandum of Understanding (MOU) with a Presumptive Provider for Presumptive Medicaid Eligibility Determinations*, form 470-2582.

Click [here](#) to view the *Qualified Entity (QE) Medicaid Presumptive Eligibility Portal (MPEP) Access Request*, form 470-5201.

3. **Application to Become an Individual Qualified Entity**

Legal reference: 441 IAC 76.1(249A)

Once the presumptive provider organization has completed the necessary requirements and after receiving completed form 470-5201, the Department will authorize each individual QE's access to the presumptive eligibility system called the Medicaid Presumptive Eligibility Portal (MPEP).