

Date of Decision:

E-app Number:

## Presumptive Medicaid Eligibility Notice of Action - Approval / Denial

Dear

Congratulations! **Some** of 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.

PE for Medicaid is granted on a daily basis and may end at any time. The latest date that you will have PE for Medicaid is listed below. PE for Medicaid coverage will end earlier if an ongoing Medicaid application is processed by the Department of Human Services (DHS) before this date. You may find out if eligibility continues by calling Member Services at 1-800-338-8366.

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

The following individuals have <b>been approved</b> 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

### PROVIDERS: PLEASE READ

As a provider, you should know the following:

- This Notice of Action is an indicator of possible Medicaid eligibility and is not a guarantee of presumptive Medicaid eligibility.
- A person who is presumptively eligible will not be given a Medicaid Assistance Eligibility Card.
- **Presumptive Medicaid eligibility is granted on a daily basis, rather than a monthly basis and may end at any time.**
- **Verify eligibility before giving services by calling the Eligibility Verification System (ELVS) in Iowa at 1-800-338-7752. Eligibility verification through the ELVS line will be possible within 24-48 hours after this Notice of Action is issued.**

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**Presumptive Medicaid Eligibility  
Notice of Action - Approval / Denial**

The following individuals are <b>not eligible</b> for Presumptive Eligibility for the reason indicated below			
Name (First, Middle Initial, Last Name)	State ID	Date of Birth	Reason

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Remember - This is not a formal Medicaid eligibility determination. PE Medicaid coverage is temporary. **You must follow through with the ongoing Medicaid application process, if applicable, to see if Medicaid coverage can continue.** PE Medicaid will end if DHS decides you are not eligible for ongoing Medicaid. DHS will contact you when a decision is made about ongoing eligibility for Medicaid. They will also contact you if they need more information.

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

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

### The presumptive eligibility determination was made by:

Qualified Entity Name: \_\_\_\_\_

Name of Person Completing: \_\_\_\_\_

Phone number: \_\_\_\_\_

e-mail address: \_\_\_\_\_

You have the right to file an appeal of this notice but appeal hearings are not granted on presumptive eligibility for Medicaid, based on 441 Iowa Admin. Code 7.5(2)(a)(6)

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## **You Have the Right to Appeal**

### **What is an appeal?**

An **appeal** is asking for a hearing because you do not like a decision the Department of Human Services (DHS) makes. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7].

### **How do I appeal?**

Filing an appeal is easy. You can appeal in person, by telephone or in writing for Food Assistance, Child Care Assistance, Family Investment Program or Medicaid. You must appeal in writing for all other programs by doing **one** of the following:

- Complete an appeal electronically at <https://hhs.iowa.gov/programs/appeals/>, or
- Write a letter telling us why you think a decision is wrong, or
- Fill out an Appeal and Request for Hearing form. You can get this form at your county DHS office

Send or take your appeal to the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask your county DHS office.

### **How long do I have to appeal?**

For Food Assistance or Medicaid, you have 90 calendar days to file an appeal from the date of a decision. For all other programs, you must file an appeal:

- Within 30 calendar days of the date of a decision or
- Before the date a decision goes into effect

If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing. If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

### **Can I continue to get benefits when my appeal is pending?**

You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal within 10 calendar days of the date the notice is received. A notice is considered to be received 5 calendar days after the date on the notice. For the Family Investment Program, Child Care Assistance and Medicaid, benefits can also continue if you file an appeal before the date a decision goes into effect. Any benefits you get while your appeal is being decided may have to be paid back if the Department's action is correct.

### **How will I know if I get a hearing?**

You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. This letter will tell you why you did not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

### **Can I have someone else help me in the hearing?**

You or someone else, such as a friend or relative, can tell why you disagree with the Department's decision. You may also have a lawyer help you, but the Department will not pay for one. Your county DHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

### **Policy Regarding Discrimination, Harassment, Affirmative Action, and Equal Employment Opportunity**

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees, and clients without regard to race, color, national origin, sex, sexual orientation, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, please send a letter detailing your complaint to: Iowa Department of Human Services, Hoover Building, 5th Floor – Bureau of Policy Coordination, 1305 E Walnut, Des Moines, IA 50319-0114 or via email [FDHS@hhs.iowa.gov](mailto:FDHS@hhs.iowa.gov)

### **Additional Information:**

You may look at the Employees' Manual (EM) at the Department's county office.

Health insurance Portability and Accountability Act (HIPPA) information can be found online at <http://hhs.iowa.gov>