



### 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 Health and Human Services (HHS) 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):

- Parents/Caretakers  
Individuals 19-64 years old  
Former Foster Care Children  
Pregnant Women
- Children
- Pregnant Women
- 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 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:

- General Hospital
- Family Planning
- Physician MD
- Mental Hospital
- Physician DO
- Screening Center
- Rural Health Clinic
- Maternal Health Center
- Clinic
- Certified Nurse Midwife
- Community Mental Health
- Birthing Center
- Area Education Agency
- Federally Qualified Health Center (FQHC)
- Nurse Practitioner
- Local Education Agency
- Indian Health Service
- 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?

- a. Migrant health centers (under Section 329 or 330 of the Public Health Services Act)  
 Yes     No
- b. Community health centers (under Section 329 or 330 of the Public Health Services Act)  
 Yes     No
- c. Maternal and child health centers (under Title V of the Social Security Act)  
 Yes     No
- d. 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?

- a. Special Supplemental Food Programs for Women, Infants and Children (WIC)  
 Yes     No
- b. Commodity Supplemental Food Program  
 Yes     No
- c. 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 Health and Human Services (HHS) 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 HHS 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://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/presumptive-eligibility>.

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

Email: [imeproviderenrollment@hhs.iowa.gov](mailto:imeproviderenrollment@hhs.iowa.gov)