



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