



## 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):**

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**FULL NAME OF USER:**

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**PHONE NUMBER:**

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**EMAIL OF USER:**

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- Please check here if you agree to receive future relevant provider information from the Iowa Medicaid 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 (QE) enrolled with Iowa Medicaid certified by the Iowa Department of Health and Human Services (HHS) with the authority to make presumptive eligibility determinations as a Qualified Entity (QE). 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  
Provider Services Unit  
PO Box 36450  
Des Moines, IA 50315  
Fax to (515) 725-1155

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