



## Qualified Entity (QE) Medicaid Presumptive Eligibility Portal (MPEP) Recertification

This form is to be used by Qualified Entities when completing annual recertification.

<b>Name of Presumptive Provider (PP):</b>	
<b>National Provider Identifier (NPI) Number:</b>	
<b>User Full Name:</b>	
<b>Telephone Number:</b>	
<b>User Email:</b>	

- 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.

**1. I have reviewed the webinar training.**

- Yes  
 No

<b>Completion Date of Training:</b>	
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**2. I have read and agree to the terms stated in the Memorandum of Understanding (MOU).**

- Yes  
 No

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

<b>Signature:</b>	<b>Date:</b>
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**You may also fill out, print, and mail the completed form to:**

Iowa Medicaid Enterprise  
Provider Services Unit  
PO Box 36450  
Des Moines, IA 50315

[IMEProviderEnrollment@dhs.state.ia.us](mailto:IMEProviderEnrollment@dhs.state.ia.us)