

**641—10.5 (135) Participant eligibility criteria.** An applicant for the IGS program must satisfy the criteria outlined in this rule. If an applicant does not meet these criteria, the applicant shall be provided information by contracted local program staff regarding IowaCare, free care or sliding-fee clinics available in the area in which the applicant lives.

**10.5(1) Age.** Individuals 50 through 64 years of age shall be the target population to receive colorectal cancer screening.

**10.5(2) Income.**

*a.* The IGS program income guidelines are based upon 250 percent of the federal poverty level (FPL), which is set annually by the Centers for Medicare and Medicaid Services (CMS). New IGS program income guidelines will be adjusted following any change in CMS guidelines.

*b.* Self-declaration of income may be accepted.

*c.* Eligibility shall be based on net income for the household.

*d.* Assets shall not affect income status and shall not be counted when eligibility under the IGS program is determined.

**10.5(3) Insurance.**

*a.* The IGS program shall determine individuals to be uninsured if they do not have health insurance coverage.

*b.* The IGS program shall determine individuals to be underinsured if they have health insurance with unreasonably high copayments, deductibles or coinsurance or the insurance does not cover the IGS program's covered services.

*c.* Individuals who have Medicaid or Medicare Part B are not eligible. Individuals who have IowaCare, Medicaid with spend down, or Iowa family planning network may be eligible.

**10.5(4) Residency.**

*a.* Individuals must reside in the state of Iowa.

*b.* Individuals shall have an established address and contact information as needed for program staff to provide screening results, rescreens, and follow-up services.

**10.5(5) Risk level.** Individuals with an average or increased risk for developing colorectal cancer as defined by the recommendations of the USPSTF may qualify for IGS program services.

**10.5(6) Ineligible.** The IGS program does not provide coverage for:

*a.* Individuals with Medicare Part B coverage.

*b.* Individuals 49 years of age and younger.

*c.* Individuals 65 years of age and older.

*d.* Individuals who do not have a primary care provider.

*e.* Individuals at high risk for developing colorectal cancer. Individuals at high risk include:

(1) A genetic diagnosis of familial adenomatous polyposis (FAP) or hereditary nonpolyposis colorectal cancer (HNPCC),

(2) A clinical diagnosis or suspicion of FAP or HNPCC, or

(3) A history of inflammatory bowel disease (ulcerative colitis or Crohn's disease).

*f.* Individuals experiencing the following gastrointestinal symptoms:

(1) Rectal bleeding, bloody diarrhea, or very dark blood in the stool within the past six months;

(2) Prolonged change in bowel habits;

(3) Persistent/ongoing abdominal pain;

(4) Recurring symptoms of bowel obstruction; or

(5) Significant unintentional weight loss.