

**441—86.1(514I) Definitions.**

*“Administrative error”* means an action of the department that results in incorrect payment of benefits, including premiums paid to a health or dental plan, due to one or more of the following circumstances:

1. Misfiled or lost form or document.
2. Error in typing or copying.
3. Computer input error.
4. Mathematical error.
5. Failure to determine eligibility correctly when all essential information was available to the department.
6. Failure to request essential verification necessary to make an accurate eligibility determination.
7. Failure to make timely revision in eligibility following a change in policy requiring application of the policy change as of a specific date.
8. Failure to issue timely notice to cancel benefits that results in benefits continuing in error.

*“Applicant”* means anyone in the household, including all adults and children under the age of 19 who are counted in the hawki family size according to the modified adjusted gross income methodology and who are listed on the application or renewal form.

*“Capitation rate”* means the fee the department pays monthly to a PHP for each enrolled recipient for the provision of covered medical services whether or not the enrolled recipient received services during the month for which the fee is intended.

*“Client error”* means any action or inaction of the enrollee or the enrollee’s representative that results in incorrect payment of benefits, including premiums paid to a health or dental plan, because at least one of the following occurred:

1. The enrollee or the enrollee’s representative failed to disclose information or gave a false or misleading statement, oral or written, regarding income or another eligibility factor; or
2. The enrollee or the enrollee’s representative failed to timely report a change as defined in rule 441—86.10(514I).

*“Contract”* means the contract between the department and the participating health or dental plan for the provision of medical or dental services to hawki enrollees for whom the participating health or dental plans assume risk.

*“Cost sharing”* means the payment of a premium or copayment as provided for by Title XXI of the federal Social Security Act, as amended to August 1, 2024, and Iowa Code section 514I.10.

*“Countable income”* means earned and unearned income of the family according to the modified adjusted gross income methodology.

*“Covered services”* means all or a part of those medical and dental services set forth in rule 441—86.14(514I).

*“Dentist”* means a person who is licensed to practice dentistry.

*“Eligible child”* means an individual who meets the criteria for participation in the hawki program as set forth in rule 441—86.2(514I).

*“Emergency dental condition”* means an oral condition that occurs suddenly and creates an urgent need for professional consultation or treatment. Emergency conditions may include hemorrhage, infection, pain, broken teeth, knocked-out teeth, or other trauma.

*“Emergency medical condition”* means a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in one of the following:

1. Placing the health of the person or, with respect to a pregnant woman, the health of the woman and her unborn child, in serious jeopardy,
2. Serious impairment to bodily functions, or
3. Serious dysfunction of any bodily organ or part.

*“Emergency services”* means, with respect to an individual enrolled with a plan, covered inpatient and outpatient services that are furnished by a provider qualified to furnish these services and that are needed to evaluate and stabilize an emergency medical or dental condition.

“*Enrollee*” means a child who has been determined eligible for the program and who has been enrolled with a participating health plan.

“*Enrollment broker*” means the entity the department uses to enroll eligible children with a managed care organization. The enrollment broker must be conflict-free and meet all applicable requirements of state and federal law.

“*Family*” means anyone in the household, including all adults and children under the age of 19 who are counted in the hawki family size according to the modified adjusted gross income methodology.

“*Federal poverty level*” means the poverty income guidelines revised annually and published in the Federal Register by the United States Department of Health and Human Services.

“*Good cause*” means the family has demonstrated that one or more of the following conditions exist:

1. There was a serious illness or death of the enrollee or a member of the enrollee’s family.
2. There was a family emergency or household disaster, such as a fire, flood, or tornado.
3. There was a reason beyond the enrollee’s control.
4. There was a failure to receive the department’s request for a reason not attributable to the enrollee.

Lack of a forwarding address is attributable to the enrollee.

“*Hawki program*” or “*program*” means the healthy and well kids in Iowa program implemented in this chapter to provide health and dental care coverage to eligible children.

“*Health insurance coverage*” means health insurance coverage as defined in 45 CFR Section 144.103 as amended to August 1, 2024.

“*Health Insurance Marketplace*” or “*Exchange*” means the entity authorized under 42 U.S.C. Section 18031(d)(4)(F) (as amended to August 1, 2024) to evaluate and determine eligibility of applicants for Medicaid, the Children’s Health Insurance Program (CHIP), and other health programs.

“*Initial application*” means the first program application or a subsequent application that is not a renewal.

“*Institution for mental diseases*” means the same as defined in 42 CFR Section 435.1010 as amended to August 1, 2024.

“*Medical Assistance Advisory Council*” or “*MAAC*” means the advisory body authorized by Iowa Code section 249A.4B.

“*Modified adjusted gross income*” means the methodology prescribed in 42 U.S.C. Section 1396a(e) (14) and 42 CFR 435.603 as amended to August 1, 2024.

“*Participating dental plan*” means any entity licensed by the division of insurance of the department of insurance and financial services to provide dental insurance in Iowa that has contracted with the department to provide dental insurance coverage to eligible children under this chapter.

“*Participating health plan*” or “*PHP*” means any entity licensed by the division of insurance of the department of insurance and financial services to provide health insurance in Iowa or an organized delivery system licensed by the director that has contracted with the department to provide health insurance coverage to eligible children under this chapter.

“*Passive enrollment process*” means the process by which the department assigns a child to a participating health or dental plan and which seeks to preserve existing provider-enrollee relationships, if possible. In the absence of existing relationships, the process ensures that members are equally distributed among all available health or dental plans.

“*Physician*” means the same as defined in Iowa Code section 135.1(4).

“*Provider*” means an individual, firm, corporation, association, or institution that is providing or has been approved to provide medical or dental care or services to an enrollee pursuant to the hawki program.

“*Public institution*” means the same as defined in 42 CFR Section 435.1010 as amended to August 1, 2024.

“*Renewal*” means any application used to establish ongoing eligibility, without a break in coverage, for any enrollment period subsequent to an enrollment period established by an initial application.

“*Supplemental dental-only coverage*” means dental care coverage provided to a child who meets the eligibility requirements for the hawki program except that the child is covered by health insurance through an individual or group health plan.