

**441—76.1(249A) Definitions.** The following definitions apply to this chapter in addition to the definitions in rule 441—75.1(249A).

“*Act*” or “*the Act*” means the federal Social Security Act, and all references herein are as amended to August 1, 2025.

“*Authorized representative*” means an individual or organization authorized by a competent applicant or member, authorized by a responsible person acting for an incompetent applicant or member pursuant to subrule 76.9(2), or with other legal authority to represent the applicant or member in the application process, the review of eligibility and other ongoing communications with the department.

“*Business hours*” or “*HHS business hours*” means the hours between 8 a.m. and 4:30 p.m. Central Time during a weekday (Monday through Friday), excluding public holidays.

“*Code of Federal Regulations*” or “*CFR*” means the United States Code of Federal Regulations. All references to the CFR herein are as amended to August 1, 2025, unless another effective date is specified.

“*Electronic account*” means a web-based account established by the department for an applicant or member for communication between the department and the applicant member.

“*Electronic case record*” means an electronic file that includes all information collected and generated by the department regarding each individual’s Medicaid eligibility and enrollment.

“*Electronic data sources*” or “*EDS*” means federal and state data sources with which the department conducts data matches for the purpose of determining eligibility. Federal data sources include the Internal Revenue Service (IRS), the Social Security Administration (SSA) and the United States Department of Homeland Security. State data sources include Iowa workforce development (IWD) wage and unemployment compensation, SSA, IRS, and the Public Assistance Reporting Information System (PARIS).

“*Federally Facilitated Marketplace*” or “*FFM*” means the health insurance marketplace established by the United States Secretary of Health and Human Services for states that choose not to set up their own marketplace or that do not get approval for one pursuant to 42 U.S.C. §18041.

“*Federally Facilitated Marketplace referral*” or “*FFM referral*” means an application submitted at [healthcare.gov](https://healthcare.gov) that requests help paying for health insurance. These applications are screened by the FFM and, if found to be potentially eligible for Iowa Medicaid or hawki, are transmitted via an electronic data file to the department for a final Medicaid/hawki determination.

“*Health insurance marketplace*” means a health insurance marketplace established pursuant to 42 U.S.C. §18031.

“*Medicare savings program*” refers to the limited Medicaid coverage groups that provide payment of Medicare premiums, coinsurance, and deductibles for low-income elderly or disabled individuals. Those groups are:

1. Qualified disabled and working people (QDWP) pursuant to 42 U.S.C. §1396a(a)(10)(E)(ii);
  2. Qualified Medicare beneficiaries (QMB) pursuant to 42 U.S.C. §1396a(a)(10)(E)(i);
  3. Specified low-income Medicare beneficiaries (SLMB) pursuant to 42 U.S.C. §1396a(a)(10)(E)(iii);
- and
4. Expanded specified low-income Medicare beneficiaries (ESLMB) pursuant to 42 U.S.C. §1396a(a)(10)(E)(iv).

“*Presumptive provider*” means an organization approved by the department to conduct and authorize presumptive eligibility determinations as described in subrule 76.7(1).

“*Qualified entity*” means an individual, under the supervision and authority of a presumptive provider, approved by the department to conduct and authorize presumptive eligibility determinations.

“*Responsible person*” means an individual recognized by the department pursuant to subrule 76.9(1) as acting for an applicant or member who is unable to act on the applicant’s or member’s own behalf because the applicant or member is a minor or is incompetent, incapacitated, or deceased.

“*SSA*” means the federal Social Security Administration.

“*Supplemental Security Income*” or “*SSI*” is a federally administered program established by Title XVI of the Social Security Act to provide supplemental income to individuals who have attained the age of 65 or are blind or disabled.

“*United States Code*” or “*U.S.C.*” means the general and permanent laws of the United States. All references to U.S.C. herein are as amended to August 1, 2025, unless another effective date is specified.

“*WIC*” is the Special Supplemental Nutrition Program for Women, Infants, and Children established pursuant to 42 U.S.C. §1786.

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