

# Medicaid Eligibility Overview

Health Policy Oversight Committee

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# Overview

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# How and Where to apply for Medicaid

- Online at [dhsservices.iowa.gov](https://dhsservices.iowa.gov) or [www.healthcare.gov](https://www.healthcare.gov);
- Any local DHS office; federally qualified health center in Iowa, or other facility in Iowa where outstationing activities are provided.
- In person,
- By mail,
- By telephone at 1-855-889-7985, or by e-mail or fax to a local DHS office.
- Addresses, e-mail addresses, and fax numbers of local DHS offices are available at [dhs.iowa.gov/dhs\\_office\\_locator](https://dhs.iowa.gov/dhs_office_locator).

# Who may be eligible for Medicaid?

- Parents and Caretaker Relatives of dependent children
- Pregnant women
- Children (up to age 20)
- Children in foster care/subsidized adoption (up to age 21)
- Children formerly in foster care
- Adults aged 19 thru 64
- Age 65 or older
- Blind
- Disabled

# General Eligibility Requirements

- Eligibility criteria is both, financial and non-financial.
- DHS requires proof of all eligibility factors **except** residency, household size and pregnancy. However if either is questionable, the Department will request verification.
- Eligibility is verified either through electronic data sources or through a request for information (RFI) from the applicant/recipient.

# Other Eligibility Information

- An individual can have other health insurance and be eligible for Medicaid.
- Once eligibility is approved, the enrolled member is passively assigned with a Managed Care Organization (MCO) and the date of MCO enrollment is the same as the effective date of eligibility.
- Eligibility period is not guaranteed for full 12 months as any change in HH circumstance could affect eligibility for Medicaid.
- Before benefits are canceled or reduced, the member is given a notice at least 10 days prior to the adverse action, per federal requirements.

# Non-Financial Eligibility

Some of these requirements are:

- Identity
- U.S. Citizenship or qualified alien status
- Social Security Number or application for Social Security Number
- Age
- Iowa Residency
- Disability, when used as the basis for eligibility
- Residents of Medical Institutions and Home- and Community-Based (HCBS) Waiver applicants also:
  - Must meet a certain level of care
  - Have lived in an institution for 30 consecutive days, if in the 300% eligibility group

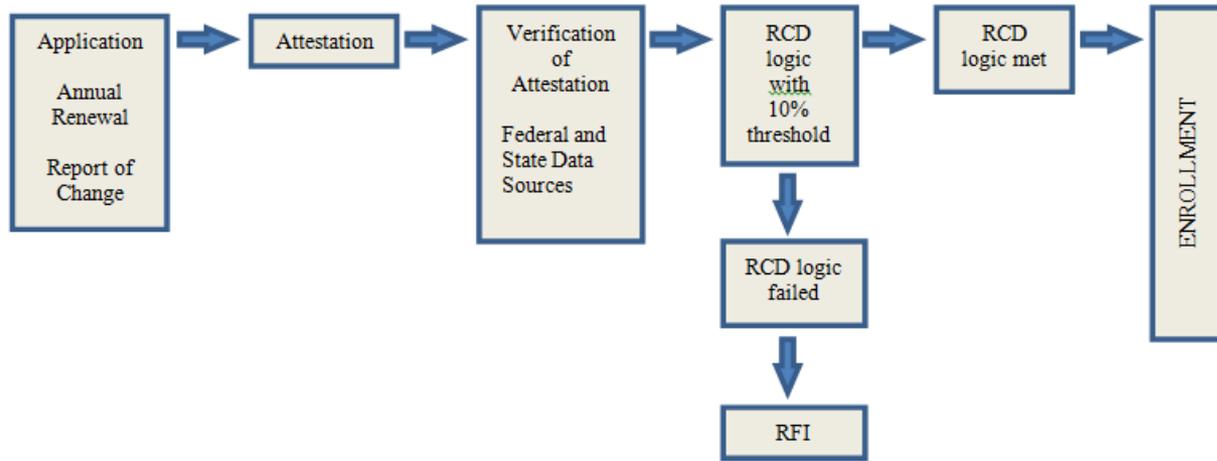
# Financial Eligibility

- Income (Earned and Unearned Income)
  - Earned (earnings from a job, self-employment etc.)
  - Unearned (ie. Unemployment benefits, Social Security Income, Pensions etc.)
  - SSI-related coverage groups also count “in-kind income”
    - “In-kind income” is not money. It is food or shelter, or something that can be sold or converted to obtain food or shelter

# Other Coverage Groups

- **Iowa Health and Wellness Plan**
  - Who is covered?
    - Adults ages 19-64
  - Eligibility Criteria
    - Same eligibility non-financial requirements as Medicaid; income at or below 133% Federal Poverty Level (FPL)
    - Not eligible for Medicaid under mandatory coverage groups
    - Not entitled to or enrolled in Medicare benefits under Part A or Part B
- **Hawki**
  - Who is covered?
    - Children under age 19
  - Eligibility Criteria
    - Income at or below 302% FPL

# MAGI Income Verification Process



- Income is verified through federal and state data sources.
- If the result is compatible, eligibility is approved. If it is not compatible, an RFI is sent to the applicant/member to provide verification.

# Resources/Assets

- Any money or item that can be cashed, sold, or converted to cash to help pay for medical care
- Unless specifically exempt, all resources are considered countable for non-Modified Adjusted Gross Income (non-MAGI) groups.
- MAGI does not have resources/asset test.
- Resources are determined as of the 1<sup>st</sup> moment of the 1<sup>st</sup> day of the month that the application was submitted
- Iowa uses the Asset Verification System (AVS) to verify resources/assets from financial institutions (banks).

# Eligibility Renewal

- Eligibility is reviewed every 12 months and anytime a change is reported or known to the Department.
- Members are either passively renewed through an electronic process or a renewal form is mailed for completion.
- The renewal process begins up to 60 days prior to the 12 months eligibility period ending.
- In order for eligibility to be determined for the next 12 months, the mailed form and any verification must be received by the Department prior to the expiration of the eligibility period.
- Members have an additional 90 days to provide their renewal form before being subject to filing a new application.

# Reporting Changes

- Members must report changes in circumstances within 10 days, including but not limited to:
  - Address
  - Receipt of a social security number.
  - Household membership
  - Alien or citizenship status
  - Health insurance premiums or coverage
  - Tax filing status or claimed dependents (MAGI)
  - Income
  - Resources (non-MAGI)

NOTE: Unreported information may result in overpayment that the member must repay to the Department.

# IT System Used to Verify or Process Eligibility

- Iowa's Automated Benefit Calculation system is used to process eligibility for individuals residing in a medical facility, individuals receiving waiver services, individuals eligible for Medicaid due to eligibility for State Supplementary Assistance program, and individuals eligible for the Medically Needy program.
- For all other individuals, the Eligibility Integrated Application Solution (ELIAS) system is used to process eligibility.
  - This included Iowa Health and Wellness Plan and Hawki members

# External Verifications

- Between application and annual review, income verifications occur at times other than when a change is reported.
- The outcome of the data matching could result in a redetermination of eligibility.
- Computer data matching currently occurs with a variety of sources and at different frequencies (daily, monthly, quarterly)
- Current computer data matching is exchanged with the following:
  - Social Security Administration (Medicare, Social Security Benefits, Citizenship, SSN)
  - Iowa Workforce Development (wages & unemployment)
  - Iowa Department of Public Health (death information)
  - Public Assistance Reporting Information System (PARIS-receipt of benefits in multiple states)
  - Iowa Department of Corrections (incarceration)
  - County Jails (incarceration)

# Presumptive Eligibility (PE)

- Presumptive eligible providers assist with the determination of eligibility under the PE program;
- PE offers immediate access to health services by providing temporary Medicaid or Hawki for MAGI groups;
- Assures timely access to care while a final eligibility determination for Medicaid is made;
- Promotes enrollment (beyond the interim PE period) in ongoing Medicaid coverage by offering additional channels through which individuals can apply.

# Inmates of Public Institutions

- Full Medicaid is not available to individuals considered to be inmates. This includes prescriptions or any outpatient services.
- The following are considered to be inmates of a public institution, and are not eligible for full Medicaid:
  - A Department of Corrections (DOC) inmate (regardless of the inmate's status, i.e. convicted, awaiting trial, etc.)
  - An inmate of a jail (regardless of the inmate's status, i.e. convicted, awaiting trial, etc.)
  - Someone who is on work release and living in a halfway house / residential facility
  - Someone who is serving a sentence in a halfway house / residential facility.
- An inmate released on probation or parole, even if living in a halfway house/residential facility, are not considered incarcerated and can get full Medicaid, if otherwise eligible.
- Individuals on work release and living in a halfway house or residential facility are not eligible for full Medicaid.

# Limited Medicaid for Inmates

- Limited Medicaid for Inmates:
  - Individuals who are incarcerated may be eligible for limited Medicaid coverage when they are admitted to a medical institution such as a hospital.
  - Payment is limited to inpatient hospital services, only.
- Anytime the Department becomes aware of a Medicaid member becoming incarcerated (either through a reported change or through an electronic data match, the Department suspends Medicaid to limited Medicaid benefits only.
- A monthly data file is received from IDOC and county jails to alert the Department of member incarceration status.
- When the inmate is released into a non-incarcerated status, Medicaid benefits are switched from limited to full as soon as it is known to the agency.

# Refugees

- Refugee Medical Assistance (RMA)
  - Up to 8 months of coverage for refugees not eligible under another coverage group
  - 100% funded by Refugee Resettlement Program, no federal Medicaid or state matching dollars used