

IowaCare

Questions and Responses from 6/28/05 Training

Definitions - 92.1

1. Q: If a 19 or 20 yr old lives with his parents but is not claimed on income tax, will this be household size of 1 for the 19 or 20 year-old person?
1. A: See 92.1 and 92.5(1). The 19 year old or 20 year old will be a household size of one if the parents don't claim him on an income tax return. Note: A student in high school can be claimed through age 18 and a student in college can be claimed through age 24. For persons ages 19 – 24 determine if they are students.

Persons Covered - 92.2

2. Q: How does QMB interact with IowaCare?
2. A: Not eligible for IowaCare if eligible for QMB, SLMB, E-SLMB, or QDWP per law.
See 92.2(1): Persons covered. Medical assistance under IowaCare shall be available to the following people as provided in their chapter.
 - a. Persons 19 through 64 years of age who:
 - (1) Are not eligible for medical assistance under 441-75.1(1) through (40); and

Note: QMB 75.1(29)
 QDWP 75.1(33)
 SLMB 75.1(34)
 E-SLMB 75.1(36)

If eligible for a Medicaid coverage group they do not have a choice. They must take the other Medicaid coverage group before IowaCare.

3. Q: Can a person have Medically Needy with a spenddown and receive IowaCare at the same time?
3. A: No. **See 92.2(1):** Persons covered. Medical assistance under IowaCare shall be available to the following people as provided in their chapter.
 - a. Persons 19 through 64 years of age who:
 - (1) Are not eligible for medical assistance under 441-75.1(1) through (40); and ..

Note: Medically Needy 75.1(35)

See 92.4 (2) Workers shall determine if a person who would be eligible for Medicaid coverage group Medically Needy by meeting a spenddown. To determine if a person would be eligible for Medically Needy by meeting a spenddown:

- Does the individual regularly meet their spenddown? If the answer is yes, the worker determines eligibility for Medically Needy.
- Does the individual not meet spenddown or indicates that the medical expenses that they have or would incur would not be enough to meet spenddown? If the answer is yes, the individual may choose between IowaCare and Medically Needy.

4. Q: If the sanction is remedied, can they get IowaCare?
4. A: See 92.2(3). If the sanction is remedied, check for Medicaid eligibility first. Then if it is determined that the person is not eligible for Medicaid, determine eligibility for IowaCare.

5. Q: Clarify – what would happen if the IowaCare member gained access to group health insurance? For example: The IowaCare member gets married and then enrolls under spouse’s insurance?
5. A: See 92.2(4) and 92.10(1)c. Change of health insurance is one change that IowaCare members are required to report. If the group health insurance does not meet the exceptions as stated at 92.2(4) on page 5, then the IM worker would cancel 60-E.
6. Q: How do we know if they are eligible for IowaCare if they also have health insurance listed on the application?
6. A: See 92.2(4). IM can call the applicant and document their answers about preexisting conditions or that the group insurance doesn’t cover treatments they need.
7. Q: If an applicant has a Medicare supplemental policy, can they still get IowaCare?
7. A: Yes. **See 92.2(4)** ... An applicant shall not be considered to have access to group health insurance if any of the following conditions exist:
- b. The applicant or member is enrolled in a group health plan but states that:
 - (2) The needed services are not covered by the plan; or ...

The following may not be covered by a Medicare supplemental plan: prescriptions, eye care and dental.

8. Q: What is the total funding available for IowaCare?
8. A: See 92.2(6). About \$65 million to Broadlawns Medical Center, University of Iowa Hospitals and Clinics, Mental Health Institutes.

Application – 92.3

9. Q: Do both parents have to sign application? Do they have to be married?
9. A: See 92.3. If not married, we don’t need both signatures. If married, we need both signatures.
10. Q: Do both married couples have to sign application if only one wants 60E?
10. A: See 92.3. Yes
11. Q: The application doesn’t give reporting requirements.
11. A: See 92.3. Reporting changes will be found in the third printing of the IowaCare application. We will also look at adding to the pamphlet on IowaCare.
12. Q: Application needs to be more reader friendly.
12. A: 92.3. Will review for improvements on readability.
13. Q: Will applications be in Spanish? Is verification required for alien status?
13. A: See 92.3. Eventually forms will be translated into Spanish. A qualified alien must provide verification.
14. Q: What if line has “?” and no information?
14. A: See 92.3 and 92.4(1). If the individual puts a “?” in the space, the IM worker will need to first call the applicant for more information. If unavailable by phone, then will need to send a request for an explanation. If the space is left blank, you don’t do anything. If left blank, consider it zero income or zero resources.
15. Q: Application goes from 1st person to “your”.
15. A: See 92.3. This will be changed in the third printing.

16. Q: Would like a template letter for sending with “IowaCare Premium Agreement”?

16. A: See 92.3(1). A template letter is being developed.

Application Processing – 92.4

17. Q: What if we know they do have more income than reported?

17. A: See 92.4. Follow up by checking with applicant.

18. Q: How do we get medical bills for the 300% group?

18. A: See 92.4(1). The application asks for copies of bills and the applicant needs to provide them for 60-P coverage group.

19. Q: How far do we go on questionable income when IM worker knows the person is self-employed and states zero income on the application?

19. A: See 92.4(1). Follow-up requires prudent person by IM worker.

Determining Income Eligibility – 92.5

20. Q: Will same 92-0 rules apply for the UNB and UNB DATE for pregnant woman and postpartum woman for IowaCare?

20. A: See 92.5(1) Yes, and the postpartum mother will cancel after MED Limit Date. The workaround for the 60E eligible mother will require that the IM re-open the eligibility. The 60P eligible mother should be canceled at the end of the postpartum period. Please see the IowaCare System Entries document in the IowaCare Training folder.

Note: In the draft materials that you received, the unborn was not included in the household size. A decision was **made to include the unborn in the household size.**

21. Q: Mom and dad not married and have a child. What if they both want 60-E?

21. A: See 92.5(1). Two separate households, both can use child as a considered member of their separate households.

22. Q: Can the applicant choose to exclude household members?

22. A: See **92.5(1)** No. Exception: If the person receives SSI they may be excluded.

23. Q: Determining income when work schedule is broken.

23. A: Use information on application unless prudent person calls for further research. Need to project the annualized income. For the third printing of the application it asks for annual or monthly income. **See 92.5(2)b** and the example.

24. Q: Self-employment income?

24. A: See 92.5(2)b. Use income on application and annualize.

25. Q: VA compensation for combat related injury – will this be counted for spouse?

25. A: 92.5(4). Count the income for IowaCare, it is not exempted.

26. Q: UIB will end next month – still use for annualized income?

26. A: See 92.5(4) The IM should count the unemployment received in the month and then the client should report when UIB ends.

27. Q: Do IM workers have to check child support and DBRO?

27. A: See 92.5(5)b. No.

28. Q: For the 300% group does it matter if the unpaid medical bills are turned over for collection?

July 11, 2005

28. A: See 92.5(5)b. No, they still owe it.

29. Q: Example 28 – why doesn't IM worker act on change?

29. A: See 92.5(6). Because the IowaCare premium would increase, so the worker does not act on the reported change.

Financial Participation – 92.7

30. Q: If billing statement is lost, can it be replaced?

30. A: See 92.7(2). An IowaCare Premium Reminder Notice will be sent to the IowaCare member if the payment is not received by the fifteenth of the month. A copy of the IowaCare Billing Statement can either be generated via the Statement screen on MIPS or DHS staff may give a hardship statement form to members who come to the county office. Remember, hardship declaration is due by premium due date each month.

31. Q: Will the IowaCare members have to pay four months at one time?

31. A: See 92.7(2)b(1). No, payments are billed on a monthly basis. Premium payments are due the last day of the month of eligibility. There is a one-month grace period after the payment is due. We can't cancel until the month after the month the premium is due. For example: the initial months of July and August payments are due August 31. If neither of the payments is received by August 31, the case will automatically be canceled by the IABC system effective October 1.

32. Q: Is the signature enough to give hardship?

32. A: See 92.7(3). Yes. The signature on the declaration of hardship on either the IowaCare Billing Statement or the IowaCare Premium Notice Reminder letter that is received by the due date of the premium payment will be considered sufficient basis for hardship. The IM worker will not handle hardship. The hardship will be entered by the staff with responsibility for entries of the premium payments. The IowaCare member must declare hardship on a monthly basis.

33. Q: Will claiming hardship negate the four months mandatory period premiums?

33. A: 92.7(3). Yes. Hardship needs to be claimed each month.

Benefits – 92.8

34. Q: Where are the services listed in the training/manual packet?

34. A: See 92.8(2): Benefits on page 24 of the training material.

35. Q: Home births – are they covered for 60 days?

35. A: See 92.8(3). The post-partum period would allow for a six-week post-partum checkup at home.

36. Q: What coverage would persons who were treated for a preexisting condition and on state papers in SFY '05 and who have income less than 200% of the federal poverty level be eligible for?

36. A: They would be eligible for IowaCare. They will also continue to receive the treatment for the chronic condition under IowaCare. (See page 25 of the training/manual packet.)

Reporting Changes – 92.10

37. Q: What are the required changes to report for IowaCare?

37. A: See 92.10. See list of required reporting in the Training materials.

38. Q: Is the change effective 1st of month after change reported?

38. A: See 92.10(3). Yes

Treatment for Preexisting Chronic (ongoing) Conditions

39. Q: Can they be eligible for treatment of preexisting chronic condition (77-7 aid type) and QMB – or can they choose?
39. A: See pages 31 and 32 of the training/manual packet. If they were on state papers in SFY '05 and were treated for a preexisting condition, the application would be denied for IowaCare and then process the application for the 77-7 aid type. The individual will also stay on QMB. This is also true for SLMB but not for E-SLMB or QDWP.
40. Q: What are the age limitations for persons in the preexisting chronic conditions group?
40. A: See pages 31 and 32 of the training/manual packet. No age limit.

Misc.

41. Q: Will Part D be paid for by Medicaid if eligible for IowaCare (60-E)?
41. A: No. There is no buy-in for Part D for any Medicaid coverage group including IowaCare.
42. Q: Can reporting requirements be added to Approval message?
42. A: We will look into adding the reporting requirement to the Notice of Decision.
43. Q: Will the medical exam requirement be tracked?
43. A: The medical exam will be tracked by the system. More information on this process will be given in the future.
44. Q: Will this still be client error, if QC finds errors?
44. A: Yes
45. Q: If a 19-year-old person doesn't have a chronic condition, can he apply just to get a check-up?
45. A: Yes. The comprehensive examinations do not start until March 1, 2006.

Systems

46. Q: How do we tell if there are unpaid premiums?
46. A: See Systems. The IM worker will check the MIPS system and look at the premium payment record.
47. Q: What if you didn't check the MIPS system and the IM worker approves IowaCare?
47. A: See Systems. The approval will WAR.
48. Q: Will IM worker receive copy of the billing statement?
48. A: See Systems. No, the IM worker will use the MIPS screens, Statement. There will be more information at July training on billing.
49. Q: Need IABC entries.
49. A: See Systems. Will put on the Bureau CIDS share. These were placed in the share on July 1.

June 30, 2005

IowaCare Letter No: 2

Summary of Changes

Training Packet/Manual updates:

- Future system changes are now italicized.
- Changes from the first issuance have been highlighted.
- A table of contents has been added.
- Examples and notes have been clarified from the training.
- An IowaCare Desk Aid has been added to the packet on page 37.

Page 8: Workers shall determine if a person who would be eligible for Medicaid by meeting a spenddown for Medically Needy. To determine if a person would be eligible for Medically Needy by meeting a spenddown:

- Does the individual regularly meet their spenddown? If the answer is yes, the worker determines eligibility for Medically Needy.
- Does the individual not meet spenddown or indicates that the medical expenses that they have or would incur would not be enough to meet spenddown? If the answer is yes, the individual may choose between IowaCare and Medically Needy.

Page 25: The University of Iowa Hospitals and Clinics has now decided that they will not make a decision until July 15 whether or not they will provide transportation in July 2005. Do not give out the 1-888 phone number that was provided at the June 28 training. A SPIRS note will be sent when a decision has been made on transportation and when phone numbers are provided to DHS. The packet will also be updated.

Page 30: If a hardship is approved the system will change the aid types on SSNI. 60-E will change to 60-H and 60-P will change to 60-T.

Page 32: The University of Iowa Hospitals and Clinics has now decided that they will not provide the department with a list of persons who had a preexisting condition and were on state papers in SFY '05. IM workers will verify with the Care Management Program of the University of Iowa person had a preexisting condition in SFY '05. A SPIRS note will be sent when a phone number is provided.

Page 38: Response to question 7:

- Do not use the 1-888 phone number that was provided. The University of Iowa Hospitals and Clinics will provide phone numbers that IowaCare members may call.
- Refer Polk County residents who choose to go to Broadlawns Medical Center to the Des Moines phone book.

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IowaCare

Pursuant to the authority of Iowa Code section 249A.4 and 2005 Iowa Acts, House File 841, section 66, the Department of Human Services amends Chapter 85, "Services in Psychiatric Institutions" and adopts new Chapter 92, "IowaCare," Iowa Administrative Code.

This chapter implements the expansion of the Iowa Medicaid program directed by 2005 Iowa Acts, House File 841. This legislation takes effect on July 1, 2005, pending the approval of waivers of federal Medicaid requirements that the Department has submitted to the Centers for Medicare and Medicaid Services.

House File 841 provides that inpatient and outpatient services at the state mental health institutes shall be covered services for adults. Previously coverage had been limited to persons under 21, persons 65 or over, and persons covered through the Iowa Plan for Behavioral Health.

House File 841 also creates a new Medicaid program called "IowaCare." IowaCare extends limited Medicaid eligibility to:

- People ages 19 through 64 whose household income is less than 200 percent of the federal poverty level and who do not qualify under any other Medicaid coverage group.
- Pregnant women whose gross income is under 300 percent of the federal poverty level and whose allowable medical expenses bring their countable income to below 200 percent of the federal poverty level and their newborn children.

Eligibility for IowaCare is determined on a 12-month basis, based on an applicant's declared circumstances. Retroactive eligibility is limited to one month. Members must pay a premium for IowaCare coverage, based on 2 percent of the poverty-level increment if the household's income is at or below 100 percent of the federal poverty level or 5 percent of the poverty-level increment if the household's income is more than 100 percent of the federal poverty level. A member must pay for at least four months of premiums. On a month-by-month basis, a member may pay a zero premium due to hardship.

Medicaid services for IowaCare members in the 19-to-64 group must be provided by a member of the IowaCare provider network, which includes:

- Broadlawns Medical Center in Des Moines.
- The University of Iowa Hospitals and Clinics.
- The state mental health institutes at Cherokee, Clarinda, Independence, and Mount Pleasant, exclusive of the units providing substance abuse treatment, services to gero-psychiatric patients, or treatment for sexually violent predators.

Under IowaCare, covered services are initially limited to the following services, as available from the network providers:

- Inpatient and outpatient hospital care.
- Physician and advanced registered nurse practitioner services.
- Certain dental services.
- Certain pharmacy services.
- Transportation to and from the network provider.

IowaCare places no obligation on the provider network to offer these services or to change the availability of services, including availability based on residence.

For IowaCare members qualifying as pregnant women, the covered services include pregnancy-related services and newborn care. Women who live in Cedar, Clinton, Iowa, Johnson, Keokuk, Louisa, Muscatine, Scott, or Washington Counties must receive these services from the University of Iowa Hospitals and Clinics. Women who live in other counties may receive these services from any provider participating in the Iowa Medicaid program.

IowaCare is not an entitlement program. Therefore, when available funds are committed before the end of the fiscal year, the program will be discontinued until funding is received for the next fiscal year. Approval of applications will be suspended, and applications may be approved for only partial benefits.

The Council on Human Services adopted these amendments June 15, 2005.

These amendments are intended to implement 2005 Iowa Acts, House File 841, divisions I and II and section 15, subsection 1.

These amendments became effective July 1, 2005.

CHAPTER 92

IOWACARE

PREAMBLE

This chapter defines and structures the IowaCare program administered by the department pursuant to 2005 Iowa Acts, House File 841, divisions I and II. It is the department's intent that all state expenditures under the IowaCare program will qualify for matching with federal financial participation under Title XIX of the Social Security Act (Medical Assistance or Medicaid), as allowed by waivers of Title XIX requirements granted by the Secretary of the U.S. Department of Health and Human Services pursuant to section 1115 of the Social Security Act

(42 USC §1315). Therefore, this chapter shall not be effective until waivers necessary for federal financial participation become effective and shall remain in effect only as long as such waivers. Further, this chapter shall be construed to comply with the requirements of Title XIX or with the terms of any applicable waiver of Title XIX requirements. To the extent that these rules may be found to be inconsistent with any applicable requirement of Title XIX or the terms of any applicable waiver, the requirements of Title XIX or the terms of the waiver shall prevail.

441-92.1(249A,81GA,HF841) Definitions.

“Applicant” means an individual who has applied for medical assistance under the IowaCare program described in this chapter.

“Clean claim” means a claim that can be adjudicated in the Medicaid claims payment system to result in either a paid or denied status.

“Department” means the Iowa department of human services.

“Dependent child” means the child or stepchild of an applicant or member who is living in the applicant’s or member’s home and is under the age of 18 or is 18 years old and will graduate from high school or an equivalent level of vocational or technical school or training leading to a certificate or diploma before reaching age 19. Correspondence school is not an allowable program of study. This definition shall also include a child attending college or a school of higher learning beyond high school if the parents will be claiming the child as a dependent on their state or federal income tax return.

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

“Group health insurance” means any plan of or contributed by an employer (including a self-insured plan) to provide health care (directly or otherwise) to the employer’s employees, former employees, or the families of the employees or former employees.

“IowaCare” means the medical assistance program explained in this chapter.

“Mandatory months” means the first four consecutive months of a certification period.

“Medical expansion services” means the services described in 2005 Iowa Acts, House File 841, section 6.

“Member” means an individual who is has been determined eligible for medical assistance under the IowaCare program described in this chapter.

“Newborn” means an infant born to a pregnant woman as defined in subrule 92.2(1)“b.”

441-92.2(249A,81GA,HF841) Eligibility. IowaCare eligibility shall be determined according

to the requirements of 441—75.2(249A) through 75.4(249A), 75.7(249A), 75.10(249A), 75.12(249A), and 75.21(249A) and the provisions of this rule.

Refer to the document: Rules Referenced Within IowaCare Rules and Manual References.

Example 1: A college student applies for IowaCare and lives in the dormitory. The student is from Minnesota and pays out of state tuition. Deny the application for IowaCare as the student is not a resident of Iowa.

92.2(1) Persons covered. Medical assistance under IowaCare shall be available to the following people as provided in this chapter.

a. Persons 19 through 64 years of age who:

- (1) Are not eligible for medical assistance under 441-75.1(1) through (40); and
- (2) Have countable income at or below 200 percent of the federal poverty level.

Note: Parents who have children on the MAC coverage group or have children on *hawk-i* will need to file an application for IowaCare.

Note: At this time there is no age edit for persons age 65 or turning age 65. *Phase 2: People turning age 65 – Age edits will occur if you try to approve a person who is not eligible because of their age. After the Phase 2 for the system is completed, the system will automatically send a timely notice of cancellation for those people who are not eligible because of age effective August 1, 2005.*

b. Pregnant women whose:

- (1) Gross countable income is below 300 percent of the federal poverty level; and
- (2) Allowable medical expenses reduce countable income to 200 percent of the federal poverty level or below.

c. Newborn children born to women defined in paragraph “b.”

Example 2: Molly, who is pregnant, applies for IowaCare. Her countable income is below 300% of the federal poverty level. She has unpaid medical expenses that will reduce her income to 200% of the federal poverty level.

When Molly’s baby is born, the baby will be added to Molly’s case.

Example 3: June, who is pregnant, applies for IowaCare. Her countable income is below 300% of the federal poverty level. June has \$150 in unpaid medical expenses. Her income is not reduced to 200% of the federal poverty level. June is denied IowaCare. June may reapply when she has more unpaid medical expenses.

92.2(2) Citizenship. To be eligible for IowaCare benefits, a person must meet the requirements in paragraph 441—75.11(2)“a.” A person who claims a qualified alien status shall provide documentation of this status.

92.2(3) Other disqualification. A person who has been disqualified for Medicaid for reasons other than excess income or lack of categorical eligibility is not eligible for IowaCare benefits.

Example 4: Ms. A applies for IowaCare. Five months ago she applied for Medicaid. Her Medicaid application was denied for failure to provide child support information. She is not eligible for IowaCare.

Example 5: Ms. B applies for IowaCare. Two months ago her Medicaid case was canceled for failure to cooperate with Quality Control. She is not eligible for IowaCare.

92.2(4) Group health insurance. A person who has access to group health insurance is not eligible for IowaCare. An applicant or member shall not be considered to have access to group health insurance if any of the following conditions exist:

a. The applicant or member is not enrolled in the available group health plan and states that:

- (1) The coverage is unaffordable; or
- (2) Exclusions for pre-existing conditions apply; or
- (3) The needed services are not services covered by the plan.

Example 6: Mrs. C, age 40, applies for IowaCare. Her employer offers a group health insurance plan. The cost of her group health insurance plan would be \$150 per month. She states that she cannot afford the group health insurance plan. If Mrs. C meets all other eligibility requirements for IowaCare her application is approved.

b. The applicant or member is enrolled in a group health plan but states that:

- (1) Exclusions for pre-existing conditions apply; or
- (2) The needed services are not covered by the plan; or
- (3) The limits of benefits under the plan have been reached.

Example 7: Mr. D, age 55 applies for IowaCare. He does have health insurance. However, his health plan does not cover his pre-existing condition of heart problems. If Mr. D meets all other eligibility requirements for IowaCare his application is approved.

Note: Persons receiving Medicare may apply for IowaCare.

92.2(5) Payment of assessed premiums. As a condition of eligibility for IowaCare, an applicant or member must pay premiums in accordance with 441--92.7(249A,81GA,HF841). Premiums incurred and unpaid from a previous certification period must be paid in full before an applicant can establish new eligibility under this chapter.

Example 8: Mr. E. applies for IowaCare in January. Mr. E was on IowaCare from July through September. The IM worker must check the billing system before approving the January application. He did not pay his premiums. Mr. E cannot be approved for IowaCare until he pays his premiums for July, August and September. Mr. E wants to give the IM worker his premium payment. The IM worker gives him a preaddressed envelope for mailing the payment. The IM worker explains that the application will be held seven working days to verify that the payment has been made on the system. After the IM worker verifies that the payments were made, the IowaCare application is approved. If the payments do not show on the MIPS system by the due date, the IM worker denies the IowaCare application for not having paid premiums.

Note: The Medicaid IowaCare Premium System (MIPS) billing system must always be checked before approval of IowaCare to see if the person owes past due premiums.

Example 9: A previous IowaCare member reapplies for IowaCare. Check the person's case folder to determine if the case was denied for failure to pay the premium. Or check the IABC system to determine if the denial reason was for failure to pay the premium. If the case was denied for failure to pay the premium, check the MIPS billing system to see if the person still owes past due premiums. If past due premiums are owed deny the case for failure to pay the premiums.

If an approval is entered and premiums are owed, the IABC system will send a WAR stating the person owes premiums. The worker will need to send a denial notice immediately.

92.2(6) Availability of funds. Eligibility for IowaCare shall not be approved when the department has determined that there are insufficient funds available to pay for additional enrollment, in accordance with 441—92.14(249A,81GA,HF841).

Note: Field will be notified if funding for IowaCare is no longer available. Persons currently on will not be canceled for this reason. However, if the case is canceled and they reapply the application will be denied.

441--92.3(249A,81GA,HF841) Application. Medicaid application policies in 441--76.1(249A) apply to IowaCare except as follows:

92.3(1) An application for IowaCare may also be submitted on Comm. 239, IowaCare Application. An applicant who submits an application on another form allowed under 441--76.1(249A) shall also sign Form 470-4194, IowaCare Premium Agreement.

Note: If a person files for Medicaid on any other application other than the IowaCare application and they only qualify for IowaCare, send the “IowaCare Premium Agreement” statement to the person requesting that they sign. Allow 10 days for the signed “IowaCare Premium Agreement” statement to be returned.

Example 10: Mr. F, age 64, applies for IowaCare on a Health Services application. To be eligible for IowaCare he must sign the IowaCare Premium Agreement.

92.3(2) A new application is required for each 12-month certification period.

441--92.4(249A,81GA,HF841) Application processing. Department staff shall process IowaCare applications. The department shall base eligibility decisions primarily on information declared by the applicant. A face-to-face interview is not required.

92.4(1) Verification. Applicants seeking eligibility under 92.2(1)“b” shall provide verification of medical expenses as required under 92.5(5)“b.” Applicants shall not be required to provide verification of income, citizenship, household members, disability, social security number, age, *hawk-i* premium, group health insurance, or pregnancy, unless the verification is specifically requested in writing.

Example 11: Ms. G applies for IowaCare. She states her income is \$1,800 a month and that she pays a \$10 *hawk-i* premium for her son. The worker accepts Ms. G’s statement for income and the amount of the hawk-i premium.

Example 12: Mr. H states on his application that he is an alien. The IM worker verifies his alien status and determines that Mr. H is an illegal alien. Mr. H is not eligible for IowaCare.

What is Self Declared?
Income
Citizenship
Household members
Disability
Social Security Number
Age
Group health insurance (whether affordable and services covered)
Pregnancy & due date
Hardship (on the billing statement)
Newborn’s date of birth
<i>hawk-i</i> premium
What is Verified?
Alien Status
Medical bills of the pregnant woman to spenddown

a. The department shall notify the person in writing of any further verification requested. The person shall have five working days to supply the requested information. The local office may extend the deadline for a reasonable period when the person is making every effort but is unable to secure the required information or verification from a third party.

(2) Failure of the person to supply requested information or refusal by the person to authorize the department to secure the information from other sources shall serve as a basis for denial of an application or cancellation of IowaCare benefits .

92.4(2) Screening for full Medicaid. The department shall screen each application for eligibility under coverage groups listed in 441--75.1(249A). If the applicant is eligible under another coverage group, the IowaCare application shall be considered an application for that coverage group.

IowaCare Quick screen:

1. Men: age between 19 and 64, does not have children living with him and is not disabled. Determine eligibility for IowaCare.

2. Women: age between 19 and 64, is not pregnant and does not have children living with her and is not disabled. Determine eligibility for IowaCare.

3. Women: pregnant and income is above 200% of the federal poverty level. Determine eligibility for IowaCare if she does not have enough medical expenses to meet a spenddown for Medically Needy. If the income is at or below 200% of the federal poverty level, determine eligibility for Medicaid.

4. Parent of a child receiving MAC or *hawk-i*: Applies on IowaCare application, before determining eligibility for IowaCare determine if the person could be eligible for Medically Needy by meeting a spenddown. To determine if a person could be Medically Needy eligible by meeting a spenddown:

- Does the individual regularly meet their spenddown? If the answer is yes, then process the application for Medically Needy.
- Does the individual not meet spenddown or indicates that the medical expenses that they have or would incur would not be enough to meet spenddown? If yes, then the client may choose between IowaCare and Medically Needy.

Applies on a Health Services application, determine if the person meets spenddown for Medically Needy on a regular basis. See above.

5. Disabled person applies for IowaCare: Have the individual file for Social Security Disability or supplemental security income (SSI). Determine eligibility for IowaCare while waiting for the disability determination. If the person fails to provide information that they have applied for Social Security disability, cancel IowaCare. Note: If Social Security Disability or SSI is approved later, determine if the person is eligible under another Medicaid coverage group.

92.4(3) Time limit for decision. The department shall make a determination of approval or denial as soon as possible, but no later than three working days after the filing date of the application, unless:

- a. One or more conditions listed in 441—subrules 76.3(1) through 76.3(6) exists; or

Rules

441 – 76.3(1) The application is being processed for eligibility under the medically needy coverage group as defined in 441 – subrule 75.1(35). Applicants for medically needy shall receive a written notice of approval, conditional eligibility, or denial as soon as possible, but no later than 45 days from the date the application was filed.

~~76.3(2) An application on the client's behalf for supplemental security income benefits is pending.~~

76.3(3) The application is pending due to completion of the requirement in 441 – subrule 75.1(7). (Note: 75.1(7) refers to persons receiving care in a medical facility who would be eligible for Medicaid under the 300% coverage group.)

76.3(4) The application is pending due to nonreceipt of information which is beyond the control of the client or the department.

~~76.3(5) The application is pending due to the disability determination process performed through the department.~~

76.3(6) Unusual circumstances exist which prevent a decision from being made within the specified time limit. Unusual circumstances include those situations where the county office and the applicant have made every reasonable effort to secure necessary information which has not been supplied by the date the time limit has expired or because of emergency situations such as fire, flood, or other conditions beyond the administrative control of the department.

- b. The application is being processed for Medicaid eligibility listed in 441--75.1(249A).

Note: 441—75.1 (249A) refers to all other coverage groups.

Example 13: Mrs. I applies for IowaCare on Thursday, July 21. The worker enters the income and other information that Mrs. I self-declares into the IABC system on the third working day after the application date, Tuesday, July 26.

Note: There are three working days to process the application after the application is received in the local office. The day after the application is received is day 1. There may be unusual circumstances that would allow for longer than 3 working days to process the application. Document in the case file the reason for going over the three-day time frame.

Example 14: An IowaCare application is received at the DHS office. The applicant completed the following: the “Tell Us About You”, answered all of the yes and no questions, and signed and dated the application. The spaces in the Income and Resource areas are blank. The application states that if the information in the Income and Resource area is left blank, we (DHS) will take that to mean that they do not have any money or resources. The IM worker processes this application within the three day time period.

Example 15: An IowaCare application is received at the DHS office. The applicant completed the first page and only signed the second page. The Health Insurance section was left blank. The worker calls the applicant and asks the health insurance questions. The worker documents in the file the applicant’s answers and processes the IowaCare application within 3 working days.

Example 16: Same as above except the applicant does not answer the phone or the applicant does not have a phone. The worker returns the application to the applicant requesting that the applicant answer the questions in the Health Information section. The applicant is given five working days to return the application. When the information is returned to the office, the worker enters the information into the IABC system no later than the day following the receipt of the requested information. If the information is not returned deny the application.

Example 17: Mrs. J applies for IowaCare on July 15. In screening her application, it appears she may be eligible for Medicaid. The IowaCare application is used to determine Medicaid eligibility. The IM worker requests information to determine Medicaid eligibility. Medicaid processing times apply.

Note: 441 – 75.1(249A) refers to all of the Medicaid coverage groups.

441--92.5(249A,81GA,HF841) Determining income eligibility. The department shall determine the income of an applicant’s household as of the date of decision. To be eligible, the household’s income minus allowable deductions shall not exceed 200 percent of the federal poverty level for the household size.

92.5(1) Household size. The household size shall include the applicant and the applicant’s dependent or unborn children and spouse living in the same home, except when a dependent child or spouse has elected to receive supplemental security income under Title XVI of the Social Security Act. A person who is absent from the home shall not be included in the household size, unless the absence is temporary.

a. An applicant’s spouse shall not be considered absent from the home when:

(1) The spouse's absence is due solely to a pattern of employment, including active duty in the uniformed services of the United States.

(2) The spouse is a convicted offender but is permitted to live at home while serving a court-imposed sentence by performing unpaid public work or unpaid community service during the workday.

Example 18: Persons living in the home are Mom, Dad and their child. Mom and Dad are not married. Mom needs medical care and is over resources for Medicaid. Household size is 2 (mom and their child).

Example 19: Same household but Dad needs medical care and he is over resources for Medicaid. Household size is 2 (dad and child).

Example 20: Mr. K, age 59, lives with his 79 year old mother. Mr. K applies for IowaCare. The household size is one.

Example 21: A 20 year-old college student applies for IowaCare and lives in the college dormitory. The parents claim the 20 year-old as a deduction for tax purposes. If not eligible for CMAP, the household size would include the college student, his parents, and any other siblings living at home.

b. The conditions described 441--75.53(4)"b" shall be applied to determine whether a person's absence is temporary.

Note: 441- - 75.53(4)"b" The needs of an individual who is temporarily out of the home are included in the eligible group if otherwise eligible. A temporary absence exists in the following circumstances:

- 1) An individual is anticipated to be in the medical institution for less than a year, as verified by a physician's statement. Failure to return within one year from the date of entry into the medical institution will result in the individual's needs being removed from the eligible group.
- 2) An individual is out of the home to secure education or training, as defined for children in paragraph 75.5(1)"b" and for adults in 441 – subrule 93.114(1), first sentence, as long as the specified relative retains supervision of the child.
- 3) An individual is out of the home for reasons other than reasons in paragraphs (1) and (2) (above) and intends to return to the home within three months. Failure to return within three months from the date the individual left the home will result in the individual's needs being removed from the eligible group.

92.5(2) Self-declaration of income. Applicants shall self-declare the household's future unearned and earned income based on their best estimate.

a. Applicants who receive income on a regular basis shall declare their household's monthly income as described at 92.5(3) and 92.5(4).

b. Applicants who are self-employed, receive their income on an irregular basis, or are not currently employed shall declare their household's anticipated yearly income as described in 92.5(3) and 92.5(4).

Although Rosy is not currently working and will be off work for 8 weeks, she usually grosses \$1725 per month. To project Rosy's monthly income: $\$1725 \times 10 \text{ months} = \$17250 \div 12 = \$1437.50$

92.5(3) Earned income. All earned income as defined in this subrule that is received by a person included in the household size shall be counted except for the earnings of child who is a full-time student as defined in 441—75.54(1)“b”(1), (2), and (3). Earned income shall include income in the form of a salary, wages, tips, or profit from self-employment.

a. For income from salary, wages, or tips, earned income shall mean the total gross amount of income irrespective of the expenses of employment.

b. For self-employment income, earned income shall mean the net profit from self-employment, defined as gross income less the costs of producing the income.

Note: For seasonal earnings or irregular income determine the annual income and average over 12 months since these are 12-month certifications.

Example 22: Mr. M is self-employed. Mr. M asks for help in completing his application. He wants to know if he may count the expenses he has for self-employment and the depreciation on his machinery. The IM worker tells him yes that he may use those and suggests that he use the net profit he used for his federal income taxes.

92.5(4) Unearned income. The following unearned income of all household members shall be counted:

- a. Unemployment compensation.
- b. Child support.
- c. Alimony.
- d. Social security and railroad retirement benefits.
- e. Worker's compensation and disability payments.
- f. Benefits paid by the Veterans Administration to disabled members of the armed forces or survivors of deceased veterans.

Note: Lump sum income is not used to determine eligibility for IowaCare.

Note: Unearned income is counted dollar for dollar; there are no deductions allowed.

92.5(5) Deductions. The department shall determine a household's countable income by deducting the following from the household's self-declared income:

- b. 20 percent of the household's self-declared earned income.

Example 23: Ms. L (she is not pregnant) declares on the application that her monthly gross earned income is \$2500 and that her household size is two. Ms. L meets all other eligibility requirements. The IM worker enters \$2500 into the IABC system. The IABC system deducts 20% from her earned income and determines that Ms. L's countable income is \$2000. The IABC system compares the \$2000 to \$2139 (200% of the federal poverty level for a household size of two). The system sends Ms. L a notice of decision approving her for IowaCare.

b. For women applying under 92.2(1)"b," medical expenses incurred for a person included in the household size that are unpaid and not subject to payment by a third party. Verification of the unpaid expenses must be provided in order to receive the deduction. The medical expenses that can be deducted are:

- (1) Health insurance premiums, deductibles, or coinsurance charges; and
- (2) Medical and dental expenses.

Example 24: Ms. N is pregnant and applies for IowaCare July 15. She declares on her IowaCare application that her monthly gross earned income is \$3500. Ms. N submits a copy of her pay stub showing a deduction of \$90 biweekly for her health insurance premium (her health insurance is a single plan). She also submits an unpaid bill for outpatient care for \$600 that occurred in June and a receipt indicating \$10 for prenatal vitamins that she bought in July. Ms. N's total medical expenses are \$790. The household size is two. Ms. N's unborn is counted in the household size. Ms. N meets all other eligibility requirements.

The IM worker enters \$3500 on the BCW2 in the earned income field and the \$790 medical expenses in "P Ded Pay" field.

Step 1: The IABC system deducts 20% from her gross earned income and determines that Ms. N's countable earned income is \$2800. The IABC system determines that the \$2800 is below 300% of the federal poverty level for a household size of two (\$3210).

Step 2: The IABC system then deducts the \$790 medical expenses from the countable earned income of \$2800. The countable income after the medical expenses deduction is \$2010. The IABC system determines that Ms. N has reduced her income below 200% of the federal poverty level for a household size of two (\$2139).

The system sends Ms. N a notice of decision to indicate that she is eligible for IowaCare.

Note: Medical expenses incurred during the month of application may be paid or unpaid. Medical expenses prior to the month of application must be unpaid. Medical expenses are only deducted at the time of application.

92.5(6) Disregard of changes. A person found to be income-eligible upon application or recertification of eligibility shall remain income-eligible for 12 months regardless of any change in income or household size.

Example 25: Ms. L, an IowaCare member, reports to her IM worker that her income increased on November 15. Ms. L did not need to report this change in income. The IM worker does not act on this reported change.

Example 26: Mr. K, an IowaCare member, reports on January 15 that his income has decreased. The worker enters the new monthly income into the IABC system. The change is effective February 1.

Example 27: Ms. G, an IowaCare member, reports that her husband has returned to the home. The IM worker screens the case to determine if case is Medicaid eligible. If the case is not Medicaid eligible, the worker enters the change of the household size from two to three on the IABC system. His income does not affect the premium. The change is effective the first of the next month.

Example 28: Mom's household size was 2 when IowaCare eligibility was determined in July. She reports that Dad and her child have moved out of her home. She did not need to report this change. The IM worker does not act on this change.

441--92.6(249A,81GA,HF841) Effective date. The department shall issue Form 470-4164, IowaCare Medical Card, to persons determined to be eligible for IowaCare benefits.

92.6(1) Certification period. IowaCare eligibility shall be effective on the first day of the month of application or the first day of the month all eligibility requirements are met, whichever is later. Eligibility shall continue for 12 consecutive months or, for women and newborns eligible under 92.2(1)"b" or "c," until 60 days after the birth of the child.

92.6(2) Retroactive eligibility. IowaCare benefits shall also be available for the month preceding the month in which the application is filed to applicants who meet the following conditions:

- a. The applicant makes the request for retroactive eligibility at time of application and before the eligibility determination.
- b. The applicant has received Medicaid expansion services from a provider within the Medicaid expansion network during the retroactive month.
- c. The applicant would have been eligible for IowaCare in the retroactive month, if application had been made in that month.

Note: Retroactive eligibility can not be given for June 2005.

Example 29: Pete is 25 and lives alone. He has no insurance.

Pete was in a farm accident on August 27 and is immediately taken to the University of Iowa Hospitals & Clinics. He has been in a coma for about a week.

It is a few more weeks before a worker is able to help him complete an IowaCare application on September 21. On the application he checked yes to the question “Did you go to Broadlawns Medical Center or the University of Iowa Hospitals and Clinics last month?”

Pete is approved for IowaCare September 23 and is determined eligible retroactively to August 1.

Note: Retroactive eligibility never goes back further than the month prior to the month of application.

Example 30: Mr. O was approved for IowaCare effective September 1. In October he receives a bill from Broadlawns Medical Center for health care that he received in August. He inquires about IowaCare paying for the August bill. Mr. O did not indicate on his September application that he had received care the month before at Broadlawns Medical Center. The worker sends a notice of decision denying retroactive eligibility.

92.6(3) Care provided before eligibility. No payment shall be made for medical care received before the effective date of eligibility.

441--92.7(249A,81GA,HF841) Financial participation. In addition to the copayments required by 441—79.1(13), IowaCare members (with the exception of newborns eligible pursuant to 92.2(1)“c”) shall be assessed a sliding-scale monthly premium. A member shall be responsible for paying the premium for the first four months of a certification period regardless of continued enrollment during the four-month period, and for each month of continued enrollment after the first four months.

Example 31: Bob was approved for IowaCare. When Bob signed the IowaCare application, he agreed that he would pay a premium for the mandatory 4 months (July, August, September, & October). His countable income is above 190% but below 200% of the federal poverty level. He is responsible for a \$75 monthly premium for each month of the mandatory period.

Note: If a person turns age 65 during the 4-month mandatory period, they will only be required to pay premiums until they turn age 65.

92.7(1) Premium amount. The monthly premium amount shall be established for a 12-

month period beginning with the first month of eligibility, based on projected monthly income for the 12-month period.

a. The monthly premium amount is based on the household's countable monthly income as a percentage of the federal poverty level for a household of that size. The premium amounts are based on this percentage, as follows:

When the household's income is at or below:	Each member's premium amount is:
10% of federal poverty level	\$0.00
20% of federal poverty level	\$1.00
30% of federal poverty level	\$3.00
40% of federal poverty level	\$4.00
50% of federal poverty level	\$6.00
60% of federal poverty level	\$7.00
70% of federal poverty level	\$9.00
80% of federal poverty level	\$11.00
90% of federal poverty level	\$12.00
100% of federal poverty level	\$14.00
110% of federal poverty level	\$39.00
120% of federal poverty level	\$43.00
130% of federal poverty level	\$47.00
140% of federal poverty level	\$51.00
150% of federal poverty level	\$55.00
160% of federal poverty level	\$59.00
170% of federal poverty level	\$63.00
180% of federal poverty level	\$67.00
190% of federal poverty level	\$71.00
200% of federal poverty level	\$75.00

Note: The system calculates the premium amount.

b. The listed premium amount is calculated based on the lowest income level in each 10 percent increment for a one-person household. Premiums for households with income at 100 percent of the poverty level or lower are 2 percent of the applicable income level; premiums for households with income over 100 percent of the poverty level are 5 percent of the applicable income level. The department will update these amounts annually on July 1 using the latest federal poverty level guidelines.

c. The cost of premiums paid for HAWK-I shall be deducted from the premium assessed according to this subrule.

Example 32: Ms. G applies for IowaCare. She states her monthly gross earned income is \$1800 and that she pays a \$10 *hawk-i* premium for her son. The worker accepts Ms. G's statement for income and the amount of the *hawk-i* premium.

The IM worker enters the amount of *hawk-i* premium on the BCW2 in the "P Ded Need" field. The system determines that her net premium is \$45 (\$55 minus the \$10 *hawk-i* premium).

d. The monthly premium established for a 12-month period shall not be increased due to an increase in income or a change in household size.

Example 33: Ms. L reports to her IM worker that her income increased on November 15. Ms. L did not need to report this change in income. The IM worker does not act on this reported change. The premium stays the same.

Example 34: Mom's household size was 2 when IowaCare eligibility was determined in July. She reports that Dad and her child have moved out of her home. She did not need to report this change. The IM worker does not act on this change. The premium stays the same.

e. The premium may be reduced prospectively during the 12-month period if the member declares a reduction in projected average monthly income or an increase in household size or is granted a hardship exemption.

Procedural: When the department discovers that it has miscalculated a member's eligibility or premium or that a member misrepresented household circumstances, the department shall recalculate the member's eligibility and, if the member remains eligible, reassess the premium for future months and establish an overpayment in accordance with 441 -- 92.13.

Example 35: Mr. K reports on January 15 that his income has decreased. The worker enters the new monthly income into the IABC system. The change is effective February 1. The premium amount is decreased.

Example 36: Ms. G reports that her husband has returned to the home. The worker enters the change in the household size from two to three on the IABC system. The change is effective the following month. The premium amount is decreased.

Example 37: On September 1 Ms. Q is sent a billing statement indicating that her premium for the month of September will be \$55. She signs the statement at the bottom of the billing statement declaring that it would be a hardship to pay the premium. Personnel at the IME enter this information into the MIPS billing system and her premium for the month of September is reduced to \$0.

Note: She must claim the hardship each month.

Example 38: Ava is single and pregnant. She lives with the unborn's father, Bob. She applies for IowaCare. Ava states her monthly gross income is \$2800 per month and Bob has \$800 earnings. Based on this information, the worker determines she would be over income for MAC. She has no health insurance. She could enroll in her employer's health insurance plan at open enrollment but states it is too expensive. The household size is two, Ava and her unborn child.

Ava sends her unpaid medical expenses in with her IowaCare application. Her unpaid bills are:

\$550	personal dental bill from a year ago
100	emergency room visit from an ex-husband she was court ordered to pay
135	personal doctor bill from 4 months ago
<u>50</u>	dental premium for the month
\$835	

The \$100 emergency room visit is Ava's responsibility due to a divorce, however, it is not her personal bill, so \$735 is used to reduce the countable monthly income. The IM worker enters the information from the application, the income information and the \$735 medical expenses into the IABC system.

Step 1: The IABC system determines if the income is below the 300% federal poverty level.

\$2800	Ava's monthly gross earned income
<u>X .8</u>	20% earned income deduction
\$2240	countable monthly income for household of 2 (under 300% would less than \$3208)

Step 2: The IABC system determines if her medical expenses reduce her income to 200% or below the federal poverty level.

\$2240	monthly income
<u>- 735</u>	allowable medical deductions
\$1505	countable monthly income

Ava's medical expenses reduce her income below 200% of the federal poverty level. The billing system determines that Ava's premium is \$51 per month since unpaid medical bills reduced her income to 140% of the federal poverty level.

Ava is approved for IowaCare.

Newborn

Ava delivers her baby at a Sioux City hospital in January and reports it to her worker. The worker makes the system entries to add the newborn and issue a notice of decision. Her newborn has some complications and remains in the Sioux City hospital for 2 weeks after birth. At the end of the 2 weeks, the newborn is transferred to the University of Iowa Hospitals & Clinics. The newborn was eligible for IowaCare while in the hospital of birth, and is eligible for one check up if done within the 60 days after birth. However, the newborn is not eligible for IowaCare upon transfer to another hospital, including the University of Iowa Hospitals & Clinics.

Note: Once the newborn leaves the hospital of birth, the newborn is not eligible for any other medical coverage under IowaCare except the check up.

Example 39: Jeff is married to Greta. Jeff and Greta are retired and both are 63 years old. Jeff is in need of some expensive medical tests and he applies for IowaCare. Jeff's income is social security of \$1100. Greta's social security is \$760. They have no other income.

\$1100	Jeff's unearned income
<u>760</u>	Greta's unearned income
1860	total household monthly income (below 200% of FPL)
<u>÷ 1070</u>	100% of FPL
173.8	% of poverty (<180 %)

The billing system determines Jeff's premium is \$67 per month.

Jeff is approved for IowaCare.

In month 8 of the 12-month certification period, Greta becomes ill and goes to the local hospital. She is transferred to the University of Iowa Hospitals & Clinics. Jeff has continued to pay his monthly premiums. Greta applies for IowaCare and is determined eligible. Her premium is also \$67. The household pays \$134 total monthly premium

Note: Greta's medical bill at the local hospital is not covered by IowaCare.

Example 40: Rosy and Bill have 2 children and 1 child of Rosy's from a previous relationship living with them. They apply for full Medicaid in October with a Health Services Application. Rosy was just released from the University of Iowa Hospitals & Clinics earlier in October. The 3 children are receiving *hawk-i*. Rosy is eligible for Medicaid because she does have enough medical expenses to meet Medically Needy with a spenddown for the October – November certification period. She is approved for Medically Needy. The children stay on *hawk-i*. Rosy applies in December but states that she does not have enough medical expenses to meet the spenddown. The worker explains the IowaCare program.

An IowaCare application is not needed since a Health Services Application was completed. An "IowaCare Premium Agreement" statement is sent to Rosy to sign regarding payment of premiums.

Although Rosy is not currently working and will be off work for 8 weeks, she usually grosses \$1725 per month. Bill works and grosses \$2500 per month. Rosy receives child support for her child of \$300 per month.

To project Rosy's monthly income: $\$1725 \times 10 \text{ months} = \$17250 \div 12 = \$1437.50$

\$ 1437.50	Rosy's gross projected monthly income
- 2500	Bill's gross monthly income
<u>\$ 3937.50</u>	Family's gross earned monthly income
\$ 3937.50	Family's gross earned income
X .8	20% of earned income deduction
<u>\$ 3150</u>	Family's countable monthly earned income
\$3150	Countable earned income
+ 300	Countable unearned income (child support, \$50 deduction not allowed)
<u>\$3450</u>	Family's total countable monthly income
\$ 3450	
<u>÷ 1885</u>	100% of federal poverty level for a family of 5
183	% of poverty (< 200%)
67	Rosy's monthly premium
- 20	hawk-i monthly premium deduction (self declared)
<u>\$ 47</u>	Rosy's final monthly premium

92.7(2) Billing and payment. Form 470-4165, IowaCare Billing Statement, shall be used for billing and collection.

a. Method of payment. Members shall submit premium payments to the following address: Iowa Medicaid Enterprise Revenue Collection Unit, P.O. Box 310194-10391. Des Moines, Iowa 50331-0194 50306-0391.

Note: The address above is not correct. The correct address to use is: Iowa Medicaid Enterprise Revenue Collection Unit, P.O. Box **10391**. Des Moines, Iowa **50306-0391**.

The IowaCare member will return a portion of the billing statement with the payment or the hardship statement in the preaddressed envelope provided by the department.

b. Due date. When the department notifies the member of the amount of the premiums, the member shall pay any premiums due as follows:

(1) The premium for each month is due the last calendar day of the month the premium is to cover. EXCEPTION: The premiums for the months covered in the initial billing are due the last calendar day of the following month.

(2) If the last calendar day falls on a weekend or a state holiday, payment is due the first working day following the holiday or weekend.

c. Application of payment. The department shall apply premium payments received to the oldest unpaid month forward. When premiums for all months have been paid, the department shall hold any excess and apply it to any months for which eligibility is subsequently established.

Premium due dates

IowaCare application is approved in July. Premiums are due as follows:

July (the first month of the certification period) & August premium payments are due by August 31.

September premium payment is due by September 30.

October premium payment is due by October 31.

If July is a retroactive month, it's possible that July, August & September premiums would be due September 30.

If an IowaCare member brings their payment for the premium to the local office, do not accept it. Give the IowaCare member a preaddressed envelope.

A postage paid return envelope is enclosed with their premium billing. The address to mail a payment is:

Iowa Medicaid Enterprise Revenue Collection Unit
PO Box 10391
Des Moines, IA 50306-0391

Note: You will receive more information on the premium due dates and the billing system at the July Bureau CIDS.

Billing

Premium statements will be mailed the first working day of the month.

Premiums will be due the last day of the billing month. If the last day of the month is a holiday or a weekend, the payment is due the next business day.

An Iowa Care Premium Notice Reminder will be mailed by the MIPS billing system if the premium is not paid by the fifteenth of the month.

92.7(3) Hardship exemption. A member who submits a statement on Form 470-4165, IowaCare Billing Statement, or Form 470-4185, IowaCare Premium Notice Reminder, that payment of the premium will be a financial hardship shall be exempted from premium payment for that month.

Example 41: Tom has applied for IowaCare in August. His countable income is \$1300 per month. He finds out his premium is \$63 per month. He says it will be tough to pay. The worker explains he can claim a hardship on his premium billing statement and that he must do this monthly.

When Tom receives the billing statement for August and September, he signs a statement that he would have a hardship paying the premium for August and September. The premium is reduced to zero by personnel at the IME.

In October, a new billing statement is sent to Tom. He doesn't sign and return the statement that he has a hardship by October 31. He is now required to pay October's premium.

Note: The hardship statement must be signed every month. To claim this hardship exemption the statement must be received at the address on the envelope by the last day of the month. The IowaCare member has until the last day of the second month to claim hardship for the first month of the certification period.

If Tom sends in \$25 as a partial payment, DHS will keep the partial payment and grant him a hardship for the remaining amount of the premium. The receipt of a partial payment is a declaration of a hardship.

Example 42: Art applies for IowaCare and is approved December 15. Art's premium is \$43 per month beginning December. He receives his IowaCare Premium Notice Reminder January 15. Art calls his worker in January 16 and explains that he does not have enough money to pay his monthly premium. The IM worker tells him that at the bottom of the IowaCare Premium Notice Reminder there is a statement that he may sign indicating that he is unable to pay due to hardship. He must do this every month that he has a hardship.

92.7(4) Failure to pay premium. If the member fails to pay the assessed premium or declare a hardship by the date the premium is due, the department shall cancel IowaCare benefits effective the last day of the next calendar month. A member who is canceled from IowaCare due to nonpayment of premiums must reapply to establish IowaCare eligibility.

Example 43: If Bob fails to pay his premium for September by the 15th of September, MIPS will send him an IowaCare Premium Notice Reminder.

Bob fails to pay his premium by September 30.

- If his payment is received prior to October timely notice, a cancellation notice will not be sent.
- If the payment is not received by October timely notice, the system will send a notice of cancellation at timely notice in October effective November 1
- If his September premium payment is received after October timely notice but before October 31 his case will be reopened.

Note: You will receive more information on the premium due dates and the billing system at the July Bureau CIDS.

Procedural

- IM workers will not accept any premium payments. Give the IowaCare member an IowaCare preaddressed envelope to mail the premium payment.
- Partial premium payments will be accepted when sent to the IME. Partial payments of premiums will be the same as claiming a hardship and eligibility will continue.

Premium Refunds

Premiums will be refunded when the:

- person becomes retroactively eligible for Medicaid.
- person paid premiums in advance and later requests cancellation for future months.
- agency discovers it made an error in calculating the premium.

Premiums will not be refunded for a mandatory month, unless the person became Medicaid eligible or dies. If a person dies during the 4-month mandatory period, payments will only be required through the month of death.

441--92.8(249A,81GA,HF841) Benefits. Under IowaCare, payment will be made only for services and providers as specified in this rule. No payment will be made for any service provided elsewhere or by another provider.

92.8(1) Provider network. Except as provided in 92.8(3), IowaCare members shall have medical assistance only for services provided to the member at:

- a. The University of Iowa Hospitals and Clinics; or

- b. Broadlawns Medical Center in Des Moines; or
- c. A state mental health institute, exclusive of the units providing substance abuse treatment, services to gero-psychiatric patients, or treatment for sexually violent predators.

92.8(2) Covered services. Services shall be limited to the services covered by the Iowa Medicaid program pursuant to 441—Chapter 78, 441—79.9(249A), and 441—Chapter 85, Division I. All conditions of service provision will apply in the same manner as under the regular Iowa Medicaid program and pursuant to 441—Chapter 78, 441—79.3(249A), 441—79.5(249A), 441—79.6(249A), 441—79.8(249A) through 441—79.14(249A), and applicable provider manuals. These conditions include, but are not limited to, prior authorization requirements and exclusions for cosmetic procedures or those otherwise determined not to be required to meet the medical need of the patient.

92.8(3) Obstetric and newborn coverage. IowaCare members who qualify under 92.2(1)“b” or “c” are eligible only for the following services:

a. Covered services for pregnant women shall be limited to:

(1) Inpatient hospital services when the DRG submitted for payment is between 370 and 384 and the primary or secondary diagnosis code is V22 through V24.9.

(2) Outpatient hospital services when the APG submitted for payment is between 385 and 3917 and the primary or secondary diagnosis code is V22 through V24.9.

(3) Services from another provider participating in Medicaid if the claim form reflects that the primary or secondary diagnosis code is V22 through V24.9.

b. Newborns will be eligible while hospitalized and for a period not to exceed 60 days from the date of birth. Newborns who qualify for eligibility in the regular Medicaid program will be changed to that eligibility type and will have all benefits of the regular Medicaid program.

c. For persons who reside in Cedar, Clinton, Iowa, Johnson, Keokuk, Louisa, Muscatine, Scott, or Washington County, the services listed in this subrule are covered only when provided by the University of Iowa Hospitals and Clinics.

d. Persons who do not live in Cedar, Clinton, Iowa, Johnson, Keokuk, Louisa, Muscatine, Scott, or Washington County may obtain the services listed in this subrule from any physician (MD/DO) or General hospital that participates in Iowa Medicaid.

Note: Ava who lives in Sioux City may receive OB services at any licensed hospital or health care facility that accepts Medicaid. If Ava moved to one of the following counties, Cedar, Clinton, Iowa, Johnson, Keokuk, Louisa, Muscatine, Scott and Washington counties, she would then need to receive her OB services at the University of Iowa Hospitals & Clinics for OB care.

Prescriptions: If the IowaCare member received inpatient care, the IowaCare member may receive a 30-day supply of take home drugs. The IowaCare member may also receive any drug that is administered in outpatient.

If the IowaCare member was on state papers in FY '05 and received drugs for an ongoing chronic condition, the member will continue to receive a prescription.

Transportation: A decision has not been made as to whether the University of Iowa Hospitals and Clinics will offer transportation. University of Iowa Hospitals and Clinics will not provide boarding to IowaCare members.

Broadlawns Medical Center will not provide transportation. The Department of Human Services will not reimburse the IowaCare member for transportation.

441--92.9(249A,81GA,HF841) Claims. Claims for Medicaid expansion services provided to IowaCare members shall be submitted to the Iowa Medicaid Enterprise, P. O. Box 150001, Des Moines Iowa 50315 as required by 441—Chapter 80. To facilitate tracking of expenditures, clean claims for IowaCare services shall be submitted to the Iowa Medicaid enterprise within 20 days from ending date of service.

441--92.10(249A,81GA,HF841) Reporting changes.

92.10(1) A member shall report the following changes no later than 10 calendar days after the change took place:

- a. The member enters a non-medical institution, including but not limited to a penal institution.
- b. The member abandons Iowa residency.
- c. The member obtains other health insurance coverage.

92.10(2) Untimely report. When a change is not timely reported, any incorrect program expenditures shall be subject to recovery in accordance with 441--92.13(249A,81GA,HF841).

92.10(3) Effective date of change. After assistance has been approved, changes reported during the month shall be effective the first day of the next calendar month unless:

- a. Timely notice of adverse action is required as specified in 441—subrule 7.7(1).
- b. The certification has expired.

441--92.11(249A,81GA,HF841) Reapplication. A new application is required when a member's 12-month certification period has expired or a member is seeking to regain eligibility after cancellation.

441--92.12(249A,81GA,HF841) Terminating eligibility. IowaCare eligibility shall end when one or more of the following occur:

92.12(1) The certification period ends.

92.12(2) The member becomes eligible for a medical assistance coverage group under 441--75.1(1) through 441--75.1(40).

92.12(3) The member does not pay premiums as required by 441--92.7(249A,81GA,HF841).

92.12(4) The member no longer meets the nonfinancial eligibility requirements under 441--92.5(249A,81GA,HF841).

92.12(5) The member is found to have been ineligible at the time the eligibility determination was made due to member misrepresentation or member or agency error.

92.12(6) The member dies.

441--92.13(249A,81GA,HF841) Recovery. The department shall recover from a member all Medicaid funds incorrectly expended on behalf of the member in accordance with 441--76.12(249A). Any funds recovered from third parties by a provider other than a state mental health institute, including Medicare, shall be submitted to the Iowa Medicaid enterprise and an adjustment shall be made to a previously submitted claim.

Note: Quality Control will pull a sample of the cases to review eligibility.

Example 44: Mr. Y self-declared that his income was under 200% of the federal poverty level and was approved for IowaCare July 1. Quality control reviews his case in November and finds that his income was 250% of the federal poverty level for the month of July. Mr. Y was not eligible for IowaCare. The IM worker cancels the case and does a recoupment for months that Mr. Y was on IowaCare.

To determine the amount of the recoupment, the amount of premiums that was paid will be deducted from the amount of services that were received.

Example 45: Same as above except Quality Control finds that in October Mr. Y's income dropped below 200% of the federal poverty level. The IM worker does not cancel the case, but does do a recoupment for the months of July, August and September.

Example 46: Mr. X self declares that his income is \$500 per month. His premium is calculated to be \$9 per month beginning July 1. Quality Control reviews his case in December and finds that his income is \$750 per month and that he should have been paying a premium of \$14 per month. The worker enters the \$750 on to the BCW2 for January and completes a recoupment for the months of July through December for \$30 (\$5 x 6 months).

Note: SIQs, will not be required for this program.

441--92.14(249A,81GA,HF841) Discontinuance of the program. IowaCare is operated statewide and is funded on a fiscal-year basis (from July through June). When funds will be expended before the end of the fiscal year, enrollment of new members into the program will be discontinued or limited to a reduced scope of services until funding is received for the next fiscal year.

92.14(1) Suspension of enrollment. To ensure equitable treatment, applications shall be approved on a first-come, first-served basis and enrollment will be suspended when the likely costs of caring for those already enrolled will exhaust the available funding during the year. "First-come, first-served" status is determined by the date the application is approved for eligibility and entered into the computer system.

92.14(2) Enrollment for limited services. Eligibility or payment of services received cannot be approved beyond the amount of funds available. Because funds are limited, applications may be approved for a reduced scope of services.

441--92.15(249A,81GA,HF841) Right to appeal. Decisions and actions by the department regarding eligibility or services provided under this chapter may be appealed pursuant to 441-7. However, households will not be entitled to an appeal hearing if the sole basis for denying or limiting services is due to discontinuance or limitation of the program pursuant to 92.14(249A,81GA,HF841).

Example 47: Group Health Insurance

Household consists of Marge (the mother), Kyle (father), and their 2 children. They apply for IowaCare in May. Kyle was just released from the Broadlawns Medical Center earlier in May. Kyle's gross earned income is \$2000 per month. Marge works and grosses \$1600 per month.

Kyle carries family health insurance coverage for the family. Some of Kyle's physician bills are covered by his health insurance policy. However, Kyle states the medical bills for his hospitalization are not covered by his policy.

\$2000	Kyle's gross earned income
<u>1600</u>	Marge's gross earned income
3600	Gross earned monthly family income
<u>X .8</u>	20% earned income disregard
2880	Countable monthly income (below 200% of FPL for a household size of 4)

The system will calculate the percent of poverty.

\$ 2880	
<u>÷ 1613</u>	100% of FPL for 4
178	% of poverty (< 180%)

Kyle's premium is \$67. Kyle is approved for IowaCare. Even though he has health insurance, and some of his doctor bills are covered, Kyle stated his hospitalization is not covered by the policy.

Note: No SIQ is needed.

Example 48: Medicaid IowaCare Premium Change (MIPC screen)

Art applies for IowaCare and is approved December 15. Art's premium is \$43 per month beginning December. He calls his IM worker after he receives his notice of decision to state that the amount of income he reported on his application is less than the amount of income listed on his notice of decision.

The IM worker reviews the information entered on the system and sees that the income entered was incorrect based on the information on the application.

The IM worker explains that the premium will be reduced to \$14 per month.

The IM worker manually issues a new notice of decision to Art.

After Phase 2 is completed you will be able to do the following:

- *The IM worker may access the MIPC screen the following ways:*
 - *Clear the computer screen and type in MIPC.*
 - *Type in 3 MIPC from the TD03. PF4 links you back to IABC*
 - *Via SSNI screen – either page 1 or 2, hit PF12 and it brings up MIPC. PF12 links you back to IABC.*

- *From the MIPC screen you are able to do the following:*
 - *Change the premium and co-pays month-by-month for current and prior months.*
 - *Enter a block (Block is so you can correct an error. A block will probably be used to make a correction to the premium amount, if it's been paid and for some reason the money needs to be 'backed' out, or the amount was calculated wrong).*

Example 49: Automatic Redetermination

Household consists of Martha and her son, Ben.

They were receiving Medicaid under FMAP. He turns 19 in November. FMAP is cancelled effective December 1.

There is no longer any categorical eligibility for full Medicaid coverage groups for Martha. (Martha has no child in the home and is not aged, disabled, or pregnant.)

The IM worker determines that Martha would be eligible for IowaCare. The worker sends Martha a letter with the "IowaCare Premium Agreement" statement on premiums. Martha must return the signed "IowaCare Premium Agreement" before the automatic redetermination is completed. A new Medicaid application is not required.

Ben started a job and is over income for CMAP. He is automatically redetermined to Medically Needy with a spenddown. Do not do an automatic redetermination to IowaCare when Ben's Medically Needy certification period ends. If Ben reapplies the IM worker determines if Ben would be able to meet his spenddown for Medically Needy before processing the application for IowaCare.

Phase 1 System Entries:

Aid types:

60-E - 200% group for the 19 to 64 age group

60-P - 300% group for pregnant and newborns

90-6 - Iowa Family Planning Network also receiving IowaCare

77-7 - Preexisting group

When hardship is approved the aid type on SSNI will be changed:

- 60-E will change to 60-H
- 60-P will change to 60-T.

Notices - see Notice folder

A notice of cancellation is not issued when the certification period ends. The member was notified in their initial notice of how long their certification period would last.

Other coverage groups

Do not put food assistance or FIP on IowaCare cases. These programs will not align for reviews.

A woman who is on the Iowa Family Planning Network may also have an IowaCare case.

System entries & Worker Information System (WIFS) – see System training folder (This will be added to the IowaCare Training Folder June 30.)

Resource screens – enter resource screens when they claim resources for statistical purposes.

On a case with **two eligible members**, if one member fails to pay their premium, you will receive a WIF. The IM worker makes entries into the IABC system so that the member will be a “considered” person on the case and the fund code will be an “S”.

A **stepparent** on an IowaCare case is a spouse and should be coded with a medical status of “A” rather than “H”. An “H” will not be accepted medical status code.

Approving IowaCare – Use entry reason “A” and medical status “A” (when there’s a break in assistance).

Reopening IowaCare – Use entry reason “C” and medical status “C” (when there is no break in assistance).

Note: Never use entry reason “B” and medical status “B” for IowaCare.

Instructions will be given next month to you, if you need to increase a premium.

The system will issue an IowaCare card once per certification period.

Phase 2 System Enhancements:

Not everything could be accomplished before July 1, 2005. After July 1, 2005 the following will be implemented:

- *Phase 1 Entries on the BCW2 for the months of income must have the same amount of income entered. Income is projected for a year and divided by 12 to obtain a monthly amount. Phase 2 will send a fatal WAR & a companion transactional WAR will be created when income amounts entered on BCW2s for different months vary.*
- *60-E – Edits will be created so a person under age 19 or older than 64 cannot be put on IowaCare.*
- *TD06 - Open 60E & 60P Aid Types (D111 must be ready as well). This is needed for refunds of premiums.*
- *Month-end auto shutdown - age 65.*
- *TD05 - Allow RETRO of "1".*
- *ABCC - Add Premium field...and Status fields.*
- *New TXNS/WAR edits - Ensuring BCW2 amounts are the same.*
- *There will be link from the Iowa ABC System Menu to MIPS.*

Phase 3 Enhancements

- *New TXNS/WAR edits - Prevent case open/reinstatement when Premium past due.*
- *(377 - 60E) & (377 - 60P) Aid / Med Aid combos.*

We will deny 60-E and 60-P cases on the basis that the funding is projected to be fully used before the end of the state fiscal year.

Treatment for Preexisting Chronic (ongoing) Conditions

Persons who had state papers in FY '05 will be eligible to receive services for a preexisting chronic condition if they:

- received care for a chronic condition from the University of Iowa Hospitals and Clinic
- are over income for IowaCare

A letter from DHS was sent to persons who received state papers for a chronic condition in FY '05. (Refer to copy of the June 21 Dear Iowan letter.)

To receive assistance under this program the following will need to be done:

- The individual completes the IowaCare application and signs and submits the tear off statement from the June 21 Dear Iowan letter that was sent on June 21 indicating that the person had chronic (ongoing) health condition.

- The IM worker enters the information from the IowaCare application into the IABC system.
- If the application is denied for IowaCare for being over the income limit, or denied for being eligible for QMB, SLMB, E-SLMB, or over age 64:
 - a. The IM worker will verify that the person was on state papers with a chronic condition in FY '05. The IM worker notifies the Care Management Program of the University of Iowa (CMPUI) the name and social security number of applicants who have returned the tear off statement from the June 21 Dear Iowan letter stating that they received state papers.
 - b. CMPUI confirms that the applicant had a verified state paper for FY '04-05 and conducts a medical review to determine if the applicant meets preexisting chronic condition criteria as defined by the University of Iowa Hospitals and Clinics.
 - c. CMPUI notifies the IM worker of those patients who meet the criteria.
 - d. DHS informs CMPUI the applicant will receive the special coverage letter. CMPUI will receive a "cc" of the letter.

- If the answer is yes, e-mail the **Request for Special Update, form 470-0397** to Quality Assurance.

To receive the ongoing care for the chronic condition, persons must apply in state fiscal year (SFY)'06. Their case will need to be reviewed each year to see if they continue to belong in the preexisting chronic conditions group. If the person's income decreases and they are eligible for IowaCare, the person will then continue to receive the care or the prescription for the ongoing condition in the IowaCare program.

These individuals will be sent a letter stating that they are eligible for the ongoing chronic condition. They will not receive an IowaCare card. The state ID for the individual will be on Eligibility Verification System (ELVS).

These individuals will not have a premium or a co-payment to pay. The only services that they will receive from the University of Iowa Hospitals and Clinics are for the ongoing chronic condition that they had in SFY '05. If they have a new condition that needs to be treated, they will need to make arrangements with the University of Iowa Hospitals and Clinics for treatment.

Example 50: Kip used State Papers prior to the program ending 6-30-05. He makes a good income but does not have health insurance. He has a chronic medical condition and was treated at the University of Iowa Hospitals & Clinics.

Kip received the letter from the department that explained about the state paper program ending and the IowaCare program. He completes the IowaCare application that was enclosed and signs and attaches the tear off chronic health problem statement to his IowaCare application.

The IM worker does the following:

- Screens the application and determines Kip is not eligible for full Medicaid, and
- Enters the information from the application into the IABC system.
- The case is denied for IowaCare.
- Verifies with CMPUI that Kip was on state papers and had a chronic condition.
- Complete the **Request for Special Update, form 470-0397** and e-mail to Quality Assurance.

At the IME the information is entered onto the presumptive system. A letter is sent to Kip that he takes when he goes to the University of Iowa Hospitals and Clinics.

Kip will not be responsible for a premium or co-payments.

Example 51: Ripley used State Papers in SFY '05 prior to the program ending. He had surgery following a snow mobile accident. Although he made a good income, he did not have insurance and did not have resources to pay for the medical bills. He received a letter from the department concerning state papers ending and IowaCare beginning. His condition was not ongoing so he did not send the IowaCare application to the Department.

Ripley requests State Papers August 2005 from the County General Relief Director. The GR Director explains that the program has ended but he could apply for IowaCare. Ripley completes an IowaCare application and it is sent to DHS.

The IM worker does the following:

- Screens the application and determines he's not eligible for full Medicaid, and
- Determines Ripley is not eligible for IowaCare due to his reported income exceeding 200% of the federal poverty level.

Ripley's application is denied for IowaCare. The IM worker verifies with CMPUI that Ripley did or did not have state papers for a chronic condition in SFY '05. CMPUI notifies DHS that he did not have a chronic condition in FY '05.

ITEM 1. Amend 441—Chapter 85, preamble, as follows:

PREAMBLE

Inpatient psychiatric services are provided in three types of psychiatric facilities in addition to general hospitals with psychiatric units: acute care psychiatric hospitals, psychiatric medical institutions for children, and nursing facilities for the mentally ill. Except for services in the state mental health institutes, Medicaid covers only persons under the age of 21 and the age of 65 and older in acute care psychiatric hospitals, Medicaid covers only persons under the age of 21 in psychiatric medical institutions for children, and only persons aged 65 and older in nursing facilities for the mentally ill. These rules establish conditions of participation for providers, record-keeping requirements, reimbursement methodologies, and client eligibility requirements.

ITEM 2. Amend 441—85.1(249A) as follows:

Amend the introductory paragraph as follows:

441—85.1(249A) Acute care in psychiatric hospitals These rules do not apply to General hospitals with psychiatric units.

85.1(1) Psychiatric hospitals serving persons aged 21 and older. A psychiatric hospital serving persons aged 21 and older shall meet the federal criteria for an institution for mental disease and shall be licensed pursuant to department of inspections and appeals rule 481—51.36(135B). An out-of-state facility shall be licensed as a psychiatric hospital, shall meet the federal criteria for an institution for mental disease, and shall be certified to participate in the Medicare program. An institution is an institution for mental disease only if its overall character is that of a facility established and maintained primarily for the care and treatment of persons with mental diseases. The following guidelines are used by the department in evaluating the overall character of a facility. These guidelines are all useful in identifying institutions for mental disease; however, no single guideline is necessarily determinative in any given case.

441--85.8(249A,81GA,HF841) Eligibility of persons ages 21 through 64.

85.8(1) Facility. Acute care in a psychiatric hospital is covered for persons ages 21 through 64 only at the state mental health institutes at Cherokee, Clarinda, Independence, and Mount Pleasant.

85.8(2) Basis of eligibility. To be eligible for payment for the cost of care provided by one of the covered facilities, a person between 21 and 64 years of age must be either:

- a. Eligible for one of the coverage groups listed in 441--75.1(249A); or
- b. Eligible under the IowaCare program pursuant to 441—Chapter 92.

There will be three types of members between 21 and 64 in an MHI.

1. Medicaid eligible voluntary resident of MHI. Currently the worker does not cancel Medicaid, when a member over age 21 through age 64 is enrolled with the Iowa Plan and voluntarily (not court ordered) enters an MHI. This procedure will continue as it is today.

2. Medicaid eligible involuntary resident of MHI. When a Medicaid member is involuntarily placed (court ordered) in an MHI, the worker should make a redetermination as to whether the member continues to be eligible. Beginning July 1, 2005, Medicaid can continue even though the member involuntarily entered an MHI.

- If the member remains eligible with the family at home, leave the member on the family's Medicaid case.
- Also approve the member on an MHI case aid type with a med aid type for the applicable coverage group.
- Approval of an MHI case will automatically disenroll the member from Iowa Plan prospectively for the next month, subject to timely notice.
- Note: A member does not continue to meet eligibility as temporarily absent for FMAP-related Medicaid if their stay is expected to last more than 12 months.

Example 52: Mrs. A is court ordered to an MHI for 90 days. She is eligible for FMAP with her family at home. Since her stay is expected to be less than 12 months, she continues to qualify for FMAP with her family at home. The worker leaves Mrs. A active on the FMAP case. In addition, Mrs. A is approved on a MHI case so that she will be disenrolled from Iowa Plan. The MHI case will be passed to ISIS so that medical necessity can be obtained and any applicable client participation can be assessed.

Note: The Medically Needy coverage group does not pay for MHI. Therefore, Medically Needy members that enter an MHI will need to choose either Medically Needy or IowaCare. If the individual chooses to continue Medically Needy, the MHI services will not be covered, but other Medicaid covered services would be. If the individual chooses IowaCare, then only the services provided by the MHI are covered.

3. Resident in a MHI and is eligible for IowaCare. Approve the member on an MHI case aid type with an IowaCare med aid type.

Example 53: Mr. B is court ordered to an MHI. He is currently eligible for FMAP with his family at home. Because his stay is expected to last more than 12 months. Therefore, he does not continue to meet FMAP eligibility with his family at home. The worker cancels Mr. B from the FMAP case. Mr. B may be eligible for MHI under IowaCare coverage. The approval must be entered on an MHI case aid type (37-7) with an IowaCare med aid type (60-E). This allows the member to be passed to ISIS so that medical necessity can be obtained and any applicable client participation can be assessed.

85.8(3) Period of eligibility. A person is considered to be an inpatient until unconditionally discharged. Coverage extends until the last day of the month of the discharge.

When a **Medicaid eligible involuntary resident** of the MHI is discharged, the additional MHI case will need to be closed. When a resident of the MHI is eligible for IowaCare and is discharged, close the MHI case and reopen the IowaCare medical case.

85.8(4) Extent of eligibility.

a. While on inpatient status, a person eligible under a coverage groups listed in 4441--75.1(249A) is entitled to the full scope of Medicaid benefits.

b. While on inpatient status, a person eligible under the IowaCare program is entitled to the services listed at 441—92.8(249A,81GA,HF841).

IOWACARE DESK AID

Income Limit	IowaCare Household Size						
	1	2	3	4	5	6	7
200%	\$1,595	\$2,139	\$2,682	\$3,225	\$3,769	\$4,312	\$4,855
300%	\$2,393	\$3,208	\$4,023	\$4,838	\$5,653	\$6,468	\$7,283

IowaCare Premiums	
When the household's income is at or below:	Each member's premium amount is:
10% of federal poverty level	\$0.00
20% of federal poverty level	\$1.00
30% of federal poverty level	\$3.00
40% of federal poverty level	\$4.00
50% of federal poverty level	\$6.00
60% of federal poverty level	\$7.00
70% of federal poverty level	\$9.00
80% of federal poverty level	\$11.00
90% of federal poverty level	\$12.00
100% of federal poverty level	\$14.00
110% of federal poverty level	\$39.00
120% of federal poverty level	\$43.00
130% of federal poverty level	\$47.00
140% of federal poverty level	\$51.00
150% of federal poverty level	\$55.00
160% of federal poverty level	\$59.00
170% of federal poverty level	\$63.00
180% of federal poverty level	\$67.00
190% of federal poverty level	\$71.00
200% of federal poverty level	\$75.00

Additional Questions and Answers

Eligibility

1. Does eligibility for Veteran's benefits effect eligibility for IowaCare?

Response: No.

2. When determining household size, would the foster child be counted in the household size?

Response: No. And do not count the foster care payment in determining eligibility or the amount of the premium.

Application Processing

3. Currently, when HCBAP workers at UIHC take applications, they get consent and release forms signed by the patient/applicant. Will we need to follow the same process for IowaCare applications?

Response: No.

System Issues

4. Will the eligible IowaCare members appear on ELVS (formerly REVS)?

Response: Yes.

5. Will persons that are eligible for the preexisting chronic condition appear on ELVS?

Response: Yes. They will receive a letter to take to the network provider.

6. Will denials show up in the IABC system?

Response: Yes

Benefits/Services

7. An IowaCare member wants to know who to contact at the University of Iowa Hospitals and Clinics, or if they live in Polk County who to contact at the Broadlawns Medical Center, to make an appointment?

Response: Note: On June 29 University of Iowa Hospitals and Clinics stated that a list of different numbers would be given to us.

Refer Polk County residents who choose to go to Broadlawns Medical Center to the Des Moines phone book.

8. An IowaCare member goes to the University of Iowa Hospitals and Clinics for care and the service is not covered. Who is responsible for the bill?

Response: The member must make arrangement with University of Iowa Hospitals and Clinics for payment.

9. An individual receives emergency care at the University of Iowa Hospitals and Clinics. Will IowaCare take care of the services received?

Response: The financial counselor at the University of Iowa Hospitals and Clinics will have the individual complete the IowaCare application and if approved, the emergency care may be covered under IowaCare. Eligibility can be retroactive up to one month.

10. If a person goes to the local hospital for a situation that turns into a larger procedure, the county currently has an understanding that if over \$500, the General Relief in the county will not pay. The person then would be sent to Iowa City by ambulance. State papers did pay for the ambulance. Will IowaCare cover ambulance service?

Response : No

11. County General Relief pays for certain medical procedures/prescriptions for eligible persons. General Relief is considering referring these folks to IowaCare. This could be people that do not need extensive care or have an ongoing condition. Or for example someone with diabetes and needs ongoing monitoring and drugs. This could be about 200 persons (these are not persons who were on state papers in FY '05). Won't this use funds for regular care so others that need specific procedures may not get the care needed if the money is exhausted? Is there any criteria for level of care needed?

Response: Only persons who received state papers in SFY '05 and have a preexisting chronic condition will receive ongoing medical care for that condition.

For persons who were not on state papers in FY '05, the only prescriptions they will receive would be 30 day take home supply if they had been hospitalized. There is no criteria for level of care.

Claims

12. An IowaCare member is determined eligible for Medicaid for months that the member was on IowaCare. Will the claims that were submitted for IowaCare now be paid by Medicaid and IowaCare reimbursed?

Response: Yes

Disportionate Share Hospitals (DSH)

13. Is there a definition of "chronic condition"? For those applicants who are over 200% of federal poverty level, were on state papers for a chronic condition and will be grandfathered in, will the IM worker have to get verification/confirmation of the chronic condition?

Response: The University of Iowa Hospitals and Clinics determines if the person had a chronic condition. The IM worker will not have to obtain verification of the chronic condition. The University of Iowa Hospitals and Clinics will send the Department a list of names who received state papers in FY'05.

MHI's

14. Who will assist the persons residing in the MHI's in applying for Medicaid or for IowaCare?

Response: The IMW at Independence will assist persons there. Persons at the other MHI's will be assisted by staff in the local DHS office.

15. Currently, the county sends a person to the MHI for care. This is mandated through Iowa law and eligibility is based on legal settlement. The county does not pay 100% of the MHI; the state pays a portion. The county is saying that there is no advantage for the county to refer to IowaCare. The program does talk about mental health services from the 4 MHIs. How does IowaCare work or fit?

Response: From what we understand the county will still have state papers for psychiatric care.

16. How does state papers for psychiatric care differ from IowaCare?

Response: Individual receiving state papers for psychiatric care will receive care at the University of Iowa Hospitals and Clinics.

Questions about IowaCare

Overview

1. Question: IowaCare Provider Networks – does the University of Iowa Hospitals and Clinics only refer to the University of Iowa Hospitals and Clinics at Iowa City or does it include the University of Iowa subsidiary clinics located throughout the state?

1. Response: The University of Iowa Hospitals and Clinics includes Iowa City and the clinics throughout the state.

Persons Covered (92.2)

2. Question: If a person receives Qualified Disabled Working Person (QDWP), are they eligible for IowaCare?

2. Response: No. See **92.2(1)**. A QDWP is eligible for medical assistance under 75.1(33), therefore not eligible for IowaCare. Also to be eligible for QDWP, the person cannot be eligible for any other Medicaid coverage group.

3. Question: Can a person receive QMB, QDWP, Medically Needy with a spenddown, SLMB, or E-SLMB and IowaCare?

3. Response: No. See **92.2(1)**. Persons eligible for QMB, QDWP, SLMB, E-SLMB, or Medically Needy, are receiving medical assistance under the following rules: {75.1(29), (33), (34), (35) & (36)}. Therefore, they are not eligible for IowaCare because these programs are Medicaid coverage groups.

If the QMB or SLMB person received state papers in SFY'05 for a preexisting chronic condition, then process the application according to the training packet beginning on page 31.

Federal law prohibits persons on E-SLMB and QDWP from being eligible for any other Medicaid coverage group which includes IowaCare.

For Medically Needy with a spenddown –

- Does the person regularly meet their spenddown or will meet a spenddown with upcoming medical expenses? If yes, then put them on Medically Needy.
- Does the person indicate that they will not meet spenddown with the medical expenses that they have or would incur would not enough to meet spenddown? If yes, then the client may choose between IowaCare and Medically Needy.

Persons in an MHI who could meet a spenddown will be given the choice of MN or IowaCare because MN does not provide for institutional care.

4. Question: 92.2(1)a: Staff are asking why those who are age 65 or older are not considered for IowaCare when disabled persons between ages 19 and 64 can receive Medicaid or IowaCare if not eligible for Medicaid?

4. Response: House File 841 legislated the age requirements.

5. Question: 92.2(1)a: Will IowaCare benefits cover the entire month of the person's 65th birthday?

5. Response: If the person's birthday is on the first day of the month they will be canceled for that month. If the birthday occurs after the first day of the month, the IowaCare member will receive benefits for the whole month.

6. Question: 92.2(1)b If the old medical bill was used for a previous certification period and the medical bill is still owed, would the pregnant woman be allowed to use this bill to reduce her income?

6. Response: Yes, as long as she is still responsible to pay the medical bill.

7. Question: Does the pregnant woman need to be at least 19?

7. Response: See **92.2(1)b**. There is no age limit for pregnant women whose income is above 200% of the federal poverty level but below 300% of the federal poverty level.

8. Question: 92.2(3) Person applies for IowaCare and was disqualified for not cooperating with child support two years ago, would they be eligible for IowaCare?

8. Response: The parent would not be eligible for IowaCare if the child is still receiving Medicaid. If the child is still on Medicaid the person shall be given the opportunity to cooperate with child support. Then the IM worker would need to determine if the parent was Medicaid eligible before determining eligibility for IowaCare.

9. Question: If a MEPD client fails to pay the MEPD premium, could they be eligible for IowaCare?

9. Response: See **92.2(3)**. No, failing to pay an MEPD premium would be failing to cooperate with Medicaid eligibility.

10. Question: Individual was denied Medicaid for failure to provide information and then applies for IowaCare on an IowaCare application. The IM worker requests information for Medicaid. If the individual fails to provide the information and the application is denied for Medicaid, does the IM worker also need to deny IowaCare?

10. Response: See **92.2(3)**. The IM worker only needs to deny for Medicaid.

11. Question: If an IowaCare applicant states they have health insurance, can we deny?

11. Response: See **92.2(4)**. No. Contact the client to see if their policy has any exclusions or limits to benefits.

12. Question: When would the worker deny the IowaCare application based on the applicant having group health insurance? Almost all group health insurance plans have deductibles and co-payments.

12. Response: See 92.2(4) Deny if any of the following do not apply to the applicant or member who is enrolled in a group health plan: 1) Exclusions for a preexisting condition apply; 2) The needed services are not covered by their plan; or 3) The limits of benefits under the plan have been reached.

Example: When a person's health insurance plan pays 80% of their treatment and they are responsible for paying 20%, their plan still covers that needed service. Therefore, this person would not be eligible for IowaCare.

13. Question: 92.2(4)a The applicant is not enrolled in the available group health plan. The applicant states that the health insurance is unaffordable. How do we determine this; does the IM worker accept the applicant's statement?

13. Response: Yes. See page 7 of the training/manual packet. Whether group health insurance is affordable is self-declared.

14. Question: If an applicant only has dental insurance, no other health insurance, and would meet all other eligibility requirements, would the person be eligible for IowaCare?

14. Response: Yes. See 92.2(4)a(3). The needed services would not be provided by the dental insurance.

Application (92.3)

15. Question: Example 39 on page 19 Greta applies for IowaCare. Does this mean a new application? Does adding a person to IowaCare require an application? What will her effective date be?

15. Response: "92.3 Application. Medicaid application policies in 441 – 76.1 apply to Iowa care except as follows:" 76.1(5) States a new application is not required when an eligible person is added to an existing Medicaid eligible group or when a responsible relative becomes a member of the household. The date of application to add a person is the date the change is reported. The effective date will be the first day of the month of the report to add the person to the eligible group. There will be one case.

16. Question: If a person applies in one county but lives in another county, where should the application be processed?

16. Response: See 92.3. Process the application for IowaCare in the county of residence, with the exception of a person applying at the UIHC. Then the application will be processed at the UIHC for IowaCare.

17. Question: Will the IowaCare application be available on line?

17. Response: No.

18. Question: When a boyfriend/girlfriend apply for IowaCare on the same application, do they both need to sign the application? Would they have separate cases?

18. Response: See 92.3. Yes, both would need to sign the application. Yes, they would have separate cases. Make a copy of the application for the second case.

19. Question: What do we do with IowaCare applications that are dropped off at a less-than-full-time office?

19. Response: See 92.3. Follow regular Medicaid policy and backdate the application to the day after the last day that the office was open.

20. Question: The IowaCare application says the person agrees to complete a medical examination. What are they referring to?

20. Response: See 92.3. This is in Phase 2. The members will be required to schedule a medical exam between March 1, 2006 and June 1, 2006. The member will be responsible for making the appointment for the medical exam. When this is implemented, training will occur and letters will be mailed to all members explaining this requirement.

Application Processing (92.4)

21. Question: An individual applies for IowaCare and indicates that they are disabled on the application. The worker approves the case for IowaCare and requests in writing that the person apply for Social Security Disability or SSI. The individual does not verify that they applied for SSD or SSI. What does the worker do next?

21. Response: See 92.4(1). The IM worker cancels the IowaCare case for failure to provide information.

22. Question: Do IM workers need to do the standard look-ups for an IowaCare application?

22. Response: See 92.4(1). Information on the application is self-declared except for alien status and medical bills for pregnant women. If prudent person indicates the information on the application is questionable, then use the information if current and available on the system.

23. Question: Quick Screen # 5 states that disabled person applies for IowaCare and that IM worker requests that the person files for Social Security disability and then determines eligibility for IowaCare. What happens after the Social Security Disability is approved?

23. Response: After the Social Security Disability is approved determine if the person would be eligible for Medicaid. If not eligible for Medicaid, the person would continue to be eligible for IowaCare.

24. Question: The office has applicants who have applied for Medicaid prior to July 1, 2005 and are awaiting a disability determination. Do these persons need to apply for IowaCare?

24. Response: See 92.4(2). Yes, IowaCare was not implemented until July 1, 2005. Therefore, other Medicaid applications filed prior to July 1 would not be valid for IowaCare.

25. Question: Will the dependent person program be one of the programs that we will need to consider for other Title XIX eligibility when screening IowaCare applications?

25. Response: See 92.4(2). Yes.

26. Question: An IowaCare application is filed July 1, 2005 or after. The IM worker screens the application for Medicaid and determines that the applicant may be eligible for Medicaid. Does the IM worker request verification for the Medicaid coverage group and schedule an interview? After the interview and receiving the verification, do we have to deny for IowaCare before we approve the Medicaid coverage group? What if the IM worker determines that the applicant is not resource eligible for any other Medicaid coverage group, then does the IM worker approve for IowaCare?

26. Response: See 92.4(2). If the screening suggests the person would be eligible for Medicaid, yes request the verification and schedule an interview.

If the application will be approved for a Medicaid coverage group, you do not deny the application for IowaCare.

If the person is not resource eligible, over income or not categorical eligible for Medicaid coverage groups and meets all other eligibility requirements for IowaCare, the IM worker would approve IowaCare.

27. Question: If parents who have children under age 19 apply for IowaCare, can we use the IowaCare application when determining Medicaid eligibility for the children?

27. Response: See 92.4(2). Yes. Screen all applications for full Medicaid. If the children have income, their income is used in determining eligibility for them for full Medicaid as well as for the parents for IowaCare.

28. Question: Does the IM worker need to explore Medicaid eligibility for the retroactive month before approving IowaCare?

28. Response: See 92.4(2). Yes, if they request retroactive eligibility.

For retroactive eligibility for IowaCare, the person needs to have received the services at Broadlawn Medical Center if a resident of Polk County or at the UHIC if living in any county in Iowa in the month prior to the month of application. For retroactive eligibility for all other Medicaid coverage groups, the service may have been received from any Medicaid provider.

29. Question: Clarify the three-day processing time frame. When is day one? Is the day of receipt or the day after the receipt date?

29. Response: 92.4(3) page 9 of the training/manual packet in the Note: “There are three working days to process the application after the application is received in the office. The day after the application is received is day 1.”

Determining Income Eligibility (92.5)

30. Question: If a married couple applies for IowaCare (and both want IowaCare) does the IM worker put them on one case?

30. Response: See 92.5(1). Yes they will be on one case.

31. Question: Can a married couple have one person on SLMB or MEPD and the other person apply for IowaCare?

31. Response: See 92.5(1). Yes. The person on the other Medicaid coverage group will be a considered person on IowaCare, unless receiving SSI.

32. Question: The draft materials that came out indicated that the unborn would not be counted in household, but the training packet indicates that the unborn will be counted.

32. Response: See 92.5(1). This was a change and the unborn will be counted in the pregnant woman’s household.

33. Question: How do we handle couples when one spouse is eligible for Medicaid and the other is applying for IowaCare?

33. Response: See 92.5(1) The Medicaid-eligible person is a “considered” person on the IowaCare case. All household income is counted when determining eligibility. The exception to this is when a person is receiving SSI.

34. Question: Could the father of the unborn child include the unborn child in his household size? The mother is currently on Medicaid, without regards to the pregnancy. Parents of the unborn are not married.

34. Response: See 92.5(1). Unborn would only be included in the household size if the mother is included in the household size.

35. Question: 92.5(1): A 19-year-old living at UNI applies for IowaCare. Would the IM worker consider the parents income when determining eligibility, if the parents claim the 19 year old as dependent?

35. Response: Yes. See example 21 on page 11 of training/manual packet.

36. Question: Can members choose to exclude household members?

36. Response: See 92.5(1). No. The exception is a person who receives SSI would be excluded from the household size.

37. Question: Does the IM worker need to use the actual income for the retroactive month?

37. Response: See 92.5(2). No, the income is self-declared. Use the same income that was reported on the application for ongoing and the retroactive month.

38. Question: What income do we use for IowaCare?

38. Response: See 92.5(2). Use income as of the date of decision that you can reasonably project. Use seasonal and irregular earnings or income and average over the 12-month certification period. Do not use income that has ended and is not expected to be received again.

39. Question: How is combat pay treated?

39. Response: See 92.5(3). It is not exempt. Count any money that is made available to the eligible group.

40. Question: Is allowing medical bills to reduce income only for pregnant women?

40. Response: See 92.5(5)b. Yes.

Effective Date (92.7)

41. Question: One month retroactive policy states the person must have received services from a provider within the Medicaid expansion network. Can a pregnant woman who does not have to receive care from the UIHC be eligible for the retroactive month?

41. Response: See 92.6(2). Yes.

42. Question: If the IowaCare member requests retroactive eligibility several months after the application approval, does the IM worker need to send Notice of Decision? Can the NOD for denying retroactive eligibility be done through IABC?

42. Response: See 92.6(2)a. No. See Example 30 on page 15 of the training/manual packet. No, the worker sends a NOD denying the retroactive eligibility.

Financial Participation (92.7)

43. Question: “92.7 In addition to the co-payments required by 441- 79.1(13), IowaCare members (with the exception of newborns eligible pursuant to 92.2(1)”c” shall be assessed a sliding scale monthly premium.” What co-payments does the IowaCare member have to pay?

43. Response: Same co-payments that other Medicaid recipients are required to pay. See EM 8-A-20 and 21.

44. Question: How will their premiums be billed and calculated for a couple on one case?

44. Response: See 92.7(1)a. They will each receive a bill. The premium is based on their total income and they each have the same premium amount to pay.

45. Question: Example 34 on page 17. What if the husband that left the home had income? How would this be treated?

45. Response: See 92.7(1)d . The household size is not changed. See 92.7(1)e. The husband's income would be removed and the premium decreased.

46. Question: Example 36 on page 17. The husband returns to the home and is added to the household size and the premium decreases. What if the husband has income?

46. Response: See 92.7(1)d. The husband's income is not entered on the system.

47. Question: Do members tell the IM worker about their hardship or do they just sign the statement on the billing statement? If they tell us what do we do with the information?

47. Response: See 92.7(3). If the member declares hardship, they sign the statement on the IowaCare Billing Statement or the IowaCare Premium Notice Reminder and return the statement in the prepaid envelope (goes to IME). If the member tells the IM worker that they have a hardship, explain that they need to sign the statement and return the statement before premium due date. Failure to return the statement by the premium due date will result in their obligation to pay the premium. Also remind them that they have a hardship, they will need to claim a hardship for each month.

Benefits (92.8)

48. Question: When an IowaCare member from a county other than Polk county goes to Broadlawns Medical Center will their visit be covered by IowaCare?

48. Response: See 92.8(1)b. No. Broadlawns Medical Center will verify residency and will only serve Polk County residents.

49. Question: What will be covered for prescription care under IowaCare?

49. Response: See 92.8(2) and prescriptions on **page 25** of the Training/Manual packet. **“Prescriptions:** If the IowaCare member received inpatient care, they may receive a 30-day supply of take home drugs. The IowaCare member may also receive any drug that is administered in outpatient.

If the IowaCare member was on state papers in FY '05 and was treated for a preexisting chronic condition and received prescriptions for a chronic condition, the member will continue to receive prescriptions that are normally covered by Medicaid. They will need to let UIHC know they have a chronic condition and received state paper in FY'05.

50. Question: After the 30-day supply, can the IowaCare member go back to the pharmacy at the UIHC to obtain a refill for the prescription?

50. Response: See 92.8(2). Refills of prescriptions are not covered by IowaCare, unless the member was on state papers in SFY '05 and received treatment for a chronic condition and the prescriptions for the chronic condition is normally covered by Medicaid.

An exception to policy will be required for those prescriptions that are not normally covered by Medicaid.

51. Question: How does a provider bill for pregnant woman on IowaCare and lives in one of the counties that does not have to go to the UIHC for care? Does this provider need to bill within 20 days?

51. Response: See 92.8(3)c. These bills for the 60-P aid type will be paid by 100% state dollars. This provider would need to bill Medicaid the same way as they do now except the claims need to be submitted within 20 days.

Reporting Changes (92.10)

52. Question: What changes must be reported and acted on?

52. Response:

- See 92.10(1)a – the member enters a non-medical institution.
- 92.10(1)b – the member abandons Iowa residency.
- 92.10(1)c – the member obtains other health insurance coverage.
- 92.7(1)e states that if an individual reports a decrease in income or an increase in the household size that the change will be acted on to decrease the individual's premium.
- 92.10(3) states that the changes reported during the month are effective the first day of the next month unless timely notice of adverse action is required or the certification period has ended.
- 92.5(6) states if an individual reports and increase in income or a decrease in the household size that the reported changed is not acted on for IowaCare.
- 92.7(1)d states that the premium shall not be increased if a person reports an increase in income or a decrease in the household size.

53. Question: IowaCare member moves from one county to another county. How is the case handled?

53. Response: Transfer the case to the county of residence. Where the IowaCare member receives treatment may change. A person moving to Polk county would have a choice between Broadlawns Medical Center and the UIHC. An IowaCare member moving from Polk County to another county would then go only to UHIC. The person is on IowaCare regardless of whether they go to Broadlawns Medical Center or the UHIC. A notice of decision is not issued nor is a new card issued.

Reapplication (92.11)

54. Question: How will yearly reviews be done for IowaCare?

54. Response: See 92.11. There are no reviews. At the end of the 12-month certification period, an IowaCare will need to reapply for IowaCare. It is their responsibility to reapply.

55. Question: Will persons who are in the preexisting chronic condition group need to reapply at the end of twelve months?

55. Response: See 92.11. Yes.

Recovery (92.13)

56. Question: Are IowaCare dollars subject to recovery by the Estate Recovery?

56. Response: Yes.

Misc.

57. Question: The mailings went out to persons that had FY '05 state papers. Is it correct that these were the "quota" paper people? GR director is asking if this also included the County Clinical people.

57. Response: The mailings were sent to the persons who received state papers. County clinical people are not state paper people and therefore were not sent a letter.

58. Question: An application for MAC is denied for being over income. Would the IM worker then determine eligibility for IowaCare?

58. Response: First look to see if they would be eligible for Medically Needy. If you determine that they would be unable to meet the spenddown, then determine eligibility for IowaCare. Before approving the case for IowaCare, the applicant would have to sign form 470-4194, IowaCare Premium Agreement.

59. Question: A mother is on Medicaid and her children are removed from the home. Does the IM worker do an automatic redetermination to IowaCare?

59. Response: If the mother is not eligible for any other Medicaid coverage group, yes the IM worker would do an automatic redetermination to IowaCare. Before approving IowaCare the mother would need to sign the "IowaCare Premium Agreement". See Example 49 on page 29 of the training/manual packet.

60. Question: What type of documentation is required on IowaCare cases?

60. Response: It will be important to document phone conversations as well as to document projection of annual income. Document as you would any other Medicaid case. QC will need to be able to follow your documentation.

61. Question: Example 49 on page 29. Why is Ben on Medically Needy? If he was on FMAP, wouldn't he be on CMAP? If Ben does not have enough medical expenses to meet spenddown, would he be eligible for IowaCare?

61. Response: The example should say that Ben is over income for CMAP. For the second question, refer back to Question 3 in this packet.

62. Question: Will a Case Record Tracking Sheet be required?

62. Response: Employee's Manual 6 states that the Case Record Tracking Sheet for non-monthly reporting cases is at the option of the county or the service area. Discuss with your supervisor.

63. Question: How long do we need to keep a closed IowaCare case?

63. Response: Same length of time that you keep any other Medicaid case.

64. Question: How are other programs affected? Do we use IowaCare premiums for Food Assistance deductions? If staff do, how does staff deal with hardship being granted? If information is received on an IowaCare application, is it considered as known to the agency and the must the IM worker act upon the information for other programs?

64. Response: Yes, the IowaCare premium is used as a deduction for Food Assistance, if they meet the Food Assistance policy for receiving the deduction.

The IowaCare premium is due prospectively. Therefore, the IM worker cannot predict if the IowaCare member will request a hardship. Allow the premium as a deduction. If the IowaCare member consistently requests hardship (like consistently meets a spenddown for Medically Needy), then do not allow the premium as a deduction.

Yes staff would act on information known to the agency for Food Assistance, FIP and Medicaid. Staff would need to verify the information for these programs.

Systems:

65. Question: Will case numbers have a special FBU number to quickly identify the case as an IowaCare case?

65. Response: No, the aid types will identify the case as IowaCare.

66. Question: When would a "3" fund code be used when making TD03 entries?

66. Response: A "3" fund code would only be used if an exception to policy is granted. If an exception to policy is granted, Central office will notify and instruct the IM worker to use the "3" fund code.

67. Question: Would the worker enter a pov level on TDO3? Manual states that Pov level must be entered on TD03. Will IowaCare aid types be an exception?

67. Response: No. IM workers will not enter the pov level on TD03. 14-B(7)-23 states to enter the pov level if applicable. It doesn't apply here.

68. Question: How are the preexisting chronic condition cases handled in the systems?
68. Response: These cases will be in the “presumptive” system and at the end of 12 months the case will end. Report the following changes to Cathy Miller via e-mail: address changes, moving out of state, worker number or county changes – request that the case be canceled, if appropriate; the person is now eligible for Medicaid - request that the case is canceled.

69. Question: If a person applies for IowaCare, would we set up a separate case?
69. Response: Yes.

70. Question: Can IowaCare cases be pended?
70. Response: Yes.

71. Question: Are denial reasons set for the future phases or will staff use MEPD reasons?
71. Response: Nonpayment of premiums will be handled by the system. Do not use MEPD reasons. Phase 2 will have appropriate denial reasons. There will be training after phase 2 is completed.

72. Question: Will the IM worker be able to generate a new IowaCare card via IABC?
72. Response: No, not at this time. This will be added in a later phase. Providers can call ELVS to check on eligibility.

73. Question: Does the system calculate the premium?
73. Response: Yes.

74. Question: Will the system automatically cancel an IowaCare case if the premium is not paid timely? Or will the worker receive a WIF if the premium is not paid timely?
74. Response: Yes, the system will cancel the case if the premium is not paid timely.

75. Question: Will the system cancel the case at the end of the 12-month certification period?
75. Response: Yes.

Treatment for Preexisting Chronic (Ongoing) Conditions (pages 31 and 32)

76. Question: If the person is otherwise eligible (within income limits for IowaCare), does the IM worker verify the preexisting chronic conditions with the Care Management Program of the University of Iowa?
76. Response: No. If a person is eligible for IowaCare, do not verify the preexisting chronic condition.

77. Question: On page 32 should “receive the prescription” be “receive the care?”

77. Response: The training/manual packet will be changed to read:

“If the person’s income decreases and they are eligible for IowaCare, the person will then continue to receive the care and/or the prescription for the ongoing condition in the IowaCare program.

78. Question: On page 32, do IM workers not need to worry about “the presumptive system” related to IowaCare.

78. Response. IM workers will not make entries in the presumptive system. IM workers will complete the Special Update. Once the system is ready, you’ll be given instructions on how to view PRSM.

79. Question: We have several person over age 65, determined eligible for SLMB, and received treatment for a chronic condition in SFY ’05. Would they be eligible for the preexisting chronic condition group?

79. Response: Yes. Verify the preexisting chronic condition with the Care Management Program of the University of Iowa.

Use the aid type 77-7 (not entered on IABC) only for persons:

- that were treated for a preexisting condition and received state papers in SFY '05 and
- are either
 - over income for IowaCare, or
 - over the age limit for IowaCare, or
 - have group health insurance or
 - are Medicaid eligible for QMB, SLMB or
 - if they cannot meet a spenddown for Medically Needy and are not eligible for IowaCare (see question 3 from the *Questions and Responses from 6/28/05 Training*).

80. Question: Is it correct that members with a preexisting chronic condition and who were on state papers in SFY ‘05 and who are not eligible for IowaCare will not have a premium to pay?

80. Response: Yes. The only benefit that they will receive is the care and/or prescriptions for the chronic condition that they were treated for in SFY ’05.

Their prescriptions would be refilled.

81. Question: Is there an age limit or income limit for a person who is not eligible for IowaCare but received State Papers in SFY’05 and has a preexisting chronic condition?

81. Response: No.

82. Question: What's the difference between a person with a preexisting chronic condition who is under 200% of POV and over 200% of POV (Also persons receiving treatment for the chronic condition may be over age 65, have group health insurance, be eligible for QMB or SLMB. Or can't meet a spenddown for Medically Needy)?

82. Response: They will receive different coverage.

- The person under 200% of POV will receive IowaCare benefits plus care for the preexisting chronic condition and may be assessed a premium.
- The person over 200% of POV will only receive benefits for the preexisting chronic condition. If they receive treatment of another medical condition, they will be responsible for paying for that treatment.

83. Question: What is the phone number at UIHC to call when a person received State Papers in SFY'05, is not eligible for IowaCare and is claiming a preexisting chronic condition?

83. Response: The procedure has changed again. The UHIC has asked that DHS do the following:

If the application is denied for IowaCare for being over the income limit, or denied for being eligible for QMB, SLMB, over age 64, or has group health insurance:

- a. The IM worker will verify that the person was on state papers with a chronic condition in FY '05. To verify that the person was on state papers either fax the request or email the request. The fax number is (319) 384-9989 or e-mail cmpui@uiowa.edu
The IM worker request to the Care Management Program of the University of Iowa (CMPUI) will include the name and social security number of applicants who have returned the tear off statement from the June 21 Dear Iowan letter stating that they received state papers.
- b. CMPUI confirms that the applicant had a verified state paper for FY '04-05 and conducts a medical review to determine if the applicant meets preexisting chronic condition criteria as defined by the University of Iowa Hospitals and Clinics.
- c. CMPUI notifies the IM worker and the UHIC pharmacy of those patients who meet the criteria within two days.
- d. DHS informs CMPUI the applicant will receive the special coverage letter. CMPUI will receive a "cc" of the letter. The letter will be sent to the individual with a copy to the IM worker and to CMPUI.

Note: A copy of the letter that the system will be sent is in the Bureau CIDS in the IowaCare training folder. Form 470-4206.

84. Question: CMPUI confirms that the individual did not have a qualifying chronic condition, were not treated for a chronic condition in SFY '05, or that they did not receive state papers in SFY '05. Does the IM worker send a denial notice?

84. Response: A denial notice is not sent. You may send the individual a memo telling them that they will not receive ongoing care at the UHIC. Suggested wording for the memo: "You told us on your application for IowaCare that you received chronic (ongoing) care at the University of Iowa Hospitals and Clinics (UHIC). The UHIC told us that you did not get treatment for a qualifying chronic condition in SFY '05. You will need to make other arrangements to receive ongoing care."

A notice of decision was sent for IowaCare. A notice of decision is not required for the preexisting chronic condition group.

Forms and envelopes:

85. Question: Will an initial supply of prepaid envelopes for paying the premium be sent to the offices?

85. Response: Yes an initial supply will be sent by July 15. To request additional envelopes contact Denise Dutton by e-mail.

86. Question: Do we request IowaCare applications through the normal channels?

86. Response: Yes, order them from Anamosa.

87. Question: Will the IM worker receive copies of the IowaCare Billing Statement, IowaCare Premium Agreement, the IowaCare Premium Reminder and the letter advising the member that their IowaCare card is attached? Will the worker receive a copy of the Notice of Decision that is sent to the IowaCare member?

87. Response:

- IowaCare Billing Statement – No, but one may be requested if needed for an appeal – You will be able to request this on the STMT screen through the MIPS system and we will let you know when this feature is available.
- IowaCare Premium Agreement – The IowaCare member returns this form to the IM worker
- IowaCare Premium Reminder - No, one may be requested if needed for an appeal
- Letter advising the member that their IowaCare card is attached - No
- Notice of decisions - Yes

Vermeer, Jennifer

From: DHS, SPIRS Help Desk
Sent: Friday, July 22, 2005 3:17 PM
To: Lack, Alexa; Teran, Alicia; Tolzin, Amber; Ames SA IMW Staff (4); Ames SA IMW Supv (4); Smith, Anita; Wiebers, Ann; Trujillo, Archi; Russell, Barbara; Mengel, Bethany; Loudermilk, Bette; Zimmer, Beverly; Josten, Carol; McLuen, Cathy; CBSA IMW Staff (5); Hansen, Charlene; Homan-Schuemann, Cindy; Obrien, Cindy; CRSA IMW Staff (7); CRSA IMW Supervisors (7); DavSA IMW Staff (8); DavSA IMW Supervisors (8); Barnhill, DeAnn; Wadle, Delno; Dutton, Denise; Krotz, Denise; Darnielle, Diane; Diamond, Diane; DMSA IMW Staff (6); DMSA IMW Supv (6); Carter, Donna; Tew, Dori; Monaghan, Elaine; Gessow, Eugene; Sales, Frances; Bagley, Franklin; Freeman, Paula [IWD]; O'Brien, Glenda; Husske, Gretchen; Crandall, Helen; DHSNETWK, HelpDesk; DHS, IM Systems Client Server Team; IMTA; ITS Field; IVE IM; Sieren, Jan; Garner, Janice; Munoz, Jessica; Whitten, Jill; Tvedt, John; Gould, Joyce; Nicklaus, Joyce; Wehrman, Joyce; Jones, Karen; Neidy, Kathryn; Anderson, Kathy; Campbell, Lana; Christensen, Lin; Wong, Linda; Michaelson, Lisa; Roberts, Lisa; Smith, Lisa; Binkley, Loraine; Wonderlich-Fuller, Lucinda; Blair, Mag; MAIII/QA; Woolsey, Maribeth; Cappello, Marilyn; Adams, Mark; Tavegia, Mary; Mitchell, Maureen; Baldwin, Mike; Freudenberg, Nancy; NCISA all IM staff (2); NESA all IM staff (3); NESA IM supervisors (3); VanDenHeuvel, Normajean; Meinecke, Rebecca; Harris, Rhoda; Hargin, Richard; Krebs, Robert; Sherer, Rosemarie; Rowe, Marilyn [IWD]; Moller, Roxane; Kraber-Lendt, Ruth; Johnson, Sally; SAM; Paris, Sandy; SC IM Staff (1); SC IM Supervisor (1); Seivert, Shari; Lee, Sharon; Granberg, Siri; DHS, SPIRS Help Desk; Campagna, Steven; Mosen, Steven; Strain, Sue; Timmer, Sue; Moen, Susan; Trotter, Susan; Fross, Suzanne; Wakefield, Thomas; Vasey, Tiffany; Eakle, Tish; McInroy, Vicki; Williams, John [IWD]
Subject: Changes to Question & Answers and Training Examples for IowaCare

This e-mail was sent to a field notification list including but not limited to SAMs, IM 2 Supervisors and MA 3's.

Please share this message with all appropriate staff.

Subject: Changes to Question & Answers and Training Examples for IowaCare

Effective Date: Immediately

There have been changes made to examples within the training packet. The most current training packet is now titled "IowaCare Training 1". The outdated "IowaCare Training" packet will remain in the share for the time being.

The changes that have been made deal with the supply of take-home drugs when an IowaCare patient goes home. The UIHC will make that determination. The current supply is a 10-day supply.

In the "Questions about IowaCare" packet, the following question was changed:

Overview

1. Question: IowaCare Provider Networks - does the University of Iowa Hospitals and Clinics only refer to the University of Iowa Hospitals and Clinics at Iowa City or does it include the University of Iowa subsidiary clinics located throughout the state?

1. Response: This includes the University of Iowa Hospitals and Clinics in Iowa City and NOT the clinics throughout the state associated with the UIHC.

We apologize for any inconvenience this may have caused.

As always, if you have any IM System or Policy questions or problems, please call the SPIRS Help Desk at 281-3572 or 1-800-645-2987 or e-mail us at DHS, SPIRS Help Desk.

Vermeer, Jennifer

From: DHS, SPIRS Help Desk
Sent: Tuesday, July 26, 2005 9:38 AM
To: Lack, Alexa; Tolzin, Amber; Ames SA IMW Staff (4); Ames SA IMW Supv (4); Smith, Anita; Wiebers, Ann; Trujillo, Archi; Russell, Barbara; Mengel, Bethany; Loudermilk, Bette; Zimmer, Beverly; Josten, Carol; McLuen, Cathy; CBSA IMW Staff (5); Hansen, Charlene; Homan-Schuemann, Cindy; Obrien, Cindy; CRSA IMW Staff (7); CRSA IMW Supervisors (7); DavSA IMW Staff (8); DavSA IMW Supervisors (8); Barnhill, DeAnn; Wadle, Delno; Dutton, Denise; Krotz, Denise; Darnielle, Diane; Diamond, Diane; DMSA IMW Staff (6); DMSA IMW Supv (6); Carter, Donna; Tew, Dori; Monaghan, Elaine; Gessow, Eugene; Sales, Frances; Bagley, Franklin; Freeman, Paula [IWD]; O'Brien, Glenda; Husske, Gretchen; Crandall, Helen; DHSNETWK, HelpDesk; DHS, IM Systems Client Server Team; IMTA; ITS Field; IVE IM; Sieren, Jan; Garner, Janice; Munoz, Jessica; Whitten, Jill; Tvedt, John; Gould, Joyce; Nicklaus, Joyce; Wehrman, Joyce; Jones, Karen; Neidy, Kathryn; Anderson, Kathy; Campbell, Lana; Christensen, Lin; Wong, Linda; Michaelson, Lisa; Roberts, Lisa; Smith, Lisa; Binkley, Loraine; Wonderlich-Fuller, Lucinda; Blair, Mag; MAIII/QA; Woolsey, Maribeth; Cappello, Marilyn; Adams, Mark; Tavegia, Mary; Mitchell, Maureen; Baldwin, Mike; Freudenberg, Nancy; NCISA all IM staff (2); NESA all IM staff (3); NESA IM supervisors (3); VanDenHeuvel, Normajean; Meinecke, Rebecca; Harris, Rhoda; Hargin, Richard; Krebs, Robert; Sherer, Rosemarie; Rowe, Marilyn [IWD]; Moller, Roxane; Kraber-Lendt, Ruth; Johnson, Sally; SAM; Paris, Sandy; SC IM Staff (1); SC IM Supervisor (1); Seivert, Shari; Lee, Sharon; Granberg, Siri; DHS, SPIRS Help Desk; Campagna, Steven; Mosen, Steven; Strain, Sue; Timmer, Sue; Moen, Susan; Trotter, Susan; Fross, Suzanne; Wakefield, Thomas; Vasey, Tiffany; Eakle, Tish; McInroy, Vicki; Williams, John [IWD]
Subject: 504 WARS

This e-mail was sent to a field notification list including but not limited to SAMs, IM 2 Supervisors and MA 3's.

Please share this message with all appropriate staff.

Subject: 504 WARS

There were over 200 504 WARS issued this morning. This WAR says you have an invalid aid type. Most of these WARS occurred on 60-E and 60-P IowaCare cases; however, it may have occurred on other cases too. Please review your case to determine if you have a correct case and med aid type combination. Some may be correct and some may be incorrect.

WHY? The aid type table was not updated correctly.

FIX? If you determine that you have a correct aid type, make an "H" entry reason on TD01 and let it update tonight.

We're sorry for the inconvenience this has caused.

As always, if you have any IM System or Policy questions or problems, please call the SPIRS Help Desk at 281-3572 or 1-800-645-2987 or e-mail us at DHS, SPIRS Help Desk.

Vermeer, Jennifer

From: DHS, SPIRS Help Desk
Sent: Thursday, June 23, 2005 12:56 PM
To: Lack, Alexa; Teran, Alicia; Tolzin, Amber; Ames SA IMW Staff (4); Ames SA IMW Supv (4); Wiebers, Ann; Trujillo, Archi; Russell, Barbara; Mengel, Bethany; Loudermilk, Bette; Zimmer, Beverly; Josten, Carol; McLuen, Cathy; CBSA IMW Staff (5); CBSA IMW Supervisor (5); Hansen, Charlene; Homan-Schuemann, Cindy; O'Brien, Cindy; CRSA IMW Staff (7); CRSA IMW Supervisors (7); DavSA IMW Staff (8); DavSA IMW Supervisors (8); Barnhill, DeAnn; Wadle, Delno; Dutton, Denise; Krotz, Denise; Darnielle, Diane; Diamond, Diane; DMSA IMW Staff (6); DMSA IMW Supv (6); Carter, Donna; Tew, Dori; Monaghan, Elaine; Gessow, Eugene; Sales, Frances; Bagley, Franklin; O'Brien, Glenda; Husske, Gretchen; Crandall, Helen; DHSNETWK, HelpDesk; DHS, IM Systems Client Server Team; IMTA; ITS Field; IVE IM; Sieren, Jan; Garner, Janice; Munoz, Jessica; Whitten, Jill; Tvedt, John; Williams, John [IWD]; Gould, Joyce; Nicklaus, Joyce; Wehrman, Joyce; Jones, Karen; Neidy, Kathryn; Anderson, Kathy; Campbell, Lana; Christensen, Lin; Wong, Linda; Michaelson, Lisa; Roberts, Lisa; Smith, Lisa; Binkley, Loraine; Wonderlich-Fuller, Lucinda; Blair, Mag; MAIII/QA; Woolsey, Maribeth; Cappello, Marilyn; Rowe, Marilyn [IWD]; Adams, Mark; Tavegia, Mary; Mitchell, Maureen; Michelle Holst; Baldwin, Mike; Freudenberg, Nancy; NCISA all IM staff (2); NESAs all IM staff (3); NESAs IM supervisors (3); VanDenHeuvel, Normajean; Freeman, Paula [IWD]; Meinecke, Rebecca; Harris, Rhoda; Hargin, Richard; Krebs, Robert; Sherer, Rosemarie; Moller, Roxane; Kraber-Lendt, Ruth; Johnson, Sally; SAM; Paris, Sandy; SC IM Staff (1); SC IM Supervisor (1); Seivert, Shari; Lee, Sharon; Granberg, Siri; DHS, SPIRS Help Desk; Campagna, Steven; Mosena, Steven; Strain, Sue; Timmer, Sue; Moen, Susan; Trotter, Susan; Fross, Suzanne; Wakefield, Thomas; Vasey, Tiffany; Eakle, Tish; Ty Kirk; McInroy, Vicki
Subject: IowaCare

This e-mail was sent to a field notification list including but not limited to SAMs, IM 2 Supervisors and MA 3's.

Please share this message with all appropriate staff.

Subject: IowaCare

Effective Date: Immediately

You may begin receiving phone calls regarding IowaCare. The University of Iowa mailed the letter yesterday (June 22nd) regarding the IowaCare Program and an IowaCare application to the people they served last year with State Papers.

The letter and IowaCare application were sent in a SPIRS announcement on Monday, June 20th.

As always, if you have any IM System or Policy questions or problems, please call the SPIRS Help Desk at 281-3572 or 1-800-645-2987 or e-mail us at DHS, SPIRS Help Desk.

Vermeer, Jennifer

From: DHS, SPIRS Help Desk
Sent: Monday, June 20, 2005 2:28 PM
To: Lack, Alexa; Teran, Alicia; Tolzin, Amber; Ames SA IMW Staff (4); Ames SA IMW Supv (4); Wiebers, Ann; Trujillo, Archi; Russell, Barbara; Mengel, Bethany; Loudermilk, Bette; Zimmer, Beverly; Josten, Carol; McLuen, Cathy; CBSA IMW Staff (5); CBSA IMW Supervisor (5); Hansen, Charlene; Homan-Schuemann, Cindy; O'Brien, Cindy; CRSA IMW Staff (7); CRSA IMW Supervisors (7); DavSA IMW Staff (8); DavSA IMW Supervisors (8); Barnhill, DeAnn; Wadle, Delno; Dutton, Denise; Krotz, Denise; Darnielle, Diane; Diamond, Diane; DMSA IMW Staff (6); DMSA IMW Supv (6); Carter, Donna; Tew, Dori; Monaghan, Elaine; Gessow, Eugene; Sales, Frances; Bagley, Franklin; O'Brien, Glenda; Husske, Gretchen; Crandall, Helen; DHSNETWORK, HelpDesk; DHS, IM Systems Client Server Team; IMTA; ITS Field; IVE IM; Sieren, Jan; Garner, Janice; Munoz, Jessica; Whitten, Jill; Tvedt, John; Williams, John [IWD]; Gould, Joyce; Nicklaus, Joyce; Wehrman, Joyce; Jones, Karen; Neidy, Kathryn; Anderson, Kathy; Campbell, Lana; Christensen, Lin; Wong, Linda; Michaelson, Lisa; Roberts, Lisa; Smith, Lisa; Binkley, Loraine; Wonderlich-Fuller, Lucinda; Blair, Mag; MAIII/QA; Woolsey, Maribeth; Cappello, Marilyn; Rowe, Marilyn [IWD]; Adams, Mark; Tavegia, Mary; Mitchell, Maureen; Michelle Holst; Baldwin, Mike; Freudenberg, Nancy; NCISA all IM staff (2); NESAs all IM staff (3); NESAs IM supervisors (3); VanDenHeuvel, Normajean; Freeman, Paula [IWD]; Meinecke, Rebecca; Harris, Rhoda; Hargin, Richard; Krebs, Robert; Sherer, Rosemarie; Moller, Roxane; Kraber-Lendt, Ruth; Johnson, Sally; SAM; Paris, Sandy; SC IM Staff (1); SC IM Supervisor (1); Seivert, Shari; Lee, Sharon; Granberg, Siri; DHS, SPIRS Help Desk; Campagna, Steven; Mosena, Steven; Strain, Sue; Timmer, Sue; Moen, Susan; Trotter, Susan; Fross, Suzanne; Wakefield, Thomas; Vasey, Tiffany; Eakle, Tish; Ty Kirk; McInroy, Vicki
Subject: IowaCare

This e-mail was sent to a field notification list including but not limited to SAMs, IM 2 Supervisors and MA 3's.

Please share this message with all appropriate staff.

Subject: IowaCare

Effective Date: 7/1/05

Iowa's program (State Papers) to provide medical care for people with limited income but who are not eligible for Medicaid will be replaced and expanded by IowaCare on 7/1/05.

Attached is the letter that will be mailed to current State Paper recipients explaining to them that they will need to apply for IowaCare. Included is the IowaCare application that State Paper recipients will need to complete. A supply of these applications will be mailed to the local office prior to 7/1/05.



Comm239.pdf



State Papers
Letter.doc

As always, if you have any IM System or Policy questions or problems, please call the SPIRS Help Desk at 281-3572 or 1-800-645-2987 or e-mail us at DHS, SPIRS Help Desk.

Vermeer, Jennifer

From: DHS, SPIRS Help Desk
Sent: Friday, July 15, 2005 9:36 AM
To: Lack, Alexa; Teran, Alicia; Tolzin, Amber; Ames SA IMW Staff (4); Ames SA IMW Supv (4); Smith, Anita; Wiebers, Ann; Trujillo, Archi; Russell, Barbara; Mengel, Bethany; Loudermilk, Bette; Zimmer, Beverly; Josten, Carol; McLuen, Cathy; CBSA IMW Staff (5); Hansen, Charlene; Homan-Schuemann, Cindy; Obrien, Cindy; CRSA IMW Staff (7); CRSA IMW Supervisors (7); DavSA IMW Staff (8); DavSA IMW Supervisors (8); Barnhill, DeAnn; Wadle, Delno; Dutton, Denise; Krotz, Denise; Darnielle, Diane; Diamond, Diane; DMSA IMW Staff (6); DMSA IMW Supv (6); Carter, Donna; Tew, Dori; Monaghan, Elaine; Gessow, Eugene; Sales, Frances; Bagley, Franklin; Freeman, Paula [IWD]; O'Brien, Glenda; Husske, Gretchen; Crandall, Helen; DHSNETWK, HelpDesk; DHS, IM Systems Client Server Team; IMTA; ITS Field; IVE IM; Sieren, Jan; Garner, Janice; Munoz, Jessica; Whitten, Jill; Tvedt, John; Gould, Joyce; Nicklaus, Joyce; Wehrman, Joyce; Jones, Karen; Neidy, Kathryn; Anderson, Kathy; Campbell, Lana; Christensen, Lin; Wong, Linda; Michaelson, Lisa; Roberts, Lisa; Smith, Lisa; Binkley, Loraine; Wonderlich-Fuller, Lucinda; Blair, Mag; MAIII/QA; Woolsey, Maribeth; Cappello, Marilyn; Adams, Mark; Tavegia, Mary; Mitchell, Maureen; Baldwin, Mike; Freudenberg, Nancy; NCISA all IM staff (2); NESA all IM staff (3); NESA IM supervisors (3); VanDenHeuvel, Normajean; Meinecke, Rebecca; Harris, Rhoda; Hargin, Richard; Krebs, Robert; Sherer, Rosemarie; Rowe, Marilyn [IWD]; Moller, Roxane; Kraber-Lendt, Ruth; Johnson, Sally; SAM; Paris, Sandy; SC IM Staff (1); SC IM Supervisor (1); Seivert, Shari; Lee, Sharon; Granberg, Siri; DHS, SPIRS Help Desk; Campagna, Steven; Mosen, Steven; Strain, Sue; Timmer, Sue; Moen, Susan; Trotter, Susan; Fross, Suzanne; Wakefield, Thomas; Vasey, Tiffany; Eakle, Tish; McInroy, Vicki; Williams, John [IWD]
Subject: IowaCare Effective Date

This e-mail was sent to a field notification list including but not limited to SAMs, IM 2 Supervisors and MA 3's.

Please share this message with all appropriate staff.

Subject: IowaCare Effective Date

Effective Date: Immediately

There have been several IM workers who are trying to approve IowaCare prior to the effective date of July 1, 2005. Please remember that this program began July 1, 2005 and there is no eligibility for a retro month prior to July 1, 2005.

As always, if you have any IM System or Policy questions or problems, please call the SPIRS Help Desk at 281-3572 or 1-800-645-2987 or e-mail us at DHS, SPIRS Help Desk.

Vermeer, Jennifer

From: DHS, SPIRS Help Desk
Sent: Tuesday, July 26, 2005 8:27 AM
To: Lack, Alexa; Tolzin, Amber; Ames SA IMW Staff (4); Ames SA IMW Supv (4); Smith, Anita; Wiebers, Ann; Trujillo, Archi; Russell, Barbara; Mengel, Bethany; Loudermilk, Bette; Zimmer, Beverly; Josten, Carol; McLuen, Cathy; CBSA IMW Staff (5); Hansen, Charlene; Homan-Schuemann, Cindy; Obrien, Cindy; CRSA IMW Staff (7); CRSA IMW Supervisors (7); DavSA IMW Staff (8); DavSA IMW Supervisors (8); Barnhill, DeAnn; Wadle, Delno; Dutton, Denise; Krotz, Denise; Darnielle, Diane; Diamond, Diane; DMSA IMW Staff (6); DMSA IMW Supv (6); Carter, Donna; Tew, Dori; Monaghan, Elaine; Gessow, Eugene; Sales, Frances; Bagley, Franklin; Freeman, Paula [IWD]; O'Brien, Glenda; Husske, Gretchen; Crandall, Helen; DHSNETWK, HelpDesk; DHS, IM Systems Client Server Team; IMTA; ITS Field; IVE IM; Sieren, Jan; Garner, Janice; Munoz, Jessica; Whitten, Jill; Tvedt, John; Gould, Joyce; Nicklaus, Joyce; Wehrman, Joyce; Jones, Karen; Neidy, Kathryn; Anderson, Kathy; Campbell, Lana; Christensen, Lin; Wong, Linda; Michaelson, Lisa; Roberts, Lisa; Smith, Lisa; Binkley, Loraine; Wonderlich-Fuller, Lucinda; Blair, Mag; MAIII/QA; Woolsey, Maribeth; Cappello, Marilyn; Adams, Mark; Tavegia, Mary; Mitchell, Maureen; Baldwin, Mike; Freudenberg, Nancy; NCISA all IM staff (2); NESAs all IM staff (3); NESAs IM supervisors (3); VanDenHeuvel, Normajean; Meinecke, Rebecca; Harris, Rhoda; Hargin, Richard; Krebs, Robert; Sherer, Rosemarie; Rowe, Marilyn [IWD]; Moller, Roxane; Kraber-Lendt, Ruth; Johnson, Sally; SAM; Paris, Sandy; SC IM Staff (1); SC IM Supervisor (1); Seivert, Shari; Lee, Sharon; Granberg, Siri; DHS, SPIRS Help Desk; Campagna, Steven; Mosena, Steven; Strain, Sue; Timmer, Sue; Moen, Susan; Trotter, Susan; Fross, Suzanne; Wakefield, Thomas; Vasey, Tiffany; Eakle, Tish; McNroy, Vicki; Williams, John [IWD]
Subject: IowaCare Envelopes

This e-mail was sent to a field notification list including but not limited to SAMs, IM 2 Supervisors and MA 3's.

Please share this message with all appropriate staff.

Subject: IowaCare Envelopes

A supply of IowaCare envelopes were sent to local DHS offices on July 25, 2005. These are small postage paid envelopes that you can give to people who come into the office and want to give you their IowaCare premium payment. Do not accept premium payments at your local offices. Do not use these IowaCare envelopes for MEPD premiums.

To order more IowaCare envelopes, contact Denise Dutton by e-mail.

As always, if you have any IM System or Policy questions or problems, please call the SPIRS Help Desk at 281-3572 or 1-800-645-2987 or e-mail us at DHS, SPIRS Help Desk.

Vermeer, Jennifer

From: DHS, SPIRS Help Desk
Sent: Wednesday, July 06, 2005 8:56 AM
To: Lack, Alexa; Tolzin, Amber; Ames SA IMW Staff (4); Ames SA IMW Supv (4); Smith, Anita; Wiebers, Ann; Trujillo, Archi; Russell, Barbara; Mengel, Bethany; Loudermilk, Bette; Zimmer, Beverly; Josten, Carol; McLuen, Cathy; CBSA IMW Staff (5); Hansen, Charlene; Homan-Schuemann, Cindy; Obrien, Cindy; CRSA IMW Staff (7); CRSA IMW Supervisors (7); DavSA IMW Staff (8); DavSA IMW Supervisors (8); Barnhill, DeAnn; Wadle, Delno; Dutton, Denise; Krotz, Denise; Darnielle, Diane; Diamond, Diane; DMSA IMW Staff (6); DMSA IMW Supv (6); Carter, Donna; Tew, Dori; Monaghan, Elaine; Gessow, Eugene; Sales, Frances; Bagley, Franklin; Freeman, Paula [IWD]; O'Brien, Glenda; Husske, Gretchen; Crandall, Helen; DHSNETWK, HelpDesk; DHS, IM Systems Client Server Team; IMTA; ITS Field; IVE IM; Sieren, Jan; Garner, Janice; Munoz, Jessica; Whitten, Jill; Tvedt, John; Gould, Joyce; Nicklaus, Joyce; Wehrman, Joyce; Jones, Karen; Neidy, Kathryn; Anderson, Kathy; Campbell, Lana; Christensen, Lin; Wong, Linda; Michaelson, Lisa; Roberts, Lisa; Binkley, Loraine; Wonderlich-Fuller, Lucinda; Blair, Mag; MAIII/QA; Woolsey, Maribeth; Cappello, Marilyn; Adams, Mark; Tavegia, Mary; Mitchell, Maureen; Michelle Holst; Baldwin, Mike; Freudenberg, Nancy; NCISA all IM staff (2); NESA all IM staff (3); NESA IM supervisors (3); VanDenHeuvel, Normajean; Meinecke, Rebecca; Harris, Rhoda; Hargin, Richard; Krebs, Robert; Sherer, Rosemarie; Rowe, Marilyn [IWD]; Moller, Roxane; Kraber-Lendt, Ruth; Johnson, Sally; SAM; Paris, Sandy; SC IM Staff (1); SC IM Supervisor (1); Seivert, Shari; Lee, Sharon; Granberg, Siri; DHS, SPIRS Help Desk; Campagna, Steven; Mosena, Steven; Strain, Sue; Timmer, Sue; Moen, Susan; Trotter, Susan; Fross, Suzanne; Wakefield, Thomas; Vasey, Tiffany; Eakle, Tish; Ty Kirk; McInroy, Vicki; Williams, John [IWD]
Subject: IowaCare Processing

This e-mail was sent to a field notification list including but not limited to SAMs, IM 2 Supervisors and IA 3's.

Please share this message with all appropriate staff.

Subject: IowaCare Processing

Effective Date: Immediately

Due to production issues, the IowaCare records did not process in the TXIX/MIPS system last night. We are currently working on this issue and will send more information later.

As always, if you have any IM System or Policy questions or problems, please call the SPIRS Help Desk at 281-3572 or 1-800-645-2987 or e-mail us at DHS, SPIRS Help Desk.

Vermeer, Jennifer

From: DHS, SPIRS Help Desk
Sent: Thursday, July 07, 2005 9:07 AM
To: Lack, Alexa; Tolzin, Amber; Ames SA IMW Staff (4); Ames SA IMW Supv (4); Smith, Anita; Wiebers, Ann; Trujillo, Archi; Russell, Barbara; Mengel, Bethany; Loudermilk, Bette; Zimmer, Beverly; Josten, Carol; McLuen, Cathy; CBSA IMW Staff (5); Hansen, Charlene; Homan-Schuemann, Cindy; Obrien, Cindy; CRSA IMW Staff (7); CRSA IMW Supervisors (7); DavSA IMW Staff (8); DavSA IMW Supervisors (8); Barnhill, DeAnn; Wadle, Delno; Dutton, Denise; Krotz, Denise; Darnielle, Diane; Diamond, Diane; DMSA IMW Staff (6); DMSA IMW Supv (6); Carter, Donna; Tew, Dori; Monaghan, Elaine; Gessow, Eugene; Sales, Frances; Bagley, Franklin; Freeman, Paula [IWD]; O'Brien, Glenda; Husske, Gretchen; Crandall, Helen; DHSNETWORK, HelpDesk; DHS, IM Systems Client Server Team; IMTA; ITS Field; IVE IM; Sieren, Jan; Garner, Janice; Munoz, Jessica; Whitten, Jill; Tvedt, John; Gould, Joyce; Nicklaus, Joyce; Wehrman, Joyce; Jones, Karen; Neidy, Kathryn; Anderson, Kathy; Campbell, Lana; Christensen, Lin; Wong, Linda; Michaelson, Lisa; Roberts, Lisa; Binkley, Loraine; Wonderlich-Fuller, Lucinda; Blair, Mag; MAIII/QA; Woolsey, Maribeth; Cappello, Marilyn; Adams, Mark; Tavegia, Mary; Mitchell, Maureen; Michelle Holst; Baldwin, Mike; Freudenberg, Nancy; NCISA all IM staff (2); NESA all IM staff (3); NESA IM supervisors (3); VanDenHeuvel, Normajeau; Meinecke, Rebecca; Harris, Rhoda; Hargin, Richard; Krebs, Robert; Sherer, Rosemarie; Rowe, Marilyn [IWD]; Moller, Roxane; Kraber-Lendt, Ruth; Johnson, Sally; SAM; Paris, Sandy; SC IM Staff (1); SC IM Supervisor (1); Seivert, Shari; Lee, Sharon; Granberg, Siri; DHS, SPIRS Help Desk; Campagna, Steven; Mosena, Steven; Strain, Sue; Timmer, Sue; Moen, Susan; Trotter, Susan; Fross, Suzanne; Wakefield, Thomas; Vasey, Tiffany; Eakle, Tish; Ty Kirk; McInroy, Vicki; Williams, John [IWD]
Subject: IowaCare Processing

This e-mail was sent to a field notification list including but not limited to SAMs, IM 2 Supervisors and MA 3's.

Please share this message with all appropriate staff.

Subject: IowaCare Processing

All IowaCare cases that were approved on 07/05/05 and 07/06/05 have processed and have updated. The MIPS Billing system will continue to be unavailable until further notice.

As always, if you have any IM System or Policy questions or problems, please call the SPIRS Help Desk at 281-3572 or 1-800-645-2987 or e-mail us at DHS, SPIRS Help Desk.

Vermeer, Jennifer

From: DHS, SPIRS Help Desk
Sent: Tuesday, July 05, 2005 4:27 PM
To: Lack, Alexa; Teran, Alicia; Tolzin, Amber; Ames SA IMW Staff (4); Ames SA IMW Supv (4); Wiebers, Ann; Trujillo, Archi; Russell, Barbara; Mengel, Bethany; Loudermilk, Bette; Zimmer, Beverly; Josten, Carol; McLuen, Cathy; CBSA IMW Staff (5); CBSA IMW Supervisor (5); Hansen, Charlene; Homan-Schuemann, Cindy; Obrien, Cindy; CRSA IMW Staff (7); CRSA IMW Supervisors (7); DavSA IMW Staff (8); DavSA IMW Supervisors (8); Barnhill, DeAnn; Wadle, Delno; Dutton, Denise; Krotz, Denise; Darnielle, Diane; Diamond, Diane; DMSA IMW Staff (6); DMSA IMW Supv (6); Carter, Donna; Tew, Dori; Monaghan, Elaine; Gessow, Eugene; Sales, Frances; Bagley, Franklin; O'Brien, Glenda; Husske, Gretchen; Crandall, Helen; DHSNETWK, HelpDesk; DHS, IM Systems Client Server Team; IMTA; ITS Field; IVE IM; Sieren, Jan; Garner, Janice; Munoz, Jessica; Whitten, Jill; Tvedt, John; Williams, John [IWD]; Gould, Joyce; Nicklaus, Joyce; Wehrman, Joyce; Jones, Karen; Neidy, Kathryn; Anderson, Kathy; Campbell, Lana; Christensen, Lin; Wong, Linda; Michaelson, Lisa; Roberts, Lisa; Smith, Lisa; Binkley, Loraine; Wonderlich-Fuller, Lucinda; Blair, Mag; MAIII/QA; Woolsey, Maribeth; Cappello, Marilyn; Rowe, Marilyn [IWD]; Adams, Mark; Tavegia, Mary; Mitchell, Maureen; Michelle Holst; Baldwin, Mike; Freudenberg, Nancy; NCISA all IM staff (2); NESA all IM staff (3); NESA IM supervisors (3); VanDenHeuvel, Normajean; Freeman, Paula [IWD]; Meinecke, Rebecca; Harris, Rhoda; Hargin, Richard; Krebs, Robert; Sherer, Rosemarie; Moller, Roxane; Kraber-Lendt, Ruth; Johnson, Sally; SAM; Paris, Sandy; SC IM Staff (1); SC IM Supervisor (1); Seivert, Shari; Lee, Sharon; Granberg, Siri; DHS, SPIRS Help Desk; Campagna, Steven; Mosen, Steven; Strain, Sue; Timmer, Sue; Moen, Susan; Trotter, Susan; Fross, Suzanne; Wakefield, Thomas; Vasey, Tiffany; Eakle, Tish; Ty Kirk; McInroy, Vicki

Subject: IowaCare system: Policy and System Changes

This e-mail was sent to a field notification list including but not limited to SAMs, IM 2 Supervisors and A 3's.

Please share this message with all appropriate staff.

Subject: IowaCare system: Policy and System Changes

Effective Date: Immediately

Hold entries on IowaCare cases that include persons who are associated with other medical cases, such as considered persons on MAC.

Two new fields will be added to the BCW2s:

- one field will be used only for the hawk-i premium deduction
- the other will be used only for the 60-P medical expense deduction.

The purpose of adding the fields for the IowaCare deductions is to avoid problems caused when entries made for IowaCare are not applicable to associated medical cases.

The IowaCare policy on income will be amended to include a \$50.00 deduction off of Child Support income, when applicable. This will provide consistency in matching policy with FMAP-related medical assistance groups.

You will be notified when the new fields are implemented.

As always, if you have any IM System or Policy questions or problems, please call the SPIRS Help Desk at 281-3572 or 1-800-645-2987 or e-mail us at DHS, SPIRS Help Desk.

Vermeer, Jennifer

om: DHS, SPIRS Help Desk
nt: Friday, July 01, 2005 8:43 AM
o: Lack, Alexa; Teran, Alicia; Tolzin, Amber; Ames SA IMW Staff (4); Ames SA IMW Supv (4); Wiebers, Ann; Trujillo, Archi; Russell, Barbara; Mengel, Bethany; Loudermilk, Bette; Zimmer, Beverly; Josten, Carol; McLuen, Cathy; CBSA IMW Staff (5); CBSA IMW Supervisor (5); Hansen, Charlene; Homan-Schuemann, Cindy; Obrien, Cindy; CRSA IMW Staff (7); CRSA IMW Supervisors (7); DavSA IMW Staff (8); DavSA IMW Supervisors (8); Barnhill, DeAnn; Wadle, Delno; Dutton, Denise; Krotz, Denise; Darnielle, Diane; Diamond, Diane; DMSA IMW Staff (6); DMSA IMW Supv (6); Carter, Donna; Tew, Dori; Monaghan, Elaine; Gessow, Eugene; Sales, Frances; Bagley, Franklin; O'Brien, Glenda; Husske, Gretchen; Crandall, Helen; DHSNETWK, HelpDesk; DHS, IM Systems Client Server Team; IMTA; ITS Field; IVE IM; Sieren, Jan; Garner, Janice; Munoz, Jessica; Whitten, Jill; Tvedt, John; Williams, John [IWD]; Gould, Joyce; Nicklaus, Joyce; Wehrman, Joyce; Jones, Karen; Neidy, Kathryn; Anderson, Kathy; Campbell, Lana; Christensen, Lin; Wong, Linda; Michaelson, Lisa; Roberts, Lisa; Smith, Lisa; Binkley, Loraine; Wonderlich-Fuller, Lucinda; Blair, Mag; MAIII/QA; Woolsey, Maribeth; Cappello, Marilyn; Rowe, Marilyn [IWD]; Adams, Mark; Tavegia, Mary; Mitchell, Maureen; Michelle Holst; Baldwin, Mike; Freudenberg, Nancy; NCISA all IM staff (2); NESA all IM staff (3); NESA IM supervisors (3); VanDenHeuvel, Normajean; Freeman, Paula [IWD]; Meinecke, Rebecca; Harris, Rhoda; Hargin, Richard; Krebs, Robert; Sherer, Rosemarie; Moller, Roxane; Kraber-Lendt, Ruth; Johnson, Sally; SAM; Paris, Sandy; SC IM Staff (1); SC IM Supervisor (1); Seivert, Shari; Lee, Sharon; Granberg, Siri; DHS, SPIRS Help Desk; Campagna, Steven; Mosen, Steven; Strain, Sue; Timmer, Sue; Moen, Susan; Trotter, Susan; Fross, Suzanne; Wakefield, Thomas; Vasey, Tiffany; Eakle, Tish; Ty Kirk; McInroy, Vicki

Subject: IowaCare

This e-mail was sent to a field notification list including but not limited to SAMs, IM 2 Supervisors and A 3's.

Please share this message with all appropriate staff.

Subject: IowaCare

Effective Date: Immediately

The following is in the 2005 Bureau CIDS share under IowaCare:

- Updated training packet/manual
- IowaCare Desk Aid
- IowaCare System entries
- IowaCare Notice messages

As always, if you have any IM System or Policy questions or problems, please call the SPIRS Help Desk at 281-3572 or 1-800-645-2987 or e-mail us at DHS, SPIRS Help Desk.

Vermeer, Jennifer

From: DHS, SPIRS Help Desk
Sent: Wednesday, July 27, 2005 8:16 AM
To: Lack, Alexa; Teran, Alicia; Tolzin, Amber; Ames SA IMW Staff (4); Ames SA IMW Supv (4); Smith, Anita; Wiebers, Ann; Trujillo, Archi; Russell, Barbara; Mengel, Bethany; Loudermilk, Bette; Zimmer, Beverly; Josten, Carol; McLuen, Cathy; CBSA IMW Staff (5); CBSA IMW Supervisor (5); Hansen, Charlene; Homan-Schuemann, Cindy; Obrien, Cindy; CRSA IMW Staff (7); CRSA IMW Supervisors (7); DavSA IMW Staff (8); DavSA IMW Supervisors (8); Barnhill, DeAnn; Wadle, Delno; Dutton, Denise; Krotz, Denise; Darnielle, Diane; Diamond, Diane; DMSA IMW Staff (6); DMSA IMW Supv (6); Carter, Donna; Tew, Dori; Monaghan, Elaine; Gessow, Eugene; Sales, Frances; Bagley, Franklin; Freeman, Paula [IWD]; O'Brien, Glenda; Husske, Gretchen; Crandall, Helen; DHSNETWK, HelpDesk; DHS, IM Systems Client Server Team; IMTA; ITS Field; IVE IM; Sieren, Jan; Garner, Janice; Munoz, Jessica; Whitten, Jill; Gould, Joyce; Nicklaus, Joyce; Wehrman, Joyce; Neidy, Kathryn; Anderson, Kathy; Campbell, Lana; Christensen, Lin; Wong, Linda; Michaelson, Lisa; Roberts, Lisa; Binkley, Loraine; Wonderlich-Fuller, Lucinda; MAIII/QA; Woolsey, Maribeth; Cappello, Marilyn; Adams, Mark; Tavegia, Mary; Mitchell, Maureen; Baldwin, Mike; Freudenberg, Nancy; NCISA all IM staff (2); NESA all IM staff (3); NESA IM supervisors (3); VanDenHeuvel, Normajean; Meinecke, Rebecca; Harris, Rhoda; Hargin, Richard; Krebs, Robert; Sherer, Rosemarie; Rowe, Marilyn [IWD]; Moller, Roxane; Kraber-Lendt, Ruth; Johnson, Sally; SAM; Paris, Sandy; SC IM Staff (1); SC IM Supervisor (1); Seivert, Shari; Granberg, Siri; Campagna, Steven; Mosena, Steven; Strain, Sue; Timmer, Sue; Moen, Susan; Trotter, Susan; Fross, Suzanne; Ta, Dung [DOT]; Wakefield, Thomas; Vasey, Tiffany; Eakle, Tish; McInroy, Vicki; Williams, John [IWD]; Jones, Karen; Smith, Lisa; Lee, Sharon
Subject: MIPC Screen Available For IowaCare

This e-mail was sent to a field notification list including but not limited to SAMs, IM 2 Supervisors and MA 3's.

Please share this message with all appropriate staff.

Subject: MIPC Screen Available For IowaCare

Effective Date: Currently

The MIPC screen is now available to make premium changes for IowaCare. Please refer to the IowaCare-MIPS and MIPC folder within the July 2005 Bureau CIDS folder, regarding access and instructions for the screen.

As always, if you have any IM System or Policy questions or problems, please call the SPIRS Help Desk at 281-3572 or 1-800-645-2987 or e-mail us at DHS, SPIRS Help Desk.

Vermeer, Jennifer

From: DHS, SPIRS Help Desk
Sent: Thursday, July 14, 2005 7:43 AM
To: Lack, Alexa; Teran, Alicia; Tolzin, Amber; Ames SA IMW Staff (4); Ames SA IMW Supv (4); Smith, Anita; Wiebers, Ann; Trujillo, Archi; Russell, Barbara; Mengel, Bethany; Loudermilk, Bette; Zimmer, Beverly; Josten, Carol; McLuen, Cathy; CBSA IMW Staff (5); CBSA IMW Supervisor (5); Hansen, Charlene; Homan-Schuemann, Cindy; Obrien, Cindy; CRSA IMW Staff (7); CRSA IMW Supervisors (7); DavSA IMW Staff (8); DavSA IMW Supervisors (8); Barnhill, DeAnn; Wadle, Delno; Dutton, Denise; Krotz, Denise; Darnielle, Diane; Diamond, Diane; DMSA IMW Staff (6); DMSA IMW Supv (6); Carter, Donna; Tew, Dori; Monaghan, Elaine; Gessow, Eugene; Sales, Frances; Bagley, Franklin; Freeman, Paula [IWD]; O'Brien, Glenda; Husske, Gretchen; Crandall, Helen; DHSNETWK, HelpDesk; DHS, IM Systems Client Server Team; IMTA; ITS Field; IVE IM; Sieren, Jan; Garner, Janice; Munoz, Jessica; Whitten, Jill; Gould, Joyce; Nicklaus, Joyce; Wehrman, Joyce; Neidy, Kathryn; Anderson, Kathy; Campbell, Lana; Christensen, Lin; Wong, Linda; Michaelson, Lisa; Roberts, Lisa; Binkley, Loraine; Wonderlich-Fuller, Lucinda; MAIII/QA; Woolsey, Maribeth; Cappello, Marilyn; Adams, Mark; Tavegia, Mary; Mitchell, Maureen; Michelle Holst; Baldwin, Mike; Freudenberg, Nancy; NCISA all IM staff (2); NESA all IM staff (3); NESA IM supervisors (3); VanDenHeuvel, Normajean; Meinecke, Rebecca; Harris, Rhoda; Hargin, Richard; Krebs, Robert; Sherer, Rosemarie; Rowe, Marilyn [IWD]; Moller, Roxane; Kraber-Lendt, Ruth; Johnson, Sally; SAM; Paris, Sandy; SC IM Staff (1); SC IM Supervisor (1); Seivert, Shari; Granberg, Siri; Campagna, Steven; Mosen, Steven; Strain, Sue; Timmer, Sue; Moen, Susan; Trotter, Susan; Fross, Suzanne; Ta, Dung [DOT]; Wakefield, Thomas; Vasey, Tiffany; Eakle, Tish; McInroy, Vicki; Williams, John [IWD]; Jones, Karen; Smith, Lisa; Lee, Sharon
Subject: MIPC Screen Entries on MIPS For IowaCare

This e-mail was sent to a field notification list including but not limited to SAMs, IM 2 Supervisors and MA 3's.

Please share this message with all appropriate staff.

Subject: MIPC Screen Entries on MIPS For IowaCare

Effective Date: Currently

If you receive the following warning message for an IowaCare recipient this week and you need to make a change to the current month premium (July) on MIPS, please hold them until the MIPC screen becomes available. If no change is needed for the current month, you may ignore this message. We will notify you when the MIPC screen is available on the MIPS system.

**MIPS: WARNING M714 3020 **
07/01/2005 NO MONTHS UPDATED VIA ABC ENTRY/SEE MIPC OR RETR TO UPDATE CURRENT/PRIOR MONTHS

As always, if you have any IM System or Policy questions or problems, please call the SPIRS Help Desk at 281-3572 or 1-800-645-2987 or e-mail us at DHS, SPIRS Help Desk.

Vermeer, Jennifer

From: DHS, SPIRS Help Desk
Sent: Friday, July 08, 2005 11:08 AM
To: Lack, Alexa; Teran, Alicia; Tolzin, Amber; Ames SA IMW Staff (4); Ames SA IMW Supv (4); Smith, Anita; Wiebers, Ann; Trujillo, Archi; Russell, Barbara; Mengel, Bethany; Loudermilk, Bette; Zimmer, Beverly; Josten, Carol; McLuen, Cathy; CBSA IMW Staff (5); CBSA IMW Supervisor (5); Hansen, Charlene; Homan-Schuemann, Cindy; Obrien, Cindy; CRSA IMW Staff (7); CRSA IMW Supervisors (7); DavSA IMW Staff (8); DavSA IMW Supervisors (8); Barnhill, DeAnn; Wadle, Delno; Dutton, Denise; Krotz, Denise; Darnielle, Diane; Diamond, Diane; DMSA IMW Staff (6); DMSA IMW Supv (6); Carter, Donna; Tew, Dori; Monaghan, Elaine; Gessow, Eugene; Sales, Frances; Bagley, Franklin; Freeman, Paula [IWD]; O'Brien, Glenda; Husske, Gretchen; Crandall, Helen; DHSNETWK, HelpDesk; DHS, IM Systems Client Server Team; IMTA; ITS Field; IVE IM; Sieren, Jan; Garner, Janice; Munoz, Jessica; Whitten, Jill; Gould, Joyce; Nicklaus, Joyce; Wehrman, Joyce; Neidy, Kathryn; Anderson, Kathy; Campbell, Lana; Christensen, Lin; Wong, Linda; Michaelson, Lisa; Roberts, Lisa; Binkley, Loraine; Wonderlich-Fuller, Lucinda; MAIII/QA; Woolsey, Maribeth; Cappello, Marilyn; Adams, Mark; Tavegia, Mary; Mitchell, Maureen; Michelle Holst; Baldwin, Mike; Freudenberg, Nancy; NCISA all IM staff (2); NESA all IM staff (3); NESA IM supervisors (3); VanDenHeuvel, Normajean; Meinecke, Rebecca; Harris, Rhoda; Hargin, Richard; Krebs, Robert; Sherer, Rosemarie; Rowe, Marilyn [IWD]; Moller, Roxane; Kraber-Lendt, Ruth; Johnson, Sally; SAM; Paris, Sandy; SC IM Staff (1); SC IM Supervisor (1); Seivert, Shari; Granberg, Siri; Campagna, Steven; Mosena, Steven; Strain, Sue; Timmer, Sue; Moen, Susan; Trotter, Susan; Fross, Suzanne; Ta, Dung [DOT]; Wakefield, Thomas; Vasey, Tiffany; Eakle, Tish; Ty Kirk; McInroy, Vicki; Williams, John [IWD]; Jones, Karen; Smith, Lisa; Lee, Sharon

Subject: MIPS For IowaCare

This e-mail was sent to a field notification list including but not limited to SAMs, IM 2 Supervisors and MA 3's.

Please share this message with all appropriate staff.

Subject: MIPS For IowaCare

Effective Date: Currently

The MIPS system is now available.

As always, if you have any IM System or Policy questions or problems, please call the SPIRS Help Desk at 281-3572 or 1-800-645-2987 or e-mail us at DHS, SPIRS Help Desk.

Vermeer, Jennifer

From: DHS, SPIRS Help Desk
Sent: Wednesday, July 13, 2005 10:25 AM
To: Lack, Alexa; Teran, Alicia; Tolzin, Amber; Ames SA IMW Staff (4); Ames SA IMW Supv (4); Smith, Anita; Wiebers, Ann; Trujillo, Archi; Russell, Barbara; Mengel, Bethany; Loudermilk, Bette; Zimmer, Beverly; Josten, Carol; McLuen, Cathy; CBSA IMW Staff (5); CBSA IMW Supervisor (5); Hansen, Charlene; Homan-Schuemann, Cindy; Obrien, Cindy; CRSA IMW Staff (7); CRSA IMW Supervisors (7); DavSA IMW Staff (8); DavSA IMW Supervisors (8); Barnhill, DeAnn; Wadle, Delno; Dutton, Denise; Krotz, Denise; Darnielle, Diane; Diamond, Diane; DMSA IMW Staff (6); DMSA IMW Supv (6); Carter, Donna; Tew, Dori; Monaghan, Elaine; Gessow, Eugene; Sales, Frances; Bagley, Franklin; O'Brien, Glenda; Husske, Gretchen; Crandall, Helen; DHSNETWK, HelpDesk; DHS, IM Systems Client Server Team; IMTA; ITS Field; IVE IM; Sieren, Jan; Garner, Janice; Munoz, Jessica; Whitten, Jill; Tvedt, John; Williams, John [IWD]; Gould, Joyce; Nicklaus, Joyce; Wehrman, Joyce; Jones, Karen; Neidy, Kathryn; Anderson, Kathy; Campbell, Lana; Christensen, Lin; Wong, Linda; Michaelson, Lisa; Roberts, Lisa; Smith, Lisa; Binkley, Loraine; Wonderlich-Fuller, Lucinda; Blair, Mag; MAIII/QA; Woolsey, Maribeth; Cappello, Marilyn; Rowe, Marilyn [IWD]; Adams, Mark; Tavegia, Mary; Mitchell, Maureen; Michelle Holst; Baldwin, Mike; Freudenberg, Nancy; NCISA all IM staff (2); NESAs all IM staff (3); NESAs IM supervisors (3); VanDenHeuvel, Normajean; Freeman, Paula [IWD]; Meinecke, Rebecca; Harris, Rhoda; Hargin, Richard; Krebs, Robert; Sherer, Rosemarie; Moller, Roxane; Kraber-Lendt, Ruth; Johnson, Sally; SAM; Paris, Sandy; SC IM Staff (1); SC IM Supervisor (1); Seivert, Shari; Lee, Sharon; Granberg, Siri; DHS, SPIRS Help Desk; Campagna, Steven; Mosena, Steven; Strain, Sue; Timmer, Sue; Moen, Susan; Trotter, Susan; Fross, Suzanne; Wakefield, Thomas; Vasey, Tiffany; Eakle, Tish; McInroy, Vicki
Subject: New BCW2 fields for 60-E and 60-P deductions

This e-mail was sent to a field notification list including but not limited to SAMs, IM 2 Supervisors and IA 3's.

Please share this message with all appropriate staff.

Subject: IowaCare: New fields for *hawk-i* and Medical Expense Deductions

Effective Date: Immediately

No matter how many medical coverage groups a person is a part of, they will only have one Medical Program BCW2 per month. With this in mind, changes were made for the entry of the new deductions for 60-E and 60-P cases.

Two new fields have been added to the BCW2 screen:

- DED5 is used for the hawk-i premium deduction for both the 60-E and 60-P cases
- DED6 is used for ONLY the 60-P medical expense deduction

You will notice that each of these fields has only one line for entry because these fields will be used for calculation for the 60-E or 60-P cases only. If entries are made in these fields for cases with any other aid type, the entries will not be used for the system calculations.

The deductions that are normally entered under BCW2 fields of P DED NEED and P DED PAY will **not be used for the 60-E or 60-P eligibility or premium calculations**. So, if the P DED NEED or P DED PAY fields have entries, the IM should **not zero out** the entries when working on the 60-E or 60-P case. When the person who is eligible on a 60-E or 60-P case is considered on another medical case, then the IM should **not zero out**

the entries in the DED5 or DED6 fields on the BCW2s for that case.

or example:

Jane Marple is a considered person on her children's 920 case. She also has an excluded child who is a hawk-i recipient. She then applies and is approved for IowaCare 60-E limited medical assistance. The IM enters her income and the declared hawk-i deduction of \$10.00 in the DED5 field on the applicable BCW2s on the IowaCare case number. The 60-E premium calculation uses the income and the deduction as entered in the DED5 field. The DED5 entry of \$10.00 has no affect on the 920 case.

We will research to find the persons recently approved for IowaCare that have entries in the P DED NEED and P DED PAY fields. We will then let workers know when changes are required on cases.

As always, if you have any IM System or Policy questions or problems, please call the SPIRS Help Desk at 281-3572 or 1-800-645-2987 or e-mail us at DHS, SPIRS Help Desk.

Vermeer, Jennifer

From: DHS, SPIRS Help Desk
Sent: Friday, July 01, 2005 4:17 PM
To: Lack, Alexa; Teran, Alicia; Tolzin, Amber; Ames SA IMW Staff (4); Ames SA IMW Supv (4); Wiebers, Ann; Trujillo, Archi; Russell, Barbara; Mengel, Bethany; Loudermilk, Bette; Zimmer, Beverly; Josten, Carol; McLuen, Cathy; CBSA IMW Staff (5); CBSA IMW Supervisor (5); Hansen, Charlene; Homan-Schuemann, Cindy; Obrien, Cindy; CRSA IMW Staff (7); CRSA IMW Supervisors (7); DavSA IMW Staff (8); DavSA IMW Supervisors (8); Barnhill, DeAnn; Wadle, Delno; Dutton, Denise; Krotz, Denise; Darnielle, Diane; Diamond, Diane; DMSA IMW Staff (6); DMSA IMW Supv (6); Carter, Donna; Tew, Dori; Monaghan, Elaine; Gessow, Eugene; Sales, Frances; Bagley, Franklin; O'Brien, Glenda; Husske, Gretchen; Crandall, Helen; DHSNETWK, HelpDesk; DHS, IM Systems Client Server Team; IMTA; ITS Field; IVE IM; Sieren, Jan; Garner, Janice; Munoz, Jessica; Whitten, Jill; Tvedt, John; Williams, John [IWD]; Gould, Joyce; Nicklaus, Joyce; Wehrman, Joyce; Jones, Karen; Neidy, Kathryn; Anderson, Kathy; Campbell, Lana; Christensen, Lin; Wong, Linda; Michaelson, Lisa; Roberts, Lisa; Smith, Lisa; Binkley, Loraine; Wonderlich-Fuller, Lucinda; Blair, Mag; MAIII/QA; Woolsey, Maribeth; Cappello, Marilyn; Rowe, Marilyn [IWD]; Adams, Mark; Tavegia, Mary; Mitchell, Maureen; Michelle Holst; Baldwin, Mike; Freudenberg, Nancy; NCISA all IM staff (2); NESA all IM staff (3); NESA IM supervisors (3); VanDenHeuvel, Normajean; Freeman, Paula [IWD]; Meinecke, Rebecca; Harris, Rhoda; Hargin, Richard; Krebs, Robert; Sherer, Rosemarie; Moller, Roxane; Kraber-Lendt, Ruth; Johnson, Sally; SAM; Paris, Sandy; SC IM Staff (1); SC IM Supervisor (1); Seivert, Shari; Lee, Sharon; Granberg, Siri; DHS, SPIRS Help Desk; Campagna, Steven; Mosen, Steven; Strain, Sue; Timmer, Sue; Moen, Susan; Trotter, Susan; Fross, Suzanne; Wakefield, Thomas; Vasey, Tiffany; Eakle, Tish; Ty Kirk; McInroy, Vicki
Subject: Phone numbers to call for IowaCare

This e-mail was sent to a field notification list including but not limited to SAMs, IM 2 Supervisors and IA 3's.

Please share this message with all appropriate staff.

Subject: Phone numbers to call for IowaCare

Effective Date: Immediately

Page 32: The University of Iowa Hospitals and Clinics has now decided that they will not provide the department with a list of persons who had a preexisting condition and were on state papers in SFY '05. IM workers will verify with the Care Management Program of the University of Iowa if a person had a preexisting condition in SFY '05. IM workers are to call 319-356-2518 to verify the preexisting condition.

Page 38: Response to question 7:

Do not use the 1-888 phone number that was provided. Attached is a document that University of Iowa Hospitals and Clinics provided with a list of numbers that members may call to schedule an appointment. If the member does not know what department to call, they may call 319-356-2518 to schedule an appointment.



Kim Stout.pdf

The training packet/manual will be updated in the near future with this information.

As always, if you have any IM System or Policy questions or problems, please call the SPIRS Help

Vermeer, Jennifer

From: DHS, SPIRS Help Desk
Sent: Monday, July 18, 2005 2:54 PM
To: Lack, Alexa; Tolzin, Amber; Ames SA IMW Staff (4); Ames SA IMW Supv (4); Smith, Anita; Wiebers, Ann; Trujillo, Archi; Russell, Barbara; Mengel, Bethany; Loudermilk, Bette; Zimmer, Beverly; Josten, Carol; McLuen, Cathy; CBSA IMW Staff (5); Hansen, Charlene; Homan-Schuemann, Cindy; Obrien, Cindy; CRSA IMW Staff (7); CRSA IMW Supervisors (7); DavSA IMW Staff (8); DavSA IMW Supervisors (8); Barnhill, DeAnn; Wadle, Delno; Dutton, Denise; Krotz, Denise; Darnielle, Diane; Diamond, Diane; DMSA IMW Staff (6); DMSA IMW Supv (6); Carter, Donna; Tew, Dori; Monaghan, Elaine; Gessow, Eugene; Sales, Frances; Bagley, Franklin; Freeman, Paula [IWD]; O'Brien, Glenda; Husske, Gretchen; Crandall, Helen; DHSNETWK, HelpDesk; DHS, IM Systems Client Server Team; IMTA; ITS Field; IVE IM; Sieren, Jan; Garner, Janice; Munoz, Jessica; Whitten, Jill; Tvedt, John; Gould, Joyce; Nicklaus, Joyce; Wehrman, Joyce; Jones, Karen; Neidy, Kathryn; Anderson, Kathy; Campbell, Lana; Christensen, Lin; Wong, Linda; Michaelson, Lisa; Roberts, Lisa; Smith, Lisa; Binkley, Loraine; Wonderlich-Fuller, Lucinda; Blair, Mag; MAIII/QA; Woolsey, Maribeth; Cappello, Marilyn; Adams, Mark; Tavegia, Mary; Mitchell, Maureen; Baldwin, Mike; Freudenberg, Nancy; NCISA all IM staff (2); NESAs all IM staff (3); NESAs IM supervisors (3); VanDenHeuvel, Normajean; Meinecke, Rebecca; Harris, Rhoda; Hargin, Richard; Krebs, Robert; Sherer, Rosemarie; Rowe, Marilyn [IWD]; Moller, Roxane; Kraber-Lendt, Ruth; Johnson, Sally; SAM; Paris, Sandy; SC IM Staff (1); SC IM Supervisor (1); Seivert, Shari; Lee, Sharon; Granberg, Siri; DHS, SPIRS Help Desk; Campagna, Steven; Mosena, Steven; Strain, Sue; Timmer, Sue; Moen, Susan; Trotter, Susan; Fross, Suzanne; Wakefield, Thomas; Vasey, Tiffany; Eakle, Tish; McInroy, Vicki; Williams, John [IWD]
Subject: Preexisting Chronic Condition Group coverage and E-SLMB and/or QDWP

This e-mail was sent to a field notification list including but not limited to SAMs, IM 2 Supervisors and MA 3's.

Please share this message with all appropriate staff.

Subject: Preexisting Chronic Condition Group coverage and E-SLMB and/or QDWP

Effective Date: Immediately

This is a correction from previously answered questions through SPIRS.

A person can be eligible for the Preexisting Chronic Condition Group coverage and E-SLMB and/or QDWP at the same time.

The reason for this change is because the medical care the Preexisting Chronic Condition Group is eligible to receive will be paid for out of a different funding source than normal Medicaid eligibles. The Preexisting Chronic Condition Group's eligibility will not be entered on IABC and their fund code will be a "3".

Question 3 on page 1 of the "Questions about IowaCare" has been updated to reflect this correction.

If you have denied an individual for the Preexisting Chronic Condition Group because they were eligible for E-SLMB or QDWP, please re-evaluate their eligibility.

We apologize for any inconvenience this may have caused.

As always, if you have any IM System or Policy questions or problems, please call the SPIRS Help Desk at 281-3572 or 1-800-645-2987 or e-mail us at DHS, SPIRS Help Desk.

Vermeer, Jennifer

om: DHS, SPIRS Help Desk
nt: Friday, July 15, 2005 9:54 AM
o: Lack, Alexa; Teran , Alicia; Tolzin, Amber; Ames SA IMW Staff (4); Ames SA IMW Supv (4); Smith, Anita; Wiebers, Ann; Trujillo, Archi; Russell, Barbara; Mengel, Bethany; Loudermilk, Bette; Zimmer, Beverly; Josten, Carol; McLuen, Cathy; CBSA IMW Staff (5); Hansen, Charlene; Homan-Schuemann, Cindy; Obrien, Cindy; CRSA IMW Staff (7); CRSA IMW Supervisors (7); DavSA IMW Staff (8); DavSA IMW Supervisors (8); Barnhill, DeAnn; Wadle, Delno; Dutton, Denise; Krotz, Denise; Darnielle, Diane; Diamond, Diane; DMSA IMW Staff (6); DMSA IMW Supv (6); Carter, Donna; Tew, Dori; Monaghan, Elaine; Gessow, Eugene; Sales, Frances; Bagley, Franklin; Freeman, Paula [IWD]; O'Brien, Glenda; Husske, Gretchen; Crandall, Helen; DHSNETWK, HelpDesk; DHS, IM Systems Client Server Team; IMTA; ITS Field; IVE IM; Sieren, Jan; Garner, Janice; Munoz, Jessica; Whitten, Jill; Tvedt, John; Gould, Joyce; Nicklaus, Joyce; Wehrman, Joyce; Jones, Karen; Neidy, Kathryn; Anderson, Kathy; Campbell, Lana; Christensen, Lin; Wong, Linda; Michaelson, Lisa; Roberts, Lisa; Smith, Lisa; Binkley, Lorraine; Wonderlich-Fuller, Lucinda; Blair, Mag; MAIII/QA; Woolsey, Maribeth; Cappello, Marilyn; Adams, Mark; Tavegia, Mary; Mitchell, Maureen; Baldwin, Mike; Freudenberg, Nancy; NCISA all IM staff (2); NESA all IM staff (3); NESA IM supervisors (3); VanDenHeuvel, Normajean; Meinecke, Rebecca; Harris, Rhoda; Hargin, Richard; Krebs, Robert; Sherer, Rosemarie; Rowe, Marilyn [IWD]; Moller, Roxane; Kraber-Lendt, Ruth; Johnson, Sally; SAM; Paris, Sandy; SC IM Staff (1); SC IM Supervisor (1); Seivert, Shari; Lee, Sharon; Granberg, Siri; DHS, SPIRS Help Desk; Campagna, Steven; Mosena, Steven; Strain, Sue; Timmer, Sue; Moen, Susan; Trotter, Susan; Fross, Suzanne; Wakefield, Thomas; Vasey, Tiffany; Eakle, Tish; McInroy, Vicki; Williams, John [IWD]

Subject: Questions about IowaCare

This e-mail was sent to a field notification list including but not limited to SAMs, IM 2 Supervisors and IA 3's.

Please share this message with all appropriate staff.

Subject: Questions about IowaCare

Effective Date: Immediately

There are more questions and answers regarding IowaCare in the Bureau CIDS folder. They are marked "Questions about IowaCare".

The path is as follows:

Hoovr3s1
OFS.771
BURECIDS
2005 Bureau CIDS
IowaCare Training
Questions about IowaCare

As always, if you have any IM System or Policy questions or problems, please call the SPIRS Help Desk at 281-3572 or 1-800-645-2987 or e-mail us at DHS, SPIRS Help Desk.

Vermeer, Jennifer

From: DHS, SPIRS Help Desk
Sent: Tuesday, June 28, 2005 1:21 PM
To: Lack, Alexa; Teran, Alicia; Tolzin, Amber; Ames SA IMW Staff (4); Ames SA IMW Supv (4); Wiebers, Ann; Trujillo, Archi; Russell, Barbara; Mengel, Bethany; Loudermilk, Bette; Zimmer, Beverly; Josten, Carol; McLuen, Cathy; CBSA IMW Staff (5); Hansen, Charlene; Homan-Schuemann, Cindy; O'Brien, Cindy; CRSA IMW Staff (7); CRSA IMW Supervisors (7); DavSA IMW Staff (8); DavSA IMW Supervisors (8); Barnhill, DeAnn; Wadle, Delno; Dutton, Denise; Krotz, Denise; Darnielle, Diane; Diamond, Diane; DMSA IMW Staff (6); DMSA IMW Supv (6); Carter, Donna; Tew, Dori; Monaghan, Elaine; Gessow, Eugene; Sales, Frances; Bagley, Franklin; Freeman, Paula [IWD]; O'Brien, Glenda; Husske, Gretchen; Crandall, Helen; DHSNETWK, HelpDesk; DHS, IM Systems Client Server Team; IMTA; ITS Field; IVE IM; Sieren, Jan; Garner, Janice; Munoz, Jessica; Whitten, Jill; Tvedt, John; Gould, Joyce; Nicklaus, Joyce; Wehrman, Joyce; Jones, Karen; Neidy, Kathryn; Anderson, Kathy; Campbell, Lana; Christensen, Lin; Wong, Linda; Michaelson, Lisa; Roberts, Lisa; Smith, Lisa; Binkley, Loraine; Wonderlich-Fuller, Lucinda; Blair, Mag; MAIII/QA; Woolsey, Maribeth; Cappello, Marilyn; Adams, Mark; Tavegia, Mary; Mitchell, Maureen; Michelle Holst; Baldwin, Mike; Freudenberg, Nancy; NCISA all IM staff (2); NESA all IM staff (3); NESA IM supervisors (3); VanDenHeuvel, Normajean; Meinecke, Rebecca; Harris, Rhoda; Hargin, Richard; Krebs, Robert; Sherer, Rosemarie; Rowe, Marilyn [IWD]; Moller, Roxane; Kraber-Lendt, Ruth; Johnson, Sally; SAM; Paris, Sandy; SC IM Staff (1); SC IM Supervisor (1); Seivert, Shari; Lee, Sharon; Granberg, Siri; DHS, SPIRS Help Desk; Campagna, Steven; Mosena, Steven; Strain, Sue; Timmer, Sue; Moen, Susan; Trotter, Susan; Fross, Suzanne; Wakefield, Thomas; Vasey, Tiffany; Eakle, Tish; Ty Kirk; McInroy, Vicki; Williams, John [IWD]
Subject: Questions from the IowaCare Bureau CIDS on 6/28/05

This e-mail was sent to a field notification list including but not limited to SAMs, IM 2 Supervisors and 1A 3's.

Please share this message with all appropriate staff.

Subject: Questions from the IowaCare Bureau CIDS on 6/28/05

Effective Date: Immediately

Please send any questions you have regarding the IowaCare Bureau CIDS to the DHS, SPIRS Help Desk. When sending questions in, please indicate whether the question is case specific or not.

As always, if you have any IM System or Policy questions or problems, please call the SPIRS Help Desk at 281-3572 or 1-800-645-2987 or e-mail us at DHS, SPIRS Help Desk.

Vermeer, Jennifer

From: DHS, SPIRS Help Desk
Sent: Tuesday, July 12, 2005 8:04 AM
To: Lack, Alexa; Tolzin, Amber; Ames SA IMW Staff (4); Ames SA IMW Supv (4); Smith, Anita; Wiebers, Ann; Trujillo, Archi; Russell, Barbara; Mengel, Bethany; Loudermilk, Bette; Zimmer, Beverly; Josten, Carol; McLuen, Cathy; CBSA IMW Staff (5); Hansen, Charlene; Homan-Schuemann, Cindy; Obrien, Cindy; CRSA IMW Staff (7); CRSA IMW Supervisors (7); DavSA IMW Staff (8); DavSA IMW Supervisors (8); Barnhill, DeAnn; Wadle, Delno; Dutton, Denise; Krotz, Denise; Darnielle, Diane; Diamond, Diane; DMSA IMW Staff (6); DMSA IMW Supv (6); Carter, Donna; Tew, Dori; Monaghan, Elaine; Gessow, Eugene; Sales, Frances; Bagley, Franklin; Freeman, Paula [IWD]; O'Brien, Glenda; Husske, Gretchen; Crandall, Helen; DHSNETWK, HelpDesk; DHS, IM Systems Client Server Team; IMTA; ITS Field; IVE IM; Sieren, Jan; Garner, Janice; Munoz, Jessica; Whitten, Jill; Tvedt, John; Gould, Joyce; Nicklaus, Joyce; Wehrman, Joyce; Jones, Karen; Neidy, Kathryn; Anderson, Kathy; Campbell, Lana; Christensen, Lin; Wong, Linda; Michaelson, Lisa; Roberts, Lisa; Smith, Lisa; Binkley, Loraine; Wonderlich-Fuller, Lucinda; Blair, Mag; MAIII/QA; Woolsey, Maribeth; Cappello, Marilyn; Adams, Mark; Tavegia, Mary; Mitchell, Maureen; Michelle Holst; Baldwin, Mike; Freudenberg, Nancy; NCISA all IM staff (2); NESAs all IM staff (3); NESAs IM supervisors (3); VanDenHeuvel, Normajean; Meinecke, Rebecca; Harris, Rhoda; Hargin, Richard; Krebs, Robert; Sherer, Rosemarie; Rowe, Marilyn [IWD]; Moller, Roxane; Kraber-Lendt, Ruth; Johnson, Sally; SAM; Paris, Sandy; SC IM Staff (1); SC IM Supervisor (1); Seivert, Shari; Lee, Sharon; Granberg, Siri; DHS, SPIRS Help Desk; Campagna, Steven; Mosena, Steven; Strain, Sue; Timmer, Sue; Moen, Susan; Trotter, Susan; Fross, Suzanne; Wakefield, Thomas; Vasey, Tiffany; Eakle, Tish; McInroy, Vicki; Williams, John [IWD]
Subject: Questions from the June 28 IowaCare Training

This e-mail was sent to a field notification list including but not limited to SAMs, IM 2 Supervisors and 4A 3's.

Please share this message with all appropriate staff.

Subject: Questions from the June 28 IowaCare Training

Questions from the June 28 IowaCare training are now in the Bureau CIDS/IowaCare share.

As always, if you have any IM System or Policy questions or problems, please call the SPIRS Help Desk at 281-3572 or 1-800-645-2987 or e-mail us at DHS, SPIRS Help Desk.

Vermeer, Jennifer

From: DHS, SPIRS Help Desk
Sent: Friday, July 22, 2005 10:59 AM
To: Lack, Alexa; Teran, Alicia; Tolzin, Amber; Ames SA IMW Staff (4); Ames SA IMW Supv (4); Smith, Anita; Wiebers, Ann; Trujillo, Archi; Russell, Barbara; Mengel, Bethany; Loudermilk, Bette; Zimmer, Beverly; Josten, Carol; McLuen, Cathy; CBSA IMW Staff (5); Hansen, Charlene; Homan-Schuemann, Cindy; Obrien, Cindy; CRSA IMW Staff (7); CRSA IMW Supervisors (7); DavSA IMW Staff (8); DavSA IMW Supervisors (8); Barnhill, DeAnn; Wadle, Delno; Dutton, Denise; Krotz, Denise; Darnielle, Diane; Diamond, Diane; DMSA IMW Staff (6); DMSA IMW Supv (6); Carter, Donna; Tew, Dori; Monaghan, Elaine; Gessow, Eugene; Sales, Frances; Bagley, Franklin; Freeman, Paula [IWD]; O'Brien, Glenda; Husske, Gretchen; Crandall, Helen; DHSNETWK, HelpDesk; DHS, IM Systems Client Server Team; IMTA; ITS Field; IVE IM; Sieren, Jan; Garner, Janice; Munoz, Jessica; Whitten, Jill; Tvedt, John; Gould, Joyce; Nicklaus, Joyce; Wehrman, Joyce; Jones, Karen; Neidy, Kathryn; Anderson, Kathy; Campbell, Lana; Christensen, Lin; Wong, Linda; Michaelson, Lisa; Roberts, Lisa; Smith, Lisa; Binkley, Loraine; Wonderlich-Fuller, Lucinda; Blair, Mag; MAIII/QA; Woolsey, Maribeth; Cappello, Marilyn; Adams, Mark; Tavegia, Mary; Mitchell, Maureen; Baldwin, Mike; Freudenberg, Nancy; NCISA all IM staff (2); NESA all IM staff (3); NESA IM supervisors (3); VanDenHeuvel, Normajean; Meinecke, Rebecca; Harris, Rhoda; Hargin, Richard; Krebs, Robert; Sherer, Rosemarie; Rowe, Marilyn [IWD]; Moller, Roxane; Kraber-Lendt, Ruth; Johnson, Sally; SAM; Paris, Sandy; SC IM Staff (1); SC IM Supervisor (1); Seivert, Shari; Lee, Sharon; Granberg, Siri; DHS, SPIRS Help Desk; Campagna, Steven; Mosen, Steven; Strain, Sue; Timmer, Sue; Moen, Susan; Trotter, Susan; Fross, Suzanne; Wakefield, Thomas; Vasey, Tiffany; Eakle, Tish; McInroy, Vicki; Williams, John [IWD]
Subject: Revised IowaCare Billing System Screen Instructions Are Available in Bureau CIDS Share

This e-mail was sent to a field notification list including but not limited to SAMs, IM 2 Supervisors and IA 3's.

Please share this message with all appropriate staff.

Subject: Revised IowaCare Billing System Screen Instructions Are Available in Bureau CIDS Share

Effective Date: Immediately

Revised IowaCare Billing System Screen Instructions Are Available in Bureau CIDS share.

At the 7/21/05 Bureau CIDS, Elaine Monaghan advised that the IowaCare screen instructions used for training needed further revision. This is to advise you the revised instructions are now available in the Bureau CIDS Share in the July folder. Previously issued instructions, a set for MIPS and a set for MIPC, have been removed. Field staff should destroy copies they made of these packets. The corrected packet is entitled *IowaCare MIPS and MIPC*.

If you have an active IowaCare case that has been assessed a premium, view these screens to help you better understand how the ABC entries are displayed on the billing system for IowaCare.

As always, if you have any IM System or Policy questions or problems, please call the SPIRS Help Desk at 281-3572 or 1-800-645-2987 or e-mail us at DHS, SPIRS Help Desk.

Vermeer, Jennifer

From: DHS, SPIRS Help Desk
Sent: Tuesday, July 26, 2005 11:25 AM
To: Lack, Alexa; Tolzin, Amber; Ames SA IMW Staff (4); Ames SA IMW Supv (4); Smith, Anita; Wiebers, Ann; Trujillo, Archi; Russell, Barbara; Mengel, Bethany; Loudermilk, Bette; Zimmer, Beverly; Josten, Carol; McLuen, Cathy; CBSA IMW Staff (5); Hansen, Charlene; Homan-Schuemann, Cindy; Obrien, Cindy; CRSA IMW Staff (7); CRSA IMW Supervisors (7); DavSA IMW Staff (8); DavSA IMW Supervisors (8); Barnhill, DeAnn; Wadle, Delno; Dutton, Denise; Krotz, Denise; Darnielle, Diane; Diamond, Diane; DMSA IMW Staff (6); DMSA IMW Supv (6); Carter, Donna; Tew, Dori; Monaghan, Elaine; Gessow, Eugene; Sales, Frances; Bagley, Franklin; Freeman, Paula [IWD]; O'Brien, Glenda; Husske, Gretchen; Crandall, Helen; DHSNETWK, HelpDesk; DHS, IM Systems Client Server Team; IMTA; ITS Field; IVE IM; Sieren, Jan; Garner, Janice; Munoz, Jessica; Whitten, Jill; Tvedt, John; Gould, Joyce; Nicklaus, Joyce; Wehrman, Joyce; Jones, Karen; Neidy, Kathryn; Anderson, Kathy; Campbell, Lana; Christensen, Lin; Wong, Linda; Michaelson, Lisa; Roberts, Lisa; Smith, Lisa; Binkley, Loraine; Wonderlich-Fuller, Lucinda; Blair, Mag; MAIII/QA; Woolsey, Maribeth; Cappello, Marilyn; Adams, Mark; Tavegia, Mary; Mitchell, Maureen; Baldwin, Mike; Freudenberg, Nancy; NCISA all IM staff (2); NESA all IM staff (3); NESA IM supervisors (3); VanDenHeuvel, Normajeau; Meinecke, Rebecca; Harris, Rhoda; Hargin, Richard; Krebs, Robert; Sherer, Rosemarie; Rowe, Marilyn [IWD]; Moller, Roxane; Kraber-Lendt, Ruth; Johnson, Sally; SAM; Paris, Sandy; SC IM Staff (1); SC IM Supervisor (1); Seivert, Shari; Lee, Sharon; Granberg, Siri; DHS, SPIRS Help Desk; Campagna, Steven; Mosena, Steven; Strain, Sue; Timmer, Sue; Moen, Susan; Trotter, Susan; Fross, Suzanne; Wakefield, Thomas; Vasey, Tiffany; Eakle, Tish; McInroy, Vicki; Williams, John [IWD]
Subject: SPIRS Announcements for IowaCare

This e-mail was sent to a field notification list including but not limited to SAMs, IM 2 Supervisors and 1A 3's.

Please share this message with all appropriate staff.

Subject: SPIRS Announcements for IowaCare

Effective Date: Immediately

The following folder contains SPIRS announcements regarding IowaCare.

Hoovr3s1
OFS.771
BURECIDS
2005 Bureau CIDS
IowaCare Training
SPIRS announce folder

As always, if you have any IM System or Policy questions or problems, please call the SPIRS Help Desk at 281-3572 or 1-800-645-2987 or e-mail us at DHS, SPIRS Help Desk.