

441—73.3(249A) Enrollment.

73.3(1) Enrollment area. The coverage area for enrollment shall be statewide.

73.3(2) Members subject to enrollment. All hawki program, Iowa health and wellness plan, and dental wellness plan members shall be subject to mandatory enrollment in an MCP. All Medicaid members, with the exception of the following, shall be subject to mandatory enrollment in an MCP:

- a. Members who are medically needy as described at 441—Chapter 75.
- b. Individuals eligible only for emergency medical services because the individuals do not meet citizenship or alienage requirements, pursuant to 441—Chapter 75.
- c. Persons who are currently presumptively eligible as defined in 441—Chapter 75.
- d. Persons eligible for the program of all-inclusive care for the elderly (PACE) who voluntarily elect PACE coverage as described in Division II of 441—Chapter 88.
- e. Persons enrolled in the health insurance premium payment program (HIPP) pursuant to 441—Chapter 75.
- f. Persons eligible only for the Medicare savings program as described in 441—Chapters 75 and 76.
- g. American Indian and Alaska Native populations who are exempt from mandatory enrollment pursuant to 42 CFR 438.50(d)(2) but who may enroll voluntarily.
- h. Persons who have a Medicaid eligibility period that is retroactive as described in 441—Chapter 76.
- i. Persons who are inmates of a public institution and ineligible for Medicaid benefits as described in 441—Chapter 75.
- j. Persons residing in the Iowa Veterans Home as described in rule 801—10.1(35D).
- k. Effective July 1, 2017, persons who are eligible only for the family planning waiver as described in 441—Chapter 75.

73.3(3) Enrollment process. The department shall notify members who must be enrolled in an MCP of enrollment and the effective date of enrollment. The department will implement an enrollment process in accordance with federal funding requirements, including 42 CFR 438 as amended to July 19, 2022.

a. *General.* Members may receive MCP choice counseling from the enrollment broker. The enrollment broker will provide information about individual MCP benefit structures, services and network providers, as well as information about other Medicaid programs as requested by the Medicaid member to assist the member in making an informed selection.

b. *Passive assignment.* Effective no earlier than the first day of the month of the member's application to Medicaid, the member shall be assigned to an MCP using the department's passive enrollment process and offered the opportunity to choose from the available MCPs within a time frame specified in the passive assignment letter.

c. *Request to change enrollment.* An enrollee may, within 90 days of initial enrollment, request to change enrollment from one MCP and enroll in another MCP. The request may be made on a form designated by the department, in writing, or by telephone call to the enrollment broker's toll-free member telephone line. Enrollment changes are effective no later than the first day of the second month beginning after the date on which the enrollment broker receives the enrollee's written or verbal request.

d. *Ongoing enrollment.* Enrollees shall remain enrolled with the chosen MCP for a total of 12 months.

e. *Enrollment cycle.* Prior to the end of the enrollee's annual enrollment period, the enrollee shall be notified of the option to maintain enrollment with the current MCP or to enroll with a different MCP.

73.3(4) Benefit reimbursement prior to enrollment.

a. Prior to the effective date of MCP enrollment, except as provided in paragraph 73.3(4) "b," the department shall reimburse providers for covered program benefits pursuant to 441—Chapters 74 to 91, as applicable for eligible members.

b. The MCP shall be responsible for covering newly retroactive Medicaid eligibility periods prior to the effective date of enrollment for babies born to Medicaid-enrolled women who are retroactively eligible to the month of birth.

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