



## INFORMATIONAL LETTER NO. 2376-MC-FFS-CVD

**DATE:** September 13, 2022

**TO:** All Iowa Medicaid Providers

**APPLIES TO:** Managed Care (MC), Fee-for-Service (FFS), Coronavirus Disease (CVD)

**FROM:** Iowa Department of Health and Human Services (HHS), Iowa Medicaid

**RE:** Unwinding COVID-19 Medical Assistance Eligibility

**EFFECTIVE:** Immediately

As detailed in [Informational Letter \(IL\) 2229-MC-FFS-CVD](#)<sup>1</sup>, the Centers for Medicare and Medicaid Services (CMS) has released guidance outlining requirements and expectations for the resumption of normal eligibility business processes when the federal COVID-19 public health emergency (PHE) expires. Iowa Medicaid has utilized this guidance to establish a phased approach to resuming normal eligibility business processes. Phases 1 through 3 of Iowa Medicaid's plan, as detailed in [IL 2246-MC-FFS-CVD](#)<sup>2</sup>, have been implemented and the associated processes contained in each phase continue to be executed during the PHE. Some of the current processes that continue to be implemented include:

- Issuing pre-populated annual medical assistance renewal/review forms to some households (members found ineligible during this annual renewal process will continue to receive medical assistance through the duration of the PHE).
- Transitioning members to a coverage group for which they are now eligible.

### **Long-Term Services and Supports (LTSS) Members**

Some of these members including those receiving Home- and Community- Based Services (HCBS) waivers and state plan HCBS habilitation services, Program for All-Inclusive Care for the Elderly (PACE), and facility coverage may be transitioned to a different Medicaid coverage group based on a review of circumstances. LTSS services may no longer be covered for the member, but they may continue to receive other medical services through Medicaid until the end of the PHE.

<sup>1</sup> <https://secureapp.dhs.state.ia.us/IMPA/Information/ViewDocument.aspx?viewdocument=da28bee6-fb85-49ba-a447-6542f86b2638>

<sup>2</sup> <https://secureapp.dhs.state.ia.us/IMPA/Information/ViewDocument.aspx?viewdocument=1151986a-3f50-4a55-a6b8-120c88d7cac1>

### **Recipients who Qualify for or Receive Medicare**

Those who have Medicare will have their medical benefits provided by Medicare. They may qualify for limited Medicaid benefits which help pay the cost of Medicare expenses including premiums, deductibles, and co-pays.

Iowa Medicaid will review eligibility for Hawki members who have turned 19 years old and no longer qualify for the Hawki program.

Iowa Medicaid will maintain the implemented program changes and expanded services until the end of the PHE. The unwinding of the remaining flexibilities and the return to normal Medicaid processing operations (including re-initiating member premiums and cost-sharing) will not occur until after the federal PHE declaration is ended.

An end date for the federal PHE has not been announced. Federal partners have indicated that notification will be given 60 days prior to the end of the PHE. HHS plans to release additional information about the PHE unwind when the 60-day notice is received, including member and provider toolkits to help navigate the transition to normal Medicaid operations.

Providers should continue to confirm member eligibility through the Eligibility and Verification Information System (ELVS).

If you have questions, please contact Iowa Medicaid Provider Services at 1-800-338-7909 or by email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).