

INFORMATIONAL LETTER NO. 2219-MC-FFS

DATE: February 23, 2021

TO: All Iowa Medicaid Providers

APPLIES TO: Managed Care (MC) and Fee-for-Service (FFS)

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Medicaid Now Available to All Eligible COFA Adults

EFFECTIVE: Upon Receipt

As explained in [Informational Letter 2209-MC-FFS](#)¹, the 2021 Consolidated Appropriations Act (CAA) was signed into law on December 27, 2020. Section 208 of the CAA adds Medicaid coverage for citizens of Palau, the Marshall Islands, and the Federated States of Micronesia living in the United States through treaties known as the Compacts of Free Association (COFA).

Historically, COFA children (under 21) could be eligible for full Medicaid based on their immigration status, but COFA adults (ages 21 and older) could only be eligible for limited Medicaid for emergency services, and for Presumptive Eligibility (PE) under the PE Types for Pregnant Women (PW), Breast, and Cervical Cancer (BCCT).

This policy change means COFA adults may be eligible for full Medicaid based on their immigration status beginning December 2020. It also means COFA adults may be eligible under all PE Types including PE Hospital Groups (e.g., Iowa Health and Wellness Plan (IHAWP), Parents/Caretakers, and Expanded Medicaid for Independent Young Adults (E-MIYA)). **A COFA individual must still meet all other PE or Medicaid eligibility requirements to be eligible for PE or full Medicaid.**

Guidance for Qualified Entities (QEs) Processing PE Medicaid

Because all COFA individuals regardless of age are now considered to have eligible immigration status for Medicaid, otherwise-eligible COFA adults may now be approved for all PE types in the Medicaid Presumptive Eligibility Portal (MPEP). Answering “yes”

¹ <https://secureapp.dhs.state.ia.us/IMPA/Information/Bulletins.aspx>

to the question “Do you have eligible immigration status?” in MPEP will produce the correct PE result for COFA adults. The Presumptive Eligibility Policy and MPEP training document available on the PE website will also be updated soon to reflect these changes on slides 75 and 78.

PE Medicaid is determined based upon self-attestation and does not require verification of an individual’s eligible immigration status. However, QEs and applicants who are unsure if an applicant is a COFA individual may find it helpful to refer to documents the applicant has available. Some examples of documents that a COFA individual may commonly have include an Arrival/Departure Record (I-94) with a Section Code Marked CFA/RMI (aka CFA/MSI) or CFA/FSM or CFA/PAL; a Foreign Passport from Marshall Islands, Federated States of Micronesia, or Trust Territory of the Pacific Island (Palau); or an Employment Authorization Card with a category of A8.

In addition to qualifying for PE Medicaid, because all COFA individuals regardless of age may now be eligible for full Medicaid (if all other eligibility requirements are also met), COFA individuals regardless of age may want to apply for ongoing Medicaid at the same time that the PE application is submitted in MPEP. The decision whether or not to also apply for full Medicaid remains one that each individual applicant should make after the QE has explained that PE benefits end as soon as DHS completes the ongoing Medicaid eligibility determination.

These new processing instructions for PE are effective upon receipt of this guidance. PE applications cannot be backdated or otherwise reprocessed back to the date the policy changed in December 2020, so COFA adults who were denied PE benefits before this guidance was released cannot have PE established for prior dates. However, as described below, DHS will be taking action to ensure full Medicaid is provided back to the effective date of the policy change for all otherwise-eligible COFA adults it can identify.

DHS Implementation Plan for Full Medicaid –

DHS will be taking the following actions to ensure Medicaid coverage to COFA adults who are now eligible for full Medicaid benefits:

- If a COFA adult’s Medicaid application received by the Department during December 2020, and January 2021 was denied full Medicaid coverage due to citizenship/immigration status, the Department will reprocess the application. By the end of February, affected applications will receive a notice in the mail explaining the new decision or requesting any additional information needed by the Department.
- Medicaid applications filed with the Department through March 31, 2021, for COFA adults who meet all other Medicaid eligibility requirements, will receive coverage needed to help pay for medical bills back to December 2020.
- For Medicaid applications filed April 1, 2021, and later, COFA adults will be eligible for retroactive Medicaid only if they fall into a category that allows for retroactive coverage (a pregnant or postpartum woman or resident of a nursing

facility licensed under Iowa Code Chapter 135c) and meet all other eligibility requirements.

*DHS' eligibility systems may be unable to identify COFA adults receiving Medicaid under coverage groups for long-term care (e.g., facility and home-and-community-based waiver coverage groups) and those covered under Medically Needy either with or without a spenddown. DHS encourages anyone who is aware of COFA adults who might not be identified in DHS' implementation plan to let those individuals know they can submit an application for full Medicaid and their eligibility could go back to December 1, 2020, as long as the application is received before April 1, 2021, and they were otherwise eligible for Medicaid.

Note: For applications submitted through MPEP **in December 2020 and January 2021** where a COFA adult applied only for PE but ongoing Medicaid was **not** requested, DHS will reach out to the individual to let them know they can submit an application for full Medicaid and their eligibility could go back to December 1, 2020, as long as the application is received before April 1, 2021, and they were otherwise eligible for Medicaid. COFA adults who have not applied for ongoing Medicaid will not have a full Medicaid eligibility determination completed by DHS.

QEs who have any questions about these instructions should contact the MPEP Support Helpdesk at **1-855-889-7985** or by email at imempepsupport@dhs.state.ia.us. Others with provider questions including billing issues should contact Provider Services at **800-338-7909** (toll free) or **515-256-4609** (Des Moines area).