

INFORMATIONAL LETTER NO. 2229-MC-FFS-CVD

DATE: April 23, 2021

TO: All Iowa Medicaid Providers

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

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

RE: Unwinding COVID-19 Medical Assistance Eligibility

EFFECTIVE: Immediately

Due to the COVID-19 public health emergency (PHE), DHS has maintained Medicaid eligibility for all current and newly enrolled Medicaid and Hawki members since March 2020. During this time, DHS has only discontinued benefits for the following reasons: death, no longer being an Iowa resident, and at the request of the individual.

DHS did this to ensure members received necessary care and had continued access to services throughout the PHE.

To allow eligibility and services to continue uninterrupted, DHS paused many day-to-day Medicaid case maintenance processes, and put in operational changes, so that most individuals would not be dis-enrolled, lose coverage, or change Medicaid programs during the PHE. These processes, including the routine annual review of a member's eligibility, have been on hold for more than one year.

The Centers for Medicare and Medicaid Services (CMS) is encouraging states to begin taking action now to unwind the Medicaid eligibility processing changes that were put in place in response to the PHE. If states take action now, this will help alleviate the resumption of normal operations immediately after the PHE ends.

DHS has reviewed the CMS guidance regarding unwinding eligibility changes put in place in response to the PHE, and has developed a phased approach that continues to maintain eligibility and medical assistance for most members throughout the PHE.

Through a phased approach, DHS workers can start working through the backlog of member renewals now.

DHS' Eligibility Unwinding Phases and Effective Dates

These are the phases DHS will use to transition back to normal day-to-day operations related to Medicaid eligibility:

- **April 2021:** Resume regular day-to-day Medicaid eligibility processes that don't require technical assistance.
 - Discontinuing benefits to individuals who were approved in error, or have been discovered to be receiving Medicaid benefits in another state.
 - Transition members to a coverage group they are now eligible for, including Program of All Inclusive Care for the Elderly (PACE) and facility coverage.
 - Review eligibility for Hawki members who have turned 19 years old and no longer qualify for the Hawki program. (Members not eligible for Medicaid will be referred to the federal marketplace for health coverage.)
- **July 2021 (tentative):** Resume regular day-to-day Medicaid eligibility processes that require technical assistance.
 - Resume automated batch eligibility re-determinations for changes in household circumstances.
 - Transition members no longer eligible for waiver coverage to another Medicaid coverage group.
 - Completion of a renewal when acting on a household change.
- **60 days before the PHE ends*:** Resume issuing annual renewal forms to members.
- **After the PHE ends*:** Undo the remaining processes currently on hold.
 - Re-determine eligibility for all members who are ineligible due to the PHE no longer being in effect.
 - Resume processes that result in members being discontinued.
 - Resume charging and collecting premiums and member contributions.

** The official end date for the PHE hasn't been announced yet. The IME's federal partners have indicated that the PHE may be in place throughout calendar year 2021. Once the IME receives notice of the PHE expiring, this will be shared with providers.*

Most members will maintain medical assistance eligibility throughout the PHE.

Some members may transition to a different coverage group with different benefits.

Some members currently receiving Long Term Care services, such as Home- and Community-Based Services (HCBS) waivers, PACE and facility coverage may be transitioned to a different Medicaid coverage group based on a review of circumstances.

Once a member's review is complete, they will receive a notice in the mail if there are any changes to their benefits.

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

Please contact Provider Services by email at IMEProviderServices@dhs.state.ia.us, by phone at 1-800-338-7909, or locally in Des Moines at 515-256-4609 if you have any questions.