



Iowa Department of Human Services

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INFORMATIONAL LETTER NO.1886-MC-FFS

DATE: February 12, 2018

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: Medically Exempt Application Reminders

EFFECTIVE: Upon Receipt

This letter is intended to provide clarity regarding the completion and submission of the Medically Exempt Member Survey and the Medically Exempt Attestation and Referral Form.

Medically Exempt, also known as Medically Frail, includes individuals who have:

- Disabling mental disorders (including adults with serious mental illness).
- Chronic substance use disorders.
- Serious and complex medical conditions.
- Physical, intellectual or developmental disability that significantly impairs their ability to perform one or more activities of daily living.
- Disability determination based on Social Security criteria.

A Medically Exempt determination **only applies to those who are enrolled in the Iowa Health and Wellness Plan** and does not affect those that are currently enrolled in the Medicaid State Plan.

Comprehensive information regarding Iowa Health and Wellness Plan Medical Exemption is in the [Iowa Health and Wellness Plan Medically Exempt Toolkit](#)¹.

MEDICALLY EXEMPT APPLICATION PROCESS

There are two ways an individual can become Medically Exempt. Members may submit the Medically Exempt Member Survey or providers can submit the Medically Exempt Attestation and Referral Form; only one form is to be submitted for determination.

Members: Medically Exempt Member Survey

- If an individual indicates they have limitations in their activities of daily living or receive Social Security Income on their application to receive health care, and are determined

¹ https://dhs.iowa.gov/sites/default/files/IHAWP_Medically_Exempt_Toolkit.pdf

to be eligible for the Iowa Health and Wellness Plan, they will receive a [Medically Exempt Member Survey](#)².

- Members may also obtain a survey by contacting the IME Member Services Unit as listed below.
- Members can mail, fax or call the IME Member Services Unit with their completed survey responses.
 - Mail: Iowa Medicaid Enterprise
Member Services (Attn: Medically Exempt)
PO Box 36510
Des Moines, IA 50315
 - Fax: 515-725-1351
 - Call: 1-800-338-8366
- After the surveys are scored, members will receive a notification indicating to which health plan they are assigned.
- Members are strongly encouraged to call the IME Member Services Unit if they have questions about their Medically Exempt status (see information listed above).

Providers: Medically Exempt Attestation and Referral Form

- The [Medically Exempt Attestation and Referral](#) form³ is available on the DHS website and can be completed by the following entities:
 - Providers with a current National Provider Identifier (NPI) number
 - Employees of the Department of Human Services (DHS)
 - Designees from the mental health region or the Department of Corrections
- The completed Medically Exempt Attestation and Referral form can be submitted by mail, fax, or email to:
 - Mail: Iowa Medicaid Enterprise
Member Services (Attn: Medically Exempt)
PO Box 36510
Des Moines, IA 50315
 - Fax: 515-725-1351
 - Email: IMEmemberservices@dhs.state.ia.us

Reminders when completing the Medically Exempt Attestation and Referral Form:

- The form certification box needs to be checked in order for the form to be accepted. Check box is located on Page 4.
- Make sure **all** member information is filled in on the first page.
- Questions about a member's condition (pages 2 and 3): If a condition doesn't pertain to your patient, please check 'Not Applicable'.
- Please note, several of the questions have two parts that must be answered.
- Provider, Worker, or Referring Entity Information (Page 4): This section must be completed and signed. **Please print legibly.**
 - To submit this form, you must be a provider with a current NPI number, an employee of the Department of Human Services (DHS), a designee

² <https://dhs.iowa.gov/sites/default/files/470-5194.pdf>

³ <http://dhs.iowa.gov/sites/default/files/470-5198.pdf>

from a mental health region, or a designee from the Department of Corrections.

- We are unable to accept forms we cannot read. **The form must be signed by the appropriate individual.**
- **Incomplete forms will be returned to the provider if possible with an explanation as to why it was not accepted.**
 - Please ensure that your contact information is correct.
- Use blue or black ink to complete the form. Forms completed in pencil or ink that is not blue or black will not be accepted.

Turnaround time for processing a submitted form:

It takes approximately five to seven (5-7) business days to verify and process a complete Medically Exempt form.

Effective date of Medically Exempt coverage:

The initial coverage date for eligible members is dependent on when the form is received. Forms must be submitted by the 19th of the month for coverage to take effect the 1st of the following month. Coverage for forms that are submitted after the 19th of the month will take effect two months following the date of submission; the member will remain on their originally assigned health care plan until the first day of the second month.

- For example, if a Medically Exempt form is received on March 18, the member will be eligible for services in the State Plan starting on April 1. If a Medically Exempt form is received on March 22, the member would not be eligible for State Plan services until May 1.

To verify eligibility:

Providers may call the Eligibility and Verification Information System (ELVS) phone line at 515-323-9639 (locally or in the Des Moines area) or 1-800-338-7752 (toll-free). The ELVS line is very busy during the first of the month. The ELVS web portal is another option for providers in lieu of calling the ELVS line. The [ELVS web portal](#)⁴ allows for multiple eligibility checks and batch submission, whereas the ELVS phone system only allows for one at a time. A login ID and password must be obtained through the Electronic Data Interchange Support Services (EDISS) by submitting the [Access Request Form](#)⁵ to EDISS or calling EDISS at 1-800-967-7902.

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, or by email at imeproviderservices@dhs.state.ia.us.

⁴ <https://ime-ediss5010.noridian.com/iowaxchange5010/LogonDisplay.do>

⁵ <http://www.edissweb.com/docs/med/add-access-request-IME.pdf>