

DATE: <Date prepared>

To: Appeals Section, Bureau of Policy Analysis

**ATTENTION:** Liaison for appeals

FROM: <Preparers name>, Iowa Medicaid Member Services

## **APPEAL SUMMARY**

CASE NAME: < Members name>

APPEAL NUMBER: 24009720

## **ISSUE BEING APPEALED:**

Whether the Department correctly determined the appellant did not meet the definition of a Medically Exempt individual based on the results of the Medically Exempt Survey. 441 IAC 74.1(249A, 85GA, SF446), 74.12(3); 42 CFR 440.315(f).

## **DEPARTMENT SUMMARY STATEMENT:**

<Members name> was sent notice (Exhibit A) on <date>, informing <him/her> that Iowa Medicaid reviews claims data for Medically Exempt members. It was determined that <Members name> has not used Medically Exempt services in the past two years. Member was approved for Medically Exempt status on <date>.

The Iowa Health and Wellness Program (IHAWP) includes a group of members who have been approved for Medically Exempt status, therefore accessing state plan services. The Center for Medicare

and Medicaid Services (CMS) requires Iowa to perform an annual review of this Medically Exempt status. Iowa has elected to do this by an automated review of claims to put as little administrative burden on members and providers as possible. If a member has been removed from Medically Exempt status, it is because no claims have been identified showing that they have used Medically Exempt benefits. The member is sent a letter notifying them of this before it happens, and the opportunity to appeal or reapply for the status. To view Iowa's State Plan Amendment (SPA) that authorized this method (SPA # IA-20-0015), please visit the following webpage on the Medicaid.gov website:

https://www.medicaid.gov/medicaid/medicaid-state-planamendments/index.html?search api fulltext=ID:104871.

## **ATTACHED SUPPORTING DOCUMENTS:**

Exhibits A

**CC:** ALJ <judges name>

<Members name>