



DEPARTMENT OF HUMAN SERVICES

TERRY E. BRANSTAD, GOVERNOR

CHARLES M. PALMER, DIRECTOR

July 2, 1996

GENERAL LETTER NO. 8-M-4

ISSUED BY: Bureau of Eligibility/HIPP, Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter M, *Medicaid Services*, Title page, revised; Contents (page 1), revised; Contents (page 2), new; and pages 1 through 10, revised; and pages 11 through 59, new.

Summary

This general letter transmits the revised 8-M, *Medicaid Services*. It replaces:

- ◆ VIII-A(1), *Coverage of Medical Services*
- ◆ VIII-A(2), *Medicare and the Buy-In Process*
- ◆ VIII-A(3), *Managed Health Care*
- ◆ VIII-F, *Early and Periodic Screening, Diagnosis, and Treatment*

Also included is policy information on the Health Insurance Premium Payment Program which was in VIII-G(1).

All policy information from the existing chapter VIII-M, *Presumptive Medicaid Eligibility for Pregnant Women*, has been moved to 8-F, *Coverage Groups*.

There is no new policy information in this chapter.

Effective Date

August 1, 1996

Material Superseded

Remove all existing pages from the Employees' Manual, Title VIII, Chapter M, and destroy them.

Also obsolete the following interpretative memos:

- ◆ MS-86-5, "County Signature on the ICF/MR Agreement"
- ◆ MS-VIII-90-20, "Determining County of Legal Settlement"

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF HUMAN SERVICES

CHARLES M. PALMER, DIRECTOR

October 22, 1996

GENERAL LETTER NO. 8-M-5

ISSUED BY: Bureau of Contract Services, Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter M, *Medicaid Services*, pages 7, 8, 9, 34, 35, and 36, revised.

Summary

This general letter transmits the latest chart listing managed care providers by county.

- ◆ Effective October 1, 1996, Clay county is served by MediPASS and Care Choices HMO.
- ◆ Effective November 1, 1996, Wellness HMO will be withdrawing from serving Harrison and Pottawattamie counties.

The list of screening providers is also updated to reflect the current providers.

Effective Date

October 1, 1996, for Clay county and child health center information and November 1, 1996, for Harrison and Pottawattamie counties.

Material Superseded

Remove pages 7-9 and 34-36, dated July 2, 1996, from the Employees' Manual, Title 8, Chapter M, and destroy them.

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



DEPARTMENT OF HUMAN SERVICES

TERRY E. BRANSTAD, GOVERNOR

CHARLES M. PALMER, DIRECTOR

June 17, 1997

GENERAL LETTER NO. 8-M-6

ISSUED BY: Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter M, *Medicaid Services*, Table of Contents (page 1), revised, and pages 1, 2, 4, 5, 25, 28 through 38, 41, and 58, revised.

Summary

Effective July 1, 1997, the Medicaid fiscal agent and managed health care contractor is Consultec, Inc. Addresses and phone numbers pertinent to this change are incorporated.

The managed health care enrollment process has been shortened. All tentative forced selections will be to an HMO when an HMO is available in a mandatory enrollment area.

Mental health services have been moved from the HMO contract to the Mental Health Access Plan.

Effective November 19, 1996, Wellness Option HMO canceled its Iowa Medicaid Contract. The text is amended to reflect this.

This general letter also transmits the revised federal poverty levels for AIDS/HIV Health Insurance Payment Program.

Prior authorization requirements for Medically Needy spenddown cases have been added.

This general letter corrects the conditions that must be met to purchase Medicare Part A.

Effective Date

Poverty level changes are effective January 1, 1997. All other changes are effective July 1, 1997.

Material Superseded

Remove from Employees' Manual, Title 8, Chapter M, and destroy Table of Contents (page 1), dated July 2, 1996; pages 1, 2, 4, 5, 25, 28 through 33, dated July 2, 1996; pages 34 through 36, dated October 22, 1996; and pages 37, 38, 41, and 58, dated July 2, 1996.

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF HUMAN SERVICES

CHARLES M. PALMER, DIRECTOR

October 7, 1997

GENERAL LETTER NO. 8-M-7

ISSUED BY: Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter M, *Medicaid Services*, pages 33 through 37, revised.

Summary

Effective October 1, 1997, health maintenance organizations will provide managed health care coverage in Lee and Hancock counties.

Effective Date

October 1, 1997.

Material Superseded

Remove from Employees' Manual, Title 8, Chapter M, and destroy pages 33 through 37, dated June 17, 1997.

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



DEPARTMENT OF HUMAN SERVICES

TERRY E. BRANSTAD, GOVERNOR

CHARLES M. PALMER, DIRECTOR

December 2, 1997

GENERAL LETTER NO. 8-M-8

ISSUED BY: Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter M, *Medicaid Services*, pages 35 and 53, revised.

Summary

Effective January 1, 1998, Iowa Health Solutions, a health maintenance organization, will provide managed health care coverage in Dubuque County.

References to allowing only one charge when a recipient and an escort are using medical transportation are deleted due to the lack of a rule supporting this policy.

Effective Date

The HMO change is effective January 1, 1998.

The transportation change is effective upon receipt.

Material Superseded

Remove from Employees' Manual, Title 8, Chapter M, and destroy page 35, dated October 7, 1997, and page 53, dated July 2, 1996.

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF HUMAN SERVICES

CHARLES M. PALMER, DIRECTOR

February 10, 1998

GENERAL LETTER NO. 8-M-9

ISSUED BY: Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter M, *Medicaid Services*, pages 34 and 36, revised.

Summary

Effective March 1, 1998, health maintenance organizations, will provide mandatory managed health care coverage in Boone and Story Counties. An additional HMO option will be available to residents in Scott and Muscatine Counties.

Effective Date

March 1, 1998.

Material Superseded

Remove from Employees' Manual, Title 8, Chapter M, and destroy page 34 and 36, dated October 7, 1997.

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF HUMAN SERVICES

CHARLES M. PALMER, DIRECTOR

March 3, 1998

GENERAL LETTER NO. 8-M-10

ISSUED BY: Bureau of Contract Services, Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter M, *Medicaid Services*, pages 28, 34, and 37, revised.

Summary

Effective April 1, 1998, health maintenance organizations will provide mandatory managed health care coverage in Worth County and Clinton County. MediPASS will also become an option in Worth County on April 1, 1998.

Effective Date

April 1, 1998.

Material Superseded

Remove from Employees' Manual, Title 8, Chapter M, and destroy page 28, dated June 17, 1997, and pages 34 and 37, dated October 7, 1997.

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF HUMAN SERVICES

CHARLES M. PALMER, DIRECTOR

May 19, 1998

GENERAL LETTER NO. 8-M-11

ISSUED BY: Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter M, *Medicaid Services*, pages 35 and 36, revised.

Summary

Effective June 1, 1998, health maintenance organizations, will provide mandatory managed health care coverage in Marshall County (HMO and MediPASS), an additional option in Van Buren County, and a voluntary option in Des Moines County.

Effective Date

June 1, 1998

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter M, and destroy them:

<u>Page</u>	<u>Date</u>
35	December 2, 1997
36	February 10, 1998

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



DEPARTMENT OF HUMAN SERVICES

TERRY E. BRANSTAD, GOVERNOR

CHARLES M. PALMER, DIRECTOR

October 20, 1998

GENERAL LETTER NO. 8-M-12

ISSUED BY: Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter M, *Medicaid Services*, pages 5, 7, 8, 9, 34, 35, and 36, revised.

Summary

This release changes the initial blood lead screening schedule from 6 to 12 months and updates the list of child health centers.

Effective December 1, 1998, health maintenance organizations will provide mandatory managed health care coverage in Jackson, Mahaska, Marion, and Polk counties (HMO and MediPASS).

Effective Date

November 1, 1998, for screening schedules.

December 1, 1998, for HMO changes.

Material Superseded

Remove from Employees' Manual, Title 8, Chapter M, and destroy page 5, dated June 17, 1997; pages 7 through 9, dated October 22, 1996; page 34, dated March 3, 1998; and pages 35 and 36, dated May 19, 1998.

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES M. PALMER, DIRECTOR

January 19, 1999

GENERAL LETTER NO. 8-M-13

ISSUED BY: Bureau of Contract Management and Reimbursement, Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter M, *Medicaid Services*, pages 34 and 35, revised.

Summary

Managed care changes effective February 1, 1999, include:

- ◆ Health maintenance organizations will provide mandatory managed health care coverage in Butler County (Principal Health Care of Iowa HMO and MediPASS).
- ◆ MediPASS will become a mandatory option in Emmett and Dickinson Counties.

Effective Date

February 1, 1999

Material Superseded

Remove from Employees' Manual, Title 8, Chapter M, and destroy pages 34 and 35, dated October 20, 1998.

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES M. PALMER, DIRECTOR

February 16, 1999

GENERAL LETTER NO. 8-M-14

ISSUED BY: Bureau of Eligibility Services
Bureau of Contract Management and Reimbursement
Bureau of Health Care Purchasing and Quality Management
Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter M, *Medicaid Services*, Contents (page 2), revised; pages 22, 27, 28, 35, 57, 58, and 59, revised; and pages 60 and 61, new.

Policy has been changed in the length of time a client has to supply information or verification. Current policy requires a client to supply information or verification within five working days. With this change clients will be required to supply information or verification within ten calendar days.

All references that state that information or verification be provided within five calendar days have been changed to ten calendar days.

Effective April 1, health maintenance organizations will provide mandatory managed health care coverage in Hamilton and Henry counties (HMO & MediPASS).

Policies on billing and payment are revised to incorporate rewritten material on third-party liability from Chapter VIII-G(1).

Effective Date

The change in time frame for supplying information is effective upon receipt of this manual material.

The changes in managed care coverage are effective April 1, 1999.

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter M, and destroy them.

<u>Page</u>	<u>Date</u>
Contents (page 2)	July 2, 1996
22, 27	July 2, 1996
35	January 19, 1999
57	July 2, 1996
58	June 17, 1997
59	July 2, 1996

Additional Information

Refer questions about this general letter to your regional administrator.



THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

July 6, 1999

GENERAL LETTER NO. 8-M-15

ISSUED BY: Bureau of Contract Management and Reimbursement
Bureau of Health Care Purchasing and Quality Management
Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter M, *Medicaid Services*, Contents (page 2), revised; and pages 33 through 40, 55, and 56, revised.

Summary

Effective July 1, 1999, Heritage National Healthplan will change its name to John Deere Health Plan, Inc.

Effective August 1, 1999, health maintenance organizations will provide mandatory managed health care coverage in Calhoun, Clayton, Hardin, Lucas and Warren counties (HMO and MediPASS).

Effective August 1, 1999, MediPASS will be implemented in Keokuk county.

On January 1, 1999, the Department implemented the Iowa Plan for Behavioral Health. The Iowa Plan integrates treatment for mental health and substance abuse and combines two previously separate managed care programs: the Mental Health Access Plan (MHAP) and the Iowa Managed Substance Abuse Care Plan (IMSACP). This letter updates pages 37-38 by removing the sections for IMSACP and MHAP and inserting a new section for the Iowa Plan.

The Chapter is also being revised to delete the list of transportation providers due to rule changes which delete references to purchase of service providers. Providers may now develop purchase of services contracts with individual counties, but not through the state.

Effective Date

August 1, 1999

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter M, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 2)	February 16, 1999
33	October 7, 1997
34	January 19, 1999
35	February 16, 1999
36	October 20, 1998
37	March 3, 1998
38	June 17, 1997
39, 40, 55, 56	July 2, 1996

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES M. PALMER, DIRECTOR

November 9, 1999

GENERAL LETTER NO. 8-M-16

ISSUED BY: Bureau of Eligibility Services, Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter M, *Medicaid Services*, Contents (page 2), revised; pages 55 through 57, revised.

Summary

Policy has been clarified on payment of claims submitted beyond 12 months. Although the Medicaid fiscal agent does not pay claims submitted more than 12 months after the date of services, in some circumstances the Division of Medical Services will pay claims that are from 12 to 24 months old.

Effective Date

Upon receipt of this manual material.

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter B, and destroy them.

<u>Page</u>	<u>Date</u>
Contents (page 2)	July 6, 1999
55, 56	July 6, 1999
57	February 16, 1999

Additional Information

Refer questions about this general letter to your regional benefit administrator.



THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

December 28, 1999

GENERAL LETTER NO. 8-M-17

ISSUED BY: Bureau of Health Care Purchasing and Quality Management,
Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter M, *Medicaid Services*, pages 32 through
37, revised.

Summary

Effective December 1, 1998, the Department began enrolling newborns directly into HMOs if the mother was enrolled in the HMO at the time of birth. This revision is intended to clarify this change.

Effective January 1, 2000, Principal Health Care of Iowa, Inc. will change its name to Coventry Health Care of Iowa, Inc.

Effective March 1, 2000, health maintenance organizations will provide mandatory managed health care coverage in Benton, Buchanan, Linn and Tama counties (HMO and MediPASS). Iowa Health Solutions will begin service in these counties.

Effective Date

December 1, 1998, for newborn enrollment.

January 1, 2000, for the Coventry name change.

March 1, 2000, for the Iowa Health Solutions coverage changes.

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter M, and destroy them:

<u>Page</u>	<u>Date</u>
32	June 17, 1997
33-37	July 6, 1999

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

January 25, 2000

GENERAL LETTER NO. 8-M-18

ISSUED BY: Bureau of Health Care Purchasing and Quality Management
Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter M, *Medicaid Services*, pages 33 through 37, revised.

Summary

This update is to bring the Employees' Manual current on all managed health care options by county.

Effective July 1, 1999, Care Choices health maintenance organization terminated its participation in the managed health care program in Buena Vista, Carroll, Cerro Gordo, Cherokee, Clay, Crawford, Floyd, Franklin, Hancock, Hardin, Howard, Ida, Kossuth, Lyon, Mitchell, Monona, O'Brien, Palo Alto, Plymouth, Pocahontas, Sac, Sioux, Winnebago, Woodbury, and Worth Counties.

Floyd and Hardin Counties continue to have a health maintenance organization, with just one health maintenance organization option instead of two.

Effective Date

Upon receipt

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter M, and destroy them:

Page

Date

33-37

December 28, 1999

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

May 16, 2000

GENERAL LETTER NO. 8-M-19

ISSUED BY: Bureau of Health Care Purchasing and Quality Management
Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter M, *Medicaid Services*, Contents (page1), revised; and pages 17 through 25 and 46, revised.

Summary

This letter transmits the following revisions:

- ◆ Page 17 is revised to include the IM responsibility for distributing the HIPP brochure, Comm. 91.
- ◆ Page 18 is revised to show the first example as MAC, not CMAP.
- ◆ Page 21 is revised showing that premium payments are canceled when everyone covered by the policy loses Medicaid eligibility.
- ◆ Page 22 is revised to eliminate an incorrect telephone number given to reach the HIPP Unit.
- ◆ The second sentence on page 24 is revised to say "Participation in the AIDS/HIV HIPP program is denied."
- ◆ Page 25 is revised to show year 2000 figures in the 300% of Federal Poverty Level table.
- ◆ Page 46 is revised to correct a cross-reference.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter M, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	June 17, 1997
17-21	July 2, 1996
22	February 16, 1999
23, 24	July 2, 1996
25	June 17, 1997
46	July 2, 1996

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

December 26, 2000

GENERAL LETTER NO. 8-M-20

ISSUED BY: Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter M, *Medicaid Services*, Contents (pages 1 and 2), revised; pages 3, 4, 7 through 13, 15, 30 through 37, and 49 through 61, revised; and page 30a, new.

Summary

These changes are to bring the manual current with all managed health care policies and options as follows:

- ◆ Recipients in the HIPPA program are not eligible for MHC enrollment.
- ◆ Tentative assignments in MHC are to the HMO option if there is an HMO servicing the county.
- ◆ There is a six month extended participation program where the recipient cannot change managed care options.
- ◆ Iowa Health Solutions did contract for the optional service of medical supplies and equipment.
- ◆ Share Advantage is servicing only three counties in Iowa.
- ◆ Des Moines and Wapello Counties have voluntary managed care enrollment.

The medical transportation section is changes to clarify that:

- ◆ Out-of-state lodging is reimbursed at actual cost, if within reason.
- ◆ Reimbursement begins at the recipient's residence, not the provider's.
- ◆ Transportation of family members can be reimbursed if they are involved in the recipient's treatment. They do not have to be Medicaid recipients themselves.

This release also updates the list of screening providers, form numbers, and legal references.

Effective Date

Screening providers are effective October 1, 2000.

Managed care changes are effective January 1, 2001.

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter M, and destroy them.

<u>Page</u>	<u>Date</u>
Contents (p. 1)	May 16, 2000
Contents (p. 2)	November 9, 1999
3	July 2, 1996
4	June 17, 1997
7-9	October 20, 1998
10-13, 15	July 2, 1996
30, 31	June 17, 1997
32	December 28, 1999
33-37	January 25, 2000
49-52	July 2, 1996
53	December 2, 1997
54	July 2, 1996
55-57	November 9, 1999
58-61	February 16, 1999

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

May 1, 2001

GENERAL LETTER NO. 8-M-21

ISSUED BY: Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter M, **MEDICAID SERVICES**, Contents (page 2), revised; pages 1, 37, 38, 39, 56, and 57, revised; and page 38a, new.

Summary

This letter transmits the following additions to the chapter:

- ◆ New noninstitutional providers:
 - Area education agencies.
 - Infant and toddlers.
 - Local education agencies.
 - Rehabilitation services for adults with chronic mental illness.
- ◆ Critical-access hospitals as institutional providers.
- ◆ More information about the Iowa Plan for Behavioral Health.
- ◆ Information on expanded specified low-income Medicare beneficiaries and home-health specified low-income Medicare beneficiaries in the Medicare section.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter M, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 2)	December 26, 2000
1	June 17, 1997
37	December 26, 2000
38, 39	July 6, 1999
56, 57	December 26, 2000

Additional Information

Refer questions about this general letter to your regional benefit administrator.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

June 26, 2001

GENERAL LETTER NO. 8-M-22

ISSUED BY: Bureau of Eligibility Services and Bureau of Health are Purchasing and Quality Management, Division of Medical Services

SUBJECT: Employees; Manual, Title 8, Chapter M, **MEDICAID SERVICES**, Contents (pages 1 and 2), revised; pages 2, 3, 4, 30, 30a, and 33, revised; and page 4a, new.

Summary

New policy is added regarding who can be a qualified provider for presumptive eligibility for women with breast or cervical cancer and who need treatment.

Women in presumptive eligibility coverage groups are not required to enroll in managed care.

Effective July 1, 2001, the MediPASS option will share equitable distribution of the tentative assignments with health maintenance organizations in counties with both options available.

The area codes on the health maintenance organization list have been updated.

Effective Date

July 1, 2001

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter M, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	December 26, 2000
Contents (page 2)	May 1, 2001
2	June 17, 1997
3, 4, 30, 30a, 33	December 26, 2000

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

December 18, 2001

GENERAL LETTER NO. 8-M-23

ISSUED BY: Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter M, **MEDICAID SERVICES**, pages 1 and 33 through 37, revised.

Summary

This chapter is revised to:

- ◆ Remove the Share Advantage health maintenance organization participation from Harrison, Mills and Pottawattamie counties effective January 1, 2002. The chart is revised to reflect the removal of the Share Advantage HMO option.
- ◆ Correct address for Coventry Health Care of Iowa, Inc.
- ◆ Correct the list of covered services to add case management organizations and rehabilitative treatment service providers.

Effective Date

January 1, 2002

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter M, and destroy them:

<u>Page</u>	<u>Date</u>
1	June 13, 2000
33	June 26, 2001
34-36	December 26, 2000
37	May 1, 2001

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

October 29, 2002

GENERAL LETTER NO. 8-M-24

ISSUED BY: Bureau of Managed Care and Clinical Services

SUBJECT: Employees' Manual, Title 8, Chapter M, **MEDICAID SERVICES**, page 28, revised; and page 28a, new.

Summary

This chapter is revised to include overpayment recovery references to Employees' Manual, Title 6, Chapter G, **RECOVERY OF OVERPAYMENTS**, for persons enrolled in an HMO or the Iowa Plan.

Effective Date

Upon receipt.

Material Superseded

Remove from Employees' Manual, Title 8, Chapter M, page 28, dated February 16, 1999, and destroy it.

Additional Information

Contact your service area supervisor if you need additional information.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

November 26, 2002

GENERAL LETTER NO. 8-M-25

ISSUED BY: Bureau of Long Term Care

SUBJECT: Employees' Manual, Title 8, Chapter M, **MEDICAID SERVICES**, pages 51 and 52, revised.

Summary

This letter transmits changes to Iowa Administrative Code to reduce the reimbursement for medical transportation from the state employee rate of 29 cents per mile to 20 cents per mile. This also deletes a reference to the University of Iowa Hospitals obligation to pay for transportation.

Effective Date

This change is effective for medical transportation provided on or after December 1, 2002.

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter M, and destroy them:

Page

Date

51, 52

December 26, 2000

Additional Information

Refer questions about this general letter to your service area administrator.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

April 15, 2003

GENERAL LETTER NO. 8-M-26

ISSUED BY: Bureau of Health Insurance, Division of Financial, Health, and Work Supports

SUBJECT: Employees' Manual, Title 8, Chapter M, **MEDICAID SERVICES**, page 17, revised.

Summary

This letter transmits the following revisions:

- ◆ A change in the name of the Division, to Financial, Health, and Work Supports.
- ◆ A change in IM duties. The second bullet is eliminated and replaced with one showing the responsibility of making an electronic referral to HIPP.
- ◆ The third bullet, referencing the yellow copy of 470-2844 is eliminated.
- ◆ The fourth bullet, beginning "Informing the HIPP Unit of changes" is revised to say, "the departure of the policyholder or any Medicaid eligible person." A sentence has been added to reflect that loss of employment may be reported by electronic transmission.

Effective Date

Upon receipt.

Material Superseded

Remove from Employees' Manual, Title 8, Chapter M, page 17, dated May 16, 2000, and destroy it.

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

March 25, 2005

GENERAL LETTER NO. 8-M-27

ISSUED BY: Bureau of Financial Support Programs,
Division of Financial, Health and Work Supports

SUBJECT: Employees' Manual, Title 8, Chapter M, **MEDICAID SERVICES**, pages 39, 47
through 50, revised.

Summary

This chapter is revised to:

- ◆ Change the procedure for the treatment of the Medicare buy-in refund.
- ◆ Clarify language on system updates after buy-in.
- ◆ Remove instructions for issuing an explanatory letter with the *Notice of Decision* when a negative Medicaid action causes a "buy-out." This explanation has been automated.
- ◆ Update references to the Health Care Financing Administration (HCFA) to the current name "Centers for Medicare and Medicaid Services" (CMS).

Effective Date

The buy-in procedure change was effective January 1, 2005.

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter M, and destroy them:

<u>Page</u>	<u>Date</u>
39	May 1, 2001
47, 48	July 2, 1996
49, 50	December 26, 2000

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

March 17, 2006

GENERAL LETTER NO. 8-M-28

ISSUED BY: Bureau of Medical Supports,
Division of Financial, Health and Work Supports

SUBJECT: Employees' Manual, Title 8, Chapter M, **MEDICAID SERVICES**, Title page, revised; Contents (pages 1 and 2), revised; pages 1 through 61, revised; and pages 62 and 63, new.

Summary

This chapter is revised to:

- ◆ Remove obsolete instructions for using form 470-2844, *Supplemental Insurance Questionnaire*, as a referral to the Health Insurance Premium Payment program. This form is no longer recognized as an application for the Health Insurance Premium Payment program.
- ◆ Reflect the reduction in health maintenance organizations participating in Medicaid.
- ◆ Reflect the increase in mileage reimbursement for medical transportation from \$.20 per mile to \$.30, from November 1, 2005 through June 20, 2006.
- ◆ Change the 300% of the federal poverty level amounts for the AIDS/HIV Health Insurance Premium Payment Program to reflect current values.
- ◆ Update references to the Iowa Medicaid Enterprise.
- ◆ Change references using the words "recipient" to the word "member" to conform to practice in the Iowa Medicaid Enterprise.
- ◆ Change language to reflect current policies and procedures under the following sections:
 - "Situations Not Covered by HIPP"
 - "MEDICARE"
 - "MEDICARE: Medicare Part A"
 - "MEDICARE: Medicare Buy-In: Buy-Out"
 - "BILLING AND PAYMENT: Submitting Claims"
 - "BILLING AND PAYMENT: Pay and Chase"
 - "BILLING AND PAYMENT: Review of Trauma Claims"
 - "BILLING AND PAYMENT: Medical Assistance Lien"
- ◆ Changes references of "state hospital-school" to "state resource center."
- ◆ Update form names, form numbers, addresses, the Department's organizational names, and cross-references.

Effective Date

Immediately

Material Superseded

Remove the entire Chapter M from Employees' Manual, Title 8, and destroy it. This includes the following pages:

<u>Page</u>	<u>Date</u>
Title page	July 2, 1996
Contents (pp. 1, 2)	June 26, 2001
1	December 18, 2001
2-4, 4a	June 26, 2001
5	October 20, 1998
6	July 2, 1996
7-13	December 26, 2000
14	July 2, 1996
15	December 26, 2000
16	July 2, 1996
17	April 5, 1003
18-25	May 16, 2000
26	July 2, 1996
27	February 16, 1999
28, 28a	October 29, 2002
29	June 17, 1997
30, 30a	June 26, 2001
31, 32	December 26, 2000
33-37	December 18, 2001
38, 38a	May 1, 2001
39	March 25, 2005
40	July 6, 1999
41	June 17, 1997
42-45	July 2, 1996
46	May 16, 2000
47-50	March 25, 2005
51, 52	November 26, 2002
53-55	December 26, 2000
56, 57	May 1, 2001
58-61	December 26, 2000

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

December 8, 2006

GENERAL LETTER NO. 8-M-29

ISSUED BY: Bureau of Long Term Care, Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter M, *MEDICAID SERVICES*, page 53, revised.

Summary

This chapter is revised to extend the reimbursement for transportation at 30 cents per mile to June 30, 2007, instead of June 30, 2006.

Effective Date

July 1, 2006

Material Superseded

Remove from Employees' Manual, Title 8, Chapter M, page 53, dated March 17, 2006, and destroy it.

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

January 26, 2007

GENERAL LETTER NO. 8-M-30

ISSUED BY: Bureau of Medical Supports,
Division of Financial, Health and Work Supports

SUBJECT: Employees' Manual, Title 8, Chapter M, *MEDICAID SERVICES*, page 17,
revised.

Summary

The income maintenance duties in relation to the Health Insurance Premium Payment Program are changed to require distributing combined English and Spanish Comm. 225 and 225(S), "Important information about the HIPPP Program," to every Medicaid applicant, instead of Comm. 91, "The Health Insurance Premium Payment (HIPPP) Program for Iowa Medicaid Recipients." Comm. 91 will be issued upon request.

Effective Date

Upon receipt.

Material Superseded

Remove from Employees' Manual, Title 8, Chapter M, page 17, dated March 17, 2006, and destroy it.

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

April 6, 2007

GENERAL LETTER NO. 8-M-31

ISSUED BY: Bureau of Long Term Care,
Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 8, Chapter M, **MEDICAL TRANSPORTATION**,
pages 55 and 56, revised.

Summary

This chapter is revised to change the instructions on submitting claims for medical transportation by an agency. Agencies no longer need to submit form GAX, *General Accounting Expenditure*, to the Bureau of Long Term Care. The income maintenance worker will now enter all medical transportation claims through the ABC system. New codes and instructions for processing agency claims can be found in Employees Manual 14-B(9), 14-B(7), and 14-I(1).

Effective Date

Upon receipt.

Material Superseded

Remove from Employees' Manual, Title 8, Chapter M, pages 55 and 56, dated March 17, 2006, and destroy them.

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

July 20, 2007

GENERAL LETTER NO. 8-M-32

ISSUED BY: Bureau of Medical Supports, Division of Financial, Health and Work Supports

SUBJECT: Employees' Manual, Title 8, Chapter M, **MEDICAID SERVICES**, pages 16 and 53, revised.

Summary

This chapter is revised to:

- ◆ Make the medical transportation reimbursement rate of 30 cents per mile permanent, instead of a time-limited exception; and
- ◆ Remove reference to an interview.

Effective Date

July 1, 2007

Material Superseded

Remove from Employees' Manual, Title 8, Chapter M, page 16, dated March 17, 2006, and page 53, dated December 8, 2006, destroy them.

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

February 15, 2008

GENERAL LETTER NO. 8-M-33

ISSUED BY: Bureau of Long Term Care, Division of Medicaid

SUBJECT: Employees' Manual, Title 8, Chapter M, **MEDICAID SERVICES**, pages 7, 8, and 51 through 57, revised.

Summary

The chapter is revised to:

- ◆ Update the list of Title V child health centers.
- ◆ Change the number of days required for submission of medical transportation claims from 90 to 365 days.
- ◆ Reflect the change in Medicaid rules to allow transportation coverage for members to obtain prescribed drugs when needed immediately, irrespective of whether free delivery is offered.
- ◆ Spell out review procedures for medical transportation claims.

The federal government completed an audit of non-emergency medical transportation under Medicaid in 2007. Audit recommendations required changes to the program in order for the state to receive continued federal matching funds. New procedures for processing transportation claims require income maintenance workers to:

- ◆ Verify that the member was eligible for Medicaid at the time the transportation occurred.
- ◆ Assure that the most current claim form has been submitted. Do not accept old versions of the form. Return the claim to the member with a copy of the current form to be completed and resubmitted.
- ◆ Review the claim to assure it is completed in full and correctly.
- ◆ Review the claim to make sure that the type of care received is not available in the member's community.
- ◆ Verify that the mileage being requested for payment is reasonable by printing a copy of a Map Quest or grid map or using another reasonable, prudent method.
- ◆ Determine the amount allowable for mileage, public transportation, etc.

Income maintenance supervisors shall review 2% of the medical transportation cases for their staff to:

- ◆ Ensure that claims are completed accurately and to
- ◆ Verify with the Medicaid provider that the member did receive services on that date.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter M, and destroy them:

<u>Page</u>	<u>Date</u>
7, 8, 51	March 17, 2006
52	October 17, 2006
53	July 20, 2007
54	March 17, 2006
55, 56	April 6, 2007
57	March 17, 2006

Additional Information

The Department is endeavoring to research a better system for payment methods for medical transportation. Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

September 19, 2008

GENERAL LETTER NO. 8-M-34

ISSUED BY: Bureau of Long Term Care, Division of Medical Services

SUBJECT: Employees' Manual, Title 8, Chapter M, *MEDICAL SERVICES*, page 53, revised.

Summary

This chapter is revised to increase the mileage reimbursement for medical transportation from 30 cents per mile to 34 cents per mile effective September 1, 2008. This increase of 34 cents per mile would be for travel that occurs on or after September 1, 2008.

Effective Date

September 1, 2008

Material Superseded

Remove from Employees' Manual, Title 8, Chapter M, page 53, dated February 15, 2008, and destroy it.

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

November 7, 2008

GENERAL LETTER NO. 8-M-35

ISSUED BY: Bureau of Medical Supports,
Division of Financial, Health and Work Supports

SUBJECT: Employees' Manual, Title 8, Chapter M, **MEDICAL SERVICES**, Contents (page 2), revised; Contents (page 3), new; pages 30, 31, 33, 34, 40, 41, and 42, revised; and pages 42a through 42g, new.

Summary

This chapter is revised to:

- ◆ Add a section on the new program for all-inclusive care for the elderly (PACE). This program is designed to allow enrolled Medicaid members to stay healthy and live in the community as long as possible.
- ◆ Remove the references to the member's *Medical Assistance Eligibility Card* and add the IME web portal and Magellan web site as ways for providers to verify Iowa Plan enrollment.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter M, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 2)	March 17, 2006
30, 31, 33, 34, 40-42	March 17, 2006

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

June 4, 2010

GENERAL LETTER NO. 8-M-36

ISSUED BY: Bureau of Financial, Health, and Work Supports
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 8, Chapter M, **MEDICAID SERVICES**, Contents (page 2), revised; and pages 38, 40, 41, 59, 60, 61, and 63, revised.

Summary

This chapter is revised to:

- ◆ Add Medicaid members ages 65 or over to the Iowa Plan.
- ◆ Remove the reference to the Iowa Plan administering the State Payments Program. The State Payment program administered by Magellan has been closed.
- ◆ Correct third-party liability information and provide information for workers to identify absent parent insurance on the MMIS screen.
- ◆ Remove references to form 470-2464, *Report for Enhanced Services*. The targeted case management (TCM) process is now completed through the Individualized Services Information System (ISIS). The form is no longer sent to IM workers to enter information into the ABC system.

Effective Date

July 1, 2010

Material Superseded

This material replaces the following pages from Employees' Manual, Title 8, Chapter M:

<u>Page</u>	<u>Date</u>
Contents (page 2)	November 7, 2008
38	March 17, 2006
40, 41	November 7, 2008
59-61, 63	March 17, 2006

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

December 3, 2010

GENERAL LETTER NO. 8-M-37

ISSUED BY: Bureau of Adult and Children's Medical Programs
Iowa Medicaid Enterprise (IME)

SUBJECT: Employees' Manual, Title 8, Chapter M, **MEDICAID SERVICES**, Title page, revised; Contents (pages 1 and 2), revised; and pages 1 through 63, revised.

Summary

Chapter 8-M is revised to:

- ◆ Update the list of covered services.
- ◆ Update organizational names.
- ◆ Add information about the change to use of a broker to arrange and pay for nonemergency medical transportation.
- ◆ Summarize the procedures in effect for reimbursement of transportation expenses incurred before October 1, 2010, which still must be handled by IM workers. Members have 365 days to submit their transportation claims.
- ◆ Update the list of agencies coordinating Care for Kids (EPSDT) screening.
- ◆ Add a list of medical aid types not covered for Medicare buy-in and clarify the process used to carry out the buy-in.
- ◆ Reflect that the Health Insurance Premium Payment (HIPP) Unit is now located in the Iowa Medicaid Enterprise (IME).
- ◆ Clarify how to make a HIPP referral.
- ◆ Update contact information for the HIPP Unit.
- ◆ Clarify who can and cannot participate in the HIPP Program.
- ◆ Clarify what changes need to be reported to the HIPP Unit.
- ◆ Eliminate information on how to establish eligibility for the AIDS/HIV HIPP Program. Since determining eligibility for this program is not an income maintenance function, this information has been moved to Employees' Manual, Chapter 5-C. A hyperlink has been incorporated into the manual for quick reference.

Effective Date

Upon receipt.

Material Superseded

This material replaces the entire Chapter M from Employees' Manual, Title 8, which includes the following pages:

<u>Page</u>	<u>Date</u>
Title page	March 17, 2006
Contents (page 1)	March 17, 2006
Contents (page 2)	June 4, 2010
Contents (page 3)	November 7, 2008
1-6	March 17, 2006
7, 8	February 15, 2008
9-15	March 17, 2006
16	July 20, 2007
17	January 26, 2007
18-29	March 17, 2006
30, 31	November 7, 2008
32	March 17, 2006
33, 34	November 7, 2008
35-37	March 17, 2006
38	June 4, 2010
39	March 17, 2006
40, 41	June 4, 2010
42, 42a-42g	November 7, 2008
43-50	March 17, 2006
51, 52	February 15, 2008
53	September 19, 2008
54-57	February 15, 2008
58	March 17, 2006
59-63	June 4, 2010

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

July 22, 2011

GENERAL LETTER NO. 8-M-38

ISSUED BY: Bureau of Clinical Services, Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 8, Chapter M, **MEDICAID SERVICES**, Title page, revised; and pages 7 through 12, 14 through 17, and 45, revised.

Summary

Chapter 8-M is revised to:

- ◆ Remove specific references to individual HMOs which may or may not be operating within the state.
- ◆ Remove references to counties in which the HMO option may be available.
- ◆ Update telephone numbers and hours of operation for the Member Services call center.
- ◆ Update organizational names.

Effective Date

Immediately.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 8, Chapter M:

<u>Page</u>	<u>Date</u>
Title page	December 3, 2010
7-12, 14-17, 45	December 3, 2010

Additional Information

Refer questions about this general letter to the clinical services director of the Iowa Medicaid Enterprise at 515-256-4600.



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

November 18, 2011

GENERAL LETTER NO. 8-M-39

ISSUED BY: Bureau of Financial, Health and Work Supports,
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 8, Chapter M, **MEDICAID SERVICES**,
Contents (pages 1 and 2), revised; pages 1 through 32, 56, and
63, revised; and pages 64 through 67, new.

Summary

Chapter 8-M is revised to:

- ◆ Update procedures on how to enroll to determine presumptive eligibility for pregnant women.
- ◆ Update procedures on how to enroll to determine presumptive eligibility for BCCT.
- ◆ Add procedures on how to enroll as a qualified entity to determine presumptive eligibility for children.
- ◆ Delete instructions for processing nonemergency transportation claims for services provided before October 1, 2010.
- ◆ Add a local telephone number for the IME Member Services Unit for members to use if they live in the Des Moines area.
- ◆ Clarify policy, update legal references, and add examples to the section on Program for All-Inclusive Care for the Elderly (PACE).
- ◆ Add information on Immanuel Pathways PACE as a new PACE provider.
- ◆ Change references to form MA-2139, *Facility Card*, to form 470-0371, *Facility Notice of Client Participation*, to reflect the number currently printed on the form and its primary function.
- ◆ Clarify the Medicare buy-in policy that if member is receiving HBCS waiver services and has a Miller trust, the member may owe the refund amount to a waiver provider.
- ◆ Add a section on Money Follows the Person (MFP) grant assistance.

Effective Date

Adding Immanuel Pathways PACE as a new PACE provider will be effective January 1, 2012. All other updates are effective immediately.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 8, Chapter M:

<u>Page</u>	<u>Date</u>
Contents (pages 1 and 2)	December 3, 2010
1-6	December 3, 2010
7-12	July 22, 2011
13	December 3, 2010
14-17	July 22, 2011
18-32, 56, 63	December 3, 2010

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

August 17, 2012

GENERAL LETTER NO. 8-M-40

ISSUED BY: Bureau of Adult and Children's Medical Programs
Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 8, Chapter M, **MEDICAID SERVICES**,
Contents (page 2), revised; and pages 57 through 63, revised.

Summary

Chapter 8-M is revised to:

- ◆ Clarify situations not covered by the HIPPP program.
- ◆ Clarify how to make a referral to the HIPPP Unit.
- ◆ Clarify how to contact the HIPPP Unit.
- ◆ Incorporate other clarifying language.

Effective Date

Upon receipt.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 8, Chapter M:

<u>Page</u>	<u>Date</u>
Contents (page 2)	November 18, 2011
57-62	December 3, 2010
63	November 18, 2011

Additional Information

Income maintenance staff should direct any questions about this general letter to their area income maintenance administrator.



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

September 21, 2012

GENERAL LETTER NO. 8-M-41

ISSUED BY: Bureau of Financial, Health and Work Supports,
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 8, Chapter M, **MEDICAID SERVICES**,
Contents (page 2), revised; and pages 2, 21, 22, 23, 26, 44, 45, and 63
through 67, revised.

Summary

Chapter 8-M is revised to:

- ◆ Update references for intermediate care facilities for persons with mental retardation to intermediate care facilities for persons with intellectual disabilities and ICF/MR to ICF/ID.
- ◆ Update PACE client participation examples.
- ◆ Update the counties served by Siouxland PACE.

Effective Date

Changes from ICF/MR to ICF/ID are effective July 1, 2012.

Changes to the counties served by Siouxland PACE are effective August 1, 2012.

All other changes are effective upon receipt.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 8, Chapter M:

<u>Page</u>	<u>Date</u>
Contents (page 2)	August 17, 2012
2, 21-23, 26	November 18, 2011
44	December 3, 2010
45	July 22, 2011
63	August 17, 2012
64-67	November 18, 2011

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

August 2, 2013

GENERAL LETTER NO. 8-M-42

ISSUED BY: Bureau of Financial, Health and Work Supports
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 8, Chapter M, **MEDICAID SERVICES**,
Contents (pages 1 and 2), revised; pages 20, 22 through 45, and 56,
revised.

Summary

Chapter 8-M is revised to:

- ◆ Add policy on how to calculate client participation when a PACE member has a medical assistance income trust.
- ◆ Clarify policy and add examples on how to calculate client participation when a PACE member enters a facility as Medicare skilled.
- ◆ Remove references to billing counties for services since counties no longer are required to reimburse the Department for the nonfederal share of the cost of care for certain members.
- ◆ Change references from Miller Trust to medical assistance income trust (MAIT).
- ◆ Update examples.

Effective Date

Upon receipt.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 8, Chapter M:

<u>Page</u>	<u>Date</u>
Contents (page 1)	November 18, 2011
Contents (page 2)	September 21, 2012
20	November 18, 2011
22, 23	September 21, 2012
24, 25	November 18, 2011
26	September 21, 2012
27-32	November 18, 2011

33-43
44, 45
56

December 3, 2010
September 21, 2012
November 18, 2011

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

January 17, 2014

GENERAL LETTER NO. 8-M-43

ISSUED BY: Bureau of Financial, Health and Work Supports
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 8, Chapter M, **MEDICAID SERVICES**, pages 18, 19, 22, 23, and 27, revised.

Summary

Chapter 8-M is revised to:

- ◆ Remove references to obsolete form 470-0371, *Facility Notice of Client Participation*. Providers can access a member's client participation information through the Iowa Medicaid Provider Access (IMPA) system.
- ◆ Update references to form 470-0462, and its Spanish translation, form 470-0462(S). The form was renamed from *Health and Financial Support Application* to *Financial Support Application*.
- ◆ Update references to form 470-2927 and 470-2927(S), and replace with form 470-5170, *Application for Health Coverage and Help Paying Costs*, and its Spanish translation, form 470-5170(S).
- ◆ Update the web address to the online application.

Effective Date

Upon receipt.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 8, Chapter M:

<u>Page</u>	<u>Date</u>
18, 19	November 18, 2011
22, 23, 27	August 2, 2013

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

January 2, 2015

GENERAL LETTER NO. 8-M-44

ISSUED BY: Bureau of Financial, Health and Work Supports
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 8, Chapter M, **MEDICAID SERVICES**, pages 4, 5, 6, 20, 24, and 43, revised.

Summary

Chapter 8-M is revised to:

- ◆ Update the 300% of SSI benefit amount.
- ◆ Update the HMA amount for the month of discharge.
- ◆ Update the amount of the waiver personal needs allowance.
- ◆ Update the manual with the ICD-10 changes.
- ◆ Update all links due to the Department's new website.

Effective Date

The ICD-10 changes were effective October 1, 2014.

All other changes are effective January 1, 2015.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 8, Chapter M:

<u>Page</u>	<u>Date</u>
4-6	November 18, 2011
20, 24, 43	August 2, 2013

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

July 10, 2015

GENERAL LETTER NO. 8-M-45

ISSUED BY: Bureau of Financial, Health and Work Supports
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 8, Chapter M, **MEDICAID SERVICES**, pages 4, 5, 10, 18, 43, 53, 57, and 61, revised.

Summary

Chapter 8-M is revised to:

- ◆ Remove references to the IowaCare program.
- ◆ Update the names of forms.

Effective Date

Upon receipt.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 8, Chapter M:

<u>Page</u>	<u>Date</u>
4, 5	January 2, 2015
10	November 18, 2011
18	January 17, 2014
43	January 2, 2015
53	December 3, 2010
57	August 17, 2012
61	August 17, 2012

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

February 17, 2017

GENERAL LETTER NO. 8-M-46

ISSUED BY: Bureau of Financial, Health and Work Supports
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 8, Chapter M, **MEDICAID SERVICES**, pages 20 and 24, revised.

Summary

Chapter 8-M is revised to:

- ◆ Update the 300% of SSI benefit amount.
- ◆ Update the HMA amount for the month of discharge and the waiver personal needs allowance.

Effective Date

January 1, 2017

Material Superseded

This material replaces the following pages from Employees' Manual, Title 8, Chapter M:

<u>Page</u>	<u>Date</u>
20, 24	January 2, 2015

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



Iowa Department of Human Services

Kim Reynolds
Governor

Adam Gregg
Lt. Governor

Jerry R. Foxhoven
Director

February 16, 2018

GENERAL LETTER NO. 8-M-47

ISSUED BY: Bureau of Financial, Health and Work Supports
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 8, Chapter M, **Medicaid Services**, pages
20 and 24, revised.

Summary

Chapter 8-M is revised to:

- ◆ Update the 300% of SSI benefit amount.
- ◆ Update the HMA amount for the month of discharge and the waiver personal needs allowance.

Effective Date

January 1, 2018

Material Superseded

This material replaces the following pages from Employees' Manual, Title 8, Chapter M:

<u>Page</u>	<u>Date</u>
20, 24	February 17, 2017

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



Iowa Department of Human Services

Kim Reynolds
Governor

Adam Gregg
Lt. Governor

Jerry R. Foxhoven
Director

March 16, 2018

GENERAL LETTER NO. 8-M-48

ISSUED BY: Bureau of Financial, Health and Work Supports
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 8, Chapter M, **Medicaid Services**, Contents
(pages 1 and 2), revised; and pages 2 through 53, revised.

Summary

Chapter 8-M is revised to:

- ◆ Remove reference to presumptive eligibility. Information regarding presumptive eligibility for providers can be found in the provider manual, Member Eligibility, on the IME website.
- ◆ Update the nonemergency medical transportation vendor name.
- ◆ Remove reference to MediPass and Iowa Plan and add information on IA Health Link.
- ◆ Update program information for the Program for All-Inclusive Care for the Elderly (PACE).
- ◆ Update screening recommendations for children under the Care for Kids program.
- ◆ Remove reference to Care for Kids screening providers. Screening providers are contracted under the Iowa Department of Public Health and this information is available on their website.
- ◆ Update the section on Money Follows the Person (MFP).

Effective Date

Upon receipt.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 8, Chapter M:

<u>Page</u>	<u>Date</u>
Contents (pages 1 and 2)	August 2, 2013
2	September 21, 2012
3	November 18, 2011
4, 5	July 10, 2015
6	January 2, 2015

<u>Page</u>	<u>Date</u>
7-9	November 18, 2011
10	July 10, 2015
11-17	November 18, 2011
18	July 10, 2015
19	January 17, 2014
20	February 16, 2018
21	September 21, 2012
22, 23	January 17, 2014
24	February 16, 2018
25, 26	August 2, 2013
27	January 17, 2014
28-42	August 2, 2013
43	July 10, 2015
44, 45	August 2, 2013
46-52	December 3, 2010
53	July 10, 2015
54, 55	December 3, 2010
56	August 2, 2013
57	July 10, 2015
58-60	August 17, 2012
61	July 10, 2015
62	August 17, 2012
63-67	September 21, 2012

Additional Information

Refer questions about this general letter to your area income maintenance administrator.

May 10, 2019

GENERAL LETTER NO. 8-M-49

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 8, Chapter M, **Medicaid Services**, Title page, revised; and pages 8, 9, and 13, revised.

Summary

Chapter 8-M is revised to:

- ◆ Update the 300% of SSI benefit amount.
- ◆ Update the HMA amount for the month of discharge and the waiver personal needs allowance.
- ◆ Update retroactive eligibility language to reference the change in the definition of "retroactive period" listed in 8-A, Administration.

Effective Date

July 1, 2018, for changing the definition of retroactive period.
January 1, 2019, for COLA changes.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 8, Chapter M:

<u>Page</u>	<u>Date</u>
Title page	July 22, 2011
8, 9, 13	March 16, 2018

Additional Information

Refer questions about this general letter to your area income maintenance administrator.

June 11, 2021

GENERAL LETTER NO. 8-M-50

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 8, Chapter M, *Medicaid Services*, Contents Page 1 and 2, 1, 2-7, 8 and 9, 10-12, 15-18, 20-49, revised; 50-53, removed.

Summary

Chapter 8-M is updated to:

- ◆ Reflect a name change from Individualized Services Information System (ISIS) to Institutional and Waiver Authorization and Narrative System (IoWANS)
- ◆ Update legal references
- ◆ Remove notification and tracking procedures for IM regarding Care for Kids (EPSDT) and update instructions relating to codes for TD03 screens
- ◆ Add information regarding skilled nursing services available for IHAWP members
- ◆ Revise manual to bring policy and procedures up to date

Effective Date

Immediately.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 8, Chapter M:

<u>Page</u>	<u>Date</u>
Contents Page 1 and 2	March 16, 2018
1	November 18, 2011
2-7	March 16, 2018
8 and 9	May 10, 2019
10-12, 15-18, 20-49, 50-53	March 16, 2018

Additional Information

Refer questions about this general letter to your area income maintenance administrator.

June 17, 2022

GENERAL LETTER NO. 8-M-51

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 8, Chapter M, *Medicaid Services*, page 9 and 13, revised.

Summary

This chapter is revised to:

- ◆ Update the 2022 300% of SSI benefit amount.
- ◆ Update the HMA amount for the month of discharge and the waiver personal needs allowance.

Effective Date

January 1, 2022.

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter M, and destroy them:

<u>Page</u>	<u>Date</u>
9	June 11, 2021
13	May 10, 2019

Additional Information

Refer questions about this general letter to your area income maintenance administrator.

May 12, 2023

GENERAL LETTER NO. 8-M-52

ISSUED BY: Bureau of Services Contract Support
Division of Fiscal Management

SUBJECT: Employees' Manual, Title 8, Chapter M, **Medicaid Services**, Title Page, Contents I and 2,
1-8, 9, 10-12, 13, 14, 15-18, 19, 20-36, revised; 37-49, removed.

Summary

This chapter is revised to

- Update the 2023 300% of SSI benefit amount.
- Update the HMA amount for the month of discharge and the waiver personal needs allowance.
- Update style and formatting throughout.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter M, and destroy them:

<u>Page</u>	<u>Date</u>
Title Page	May 10, 2019
Contents I and 2	June 11, 2021
1-8	June 11, 2021
9	June 17, 2022
10-12	June 11, 2021
13	June 17, 2022
14	March 16, 2018
15-18	June 11, 2021
19	March 16, 2018
20-49	June 11, 2021

Additional Information

Refer questions about this general letter to your area income maintenance administrator.

April 5, 2024

GENERAL LETTER NO. 8-M-53

ISSUED BY: Iowa Medicaid

SUBJECT: Employees' Manual, Title 8, Chapter M, **Medicaid Services**, Contents 2, 2 and 3, 7, 10, 36, revised.

Summary

This chapter is revised to

- Update the 2024 300% of SSI benefit amount.
- Update the HMA amount for the month of discharge and the waiver personal needs allowance.
- Update the details regarding nonemergency medical transportation.
- Clarify information about skilled nursing services for IHAWP members who do not have a medically exempt status.
- Give new information about nursing facility services for MAGI members and IHAWP members who have a medically exempt status.

Effective Date

January 1, 2024.

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter M, and destroy them:

<u>Page</u>	<u>Date</u>
Contents 2	May 12, 2023
2 and 3, 7, 10, 36	May 12, 2023

Additional Information

Refer questions about this general letter to your area income maintenance administrator.

April 25, 2025

GENERAL LETTER NO. 8-M-54

ISSUED BY: Bureau of Medicaid Eligibility Policy
Division of Community Access and Eligibility

SUBJECT: Employees' Manual, Title 8, Chapter M, **Medicaid Services**, Title Page, Contents 1, Contents 2, 1, 2 and 3, 4-6, 7, 8 and 9, 10, 11-35, 36, revised; 37-43, new.

Summary

This chapter is revised to

- Update the 2025 300% of SSI benefit amount to \$2,901
- Update the HMA amount for the month of discharge and the waiver personal needs allowance.
- Update Division of Inspections and Appeals (DIA) to their new name Division of Inspections, Appeals, and Licensing (DIAL).
- Update Child Support Recovery Unit (CSRU) to their new name Child Support Services (CSS).
- Update accessibility, branding, style, and formatting throughout.

Effective Date

January 1, 2025.

Material Superseded

Remove the following pages from Employees' Manual, Title 8, Chapter M, and destroy them:

<u>Page</u>	<u>Date</u>
Title Page	May 12, 2023
Contents 1	May 12, 2023
Contents 2	April 5, 2024
1	May 12, 2023
2 and 3	April 5, 2024
4-6	May 12, 2023
7	April 5, 2024
8 and 9	May 12, 2023
10	April 5, 2024
11-35	May 12, 2023
36	April 5, 2024

Additional Information

Refer questions about this general letter to your area eligibility determinations manager.