



Iowa Department of Human Services

Kim Reynolds
Governor

Adam Gregg
Lt. Governor

Jerry R. Foxhoven
Director

Date:

To: County Office

IMW:

From: , Iowa Medicaid Enterprise, HIPP Unit

Subject: **MEDICAID NOTICE OF SANCTION**

Recipient

Case Number:

SID Number:

Employer:

This is to inform you that this person has:

- Failed to provide information to the Department as requested by the HIPP Unit.
- Failed to enroll in or has disenrolled from a group health insurance plan that has been determined by the Department to be cost effective.

Medicaid (**and FIP, if applicable**) eligibility for the above-named person shall be canceled effective . Give timely notice to inform the household of this action. Do not sanction a person who is "considered" on the case. A sanctioned person must remain in the household size if they are in the home.

- * **Note:** A child cannot be sanctioned for the parent's failure to cooperate. Removal of the parent's needs from the FIP grant may affect FIP eligibility for the remaining eligible group.

Manual References: 8-C, *Cooperation with HIPP and Third Party Liability*
 8-C and 4-C, *Benefits From Other Sources*
 8-M, *Health Insurance Premium Payment Program (HIPP)*
 14-B(7), *Sanctions*
 14-B(9), *Sanctions*
 14-I(1), *Sanctions*

TD03:

Entry reason "G"
 Status "I"
 Reason "847," "908" for FIP
 Fund code "S"
 DIS field "00"

- * **Note:** If the policyholder is no longer employed, please e-mail , and I will determine if the sanction should be implemented. Thank you.