

## **Rights and Responsibilities**

When you get Medicaid from the Department of Health and Human Services (HHS), you have the following rights and responsibilities.

Note: "Medicaid" on this form means any HHS medical assistance program including Medicaid, Healthy and Well Kids in Iowa (Hawki), Iowa Health and Wellness Program (IHAWP), State Supplementary Assistance (SSA), and Refugee Medical Assistance (RMA).

## What Are My Rights?

You have the right to:

- Apply for any program.
- File an application online, by phone, by mail, by fax, or in person at your county HHS office.
- Have someone help you apply.
- Have all of your questions answered.
- Get information about the programs you applied for and any other HHS program that you may be able to get.
- Be sent a notice within 45 days of the day we get your application telling you if your application was approved.
- Have information about you and your family kept private as required by law.
- Have your expenses used to figure your eligibility or the amount of assistance you get by reporting your expenses, and giving proof if we ask you to. If you do not report or give proof of your expenses when asked, you choose not to claim the expense. You can report and give proof later to have an expense used for future months.
- Be treated equally without regard to race, color, national origin, sex, sexual orientation, religion, age, disability, political belief, or veteran status. If you feel we have discriminated against or harassed you, send a letter detailing your complaint to: HHS, Bureau of Human Resources, Lucas Building 321 East 12<sup>th</sup> St., Des Moines IA 50319or via email at inclusion@hhs.iowa.gov.
- Appeal any decision you do not agree with by following the directions on the last page of this form.

### What Are My Responsibilities?

- You must tell us the truth.
  - Section 1128B of the Social Security Act provides federal penalties for fraudulent acts and false reporting in connection with Medicaid programs.
  - Anyone who gets, tries to get, or helps any other person get assistance to which they are not entitled, is guilty of violating the laws of the State of Iowa. This includes, but is not limited to, Iowa Code Chapters 249, 249A, 249N, and 514I.
  - Giving wrong information on purpose may result in us taking criminal or civil legal action against you.
  - You will have to pay back any benefits paid in error for you or anyone you apply for. You may be liable for the full amount of any payments made, including payments made to the health and dental plan in which the person was enrolled.
- You must tell us within 10 days about any changes that may affect your eligibility. This includes changes such as:
  - Mailing or living address.

- Starting or stopping a job or any other income (including lump sum payments, past due child support, inheritances, settlements, or cash medical support).
- Someone moving in or out of your home.
- Resources or assets, including getting an inheritance.
- Changes in any other health insurance coverage (including employer-sponsored insurance, Medicare, etc.).
- Filing an insurance claim or getting an attorney to recover bills paid by Medicaid.

#### To report a change:

- Call I-877-347-5678, or
- Email <u>IMCSC@hhs.iowa.gov</u>, or
- Fax information to 1-877-238-0015.
- You must apply for and accept any other benefits and medical assistance coverage that you may be able to get.
- You must give us information and give us proof when we ask for it.
- You must fill out review forms when you are asked to.
- You must cooperate with Quality Control (QC) and the Department of Inspections and Appeals (DIA). They
  may contact other people or organizations to get proof of your information. By signing the application, you give
  permission to release confidential information to QC or DIA.
- If any child applying for or receiving Medicaid has a parent living outside the home, you must cooperate with the
  agency that collects medical support from an absent parent. If you think that cooperating to get medical support
  will harm you or your children, you can tell us and you may not have to cooperate.
- You must cooperate with the Health Insurance Premium Payment (HIPP) Program and enroll in a health plan through your employer, if we ask you to. Visit <u>https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp</u> for explanation.
- You must agree to assign medical payments from a third party to the Medicaid agency for yourself and others
  who are eligible for Medicaid for whom you can legally assign benefits, cooperate in getting medical payments
  from third parties, give the Medicaid agency rights to pursue and get medical support from a spouse, and give the
  Medicaid agency rights to pursue and get money from other health insurance, legal settlements, or other third
  parties.
- If you get money from another person or an insurance company to pay your medical bills, you must give that money to HHS if Medicaid paid the bill. This will be used to repay bills that Medicaid paid for you.

### This permission ends when your Medicaid stops.

### **Other Things You Need to Know**

- HHS will provide documents or claim forms describing the services paid by Medicaid upon your request or the request of an attorney acting on your behalf. Such documents may also be provided to a third party, when necessary, to establish the extent of the HHS's claim for reimbursement.
- If the State of Iowa was made the remainder beneficiary on an annuity in order for you to qualify for Medicaid
  payment of long-term care, the State of Iowa will get any benefits remaining in the annuity, up to the amount of
  the Medicaid benefits paid.
- If you become enrolled in a managed health care plan, you consent to disclosure of medical information, including any clinical mental health or substance abuse information, by your medical providers to the PCP, other managed care providers, or to the authorized administrative body contracted by the managed care provider to determine appropriateness, quality, or utilization of services you received while enrolled in managed health care. A medical certification from Iowa Medicaid is needed for certain medical programs. Payments on any future unpaid medical services will be paid directly to the doctors and medical suppliers under the Medicare Insurance Program (Medicare Part B).

## We Check What You Tell Us

The information you give us may be checked by federal, state, and local officials to make sure it is true. Things we might check include any listed person's: social security number, job and pay, bank account amount, immigration or alien status, and amounts received from other sources like Social Security or unemployment. If any information you give us is not correct, we may ask you to send us proof or we may deny or cancel your benefits.

We may check records from other states to see if any person in your household can get benefits in lowa. This may be because a person was disqualified from a program in another state.

As part of the eligibility determination process, we may need to retrieve your information from sources like the Internal Revenue Service (IRS), Social Security Administration (SSA), the Department of Homeland Security, Asset Verification System (AVS), and the state Income and Eligibility Verification System. If something you told us is different from what the computer systems tells us, we will check to find out what is correct. We might check your information by contacting your employer, your bank, or other people. To do this kind of checking with your employer, bank, or other people, we will ask you first. Such information may affect your household's eligibility and level of benefits.

The authorization to use AVS database is in effect for as long as the Department is determining eligibility, the individual is a Medicaid recipient, or the applicant or recipient revokes the authorization. If refusal or revocation of the authorization is submitted, the Department may, on that basis, determine the applicant or recipient ineligible for medical assistance.

### Information About Requiring a Social Security Number

We can give help only to people who give us their social security number (SSN) or proof of application from the Social Security office, and we will deny assistance to the people for whom you do not give us a SSN. There are some exceptions to this. Please ask us if you have questions.

You don't have to give us the SSN for people in your household who you do not want help for, but you can choose to give us their SSN to speed up processing your case. We will use any SSN given to us in the same way we use the SSN of people getting assistance. As required by Section 1137(a)(1) of the Social Security Act and 42 CFR 435.910, we use SSNs to check income/eligibility/payments, determine a person's right to Medicaid, comply with federal law, and match records with other agencies.

### Information About Immigration Status

You can apply for part of your household even if some members do not have lawful immigration status. For example, parents who do not have lawful immigration status may apply for their children who are U.S. citizens or qualified aliens. You may need to give proof of immigration status or U.S. citizenship for each person in your household for whom you apply.

When you tell us a person applying has eligible immigration status, that person's immigration status is checked with the Department of Homeland Security, and this will require submission of certain information from your application or review form. Any information we get from the Department of Homeland Security may affect your household's eligibility and level of benefits. We will not contact the Department of Homeland Security about people you do not apply for. However, we may use their income and assets to see if the rest of the household can get help.

### Information About Estate Recovery

Federal law requires lowa to have an estate recovery program. If you get Medicaid, you may be subject to estate recovery. This means any Medicaid funds used to pay for your healthcare, including the **full** monthly fee paid to a Managed Care Organization (MCO), including medical and dental, even if the plan did not pay for any services, will need to be paid back from your estate after your death. Estate recovery applies if you get Medicaid and are:

- Age 55 or older, or
- Are under age 55 and live in a medical facility and cannot reasonably be expected to return home.

For more information, call the Iowa Medicaid Estate Recovery Program at 1-877-463-7887 or go online to: <u>https://hhs.iowa.gov/media/6458</u> (English) or <u>https://hhs.gov/media/6459</u> (Spanish).

#### By signing an application/review form, you give your permission for HHS to share:

- Your medical and other health care records with federal and state officials.
- The status of your Medically Needy case, the amount of your spend down, and the bills used to meet your spend down with the provider whose bills are being used.
- The premium due date for Medicaid for Employed People with Disabilities (MEPD), IHAWP, DWP, and Hawki with your medical provider.
- The information on your application for Home- and Community-Based Services (HCBS) waivers with the chosen case management agency or with the Iowa Department of Health and Human Services (HHS) Brain Injury Services Program manager (for HCBS brain injury waiver applications).
- The filing date of your application with your nursing facility.

#### By signing an application/review form you:

- Give permission for your medical provider to share your medical history with a PCP, other managed care
  providers, or the authorized administrative body contracted by the managed care provider to determine
  appropriateness, quality, or utilization of services you received while enrolled in managed health care.
- Give permission for your medical provider to share information with IME Medical Services Unit to certify a medical need for certain medical assistance programs or services.

### Information for those Applying for WIC or Maternal and Child Health Services

- A declaration of income and persons in your family and living in your household is necessary to ensure that federal and state funds are directed to those persons least able to secure services from other sources.
- The Maternal and Child Health Director of the Iowa Department of Health and Human Services, the WIC
  Director, or their designees shall have access to all information available from records maintained by the agency
  providing maternal health, child health, or WIC services.

### Information for those Applying for Presumptive Medicaid Services

- Your answers to some questions will not impact the presumptive Medicaid eligibility decision. These answers are needed for HHS to make a decision for ongoing Medicaid only.
- If you are only applying for presumptive Medicaid, not all of your information will be checked against data in computer systems.
- If you choose to have your application forwarded to HHS for an ongoing Medicaid determination, HHS will verify
  income, citizenship, immigration status, identity, and other information as necessary.
- All presumptive Medicaid is granted on a daily basis and may be terminated on any given day, without notice, once it is determined that the individual is no longer presumptively eligible.
- Appeal hearings are not granted for presumptive Medicaid.

### How to Appeal

You, or the person helping you, may request an appeal hearing if you do not agree with any action taken on your case. You can appeal in person, by phone, or in writing. To appeal in writing do one of the following:

- Fill out an appeal electronically at <u>https://secureapp.dhs.state.ia.us/dhs\_titan\_public/appeals/appealrequest</u>, or
- Write a letter telling us why you think a decision is wrong, or
- Fill out an Appeal and Request for Hearing form. You can get this form at your county HHS office.

Send or take your appeal to the HHS, Appeals Section, Lucas Building, 321 East 12<sup>th</sup> St., Des Moines, IA 50319. If you need help filing an appeal, ask your county HHS office. You can represent yourself. Or, you can have a friend, relative, lawyer, or someone else act on your behalf.

You may contact your county HHS office about legal services. You may have to pay for these legal services. If you do, your payment will be based on your income. You may also call lowa Legal Aid at **1-800-532-1275**. If you live in Polk County, call **(515) 243-1193**.