

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-1850



State Demonstrations Group

August 4, 2021

Elizabeth Matney
Medicaid Director
Iowa Medicaid Enterprise
1305 E Walnut Street
Des Moines, IA 50319

Dear Ms. Matney:

The Centers for Medicare & Medicaid Services (CMS) completed its review of the Retroactive Eligibility Waiver Implementation Plan, which is required by the Special Terms and Conditions (STC), specifically, STC #39, of Iowa's section 1115 demonstration, "Iowa Wellness Plan" (Project No: 11-W-00289/7). CMS determined that the Implementation Plan meets the requirements set forth in the STCs.

The Retroactive Eligibility Waiver Implementation Plan is approved for the demonstration period through December 31, 2024 and is hereby incorporated into the demonstration STCs as Attachment B (see attached). We appreciate our continued partnership with Iowa on the Iowa Wellness Plan section 1115 demonstration.

Your project officer for this demonstration is Ms. Wanda Boone-Massey. She is available to answer any question concerning your section 1115 demonstration. Ms. Boone-Massey's contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
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7500 Security Boulevard
Baltimore, MD 21244-1850
Email: Wanda.Boone-Massey@cms.hhs.gov

Sincerely,

8/4/2021

X Andrea J. Casart

Signed by: Andrea J. Casart -A

Andrea J. Casart
Director
Division of Eligibility and Coverage
Demonstrations

Enclosure

cc: Laura DeAngelo, State Monitoring Lead, Medicaid and CHIP Operations Group

Section 1115 Eligibility and Coverage Demonstration Implementation Plan:
Retroactive Eligibility Waivers

Overview: The implementation plan documents the state’s approach to implementing eligibility and coverage policies. It also helps establish what information the state will report in its quarterly and annual monitoring reports. The implementation plan does not usurp or replace standard CMS approval processes, such as advance-planning documents, verification plans, or state plan amendments.

This template covers the retroactive eligibility waivers. It has three sections. Section 1 is the uniform title page. Section 2 contains implementation questions that states should answer. These questions are organized around two reporting topics:

1. Retroactive eligibility and demonstration requirements
2. Develop comprehensive communications strategy

State may submit additional supporting documents in Section 3.

1. Title page for the state’s eligibility and coverage demonstration or eligibility and coverage policy components of the broader demonstration

The state should complete this title page at the beginning of a demonstration and submit it as the title page of all monitoring reports. The content of this transmittal table should stay consistent over time.

This template only includes the retroactive eligibility waivers policy.

State	<i>Iowa</i>
Demonstration name	<i>Iowa Wellness Plan</i>
Approval date for demonstration	<i>Current: 11/15/2019 Original: 12/10/2013</i>
Approval period for retroactive eligibility waiver	<i>01/01/2020 – 12/31/2024</i>
Approval date for retroactive eligibility waiver, if different from above	<i>10/27/2017</i>
Implementation date for retroactive eligibility waiver	<i>11/01/2017</i>

2. Required implementation information

Answer the following questions about the implementation of the retroactive eligibility policy. The state should respond to each prompt listed in the tables. Note any actions that involve coordination or input from other organizations (government or nongovernment entities). Place “NA” in the summary cell if a prompt does not pertain to the state’s demonstration. Answers are meant to provide details beyond the information provided in the state’s special terms and conditions. Answers should be concise but provide enough information to fully answer the question.

This template only includes the retroactive eligibility waivers policy.

Prompts	Required key points	CMS comments	State response
RW.Mod 1. Retroactive eligibility and demonstration requirements			
<i>Intent: To describe how the state determines eligibility for and exemptions from the retroactive eligibility policy.</i>			
1.1 Describe how the state will define exempt populations, including: a) Pregnant women b) Infants under age 1 c) Nursing facility residents d) Beneficiaries with disabilities e) Other (by specific exempt status)	☒ A) States must exempt pregnant women. The state clearly defines requirements, including whether women in the post-partum period are exempt, if enrollment is not based on the pregnant women’s group.	No comments for the state.	<i>a) Pregnancy – as indicated on the application, renewal form or reported change. Iowa exempts women in the post-partum period. Iowa has exempted this population from the retroactive eligibility policy since November 1, 2017.</i>
	☒ A) State attests that it is exempting infants under age 1	No comments for the state.	<i>b) Infants under age 1 – based on Date of Birth of the member at the time of application, renewal form or reported change. Iowa has exempted this population from the retroactive eligibility policy since November 1, 2017.</i>

Prompts	Required key points	CMS comments	State response
	<input checked="" type="checkbox"/> A) For states that are exempting nursing facility residents, the state clearly defines: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Resident status requirements <input checked="" type="checkbox"/> Nursing facility requirements <input type="checkbox"/> B) The state is not exempting nursing facility residents	No comments for the state.	<p><i>c) Nursing facility residents – based on the living arrangements of the individual as indicated on the application, renewal form or reported change.</i></p> <p><i>Iowa has exempted this population from the retroactive eligibility policy since July 1, 2018.</i></p>
	<input type="checkbox"/> A) For states that are exempting beneficiaries with disabilities, the state clearly defines the requirements to meet the exemption <input checked="" type="checkbox"/> B) The state is not exempting beneficiaries with disabilities	No comments for the state.	<p><i>d) Beneficiaries with disabilities – Not Applicable</i></p>
	<input checked="" type="checkbox"/> A) For other exempt populations, the state clearly defines each exempt population and requirements <input type="checkbox"/> B) The state is not exempting any other populations	No comments for the state.	<p><i>f) Other (by specific exempt status) Children under age 19 years old - based on Date of Birth of the member at the time of application, renewal form or reported change.</i></p> <p><i>Iowa has exempted this population from the retroactive eligibility policy since January 1, 2020.</i></p>

Prompts	Required key points	CMS comments	State response
<p>1.2 Describe when the state will waive retroactive eligibility (for example, will the state only waive it at application?). Provide additional details, beyond what is in STCs, about how the state will implement this policy, including whether the state will waive the full retroactive eligibility period.</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> A) The state clearly describes: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> If it will waive retroactive eligibility at: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Application <input type="checkbox"/> Renewal for beneficiaries whose coverage is terminated for failure to respond but who return documentation within the 90-day reconsideration period <input checked="" type="checkbox"/> The period for which the state is waiving retroactive eligibility (that is, if the waiver will reduce retroactive eligibility to a set number of days before the date of the application, rather than eliminating it altogether) 	<p>No comments for the state.</p>	<p><i>Iowa has opted to waive retroactive eligibility at application only. Up to 3 months of retroactive coverage is available to populations exempt from the retroactive eligibility policy.</i></p> <p><i>Iowa maintains applying the 90 day reasonable opportunity period as a separate and distinct policy applicable to the renewal process.</i></p>

Prompts	Required key points	CMS comments	State response
<p>1.3 Describe the state’s process for identifying and exempting beneficiaries from the retroactive eligibility waiver.</p>	<p><input checked="" type="checkbox"/> A) For the exempt populations described in 1.1, the state clearly describes:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Procedures it will use to identify beneficiaries who are exempt from retroactive eligibility waivers, including through application questions or post-enrollment follow-up <input checked="" type="checkbox"/> How the state will notify applicants/beneficiaries that they may be eligible for retroactive coverage and can declare unpaid medical expenses from the past three months <input checked="" type="checkbox"/> Systems changes the state has implemented or plans to implement to exempt beneficiaries from retroactive eligibility waivers 	<p>No comments for the state.</p>	<p><i>The Medicaid application and the renewal form requires the member to provide information used to identify the exempt criteria. In addition, the member may report a change that would meet the exemption criteria.</i></p> <p><i>Declaring the need for retroactive coverage is a standard question on the application and renewal forms.</i></p> <p><i>Eligibility systems have coding edits in place to recognize whether a person meets the exemption criteria to be granted retroactive coverage.</i></p>

Prompts	Required key points	CMS comments	State response
<p>1.4 Describe planned modifications to Medicaid applications to reflect the retroactive eligibility waiver, including changes to any application questions.</p>	<p><input checked="" type="checkbox"/> A) The state clearly describes planned modifications to Medicaid applications to reflect that individuals may no longer be determined retroactively eligible</p> <p><input type="checkbox"/> B) The state is not planning any modifications to its Medicaid applications</p>	<p>No comments for the state.</p>	<p><i>Due to previous CMS approvals to waive retroactive eligibility, the application language has been modified to address the availability of retroactive coverage. Current application language: "Do you need help paying for medical bills from the last three calendar months? If you answer yes and you fall into a category that allows for retroactive approval, we will determine if you are eligible for coverage during those months."</i></p>
<p>1.5 Describe any modifications to the appeals processes for beneficiaries subject to the retroactive eligibility policy.</p>	<p><input type="checkbox"/> A) The state clearly describes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Modifications to the appeals process for beneficiaries, including modifications to internal processes or changes from a beneficiary perspective <input type="checkbox"/> Systems changes that the state has implemented or plans to implement to track retroactive eligibility-specific appeals (optional) <p><input checked="" type="checkbox"/> B) The state is not modifying its appeals processes for beneficiaries subject to the retroactive eligibility policy</p>	<p>No comments for the state.</p>	

Prompts	Required key points	CMS comments	State response
<p>1.6 Describe how the state will track the number of beneficiaries who indicated that they had unpaid medical bills at the time of application (if applicable).</p>	<p>Tracking beneficiaries who indicated that they had unpaid medical bills at the time of application may be important for the state’s monitoring report.</p> <p><input checked="" type="checkbox"/> A) The state clearly describes:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Processes for capturing and reporting the number of beneficiaries who had unpaid medical bills at the time of application <input checked="" type="checkbox"/> General approach for assessing whether the state will have required data <input type="checkbox"/> If known, potential trouble spots or issues the state may encounter when capturing or reporting data <input checked="" type="checkbox"/> What system(s) the state will use to track these data <input type="checkbox"/> Systems changes the state has implemented or plans to implement to track the number of beneficiaries (optional) 	<p>Specific to tracking the number of beneficiaries who indicated that they had unpaid medical bills at the time of application and were not granted retroactive coverage, is the state aware of any potential trouble spots or issues the state may encounter when capturing or reporting data?</p>	<p><i>Current functionality of the eligibility systems allows for identifying the number of individuals granted retroactive coverage. Both eligibility systems have a field specific to retroactive coverage that requires entry at the time of the eligibility determination when retroactive coverage is granted.</i></p> <p><i>Response to CMS comments: current functionality of the eligibility systems does not allow for the identifying or reporting of individuals who were not granted retroactive coverage. Eligibility staff are trained to recognize which individuals may qualify for retroactive coverage and only consider retroactive eligibility for those specific populations.</i></p>

<p>1.7 Describe how the state will track the number of beneficiaries who had a coverage gap at renewal or the number of beneficiaries who had a coverage gap at renewal and had claims denied (if applicable).</p>	<p>Tracking beneficiaries who had a coverage gap at renewal and/or the number of beneficiaries who had a coverage gap at renewal and had claims denied may be important for the state’s monitoring report.</p> <p><input type="checkbox"/> A) The state clearly describes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Processes for capturing and reporting the number of beneficiaries with a coverage gap at renewal <input type="checkbox"/> Processes for capturing and reporting the number of denied claims for beneficiaries with a coverage gap at renewal <input type="checkbox"/> General approach for assessing whether the state will have required data <input type="checkbox"/> If known, potential trouble spots or issues the state may encounter when capturing or reporting data <input type="checkbox"/> What system(s) the state will use to track these data <input type="checkbox"/> Systems changes the state has implemented or plans to implement to track the number of beneficiaries 	<p>No comments for the state.</p> <p>(The key points for this prompt are not required since the prompt does not apply to the state’s demonstration.)</p>	<p><i>Not applicable. Iowa maintains applying the 90 day reasonable opportunity period as a separate and distinct policy applicable to the renewal process which will eliminate the possibility of coverage gaps at the time of renewal.</i></p> <p><i>Iowa has opted to waive retroactive eligibility at application only.</i></p>
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RW.Mod 2. Develop comprehensive communications strategy			
<i>Intent: To describe how the state will communicate the retroactive eligibility policy and procedures to internal and external stakeholders (beneficiaries and partners), as necessary.</i>			
<p>2.1 Describe the state’s plan to communicate to current beneficiaries and new applicants about the retroactive eligibility policy. Include details such as how often the state plans to communicate with beneficiaries through what modes of communication, what information will be distributed using formal notices, and how the state will ensure that materials or communications are accessible to beneficiaries.</p>	<p><input checked="" type="checkbox"/> A) The state clearly describes:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> The state’s plan to communicate to current beneficiaries about this policy <input checked="" type="checkbox"/> The state’s plan to communicate to new beneficiaries about this policy <input checked="" type="checkbox"/> How often the state plans to communicate with beneficiaries about this policy <input type="checkbox"/> The modes of communication through which the state will reach beneficiaries about this policy <input type="checkbox"/> What information will be communicated to beneficiaries using formal notices <input type="checkbox"/> How the state will ensure that materials or communications are accessible to beneficiaries, such as those who have limited English proficiency, have low 	<p>Please describe how the state will ensure that materials or communications are accessible to beneficiaries with low literacy or those who live in rural areas and have no or limited internet access.</p>	<p><i>As part of the implementation process of waiving retroactive eligibility, the Department provided information to beneficiaries and applicants in the June 2017, October 2017, January 2018, and February 2018 editions of the monthly Iowa Medicaid newsletter. This newsletter is emailed to 6,000 individuals and posted on the DHS website.</i></p> <p><i>With the amendment to the demonstration to exempt nursing facility residents from the retroactive eligibility policy, the Department provided information to beneficiaries and applicants in the September 2018 edition of the Iowa Medicaid newsletter.</i></p> <p><i>With the most recent amendment to the demonstration to exempt children under age 19 years old from the retroactive eligibility policy, the Department provided information to beneficiaries and applicants in the March 2020 edition of the Iowa Medicaid newsletter.</i></p> <p><i>The Department is also working on adding information regarding retroactive eligibility coverage to both the managed care and fee-for-service member</i></p>

	<p>literacy, or live in rural areas</p> <ul style="list-style-type: none"> <input type="checkbox"/> How the documents will be translated (e.g., third party translation services, in-house, etc.), and into what languages <input type="checkbox"/> That notices are provided in a manner consistent with 42 CFR 431.206, 431.210-214, 435.905, and 435.917 		<p><i>handbooks. It is anticipated the updated handbooks will be available in March. Both handbooks are available on the DHS website in English and Spanish. Translation services can be requested through Iowa Medicaid Member Services.</i></p> <p><i>Response to CMS comments: Beneficiaries with low literacy or those who live in rural areas and have no or limited internet access can call the DHS Contact Center. Representatives can provide additional information, answer any questions and help complete an application for Medicaid over the phone. In addition, eligibility staff can provide details on which individuals may qualify for retroactive coverage.</i></p>
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<p>2.2 Describe the state’s plans to communicate the retroactive eligibility policy to partner organizations, including managed care organizations, and community organizations.</p>	<p><input checked="" type="checkbox"/> A) The state clearly describes:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Which partner organizations it plans to actively communicate with throughout the demonstration <input checked="" type="checkbox"/> All forms of communication that it plans to use to engage partner organizations <input checked="" type="checkbox"/> What modes of communication it plans to use to keep partner organizations informed and engaged <input type="checkbox"/> How often the state plans to communicate with partner organizations 	<p>No comments for the state</p>	<p><i>As part of the implementation process of waiving retroactive eligibility, the Department issued Information Letters (IL) in June 2017 and October 2017.</i></p> <p><i>With the amendment to the demonstration to exempt nursing facility residents from the retroactive eligibility policy, the Department issued an IL in September 2018.</i></p> <p><i>With the most recent amendment to the demonstration to exempt children under age 19 years old from the retroactive eligibility policy, the Department issued an IL in January 2020.</i></p> <p><i>IL are distributed by email to providers, are shared with both Managed Care Organizations, and are posted on the DHS website. IL are published in English and translation services can be requested through Iowa Medicaid Provider Services.</i></p>
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<p>2.3 Describe the state’s plans to communicate the retroactive eligibility policy to providers.</p>	<p><input checked="" type="checkbox"/> A) The state clearly describes:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> All forms of communication that it plans to use to engage providers <input checked="" type="checkbox"/> What modes of communication it plans to use to keep providers informed and engaged <input type="checkbox"/> How often the state plans to communicate with providers 	<p>No comment for the state.</p>	<p><i>As part of the implementation process of waiving retroactive eligibility, the Department issued Information Letters (IL) in June 2017 and October 2017.</i></p> <p><i>With the amendment to the demonstration to exempt nursing facility residents from the retroactive eligibility policy, the Department issued an IL in September 2018.</i></p> <p><i>With the most recent amendment to the demonstration to exempt children under age 19 years old from the retroactive eligibility policy, the Department issued an IL in January 2020.</i></p> <p><i>IL are distributed by email to providers, are shared with both Managed Care Organizations, and are posted on the DHS website. IL are published in English and translation services can be requested through Iowa Medicaid Provider Services.</i></p>
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Medicaid Section 1115 Eligibility and Coverage Demonstration Implementation Plan
Iowa – Iowa Wellness Plan
January 1, 2020- December 31, 2024
Draft Submitted on April 1, 2020
Final Version Submitted on June 30, 2021

3. Relevant documents

Please provide any additional documentation or information that the state deems relevant to successful execution of the implementation plan. This information is not meant as a substitute for the information provided in response to the prompts outlined in Section 2. Instead, material submitted as attachments should support those responses.

Attachments:

Application for Health Coverage and Help Paying Costs, revised 10/2019

Medicaid/Hawki Review, revised 10/2019

Informational Letter 1808, published 6/2017

Informational Letter 1841, published 10/2017

Informational Letter 1847, published 10/2017

Information Letter 1955, published 9/2018

Information Letter 2085, published 1/2020

Medicaid E-News Volume 2 Issue 10, published 6/2017

Medicaid E-News Volume 2 Issue 17, published 10/2017

Medicaid E-News Volume 3 Issue 2, published 1/2018

Medicaid E-News Volume 3 Issue 3, published 2/2018

Medicaid E-News Volume 3 Issue 26, published 9/2018