



Iowa Health and Wellness Plan: Medically Exempt Frequently Asked Questions

Who can qualify as Medically Exempt?

Individuals that are eligible for the Iowa Health and Wellness Plan can qualify as Medically Exempt. This includes both the Wellness Plan (0-100%FPL) and the Marketplace Choice Plan (101-133%FPL). Because of the 5% income disregard, the Marketplace Choice Plan covers those up to 138% FPL.

What is the effective date of coverage for those who are Medically Exempt?

Coverage in the state plan is dependent on when the form is received. For example, if the IME's 'month end' date is March 20, any form received before then will be processed by the first of the following month. For example, if a Medically Exempt form is received on March 19, it will be processed and the member will be eligible for services in the State Plan starting on April 1. If a Medically Exempt form is received on March 22, the member would not be eligible for State Plan services until May 1.

What is the turnaround time for processing a submitted provider referral form?

Iowa Medicaid is averaging 5-7 days now to process a complete Medically Exempt form. Incomplete forms will be returned to the provider if we are able. Several forms received thus far have been missing provider contact information.

Who can sign the Medically Exempt provider referral form?

To submit this form, you must be a provider with a current National Provider Identified number, an employee of the Department of Human Services, a designee from a mental health region or a designee from the Department of Corrections.

Do providers need to receive written consent from patients to submit the Medically Exempt Referral form? Does the IME need a copy of the patient consent?

The provider must receive written consent to provide the information on the Provider Referral form to Iowa Medicaid. This does not need to be submitted to Medicaid, however, the box that provider signature and date box must be checked in order to certify the provider has received the member's written consent. Forms without this box checked will be returned to the provider when possible.

Do we need to re-apply for Medically Exempt individuals periodically? If so, what is that time frame?

Iowa Medicaid is still developing this process and how it will work at time of renewal. More information will be provided as it is available.

Where can members call to request a copy of the Medically Exempt Questionnaire?

To request a copy of the Medically Exempt Questionnaire or to complete the questionnaire over the phone, members can call Iowa Medicaid Member Services at 1-800-338-8366, 8 a.m. – 5 p.m., Monday- Friday.

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What if a member fills out the member survey and the Iowa Medicaid Enterprise (IME) also receives a Provider Referral form with conflicting information?

The Provider Referral form will 'trump' a member survey. Please note that the provider must receive written consent from the member to submit the Provider Referral form on their behalf.

What is the monthly contribution for those that are made Medically Exempt?

Those on the Iowa Health and Wellness Plan will not be subject to contributions, co-pays or cost sharing in the first year of enrollment. This includes individuals that are deemed Medically Exempt. There may be contributions and co-pays assessed in subsequent years.

If an Iowa Health and Wellness Plan member moves to regular Medicaid coverage due to an eligibility change, does the fact that there are no copays under the Iowa Health and Wellness Plan go with them to regular Medicaid?

Those on the Iowa Health and Wellness Plan will not be subject to premiums, co-pays or cost sharing in 2014. This includes individuals that are deemed Medically Exempt. There may be premiums and co-pays assessed in subsequent years. If an individual's eligibility changes (no longer eligible for Iowa Health and Wellness Plan, now eligible for another Medicaid program), all cost-sharing would apply.

If a patient was made Presumptively Eligible for the Iowa Health and Wellness Plan, can they be made Medically Exempt?

A member has to receive a full Medicaid determination before they can be made Medically Exempt. To check the status of a Medicaid Application, call the DHS Contact Center at 1-855-889-7985. To check the Medical Exempt status, call Medicaid Member Services at 1-800-338-8366.

Does Magellan provide mental health services to those on the Iowa Health and Wellness Plan?

Those enrolled in the Iowa Wellness Plan will receive mental health services through Magellan. Those enrolled in the Marketplace Choice Plan receive mental health services through their assigned qualified health plan.

Do Iowa Health and Wellness Plan members have access to dental coverage before the Dental Wellness Plan begins on May 1?

The Dental Wellness Plan will be available on May 1, 2014. In the meantime, there is members can receive services for urgent dental needs. Please see [Informational Letter 1353](#) for more information.

Will those who are Medically Exempt have access to Non-emergency Medical Transportation (NEMT)?

Yes. Patients can call TMS at 1-866-572-7662 to get receive more information on this service.

What are the aid type codes for the Iowa Health and Wellness Plan? Will the aid type change after an individual is Medically Exempt?

Aid types are 501 (Wellness) and 531 (Marketplace Choice). A Medically Exempt determination does not change a member's aid type.

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If a facility has one NPI number, can it be used for multiple providers?

The same NPI number can be used for entities that have a single NPI number, such as FQHCs, etc.

Does the question addressing activities of daily living (#7) need to be completed for people who meet the criteria based on being “individuals with disabling mental disorder”?

No. The activities of daily living question (#7) does not need to be completed if an individual has a serious mental illness, meeting the definition of the first question on the referral form. The condition itself qualifies an individual as medically exempt, supporting activities of daily living are not required.