



# Iowa Department of Human Services

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July 31, 2015

## GENERAL LETTER NO. 6-AP-116

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

SUBJECT: Employees' Manual, Title 6, ***INCOME MAINTENANCE PROGRAMS APPENDIX***, page 193, revised, and the following forms:

Comm. 180 *Medicaid for Employed People With Disabilities (MEPD)*,  
revised  
Comm. 372 *Medicaid for Employed People with Disabilities (MEPD)*  
*Frequently Asked Questions*, revised  
RC-0033 *Desk Aid*, revised

### Summary

This chapter is revised to:

- ◆ Correct the instructions for form 470-4339, *Medical Assistance Debt Response*, to reflect that the form is issued by the Estate Recovery Unit.
- ◆ Update the MEPD premium chart with the new premiums effective August 1, 2015, on the following:
  - Comm. 180, *Medicaid for Employed People With Disabilities*
  - Comm. 372, *Medicaid for Employed People with Disabilities (MEPD) Frequently Asked Questions*
  - RC-0033, *Desk Aid*

### Effective Date

August 1, 2015

### Material Superseded

This material replaces the following pages from Employees' Manual, Title 6, Appendix:

<u>Page</u>	<u>Date</u>
193	October 24, 2014
Comm. 180	9/14
Comm. 372	9/14
RC-0033	3/15

**Additional Information**

Use up existing supplies of Comm. 180, *Medicaid for Employed People With Disabilities*, before ordering Comm. 180, dated 8/15, from Anamosa in the usual manner.

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

**Medical Assistance Debt Response, Form 470-4339**

Purpose	The Estate Recovery Program of the IME Revenue Collection Unit uses form 470-4339 to obtain information about the assets of a deceased Medicaid member.
Source	Form 470-4339 is generated by the Estate Recovery Unit.
Completion	<p>The Estate Recovery Program staff issues form 470-4339 along with form 470-4342, <i>Medical Assistance Debt Notice</i>, when the deceased's estate is subject to estate recovery.</p> <p>The representative of the deceased member is to complete and sign the form and then returned to the Estate Recovery Program. The income maintenance worker is not responsible for assisting with this form. The Estate Recovery Program staff will assist representatives who need help with this form.</p>
Distribution	Estate Recovery Program staff sends the original to the designated interested party. A copy of form 470-4339 is retained in the Estate Recovery Program case file.
Data	<p>The form includes information about:</p> <ul style="list-style-type: none"><li>◆ Name and date of death of the recipient</li><li>◆ Representative's name, address, and telephone number</li><li>◆ Identification of assets</li><li>◆ Identification of other expenses that must be paid</li><li>◆ Identity of the spouse, if applicable</li><li>◆ Funeral home</li><li>◆ Name and address of nursing facility, if applicable</li></ul>

### How much will I have to pay?

Look at the chart below to find the monthly premium that you may have to pay. Add your gross earned income and your gross unearned income together. Then find the total of your income on the chart and look for the premium on the same line.

#### PREMIUM SCHEDULE

If the monthly gross income of the disabled person is:	The monthly premium is:
\$ 1,472 or Less	\$ 0
More than: \$ 1,472	\$ 32
1,619	44
1,766	53
1,962	62
2,207	73
2,453	84
2,943	106
3,433	130
3,924	153
4,414	177
5,395	221
6,376	268
7,357	316
8,338	375
9,809	451
11,280	530
12,751	612
\$ 14,517 and above	707

This chart is a guide only. Federal poverty levels may be updated each year. Changes in the poverty levels will change the income range for premiums.

### When are premium payments due?

A billing statement will be sent to you that lists the months for which you have been approved and for which a premium is due. Generally, premiums should be paid by the last day of the month for the next month's coverage.

**IMPORTANT:** When you are first approved, the bill may be for more than one month and the premium amount or due dates may vary. **Please read the billing statement carefully.**

### What happens when I do not pay the premiums?

If you do not pay the premium by the due date, your MEPD will be canceled. You may have to file a new application to get MEPD again.

If you make a late payment:

- ◆ MEPD can be reinstated if your ongoing month's payment is received by the last working day of the month it is due.
- ◆ MEPD coverage can be reopened if the payment is late but is received in the month after the month it is due.

### Questions?

Call the DHS office in your county.



## MEDICAID FOR EMPLOYED PEOPLE WITH DISABILITIES (MEPD)



**MOVING ON UP  
WITH  
MEPD**

Medicaid for Employed People with Disabilities

Medicaid for Employed People with Disabilities (MEPD) is a program for people with disabilities who work.

### Are you eligible?

To qualify you must:

- ◆ Be under age 65.
- ◆ Be disabled. You are disabled if:
  - You are determined to be disabled by the Social Security Administration.
  - The Department of Human Services (DHS) has made a determination that you are disabled.
- ◆ Have income from work or be self-employed.
- ◆ Have monthly **net family income** less than 250% of the federal poverty level for your family size. Net income is your gross family income after deductions and disregards. The DHS office will tell you about the disregards and deductions you can get and if your family's net income is below 250% of the poverty level.
- ◆ Have countable assets that are less than:
  - \$12,000 for one person
  - \$13,000 for a couple

Some assets held by the MEPD applicant or member do not count for the MEPD program. They are:

- **Retirement accounts.** Examples are:
  - Simplified employee pension plans
  - Self-employment pension plans
  - Keogh plans
  - Individual retirement accounts
  - Roth individual retirement accounts
  - Savings incentive matched plans for employees and similar plans for retirement
- **Funds in assistive technology accounts.** This is money saved to get assistive technology to help you do your work. A physician, certified vocational rehabilitation counselor, licensed physical therapist, licensed speech therapist, or licensed occupational therapist must state that the assistive technology is needed to help you in your employment.
- **Funds in an exempt medical savings account.** This money is exempt from federal income taxation as stated in Section 220 of the United States Internal Revenue Code (26 U.S.C. § 220).

- ◆ Pay a monthly premium when **your** monthly **gross income** is above 150% of the federal poverty level. **Premiums are based only on the gross income of the disabled person (see MEPD Premium Chart).**
- ◆ Meet all other eligibility rules for the program.

### How do I find out if I can get MEPD?

To find out if you can get MEPD:

- ◆ Complete an application from your local DHS office, or
- ◆ Use your computer to apply at this web site:  
<https://dhsservices.iowa.gov/apspssp/sp.portal>

### What happens when I have to pay a premium?

You will get a Notice of Decision telling you the amount of your monthly premium for the 12-month enrollment period.

- ◆ Your monthly premium will not go up during your 12-month enrollment period.
- ◆ The monthly premium may go down if you report that your income goes down.



## Medicaid for Employed People with Disabilities (MEPD) Frequently Asked Questions

Medicaid for Employed People with Disabilities (MEPD) is a program for people with disabilities who are employed.

### What are the eligibility requirements for MEPD?

People who are disabled and have earned income can get Medicaid when the person:

- Is under age 65.
- Is still considered to be disabled based on SSI medical criteria for disability.
- Has earned income from employment or self-employment.
- Meets general SSI-related Medicaid eligibility requirements.
- Is not eligible for any other Medicaid coverage group other than QMB, SLMB, or Medically Needy.
- Have resources less than \$12,000 for an individual and \$13,000 for a couple.
- Has net family income less than 250% of the federal poverty level.
- Pays any premium due for the month of eligibility.

### How do I find out if I can get MEPD?

To find out if you can get MEPD, you must fill out a Medicaid application and send it to your local Department of Human Services (DHS) office. The application may be mailed, faxed or delivered to the DHS office. **Or**, you may apply on-line at <https://dhsservices.iowa.gov/apspspp/ssp.portal>

### Do I have to pay a premium for MEPD?

If your monthly gross income is over 150% of the federal poverty level, you will have to pay a premium. You will get a Notice of Decision telling you the amount of your monthly premium. See the premium chart on the next page.

**Note:** Your monthly premium will not go up during the 12-month enrollment period. The premium may go down if you report that your income has decreased.

### How much will I have to pay each month?

You will get an MEPD Billing Statement telling you the amount of the premium. The chart on the next page can help you figure out the amount of your premium. This chart is a guide only, and the premium amount is updated annually in August.

To find your premium, add your gross earned income and your gross unearned income together. Then find the total of your monthly gross income on the chart. The premium you will have to pay will be on the same line.

If the monthly gross income of the disabled person is:	The monthly premium is:
<b>\$1,472 or less</b>	<b>\$0</b>
<b>More than:</b>	
\$1,472	\$32
\$1,619	\$44
\$1,766	\$53
\$1,962	\$62
\$2,207	\$73
\$2,453	\$84
\$2,943	\$106
\$3,433	\$130
\$3,924	\$153
\$4,414	\$177
\$5,395	\$221
\$6,376	\$268
\$7,357	\$316
\$8,338	\$375
\$9,809	\$451
\$11,280	\$530
\$12,751	\$612
<b>\$14,517 and above</b>	<b>\$707</b>

### When are premiums due?

A billing statement will be sent to you that shows the month a premium is due. To get Medicaid on the first day of next month, premiums should be received by DHS by the last day of the month. Your MEPD will be canceled if you do not pay the premium by the 14<sup>th</sup> of the month.

**Note:** When you are first approved, the first billing statement may be for more than one month and the premium amount or due dates may vary. **Please read your billing statements carefully.**

### What happens if I am late paying my premium?

If you do not pay the premium by the due date, your MEPD will be canceled. If you make a premium payment late:

- MEPD can be reinstated if your ongoing month's payment is received by the last day of the month it is due. For example, the payment for the July Medicaid was due July 14, but DHS received by July 31.
- MEPD coverage can be reopened if the payment is late but is received in the month after the month in which it was due. For example, the payment for July Medicaid was due July 14, but DHS received by August 31.

**Note:** If your payment is more than 3 months late, it will not be accepted and you will not be able to get Medicaid for that month. It is **very** important that you make your premium payment on time or early if possible.

## How are my payments applied?

Payments are always applied to pay the current month premium, if unpaid. If the payment is received **after** the 14<sup>th</sup> of the month and the current month is already paid, it will be held to pay for the next month. See the last page for examples.

## How do I pay my premium?

A postage-paid envelope is included with your bill. If you lose your MEPD Billing Statement, you can call your local DHS office to get a new one mailed to you. If you lose your envelope, you may mail your payment to the address below:

**Iowa Medicaid Enterprise  
MEPD Premium  
PO Box 10339  
Des Moines, IA 50306-9948**

**Please write your name and your member ID number on the check or money order.** If this information is not included, your payment may not be credited to the right account.

## Where can I go to get services?

Members enrolled with MEPD may see any provider who agrees to be paid by Iowa Medicaid. You may contact Iowa Medicaid Member Services to find out who these providers are by:

- Phone: Monday through Friday 8:00 AM to 5:00 PM at 1-800-338-8366 or in Des Moines at 515-256-4606.
- E-mail at: [IMEMemberServices@dhs.state.ia.us](mailto:IMEMemberServices@dhs.state.ia.us).

Or, search on Iowa Medicaid's website at: <http://dhs.iowa.gov/ime/>.

## What services are covered?

MEPD members have all Iowa Medicaid benefits. This includes medical, dental, vision, and chiropractic services. Prescription services are included for members who do not have Medicare.

For those members enrolled with Medicare as well as MEPD, prescription coverage will go through a Medicare Part D plan. MEPD will pay for your Medicare premiums.

If you would like to know if a specific service is covered, you must work with your physician. Your physician will need to contact Provider Services to explain the service that you need to see if that service can be paid for by Medicaid.

## Will I have to pay any co-payments?

Yes, the following is a breakdown of your co-payment amounts:

Co-payment Amount	Service
\$1.00 per visit	Services from a podiatrist, chiropractor, and physical therapy.
\$2.00 per visit	Ambulance services, audiology services, hearing aid dealer services, medical equipment, optical services, prosthetic devices, psychology services, and rehabilitation services.
\$3.00 per visit	Dental services, hearing aides, physician office visits and lab services.

## How can MEPD help me to stop smoking?

Counseling plus medication has proven to be the best way to help people stop smoking. If you follow these steps, Medicaid will pay the costs of these services:

- First, you will be asked to visit your physician and explain that you want to stop smoking. Your doctor will work with you to decide which program is best for you.
- You could also get:
  - A prescription for Chantix or Bupropion (but Medicaid will only pay for these prescriptions if you do not have Medicare).
  - Over-the-counter nicotine patches and gum.
- You will also have to participate in counseling through Quitline Iowa. This counseling is done over the phone while you are taking a drug to stop smoking. Together, the drug and counseling help you stop smoking.

## Will I get an MEPD ID card?

Yes. It is the same card that all Medicaid members get. You will get a plastic card that says Iowa Department of Human Services Medical Assistance Eligibility Card. Keep this card. If your card becomes lost, damaged, or stolen, contact Iowa Medicaid Member Services to get a new card. Call **1-800-338-8366** or locally in the Des Moines area **515-256-4606**.



## Is there anything else I need to know?

Yes. Be sure to report the following changes to your Income Maintenance Worker at your local DHS office if you:

- Stop working,
- Earn more money,
- Earn less money,
- Move to a new address, or
- Are no longer disabled according to the Social Security Administration.

## Who can I call if I still have questions about MEPD?

Your local DHS office is a good source of information about the program. You can also call the Iowa Medicaid Enterprise Member Services at **1-800-338-8366** or in Des Moines area at **515-256-4606**.

## How premium payments are applied?

This is the order that payments are applied to your account:

1. To the current month, if the current month is unpaid.
2. If the payment is received **before** the 14<sup>th</sup>, after paying the current month, any extra money will be applied to old unpaid months, in this order:
  - a. To the month before the current calendar month, if unpaid.
  - b. To the oldest unpaid month and forward until all old unpaid months have been paid.
3. If the payment is received **after** the 14<sup>th</sup> of the month, it will be held to pay to the next month.
4. When all unpaid months have been paid, any extra money will be held as a credit and used to pay future months.

### Examples:

The member has a monthly premium of \$62.00. The member has not made their first two premium payments and also owes for current month.

**Example 1:** The member mails in a payment for \$124.00 and it is received on the 10<sup>th</sup> of the month.

- ☐ \$62.00 will be applied towards the current month and,
- ☐ \$62.00 will be applied towards the previous month, leaving a past due balance on the first month.

**Example 2:** The member mails in a payment for \$124.00 and it is received on the 18<sup>th</sup> of the month.

- ☐ \$62.00 will be applied towards current month and,
- ☐ \$62.00 will be applied towards the following month.
- ☐ No payments will be applied towards the past due months.

**Example 3:** The member mails in a payment of \$186.00 and it is received on the 10<sup>th</sup> of the month.

- ☐ \$62.00 will be applied towards current month,
- ☐ \$62.00 will be applied towards the previous month and,
- ☐ \$62.00 will be applied towards the oldest unpaid month.

**Example 4:** The member mails in a payment of \$186.00 and it is received on the 18<sup>th</sup> of the month.

- ☐ \$62.00 will be applied towards current month,
- ☐ \$62.00 will be applied towards the following month and
- ☐ \$62.00 will be applied towards the previous month, leaving a past due amount for the oldest unpaid month.

**Example 5:** The member mails in a payment of \$248.00 and it is received on the 10<sup>th</sup> of the month.

- ▢ \$62.00 will be applied towards current month,
- ▢ \$62.00 will be applied towards the previous month,
- ▢ \$62.00 will be applied towards the oldest unpaid month and,
- ▢ \$62.00 will be applied to the second oldest undpaid month.

**Example 6:** The member mails in a payment of \$248.00 and it is received on the 18<sup>th</sup> of the month.

- ▢ \$62.00 will be applied towards current month,
- ▢ \$62.00 will be applied towards the following month,
- ▢ \$62.00 will be applied towards the previous month and,
- ▢ \$62.00 will be applied towards the oldest unpaid month.



## Desk Aid

COVERAGE GROUP	RESOURCE LIMIT	MONTHLY INCOME LIMITS							
		Household Size							
		1	2	3	4	5	6	7	
Food Assistance	\$3,250 if one or more age 60 or older or disabled	Gross	\$ 1,265	\$ 1,705	\$ 2,144	\$ 2,584	\$ 3,024	\$ 3,464	\$ 3,904
		Net	\$ 973	\$ 1,311	\$ 1,650	\$ 1,988	\$ 2,326	\$ 2,665	\$ 3,003
	\$2,250 all other households	Max Allotment	\$ 194	\$ 357	\$ 511	\$ 649	\$ 771	\$ 925	\$ 1,022
		Household Size							
Expanded FA Cat Elig	None	Household Size							
		1	2	3	4	5	6	7	
		\$ 1,557	\$ 2,098	\$ 2,640	\$ 3,181	\$ 3,722	\$ 4,264	\$ 4,805	
		For each additional household member add \$543.							
FIP	\$2,000 per applicant household	Household Size							
		1	2	3	4	5	6	7	
	\$5,000 per recipient household	Test 1	\$ 675.25	\$1,330.15	\$1,570.65	\$1,824.10	\$2,020.20	\$2,249.60	\$2,469.75
		Test 2	\$ 365	\$ 719	\$ 849	\$ 986	\$ 1,092	\$ 1,216	\$ 1,335
Test 3	\$ 183	\$ 361	\$ 426	\$ 495	\$ 548	\$ 610	\$ 670		
Medically Needy Medicaid *	\$10,000 per household	Medically Needy Income Level (MNIL) by Household Size							
		1	2	3	4	5	6	7	
		\$ 483	\$ 483	\$ 566	\$ 666	\$ 733	\$ 816	\$ 891	
100% Poverty Level	Household Size								
	1	2	3	4	5	6	7		
	\$ 981	\$ 1,328	\$ 1,675	\$ 2,021	\$ 2,368	\$ 2,715	\$ 3,061		
For each additional household member add \$338.									
300% Poverty Level Medicaid for Kids with Special Needs (MKSNS)	Household Size								
	1	2	3	4	5	6	7		
	\$ 2,943	\$ 3,983	\$ 5,023	\$ 6,063	\$ 7,103	\$ 8,143	\$ 9,183		
For each additional household member add \$1,040.									

COVERAGE GROUP	RESOURCE LIMIT	MONTHLY INCOME LIMITS								
SSI-Related Medicaid *	\$2,000 for one person \$3,000 for a couple	Household Size (couple in own home)								
		1		2						
		\$ 733		\$ 1,100						
QMB * (A Medicare Savings Program)	\$7,280 for one person \$10,930 for a couple	Poverty Level		Household Size						
		Effective 3/1/15		Individual	Couple					
		100%		\$ 981	\$ 1,328					
SLMB * (A Medicare Savings Program)	\$7,280 for one person \$10,930 for a couple	Poverty Level	Household Size	Income Over	But Less Than					
		Effective 3/1/15	Individual	\$ 981	\$ 1,177					
		Over 100% but less than 120%	Couple	\$ 1,328	\$ 1,593					
Expanded SLMB * (QI-1) (A Medicare Savings Program)	\$7,280 for one person \$10,930 for a couple	Poverty Level	Household Size	Income	But Less Than					
		Effective 3/1/15	Individual	\$ 1,177	\$ 1,325					
		120% but less than 135%	Couple	\$ 1,593	\$ 1,793					
QDWP Medicaid * (A Medicare Savings Program)	\$4,000 for one person \$6,000 for a couple	Poverty Level		Household Size						
		Effective 3/1/15		Individual	Couple					
		200%		\$ 1,962	\$ 2,655					
MEPD Medicaid for Employed People with Disabilities	\$12,000 for one person \$13,000 for a couple	Net countable income is less than 250% FPL	MEPD Income Limit Household Size							
			1	2	3	4	5	6	7	8
			\$ 2,453	\$ 3,319	\$ 4,186	\$ 5,053	\$ 5,919	\$ 6,786	\$ 7,653	\$ 8,519

\* Note: Compare net countable income to the income limits.

<p>Monthly Medicare Part B Premium (Effective 1-1-2013) \$104.90</p>
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**MEPD Premiums Effective August 1, 2014**

<b>If the gross monthly income of the person getting MEPD is:</b>	<b>FPL</b>	<b>Premium Amount</b>
\$ 1,472 or less	At or below 150%	<b>\$ 0</b>
<b>Above: \$ 1,472</b>	<b>Above: 150%</b>	<b>\$ 32</b>
1,619	165%	44
1,766	180%	53
1,962	200%	62
2,207	225%	73
2,453	250%	84
2,943	300%	106
3,433	350%	130
3,924	400%	153
4,414	450%	177
5,395	550%	221
6,376	650%	268
7,357	750%	316
8,338	850%	375
9,809	1000%	451
11,280	1150%	530
12,751	1300%	612
\$ 14,517 and above	1480%	707