



Iowa Department of Human Services

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GENERAL LETTER NO. 8-A-60

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

SUBJECT: Employees' Manual, Title 8, Chapter A, **ADMINISTRATION**, pages 15
and 25, revised.

Summary

Chapter 8-A is revised to reflect the name change of intermediate care facilities for the mentally retarded (ICF/MR) to intermediate care facilities for persons with an intellectual disability (ICF/ID), as mandated by 2012 Iowa Acts, Senate File 2247.

Effective Date

Immediately.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 8, Chapter A:

<u>Page</u>	<u>Date</u>
15	January 25, 2011
25	January 24, 2014

Additional Information

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

- ◆ The bill is used to meet spenddown for the Medically Needy coverage group.
- ◆ The member is enrolled in an HMO and uses a provider who is not on the HMO's list of providers.
- ◆ The member fails to notify the provider of the member's Medicaid eligibility during the Medicaid claim-filing period. EXCEPTION: The member is **not** responsible for payment if the length of time for determination of retroactive eligibility prevents a member from timely informing the provider.
- ◆ The member is enrolled in the PACE program and uses a non-PACE provider for nonemergency services.

Copayments

Legal reference: 441 IAC 79.1(13)

A "copayment" is a charge that the member must pay to the provider of service when the service is covered under Medicaid. Copayment does not apply to:

- ◆ Services provided to members under age 21.
- ◆ Any service provided to pregnant women.
- ◆ Family planning services or supplies.
- ◆ Services provided by an HMO.
- ◆ Emergency services. (See [8-L, Payment for Emergency Services.](#))
- ◆ Services provided to members in nursing facilities, intermediate care facilities for persons with an intellectual disability, or psychiatric institutions, when Medicaid pays for the facility care.

No provider participating in the Medicaid program may deny care or services to a member who is eligible for the care or services because of the member's inability to pay a copayment.

An assertion that the member is unable to pay establishes inability to pay. However, this does not remove the member's liability for these charges, and it does not preclude the provider from attempting to collect the copayment.

The following services have a copayment requirement:

Confidentiality

Legal reference: 441 IAC 9.1(17A, 22), 9.2(17A, 22), 9.3(17A, 22), 9.10(8);
42 CFR 431.301 through 431.306

Federal Medicaid regulations require that the Department release information about a Medicaid applicant or member **only** for purposes directly connected with the administration of the Medicaid program unless specifically authorized by the applicant or member.

As a health plan, Medicaid is subject to the privacy provisions of the Health Insurance Portability and Accountability Act (HIPAA) and corresponding federal regulations on the standards the Department must meet to protect the privacy of protected health information. Health care providers are also subject to HIPAA standards.

Requests for information are made using:

- ◆ Form 470-3951 or 470-3951(S), *Authorization to Obtain or Release Health Care Information*, when the request is for a third party/service, such as a law firm.
- ◆ Form 470-3952, *Request for Access to Health Information*, when a client requests their own Personal Health Information (PHI).

When either form is received at a DHS office, the worker must send it on to the DHS Security and Privacy Office to be reviewed. Legitimate requests for information will then be gathered from the Data Warehouse and provided to the requester via a File Transfer Protocol (FTP).

See 1-C, [CONFIDENTIALITY AND RECORDS](#), for additional information on the policies and responsibilities regarding confidentiality of protected health information.

Maintenance of Facility Inspection Reports

Legal reference: 42 CFR 431.115

Department offices must make publicly available survey information from the Department of Inspections and Appeals for:

- ◆ Hospitals.
- ◆ Nursing facilities.
- ◆ Intermediate care facilities for persons with an intellectual disability.
- ◆ Home health agencies.
- ◆ Independent laboratories.