



# Iowa Department of Human Services

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For Human Services use only:

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Employees' Manual, Title 8  
Medicaid Appendix

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**IOWA FAMILY PLANNING NETWORK WAIVER MANUAL TRANSMITTAL NO. 15-1**

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

SUBJECT: ***IOWA FAMILY PLANNING NETWORK WAIVER MANUAL***, Chapter  
III, *Provider-Specific Policies*, Contents (pages 1 and 2), revised; pages  
2 through 5, 10 through 16, 20, 21, 25, 44, 49, and 61, revised.

## Summary

This chapter is revised to:

- ◆ Add three designated provider agencies.
- ◆ Remove references to the Medicare Savings Program.
- ◆ Replace references to outdated brochures, pamphlets, and a desk aid with links to the Department's website.
- ◆ Add information about the application to apply for full Medicaid benefits.
- ◆ Add information on persons who meet eligibility requirements.
- ◆ Update the federal poverty levels for 2015.
- ◆ Add information on claiming good cause due to confidentiality.
- ◆ Add the amount needed to earn a qualifying quarter for 2015.
- ◆ Align with current ICD-10 policies, procedures, and terminology.
- ◆ Update links due to the Department's new website.

## Effective Date

October 1, 2015

## Material Superseded

This material replaces the following pages from the *Iowa Family Planning Network Waiver Manual*:

<u>Page</u>	<u>Date</u>
<b>Chapter III</b>	
Contents (pages 1 and 2)	February 1, 2014
2-4	February 1, 2014
Comm. 20	1/12
Comm. 209	8/10
Comm. 243	10/05
RC-0033	4/12
5, 10-12	February 1, 2014
13	July 1, 2012
14	February 1, 2014
15, 16	July 1, 2012
20, 21, 25, 44	February 1, 2014
49	July 1, 2012
61-68	July 1, 2013

## Additional Information

The new provider manual can be found at:

<http://dhs.iowa.gov/sites/default/files/IFPN.pdf>

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).



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Iowa  
Department  
of Human  
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Provider and Chapter

**Iowa Family Planning Network  
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October 1, 2015

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**“Recertification”** means establishing a new certification period when the previous period has expired and there has not been a break in assistance.

**“Reproductive age”** means a person is at least 12 years old but under the age of 55 and is capable of bearing or fathering children.

**“Timely notice”** means a written notice given at least ten calendar days before the effective date of cancellation. The timely notice period extends from the day after a notice is issued to the effective date of action. A timely notice period must be at least ten calendar days. The Family Planning Waiver System will determine the effective date of cancellation to ensure that all cases are closed with timely notice given.

## 2. Designated Providers

Applications may be filed at the following family planning agencies and their satellite clinics. If you need assistance locating a local provider, contact the Healthy Families toll free line at 1-800-369-2229.

- ◆ Allen Woman’s Health (Unity Point), 1-800-435-2640
- ◆ Central Iowa Family Planning, 641-752-7159
- ◆ New Opportunities, Carroll, 1-800-642-6330
- ◆ Edgerton Women’s Health Center, 563-359-6633
- ◆ Crawford County Home Health, Hospice and Public Health, 712-755-4312
- ◆ Hillcrest Family Services, 563-583-7357
- ◆ Northeast Iowa Community Action, 1-866-742-3226
- ◆ North Iowa Community Action, 1-800-657-5856
- ◆ Planned Parenthood of the Heartland, 877-811-7526
- ◆ Primary Health Care, 515-248-1447
- ◆ Promise Community Health Center, 712-722-1700
- ◆ Southern Iowa Family Planning Clinic, 1-800-452-3365
- ◆ St. Luke’s Family Health Center, 319-369-7397
- ◆ Trinity Muscatine Public Health, 563-263-0122
- ◆ Webster County Health Department, 515-573-4107
- ◆ Women’s Health Services, 563-652-3749



Family planning agencies and clinics under contract with the Department of Human Services can submit questions about the IFPN policy to Iowa Family Planning Network's help desk at [IFPN@dhs.state.ia.us](mailto:IFPN@dhs.state.ia.us).

### 3. Who Is Eligible for IFPN Services

**Legal reference:** PL 104-193; 42 CFR 435.406; 441 IAC 75.1(41)

Persons eligible for services through the IFPN coverage group are:

- ◆ Persons who are 12 but not yet 55 years old and who have countable income at or below 300% of the federal poverty level.
- ◆ Women who have a pregnancy end while they are receiving Medicaid.

A person who is eligible for Medically Needy with a spenddown can also receive Medicaid under the IFPN program.

Eligibility does **not** exist for IFPN if one or more of the following exists:

- ◆ The person is receiving Medicaid other than Medically Needy with a spenddown. **NOTE:** The FPW system will identify when a person is ineligible for IFPN due to existing Medicaid eligibility, but persons in the ELIAS system are not systematically checked.
- ◆ The person is under 12 or age 55 or older. **EXCEPTION:** The age requirement does not apply to those who are eligible for IFPN due to a pregnancy ending while receiving Medicaid.
- ◆ The person is a non-qualified alien.
- ◆ The person is a resident of another state.
- ◆ The person's countable income exceeds 300% of federal poverty level at the time of application. **EXCEPTION:** A woman who is on Medicaid when her pregnancy ends can have income above this level.

### B. Processing IFPN Applications

**Legal reference:** 441 IAC 76.1(249A); 441 IAC 75.1(41)"b"

Designated family planning agencies and clinics can assist in the processing of Medicaid eligibility for the IFPN coverage group for those persons who are at or below 300% of federal poverty level.

IFPN applicants applying at a designated family planning agency or clinic will complete form 470-2927 or 470-2927(S), *Health Services Application*. (See [Chapter II](#) for a sample of this application.)



Applications can also be filed at a local DHS office, any facility where out-stationing activities are provided, with the third-party administrator for the **hawk-i** program; with presumptive Medicaid providers; at WIC offices, and at maternal or child health centers.

An application is considered filed on the date form 470-2927 or 470-2927(S), *Health Services Application*, that contains a legible name, address, and signature is received by a designated family planning agency or clinic. (See [Chapter II](#) for samples of these forms.)

At the time of application, give the applicant the following information:

- ◆ Comm. 20, *Your Guide to Medicaid*. This pamphlet explains what services are available under the regular Medicaid program. Comm. 20 is available at <http://dhs.iowa.gov/sites/default/files/Comm020.pdf>.
- ◆ Comm. 374, *Iowa Family Planning Network Member Question and Answers*, available at <http://dhs.iowa.gov/sites/default/files/Comm374.pdf>.
- ◆ Comm. 209, *Information About Your Privacy Rights*. This notice describes how medical information is used and disclosed. It also explains how members can get access to this information. Comm. 209 is available at <http://dhs.iowa.gov/sites/default/files/Comm209.pdf>.
- ◆ Comm. 243, *Primary Care Access*. This pamphlet explains where a person can access primary care services in Iowa. The offices listed are either rural health clinics or federally qualified health centers that generally can provide care on a sliding fee schedule. Comm. 243 is available at <http://dhs.iowa.gov/sites/default/files/Comm243.pdf>.

## 1. Screening for Other Medicaid Eligibility

Screen the application to determine if eligibility may exist under other Medicaid coverage groups. Refer to *Desk Aid*, RC-0033, for income limits for other Medicaid coverage groups. Click [here](#) to see a sample of this reference card.

Explain the difference between IFPN and regular Medicaid and let the applicant choose which coverage group to apply for. One major difference is that regular Medicaid will require parents to be considered in the teen's household size and the parent's income will be counted. The eligibility determination for IFPN does not use the parental income for youth.



If the applicant opts for IFPN, ask the applicant to sign form 470-4314, *Election of Iowa Family Planning Network*, and document the case record that the application was screened and the applicant's decision. Click [here](#) to see a sample of this form.

If the applicant wants to apply for full Medicaid benefits, the applicant may complete form 470-5170, *Application for Health Care Coverage and Help Paying Costs*. Send the completed application to the appropriate DHS office for processing within two working days of receipt. Applications can also be filed online at [www.dhs.iowa.gov](http://www.dhs.iowa.gov).

<b>Service Area</b>	<b>Mailing Address</b>
Service Area 1 – Western (Council Bluffs)	Imaging Center 1 417 E Kaneshville Blvd Council Bluffs, IA 51503
Service Area 2 – Northern (Waterloo)	Imaging Center 2 PO Box 11000 Waterloo, IA 50704
Service Area 3 – Eastern (Davenport)	Imaging Center 3 PO Box 8022 Davenport, IA 52808
Service Area 4 – Cedar Rapids	Imaging Center 4 PO Box 2027 Cedar Rapids, IA 52406
Service Area 5 – Des Moines	Imaging Center 5 PO Box 41130 Des Moines, IA 50311



4. Mrs. D, an IFPN applicant, fails to provide three pieces of requested verification. The worker issues a denial notice dated May 16. Mrs. D provides two of the items on May 17.

The worker attempts to contact Mrs. D since not all of the items needed to determine eligibility came in. The third item is received on May 31. Since the 14-day grace period has expired, the worker issues a 'remain denied' notice. Mrs. D must file a new application.

5. Mr. E, an IFPN applicant, fails to provide three pieces of requested verification. The worker issues a denial notice on April 30. Mr. E provides two of the items on May 2 and the third item on May 6.

Mr. E also reports on May 6 that he changed jobs. The worker explains that in order for the original application to be reconsidered, Mr. E has until May 13 to provide verification of the new job; otherwise Mr. E will have to reapply.

Mr. E provides verification of the old job ending and the beginning of the new job on May 7. The application is processed with the new information and a notice is issued informing Mr. E of the decision.

## C. Eligibility Requirements

**Legal reference:** 441 IAC 75.1(41)

### 1. Medicaid or *hawk-i* Eligibility

A person cannot be eligible for the IFPN if the person is currently receiving Medicaid. Clinic staff can verify Medicaid eligibility by either:

- ◆ Calling the Eligibility Verification System (ELVS) at 1-800-338-7752 or 515-323-9639; or
- ◆ Verifying eligibility on the Internet at <http://dhs.iowa.gov/ime/providers/tools-trainings-and-services>
- ◆ However, a woman whose pregnancy ends while the woman is on Medicaid is eligible for IFPN. This includes Medicaid eligibility through Medically Needy with a spenddown.

EXCEPTION: IFPN eligibility does not exist for a woman whose delivery was covered under the emergency coverage group.

- ◆ A teen that is enrolled in *hawk-i* is eligible for IFPN.



EXCEPTION: A person eligible for Medically Needy with a spenddown can also be eligible for IFPN.

The FPW system will identify when a person is ineligible for IFPN due to existing Medicaid eligibility and will deny the application. A person who is eligible in the ELIAS system will not be included in this automated eligibility match. Workers will be notified when a newly approved IFPN member is found to be Medicaid eligible.

## 2. Age

**Legal reference:** 441 IAC 75.1(41)"a"(2)

To be eligible for IFPN, person must be of reproductive age, which is age 12 through 54.

## 3. Household Size

**Legal reference:** 441 IAC 75.1(41)"c"(1)

The household size includes the following people living together who **are not** receiving Supplemental Security Income (SSI):

- ◆ The applicant or member,
- ◆ The applicant or member's spouse, and
- ◆ The applicant or member's dependent children.

"Dependent child" means:

- ◆ A child who is under the age of 18 regardless of school attendance; or
- ◆ A child 18 years of age who is a full-time student in high school or in an equivalent program and who is expected to graduate or complete the program before reaching 19.

1. Ms. M, age 17, lives with her parents. She has no spouse and no children. Her household size is one.
2. Ms. S, age 17, has a child age 1 and lives with her parents. Her household size is two.
3. Ms. F, age 43, lives with her husband who receives SSI. Her household size is one.
4. Ms. H, age 36, lives with her husband and two children, ages 5 and 8. One child receives SSI. Her household size is three.



#### 4. Social Security Number

**Legal reference:** 441 IAC 75.7(249A)

A social security number is required for each person for whom IFPN is being requested or received. This requirement does **not** apply to a person who is a member of a recognized religious sect who conscientiously opposes applying for or using a social security number.

#### 5. Income

**Legal reference:** 441 IAC 75.1(41)"c," 75.57(1) and (2)

To be eligible for IFPN, the household's countable monthly income shall not exceed the amounts shown below for a household of the same size.

Household Size	Family Planning Income Limits (300% of Federal Poverty Level)							Add for each additional person
	1	2	3	4	5	6	7	
Income Limit	\$2,943	\$3,983	\$5,023	\$6,063	\$7,103	\$8,143	\$9,183	\$1,040

Clearly document the amounts used to calculate the monthly countable income. Record the applicant's income on form 470-4073, *Iowa Family Planning Network Worksheet*. (Click [here](#) to see a sample of this form.) If the applicant reports no income, document "zero," "N/A," or "\$0.00."

Keep this form along with documentation proving the household's income, such as copies of pay stubs, an employer's statement, an award letter, or the income tax return.

##### a. Countable Income

**Legal reference:** 441 IAC 75.1(41)"c"

The gross income (before taxes and other deductions) received by any person included in the household size must be counted. Income received by a parent for a teen (e.g., child support, social security benefits) is not counted for the teen's eligibility unless the parent makes it available to the teen.



NOTE: Do not count earnings of an applicant or a dependent child who is aged 19 or younger and is a full-time student in high school or in an equivalent program. A person who has completed high school and is a student in postsecondary education is not eligible for this exemption; the person's earnings must be counted.

Use and project as future income all nonexempt earned and unearned income received by a person counted in the household size determination. Any of the following may be used as a guideline:

- ◆ Income received in the 30 days before receipt of an application or review form.
- ◆ Income received in a different 30-day period that is indicative of future income.
- ◆ Income received in a longer period of time that is indicative of future income.
- ◆ One pay stub that is indicative of future income.
- ◆ Self-employment tax returns or books if indicative of future income. (This may include the past three years' average.)
- ◆ Income verification obtained from the income source.

The following income is counted in determining eligibility:

- ◆ **Money, wages or salary** received for work performed as an employee is counted as earned income. This includes commissions, tips, piece-rate payments, and cash bonuses earned. Overtime pay is estimated based on the person's history of receiving this pay.

Do not project a fifth paycheck for those who are paid weekly or a third paycheck for those who are paid biweekly.

- ◆ **Unemployment Insurance Benefits (UIB):** Count as unearned income. If UIB benefits are reduced due to recoupment, count the actual amount the person receives.
- ◆ **Child support** is not counted as unearned income effective January 1, 2014, under federal regulations for MAGI methodology.
- ◆ **Social Security** and **railroad retirement** benefits are counted as unearned income.



- ◆ **Worker's compensation and disability payments** are counted as unearned income. This type of income includes compensation received periodically from private or public insurance companies for injuries incurred at work.
- ◆ **Veterans' pensions, compensation checks, and G. I. benefits** paid by the Veterans Administration to disabled members of the armed forces or to survivors of deceased veterans are counted as unearned income.
- ◆ **Alimony:** The support payment to a divorced person by a former spouse is counted as unearned income.
- ◆ **Self-employment:** Count net profit as earned income.

**b. How to Treat Self-Employment Income**

**Legal reference:** 441 IAC 75.57(9)"h"

Medicaid self-employment income policy differentiates between:

- ◆ Providing child care,
- ◆ A home-based business, and
- ◆ A non-home-based business.

A member who provides a service in the member's home or whose business office is in the home is involved in a home-based enterprise. The office does not need to be a separate room to meet this qualification.

Home-based self-employment operations include demonstration and sales of catalog and party-based products, painting, crafts, and cosmetology.

The treatment of self-employment income differs depending on whether the income and expenses are received regularly or irregularly, and whether irregular income has been received for less than a year.

Treat countable income (net profit) received on a regular basis from self-employment in the same way as the earnings of an employee.



Expenses must be incurred on the same regular basis as the income; that is, if the income is received monthly, the expenses must also be incurred monthly. If expenses are incurred less often than the income (for example, insurance, license fees, etc.), annualize the self-employment income.

Self-employment received on a regular basis is any income that is anticipated to be received on a daily, weekly, biweekly, semimonthly, or monthly basis. Some types of self-employment income that may be received on a regular basis are income from:

- ◆ Baby-sitting in the member's home
- ◆ Selling catalog or party-based merchandise

### **(1) Determination of Net Profit**

"Net profit" means gross earnings minus allowable business expenses. The amount of net profit is the income that is used in determining IFPN eligibility.

- ◆ Whenever possible, use the previous year's federal income tax report to calculate monthly countable income.
- ◆ If the federal income tax report is not available, use the books or records of the business.
- ◆ If neither books nor tax records are available, do not allow any deduction for expenses related to the production of self-employment income.

Document the method used to determine income from self-employment in the case record.

Do not:

- ◆ Deduct capital gains and depreciation as business expenses;
- ◆ Offset the loss from one self-employment enterprise against the profit of another one; or
- ◆ Deduct a loss from self-employment from other income



<b>Allowable Deduction in Determining Net Profit</b>	<b>HOME- BASED</b>	<b>NON- HOME- BASED</b>
Cost of inventory and supplies required for business, such as items for sale or business use	X	X
Wages, commissions, and costs (including cost of health insurance) for employees. When the employee is a member of the eligible group, allow the person's wages as a deduction for the self-employed person but also count the employed person's wages as income.	X	X
Cost of machinery and equipment in the form of rent, interest on a loan for machinery and equipment, and any insurance on such machinery and equipment	X	X
Interest on a home mortgage or contract payment	X	
10% of the total gross income to cover the costs of upkeep when the work is performed in the home	X	
The cost of rent or the interest on mortgage or contract for the business location		X
Insurance on the real or personal property of the business		X
The cost of any needed repairs		X
The cost of any required travel (other than the cost of travel from the home to the business)		X
Any other expense that is directly related to producing income for the member	X	X



4. The household consists of Ms. R, age 25, and her daughter, age 3. Ms. R is employed with monthly gross earned income of \$1,800. Due to employment, Ms. R has a weekly child care cost of \$75.

Monthly gross income	\$ 1,800.00
Minus 20%	- <u>360.00</u>
	\$ 1,440.00
Minus child care expense	- <u>175.00</u>
Countable income	\$ 1,265.00

Ms. R is eligible for IFPN since her countable income is less than the 300% of the federal poverty level for a household of two.

5. Ms. D, age 42, lives with her husband and son, who dropped out of high school and who is age 17. Ms. D is unemployed, her husband receives unemployment insurance benefits of \$320 per week, and her son earns \$100 per week from working part time.

Monthly gross earned income	\$ 400.00
Minus 20%	- <u>80.00</u>
	\$ 320.00
Plus unemployment benefits	+ <u>1,280.00</u>
Countable income	\$ 1,600.00

Ms. D is eligible for IFPN since the countable income is less than the 300% of the federal poverty level for a household of three.

## 6. Health Insurance

**Legal reference:** 441 IAC 75.1(41)

A person who is covered under group or private health insurance is eligible for IFPN.

## 7. Confidentiality Good Cause

**Legal reference:** 441 IAC 9.5(7) and 75.2(3)

A person who is covered under group or private health insurance can claim good cause for not cooperating in filing a claim for health insurance if the person is fearful of the consequences.

A person can claim good cause due to confidentiality if the person is fearful of the consequences.



1. Ms. J is married and her husband has health insurance. Her husband does not want her receiving family planning services. Ms. J can claim good cause.
2. Mr. M, age 17, lives with his parents. He does not want his parents to know he is seeking family planning services. He can claim good cause.

Claiming confidentiality does not prevent correspondence from being mailed. A person must provide an alternate address or use the clinic address for mailing purposes. The alternate address must be entered in the IFPN eligibility system.

## 8. Residency

**Legal reference:** 441 IAC 75.53(1) and 75.53(2)

A person must be a resident of Iowa to be eligible for IFPN. A child is considered a resident of the state in which the parent or other person responsible for the child's care, custody, and control resides.

Consider a person a resident of Iowa if the person meets one of the following criteria:

- ◆ The person is living in Iowa voluntarily, intends to make a home in the state, and is not in Iowa for a temporary purpose.
- ◆ The person does not receive assistance from another state and entered Iowa with a job commitment or to seek employment, whether or not the person is currently employed. In this case, the child is a resident of the state in which the caretaker is a resident.

Do not consider a person a resident of Iowa if the person is in Iowa solely on vacation (such as a child who lives with a parent in another state but spends the summer with the other parent in Iowa).

Residency continues until the member has left the state. When a person temporarily leaves the state but plans to return, do not cancel assistance based on residency requirements.

Continued maintenance of a home in Iowa or the fact that most household goods remain in the state is considered evidence of temporary absence from Iowa. However, the acceptance of employment or the enrollment of the child in school in the other state is an indication that Iowa residency may have been abandoned.



Do **not** request a SVES match when the Search Result screen already has a code in the US or ID fields indicating that citizenship or identity was already verified. Do **not** edit or override the HOW CITIZENSHIP WAS VERIFIED or HOW WAS IDENTITY VERIFIED fields in the Case information/Non-Financial screen when they indicate that citizenship and identity was already verified.

A SVES request for proof of citizenship and identity will **not** be sent when coding in **both** the US and ID fields indicates that verification is not needed (e.g., verification is already on file, person is an alien). When a SVES request will not be generated for a person who is required to verify citizenship and has not done so, follow the procedure under [No SVES Match](#).

Request a SVES match **only** when processing a person who:

- ◆ Attests to U.S. citizenship,
- ◆ Has not yet had the 90-day reasonable opportunity period, and
- ◆ Is required to verified citizenship and identity but has not already done so, as indicated by coding in the Search Results screen.

When you request a SVES match for an IFPN applicant or member:

- ◆ The system will update the fields US and ID to show a "?" in the Search Result screen.
- ◆ You **must** set a reminder to go back and check the status of the SVES request in **48 hours**.

You may accept proof of citizenship and identity directly from the applicant so that documentation is already on file in case the Social Security Administration is unable to verify the person's citizenship.

When the response to a SVES request for proof of citizenship and identity is a "consistent match" this verifies the person's citizenship and identity. The person has met the citizenship and identity documentation requirements.

When the SVES response reports a consistent match, the system will:

- ◆ Show the response in the Search Result screen, and
- ◆ Automatically update the coding in the US and ID fields on the person's "Search Screen" to a "+."

No further action is needed for that person's ongoing IFPN case.



<b>Amount Needed to Earn a Qualifying Quarter</b>			
Year	Earnings Needed to Get One Credit	Year	Earnings Needed to Get One Credit
1978	\$250	1997	\$670
1979	\$260	1998	\$700
1980	\$290	1999	\$740
1981	\$310	2000	\$780
1982	\$340	2001	\$830
1983	\$370	2002	\$870
1984	\$390	2003	\$890
1985	\$410	2004	\$900
1986	\$440	2005	\$920
1987	\$460	2006	\$970
1988	\$470	2007	\$1,000
1989	\$500	2008	\$1,050
1990	\$520	2009	\$1,090
1991	\$540	2010	\$1,120
1992	\$570	2011	\$1,120
1993	\$590	2012	\$1,130
1994	\$620	2013	\$1,160
1995	\$630	2014	\$1,200
1996	\$640	2015	\$1,220

To calculate the number of quarters for a year, divide the person's total earnings for the year by the amount needed to get one credit.

For earnings from employment, use the gross amount of earnings. For earnings from self-employment, use the amount of earnings after allowable self-employment expenses have been deducted.

Use only full quarters. Example: 2.95 quarters are rounded down to two quarters. Each person can have no more than four quarters per year. Example:

An alien earned \$5,000 gross income in 1995. ( $\$5,000 \div \$630 = 7.936$ ) Although the result equals over 7 quarters, the alien is credited with 4 qualifying quarters in 1995.



**f. Alien Documentation Chart**

<b>Alien Status</b>	<b>Acceptable Documentation of Alien Status</b>	<b>Medicaid Status</b>
<b>Amerasians treated as refugees</b>	<ul style="list-style-type: none"><li>◆ Form I-551, <i>Permanent Resident Card</i> *</li><li>◆ Temporary I-551 stamp in a passport</li><li>◆ Form I-94, <i>Arrival/Departure Record</i></li><li>◆ Any verification from the USCIS or other authoritative document</li></ul> <p>All of these should have one of the following codes: AM-1, AM-2, AM-3, AM-6, AM-7, AM-8</p>	Eligible regardless of U.S. entry date
<b>American Indians born outside the United States</b>	<ul style="list-style-type: none"><li>◆ Member of a federally recognized Indian tribe as defined in Section 4(e) of the Indian Self-Determination and Education Assistance Act; or</li><li>◆ Form I-551, <i>Permanent Resident Card</i>*, coded S1-3, born in Canada and at least 50% American Indian, to whom the provisions of section 289 of the Immigration and Nationality Act apply.</li></ul> <p>For the list of federally recognized tribes, refer to <a href="http://www.justice.gov/otj/federal-resources">http://www.justice.gov/otj/federal-resources</a></p>	Eligible regardless of U.S. entry date



- ◆ Treatment of major complications arising from a family planning procedure, such as:
  - Treatment of a perforated uterus due to an intrauterine device insertion;
  - Treatment of severe menstrual bleeding caused by a Depo-Provera injection requiring a dilation and curettage; or
  - Treatment of surgical or anesthesia-related complications during a sterilization procedure.

### 3. Procedure Codes and Nomenclature

Only procedure codes and diagnosis codes that are allowed under the IFPN will be reimbursed. **Both** the procedure code **and** the diagnosis code must be on the list for services to be payable. The current coverage chart is available at [https://dhs.iowa.gov/sites/default/files/IFPN-new\\_ICD-10\\_08\\_18\\_15\\_0.pdf](https://dhs.iowa.gov/sites/default/files/IFPN-new_ICD-10_08_18_15_0.pdf).

## F. Billing Policies and Claim Form Instructions

Family Planning Network services are billed on the federal forms CMS-1500, *Health Insurance Claim Form*, or UB-04, *Claim Form*, depending on the type of provider billing the services.

Refer to the [FAMILY PLANNING SERVICES PROVIDER MANUAL](#) or the [ACUTE HOSPITAL SERVICES PROVIDER MANUAL](#) for guidance on the type of claim form that should be completed for the provider type billing the service and an explanation of the corresponding *Remittance Advice*.