

Comments and Responses on ARC 8083B  
Addition of Medicaid Coverage of Presumptive Eligibility  
Received September 15, 2009

The following person provided written comments, which are included in the summary below:

Michelle Lickteig, lobbyist for Delta Dental of Iowa, Des Moines

**Effective Date of Enrollment**

COMMENT: Item 2 75.1(44)(b)(2) states that "The date a valid application was received by the qualified entity establishes the date of application for purposes of determining the effective date of Medicaid or *hawk-i* eligibility." Item 2 75.1(44)(d) states that presumptive eligibility shall begin with the date that presumptive eligibility is determined and that eligibility shall continue (3) the last day of the month that the child is determined eligible for *hawk-i*. This reads that a child could have a "presumptive period" and a "*hawk-i* period", with the two time periods not overlapping. Utilizing the application date also makes these provisions very confusing.

It is our understanding that the *hawk-i* enrollment period would begin once the presumptive eligibility period is complete. As currently drafted the rules do not make this straightforward. We would respectfully request that clarifying language be included to specify the dates when a person is presumptively eligible and when the person is actually enrolled in the *hawk-i* or Medicaid programs. (Lickteig)

RESPONSE: Using the application date as the filing date for Medicaid or *hawk-i* protects applicants when the qualified entity does not actually make the presumptive determination for several days after the application is filed with the qualified entity and ensures that coverage is not otherwise lost.

A child who is determined presumptively eligible will receive Medicaid during the presumptive period. Medicaid will continue if eligibility is formally established for future months. However, since *hawk-i* eligibility cannot begin until the first day of the month following the formal eligibility determination, coverage for the child must continue under presumptive Medicaid to ensure there is no break in coverage until *hawk-i* begins. There is no overlap in coverage. We believe the rules accurately reflect this policy.

**Payment Responsibility During Presumptive Period**

COMMENT: The rules are also not clear on who will pay the providers during the time a person is considered presumptively eligible. Although comments were made by the Department at the September 8th Administrative Rules Committee that Medicaid will be responsible for paying the providers during this time regardless of the program the child is enrolled, we respectfully request that payment language be added to the rules in order to relieve any potential interpretation confusion. (Lickteig)

RESPONSE: This chapter of the IAC addresses Conditions of Eligibility for Medical Assistance. Specifically, 75.1(44) states that, "Medical assistance shall be available to children under the age of 19 who are determined to be presumptively eligible by a qualified entity, pursuant to this rule." Further, 75.1(44)e states that the child is eligible for all Medicaid-covered services including EPSDT. Rules regarding provider payments for Medicaid members are addressed elsewhere in the IAC and we do not believe it is necessary to repeat them within this chapter.