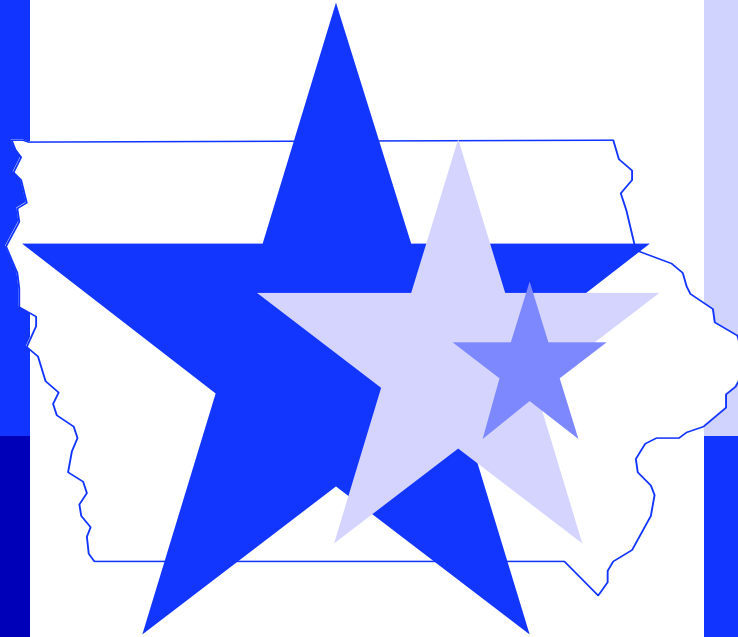


Iowa Department of Human Services

IowaCare Application



**Limited health care
for people age
19 to 64 and for
pregnant women.**



Iowa
Department of
Human Services

Comm. 239 (Rev. 9/10)

★ What is IowaCare?

IowaCare is limited health care. This program can give some inpatient and outpatient services, doctor and advanced registered nurse practitioner services, limited dental services, limited prescription drug benefits, limited transportation, services to help quit smoking and routine preventative medical examinations.

If you are not eligible for IowaCare, your worker will let you know. If it looks like you may be able to get regular Medicaid, we may need to ask for more information.

★ Where can I get medical care?

IowaCare offers limited benefits. The IowaCare provider you can go to for medical care is based on where you live. To find out where you can go to get medical services, call Member Services toll free at 1-800-338-8366, or in the Des Moines area call 256-4606. You can also access this information on the Member Services IowaCare information website at <http://www.ime.state.ia.us/IowaCare/index.html>.

★ How do I get help?

Step 1. Fill out this application. Anyone may fill out an application. Answer as many questions as you can. If you need help filling out an application, please ask.

Step 2. Bring, mail or fax your application to your local DHS office.

★ Information on Immigration Status

You can apply for part of your household even if some members do not have legal immigrant status. You may need to give proof of immigration status for the people you are applying for who are not U.S. citizens or nationals.

Your household's alien status may be checked through the Citizenship and Immigration Service. Any information we get from the Citizenship and Immigration Service may affect what your household may get. We will not contact the Citizenship and Immigration Service about the people you don't apply for. However, we may use their income and resources to see if the rest of the household can get help.

★ Changes to Report

Report changes to DHS within 10 calendar days from the date the change happens:

- Moving and mailing address
- Health insurance coverage
- Entering a non-medical institution, jail, prison

You do not need to report the following:

- Changes in your income
- Someone moves in or out of your home
- Changes in resources or assets

★ How much will it cost?

You may need to pay a premium to get IowaCare. The amount of your premium is based on the amount of money you get each month.

If you owe a premium, it is due at the end of each month. You will be responsible for at least four months of premiums. IowaCare coverage may stop if you don't pay your monthly premium or claim hardship.

If you cannot pay your premium because you need your money to pay for food, housing, utilities, transportation or other health care you may claim hardship. To claim hardship you must sign the monthly billing statements. The billing statement must be postmarked no later than the due date. If the billing statement is postmarked after the due date, you will owe the premium.

★ Premium Amounts (Effective 10/1/2010)

Some IowaCare members must pay a premium to get IowaCare. To find out if you will have to pay a premium, use income from all family members in your home. Look at the Family Size chart below, if your family income is above the amount for the family size, then you will have to pay a premium.

Family Size	1	2	3	4	5	6
150% FPL = Monthly income of	\$1354	\$1822	\$2289	\$2757	\$3224	\$3692

If you are the only one in your household who wants IowaCare, the premiums are shown in the **One IowaCare Member** column. If there are two or more people in your household who want to get IowaCare, the joint premiums are shown in the **Two or More Members** column. Joint premiums mean that all the IowaCare members in one household pay only one premium together.

One IowaCare member and income is at or below the FPL of:	Member's premium amount is:	Two or more and the household's income is at or below the FPL of:	Member's joint premium amount is:
150%	No cost	150%	No cost
160%	\$47.00	160%	\$63.00
170%	\$50.00	170%	\$68.00
180%	\$53.00	180%	\$72.00
190%	\$56.00	190%	\$76.00
200%	\$60.00	200%	\$80.00

Iowa Department of Human Services

IowaCare Application

Please answer all of the questions and then sign on the back. If you have any questions or need help filling out this form, please call **1-800-338-8366**. If you live in Polk County, you can call 256-4606. We will be happy to help you!

★ Tell Us About You

Name	Telephone Number	
Street Address	Mailing Address (if different)	
City	State	Zip Code

★ People in Your Home

List all the people in your home, including yourself, and mark yes or no if you are applying for that person. Please use another piece of paper, if needed.

Apply for? Yes/No	Name (First, Last)	Sex M/F	Relationship to You	Birth Date	Social Security Number	Race Optional	Citizen Yes/ No	If Alien, Status
			Self					

List anyone in your home who is disabled: _____

List anyone in your home who is pregnant: _____ Due Date _____

If you have unpaid medical bills, please include a copy of the bills you still owe.

Did you have any unpaid medical services last month? Yes _____ No _____

If so, where at? _____

★ Income

You must tell us about all of the money the people in your household get or expect to get. If you leave a space blank, that means you don't get that money. If off work temporarily, estimate your annual income. Use another piece of paper, if needed.

Who is your employer? _____

Where the Money Comes From	Who Gets the Money	Amount	Monthly or Yearly
Money from Work Before Taxes (Gross)			
Self-Employment or Odd Jobs (Annual net income)			
Tips			
Unemployment or Worker's Comp (Gross)			
Social Security or SSI (Gross)			
Veterans Benefits, Pensions or Retirement			
Child Support or Alimony			
Money from Friends or Relatives			
Other (including lump sum):			

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★ Resources or Assets

A resource or asset is cash or anything that can be changed to cash. List all of your resources and assets and the amount or value. This includes items like cash on hand, checking accounts, vehicles, life insurance, stocks, bonds, certificates of deposits (CDs), trust funds, retirement accounts, burial contracts, and burial spaces. If you leave a space blank, we will take that to mean that you have no resources or assets.

Person With Resource	Type of Resource	Amount or Value	Location of Resource

★ Health Insurance

You must answer yes or no to the following questions.

Does anyone have Medicare? Yes No Who? _____

Does anyone have other health insurance? Yes No Who? _____

Does your employer offer health insurance? Yes No Who? _____

If you have kids, are they covered by the Healthy and Well Kids in Iowa (*hawk-i*) program? Yes No

How much is the monthly *hawk-i* premium? \$10 \$20 \$15 (dental only)

★ Your Signature and Understanding

I certify, under penalty of perjury, that:

- The answers I gave are correct and complete to the best of my knowledge.
- My answer about citizenship or alien status of each person applying for assistance is correct.

I understand that if I am approved for IowaCare, I may have to pay a monthly premium or claim hardship in order to get IowaCare. I also understand:

- I will be sent a billing statement for each month that I owe a premium.
- I agree to assign medical payments from a third party to the state for myself and others who are eligible for Medicaid, for whom, I legally can assign benefits. I also agree to cooperate in obtaining medical payments from third parties.
- If I am not already on IowaCare and I owe a premium, premiums will not be due until the month after a decision is made on my application. If this is an application to continue IowaCare and if I owe a premium, a premium will be due for each month of the new enrollment period.
- I must return the billing statement with my payment or claim hardship each month, even if I do not get medical care in those months. This statement must be postmarked no later than the due date on the billing statement.
- If I owe a premium, I agree to either pay the premium or claim hardship for a minimum of four months, even if IowaCare stops before the end of these four months.
- If I do not pay my premium or claim hardship by the due date on the billing statement, my IowaCare will stop after 60 days.
- If I do not pay my premium or claim hardship by the due date, I will owe DHS any unpaid amount. This unpaid amount will become a legal debt that DHS may collect by any means allowed by law.

Your Signature or Mark	Today's Date
Signature or Mark of Other Adult in the Home	Today's Date
Signature of Person, If Any, Who Helped Complete the Form	Today's Date

★ You Have the Right to Appeal

You, or the person helping you, may request an appeal hearing if you do not agree with any action taken on your case. You must appeal in writing.

To appeal in writing, do **one** of the following:

- Fill out an appeal electronically at <https://dhssecure.dhs.state.ia.us/forms/>, **or**
- Write a letter telling us why you think a decision is wrong, **or**
- Fill out an Appeal and Request for Hearing form, which you can get from your county DHS office.

Send or take your appeal to the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask your local DHS office.

You can represent yourself. Or, you can have a friend, relative, lawyer or someone else act on your behalf.

You may contact your local DHS office about legal services. You may have to pay for these legal services. If you do, your payment will be based on your income. You may also call Iowa Legal Aid at (800) 532-1275. If you live in Polk County, call (515) 243-1193.

★ We Check What You Tell Us

The information you give us may be checked by federal, state, and local officials to make sure it is true. Things we might check are any listed person's: Social Security Number, job and pay, amounts you get from other sources like Social Security or unemployment, and alien status. If any information you give us is not correct, we may deny your application.

We may check records to see if anyone in your home is getting medical help in another state.

We check and use computer systems like the State Income and Eligibility Verification System. If something you told us is different from what the computer system tells us, we will check to find out what is correct. We might check your information by contacting your employer, your bank or other people. We will ask you before we check with your employer or other people.

★ Things You Need to Know

The Quality Control unit or Investigations unit may review your case. They may contact other people or organizations to get proof of your information. By signing this application, you give permission to release confidential information to the Quality Control unit or Investigations unit. You must cooperate with them to keep your benefits.

You may have to pay back any IowaCare benefits you got or that were paid to a third party on your behalf if you were not eligible.

Section 1128B of the Social Security Act provides federal penalties for fraudulent acts and false reporting in connection with these programs.

Anyone who gets, tries to get, or helps any other person get assistance to which they are not entitled, is guilty of violating the laws of the State of Iowa. This includes, but is not limited to, Iowa Code Chapter 249J.

You must give the social security numbers for everyone who wants IowaCare. This is required by Section 1137(a)(1) of the Social Security Act and 42 CFR 435.910. If you do not want IowaCare, you do not have to give us your social security number. We use social security numbers to:

- Check income, eligibility and IowaCare payments
- Determine a person's right to IowaCare
- Comply with federal law
- Match records with other agencies

Special note to applicants age 55 or above or if you receive care in a nursing facility: Medical costs paid for you by Medicaid will be recovered from assets you have at the time of your death. Some exceptions apply. Ask your caseworker for additional information.

By signing this application, you give your permission for DHS to share your medical and other health care records with federal and state officials.

This permission continues while you get IowaCare benefits and for any month you got IowaCare benefits, even if you are not currently getting IowaCare benefits.

★ I Understand:

- If I am approved for IowaCare, I may have to pay a monthly premium or claim hardship in order to get coverage.
- I will be sent a billing statement for each month that I owe a premium.
- I agree to assign medical payments from a third party to the state for myself and others who are eligible for Medicaid, for whom, I legally can assign benefits. I also agree to cooperate in obtaining medical payments from third parties.
- I will not owe a premium until the month after the decision is made on my application.
- I must return the billing statement with my payment or claim hardship each month, even if I do not get medical care in those months. This statement must be postmarked no later than the due date on the billing statement.
- If I owe a premium, I agree to either pay the premium or claim hardship for a minimum of four months, even if IowaCare stops before the end of these four months.
- If I do not pay my premium or claim hardship by the due date on the billing statement, my IowaCare benefits will stop after 60 days.
- If I do not pay my premium or claim hardship by the due date, I will owe DHS any unpaid amount. This unpaid amount will become a legal debt that DHS may collect by any means allowed by law.

★ You Will Not Be Discriminated Against

Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, please send a letter detailing your complaint to:

Iowa Department of Human Services, Office of Human Resources, Hoover Building – 1st Floor, 1305 E. Walnut, Des Moines IA 50319-0114; fax (515) 281-4243 or via e-mail stopit@dhs.state.ia.us