

WEBINAR:

Medicaid 101

TUESDAY
FEBRUARY 24, 2026

11:30 am - 1:00 pm

Online via Zoom

Registration Required

Free CMEs!



Housekeeping

- Be sure your Zoom display name matches your registration.
- Live captioning and ASL interpretation is provided.
- The webinar will be recorded and will be available online at UpLiftIowa.org
- Q&A will follow the presentation.
- Please complete the post-event survey.
- All live attendees will receive a certificate of attendance from Des Moines University.



UpLift – The Central Iowa Basic Income Pilot is made possible thanks to generous support!



UpLift Overview



110
participants



\$500
per month



24
months



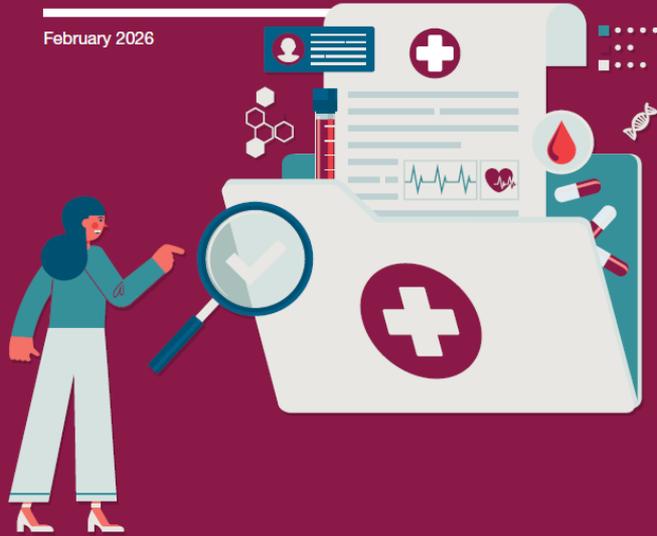
To be eligible individuals must:

- Be 18 or older
- Be a resident of Polk, Dallas, or Warren County
- Live with a dependent up to the age of 25
- Have a household income at or below 60% of AMI

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Accessing Affordable Healthcare in Iowa

February 2026



Medicaid

Medicaid, a public health insurance program, provides health coverage to low-income individuals and families, including children, parents, pregnant individuals, seniors, and people with disabilities. It is funded jointly by the federal government and the states. Within federal guidelines, each state has considerable flexibility in how it operates its own Medicaid program. Eligibility and covered benefits vary substantially by state (Center on Budget and Policy Priorities, 2025).

Why Medicaid is

As of September 2025, incomes in the U.S. per Medicaid (Centers for Disease Control and Prevention, 2025). In 2024, the U.S. Poverty Measure (PM) that tracks health care and housing, states that provide health care coverage to people out of poverty and the individual, marriage, or family, but not poverty program.

Over half of U.S. services to a family of four are covered by Medicaid.

MEDICAID IN THE U.S. AS OF SEPTEMBER 2025:

- 69.8 million people with low incomes get their health coverage through Medicaid
- ~15 million people were lifted out of poverty
- 3rd most impacted anti-poverty program

GLOSSARY

AFFORDABLE CARE ACT (ACA) aka OBAMA CARE

The Affordable Care Act (ACA) expanded Medicaid to people with incomes up to 138% of the federal poverty level (the poverty level in the continental U.S. is \$15,650 for a single individual and \$32,150 for a family of four in 2025); created new health insurance exchange markets through which individuals can purchase coverage and receive financial help to separate premiums and cost sharing; in addition, small businesses can purchase coverage through small business exchanges that do not offer coverage to pay penalties, with exceptions for small employers (Ortaza et al., 2025).

CATEGORICAL ELIGIBILITY

A phrase describing Medicaid's policy of restricting eligibility to individuals in certain groups or categories, such as children, those who fall into approved categories most also including financial eligibility requirements, income and, in most cases, resource tests imposed by the states in which they reside (KFF, 2013).

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

A federal agency within the United States Department of Health and Human Services (HHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the State

Medicaid in Iowa

The program is an important source of coverage for many populations in Iowa. During the State Fiscal Year 2025:

~700,000 (Almost 700,000 Iowans enrolled on Medicaid for healthcare coverage)

Iowa Medicaid Coverage Rate 2023

One in five Iowans receives their coverage through Medicaid

County	Coverage Rate
State	20.9%
Polk County	21.4%
Dallas County	17.3%
Warren County	17.8%

Managed Care Organization Breakout

Organization	Percentage
Medica	27.0%
United Total Care	31.0%
Wellpoint (United Management)	34.6%
First Care Services	6.2%

SEX

Gender	Percentage
Female	55.8%
Male	44.2%

AGE

Age Group	Percentage
Children (0-17)	16.5%
Non-elderly adults (18-64)	6.6%
Elderly adults (65 or older)	47.3%

RACE/ETHNICITY

Race/Ethnicity	Percentage
White	47.2%
African American	8.3%
Hispanic	7.2%
Multiple other races	2.2%
Asian	1.8%
American Indian	1.4%
Pacific Islander	0.8%
Missing data*	28%

* State and ethnicity data in Medicaid are self-reported and subject to a substantial portion of errors due to the administrative nature of the data. The data may not add to 100% due to rounding. The data are based on the most recent data available for the state as of 10/1/2025.

Source: Iowa HHS, 2025

Source: Georgetown University, 2022

Source: Iowa HHS, 2025

Available for Download at
UpLiftIowa.org



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Disability Rights Iowa



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Agenda

- ▶ Introduction
- ▶ Disability Rights Iowa (DRI) and Work Incentives Planning & Assistance (WIPA)
- ▶ Demographics of Medicaid Enrollees
- ▶ House of Medicaid & Eligibility Groups
- ▶ Current Managed Care Organizations in Iowa
- ▶ Accessing the Medicaid Application
- ▶ Medicaid Appeal Rights

Disability Rights Iowa

- ▶ Iowa's Protection & Advocacy Agency
- ▶ Independent non-profit law center; not a state/federal agency
- ▶ Provides free legal advocacy assistance to Iowans with disabilities
- ▶ Serves all types of disabilities and all ages across the state
- ▶ Services/Areas of Support
 - Benefits Planning Assistance
 - Direct Individual Legal & Systems Change Advocacy
 - Education and Empowerment
 - Investigations and Monitoring of Facilities
 - Outreach and Training
 - Representative Payee Oversight
 - Technical Assistance

Work Incentives Planning and Assistance (WIPA)

Grant-funded program from the Social Security Administration that provides individualized benefits planning to individuals who are:

- ▶ Receiving a Title II disability benefit (SSDI, CDB, DWB) or Supplemental Security Income (SSI) due to disability,
- ▶ At least 14 years old up to full retirement age, **AND**
- ▶ Interested in, actively looking for, or already engaged in work through wage employment or self-employment.

WIPA Goals

- ▶ Improve employment outcomes **AND**
- ▶ Increase economic self-sufficiency for Social Security disability beneficiaries

We want to enable beneficiaries to make educated decisions about employment that meets their needs and interests.

What is Medicaid?

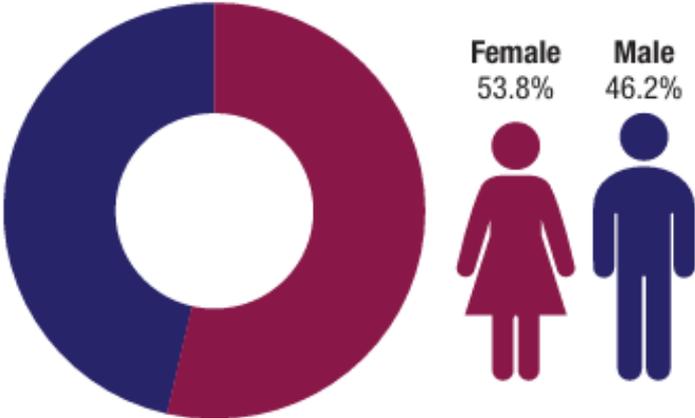
- ▶ Authorized by Title XIX of the Social Security Act; signed into law in 1965 alongside Medicare
- ▶ A program that helps people who qualify to pay for health care services
- ▶ Run by each state but follows rules from the federal government – no single Medicaid program
- ▶ Both federal and state government help pay for it (not equally)
- ▶ Different covered services and care depending on the eligibility group

Who has Medicaid?

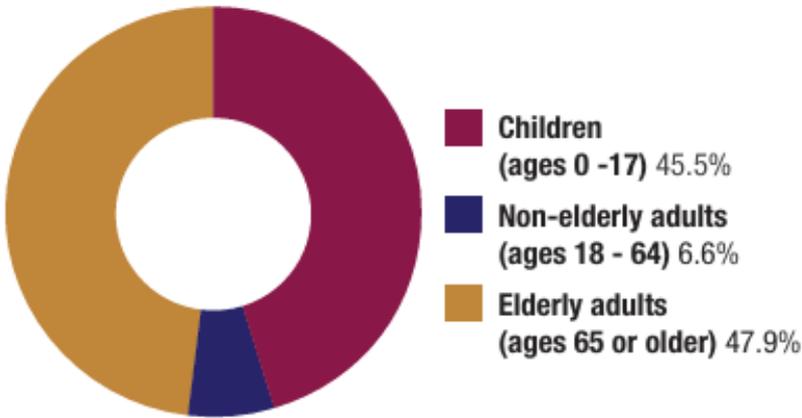
- ▶ Age 65 or older
- ▶ Blind/have a disability
- ▶ Have families with dependent children
- ▶ Pregnant women & children (up to age 21)
- ▶ Children formerly in foster care (up to age 26)
- ▶ Adults ages 19–64 (Medicaid expansion population)
- ▶ Individuals with breast and/or cervical cancer or precancerous conditions
- ▶ Eligibility is based on financial and non-financial criteria, such as income, assets, citizenship, Iowa residency, immigration status and disability when used as a basis for eligibility

Demographics in Iowa

SEX



AGE



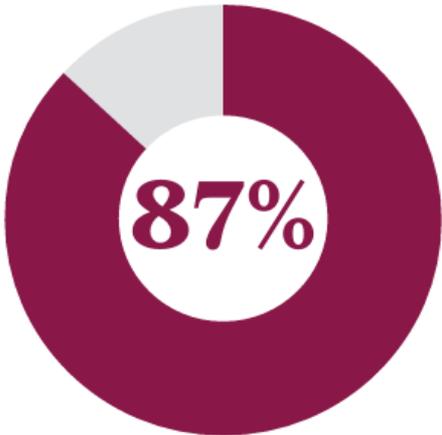
Two in five (42%) Medicaid recipients live in rural areas, including those enrolled in traditional Medicaid, the Iowa Health and Wellness Plan (IHAWP), or Healthy and Well Kids in Iowa (Hawki)

Iowa Medicaid Coverage Rate 2023



One in five Iowans receives their coverage through Medicaid

Coverage for Employed Iowans

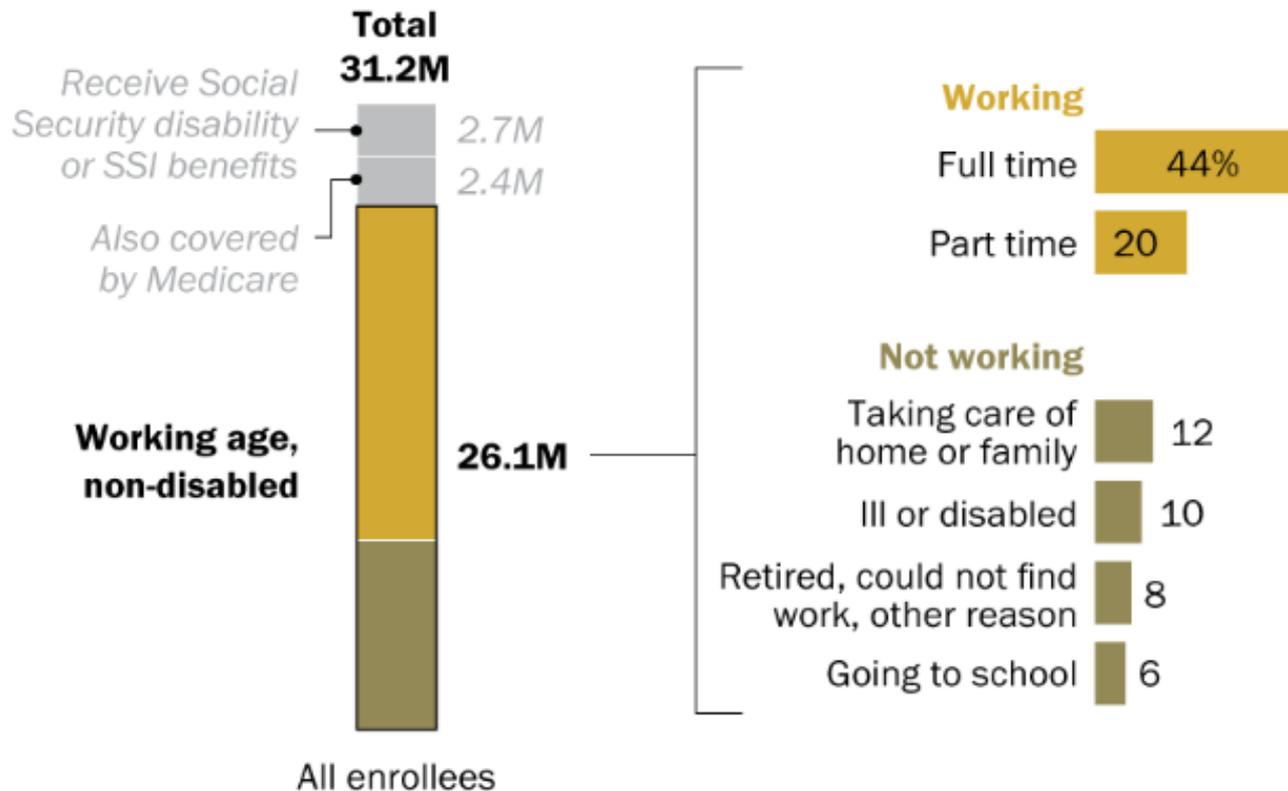


87% of Medicaid enrollees (ages 19-64) were working full time, and averaged 34.6 hours per week in 2021

Medicaid Enrollees & Employment

Most working-age Medicaid enrollees are employed

Among enrollees ages 19 to 64, as of 2023



House of Medicaid



Select Eligibility Group: IHAWP

Iowa Health and Wellness Program (IHAWP)

- ▶ Individuals ages 19–64 (Medicaid expansion)
- ▶ Same eligibility non-financial requirements as Medicaid
- ▶ Income at or below 133% Federal Poverty Level (FPL)
- ▶ Not eligible for Medicaid under the mandatory coverage groups
- ▶ Not entitled to or enrolled in Medicare
- ▶ There are no charges for health services during a member's first year of enrollment. Beginning in the member's second year of enrollment, small monthly contributions may be required, depending on completion of Healthy Behaviors and family income.

Select Eligibility Group: SSI-Based / 1619(b)

Supplemental Security Income (SSI)

- ▶ Federal needs-based benefit administered by the Social Security Administration (SSA)
- ▶ People with limited income and resources who are blind, age 65 or older, or having a qualifying disability
- ▶ Covers basic needs like food, clothing, and shelter, and funded by general tax revenues
- ▶ In most states, approval for SSI equals eligibility for Medicaid
- ▶ If a beneficiary is working and earns enough where the cash payment reduces to \$0, they can maintain Medicaid through 1619(b) by continuing to follow SSI eligibility requirements.

Select Eligibility Group: MEPD

Medicaid for Employed People with Disabilities (MEPD)

- ▶ Between Ages 18–64
- ▶ Considered to be disabled based on Social Security criteria
- ▶ Earned income from wage or self–employment
- ▶ Not eligible for any other Medicaid coverage groups (limited exceptions)
- ▶ Countable Income of Less than 250% of the Federal Poverty Level for Individual’s Family Size (Not All Income Counted)
- ▶ Up to \$12,000 (Individual) or \$24,000 (Couple) in Assets – Retirement Accounts Excluded
- ▶ May Pay a Monthly Premium Based on Income

Children's Health Insurance Program: Hawki

Children's Health Insurance Program (CHIP)

- ▶ Provides federal matching funds to states to provide health coverage to children in families with incomes too high to qualify for Medicaid but who can't afford private coverage

Healthy and Well Kids in Iowa (Hawki)

- ▶ Children under 19 years of age in working families
- ▶ Not enrolled in other health insurance
- ▶ Income at or below 302% FPL
- ▶ Premiums are based on family income. No family pays more than \$40 per month; some families pay nothing at all.

Home & Community–Based Services (HCBS)

- ▶ Medicaid’s Garage: Waivers
- ▶ Programs that provide service funding and individualized supports to enable disabled Iowans more choice about how and where services are received (living in community vs. a medical institution)
- ▶ Must be determined financially eligible for Medicaid and meet the level of care requirements
- ▶ Currently 7* HCBS waivers in Iowa
 - Intellectual Disability Waiver (age 0 to older)
 - Brain Injury Waiver (age 0 to older)
 - Children’s Mental Health Waiver (age 0–17 years)
 - Elderly Waiver (65 or older)
 - Health & Disability Waiver (age 0–64 years)
 - AIDS/HIV Waiver (age 0 to older)
 - Physical Disability Waiver (age 18–64 years)

HCBS Waiver Services

- ▶ Select Covered Services (Waiver Dependent)
 - Adult Day Care
 - Personal Emergency Response
 - Consumer Directed Attendant Care (CDAC)
 - Prevocational
 - Day Habilitation
 - Respite
 - Home & Vehicle Modification
 - Supported Community Living
 - Home Health Aide
 - Interim Medical Monitoring & Treatment
 - Supported Employment
 - Nursing
 - Transportation

Select Eligibility Group: 300%

300% Group

- ▶ Only eligibility group where an individual becomes eligible for Medicaid **because** they are approved for a waiver (waiver comes before Medicaid)
- ▶ Child and adult eligibility subgroups
 - Under 18: Assets are not counted
 - Over 18: Resource/asset limit of \$2,000 with certain assets like home, car, and household goods excluded
- ▶ Single applicant's monthly income cannot exceed 300% of the Federal Benefit Rate (FBR) for SSI
- ▶ If one spouse applies for a waiver, the other's income may be protected to a certain extent.

Habilitation Services (HAB)

- ▶ Medicaid's Shed (**NOT** a waiver!)
- ▶ Provides HCBS for Iowans with functional impairments typically associated with chronic mental illnesses
- ▶ Designed to assist participants in acquiring, retaining & improving the self-help, socialization & adaptive skills necessary to reside successfully in home & community-based settings
- ▶ Services available:
 - Case management
 - Home-based habilitation
 - Day habilitation
 - Prevocational services
 - Supported employment

Differences Between Waiver & HAB

Differences:

- ▶ **Income Eligibility Calculation**
 - HAB – 150% FPL (not all income is counted)
 - Waiver – 300% of SSI Federal Benefit Rate (Access to House of Medicaid can override this financial eligibility requirement)
- ▶ **Waiting Limit for Approval/Services**
 - HAB – None; can reapply and be approved once eligible
 - Waiver – varying lengths for waitlists

Resources / Assets

- ▶ Certain items do not count when determining eligibility for Medicaid groups with asset limits:
 - Your house, as long as it is used as a principal residence
 - One vehicle, regardless of value
 - Household goods and personal effects
 - Burial accounts, trusts, contracts, or insurance policies (irrevocable)
 - Burial spaces and markers
 - Life insurance, if the face values of all policies total less than \$1,500
 - Property used for employment and self-employment
- ▶ Important question: Can the item be easily liquidated into cash to cover living expenses?

Managed Care Organizations (MCOs)

- ▶ House of Medicaid: Contractor
- ▶ A health plan that coordinates care for a person enrolled in certain Medicaid programs
- ▶ Automatically assigned upon approval for Medicaid
- ▶ Current MCOs in Iowa:
 - Iowa Total Care
 - 1-833-404-1061
 - <https://www.iowatotalcare.com/>
 - Molina Healthcare of Iowa, Inc.
 - 1-844-236-1464
 - <https://www.molinahealthcare.com/providers/ia/medicaid/home.aspx>
 - Wellpoint Iowa, Inc.
 - 1-800-454-3730
 - <https://www.wellpoint.com/ia/medicaid>

Managed Care Organization Breakout



Source: Iowa HHS, 2025a

MCO Responsibilities

- ▶ Cover, at a minimum, all of the services that Iowa Medicaid currently provides
- ▶ Manage and coordinate healthcare, including providing physical, behavioral, and long-term care services through contracted providers
- ▶ Improve care quality and control costs
- ▶ Ensure members have access to a network of providers for their comprehensive health needs
- ▶ Develop and monitor quality improvement policies and procedures
- ▶ Provide timely and adequate notice and information related to care and services

Applying for Medicaid

- ▶ Iowa HHS Online Portal
- ▶ HHS County Office Locations
 - In Person
 - Email – imagingcenter4@hhs.iowa.gov
 - Mail
 - Imaging Center 4
 - PO Box 2027
 - Cedar Rapids, IA 52406
 - Fax (Office Specific)

Intro to Medicaid Appeals

Types of Medicaid Appeals

- ▶ Eligibility Denial (including renewals)
- ▶ Service Denial
 - Long Term Supports and Services
 - Durable Medical Equipment, Assistive Technology, Home or Vehicle Modification

Notices

- ▶ Notice should come in the physical mail
- ▶ Important: Make sure your address is up-to-date with the Iowa Department of Health and Human Services (HHS) and your Managed Care Organization (MCO)
- ▶ If you have a case manager, you might know in advance
- ▶ Must always get a physical, written copy; verbal notice is never sufficient

Different Types of Appeals

- ▶ Managed Care “first level” appeal
 - Required if you have a denied prior authorization/service denial
 - Must file an appeal to your MCO within 60 days of the date of the letter
 - Note: If this appeal is about continuing benefits you’re currently receiving, must specifically request benefits continue during appeal
- ▶ State Fair Hearings with an Administrative Law Judge

Managed Care Appeals

- ▶ A requested service (prior authorization) is denied/reduced by written notice
- ▶ Must appeal within 60 days of the date of the letter
- ▶ If you want continuing benefits, must appeal and request within 10 days of the letter OR before the proposed change takes effect, whichever is later
 - Note: You may have to pay back services continued if you are unsuccessful in your appeal
- ▶ Appeal Recommendations:
 - File the appeal in writing (look for instructions on your notice)
 - Make sure to include reasons why you believe the MCO decision is wrong
 - Provide records or documents to support your position
- ▶ MCO will decide within 30 days and send the notice to you by mail

State Fair Hearings

- ▶ If your MCO first level appeal is unsuccessful, you can ask for a state fair hearing
- ▶ You must request a state fair hearing before an Administrative Law Judge within 120 days of the decision
- ▶ You must re-request continuing benefits, if applicable
- ▶ Hearings are set on the phone by default, and you must specifically ask if you want the hearing to be in person
- ▶ Instructions on how to ask for a hearing will be included in the decision notice from your MCO

Hearing Preparation and Procedures

- ▶ The Department of Inspections, Appeals, and Licensing will send a detailed notice in the mail if you are granted a hearing – read it carefully!
- ▶ You have the right to submit evidence to the ALJ:
 - Everything must be submitted at least 5 business days before the hearing date
 - Examples of documents to consider for exhibits:
 - Assessments
 - Care plans
 - Medical records
 - Letters of support from medical providers
 - Relevant financial documents (eligibility only)

Hearing Procedures

- ▶ ALJs will join the phone call, make sure all parties are present, explain procedure, and start the record
- ▶ Typically, the MCO or HHS will present evidence first
- ▶ You have the right to cross examine/ask questions
- ▶ After the other side is done, you may present your evidence, call witnesses, etc.
- ▶ Reference your exhibits/documents
- ▶ The MCO or HHS representative is allowed to cross examine/ask questions
- ▶ The ALJ may have their own questions
- ▶ You will get an opportunity for closing arguments
- ▶ ALJs will not issue their decision at the hearing but will send it following the hearing in writing

Fee for Service? Not an MCO appeal?

- ▶ If your appeal relates to eligibility/renewal or you are fee for service, there is no “first level” appeal
- ▶ Straight to a state fair hearing

Do I Need an Attorney?

- ▶ You do not need an attorney/not required to have an attorney at the hearing
- ▶ BUT attorneys can sometimes be a free resource, depending on the issue
 - Contact DRI's intake if regarding home and community-based services waivers
 - [Iowa Legal Aid](#)
- ▶ If you do want to pursue legal assistance, reach out as soon as possible

Final Recommendations

- ▶ Read your notices carefully!
- ▶ Pay attention to deadlines
- ▶ Appeals information and deadlines

Additional Resources

- ▶ [UpLift: The Central Iowa Basic Income Pilot Website](#)
- ▶ [Disability Rights Iowa Website](#)
- ▶ [Iowa Medicaid Plans & Programs](#)
- ▶ [Iowa Medicaid Services & Care](#)
- ▶ [Iowa HHS: Appeals](#)
- ▶ [Iowa HHS: Appeals – Exceptions to Policy](#)



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Disability Rights Iowa's WIPA program is funded through grants from the Social Security Administration.

Get Involved



Share your thoughts by taking
the Basic Income Survey
bit.ly/ExploreBasicIncome



TAKE THE
SURVEY



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