

Section 3:

Health Insurance

Who's going to pay for all the things we will need help with?

For many families and individuals with a disability, finding ways to pay for the care and support you need can be overwhelming. This section outlines the available options with resources to help answer questions.

I have insurance through my employer, how will it work?

In most scenarios individuals with disabilities who have employee sponsored health insurance through their employer or from a family member, can combine both insurance options. The employer insurance picks up the bill first and then any additional costs are covered by public insurance programs. This is where you will often hear the concept of “payer of last resort”.

When you receive bills for services received, you will submit the bill to the employer's insurance first. The bill will be approved in full, partially covered or denied. Regardless of the amount paid on the bill, you will receive a formal decision, referred to as a Notice of Decision letter. If a full or partial payment is still required after the formal decision from the employer's insurance, the provider or individual submitting the bill balance will send it to the public insurance program payer “payer of last resort”. This is done under the assumption the bill is for a covered service.

For more information on navigating public health insurance programs contact [your local SHIP counselor here](#) or connect with your case manager (see Section 6 to find out who your case manager is and where to contact).

Health Insurance Marketplace

If you are employed but do not have insurance through your employer and are not eligible for Medicaid or Medicare, you will need to utilize the Health Insurance Marketplace to find private Individual Health Insurance programs. Use [HealthCare.Gov](#) to help identify plans covering the ten Essential Health Benefits in compliance with the Affordable Care Act. In Iowa [benchmark plan](#) is offered through Wellmark and can be used to explore what is minimally available on the marketplace.

Medicaid

In Iowa, SSI recipients automatically qualify for and are enrolled in Medicaid. There are three main types of Medicaid in Iowa; Iowa Health Link, Medicaid

Fee-for-Service and Hawki (further defined below). In each program, eligibility is based on income. To qualify for Medicaid the applicant needs to be a resident of Iowa and a U.S. citizen.

Iowa Medicaid covers a wide range of health care services for Iowans including physical health care, prescription costs, durable medical equipment, behavioral care, transportation, home and community-based services (HCBS) and nursing facility services. <https://hhs.iowa.gov/ime/members/what-services-are-available>

For dental care, Iowa Medicaid members have the option of choosing Delta Dental or MCNA Dental through the Dental Wellness Plan <https://hhs.iowa.gov/dental-wellness-plan>

You can apply for [Iowa Medicaid online](#) or by visiting your county's DHS office https://hhs.iowa.gov/dhs_office_locator.

Medicare

Medicare is a federal government health insurance program for individuals 65 years of age and older and for those living with a disability or other illness under the age of 65. Before choosing a plan, take the time to review each plan in its entirety. Medicare is broken down into four parts based on coverage:

- **Part A:** Covers hospital care and services related to hospital care. This does not include custodial or long-term care.
- **Part B:** Covers outpatient medical care and doctor's appointments. This includes ambulance services, mental health coverage, durable medical equipment, and some prescription drugs.
- **Part C:** Covers the benefits in Parts A and B but is offered through a private insurer. This plan is commonly referred to as Medicare Advantage and in some cases covers Part D's prescription drug coverage. This plan may include vision, hearing, and dental care.
- **Part D:** Covers Prescription Medication (generic and brand name). A monthly premium is required for the program and is offered through a private insurer.

For more information see <https://shiip.iowa.gov/medicare-basics-a-b-c-d>

Medicare Supplement Insurance (Medigap)

A health insurance policy from a private insurer to help offset the costs not covered by Part A and Part B. Items may include deductibles and coinsurance when outside of the United States. In Iowa, Supplemental plans range in cost from \$65 to \$342 each month based on coverage. For more information see <https://shiip.iowa.gov/medicare-supplement-insurance>

Dual Enrolled Medicare–Medicaid

Individuals who are eligible for Medicare and Medicaid are referred to as “Dually Eligible”. This is where “Payer of Last Resort” is often used with medical bills being submitted to Medicare first. Medicare may pay some of the cost. If the bill is not covered in full or denied with a formal decision letter, the bill is sent to Medicaid to cover the remaining cost. Please note, due to the size of both programs, interaction between Medicare (federal program) and Medicaid (state program) can result in issues with getting health care bills paid.

<https://www.medicare.gov/sites/default/files/2021-10/02179-Medicare-and-other-health-benefits-your-guide-to-who-pays-first.pdf>

Dual Eligible Special Needs Plans (D–SNP)

D–SNP plans are a subset of Medicare Advantage Plans for those receiving Medicare and Medicaid benefits and/or those who reside in a nursing home or skilled facility. D–SNPs are designed to work together with Iowa Medicaid and offer benefits and resources often not available in Original Medicare or other Medicare Advantage Plans. On D–SNP’s you have a care coordinator who will help you navigate doctors and specialists. The SHIP program in Iowa has a [breakdown of available D–SNP’s](#) to explore in their Medicare Advantage & Other Plans In Iowa 2023 guide.

<https://shii.iowa.gov/medicare-basics-a-b-c-d/medicare-advantage-part-c>

TRICARE

Uniformed service members, veterans and their families may be eligible for health benefits through the government. TRICARE provides comprehensive health care as well as many [Special Programs](#) individuals and family members with disabilities can access. Connect with your [county Veterans Affairs Clinic](#) or our two Health Care Systems in Iowa City and Des Moines to explore these public insurance benefits.

Additional Medicaid Programs

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

Iowa EPSDT Care for Kids is the state’s federally mandated Medicaid program for children. The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program was first created by Congress in 1967.

Any person under the age of 21 enrolled in Medicaid through a state plan is eligible for EPSDT.

If an individual has nursing services, EPSDT should be discussed with the care team for consideration of extra support in the school system.

<https://www.iowaepsdt.org/iowa-epsdt/>

Habilitation Services

Provide services funding and individualized support to maintain eligible persons in their own homes or communities who would otherwise require care in a medical institution. Provision of these services must be cost effective. This is also called the Habilitation waiver.

Target Population: Iowans diagnosed with a functional impairment typically associated with chronic mental illness.

Ages: 18 and up

Hawki (Healthy and Well Kids in Iowa)

Healthy and Well Kids in Iowa (Hawki) provides health care coverage for children of working families. No family pays more than \$40 per month and some families pay no premiums. Dental-only coverage is also available under Hawki for children whose families have health insurance but not dental insurance.

<https://hhs.iowa.gov/hawki>

Health Insurance Premium Payment Program (HIPP)

HIPP is for people who are eligible for Medicaid if they or a family member have a disability and pay for private insurance through an employer. If the state determines the employer's health insurance is more cost effective over enrollment in Iowa Health Link enrollees, their premiums will be paid by the state and the individual will utilize the Medicaid Fee for Service structure.

<https://hhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

Iowa Health Link

IA Health Link brings together physical, behavioral, and long-term care into one program across Iowa. Most Iowa Medicaid members are enrolled in the IA Health Link managed care program, with coverage provided by a Managed Care Organization (MCO) you get to choose. These organizations receive a fixed dollar amount per member per month from the state to ensure members receive essential health care services and support.

<https://hhs.iowa.gov/iahealthlink/choosing-a-health-plan>

Iowa Health and Wellness Plan

The Iowa Health and Wellness Plan provides limited health coverage at low or no cost to Iowans. Eligibility is based on household income. Iowa's version of Medicaid expansion covers health care costs for low-income households, but not those low enough to be eligible for Medicaid and often do not require a high level of medical care. Most members on the Iowa Health and Wellness Plan will be on the Iowa Health Link Program and receive managed care support through our state's designated MCO's. It is important to explore available benefits through the Health and Wellness plan, as many services covered through traditional Medicaid are not covered through the Health and Wellness plan.

<https://hhs.iowa.gov/ihawp>

Medicaid Fee for Service

Medicaid members who receive their services through Fee-for-service allows providers to directly bill the state for Medicaid covered services and bypassing Managed Care Organizations (MCOs). Most common uses of Medicaid Fee for Service are parents of children with disabilities who access the HIPP program.

<https://hhs.iowa.gov/ime/members/FFS>

Medicaid for Employed Persons with Disabilities (MEPD)

MEPD is a program for Iowans with disabilities under the age of 65 to access Medicaid when your income or countable resources are above the imposed limits. Iowans utilizing MEPD may have seen their SSDI benefits stop because of an increase in income but may still be eligible to continue to receive Medicaid through MEPD. Another scenario could be those who require access to Medicaid but do not meet the health care spending threshold through Medically Needy.

<https://dhs.iowa.gov/ime/members/medicaid-a-to-z/mepd>

Medically Needy

“Medically Needy” is a program designed to provide medical coverage if you have limited income or high medical expenses resulting in the use of most of your income. It's another avenue into Medicaid when your income is not low enough to qualify but you will have ongoing high medical costs.

<https://hhs.iowa.gov/ime/members/medicaid-a-to-z/medically-needy>

Money Follows the Person

Money Follows the Person (MFP) Partnership for Community Integration Project is a grant funding program which allows individuals to move out of Intermediate Care Facilities for Persons with Disabilities (ICF/ID) into a home of their choice in the community. Nursing Facilities, Psychiatric Mental Institutes for Children (PMIC), and inpatient hospitals may qualify for MFP. The program provides funding for one year of support for individuals in their new independent living setting which can also include living setting costs.

Target Population: Individuals must be Medicaid eligible, diagnosed with an intellectual disability or brain injury, live in a qualifying facility for 60 consecutive days, and must express an interest in moving into the community.

Ages: All Ages

<https://hhs.iowa.gov/ime/members/medicaid-a-to-z/mfp>

Other Medicaid Programs

The Medicaid programs listed in this guide are a small snapshot of the most accessed public insurance programs for Iowans with disabilities. For more details about other publicly available Medicaid programs see <https://hhs.iowa.gov/ime/members/medicaid-a-to-z>