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State/Territory Name: IA

State Plan Amendment (SPA) #: 21-0016

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages



Financial Management Group

Ms. Elizabeth Matney, Medicaid Director
Iowa Medicaid Enterprise
1305 E. Walnut Street
Des Moines, IA 50319

RE: IA 21-0016

Dear Ms. Matney:

We have reviewed the proposed amendment to Attachments 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 21-0016. This SPA changes the total funding of the Iowa State-Owned Hospital payment to \$0.00 resulting from the implementation of the managed care state-directed payment to the Iowa State-Owned Hospital.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C.

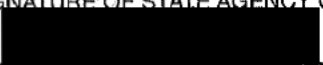
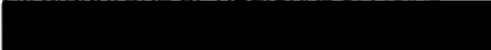
This is to inform you that Medicaid State plan amendment IA 21-0016 is approved effective July, 1, 2021. The CMS-179 and the amended plan page(s) are attached.

If you have any additional questions or need further assistance, please contact Fred Sebree at Fredrick.sebree@cms.hhs.gov.

Sincerely,



Rory Howe
Director

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2 1 — 0 1 6</u>	2. STATE IOWA
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <p style="text-align: center;">July 1, 2021</p>	
5. TYPE OF PLAN MATERIAL (Check One)			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION <p style="text-align: center;">42 CFR 447.200</p>		7. FEDERAL BUDGET IMPACT a. FFY 2021 <u>\$ (5,639,848)</u> b. FFY 2022 <u>\$ (22,701,873)</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <p style="text-align: center;">Attachment 4.19-A, Page 26d</p>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <p style="text-align: center;">Attachment 4.19-A, Page 26d</p>	
10. SUBJECT OF AMENDMENT <p style="text-align: center;">This SPA changes the total funding of the Iowa State-Owned Hospital payment to \$0.00 resulting from the implementation of their managed care state-directed payment to the Iowa State-Owned Hospital.</p>			
11. GOVERNOR'S REVIEW (Check One)			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO ELIZABETH MATNEY MEDICAID DIRECTOR DEPARTMENT OF HUMAN SERVICES 1305 EAST WALNUT 5TH FLOOR DES MOINES IA 50319-0114	
13. TYPED NAME <p style="text-align: center;">Elizabeth Matney</p>			
14. TITLE <p style="text-align: center;">MEDICAID DIRECTOR</p>			
15. DATE SUBMITTED <p style="text-align: center;">September 2, 2021</p>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED <p style="text-align: center;">9/2/2021</p>		18. DATE APPROVED <p style="text-align: center;">November 22, 2021</p>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL <p style="text-align: center;">7/1/2021</p>		20. SIGNATURE OF REGIONAL OFFICIAL  For	
21. TYPED NAME <p style="text-align: center;">Rory Howe</p>		22. TITLE <p style="text-align: center;">Director</p>	
23. REMARKS			

Methods and Standards for Establishing Payment Rates for Inpatient Hospital Care

31. Reserved for future use

32. Iowa State-Owned Teaching Hospital Disproportionate-Share Fund

In addition to payments from the Graduate Medical Education and Disproportionate Share Fund, payment will be made to Iowa hospitals qualifying for the Iowa state-owned teaching hospital disproportionate share fund. Interim monthly payments based on estimated allowable costs will be paid to qualifying hospitals under this provision. The total amount of funding that is allocated to the Iowa state-owned teaching hospital disproportionate-share fund is as follows:

- \$19,975,072.50 for July 1, 2015 through March 31, 2016
- \$9,133,357.50 for April 1, 2016 through June 30, 2016
- \$36,533,430 for July 1, 2016 through June 30, 2017
- Funding shall be equal to the maximum amount allowed under Section 1923(g) of the Social Security Act less the DSH payments made from the Graduate Medical Education and Disproportionate share Fund on an annual basis for July 1, 2017 through June 30, 2021
- \$0 for July 1, 2021 and after

The Department’s total year end DSH obligations to a qualifying hospital will be calculated following completion of the CMS 2552, Hospital and Healthcare Complex Cost Report desk review or audit.

Hospitals qualify for Iowa state-owned teaching hospital disproportionate-share payments if they meet the disproportionate share qualifications defined in Section 29.g and being an Iowa state-owned hospital with more than 500 beds and eight or more distinct residency specialty or subspecialty programs recognized by the American College of Graduate Medical Education.

The total amount of all disproportionate share payments shall not exceed the amount of the state’s allotment under Public Law 102-234 and shall not exceed the hospital-specific disproportionate share limits under Public Law 103-666.

TN No.	<u>IA-21-016</u>	Effective	<u>7/1/2021</u>
Supersedes TN No.	<u>IA-17-015</u>	Approved	<u>11/22/2021</u>