

Methods and Standards for Establishing Payment Rates for Inpatient Hospital Care**33. Iowa Non-State Government-Owned Acute Care Teaching Hospital Disproportionate-Share Payments**

In addition to payments from the Graduate Medical Education and Disproportionate Share Fund, payment will be made to Iowa hospitals qualifying for the non-state government-owned acute care teaching hospital disproportionate share payments. Interim monthly payments based on estimated allowable costs will be paid to qualifying hospitals under this provision.

Hospitals qualify for non-state government-owned acute care teaching hospital disproportionate-share payments if they meet the disproportionate share qualifications defined in Section 29.g and Section 30.a and being a non-state government-owned acute care teaching hospital located in a county with a population over three hundred fifty thousand.

The total amount of disproportionate-share payments from the Graduate Medical Education and Disproportionate Share Fund and the non-state government-owned acute care teaching hospital disproportionate-share payments shall not exceed the amount of the state's allotment under Public Law 102-234. In addition, the total amount of all disproportionate-share payments shall not exceed the hospital-specific disproportionate-share limits under Public Law 103-666.

The Department's total year end DSH obligations to a qualifying hospital will be calculated following completion of the CMS 2552-96, Hospital and Healthcare Complex Cost Report desk review or audit. The Department's total year end DSH obligation shall equal the difference between \$51,000,000 less actual IowaCare expansion population claims submitted and paid by the Iowa Medicaid Enterprise.

34. Inpatient Hospital Services Reimbursement to Indian Health Services or Tribal 638 Health Facilities

Indian Health Service or Tribal 638 Health Facilities will be paid at the most current inpatient hospital per diem rate established by the Indian Health Service which is published periodically in the Federal Register for established services provided in a facility that would ordinarily be covered services through the Iowa Medicaid Program.

TN No. MS-11-003

Effective

JAN - 1 2011Supersedes TN No. MS-10-007

Approved

NOV 17 2011

OS Notification

State/Title/Plan Number: IA 11-003
Type of Action: SPA Approval
Required Date for State Notification: 1/1/2012
Fiscal Impact: FY 2011 \$6,219
FY 2012 \$8,458

Number of Services Provided by Enhanced Coverage, Benefits or Retained Enrollment: 0
Number of Potential Newly Eligible People: 0
Eligibility Simplification: No

Provider Payment Increase: Yes

Delivery System Innovation: No
Number of People Losing Medicaid Eligibility: 0
Reduces Benefits: No

Detail:

Effective January 1, 2011, this SPA provides that Indian Health Service or Tribal 638 Health Facilities will be paid at the most current inpatient hospital per diem rate established by the Indian Health Service and published periodically in the Federal Register. This change affects only one Indian Health Service facility, the Winnebago Indian Hospital. The State is making the change at the request of the hospital.

Other Considerations: Prior to submitting this SPA, the Iowa Department of Human Services sought consultation from federally recognized Native American Tribes and actively worked with the Winnebago Indian Hospital to make this change.

We do not recommend the Secretary contact the governor.

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