

## **Table of Contents**

**State/Territory Name: Iowa**

**State Plan Amendment (SPA) #: 15-0007**

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



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**Financial Management Group**

APR 29 2016

Charles M. Palmer, Director  
Iowa Department of Human Services  
1305 East Walnut, 5<sup>th</sup> Floor  
Des Moines, IA 50319-0114

RE: Iowa State Plan Amendment TN: 15-007

Dear Mr. Palmer:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 15-007. This amendment modifies the inpatient hospital readmission for the same condition requirement by extending the readmission period from 7 days to 30 days.

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(g) 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 15-007 is approved effective July 1, 2015. We are enclosing the CMS-179 and the amended plan page.

If you have any questions, please call Tim Weidler at (816) 426-6429.

Sincerely,

Kristin Fan  
Director

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <u>1 5 — 0 0 7</u>	2. STATE <u>IOWA</u>
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
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		4. PROPOSED EFFECTIVE DATE <u>July 1, 2015</u>	
COMPLETE BLOCKS 8 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT a. FFY '15      \$ <u>(152,735.00)</u> b. FFY '16      \$ <u>(604,010.00)</u>		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.19-A, Page 17b</u>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 4.19-A, Page 17b</u>		
10. SUBJECT OF AMENDMENT <u>Conf. Comm. Report for SF 505 as authorized by the IA Gen. Assembly, provided DHS authority to implement cost containment strategies. This request changes the re-admission span of 7 days to 30 days to the same hospital for the same conditions.</u>			
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 <i>[Signature]</i>	16. RETURN TO CHARLES M. PALMER DIRECTOR DEPARTMENT OF HUMAN SERVICES 1305 EAST WALNUT 5TH FLOOR DES MOINES IA 50319-0114		
13. TYPED NAME <u>CHARLES M. PALMER</u>	14. TITLE <u>DIRECTOR</u>		
15. DATE SUBMITTED <u>9-8-15</u>	FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED	18. DATE APPROVED <u>APR 29 2016</u>		
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL <u>JUL 01 2015</u>	20. SIGNATURE OF REGIONAL OFFICIAL <i>[Signature]</i>		
21. TYPED NAME <u>Kristin FAN</u>	22. TITLE <u>Director, FMC</u>		
23. REMARKS			

**Methods and Standards for Establishing Payment Rates for Inpatient Hospital Care**

**Readmission Policy**

When a patient is discharged/transferred from an acute care hospital, and is readmitted to the same acute care hospital within thirty (30) days for symptoms related to, or for evaluation and management of, the prior stay's medical condition, the original claim generated by the original stay will be adjusted by combining the original and subsequent stay onto a single claim.

TN No.	<u>IA-15-007</u>	Effective	<u>JUL 01 2015</u>
Supersedes TN No.	<u>IA-12-011</u>	Approved	<u>APR 29 2016</u>