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State/Territory Name: IA

State Plan Amendment (SPA) #: 16-0005

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 601 East 12th Street, Suite 355 Kansas City, Missouri 64106



Division of Medicaid and Children's Health Operations

June 28, 2016

Charles M. Palmer, Director Department of Human Services Hoover State Office Building 1305 East Walnut, 5th Floor Des Moines, IA 50319-0114

Dear Mr. Palmer:

On May 24, 2016, the Centers for Medicare & Medicaid Services (CMS) received Iowa's State Plan Amendment (SPA) transmittal #16-005, which removes references to the restriction of disenrollment from an MCO, PIHP, PAHP, or PCCM. This change will bring the state plan into conformity with the State's approved 1915(b) waiver, which outlines disenrollment rights. Enrollees can disenroll within the first 90 days of enrollment with an MCO, after the first 90 days for cause, and annually thereafter.

Based upon the information received, we are now ready to approve SPA #16-005 as of June 21, 2016, with an effective date of April 1, 2016, as requested by the State.

Enclosed is a copy of the CMS-179 form, as well as the approved page for incorporation into the Iowa State Plan.

If you have any questions regarding this amendment, please contact Michala Walker or Sandra Levels at (816) 426-5925.

Sincerely,

//s//

James G. Scott Associate Regional Administrator for Medicaid and Children's Health Operations

Enclosures

cc:

Mikki Stier Liz Matney Alisa Horn

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	State:	Iowa
Citation(s)	<u>.</u>	Groups Covered
	В.	Optional Groups Other Than the Medically Needy (Continued)
1932(a)(4) of the Act		The Medicaid Agency may elect to restrict the disenrollment of Medicaid enrollees of MCOs, PIHPs, PAHPs and PCCMs in accordance with the regulations at 42 CFR 438.56. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.
		Disenrollment rights are restricted for a period of months (not to exceed 12 months), and every (six) months thereafter.
		During the first three months of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least once per year, to recipients enrolled with each organization of their right to and restrictions of terminating such enrollment.
		☐ No restrictions upon disenrollment rights.
1902(m)(2)(H), 1902(a)(52) of the Act P.L. 101-508 42 CFR 438.56(g)		In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who are enrolled with an MCO, PIHP, PAHP, or PCCM which they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract.
4		The agency elects to reenroll the above individuals who are eligible in a month but in the succeeding two months became eligible, into the same entity in which they were enrolled at the time eligibility was lost.
		The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.
*Agency that determine	ed eligil	bility for coverage
TN No. IA-16-005 Supersedes TN. No. MS-03-14	erens semenaneren sekakan eren eren eren eren eren eren eren er	Approval Date June 21, 2016 Effective Date April 1, 2016