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State/Territory Name: IA

State Plan Amendment (SPA) #: 17-0004

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

October 16, 2017

Jerry R. Foxhoven
Director
Department of Human Services
Hoover State Office Building
1305 East Walnut Street, 5th Floor
Des Moines, IA 50319-0114

Dear Mr. Foxhoven:

The Centers for Medicare & Medicaid Services (CMS), Kansas City Regional Office, has completed its review of Iowa State Plan Amendment (SPA) Transmittal Number #17-0004. This amendment, submitted August 1, 2017, limits the payment of Medicare Part A and B deductibles and cost-sharing on Medicare crossover claims for Medicaid state plan services to no more than the Medicaid State plan rate, paying no more than lesser of the amount of the difference between the state plan rate and the Medicare paid amounts, or the deductibles and cost sharing on the claim. Deductibles and cost-sharing will be paid on non-covered Medicare services for QMB and QMB only individuals, using a Medicaid rate of 50% of the Medicare allowed amount, applying the “lesser of” method. If the amount paid by Medicare is equal to or exceeds the Medicaid rate, the state’s payment will be zero.

Iowa SPA 17-0004 was approved on October 13, 2017, with the state’s requested effective date of July 1, 2017. Enclosed is a copy of the CMS 179 form, as well as the approved pages for incorporation into the Iowa State plan.

If you have any questions regarding this state plan amendment, please contact Barbara Cotterman at Barbara.Cotterman@cms.hhs.gov or 816-426-5925.

Sincerely, _____

10/16/2017

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

Sign

Enclosures

cc:
Mikki Stier
Alisa Horn
Anna Ruggle

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>1 7 — 0 0 4</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 July 1, 2017	

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION Section 1902(n) of the Act*	7. FEDERAL BUDGET IMPACT a. FFY 2017 \$ (367,500.00) b. FFY 2018 \$ (1,470,000.00)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 1 to Attachment 4.19-B, Page 2, 3 4 Page 29c**	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 1 to Attachment 4.19-B, Page 2, 3 4 * ** Page 29c**

10. SUBJECT OF AMENDMENT

The purpose of this Medicaid SPA is to ensure that total reimbursement for Medicare Part A and Part B crossover claims is limited to the Medicaid reimbursement rate.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO Jerry R. Foxhoven DIRECTOR DEPARTMENT OF HUMAN SERVICES 1305 EAST WALNUT 5TH FLOOR DES MOINES IA 50319-0114
13. TYPED NAME Jerry R. Foxhoven	
14. TITLE DIRECTOR	
15. DATE SUBMITTED	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED August 1, 2017	18. DATE APPROVED October 13, 2017

PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2017	20. SIGNATURE OF REGIONAL OFFICIAL //s//
21. TYPED NAME James G. Scott	22. TITLE Associate Regional Administrator for Medicaid and Children's Health Operations

23. REMARKS

*Requested change on Sept 26, 2017 with response to informal questions

**Requested changes via e-mail on Oct 13, 2017

29c

Revision: HCFA-PM- (MB)

State/Territory: IOWACitation (b) Deductibles/Coinsurances

(1) Medicare Part A and B

1902(a)(30),
1902(n), 1905(a),
and 1916 of the
Act

Supplement 1 to ATTACHMENT 4.19-B describes the methods and standards for establishing payment rates for services covered under Medicare, and/or the methodology for payment of Medicare deductible and coinsurance amounts, to the extent available for each of the following groups.

Sections 1902(a)
(10)(E)(i) and
1905(p)(3) of the
Act

(i) Qualified Medicare Beneficiaries (QMBs)

The Medicaid agency pays Medicare Part A and Part B deductible and coinsurance amounts for QMBs (subject to any nominal Medicaid copayment) for all services available under Medicare.

1902(a)(10),
1902(a)(30), and
1905(a) of the Act

(ii) Other Medicaid Recipients

The Medicaid agency pays for Medicaid services also covered under Medicare and furnished to recipients entitled to Medicare (subject to any nominal Medicaid copayment). For services furnished to individuals who are described in section 3.2(a)(1)(iv), payment is made as follows:

42 CFR 431.625

For the entire range of services available under Medicare Part B.

Only for the amount, duration, and scope of services otherwise available under this plan.

1902(a)(10),
1902(a)(30),
1905(a), and
1905(p) of the Act

(iii) Dual Eligible – QMB Plus

The Medicaid agency pays Medicare Part A and Part B deductible and coinsurance amounts under Medicare and pays for all Medicaid services furnished to individuals eligible both as QMBs and categorically or medically needy (subject to any nominal Medicaid copayment).

TN No. IA-17-0004
Supersedes
TN No. MS-93-10

Approval Date October 13, 2017 Effective Date July 1, 2017

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Iowa

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

QMBs	Part A	<u>SP</u>	Deductibles	<u>SP</u>	Coinsurance
	Part B	<u>SP</u>	Deductibles	<u>SP</u>	Coinsurance
Other Medicaid Recipients	Part A	<u>SP</u>	Deductibles	<u>SP</u>	Coinsurance
	Part B	<u>SP</u>	Deductibles	<u>SP</u>	Coinsurance
Dual Eligible (QMB Plus)	Part A	<u>SP</u>	Deductibles	<u>SP</u>	Coinsurance
	Part B	<u>SP</u>	Deductibles	<u>SP</u>	Coinsurance

TN No.	<u>IA-17-004</u>	Effective	<u>July 1, 2017</u>
Supersedes TN No.	<u>IA-03-005</u>	Approved	<u>October 13, 2017</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACTState/Territory: IowaMETHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER
TYPES OF CAREPayment of Medicare Part A and B Deductible/Coinsurance**Medicare Part A or Part B Deductible and Coinsurance – Services Covered in the Medicaid State Plan**

Iowa Medicaid covers the Medicare Part A or Part B deductible and coinsurance up to the Medicaid Fee, less any amounts paid by Medicare. If this amount is negative, no Medicaid payment is made. If this amount is positive, Medicaid pays the lesser of:

- The coinsurance and deductible up to the Medicare Part A or Part B deductible and coinsurance billed, OR
- The Medicaid Fee less any amounts paid by Medicare.

Iowa Medicaid covers the Part A or Part B deductible and coinsurance for Qualified Medicare Beneficiaries (QMB), QMB Plus, Full Benefit Dual Eligibles who are not eligible as QMBs, and Specified Low-Income Medicare Beneficiaries (SLMB) Plus.

Iowa Medicaid does not cover Medicare Part A or B deductible and coinsurance for the Expanded SLMB (QI-1) or SLMB.

Medicare Part A or Part B Deductible and Coinsurance – Medicaid Non-Covered Services

For purposes of determining payment for Medicare Part A or Part B deductible and coinsurance, Iowa Medicaid calculates the Medicaid Fee for Medicaid non-covered services using 50 percent of the Medicare allowed amount.

Iowa Medicaid covers the Medicare Part A or Part B deductible and coinsurance for non-covered services up to the calculated Medicaid Fee, less any amounts paid by Medicare. If this amount is negative, no Medicaid payment is made. If this amount is positive, Medicaid pays the lesser of:

- The coinsurance and deductible up to the Medicare Part A or Part B deductible and coinsurance billed, OR
- The calculated Medicaid Fee less any amounts paid by Medicare.

Iowa Medicaid covers the Part A or Part B deductible and coinsurance for non-covered Medicaid services only for QMB and QMB Plus.

State Plan TN #	<u>IA-17-004</u>	Effective	<u>July 1, 2017</u>
Superseded TN #	<u>IA-03-005</u>	Approved	<u>October 13, 2017</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACTState/Territory: IowaMETHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER
TYPES OF CAREPayment of Medicare Part A and B Deductible/Coinsurance

For Full Benefit Dual Eligibles who are not eligible as QMBs, Iowa Medicaid limits Medicare cost sharing to only those services covered in the Medicaid State Plan.

Iowa Medicaid does not cover the Medicare Part A or Part B deductible and coinsurance for non-covered Medicaid services for SLMB Plus, QI-1, or SLMB.

The financial obligation of Iowa Medicaid for services is based upon Medicare's payment amount, not the provider's charge. Medicaid will not pay any portion of Medicare deductibles and coinsurance when payment that Medicare has made for the service equals or exceeds what Medicaid would have paid had it been the sole payer.