

## **Table of Contents**

**State/Territory Name: IA**

**State Plan Amendment (SPA) #: 17-0005**

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 12<sup>th</sup> Street, Suite 355  
Kansas City, Missouri 64106



**Division of Medicaid and Children's Health Operations**

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October 27, 2017

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

Dear Mr. Foxhoven:

On August 1, 2017, the Centers for Medicare & Medicaid Services (CMS) received Iowa's State Plan Amendment (SPA) transmittal #17-0005. This SPA adjusted the Medicaid anesthesia conversion factor to be equal to the calendar year 2017 Medicare anesthesia conversion factor as adjusted for the state, & converted to a per minute amount & updated annually.

We requested that the state demonstrate compliance with access to care requirements in the Social Security Act in relation to this amendment. The state confirmed that it received no comments from the public regarding this change. Additionally, the state confirmed that the changes proposed through the SPA are consistent with payment policies under the Medicare program. Based on this information, we are inferring that the amendment does not affect consistency with the access to care requirements described in section 1902(a)(30)(A) of the Act.

SPA #17-0005 was approved October 27, 2017, with an effective date of July 1, 2017, as requested by the state. Enclosed is a copy of the CMS-179 Summary Form, as well as the approved page for incorporation into the Iowa State Plan.

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

Sincerely, \_\_\_\_\_

10/27/2017

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

Sign

Enclosure

cc:  
Mikki Stier  
Alisa Horn  
Jennifer Steenblock

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>1 7</u> — <u>0 0 5</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	7. FEDERAL BUDGET IMPACT a. FFY 2017 \$ (53,747.00) b. FFY 2018 \$ (214,986.00)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, Page 1

10. SUBJECT OF AMENDMENT

The purpose of this Medicaid SPA is to adjust the Medicaid anesthesia conversion factor to be equal to the calendar year 2017 Medicare anesthesia conversion factor as adjusted for the state, & converted to a per minute amount & updated annually.

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 27, 2017
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PLAN APPROVED - ONE COPY ATTACHED

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

23. REMARKS

State/Territory:

IOWA

**ATTACHMENT 4.19-B  
METHODS AND STANDARDS  
FOR  
ESTABLISHING PAYMENT RATES  
FOR  
STATE PLAN COVERED SERVICES**

- A. When services which are reimbursed per a fee schedule, unless otherwise noted below, the same fee schedule applies to all providers -- both public and private -- and the fee schedule is published at the Iowa Medicaid Agency's website at: <https://dhs.iowa.gov/ime/providers/csrp/fee-schedule>.

Except for Other Independent Laboratory services and anesthesia services, the agency's rates were set as of July 1, 2017, and are effective for services on or after that date.

The fee schedule amounts for Other Independent Laboratory services, including code series 81000 are based on 95% of the Medicare Clinical Laboratory Fee Schedule. Effective January 1, 2017, and thereafter, the Department shall update the Independent Laboratory fee schedule using the most current calendar update as published by the Centers for Medicare and Medicaid Services.

Effective July 1, 2017, the Department shall update the anesthesia conversion factor using the most current calendar update of the Medicare anesthesia conversion factor, adjusted for the state, converted to a per minute amount.

- B. The principles and standards established in OMB Circular A-87 are applied, when applicable, in determining rates regardless of the reimbursement methodology or fee schedule described below.
- C. Rates paid for individual practitioner services based on the fee schedule or methodology described below shall not exceed the provider's customary charges for the service billed. In order for the Iowa Medicaid Agency to meet the requirements of 42 CFR 447.203(b)(1) providers of individual practitioner services must bill Medicaid the customary charge for the service provided.
- D. Providers of services must accept reimbursement based upon the Iowa Medicaid agency fee or methodology without making any additional charge to the recipient.
- E. All payments are made to providers. The term "provider" means an individual or an entity furnishing Medicaid services under an agreement with the Iowa Medicaid agency. An entity need not be a facility such as a hospital, ICF/ID, or nursing. Pursuant to 42 CFR 447.15 (g), the term may include facilities or entities who employ or contract with persons who are authorized under the Iowa State Plan to provide covered services. Also an entity may provides, for example, "clinic services (as defined in 42 CFR 440.90)" or "home health services (as defined in 42 CFR 440.70) and other services which are otherwise covered under Iowa Medicaid through its employees or contractors. In the latter case the entity would also be paid for those non-clinic and

State Plan TN # IA-17-005Effective July 1, 2017Superseded TN # IA-14-014Approved October 27, 2017