

Table of Contents

State/Territory Name: IA

State Plan Amendment (SPA) #: 17-0008

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

January 11, 2018

Michael Randol, Director
Iowa Medicaid Enterprise
Division of Medical Services
100 Army Post Road
Des Moines, IA 50315

Dear Mr. Randol:

On August 1, 2017, the Centers for Medicare & Medicaid Services (CMS) received Iowa's State Plan Amendment (SPA) Transmittal #17-0008. This SPA adjusted the reimbursement policy eliminating the primary care physician rate increase originally authorized by the Federal Health Care & Education Reconciliation Act of 2010, Sec. 1202, Pub. L. No 111-152, 42 U.S.C. §1396a(1)(13)(C).

SPA #17-0008 was approved January 10, 2018, 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,

1/11/2018

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

Sign

Enclosure

cc:
Mikki Stier, Deputy Director-DHS
Marty Swartz, IME
Jeff Marston, IME
Alisa Horn, IME
Jennifer Steenblock, IME

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>1 7 — 0 0 8</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 <u>\$ (402,500.00)</u> b. FFY 2018 <u>\$ (1,610,000.00)</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 23	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, Page 23

10. SUBJECT OF AMENDMENT

Adjust the reimbursement policy in order to eliminate the primary care physician rate increase originally authorized by the federal Health Care & Education Reconciliation Act of 2010, Sec. 1202, Pub.L.No 111-152, 42 U.S.C. §1396a(1) (13) (C).

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
13. TYPED NAME <u>Jerry R. Foxhoven</u>	Jerry R. Foxhoven DIRECTOR DEPARTMENT OF HUMAN SERVICES 1305 EAST WALNUT 5TH FLOOR DES MOINES IA 50319-0114
14. TITLE DIRECTOR	
15. DATE SUBMITTED	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED August 1, 2017	18. DATE APPROVED January 10, 2018
-------------------------------------	---------------------------------------

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL July 01, 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

The State did not make payment as of July 1, 2009 for the following codes and will not make payment for those codes under this SPA (specify codes). 99288, 99339, 99340, 99358, 99359, 99363, 99364, 99366, 99367, 99368, 99374, 99375, 99377, 99378, 99379, 99380, 99403, 99404, 99406, 99411, 99412, 99429

(Primary Care Services Affected by this Payment Methodology – continued)

The state will make payment under this SPA for the following codes which have been added to the fee schedule since July 1, 2009 (specify code and date added).

90460 (Effective 01.01.11) , 90461 (Effective 01.01.11), 99224 (01.01.11), 99225 (01.01.11), 99226 (01.01.11), 99441 (10.01.10), 99442 (10.01.10), 99443 (10.01.10), 99444 (10.01.10), 99499 (10.01.10)

Physician Services – Vaccine Administration

The state reimburses vaccine administration services furnished by the physicians identified above at the lesser of the state regional maximum administration fee set by the Vaccines for Children (VFC) program or the rate established in accordance with 42 CFR 444.405(b)(2) as of January 1, 2014.

Medicare Physician Fee Schedule rate

State regional maximum administration fee set by the Vaccines for Children program

Rate using the CY 2009 conversion factor

Effective Date of Payment

E & M Services

This reimbursement methodology applies to services delivered January 1, 2015 through June 30, 2017.

Vaccine Administration

This reimbursement methodology applies to services delivered January 1, 2015 through June 30, 2017.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of (ex. case management for persons with chronic mental illness). The agency’s fee schedule rate was set as of July 1, 2017 and is effective for services provided on or after that date. All rates are published at <http://dhs.iowa.gov/ime/providers/csrp/fee-schedule/agreement>