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State/Territory Name: IA

State Plan Amendment (SPA) #: 17-0009

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 20, 2017

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

Dear Mr. Foxhoven:

On September 20, 2017, the Centers for Medicare & Medicaid Services (CMS) received Iowa's State Plan Amendment (SPA) Transmittal #17-0009. This SPA eliminates the dental co-pay for adults due to the expansion of the state's Dental Wellness Plan.

SPA #17-009 was approved October 19, 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 pages for incorporation into the Iowa State Plan.

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

Sincerely,

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

Enclosure

cc:
Mikki Stier, DHS, IME
Julie Lovelady, IME
Alisa Horn, IME

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

1 7 — 0 0 9

2. STATE

IOWA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

July 1, 2017

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 1916 of the ACT and 42 CFR 447.52 *

7. FEDERAL BUDGET IMPACT

a. FFY 2017 \$ (3,844,258.00)

b. FFY 2018 \$ (15,273,706.00)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

G2a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

G2a

10. SUBJECT OF AMENDMENT

SPA is being updated to reflect changes to the dental cost sharing. The \$3.00 dental co-pay will be eliminated for Medicaid adult enrollees as part of the implementation to the modified Dental Wellness Plan.

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

13. TYPED NAME

Jerry R. Foxhoven

14. TITLE

DIRECTOR

15. DATE SUBMITTED

9-18-17

16. RETURN TO

Jerry R. Foxhoven
DIRECTOR
DEPARTMENT OF HUMAN SERVICES
1305 EAST WALNUT 5TH FLOOR
DES MOINES IA 50319-0114

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

September 18, 2017

18. DATE APPROVED

October 19, 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

* Pen and ink changes, per state email dated 10.10.17.



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: IA - 17 - 0009

Expiration date: 10/31/2014

Cost Sharing Amounts - Categorically Needy Individuals G2a

1916
1916A
42 CFR 447.52 through 54

The state charges cost sharing to all categorically needy (Mandatory Coverage and Options for Coverage) individuals.

Services or Items with the Same Cost Sharing Amount for All Incomes

	Service or Item	Amount	Dollars or Percentage	Unit	Explanation	
+			\$	Other		X

Services or Items with Cost Sharing Amounts that Vary by Income

Service or Item:

Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% FPL	50% FPL	0.00	\$	Prescription		X
+	50% FPL	No upper limit	1.00	\$	Prescription	Copayment charged for each covered drug dispensed. The cost to the State is determined without regard to federal financial participation in the Medicaid program or any rebates received. Any brand-name drug not subject to prior approval based on non-preferred status on the preferred drug list published by the Department pursuant to Iowa Code Section 249A.20A shall be treated as a preferred brand-name drug.	X

Service or Item:

Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% FPL	50% FPL	0.00	\$	Prescription		X



Medicaid Premiums and Cost Sharing

	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	50% FPL	No upper limit	2.00	\$	Prescription	Copayment charged for each covered drug dispensed. The cost to the State is determined without regard to federal financial participation in the Medicaid program or any rebates received. Any brand-name drug not subject to prior approval based on non-preferred status on the preferred drug list published by the Department pursuant to Iowa Code Section 249A.20A shall be treated as a preferred brand-name drug.	X

Service or Item:

Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% FPL	50% FPL	0.00	\$	Prescription		X
+	50% FPL	No upper limit	3.00	\$	Prescription	Copayment charged for each covered drug dispensed. The cost to the State is determined without regard to federal financial participation in the Medicaid program or any rebates received. Any brand-name drug not subject to prior approval based on non-preferred status on the preferred drug list published by the Department pursuant to Iowa Code Section 249A.20A shall be treated as a preferred brand-name drug.	X

Service or Item:

Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% FPL	50% FPL	0.00	\$	Day		X
+	50% FPL	No upper limit	1.00	\$	Day	Copayment charged for the total services rendered on a given date.	X

Service or Item:

Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% FPL	50% FPL	0.00	\$	Day		X
+	50% FPL	No upper limit	1.00	\$	Day	Copayment charged for the total services rendered on a given date.	X

Service or Item:

Remove Service or Item



Medicaid Premiums and Cost Sharing

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	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% FPL	50% FPL	0.00	\$	Day		X
+	50% FPL	No upper limit	1.00	\$	Day	Copayment charged for the total services rendered on a given date.	X

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+	0% FPL	50% FPL	0.00	\$	Day		X
+	50% FPL	No upper limit	2.00	\$	Day	Copayment charged for the total services rendered on a given date.	X

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	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% FPL	50% FPL	0.00	\$	Day		X
+	50% FPL	No upper limit	2.00	\$	Day	Copayment charged for the total services rendered on a given date.	X

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	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% FPL	50% FPL	0.00	\$	Day		X
+	50% FPL	No upper limit	2.00	\$	Day	Copayment charged for the total services rendered on a given date.	X

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	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% FPL	50% FPL	0.00	\$	Day		X
+	50% FPL	No upper limit	2.00	\$	Day	Copayment charged for the total services rendered on a given date.	X

Service or Item:

Remove Service or Item

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Medicaid Premiums and Cost Sharing

	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% FPL	50% FPL	0.00	\$	Day		X
+	50% FPL	No upper limit	2.00	\$	Day	Copayment charged for the total services rendered on a given date.	X

Service or Item: Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% FPL	50% FPL	0.00	\$	Day		X
+	50% FPL	No upper limit	2.00	\$	Day	Copayment charged for the total services rendered on a given date.	X

Service or Item: Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% FPL	50% FPL	0.00	\$	Day		X
+	50% FPL	No upper limit	2.00	\$	Day	Copayment charged for the total services rendered on a given date.	X

Service or Item: Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% FPL	50% FPL	0.00	\$	Day		X
+	50% FPL	No upper limit	2.00	\$	Day	Copayment charged for the total services rendered on a given date.	X

Service or Item: Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% FPL	50% FPL	0.00	\$	Day		X
+	50% FPL	No upper limit	2.00	\$	Day	Copayment charged for the total services rendered on a given date.	X

Service or Item: Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.



Medicaid Premiums and Cost Sharing

	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% FPL	50% FPL	0.00	\$	Day		X
+	50% FPL	No upper limit	3.00	\$	Day	Copayment charged for the total services rendered on a given date	X

Service or Item:

Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0% FPL	50% FPL	0.00	\$	Day		X
+	50% FPL	No upper limit	3.00	\$	Day	Copayment charged for the total services rendered on a given date.	X

Service or Item:

Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0%	50% FPL	0.00	\$	Other		X
+	50% FPL	No upper limit	1.00	\$	Other	Dually eligible (Medicare and Medicaid) members must make a copayment for each Medicare Part B (crossover) claim submitted to Medicaid, for services for which Medicaid otherwise collects a copayment.	X

Service or Item:

Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	0%	50%	0.00	\$	Visit		X
+	50%	No upper limit	3.00	\$	Visit	Copayment charged for nonemergency services when provided in a hospital emergency room.	X

Cost Sharing for Non-preferred Drugs Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-preferred drugs (entered above), answer the following question:

The state charges cost sharing for non-preferred drugs to otherwise exempt individuals.

No



Medicaid Premiums and Cost Sharing

Cost Sharing for Non-emergency Services Provided in the Hospital Emergency Department Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-emergency services provided in the hospital emergency department (entered above), answer the following question:

The state charges cost sharing for non-emergency services provided in the hospital emergency department to otherwise exempt individuals.

No

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20140415