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**State/Territory Name: IA**

**State Plan Amendment (SPA) #: 17-0019**

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 19, 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 September 12, 2017, the Centers for Medicare & Medicaid Services (CMS) received Iowa's State Plan Amendment (SPA) Transmittal #17-0019. This SPA is regarding compliance with Section 6032 of the Deficit Reduction Act of 2005. The amendment requires that any Medicaid provider or provider entity that receives payments, in any federal fiscal year, of at least \$5,000,000 must have written policies for all employees and contractors, and must educate employees and contractors regarding: 1) The Federal False Claims Act under title 31 of the United States Code, sections 3729 through 3733; 2) Administrative remedies for false claims and statements under title 31 of the United States Code, chapter 38; 3) Any State laws pertaining to civil or criminal penalties for false claims and statements (Iowa Code chapters 249A and 685 and Iowa Code sections 714.8(10)-714.14); 4) Whistleblower protections under such laws; and 5) the provider or provider entity's policies and procedures for detecting and preventing fraud, waste, and abuse.

SPA #17-0019 was approved October 17, 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 Sandra Levels, at (816) 426-5925.

Sincerely,  10/19/2017

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

Sign

Enclosure

cc:  
Mikki Stier, DHS, IME  
Julie Lovelady, IME  
Don Gookin, IME  
Jennifer Steenblock, 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 1 9

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 \$ 0  
b. FFY 2018 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Attachment 4.43-A, Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
Attachment 4.43-A, Page 1

10. SUBJECT OF AMENDMENT  
SPA submission RE: Section 6032 of the DRA of 2005. Will require only an annual attestation from providers. IA Medicaid will have option to verify through audits, document reviews or onsite reviews.

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  
9-12-17

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 12, 2017

18. DATE APPROVED  
October 17, 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

State/Territory:

IOWA

**ATTACHMENT 4.43-A**  
**FREQUENCY AND DESCRIPTION OF METHOD OF COMPLIANCE OVERSIGHT**

Compliance with Section 6032 of the Deficit Reduction Act of 2005 (Pub.L. 109-171) is mandatory for providers or provider entities receiving at least \$5,000,000 from the Iowa Medicaid program in any federal fiscal year. The \$5,000,000 amount, for Iowa Medicaid purposes, will be based on paid claims, net of any adjustments to those claims.

The Department, or a contractor of the Department, will monitor compliance with these federal requirements. In doing so, it will be the responsibility of providers or provider entities to make the determination as to whether they meet the \$5,000,000 threshold.

On an annual basis each provider or provider entity meeting the threshold will be required to submit an annual attestation of compliance to the Iowa Medicaid program stating that during the prior twelve (12) months the provider or provider entity has provided education to employees and contractors concerning:

- 1) The Federal false Claims Act established under section 3729 through 3733 of Title 31, United States Code.
- 2) Administrative remedies for false claims and statements established under Chapter 38 of Title 31, United States Code.
- 3) State laws pertaining to Medicaid fraud, waste, and abuse
- 4) Civil or criminal penalties for false claims and statements
- 5) Whistleblower protections under such laws, with respect to the role of such laws in preventing and detecting fraud, waste, and abuse in Federal health care programs

The attestation will be provided annually in the quarter following the end of each federal fiscal year (October to December), but before January 1 of the following year.

Compliance may also be monitored through a variety of methods including audits, document reviews, or onsite reviews.

Any provider or provider entity that fails to comply will be subject to sanction, including probation, suspension, or termination of participation in the Iowa Medicaid program.

State Plan TN #	<u>MS-17-019</u>	Effective	<u>July 1, 2017</u>
Superseded TN #	<u>MS-07-002</u>	Approved	<u>October 17, 2017</u>