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State/Territory Name: IA

State Plan Amendment (SPA) #: 17-0021

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

December 22, 2017

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

Dear Mr. Randol:

On December 13, 2017, the Centers for Medicare & Medicaid Services (CMS) received Iowa's State Plan Amendment (SPA) Transmittal #17-0021. This SPA is a technical correction to the state's Medicaid state plan reserving Attachment 4.22-C, page 2 for future use.

SPA #17-0021 was approved December 21, 2017 with an effective date of January 1, 2018, 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,

12/22/2017

Megan Buck
Acting Associate Regional Administrator
for Medicaid and Children's Health Operations

Sign

Enclosure

cc:
Mikki Stier, Deputy Director, Iowa DHS
Julie Lovelady, 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 <u>1 7 — 0 2 1</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 January 1, 2018	

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>0</u> b. FFY 2018 \$ <u>0</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.22-C Page 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.22-C Page 2 (Page 2 is now reserved). Technical Amendment.

10. SUBJECT OF AMENDMENT

The Iowa HIPP cost effective formula is changing from using MMIS averages to compare the cost of health insurance, to the average cost of capitation.

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 <u>Jerry R. Foxhoven</u>	
14. TITLE DIRECTOR	
15. DATE SUBMITTED 12-13-17	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED December 13, 2017	18. DATE APPROVED December 21, 2017
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2018	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME Megan Buck	22. TITLE Acting Associate Regional Administrator for Medicaid and Children's Health Operations

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: IOWA

RESERVED

TN No. MS-17-021

Supersedes TN No. MS-02-01 Approval Date: 12/21/17 Effective Date: 1/1/18