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State/Territory Name: IA

State Plan Amendment (SPA) #: 18-0021

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Page



Financial Management Group

December 10, 2018

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

RE: Iowa Medicaid State Plan Amendment TN: 18-0021

Dear Mr. Foxhoven:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 18-0021. This amendment revises the current inpatient hospital 30-day re-admission policy to exclude re-admissions that are planned for repetitive or staged treatments. This amendment also clarifies that the re-admission policy does not apply to Critical Access Hospitals (CAHs).

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. This is to inform you that Medicaid State plan amendment 18-021 is approved effective December 1, 2018. We are enclosing the CMS-179 and the amended plan page.

If you have any questions, please call Tim Weidler at (816) 426-6429.

Sincerely,

Kristin Fan
Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>1 8 -- 00 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 December 1, 2018	
5. TYPE OF PLAN MATERIAL. (Check One)			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> 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 2019 \$ 255,938	
		b. FFY 2020 \$ 1,023,750	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-A, Page 17b		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-A, Page 17b	
10. SUBJECT OF AMENDMENT Revises the current inpatient hospital 30-day re-admission policy to exclude re-admissions that are planned for repetitive or staged treatments & to clarify that the policy does not apply to CAHs.			
11. GOVERNOR'S REVIEW (Check One)			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL		16. RETURN TO	
13. TYPED NAME Jerry R. Foxhoven		JERRY R FOXHOVEN DIRECTOR DEPARTMENT OF HUMAN SERVICES 1305 EAST WALNUT 5TH FLOOR DES MOINES IA 50319-0114	
14. TITLE DIRECTOR			
15. DATE SUBMITTED 12-11-18			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED		18. DATE APPROVED DEC 10 2018	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL DEC 01 2018		20. SIGNATURE OF REGIONAL OFFICIAL	
21. TYPED NAME Kristin Fan		22. TITLE Director, FMG	
23. REMARKS			

Methods and Standards for Establishing Payment Rates for Inpatient Hospital Care

Readmission Policy

When a patient is discharged/transferred from an acute care hospital, and is readmitted to the same acute care hospital within thirty (30) days for symptoms related to, or for evaluation and management of, the prior stay's medical condition, the original claim generated by the original stay will be adjusted by combining the original and subsequent stay onto a single claim.

The readmission policy does not apply to the following:

- Readmissions that are planned readmissions for repetitive or periodic treatments
- Critical access hospitals

TN No.

IA-18-021

Effective

DEC 01 2018

Supersedes TN No.

IA-15-007

Approved

DEC 10 2018