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State/Territory Name: IA

State Plan Amendment (SPA) #: 18-0020

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 6, 2018

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

Dear Mr. Randol:

On October 10, 2018, the Centers for Medicare & Medicaid Services (CMS) received Iowa's State Plan Amendment (SPA) Transmittal #18-0020 requesting an effective date of December 1, 2018. The purpose of the SPA is to change the state's pharmacy co-payment to \$1.00 per prescription or refill.

SPA #18-0020 was approved November 22, 2018, with an effective date of December 1, 2018, 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 Tyson Christensen at (816) 426-5925.

Sincerely, 12/6/2018

Leticia Barraza
Acting Associate Regional Administrator
for Medicaid and Children's Health Operations

Signature

Enclosure

cc:
Jerry R. Foxhoven, Director
Jennifer Steenblock, IME
Heather Miller, IME
Alisa Horn, IME
Sandra Levels, DMCHO

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>1 8 — 0 2 0</u>	2. STATE <p style="text-align: center;">IOWA</p>
		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 <p style="text-align: center;">December 1, 2018</p>	
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 2018 ¹⁹ \$ 0	
		b. FFY 2018 ²⁰ \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT G1 - Cost Sharing Requirements G2a - Cost Sharing Amounts - Categorically Needy Individuals Both submitted via MADP MMDL		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) G1 - Cost Sharing Requirements G2a - Cost Sharing Amounts - Categorically Needy Individuals Both submitted via MADP MMDL	
10. SUBJECT OF AMENDMENT <p style="text-align: center;">Pharmacy co-payment is changed to a co-payment of \$1.00 per prescription or refill.</p>			
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 JERRY R FOXHOVEN DIRECTOR DEPARTMENT OF HUMAN SERVICES 1305 EAST WALNUT 5TH FLOOR DES MOINES IA 50319-0114	
13. TYPED NAME <p style="text-align: center;">Jerry R. Foxhoven</p>			
14. TITLE <p style="text-align: center;">DIRECTOR</p>			
15. DATE SUBMITTED <p style="text-align: center;">10-10-18</p>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED <p style="text-align: center;">September 10, 2018</p>		18. DATE APPROVED <p style="text-align: center;">November 22, 2018</p>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL <p style="text-align: center;">December 1, 2018</p>		20. SIGNATURE OF REGIONAL OFFICIAL	
21. TYPED NAME <p style="text-align: center;">Leticia Barraza</p>		22. TITLE <p style="text-align: center;">Acting Associate Regional Administrator for Medicaid and Children's Health Operations</p>	
23. REMARKS			



Medicaid Premiums and Cost Sharing

State Name: Iowa

OMB Control Number: 0938-1148

Transmittal Number: IA - 18 - 0020

Expiration date: 10/31/2014

Cost Sharing Requirements

G1

1916
1916A
42 CFR 447.50 through 447.57 (excluding 447.55)

The state charges cost sharing (deductibles, co-insurance or co-payments) to individuals covered under Medicaid.

Yes

- The state assures that it administers cost sharing in accordance with sections 1916 and 1916A of the Social Security Act and 42 CFR 447.50 through 447.57.

General Provisions

- The cost sharing amounts established by the state for services are always less than the amount the agency pays for the service.
- No provider may deny services to an eligible individual on account of the individual's inability to pay cost sharing, except as elected by the state in accordance with 42 CFR 447.52(e)(1).
- The process used by the state to inform providers whether cost sharing for a specific item or service may be imposed on a beneficiary and whether the provider may require the beneficiary to pay the cost sharing charge, as a condition for receiving the item or service, is (check all that apply):
- The state includes an indicator in the Medicaid Management Information System (MMIS)
 - The state includes an indicator in the Eligibility and Enrollment System
 - The state includes an indicator in the Eligibility Verification System
 - The state includes an indicator on the Medicaid card, which the beneficiary presents to the provider
 - Other process

Description:

MCOs are contractually required to make this information available to providers for their members. DHS reviews and approves the MCO's methodology. On the fee-for-service (FFS) side, information is provided to (FFS) providers regarding copayments applicable to FFS members in the "All Provider" portion of the (FFS) Provider Manuals, in Chapter I thereof, related to "General Program Policies. Information related to copayments is found on pages 44 – 46 of this manual.

- Contracts with managed care organizations (MCOs) provide that any cost-sharing charges the MCO imposes on Medicaid enrollees are in accordance with the cost sharing specified in the state plan and the requirements set forth in 42 CFR 447.50 through 447.57.

Cost Sharing for Non-Emergency Services Provided in a Hospital Emergency Department

The state imposes cost sharing for non-emergency services provided in a hospital emergency department.

Yes

- The state ensures that before providing non-emergency services and imposing cost sharing for such services, that the hospitals providing care:



Medicaid Premiums and Cost Sharing

- Conduct an appropriate medical screening under 42 CFR 489.24, subpart G to determine that the individual does not need emergency services;
 - Inform the individual of the amount of his or her cost sharing obligation for non-emergency services provided in the emergency department;
 - Provide the individual with the name and location of an available and accessible alternative non-emergency services provider;
 - Determine that the alternative provider can provide services to the individual in a timely manner with the imposition of a lesser cost sharing amount or no cost sharing if the individual is otherwise exempt from cost sharing; and
 - Provide a referral to coordinate scheduling for treatment by the alternative provider.
- The state assures that it has a process in place to identify hospital emergency department services as non-emergency for purposes of imposing cost sharing. This process does not limit a hospital's obligations for screening and stabilizing treatment of an emergency medical condition under section 1867 of the Act; or modify any obligations under either state or federal standards relating to the application of a prudent-layperson standard for payment or coverage of emergency medical services by any managed care organization.

The process for identifying emergency department services as non-emergency for purposes of imposing cost sharing is:

“Non-emergency care” would be defined as any health care service provided to evaluate and/or treat any medical condition such that a prudent layperson possessing an average knowledge of medicine and health determines that immediate unscheduled medical care is not required. Hospital ER staff will make this determination, and it will become part of the EMTALA screening. If ER staff (medical professional at the hospital) determines the condition to be non-emergent, they will advise the recipient that it is not a condition that requires emergency treatment, and that they (the hospital) will assist them in locating another facility (late night clinic, etc.), call their primary care physician when they are open, or go to urgent care clinic that may be available.

If the individual still opts to be treated at the ER, they will be required to pay the \$3 co-pay (for regular Medicaid) and \$8 (for IHAWP) for non-emergent care in the ER. The deduction of the copay by the Iowa Medicaid Enterprise (IME) will be determined based on the diagnosis codes submitted on the claims. Providers will be instructed in the Informational Letter (IL) that any claim lacking an emergent diagnosis code, but where the “prudent layperson” determination by hospital staff was “appeared emergent”, the provider is directed by the state to contact the IME to have the claim handled through the existing Provider Inquiry process to be adjusted to pay without deducting the copay. This requirement will be announced to all hospitals by IL and post-pay review sample of claims will be used to ensure provider compliance with these requirements.

Members have appeal rights for virtually any “adverse action”, which a member believes to have occurred, and that would be the case here as well.

The foregoing “approach” has been communicated with hospitals, via their statewide association, and, the state will issue corresponding Informational Letters to reinforce these requirements.

Cost Sharing for Drugs

The state charges cost sharing for drugs.

Yes

The state has established differential cost sharing for preferred and non-preferred drugs.

No

- All drugs will be considered preferred drugs.



Medicaid Premiums and Cost Sharing

Beneficiary and Public Notice Requirements

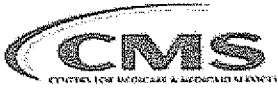
- Consistent with 42 CFR 447.57, the state makes available a public schedule describing current cost sharing requirements in a manner that ensures that affected applicants, beneficiaries and providers are likely to have access to the notice. Prior to submitting a SPA which establishes or substantially modifies existing cost sharing amounts or policies, the state provides the public with advance notice of the SPA, specifying the amount of cost sharing and who is subject to the charges, and provides reasonable opportunity for stakeholder comment. Documentation demonstrating that the notice requirements have been met are submitted with the SPA. The state also provides opportunity for additional public notice if cost sharing is substantially modified during the SPA approval process.

Other Relevant Information

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



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: IA - 18 - 0020

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. Yes

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.	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

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: Ambulance services

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: Audiologist services

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: Hearing aid dealer

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: Medical equipment, appliances, prosthetic devices, and sickroom supplies

Remove Service or Item

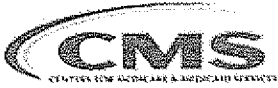
Indicate the income ranges by which the cost sharing amount for this service or item varies.

	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: Optician services

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	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

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V.20140415