

## **Table of Contents**

**State/Territory Name: IA**

**State Plan Amendment (SPA) #: 11- 021**

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**

---

August 29, 2016

Charles M. Palmer, Director  
Department of Human Services  
Hoover State Office Building  
1305 East Walnut Street, 5<sup>th</sup> Floor  
Des Moines, IA 50319-0114

Dear Mr. Palmer:

The Centers for Medicare & Medicaid Services (CMS), Kansas City Regional Office, has completed its review of Iowa State Plan Amendment (SPA) Transmittal Number #11-021. This SPA was submitted on September 23, 2011. The purpose of the SPA is to impose copayments for non-emergency use of the emergency room.

During the review of this SPA, CMS became concerned that, because of regulatory changes effective January 1, 2014, Iowa's cost-sharing policies under SPA 11-021 were not in compliance with the requirements of 42 CFR 447.50 through 447.57, with respect to non-emergency use of the emergency department, implementation of the five percent aggregate household limit, and exemption of certain American Indians and Alaskan Natives. The state has addressed these concerns by updating its cost-sharing policies through SPA 16-0002, which is being approved concurrently with SPA 11-021. SPA 16-0002 indicates that the state will comply with the requirements of 42 CFR 447.50 through 447.57.

Based upon the information received, we approved SPA# 11-021 on August 29, 2016, with an effective date of September 1, 2011, as requested by the state. Enclosed is a copy of the CMS 179 form, as well as, the approved pages for incorporation into the Iowa State plan.

If you have any questions regarding these state plan amendment, please contact Sandra Levels at [Sandra.Levels@cms.hhs.gov](mailto:Sandra.Levels@cms.hhs.gov) or (816) 426-5925.

Sincerely,

8/29/2016

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

Signed by: James G. Scott -A

Enclosure

cc:  
Mikki Stier, IME  
Jennifer Steenblock, IME  
Marty Swartz, IME  
Alisa Horn, IME  
Sandra Levels, CMS

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

1. TRANSMITTAL NUMBER

1 1 — 0 2 1

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

September 1, 2011

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

42 CFR 457.515

7. FEDERAL BUDGET IMPACT

a. FFY '11 \$ (3,549.04)

b. FFY '12 \$ (41,282.80)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.18-A, Page 1c

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

10. SUBJECT OF AMENDMENT

HF 649, as authorized by the Iowa General Assembly, imposed a \$3.00 co-pay for hospital  
emergency room visits for non-emergent conditions.

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

CHARLES M. PALMER

14. TITLE

DIRECTOR

15. DATE SUBMITTED

9-23-11

16. RETURN TO

CHARLES M. PALMER  
DIRECTOR  
DEPARTMENT OF HUMAN SERVICES  
1305 EAST WALNUT 5TH FLOOR  
DES MOINES IA 50319-0114

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

September 23, 2011

18. DATE APPROVED

August 29, 2016

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

September 1, 2011

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

James G. Scott

22. TITLE

Associate Regional Administrator  
for Division of Medicaid and Children's Health Operations

23. REMARKS

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Iowa

D. The procedures for implementing and enforcing the exclusion the exclusions from cost sharing contained in 1916(a) and (j) of the Act and 42 CFR 447.53(b) are described below:

1. The Medicaid agency issues a manual to all providers that identifies the services that are subject to copayment, the amount of the copayment to be imposed and the categories of recipients and services that are excluded from copayment.
2. The manual instructs providers that they may not deny care or service because of the recipient's inability to pay a copayment.
3. Recipients also received information advising when exclusions from copayment apply.
4. Copayments are applied to all medical services with these specific exemptions.

**Exemption to Copayment****Enforcement Provided**

Persons under Age 21

The recipient's birthdate is recorded on the medical ID card. Providers can view the medical ID to apply the exemption.

Family planning services or supplies

The family planning clinic service and genetic consultation clinic service provider groups have not been assigned a copayment. Other providers use a Z2 modifier to denote family planning services. Claims with a Z2 modifier are exempt from copayment. Use of the z2 modifier is explained in the provider manual.

State Plan TN # IA-11-021Effective September 1, 2011Superseded TN # MS-91-15Approved August 29, 2016

State/Territory:

Revised Submission 11.22.2011

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

A. The following charges are imposed on the medically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins	Copay	
Hospital Emergency Room Visits for Non-Emergent Conditions			X	\$3.00 for total covered services rendered in a hospital emergency room department rendered on a given date of service. ***
***The basis for the copayment is the statewide average payment for all the service provided one recipient by one provider on a single date. Averages were computed from claims paid during a fiscal year 2010.				

State Plan TN # IA-11-021  
 Superseded TN # N/A – New Page

Effective September 1, 2011  
 Approved August 29, 2016