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State/Territory Name: IA

State Plan Amendment (SPA) #: 13-015

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/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

October 17, 2013

Charles M. Palmer, Director
Department of Human Services
Hoover State Office Building
1305 East Walnut, 5th Floor
Des Moines, Iowa 50319-0119

Dear Mr. Palmer:

On July 31, 2013, the Centers for Medicare & Medicaid Services (CMS) received Iowa's state plan amendment (SPA), transmittal #13-015 through which the State is proposing to amend physician reimbursement by removing site of service differential applied to services rendered in a facility setting effective July 1, 2013.

Based upon the information received, we are now ready to approve SPA #13-015 as of September 30, 2013, with an effective date of July 1, 2013, 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 Medicaid State Plan. If you have any questions regarding this amendment, please contact Narinder Singh at (816) 426-5925 or Narinder.Singh@cms.hhs.gov


Sincerely,

//s//

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

Enclosure

cc: Jennifer Vermeer

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>1 3 — 0 1 5</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 July 1, 2013	
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 '13 \$ 368,658.75	
		b. FFY '14 \$ 1,376,990.73	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 1d		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, Page 1d	
10. SUBJECT OF AMENDMENT Conference Committee Report for SF 446, rescinded the site of service differential applied to services in a facility setting. The purpose of this SPA is to end the site of service differential for services provided on or after July 1, 2013.			
11. GOVERNOR'S REVIEW (Check One)			
<input 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 CHARLES M. PALMER		CHARLES M. PALMER DIRECTOR DEPARTMENT OF HUMAN SERVICES 1305 EAST WALNUT 5TH FLOOR DES MOINES IA 50319-0114	
14. TITLE DIRECTOR			
15. DATE SUBMITTED 7-31-13			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED July 31, 2013		18. DATE APPROVED September 30, 2013	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2103		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME James G. Scott		22. TITLE Associate Regional Administrator for Medicaid and Children's Health Operations	
23. REMARKS			

State/Territory:

IOWA

Home Health-Intermittent Nursing Services – Effective for services rendered on or after December 1, 2009, reimbursement made at the lower of: the home health agency’s average cost per visit per the Medicare cost report; the agency’s rate in effect at November 30, 2009, less five percent; or the base year Medicare per visit limitations plus inflation. (Page 8 of Attachment 4.19-B)

Effective for services rendered on or after July 1, 2012, reimbursement made at the lower of: the home health agency’s average cost per visit per the Medicare cost report; the agency’s rate in effect at June 30, 2012, plus two percent; or the base year Medicare per visit limitations plus inflation (Page 8 of Attachment 4.19-B).

Community Mental Health Centers – Effective for services rendered December 1, 2009 through June 30, 2010, reimbursement will be reduced to 97.5% of reconciled cost. (Page 9, of Attachment 4.19-B)

Rehabilitation – Effective for services rendered on or after December 1, 2009, reimbursement will be 100% of cost, not to exceed 110% of the statewide average allowable cost less 5% (Page 12 of Attachment 4.19-B)

Hospital-Specific Base APC Rates – Effective for services rendered on or after December 1, 2009, all reimbursement rates will be reduced by 5%, excluding IowaCare network providers. (Page 14 of Supplement 2 of Attachment 4.19-B)

Graduate Medical Education and Disproportionate Share Pool – Effective on or after December 1, 2009, the total annual pool amount that is allocated to the Graduate Medical education and disproportionate share pool for direct medical education related to outpatient services is \$2,776,336. (Page 22 of Supplement 2 of Attachment 4.19-B)

Physician Services Rendered in Facility Settings – Effective for services rendered on or after September 1, 2011, site of service differentials will be applied to certain professional services rendered by physicians with a facility place of service. The site of service differential will only apply to those CPT/HCPCS codes that Medicare has determined to be eligible for site of service payment differentials under that program. The list of CPT/HCPCS procedures codes affected are posted at the following website: http://www.ime.state.ia.us/Reports_Publications/FeeSchedule.html.

Effective for services rendered on or after April 25, 2012 and through December 31, 2012, site of service differentials will not be applied to certain professional services rendered by physicians with a facility place of service. Effective for services rendered on or after July 1, 2013, site of service differentials will no longer be applied to services rendered by physicians in a hospital setting, pursuant to state legislative mandate. The site of service differentials previously applied to those CPT/HCPCS codes that Medicare has determined to be eligible for site of service payment differentials under that program. Effective July 1, 2013, all services provided by physicians in a hospital setting will be reimbursed using the non-facility rate.

State Plan TN # IA-13-015

Effective

JUL 1 2013

Superseded TN # IA-12-013

Approved

SEP 30 2013