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**State/Territory Name: IA**

**State Plan Amendment (SPA) #: 16-0003**

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**

June 22, 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:

On May 24, 2016, the Centers for Medicare & Medicaid Services (CMS) received Iowa's State Plan Amendment (SPA) transmittal #16-0003, which removes from the state plan a Prepaid Inpatient Health Plan (PIHP) as an entity with which the state will contract with for services. In addition, this SPA was updated to reflect that Iowa contracts with a Prepaid Ambulatory Health Plan (PAHP) for dental services.

Based upon the information received, we are now ready to approve SPA #16-0003 as of June 9, 2016, with an effective date of April 1, 2016, as requested by the state.

Enclosed is a copy of the CMS-179 form, as well as the approved page for incorporation into the Iowa State Plan.

If you have any questions regarding this amendment, please contact Michala Walker or Sandra Levels at (816) 426-5925.

Sincerely,

6/22/2016

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

Signed by: Leticia Barraza -S

Enclosure

cc:  
Mikki Stier

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <div style="text-align: center;">1 6 — 0 0 3</div>	2. STATE <div style="text-align: center;">IOWA</div>
		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 <div style="text-align: center;">April 1, 2016</div>	
		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 <div style="text-align: center;">42 CFR 438.6</div>		7. FEDERAL BUDGET IMPACT a. FFY 2016 \$ (52,800,000) b. FFY 2017 \$ (119,600,000)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <div style="text-align: center;">Section 2.1, Page 11</div>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable) <div style="text-align: center;">Section 2.1, Page 11</div>	
10. SUBJECT OF AMENDMENT State will no longer contract with a prepaid inpatient health plan (PIHP), the federal authority under which the Magellan contract for the Iowa Plan for Behavioral Health operates. The program will sunset & be replaced with the NCOs.			
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  13. TYPED NAME <div style="text-align: center;">CHARLES M. PALMER</div> 14. TITLE <div style="text-align: center;">DIRECTOR</div> 15. DATE SUBMITTED <div style="text-align: center;">5-24-16</div>		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 <div style="text-align: center;">May 24, 2016</div>		18. DATE APPROVED <div style="text-align: center;">June 9, 2016</div>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL <div style="text-align: center;">April 1, 2016</div>		20. SIGNATURE OF REGIONAL OFFICIAL <div style="text-align: center;">//s//</div>	
21. TYPED NAME <div style="text-align: center;">Leticia Barraza</div>		22. TITLE <div style="text-align: center;">Acting Associate Regional Administrator for Medicaid and Children's Health Operations</div>	
23. REMARKS			

State: IowaCitation42 CFR 435.914  
1902(a)(34) of the Act2.1 (b) (1) Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in ATTACHMENT 2.6-A.1902(e)(8) and  
1905(a) of the Act(2) For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.1902(a)(47) and  
1920 of the Act☒ (3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.

42 CFR 438.6

(c) The Medicaid agency elects to enter into a risk contract that complies with 42 CFR 438.6 and that is procured through an open, cooperative procurement process that is consistent with 45 CFR Part 74. The risk contract is with (check all that apply):

- ☐ Qualified under title XIII of the Public Health Services Act.
- ☒ A Managed Care Organization that meets the definition of 1903(m) of the Act and 42 CFR 438.2.
- ☐ A Prepaid Inpatient Health Plan that meets the definitions of 42 CFR 438.2.
- ☒ A Prepaid Ambulatory Health Plan that meets the definition of 42 CFR 438.2.
- ☐ Not applicable.

TN No. IA-16-003Approval Date June 9, 2016 Effective Date April 1, 2016

Supersedes

TN No. MS-03-14