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State/Territory Name: IA

State Plan Amendment (SPA) #: 16-017

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



December 2, 2016

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

Dear Mr. Palmer:

On September 20, 2016, the Centers for Medicare & Medicaid Services (CMS) received Iowa's State Plan Amendment (SPA) Transmittal #16-017. This SPA increased the Medicaid LUPA wage index-adjusted fee rates in effect on June 30, 2106, by 2.93% effective July 1, 2016.

SPA #16-017 was approved December 1, 2016, with an effective date of July 1, 2016, as requested by the state. Enclosed is a copy of the CMS-179 summary form, as well as the approved page for incorporation into the Iowa State Plan.

If you have any questions regarding this amendment, please contact Karen Hatcher or Kevin Slaven at (816) 426-5925.

Sincerely,

12/2/2016

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

Enclosure

cc: Mikki Stier Alisa Horn Jennifer Steenblock

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL					
	1 6 0 1 7 IOWA				
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)				
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES	4. PROPOSED EFFECTIVE DATE				
DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2016				
5. TYPE OF PLAN MATERIAL (Check One)					
NEW STATE PLAN	ERED AS NEW PLAN				
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 2016 \$ 340,695.34 b. FFY 2017 \$ 1,020.340.45				
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION				
Attachment 4.19-B, Page 8	OR ATTACHMENT (If Applicable)				
	Attachment 4.19-B, Page 8				
10. SUBJECT OF AMENDMENT Conference Committee Report for HF 2460 authori rate effective 7/1/16. The appropriation includ to fund the increase.	zed a rate increase for home health LUPA led an allocation of \$1 million state dollar	rs 53			
11, GOVERNOR'S REVIEW (Check One)	<u></u>				
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED				
12, SIGNATURE OF STATE AGENCY OFFICIAL 16	RETURN TO				
12. SIGNATURE OF STATE AGENCY OFFICIAL	CHARLES M. PALMER				
12. SIGNATURE OF STATE AGENCY OFFICIAL 16 13. TYPED NAME CHARLES M. FALMER	CHARLES M. PALMER DIRECTOR DEPARTMENT OF HUMAN SERVICES				
13 TYPED NAME	CHARLES M. PALMER DIRECTOR				
13. TYPED NAME 14. TITLE	CHARLES M. PALMER DIRECTOR DEPARTMENT OF HUMAN SERVICES 1305 EAST WALNUT 5TH FLOOR				
13. TYPED NAME CHARLES M. PALMER 14. TITLE DIRECTOR 15. DATE SUBMITTED	CHARLES M. PALMER DIRECTOR DEPARTMENT OF HUMAN SERVICES 1305 EAST WALNUT 5TH FLOOR DES MOINES IA 50319-0114				
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Instructions on Back

Revised Submission 11.17.16

Attachment 4.19-B PAGE 8

State/Territory:

IOWA

6d9. <u>CERTAIN PHARMACISTS SERVICES:</u> Fee schedule.

6d10. <u>SERVICES OF ADVANCED NURSE PRACTITIONERS CERTIFIED IN PSYCHIATRIC OR MENTAL</u> <u>HEALTH SPECIALTIES</u>: Fee schedule. The fee schedule is based on the definitions of medical and surgical procedures given in the most recent edition of Physician's Current Procedural Terminology (CPT). The fee schedule is established as 85% of the physician fee schedule.

7. <u>HOME HEALTH SERVICES</u>

The payment for each home health service is determined retrospectively based on the disciplines (skilled nursing, home health aide, physical therapy (PT), occupational therapy (OT), and speech therapy in aggregate. Interim payments for home health agencies are made based on the home health agency's cost-to-charge ratios. A tentative cost settlement is performed based on the as-submitted Medicare cost report and a final cost settlement is performed based on the finalized Medicare cost report.

For services on or after July 1, 2013, the payment for each home health service is determined by the Medicare low utilization payment adjustment (LUPA) wage index-adjusted fee schedule rates for each of the disciplines (skilled nursing, home health aide, physical therapy (PT), occupational therapy (OT), and speech therapy (ST). The LUPA base rates and the Medicare wage index shall be updated every two years. For services on or after July 1, 2015, payment will be the most current Medicare LUPA rates less 8.35%. For services on or after July 1, 2016, the Medicaid LUPA wage index-adjusted fee schedule rates in effect on June 30, 2016, will be increased by 2.93%.

7a. <u>HOME HEALTH SERVICES – SKILLED NURSING SERVICES</u>

The basis of payment for skilled nursing services provided by a home health agency is reasonable cost subject, reconciled on a retrospective basis by the State Medicaid Agency, subject to the following: Payment for skilled nursing services is made at the lower of: the home health agency's average cost per visit per the submitted Medicare cost report; the agency's Medicaid per visit limit in effect at November 30, 2009, less five percent; or the base year Medicare per visit limitations plus inflation effective November 30, 2009. The average cost per visit is derived from the Medicare cost report where cost for Medicaid is calculated by multiplying the average cost per visit times the covered Medicaid skilled nursing visits which are subject to a desk review. The agency's Medicaid per visit limit is based on agency cost at 06/30/2001 subject to periodic adjustment. The base year for the Medicare per visit limit was calendar year 2000 subject to annual home health market basket updates.

For services on or after July 1, 2013, the payment for each home health service is determined by the Medicare low utilization payment adjustment (LUPA) wage index-adjusted fee schedule rates for each of the disciplines (skilled nursing, home health aide, physical therapy (PT), occupational therapy (OT), and speech therapy (ST). The LUPA base rates and the Medicare wage index shall be updated every two years. For services on or after July 1, 2015, payment will be the most current Medicare LUPA rates less 8.35%. For services on or after July 1, 2016, the Medicaid LUPA wage index-adjusted fee schedule rates in effect on June 30, 2016, will be increased by 2.93%.

7b. <u>HOME HEALTH SERVICES– HOME HEALTH AIDE SERVICES:</u> Same as 7a.

7c. <u>HOME HEALTH SERVICES</u> - <u>MEDICAL SUPPLIES AND EQUIPMENT</u>: Fee schedule. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of medical supplies and equipment. The agency's fee schedule rate was set as of July 1, 2016, and is effective for services provided on or after that date. All rates are published at <u>www.dhs.iowa.gov</u>.

7d. <u>HOME HEALTH SERVICES - PHYSICAL THERAPY, OCCUPATIONAL THERAPY & SPEECH</u> <u>PATHOLOGY SERVICES:</u> Same as 7a.

State Plan TN #	IA-16-017	Effective	July 1, 2016
Superseded TN #	IA-15-006	Approved	December 1, 2016