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State/Territory Name: Iowa

State Plan Amendment (SPA) #: 21-0009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Center for Medicaid and CHIP Services

Disabled and Elderly Health Programs Group

October 19, 2021

Ms. Elizabeth Matney
Medicaid Director
Iowa Medicaid Enterprise
1305 E. Walnut Street
Des Moines, IA 50319

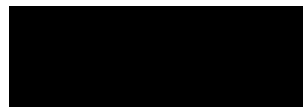
Dear Ms. Matney:

The CMS Division of Pharmacy team has reviewed Iowa's State Plan Amendment (SPA) 21-0009 received in the CMS Medicaid & CHIP Operations Group on August 22, 2021. This SPA proposes to increase the professional dispensing fee from \$10.07 to \$10.38 per prescription, based on a recent cost of dispensing survey of Iowa Medicaid enrolled pharmacy providers.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 21-0009 is approved with an effective date of November 1, 2021. We are attaching a copy of the signed CMS-179 form, as well as the page approved for incorporation into Iowa's state plan.

If you have any questions regarding this amendment, please contact Lisa Shochet at (410) 786-5445 or lisa.shochet@cms.hhs.gov.

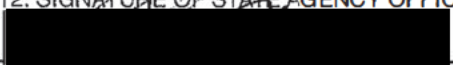
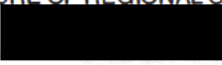
Sincerely,



Digitally signed by John
M. Coster -S
Date: 2021.10.19
17:55:54 -04'00'

John M. Coster, Ph.D., R.Ph.
Director
Division of Pharmacy

cc: Jennifer Steenblock, Federal Compliance Officer, Iowa Medicaid Enterprise

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2</u> <u>1</u> — <u>0</u> <u>0</u> <u>9</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 November 1, 2021	
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 42 CFR 447.512 and 447.518		7. FEDERAL BUDGET IMPACT a. FFY 2022 \$ 21,144 b. FFY 2023 \$ 22,549	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 10		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, Page 10	
10. SUBJECT OF AMENDMENT This implements a dispensing fee increase from \$10.07 to \$10.38 per prescription, based on a recent cost of dispensing survey of IA Medicaid enrolled pharmacy providers and incorporates the required changes related to CMS-2345-FC.			
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 ELIZABETH MATNEY MEDICAID DIRECTOR DEPARTMENT OF HUMAN SERVICES 1305 EAST WALNUT 5TH FLOOR DES MOINES IA 50319-0114	
13. TYPED NAME Elizabeth Matney			
14. TITLE MEDICAID DIRECTOR			
15. DATE SUBMITTED August 2, 2021			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED August 2, 2021		18. DATE APPROVED October 12, 2021	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL November 1, 2021		20. SIGNATURE OF REGIONAL OFFICIAL  <small>Digitally signed by John M. Coster - S Date: 2021.10.19 17:56:16 -0400</small>	
21. TYPED NAME John M. Coster, Ph.D., R.Ph.		22. TITLE Director, Division of Pharmacy	
23. REMARKS			

State/Territory:

IOWA

patient on the same date of service. Payment is made for the procedure with the highest fee schedule amount at 100%; payment for each additional unit or procedure is 90%.

Except as otherwise noted in the plan, state – developed fee schedules rates are the same for both governmental and private providers of physical therapy services. The agency’s fee schedule rate was set as of July 1, 2019 and is effective for services provided on or after that date. All rates are published on the agency’s website at: <https://dhs.iowa.gov/ime/providers/csrp/fee-schedule>

- 11c. SERVICES FOR INDIVIDUALS WITH SPEECH, HEARING AND LANGUAGE DISORDERS
Fee Schedule. The fee schedule is based on the definitions of medical and surgical procedures given in the most recent addition of Physician’s Current Procedural Terminology (CPT).

A payment provision applies when more than one therapy procedure or unit of service within the same therapy discipline or same therapy plan of care is performed by the same provider or provider group for an individual patient on the same date of service. Payment is made for the procedure with the highest fee schedule amount at 100%; payment for each additional unit or procedure is 90%.

Except as otherwise noted in the plan, state – developed fee schedules rates are the same for both governmental and private providers of speech, hearing and language disorder services. The agency’s fee schedule rate was set as of July 1, 2019 and is effective for services provided on or after that date. All rates are published on the agency’s website at:
<https://dhs.iowa.gov/ime/providers/csrp/fee-schedule>

12a. PRESCRIBED DRUGS

(a). Reimbursement for covered outpatient prescription and nonprescription drugs shall be the lowest of the following as of the date of dispensing:

1. “Actual Acquisition Cost (AAC),” defined as the average state AAC, as determined from biannual surveys of Iowa Medicaid enrolled pharmacies, plus the professional dispensing fee pursuant to subsection (b). If no state AAC is available, the AAC will be defined as the Wholesale Acquisition Cost (WAC).
2. “Federal upper limit (FUL),” defined as the upper limit for a multiple source drug established in accordance with the methodology of the Centers for Medicare and Medicaid Service as described in 42 CFR 447.514, plus the professional dispensing fee pursuant to subsection (b).
3. Total submitted charge.
4. The provider’s usual and customary charge to the general public.

(b). The professional dispensing fee is based on the cost of dispensing survey which must be completed by all medical assistance program participating pharmacies. For services rendered on or after November 1, 2021, the professional dispensing fee is \$10.38.

State Plan TN #	<u>IA-21-0009</u>	Effective	<u>November 1, 2021</u>
Superseded TN #	<u>IA-19-0003</u>	Approved	<u>October 19, 2021</u>