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**State/Territory Name: Iowa**

**State Plan Amendment (SPA) #: 23-0020**

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  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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November 9, 2023

Elizabeth Matney  
Medicaid Director  
Iowa Department of Human Services  
1305 East Walnut Street  
Des Moines, IA 50319

Re: Iowa State Plan Amendment (SPA) 23-0020

Dear Iowa Medicaid Director Matney:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0020. This amendment proposes language change to Iowa's Third Party Rules related to prior authorization.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations Section 42 U.S.C. 1396a(a)(25) & Consolidated Appropriations Act of 2022. This letter is to inform you that Iowa Medicaid SPA 23-0020 was approved on November 9, 2023, with an effective date of July 1, 2023.

If you have any questions regarding this approval, please contact Lee Herko at 570-230-4048 or via email at [lee.herko@cms.hhs.gov](mailto:lee.herko@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Jennifer Steenblock  
Jeanette Brandner

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

|   |                       |
|---|-----------------------|
| 1. TRANSMITTAL NUMBER<br><u>2 3 — 0 0 2 0</u>   | 2. STATE<br><u>IA</u> |
| 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT<br><input checked="" type="radio"/> XIX <input type="radio"/> XXI |                       |

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**July 1, 2023**

5. FEDERAL STATUTE/REGULATION CITATION  
**42 U.S.C. 1396a(a)(25) & Consolidated Appropriations Act of 2022**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 23 \$ 0  
b. FFY 24 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Section 4, page 69**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**Supersedes MS-94-36**

9. SUBJECT OF AMENDMENT  
**Prohibit third-party payers from refusing payment on sole basis did not receive PA from third party. Authorized by Iowa SF 2578.**

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL  
[Redacted]

12. TYPED NAME  
Elizabeth Matney

13. TITLE  
Medicaid Director

14. DATE SUBMITTED  
09/14/2023

15. RETURN TO  
Elizabeth Matney  
Medicaid Director  
Department of Human Services  
Iowa Medicaid Enterprise  
1305 East Walnut Street  
Des Moines, IA 50319

**FOR CMS USE ONLY**

|   |                                       |
|---|---------------------------------------|
| 16. DATE RECEIVED<br>September 14, 2023 | 17. DATE APPROVED<br>November 9, 2023 |
|---|---------------------------------------|

**PLAN APPROVED - ONE COPY ATTACHED**

|   |   |
|---|---|
| 18. EFFECTIVE DATE OF APPROVED MATERIAL<br>July 1, 2023 | 19. SIGNATURE OF APPROVING OFFICIAL<br>[Redacted]                           |
| 20. TYPED NAME OF APPROVING OFFICIAL<br>James G. Scott  | 21. TITLE OF APPROVING OFFICIAL<br>Director, Division of Program Operations |

22. REMARKS

Revision: HCFA-PM-94-1 (MB)  
FEBRUARY 1994

State/Territory: Iowa

Citation

4.22 Third Party Liability

- 42 CFR 433.137 (a) The Medicaid agency meets all requirements of:
- (1) 42 CFR 433.138 and 433.139.
  - (2) 42 CFR 433.145 through 433.148.
  - (3) 42 CFR 433.151 through 433.154.
  - (4) Sections 1902(a)(25)(H) and (I) of the Act.
  - (5) The state has enacted laws to comply with 42.U.S.S. 1396a(a)(25) and the Consolidated Appropriations Act (CAA) of 2022
- 1902(a)(25)(H) and (I)  
42 U.S.C 1396a(a)(25)
- 42 CPR 433.138(f) (b) ATTACHMENT 4.22-A --
- (1) Specifies the frequency with which the data exchanges required in §433.138(d)(1), (d)(3) and (d)(4) and the diagnosis and trauma code edits required in §433.138(e) are conducted;
  - (2) Describes the methods the agency uses for meeting the followup requirements contained in §433.138(g)(1)(i) and (g)(2)(i);
  - (3) Describes the methods the agency uses for following up on information obtained through the State motor vehicle accident report file data exchange required under §433.138(d)(4)(ii) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources; and
  - (4) Describes the methods the agency uses for following up on paid claims identified under §433.138(e) (methods include a procedure for periodically identifying those trauma codes that yield the highest third party collections and giving priority to following up on those codes) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources.
- 42 CPR 433.138(g)(1)(ii)  
(2)(ii)
- 42 CFR 433.138(g)(3)(i)  
and (iii)
- 42 CFR 433.138(g)(4)(i)  
through (iii)

State Plan TN# IA-23-0020  
Superseded TN# MS-94-36

Approval Date: November 9, 2023  
Effective Date: July 1, 2023