STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: IOWA

A. The following charges are imposed on the medically needy for services:

Services	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
Prescribed drugs (Copayment is for each covered prescription and refill)			X	$1.00 for generic drugs and preferred brand-name drugs $1.00 for nonpreferred brand-name drugs for which the cost to the state is no more than $25.00 $2.00 for nonpreferred brand-name drugs for which the cost to the state is $25.01 to $50.00 $3.00 for nonpreferred brand-name drugs for which the cost to the state is $50.01 or more For the purpose of this paragraph, the cost to the state is determined without regard to federal financial participation in the Medicaid program or any rebates received. For this purpose, any brand-name drug not subject to prior approval based on non-preferred status on the preferred drug list published by the department pursuant to Iowa Code section 249A.20A shall be treated as a preferred brand-name drug.
Chiropractors			X	$1.00 for total amount of service provided during a given date.*
Independently practicing physical therapist			X	$1.00 for total amount of service provided during a given date.*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IOWA

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

	Type of Charge			
Services	Deduct.	Coins.	Copay.	Amount and Basis for determination
Podiatrists			X	$1.00 for total amount of service provided during a given date.*
Medical equipment and appliances, prosthetic devices and sickroom supplies			X	$2.00 for total amount of service provided during a given date.*
Orthopedic shoes			X	$2.00 for total amount of service provided during a given date.*
Audiologists services (including medical supplies provided by the audiologist but excluding hearing aids)			X	$2.00 for total amount of service provided during a given date.*
Optometrists			X	$2.00 for total amount of service provided during a given date.*
Opticians			X	$2.00 for total amount of service provided during a given date.*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IOWA

A. The following charges are imposed on the ~~categorically~~ needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

	Type of Charge			
Services	Deduct.	Coins.	Copay.	Amount and Basis for determination
Rehabilitation agencies			X	$2.00 for total amount of service provided during a given date.*
Psychologists			X	$2.00 for total amount of service provided during a given date.*
Ambulance services			X	$2.00 for each date of service*
Dental services			X	$3.00 for total amount of service provided during a given date.*
Hearing Aids			X	$3.00 for total amount of service provided during a given date.*
Physician office visits			X	$3.00 for total covered services provided in a physician office visit, rendered on a given date of service.** For purposes of this provision, "physician" means either a doctor of allopathic medicine (M.D.) or a doctor of osteopathic medicine (D.O.)

* The basis for the copayment is the statewide average payment for all service provided one recipient by one provider on a single date. Averages were computed from claims paid during fiscal year 1982.

** The basis for the copayment is the statewide average payment for all service provided one recipient by one provider on a single date. Averages were computed from claims paid during state fiscal year 2003.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Iowa

B. The method used to collect cost sharing charges for medically needy individuals:

/X/ **Providers are responsible for collecting the cost sharing charges from individuals.**

/ / **The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.**

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

Recipients can assert to the provider that they are unable to pay the charge. The Medicaid manual issued to all enrolled providers instructs that they can not deny care or services to any Medicaid recipient because of the recipient's inability to pay a copayment. Only nominal copayments are assessed. The agency has a Medicaid Hotline established for use by Medicaid recipients who feel they have been inappropriately billed by a health care provider. Specific follow-up responsibilities and timeframes are established for the Medicaid agency to investigate the complaint, respond to the recipient, and correct the situation if an error exists.

Recipients who believe the copayment was incorrectly applied can call the Medicaid Hotline (toll free) to receive a notice of decision which explains the recipient's appeal rights.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Iowa

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

See Attachment 4.18-A

E. Cumulative maximums on charges:

[X] State policy does not provide for cumulative maximums.

[ ] Cumulative maximums have been established as described below: