

House File 2518

H-8036

1 Amend House File 2518 as follows:

2 1. Page 1, by striking lines 16 through 28 and inserting:

3 <NEW SUBSECTION. 15. a. Conduct an annual review of
4 provider reimbursement rates for medical and health services
5 provided under this chapter that are reimbursed by a statewide
6 fee schedule and that are not periodically updated or rebased
7 pursuant to federal or state law or rule. The department shall
8 compare each provider reimbursement rate in the following
9 manner:

10 (1) For all medical and health services other than dental
11 services, to reimbursement rates under the federal Medicare
12 program.

13 (2) For dental services, to reimbursement rates for
14 Medicaid programs in states contiguous to Iowa.

15 b. On or before January 15 of each calendar year, the
16 department shall submit to the general assembly a report
17 summarizing the department's review under paragraph "a".>

18 2. By striking page 1, line 35, through page 2, line 21, and
19 inserting:

20 <2. On or before July 1 of each fiscal year, providers
21 shall submit actual cost of service and supply data to the
22 department. Upon request by the department, a provider shall
23 submit to reasonable review of the actual cost of service and
24 supply data submitted.

25 3. a. Upon the required submission of annual cost reports
26 by providers and implementation by the department of a waiver
27 fee schedule, the department, with input from the public,
28 consumers, providers, and other stakeholders, shall develop a
29 proposed cost-based reimbursement system and related changes to
30 department policies and procedures for all services rendered
31 under a waiver during the period of review specified by
32 the department. The cost-based reimbursement system shall
33 be developed using information provided to the department
34 including but not limited to all of the following:

35 (1) Provider cost data.

1 (2) Provider claims data.

2 (3) Consumer needs assessment data.

3 (4) Other relevant regional and national data.

4 *b.* The department shall, with input from providers and
5 other relevant stakeholders, develop a uniform and streamlined
6 provider cost reporting mechanism for home and community-based
7 services.

8 4. At least once every four years, the department shall
9 establish a new base period to be used in calculating proposed
10 rate models and related changes to department policies and
11 procedures. On or before October 1 of each year that a new base
12 period is established, the department shall submit a report
13 to the general assembly that includes proposed rate models,
14 the projected fiscal impact of implementing the proposed rate
15 models, including documentation supporting the actuarial
16 soundness of the proposed rate models, and the proposed changes
17 to department policies and procedures.>

18 3. Title page, by striking lines 1 through 4 and inserting
19 <An Act relating to the department of health and human services
20 and reporting requirements for shelter care, residential
21 treatment, and Medicaid provider reimbursement rates, and
22 establishing provider reimbursement rates for Medicaid home and
23 community-based waiver services.>

24 4. By renumbering as necessary.

A. MEYER of Webster