



MEDICAID POLICY CLARIFICATION #PC000275 SINGLE CASE AGREEMENT CLARIFICATION

June 8, 2023

To: Iowa Medicaid Managed Care Plans

This letter is a formal notification of the state's expectations related to the operations and implementation of Iowa Medicaid under the managed care program. This purpose of this letter is to do following:

- ☐ Provide formal guidance
- ☐ Clarification of existing Iowa Medicaid policy
- ☒ Guidance on new process or policy
- ☐ Request for information

All health care providers are encouraged to enroll in Iowa Medicaid to receive payment and may be denied payment if the required below criteria are not met.

A single case agreement (SCA) is defined as a contract between an out-of-network (not enrolled with Iowa Medicaid) health care provider and the Managed Care Plan (MCP). Only under very limited circumstances may a provider or organization bill and receive payment for services without being enrolled as an Iowa Medicaid provider to ensure that members have access to covered Medicaid services.

A single case agreement may be used to provide members' medically necessary services when the Contractor's provider network is unable to provide access to necessary services to maintain a member's health and/or the member's health would be endangered if required to travel or wait for care from an in-network provider. The health care provider shall be screened in accordance with 42 CFR part 455, subpart E standards. SCA standards / requirements:

- Complete an SCA for each enrolled member.
- Review SCA's every six (6) months to ensure continued medically necessity and continued lack of available services within the Enrolled Provider Network.

When the provider is out of state, the SCA is required to include an attestation to the following before the Managed Care Plan signs the SCA:

- The provider is actively enrolled with Medicaid or Medicare in the state in which they provide services

- The individual or organization is in good standing and has not been excluded from receiving payment from state or federal programs

Related Policy Clarifications:

This policy clarification should be used in correlation with the following policy clarifications:

This formal guidance impacts capitation rates in the following manner:

- ☐ This [is was] an Iowa Medicaid practice prior to April 1, 2016 and was included in the experience used to develop the capitation rates.
- ☒ This is a new process or policy that does not have a fiscal impact.
- ☐ This is a new process or policy that will be reflected in revised capitation rates and implemented July 1, 2021.