

Revision: HCFA-PM-91-4 (BPD)  
August 1991

OMB No.: 0938-

State/Territory: Iowa

Citation      4.19 Payment for Services

42 CFR 447.252      (a) The Medicaid agency meets the requirements of  
1902(a)(13)      42 CFR Part 447, Subpart C, and sections  
and 1923 of      1902(a)(13) and 1923 of the Act with respect to  
the Act      payment for inpatient hospital services.

ATTACHMENT 4.19-A describes the methods and  
standards used to determine rates for payment for  
inpatient hospital services.

☒ Inappropriate level of care days are covered and  
are paid under the State plan at lower rates than  
other inpatient hospital services, reflecting the  
level of care actually received, in a manner  
consistent with section 1861(v)(1)(G) of the Act.

☐ Inappropriate level of care days are not covered.

TN No. MS-91-45

Supersedes

Approval Date

DEC 06 1991

Effective Date

NOV 01 1991

TN No. MS-87-6

HCFA ID: 7982E

Revision: HCFA-PM-93- 6 (MB)  
August 1993

OMB No.: 0938-

State/Territory: \_\_\_\_\_

Citation

42 CFR 447.201  
42 CFR 447.302  
52 FR 28648  
1902(a)(13)(E)  
1903(a)(1) and  
(n), 1920, and  
1926 of the Act

4.19(b) In addition to the services specified in paragraphs 4.19(a), (d), (k), (l), and (m), the Medicaid agency meets the following requirements:

- (1) Section 1902(a)(13)(E) of the Act regarding payment for services furnished by Federally qualified health centers (FQHCs) under section 1905(a)(2)(C) of the Act. The agency meets the requirements of section 6303 of the State Medicaid Manual (HCFA-Pub. 45-6) regarding payment for FQHC services. ATTACHMENT 4.19-B describes the method of payment and how the agency determines the reasonable costs of the services (for example, cost-reports, cost or budget reviews, or sample surveys).
- (2) Sections 1902(a)(13)(E) and 1926 of the Act, and 42 CFR Part 447, Subpart D, with respect to payment for all other types of ambulatory services provided by rural health clinics under the plan.

ATTACHMENT 4.19-B describes the methods and standards used for the payment of each of these services except for inpatient hospital, nursing facility services and services in intermediate care facilities for the mentally retarded that are described in other attachments.

1902(a)(10) and  
1902(a)(30) of  
the Act

SUPPLEMENT 1 to ATTACHMENT 4.19-B describes general methods and standards used for establishing payment for Medicare Part A and B deductible/coinsurance.

No. MS-94-005

Supersedes

TN No. MS-92-10

Approval Date MAR 16 1994

Effective Date \_\_\_\_\_

TN

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State IOWA

Citation  
42 CFR 447.40  
AT-78-90

4.19(c) Payment is made to reserve a bed during  
a recipient's temporary absence from an  
inpatient facility.

☒ Yes. The State's policy is  
described in ATTACHMENT 4.19-C.

☐ No.

TN # MS-1  
Supersedes  
TN # \_\_\_\_\_

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Revision: HCFA-PM-87-9 (BERC)  
AUGUST 1987

OMB No.: 0938-0193

State/Territory: IOWA

Citation

4.19 (d)

42 CFR 447.252  
47 FR 47964  
48 FR 56046  
42 CFR 447.280  
47 FR 31518  
52 FR 28141

- ☒ (1) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, with respect to payments for skilled nursing and intermediate care facility services.

ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for skilled nursing and intermediate care facility services.

- (2) The Medicaid agency provides payment for routine skilled nursing facility services furnished by a swing-bed hospital.

☒ At the average rate per patient day paid to SNFs for routine services furnished during the previous calendar year.

☐ At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

☐ Not applicable. The agency does not provide payment for SNF services to a swing-bed hospital.

- (3) The Medicaid agency provides payment for routine intermediate care facility services furnished by a swing-bed hospital.

☐ At the average rate per patient day paid to ICFs, other than ICFs for the mentally retarded, for routine services furnished during the previous calendar year.

☐ At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

☒ Not applicable. The agency does not provide payment for ICF services to a swing-bed hospital.

- ☐ (4) Section 4.19(d)(1) of this plan is not applicable with respect to intermediate care facility services; such services are not provided under this State plan.

TN No. MS-87-31  
Supersedes  
TN No. MS-84-4

Approval Date 1/12/88

Effective Date 10-1-87

HCFA ID: 1010P/0012P

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State IOWA

Citation  
42 CFR 447.45 (c)  
AT-79-50

4.19 (e) The Medicaid agency meets all requirements  
of 42 CFR 447.45 for timely payment of  
claims.

ATTACHMENT 4.19-E specifies, for each  
type of service, the definition of a  
claim for purposes of meeting these  
requirements.

TN # 1000  
Supersedes  
TN # 1000

Approval Date                      Effective Date

Revision: HCFA-PH-87-4 (BERC)  
MARCH 1987

OMB No.: 0938-0193

State/Territory: Iowa

Citation  
42 CFR 447.15  
AT-78-90  
AT-80-34  
48 FR 5730

4.19 (f) The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15.

No provider participating under this plan may deny services to any individual eligible under the plan on account of the individual's inability to pay a cost sharing amount imposed by the plan in accordance with 42 CFR 431.55(g) and 447.53. This service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the cost sharing charge.

TN No. ~~MS-84-4~~ 87-6  
Supersedes  
TN No. MS-84-4

Approval Date AUG 05 1987

Effective Date 4-1-87

HCFA ID: 1010P/0012P

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State IOWA

Citation

42 CFR 447.201  
42 CFR 447.202  
AT-78-90

4.19(g) The Medicaid agency assures appropriate  
audit of records when payment is based on  
costs of services or on a fee plus  
cost of materials.

TN # 103 710  
Supersedes  
TN #

Approval Date

Effective Date 4/8

Revision: HCFA-AT-80-60 (BPP)  
August 12, 1980

State IOWA

Citation	4.19(h)	The Medicaid agency meets the requirements
42 CFR 447.201		of 42 CFR 447.203 for documentation and
42 CFR 447.203		availability of payment rates.
AT-78-90		

TN # m5-7  
Supersedes  
TN #       

Approval Date       

Effective Date



Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State IOWA

Citation

42 CFR 447.201  
42 CFR 447.204  
AT-78-90

4.19(i) The Medicaid agency's payments are sufficient to enlist enough providers so that services under the plan are available to recipients at least to the extent that those services are available to the general population.

TN # \_\_\_\_\_

Supersedes \_\_\_\_\_

TN # \_\_\_\_\_

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State: Iowa

Citation

42 CFR 447.201 and 447.205	4.19(j)	The Medicaid agency meets the requirements of 42 CFR 447.205 for public notice of any changes Statewide method or standards for setting payment rates.
1903(v) of the Act	(k)	The Medicaid agency meets the requirements of section 1903(v) of the Act with respect to payment for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Payment is made only for care and services that are necessary for the treatment of an emergency medical condition, as defined in section 1903(v) of the Act.

TN No. MS-91-45

Supersedes

Approval Date DEC 06 1991

Effective Date DEC 01 1991

TN No. MS-90-45

HCFA ID: 7982E

State

IOWA

Citation

P.L. 101-239

(Section

6408(d))

4.19 (n) With respect to payments for Medicare cost sharing) as defined in P.L. 101-239 (section 6408(d)) for qualified disabled and working persons, the Medicaid agency meets the requirements.

TN No. MS-90-43

Supersedes

TN No. MS           Effective 07/01/90Approved 11/13/90

Revision: HCFA-PM-94- (MB)  
 1994  
 State/Territory: Iowa

Citation 4.19 (m) Medicaid Reimbursement for Administration of  
 Vaccines under the Pediatric Immunization Program

1928(c)(2)(C)(ii)  
 of the Act

- (i) A provider may impose a fee for the administration of a qualified pediatric vaccine as stated in 1928(c)(20)(C)(ii) of the Act. Within this overall provision, Medicaid reimbursement to providers will be administered as follows.

- (ii) The State:

- ☐ Sets a payment rate at the level of the regional maximum established by the Secretary.
- ☒ Sets a payment rate below the level of the regional maximum established by the Secretary. (If this is checked, fill in information below.)

The State pays the following rate for the administration of a vaccine:

\$5.30 per vaccine administered by percutaneous, intradermal, or jet injection for providers receiving fee-scheduled reimbursement \$13.43 per vaccine administered by intranasal or oral for providers receiving fee-scheduled reimbursement. Providers receiving cost-based reimbursement will remain cost based.

- (iii) Medicaid beneficiary access to immunizations is assured through the following methodology:

1926 of the Act

All providers of vaccines available through the Vaccines for Children (VFC) program are required to participate in the VFC program. Providers receiving cost-based reimbursement remain cost-based. Physician, pharmacist, outpatient hospital, screening centers and other providers receive \$5.30 per vaccine administered by percutaneous, intradermal, or jet injection and \$13.43 per vaccine administered by intranasal or oral. Pharmacies billing vaccines with an NDC number will be reimbursed with a dispensing fee not an administration fee. Inpatient hospital reimbursement is bundled into a DRG payment.