evision: HCFA-PM-91-4 August 1991

(BPD)

ATTACHMENT 4.18-D

Page 1

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: _____Iowa

Premiums Imposed on Low Income Pregnant Women and Infants

A. The following method is used to determine the monthly premium imposed on optional categorically needy pregnant women and infants covered under section 1902(a)(10)(A)(ii)(IX)(A) and (B) of the Act:

NOT APPLICABLE

A description of the billing method used is as follows (include due date for premium payment, notification of the consequences of nonpayment, and notice of procedures for requesting waiver of premium payment):

TN No. MS-91-49

Supersedes Approval Date DEC 0 6 1991

Effective Date

NOV 0 1 1991

HCFA ID: 7986E TN No. None

vision: HCFA-PM-91-4 August 1991

(BPD)

ATTACHMENT 4.18-D

Page 2

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY

		State/Territor	Ά:		Iowa		·		 _	 -		
c.	State	or local funds	under	other	programs	are	used	to	pay	for	premiums	; :
	<u>/</u> _/	Yes		<u>/_/</u>	No							

D. The criteria used for determining whether the agency will waive payment o a premium because it would cause an undue hardship on an individual are described below:

TN No. MS-91-49 Approval Date DEC 0 5 1931 Effective Date NOV 0 1 1991 Supersedes HCFA ID: 7986E TN No. None