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Supplement 1 to ATTACHMENT 4.19-B
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Iowa

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item ___ of this attachment (see 3. below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR."
3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item ___ of this attachment, for those groups and payments listed below and designated with the letters "NR".
4. Any exceptions to the general methods used for a particular group of payment are specified on Page 3 in item ___ of this attachment (see 3. above).

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Iowa

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

QMBs:	Part A SP	Deductibles	SP Coinsurance
	Part B SP	Deductibles	SP Coinsurance
Other Medicaid Recipients	Part A SP	Deductibles	SP Coinsurance
	Part B SP	Deductibles	SP Coinsurance
Dual Eligible (QMB Plus)	Part A SP	Deductibles	SP Coinsurance
	Part B SP	Deductibles	SP Coinsurance

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Iowa

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Special Rate Method

1. For nursing facility services covered under Medicare Part A, payments are limited to State plan rates and payments according to the following method:

(a) If the Medicare payment amount for a claim exceeds or equals the State plan rate or payment for that claim, Medicaid reimbursement will be zero (0).

(b) If the State plan rates and payments for a claim exceeds the Medicare payment amount for that claim, Medicaid reimbursement is the lesser of:

- (i) the difference between the Medicaid State plan rates and payments minus the Medicare payment amount; or
- (ii) the Medicare coinsurance and deductible, if any, for the claim.

This paragraph does not apply to Medicare-certified hospital-based nursing facilities.

2. For services not listed in paragraph 1 above, Medicaid payments will be made up to the full Medicare coinsurance and deductible, if any, for the claim.

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