

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

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Iowa

Optional Sliding Scale Premiums Imposed on
Qualified Disabled and Working Individuals

- A. The following method is used to determine the monthly premium imposed on qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act:

NOT APPLICABLE

- B. 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

TN No. None

HCFA ID: 7986E

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Iowa

C. State or local funds under other programs are used to pay for premiums:

☐ Yes ☒ No

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

No. MS-91-49
Supersedes Approval Date DEC 06 1991 Effective Date NOV 01 1991
TN No. None HCFA ID: 7986E