
INFORMATIONAL LETTER NO. 2610-MC-FFS

DATE: July 16, 2024

TO: Iowa Medicaid Nursing Facilities (NF), Skilled Nursing Facilities (SNF)

APPLIES TO: Managed Care (MC), Fee-for-Service (FFS)

FROM: Iowa Department of Health and Human Services (HHS), Iowa Medicaid

RE: Reporting Provider Quality Assurance Assessment Fee (QAAF)

EFFECTIVE: July 1, 2024

[Form 470-4836](#)¹ is used to calculate and report provider Quarterly Provider Quality Assurance Assessment Fee (QAAF). This form has been updated effective July 1, 2024, and is available on the [Provider Forms webpage](#)² on the [Iowa Department of Health and Human Services \(HHS\) website](#)³. Providers should begin using the updated form to submit their assessment beginning with July 1, 2024, QAAF payments.

Nursing Facility (NF) and Skilled Nursing Facility (SNF) providers should use Form 470-4836, Nursing Facility Quality Assurance Assessment Calculation Worksheet. The form and instructions have been updated to align with House File 2698, Quality Assurance Assessment – Payment Period Basis. This section amends Chapter 249L.3(2) to allow for monthly reporting and payment of QAAF; additional information on due dates of the QAAF are clarified to adjust for monthly reporting and payment on the form. Monthly payments of QAAF are optional for providers but may be required by HHS for specific providers.

If you have questions, please contact the Iowa Medicaid Provider Cost Audit and Rate Setting Unit at 1-866-863-8610, 515-256-4610 in Des Moines or costaudit@dhs.state.ia.us.

¹<https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fhhs.iowa.gov%2Fmedia%2F9644%2Fdownload%3Finline%3D&wdOrigin=BROWSELINK>

² <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/provider-services/provider-forms>

³ <https://hhs.iowa.gov/>