

**441—36.7(249L) Determination and payment of assessment.** The assessment shall be determined and paid as follows:

**36.7(1)** Each nursing facility shall pay the quality assurance assessment to the department on a quarterly basis. The facility shall:

- a.* Use Form 470-4836 to calculate the quarterly assessment amount due.
- b.* Submit Form 470-4836 and the quarterly assessment payment no later than 30 days following the end of each calendar quarter.

**36.7(2)** The facility shall calculate the amount of the quarterly assessment due by multiplying the facility's total non-Medicare patient days for the preceding quarter by the applicable assessment level as determined in subrule 36.6(2).

**36.7(3)** If the department determines that a nursing facility has underpaid or overpaid the quality assurance assessment, the department shall notify the nursing facility of the amount of the unpaid quality assurance assessment or refund due. Such amount shall be due or refunded within 30 days of the issuance of the notice.

**36.7(4)** A nursing facility that fails to pay the quality assurance assessment within the time frame specified above shall pay a penalty in the amount of 1.5 percent of the quality assurance assessment amount owed for each month or portion of a month that the payment is overdue.

*a.* If the facility substantiates good cause beyond the facility's control for failure to comply with payment of the quality assurance assessment, the department shall waive the penalty or a portion of the penalty. For purposes of this subrule, "good cause" shall have the same meaning as "good cause" for setting aside a default judgment under Iowa Rule of Civil Procedure 1.977.

*b.* Requests for a good cause waiver must be submitted to Iowa Medicaid, Provider Cost Audit and Rate Setting Unit, 1305 East Walnut Street, Des Moines, Iowa 50319-0114, within 30 days of notice to the facility that the penalty is due.

**36.7(5)** For facilities certified to participate in the Medicaid program, the department shall deduct the quarterly amount due from Medicaid payments to the facility if the department has not received the quality assurance assessment amount due by the last day of the month in which the payment is due. The department shall also withhold an amount equal to the penalty owed from any payment due.

[**ARC 8258B**, IAB 11/4/09, effective 1/1/10; **ARC 8894B**, IAB 6/30/10, effective 7/1/10; **ARC 9127B**, IAB 10/6/10, effective 11/10/10; **ARC 9892B**, IAB 11/30/11, effective 2/1/12; **ARC 6556C**, IAB 10/5/22, effective 12/1/22]