

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State:

Citation
42 CFR 447.45(c)

**4.19(e)The Medicaid agency meets all requirements
of 42 CFR 447.45 for timely payment of
claims.**

**ATTACHMENT 4.19-E specifies, for each type of
service, the definition of a claim for purposes of meeting
these requirements.**

TN No.
Supersedes **Approval Date** _____ **Effective Date**
TN No.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB number for this information collection is 0938-0193 (Expires: TBD). The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collection. If

you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21224-1850.