



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>1 1 0 0 3</u>	2. STATE IOWA
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <p style="text-align: center;">January 1, 2011</p>	
5. TYPE OF PLAN MATERIAL (Check One)			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION <p style="text-align: center;">42 U.S.C. 248 and 249 (b)</p>		7. FEDERAL BUDGET IMPACT	
		a. FFY '12 \$ <u>6,218.97</u>	
		b. FFY '13 \$ <u>8,458.44</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <p style="text-align: center;">Attachment 4.19-A, Page 26e, 26f</p>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <p style="text-align: center;">Attachment 4.19-A, Page 26e, 26f</p>	
10. SUBJECT OF AMENDMENT <p style="text-align: center;">Change inpatient hospital reimbursement methodology for Native American members to the inpatient hospital per diem (excludes physician/practitioner services). Inpatient for all other members will continue to be paid on the DRG methodology. ■</p>			
11. GOVERNOR'S REVIEW (Check One)			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO	
13. TYPED NAME <p style="text-align: center;">CHARLES M. PALMER</p>		CHARLES M. PALMER DIRECTOR DEPARTMENT OF HUMAN SERVICES 1305 EAST WALNUT 5TH FLOOR DES MOINES IA 50319-0114	
14. TITLE <p style="text-align: center;">DIRECTOR</p>			
15. DATE SUBMITTED <p style="text-align: center;">3-31-11</p>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED <p style="text-align: center;">March 31, 2011</p>		18. DATE APPROVED <p style="text-align: center;">NOV 17 2011</p>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL <p style="text-align: center;">JAN - 1 2011</p>		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME <p style="text-align: center;">PENNY THOMPSON</p>		22. TITLE <p style="text-align: center;">Deputy Director, CMCS</p>	
23. REMARKS <p style="text-align: center;">Per ink change to blocks # 8 and 9</p>			