

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>1 1 — 0 0 4</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 January 1, 2011	

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION 42 U.S.C. 248 and 249 (b)	7. FEDERAL BUDGET IMPACT a. FFY '12 \$ <u>152,648.18</u> b. FFY '13 \$ <u>208,762.79</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 2 to Attachment 4.19-B, Page 24b	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 2 to Attachment 4.19-B, Page 24b

10. SUBJECT OF AMENDMENT

Change outpatient hospital reimbursement methodology for Native American members to the inpatient hospital per diem (excluding Medicare). Outpatient for all other members will continue to be paid on the APC methodology.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL <i>Charles M. Palmer</i>	16. RETURN TO CHARLES M. PALMER DIRECTOR DEPARTMENT OF HUMAN SERVICES 1305 EAST WALNUT 5TH FLOOR DES MOINES IA 50319-0114
13. TYPED NAME CHARLES M. PALMER	
14. TITLE DIRECTOR	
15. DATE SUBMITTED 3-31-11	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED March 31, 2011	18. DATE APPROVED November 2, 2011
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2011	20. SIGNATURE OF REGIONAL OFFICIAL <i>James G. Scott</i>
21. TYPED NAME James G. Scott	22. TITLE Associate Regional Administrator for Medicaid and Children's Health Operations
23. REMARKS	