| ARTMENT OF HEALTH AND HUMAN SERVICES TERS FOR MEDICARE & MEDICAID SERVICES | |
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| | 1. TRANSMITTAL NUMBER 2. STATE |
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 1 1 - 0 2 4 IONA |
| | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) |
| O: REGIONAL ADMINISTRATOR | 4. PROPOSED EFFECTIVE DATE |
| CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | October 1, 2011 |
| 5. TYPE OF PLAN MATERIAL (Check One) | |
| ☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONS | IDERED AS NEW PLAN |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME | NDMENT (Separate transmittal for each amendment) |
| 6. FEDERAL STATUTE/REGULATION CITATION | 7. FEDERAL BUDGET IMPACT |
| | a. FFY 12 12 \$ 0 b. FFY 12 13 \$ 0 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION |
| Attachment 4.19-A, Page 26s | OR ATTACHMENT (If Applicable) |
| | Attachment 4.19-A, Page 26e |
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| House Wile 640 as sutherized by the IA Gener | al Assembly, modified the maximum amount of |
| House File 649, as authorized by the IA Gener disproportionate share hospital payments that | could be paid to Broadlawns Medical Center. |
| IO. SUBJECT OF AMENDMENT House File 649, as authorized by the IA Gener disproportionate share hospital payments that 11. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | al Assembly, modified the maximum amount of could be paid to Broadlawns Medical Center. [] OTHER, AS SPECIFIED |
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