

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER
1 2 - 0 0 7

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
April 1, 2012

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
CMS Proposed Rule: CMS-2345-P

7. FEDERAL BUDGET IMPACT
a. FFY '12 \$ 0
b. FFY '13 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Supplement 2 to Attachment 3.1-A, Page 29

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Supplement 2 to Attachment 3.1-A, Page 29

10. SUBJECT OF AMENDMENT
The SSDC IA Medicaid Supplemental Drug Rebate Agreement utilized by the State to enter into a drug rebate agreement with a drug manufacturer has been revised to account for proposed CMS rule released on 2/2/12. CMS must authorize any changes to existing model.

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
C M Palmer

13. TYPED NAME
CHARLES M. PALMER

14. TITLE
DIRECTOR

15. DATE SUBMITTED
4-12-12

16. RETURN TO
CHARLES M. PALMER
DIRECTOR
DEPARTMENT OF HUMAN SERVICES
1305 EAST WALNUT 5TH FLOOR
DES MOINES IA 50319-0114

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
April 12, 2012

18. DATE APPROVED
June 26, 2012

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
April 1, 2012

20. SIGNATURE OF REGIONAL OFFICIAL
/ / s / /

21. TYPED NAME
Leticia Barraza

22. TITLE
Acting Associate Regional Administrator
for Medicaid and Children's Health Operations

23. REMARKS