



Center for Medicaid and CHIP Services

OCT 18 2012

Charles M. Palmer, Director
Iowa Department of Human Services
1305 East Walnut, 5th Floor
Des Moines, Iowa 50319-0114

RE: Iowa State Plan Amendment TN: 12-009

Dear Mr. Palmer:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 12-009. This amendment modifies the maximum amount of disproportionate share hospital payments that could be paid to Broadlawns Medical Center.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. This is to inform you that Medicaid State plan amendment 12-009 is approved effective July 1, 2012. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Tim Weidler at (816) 426-6429.

Sincerely,

A handwritten signature in black ink, appearing to read "Cindy Mann", is written over a white background.

Cindy Mann
Director
Center for Medicaid & CHIP Services

Enclosures