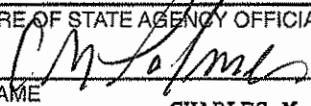



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <div style="text-align: center;">1 2 — 0 1 2</div>	2. STATE <div style="text-align: center;">IOWA</div>
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
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		4. PROPOSED EFFECTIVE DATE <div style="text-align: center;">September 1, 2012</div>	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT a. FFY '12 \$ (\$10,568) b. FFY '13 \$ (\$126,812)		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 1e (new) * Attachment 4.19-B, Page 1 *	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, Page 1e (new) * Attachment 4.19-B, Page 1 *		
10. SUBJECT OF AMENDMENT Iowa SF 2366 required implementation of a two percent payment reduction for physician-administered drugs.			
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 CHARLES M. PALMER DIRECTOR DEPARTMENT OF HUMAN SERVICES 1305 EAST WALNUT 5TH FLOOR DES MOINES IA 50319-0114		
13. TYPED NAME <div style="text-align: center;">CHARLES M. PALMER</div>			
14. TITLE <div style="text-align: center;">DIRECTOR</div>			
15. DATE SUBMITTED <div style="text-align: center;">9-26-12</div>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED <div style="text-align: center;">September 26, 2012</div>	18. DATE APPROVED <div style="text-align: center;">May 9, 2013</div>		
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL <div style="text-align: center;">September 1, 2012</div>	20. SIGNATURE OF REGIONAL OFFICIAL 		
21. TYPED NAME <div style="text-align: center;">James G. Scott</div>	22. TITLE Associate Regional Administrator for Medicaid and Children's Health Operations		
23. REMARKS * Pen and Ink change per States request dated 2.11.13			