

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 8</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;">July 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 \$ 2,423,198 b. FFY '13 \$ 0		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 2 to Attachment 4.19-B, Pages 14, 14b	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 2 to Attachment 4.19-B, Pages 14, 14b		
10. SUBJECT OF AMENDMENT Legislature authorized hospital base rate increases due to passage of the hospital provider tax. The SPA increases the outpatient service rates for participating hospitals for a quarter to pay out the increased funding.			
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 <div style="text-align: center;">C M Palmer</div>	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>	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;">April 25, 2013</div>		
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL <div style="text-align: center;">July 1, 2012</div>	20. SIGNATURE OF REGIONAL OFFICIAL <div style="text-align: center;">/s/</div>		
21. TYPED NAME <div style="text-align: center;">James G. Scott</div>	22. TITLE Associated Regional Administrator for Medicaid and Children's Health Operations		
23. REMARKS Pen and ink changes per e-mail from State dated 4.1.13.			