

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>1 3 0 0 4</u>	2. STATE <u>IOWA</u>
		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 <u>January 1, 2013</u>	
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			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION <u>42 CFR Parts 438, 441, 447</u>		7. FEDERAL BUDGET IMPACT a. FFY '13 <u>\$ 17,570,675</u> b. FFY '14 <u>\$ 23,548,370</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.19-B, Pages 22, 23, 24</u>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>None</u>	
10. SUBJECT OF AMENDMENT <u>ACA section 1202 requires Medicaid to pay certain primary care physicians the Medicare rate for certain, specified services during CY 2013 & 2014.</u>			
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 <u>CHARLES M. PALMER</u>			
14. TITLE <u>DIRECTOR</u>			
15. DATE SUBMITTED <u>3-5-13</u>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED <u>March 5, 2013</u>		18. DATE APPROVED <u>April 30, 2013</u>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL <u>January 1, 2013</u>		20. SIGNATURE OF REGIONAL OFFICIAL <u>/s/</u>	
21. TYPED NAME <u>James G. Scott</u>		22. TITLE <u>Associate Regional Administrator for Medicaid and Children's Health Operations</u>	
23. REMARKS			