

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
SPA #11-004

2. STATE
DELAWARE

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2011

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:
Medicare Improvements for Patients and Providers Act of 2008
(MIPPA), P.L. 110-275, Section 115; and, Section 1917(b)(1)(B)

7. FEDERAL BUDGET IMPACT:
a. FFY 2011 \$ -0-
b. FFY 2012 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

General Program Administration 4.17, Liens and Adjustments or
Recoveries, Page 53a

General Program Administration 4.17, Liens and Adjustments or
Recoveries, Page 53a-1 (NEW)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
General Program Administration 4.17, Liens and
Adjustments or Recoveries, Page 53a

N/A

10. SUBJECT OF AMENDMENT: Eliminating Application of Estate Recovery to Medicare Cost Sharing Benefits,
MIPPA Section 115: Exemption of Medicare cost sharing benefits (Parts A & B premiums, deductibles, co-pays, coinsurance) paid
under MSP for Estate Recovery. Exemption only extends to benefits with dates of service on or after January 1, 2010 for qualified
dual eligibles age 55 and over.

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor's comments under separate
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL correspondence

12. SIGNATURE OF STATE AGENCY OFFICIAL:
//Rosanne Mahaney - signature//

16. RETURN TO:

Rosanne Mahaney
Director
Division of Medicaid and Medical Assistance
P.O. Box 906
New Castle, Delaware 19720-0906

13. TYPED NAME:
Rosanne Mahaney, Director, Division of Medicaid and Medical
Assistance

14. TITLE: Designee for Rita M. Landgraf, Secretary, Delaware
Health and Social Services

15. DATE SUBMITTED:
July 11, 2011

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
7/20/11

18. DATE APPROVED: **AUG 8 2011**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
7/1/2011

20. SIGNATURE OF REGIONAL OFFICIAL:
Ted Gallagher

21. TYPED NAME:
Ted Gallagher

22. TITLE:
Associate Regional Administrator, DMcifo

23. REMARKS: