

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

1. TRANSMITTAL NUMBER:
11-005

2. STATE
Guam

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~~ October 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:
Title XIX of the Social Security Act, Section 1902 and 1903

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

42CFR447, 434, 438, Sec1902(a)(4), (a)(6)

b. FFY 2012 \$0 \$(200,000)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
~~Page 1-2 Section 4.6 Non-Payment for Health Care Acquired-
Conditions and Provider-Preventable Conditions, Page 1-2 Attachment
4.19-A, and Page 1-5 Attachment 4.19-B~~

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attach 4.19A, pg 2; 4.19-B, pg 5,; 4.19-D, pg 1

Attach 4,19-A, pg 2; 4.19-B, pg 5

Attach 4.19-D, pg 1, 2

10. SUBJECT OF AMENDMENT:

Non-Payment for Health Care-Acquired Conditions and Provider-Preventable Conditions

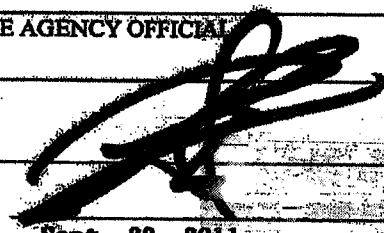
11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
The Governor's Office does not
wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
RAYMOND S. TENORIO
Acting Governor of Guam



16. RETURN TO:

Department of Public Health & Social Services
Bureau of Health Care Financing Administration
123 Chalan Kareta
Mangilao, GU 96913 3304

14. TITLE:

15. DATE SUBMITTED: Sept. 29, 2011

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

APR - 6 2012

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

OCT - 1 2011

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Penny Thompson

22. TITLE:

Deputy Director, CMCS

23. REMARKS:

Per ink changes made to boxes 4, 6, 7, 8 and 9 by
Regional Office with Guam concurrence.