HEALTH CARE FINANCING ADMINISTRATION TD A NEMITTAL AND NOTICE OF A DDD OVALO	F 1. TRANSMITTAL NUMBER:	OMB NO. 0938-01 2. STATE
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	11-005	Cuam Guam
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TO SOCIAL SECURITY ACT (MEDIC	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	**************************************
HEALTH CARE FINANCING ADMINISTRATION	July 1, 2011 October 1, 201	1
DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One):	october 1, 201	<u>T</u>
5. III DOLLIAN MAILMAND (Check Oney.		
	BE CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN A		h amendment)
6. FEDERAL STATUTE/REGULATION CITATION: Title XIX of the Social Security Act, Section 1902 and 1903	7. FEDERAL BUDGET IMPACT:	
The ALA of the Social Security Act, Section 1902 and 1903	a. FFY 2011 50-	#1000 acc)
42CFR447, 434, 438, Sec1902(a)(4), (a)(6)	b. FFY 2012 SO	\$(200,000)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMEN	: 9. PAGE NUMBER OF THE SUPER	SEDED PLAN SECTION
Page 1-2 Section 4.6 Non-Payment for Health Care Acquired	OR ATTACHMENT (If Applicable):
Gonditions and Provider-Preventable Conditions, Page 1-2 Attachme 4.19-A; and Page 1-5 Attachment 4.19-B	Attach 4,19-A, pg 2;	4.19-B. na 5
ach 4.19A, pg 2; 4.19-B, pg 5,; 4.19-D, pg 1	Attach 4.19-D, pg 1,	2
10. SUBJECT OF AMENDMENT:		
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