TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	OMB NO. 0938-0193 2. STATE
	09-008	
STATE PLAN MATERIAL	03-008	Indiana
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	January 1, 2010	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	1	
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 AME	NDMENT (Separate Transmittal for each	amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR 447.321	a. FFY 2010 \$ (3.52M)	
	b. FFY -2011 \$ (5.13.86M	M)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable):	EDED PLAN SECTION
Attach 4.19-B,Page 2a2.0	Not applicable	
10. SUBJECT OF AMENDMENT: Rate reduction of 5% for Medicaid reimbursable so	ervices provided in an outpatient hospital	setting
	or vices provided in air outputtent nospitar	seemig.
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	☐ OTHER. AS SPECI	FIED:
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	☑ OTHER, AS SPECI	FIED:
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	<u>—</u>	
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	Indiana's Medicaid State	Plan does not require the
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Indiana's Medicaid State Governor's review. See Sec	Plan does not require the
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL:	Indiana's Medicaid State Governor's review. See Sec 16. RETURN TO:	Plan does not require the
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☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: (A) AND VA	Indiana's Medicaid State I Governor's review. See Sec 16. RETURN TO: Patricia Casanova Director of Medicaid Indiana Office of Medicaid Policy and I 402 West Washington Street, Room W3	Plan does not require the ction 7.4 of the State Plan Planning
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