		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	10-011	Indiana
TOP IN A THE CARRY TO	3. PROGRAM IDENTIFICATION: TII	T E XIX OF THE
FOR: HEALTH CARE FINANCING ADMINISTRATION	SOCIAL SECURITY ACT (MEDICAID)	
	SOCIAL SECORITI ACT (MEDICA	AID)
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	January 1, 2011	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	, 2011	
5. TYPE OF PLAN MATERIAL (Check One):		
or the of that with the concert one).		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE O	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR 440.60	a. FFY 2011 (\$0.09 Million	,
42 CFR 440.50	b. FFY 2012 (\$0.14 Million	n)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSI	EDED PLAN SECTION
	OR ATTACHMENT (If Applicable):	
Attachment 4.19-B, Page 1c.4a	None Per State	
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13thoment 4.14- P tage 1	HHachment 4.1	1-0 rage 1
Attachment 4.19-B Page 1 a Perstite	None of per state. Attachment 4.19 Attachment 4.19	7-B Page la
10. SUBJECT OF AMENDMENT:	•	0
All reimbursement to chiropractors and podiatrists that has been calculate	ed under methods described in Attachment	4.19-B shall be reduced
by five percent (5%).		
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by five percent (5%). 11. GOVERNOR'S REVIEW (Check One):		
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