DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	12-004	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	July 1, 2012	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	<u> </u>	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE (CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR 455 Subpart E	a. FFY 2012 \$0.00 Thousands	
P. BACE MINDED OF THE DUANTECTION OF ATTACHMENT	b, FFY 2013 \$0.00 Thousands	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Pages 80A, 80B	OKATTACHNIENT (IJ Applicable).	
	NA	
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10. SUBJECT OF AMENDMENT:		
This SPA makes conforming changes to the State Plan to implement a system to screen all participating providers according to their categorical risk level.		
upon initial enrollment and upon re-enrollment or revalidation of enrollment.		
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	☑ OTHER, AS SPECI	FIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Indiana's Medicaid State Governor's review. See Sec	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
Plasanova	Patricia Casanova	
13. TYPED NAME: Patricia Casanova	Director of Medicaid	
	Indiana Office of Medicaid Policy and I	
14. TITLE: Director of Medicaid	402 West Washington Street, Room W3 Indianapolis, IN 46204	362
15 DATE CHELIPPED	ATTN: Audie Gilmer, State Plan Coordinator	
15. DATE SUBMITTED: 3 - 20 - 12	, , , , , , , , , , , , , , , , , , , ,	
	FICE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED:	
March 20 2012	4/27/12	
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	FICIAL:
July 1, 2012 21. TYPED NAME:	22. TITLE! A I O	A A A
Alan Freund	Admi Accreto Rese	and Admice Luter
23. REMARKS:		147 140
마르크 (1997년 - 1997년 - 1 1987년 - 1987년	회사를 잃었다고 얼마하다 하는 그가 살아왔다.	
그는 사람들은 사람이 하는 것 같은 하지 않는데 나가 되었다면 하면서 얼마를 가는 것이 되었다. 유민씨는 내가 하는 것이 되었다면 하는 것이다.		
기인에 당하는 그가 그렇는 하는만 하여며 고급대원을 잘 바로탕산탕산탕료는 말로요요 높은데 있는?		