

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 10-012	2. STATE Kentucky
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE 10/1/2010	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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: Section 1902(a)(42)(B)(i)	7. FEDERAL BUDGET IMPACT: a. FFY 2011 - Budget Neutral b. FFY 2012 - Budget Neutral
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 36a Page 36b	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): New New

10. SUBJECT OF AMENDMENT
This State Plan Amendment confirms Kentucky has a contract for RACs to audit Medicaid providers and review Medicaid claims submitted by providers of services

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Review delegated to Commissioner, Department for Medicaid Services

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
13. TYPED NAME: Neville Wise	Department for Medicaid Services 275 East Main Street 6W-A Frankfort, Kentucky 40621
14. TITLE: Acting Commissioner, Department for Medicaid Services	
15. DATE SUBMITTED: December 2, 2010	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: 02/25/11
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/01/10	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Jackie Glaze	22. TITLE: Division of Medicaid & Children's Health Opns

23. REMARKS: