

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER: 12-011	2. STATE: MAINE
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE(S) JULY 1, 2012
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5. TYPE OF PLAN MATERIAL (*CHECK ONE*): HOSPITAL INPATIENT REIMBURSEMENT

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: 42 CFR 447	7. FEDERAL BUDGET IMPACT: Budget Neutral
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 4.19B, 1(F) – 1(I)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): 4.19B, 1(F) – <del>1(I)</del> 1(j)
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SUBJECT OF AMENDMENT: OUTPATIENT HOSPITAL REIMBURSEMENT: CHANGE TO APC BASED METHODOLOGY FOR PRIVATE, NON CAH HOSPITALS

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT     
 OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED     
COMMISSIONER, DEPT. OF HEALTH AND HUMAN SERVICES  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:  


13. TYPED NAME:  
MARY C. MAYHEW

14. TITLE:  
Commissioner, Maine Department of Health and Human Services

16. RETURN TO:

STEFANIE NADEAU

Director, MaineCare Services  
#11 State House Station

442 CIVIC CENTER DRIVE  
Augusta, ME 04333-0011

15. DATE SUBMITTED: SEPTEMBER XX 2012

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 9/28/2012	18. DATE APPROVED: 06/18/2013
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/2012	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
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21. TYPED NAME: Richard McGreal	22. TITLE Associate Regional Administrator
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23. REMARKS

The State authorized CMS to create a "pen-and-ink" change to Box 9 of this form in order to accurately reflect the superseded Plan page numbers.