

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
2011-008

2. STATE
MS

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2012

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:
42 CFR 447

7. FEDERAL BUDGET IMPACT:
a. FFY **2012** \$ **1,139,500**
b. FFY **2013** \$ **1,503,972**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-B, Page 9

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Attachment 4.19-B, Page 9

10. SUBJECT OF AMENDMENT:
Ambulatory Surgical Center Payments

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: **Robert L. Robinson**

14. TITLE: **Executive Director**

15. DATE SUBMITTED: **Dec 27, 2011**

16. RETURN TO:

**Robert L. Robinson
Miss. Division of Medicaid
Attn: Emily Thompson
550 High Street, Suite 1000
Jackson, MS 39201-1399**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **12/27/11**

18. DATE APPROVED: **03/23/12**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
01/01/12

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Jackie Glaze

22. TITLE: **Associate Regional Administrator
Division of Medicaid & Children Health Opns**

23. REMARKS:

Approved with the following changes to item 8 and 9 as authorized by State Agency on email dated 03/14/12.

Block# 8 changed to read: Attachment 4.19-B pages 9 and 9a.

Block# 9 changed to read: Attachment 4.19-B pages 9 and 9a.