

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: 2012-005	2. STATE MS
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	4. PROPOSED EFFECTIVE DATE 04/01/2012	
TO: REGIONAL ADMINISTRATOR CENTER FOR MEDICARE AND MEDICAID SERVICES 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 2301 of the Affordable Care Act	7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$0.00 b. FFY 2013 \$0.00
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A, Page 9a Attachment 3.1-A, Exhibit 24g Attachment 4.19-B, Page 9 Attachment 4.19-B, Page 24g	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 4.19-B, Page 9
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10. SUBJECT OF AMENDMENT: To specify coverage and separate reimbursement of freestanding birthing center facility services and professional services in order to comply with Section 2301 of the Affordable Care Act.

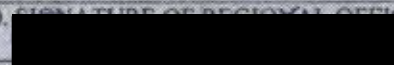
11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: David J. Dzielak, Ph.D. Miss. Division of Medicaid Attn: Kristi Plotner 550 High Street, Suite 1000 Jackson, MS 39201-1399
13. TYPED NAME: David J. Dzielak, Ph.D.	
14. TITLE: Executive Director	
15. DATE SUBMITTED:	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 06/29/12	18. DATE APPROVED: 09/26/12
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 04/01/12	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 as authorized by State Agency emails dated 08/29/12, 09/17/12 and 09/18/12:  <u>Block 5 changed to read:</u> Amendment; <u>Block #8 changed to read:</u> Attachment 3.1-A, page 11 and Attachment 4.19-B, page 9; <u>Block #10 changed to read:</u> To specify coverage and separate reimbursement of freestanding birthing center facility services and professional services in order to comply with Section 2301 of the Affordable Care Act (MS has no Licensed or Approved Freestanding Birth Centers) <u>Block # 11 changed to read:</u> check first block "NO COMMENT"; <u>Block #15 changed to read:</u> June 29, 2012.	