



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 10-039	2. STATE NC
	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, 2011	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input checked="" type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION: Sections 1917(a)(1)(B) of the Act	7. FEDERAL BUDGET IMPACT: a. FFY 2011 \$0.00 b. FFY 2012 \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 53a1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) – Secondary Payers		
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: SECRETARY <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Office of the Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, North Carolina 27699-2001	
13. TYPED NAME: Lanier M. Cansler		
14. TITLE: Secretary		
15. DATE SUBMITTED: 12/23/2010		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: 12/28/10	18. DATE APPROVED: 03/17/11	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/11	20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Ops	
23. REMARKS: Approved with the following changes to items 8 and 9 as authorized by State Agency on emails dated 2-25-11 Block # 4 Changed to read: October 1, 2010; Block # 6 Changed to read: 1917(b)(1); Block #8 Changed to read: Pages 53a and 53a1; Block #9 Changed to read: Pages 53a and 53a1 and Block #10 Changed to Read: Exemption of Medicare Cost Sharing benefits paid under MSP for estate recovery, for qualified dual eligibles age 55 and over, with dates of service on or after 1-1-10.		