THE STATE CHAPTER OF THE STATE		
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: NE 10-03	2. STATE . Nebraska
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	·
HEATTH CADE EIN ANCINC ADMINISTRATION		
HEALTH CARE FINANCING ADMINISTRATION	April 7 , 2010	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	6	
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5. TYPE OF PLAN MATERIAL (Check One):		
	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each	amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
1902(a)(10)(A)(ii)(IX)	a. FFY 2010 \$ 1,500,	000 -
1902(I)(1)(A)	b. FFY 2011 \$6,000,	000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSE OR ATTACHMENT (If Applicable):	EDED PLAN SECTION
·		
Attachment 4.19-B, Item 5, pp 3, 4 (new pages)	Attachment 4.19-B, Item 5, pp 2-16 (TN	1 #97-7)
Attachment 3.1-A, Item 5, page 1	Attachment 3.1-A, Item 5, page 1	
Attachment 3.1-A, Item 11c, page 1	Attachment 3.1-A, Item 11c, page 1	
Adactification 5.1-74, item 170, page 1	Attachment 3.1-A, hem 110, page 1	
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10. SUBJECT OF AMENDMENT:		
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Supplemental payments to practitioners		
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11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	◯ OTHER, AS SPECI	TETETS.
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Governor has waive	d review
	COVERED BAS HALLS	A 1011011
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
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12. SIGNATURE OF STATE AGENCY OFFICIAL: ()	16. RETURN TO:	
Milarie II Charemont	· ·	
	The state of the s	
	Patricia (Pat) Taft	
13. TYPED NAME:		Care .
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13. TYPED NAME: Vivianne M. Chaumont		
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