

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

1. TRANSMITTAL NUMBER:
06 - 008

2. STATE
NH

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
August 1, 2006

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:

7. FEDERAL BUDGET IMPACT:

a. FFY 2006 \$ (\$44,108)
b. FFY 2007 \$ (\$264,649)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1A, page 1-a
Attachment 3.1B, page 2-a and 2-a(1)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Attachment 3.1A, page 1-a
Attachment 3.1B, page 2-a

10. SUBJECT OF AMENDMENT:

X-RAY SERVICES PRIOR AUTHORIZATION

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: comments, if any,
will follow

12. SIGNATURE

16. RETURN TO:

Maralyn Doyle
Program Support/Brown Building
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

13. TYPED NAME: John A. Stephen

14. TITLE: Commissioner

15. DATE SUBMITTED: 9/26/06

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

09/28/2006

18. DATE APPROVED:

12/13/2012

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

08/01/2006

20. SIGNATURE OF REGIONAL OFFICIAL

/s/

21. TYPED NAME:

Richard R. McGreal

22. TITLE: Associate Regional Administrator,
Division of Medicaid and Children's Health
Operations, Boston, MA

23. REMARKS: