

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>11-014</b>	2. STATE <b>NEVADA</b>
	3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
FOR: <b>HEALTH CARE FINANCING ADMINISTRATION</b>		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>October 13, 2011</b>	

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)

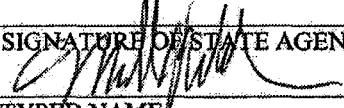
6. FEDERAL STATUTE/REGULATION CITATION:  <b>42CFR 440</b>	7. FEDERAL BUDGET IMPACT: a. FFY 2012 <b>\$Budget Neutral</b> b. FFY 2013 <b>\$Budget Neutral</b> If SPA not approved State will not have a drug data benchmark.
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b><u>Attachment 4.19-B, Pages 2 and 3</u></b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b><u>Attachment 4.19-B, Pages 2 and 3</u></b>
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10. SUBJECT OF AMENDMENT:  
  
**Pharmacy Wholesale Acquisition Cost Benchmark**

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      The Governor's Office does not  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO:  <b>Marta Stagliano, Chief, Compliance DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701</b>
13. TYPED NAME: <b>Michael J. Willden</b>	
14. TITLE: <b>Director, Department of Health and Human Services</b>	
15. DATE SUBMITTED: <b>NOV 30 2011</b>	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: <b>November 30, 2011</b>	18. DATE APPROVED: <b>February 28, 2012</b>

PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>October 13, 2011</b>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: <b>Gloria Nagle, PhD, MPA</b>	22. TITLE: <b>Associate Regional Administrator</b>

23. REMARKS: