TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 11 – 014 (REVISED)	2. STATE OHIO
STATE PLAN MATERIAL	11 - 014 (REVISED)	UNIU
OR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
O: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE & MEDICAID SERVICES	July 1, 2011	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
□ NEW STATE PLAN □ AMENDMENT TO BE	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		n amendment)
5. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
2 CFR 447, Subpart A	a. FFY 2011 \$ (24.66) (in thousan	
Sections 1902(a)(4), 1902(a)(6), and 1903 of the Social Security Act	b. FFY 2012 \$ (98.66) (in thousand	nds)
Section 2702 of the Affordable Care Act B. PAGE NUMBER OF THE PLAN SECTION OR	9. PAGE NUMBER OF THE SUPER	SEDED PLAN
ATTACHMENT:	SECTION OR ATTACHMENT (If A	
		FF
age 66 (c)	(NEW)	
Attachment 4.19-A, Page 12	Attachment 4.19-A, Page 12 (TN 03-00)5)
Attachment 4.19-B, Page 1 of 1	(NEW)	
0. SUBJECT OF AMENDMENT:	,	
Payment Adjustment for Provider-Preventable Conditions		
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Governor has delegated	
	Governor has delegated	i signature autionity
I IND REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL.	to Medicaid Director	c
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	to Medicaid Director	
	to Medicaid Director	
	16. RETURN TO:	
2. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO: Becky Jackson	
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