HEAL.	IT CARE PROJUING ADMINISTRATION	И	TRANSMITTAL NUMBER:		2 STATE:	
	TRANSMITTAL AND NOTICE OF APPROVAL OF	ľ	1 1 - 0 0	4	West Virginia	
	STATE PLAN MATERIAL	1	PROGRAM IDENTIFICATION	TITL		
	FOR: HEALTH CARE FINANCING ADMINISTRATION SECURITY ACT (MEDICAID)					
TO:	REGIONAL ADMINISTRATOR	4.	PROPOSED EFFECTIVE DAT	ΓĒ		
	HEALTH CARE FINANCING ADMINISTRATION		July 1, 201	1		
_	DEPARTMENT OF HEALTH AND HUMAN SERVICES	L				
5.	TYPE OF PLAN MATERIAL (Check One)					
_	NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN X AMENDMENT					
-	COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDM	┰			idment)	
6.	FEDERAL STATUTE/REGULATION CITATION:	7.	FEDERAL BUDGET IMPACT: a. FFY 2012	8	98,790,924	
	42 CFR 447.271		b. FPY 2013	\$	103,062,605	
8.	PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9.	PAGE NUMBER OF THE SUI OR ATTACHMENT (If Applica		EDED PLAN SECTION	
	Attachment 4.19-A, Page 24e, 24f Altachment 4.19-B, Page 1a, 1b, 1c		Attachment 4.19-8, Page 1a			
10.	SUBJECT OF AMENOMENT:	1				
L	The purpose and rationale for this plan amendment is to generate additional payments to private and non-State government owned and operated acute care PPS trooptists.					
11.	GOVERNOR'S REVIEW (Check One):					
	GOVERNOR'S OFFICE REPORTED NO COMMENT		OTHER, AS SPE	CIFIED	:	
	X COMMENTS OF GOVERNOR'S OFFICE ENCLOSED					
	NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL					
12	SOMETHINE OF STATE SOFTWAR DEFINAL	Ī	6. RETURN TO:			
13.	TYPED NAME:	1	Bureau for Medical Se	rviçes	;	
	Nancy V. Alldns, RN, MSN, NP-BC	1	350 Capitol Street Roo	m 25	1	
14.	TITLE:	Charleston West Virginia 25301				
	Commissioner					
15.	DATE SUBMITTED:	1				
	9-1-11					
_	FOR REGIONAL OFFICE USE ONLY					
17.	DATE RECEIVED	1	8, DATE APPROVED	MAY	17 2012	
	PLAN APPROVED - ONE COPY ATTACHED					
19.	EFFECTIVE DATE OF APPROVED MATTUE: - 1 2011	72	0.			
21.	TYPED HAME PENNY Thom PSON		Deputy Dir	ec	TOR, CMCS	
23.	REMARKS:		1		,	

INSTRUCTIONS ON BACK

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM HCFA-179 (07-92)

FORM APPROVED