

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 12-004	2. STATE NEVADA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE April 1, 2012	

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: Section 1886 (j)(2) A-C and (j)(7) of the Social Security Act (42 CFR Part 455)	7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$0 b. FFY 2013 \$0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <u>Section 4.46</u>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <u>NEW</u>
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10. SUBJECT OF AMENDMENT:
Medicaid/CHIP Provider Screening and Enrollment. Screening is conducted according to providers categorical risk levels, requirement of all ordering physicians and other professionals providing services to enroll as participating provider, revalidation of providers, fees associated with screening for providers not enrolled in Medicare or another states Medicaid program, and temporary enrollment moratoria implementation to reduce the risk of fraud, waste, and abuse and ensure program integrity. Section 1866(j) of the Social Security Act, P.L. 111-152 (Section 6401)

11. GOVERNOR'S REVIEW (Check One):

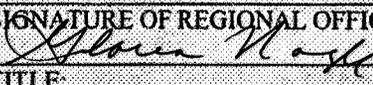
GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor's Office does not
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Marta Stagliano, Chief, Compliance DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701
13. TYPED NAME: Michael J. Willden	
14. TITLE: Director, Department of Health and Human Services	
15. DATE SUBMITTED: MAR 30 2012	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 30, 2012	18. DATE APPROVED: APR 26 2012
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2012	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Gloria Nagle, MPH, PhD	22. TITLE: Associate Regional Administrator

23. REMARKS: