

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 0 9 - 0 2	2. STATE: West Virginia
		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 July 1, 2009.	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 C.F.R. 440.100		7. FEDERAL BUDGET IMPACT: a. FFY 2009 \$ 3,674,779 b. FFY 2010 \$ 14,045,455	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 2 to Attachment 3.1A and B, Page 3a and 3b Attachment 4.19-B, Page 4 Attachment 4.19-B, Page 6 Attachment 4.19-B, Page 7		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 2 to Attachment 3.1A and B, Page 3a & 3b Attachment 4.19-B, Page 4 Attachment 4.19-B, Page 6 Attachment 4.19-B, Page 7	
10. SUBJECT OF AMENDMENT: The purpose and rationale for this plan amendment is to revise and update the reimbursement methodology for dental, oral, maxillofacial and anesthesia services and delete outdated language.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input checked="" type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16 RETURN TO:	
13. TYPED NAME: Marsha K. Morris		Bureau for Medical Services 350 Capitol Street Room 251 Charleston West Virginia 25301	
14. TITLE: Commissioner			
15. DATE SUBMITTED: FEBRUARY 25, 2010			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: FEBRUARY 26, 2010		18. DATE APPROVED: MAY 18, 2009	
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2009		20. NAME OF APPROVING OFFICIAL: [Redacted]	
21. TYPED NAME: JED GARRAHAN		22. TITLE OF APPROVING OFFICIAL: ASSOCIATE REGIONAL ADMINISTRATOR	
23. REMARKS:			