

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 12-008	2. STATE HAWAII
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) MEDICAL ASSISTANCE	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2012	
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. 455 Subpart E		7. FEDERAL BUDGET IMPACT: FFY 2013 : \$24,750 FFY 2014 : \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 4, pages 79z2 to 79z5		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): N/A	
10. SUBJECT OF AMENDMENT: Establishes new provider screening and enrollment requirements for Medicaid and Children's Health Insurance providers participating in the fee-for-service program.			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: AS APPROVED BY GOVERNOR	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Med-QUEST Division Policy and Program Development Office P. O. Box 700190 Kapolei, Hawaii 96709-0190	
13. TYPED NAME: PATRICIA MCMANAMAN			
14. TITLE: DIRECTOR			
15. DATE SUBMITTED: 10/21/12			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: November 21, 2012		18. DATE APPROVED: January 29, 2013	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2012		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Gloria Nagle		22. TITLE: Associate Regional Administrator	
23. REMARKS:			