

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 12-005	2. STATE Indiana
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		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, 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 CFR Part 447, Subpart A Sections 1902(a)4, 1902(a)6, and 1903 of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2012 -\$4.31 (Thousands) b. FFY 2013 -\$17.28 (Thousands)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19A Page 1H.2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 4.19A Page 1H.2	
10. SUBJECT OF AMENDMENT: Identification of hospital-acquired conditions and other provider-preventable conditions and modification of the reimbursement policy.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <b>Indiana's Medicaid State Plan does not require the Governor's review. See Section 7.4 of the State Plan</b>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Patricia Casanova</i> 5/17/12		16. RETURN TO: Patricia Casanova Director of Medicaid Indiana Office of Medicaid Policy and Planning 402 West Washington Street, Room W382 Indianapolis, IN 46204 ATTN: Audie Giffner, State Plan Coordinator	
13. TYPED NAME: Patricia Casanova			
14. TITLE: Director of Medicaid			
15. DATE SUBMITTED: 5-18-12			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: JUL 19 2012	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL -1 2012		20. SIGNATURE OF REGIONAL OFFICIAL: <i>Penney Thompson</i>	
21. TYPED NAME: PENNEY THOMPSON		22. TITLE: DEPUTY DIRECTOR, CMCS	
23. REMARKS:  <i>Per &amp; ind change the box 7 to show decrease in FFP</i>			