

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
CNMI-12-003

2. STATE
CNMI

FOR: HEALTH CARE FINANCING ADMINISTRATION

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
1-01-12

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:

2842 CFR 447 Subpart C here
for inpatient hospital services.

7. FEDERAL BUDGET IMPACT:

a. FFY 2012 \$2.25M ~~\$0-\$5M~~
b. FFY 2013 \$3M ~~\$0-\$8M~~

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
ATTACHMENT 4.19A - Pages 1 to 5. 20

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT:
COST REIMBURSEMENT FOR MEDICAID HOSPITAL INPATIENT SERVICES

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
The Governor's Office does not
wish to review the State Plan Amendment.

12. SIGNATURE OF

13. TYPED NAME: ESTHER S. FLEMING

14. TITLE: SPECIAL ASSISTANT FOR ADMINISTRATION

15. DATE SUBMITTED:

16. RETURN TO:

ESTHER S. FLEMING
SPECIAL ASSISTANT FOR ADMINISTRATION
OFFICE OF THE GOVERNOR
CALLER BOX 10007
JUAN A. SABLAN BLDG
CAPITAL HILL
SAIPAN, MP 96950

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED: SEP 21 2012

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
JAN -1 2012

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Penny Thompson

22. TITLE: Deputy Director, CMCS

23. REMARKS:

Pen and ink change to Box 7 made by regional office with CNMI concurrence per 9/13/2012 email.