

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

1. TRANSMITTAL NUMBER:
2011-006

2. STATE
MS

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
July 1, 2011

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 2702 of the Patient Protection and Affordable Care Act of 2010 and sections 1902(b)(4), 1902(b)(18) and 1902 of the Social Security Act

7. FEDERAL BUDGET IMPACT:

- a. FFY **2012** less than (\$74,180)
- b. FFY **2013** less than (\$74,180)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, page 2a and new page 2b

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-B, pages 2a

10. SUBJECT OF AMENDMENT: Section 2702 of the Patient Protection and Affordable Care Act of 2010 prohibits Federal payments to States under section 1903 of the Social Security Act for any amounts expended for providing medical assistance for certain hospital outpatient other provider-preventable conditions and health-care acquired conditions for dates of service on or after July 1, 2011.

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:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: **Robert L. Robinson**

14. TITLE: **Executive Director**

15. DATE SUBMITTED: **9-30-11**

16. RETURN TO:

**Robert L. Robinson
Miss. Division of Medicaid
Attn: Ginnie McCardle
550 High Street, Suite 1000
Jackson, MS 39201-1399**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
09/30/11

18. DATE APPROVED: 08/13/12

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
10/01/11

20. SIGNATURE OF REGIONAL OFFICIAL:

Jackie Glaze
22. TITLE: Associate Regional Administrator
Division of Medicaid & Children Health Opns

21. TYPED NAME:
Jackie Glaze

23. REMARKS:

Approved with the following changes to items 4, 8 and 9 as authorized by State Agency letter dated 05/30/12:

Blocked #4 changed to read: October 1, 2011; **Blocked #8 changed to read:** Attachment 4.19-B page 2a.1 (new); **Block #9:** leave blank.