

Revised Submission 2.7.13

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL DR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 13-01	2. STATE Nebraska
	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 January 1, 2013	

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:	7. FEDERAL BUDGET IMPACT: a. FFY 2013 (\$604,000) b. FFY 2014 (\$202,000) *
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Item 12a, Page 1 of 4 Attachment 3.1.A 12.a., Page 2 of 4 Attachment 3.1.A 12.a., Page 3 of 4 Attachment 3.1.A 12.a., Page 4 of 4	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A Item 12a, Page 1 of 2 Attachment 3.1-A Item 12a, Page 2 of 2

10. SUBJECT OF AMENDMENT:
MIPPA Pharmacy Changes

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED: Governor has waived review
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Vivianne M. Chaumont</i>	16. RETURN TO: Nancy Keller Division of Medicaid & Long-Term Care Nebraska Department of Health & Human Services 301 Centennial Mall South Lincoln, NE 68509
13. TYPED NAME: Vivianne M. Chaumont	
14. TITLE: Director, Division of Medicaid and Long-Term Care	
15. DATE SUBMITTED: January 7, 2013	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: <i>January 7, 2013</i>	18. DATE APPROVED: <i>February 22, 2013</i>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>January 1, 2013</i>	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: <i>James G. Scott</i>	22. TITLE: <i>Associate Regional Administrator for Medicaid and Children's Health Operations</i>

23. REMARKS:

* pen and ink changes 2/7/13 Ld