

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 10-007	2. STATE NEVADA
	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 March 4, 2010 March 1, 2010	

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: 42CFR447.321	7. FEDERAL BUDGET IMPACT: a. FFY 2010 -\$890,293 \$ 2,254,426 b. FFY 2011 \$2,281,326 \$ 6,735,062
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <u>Attachment 4.19-B page 20 - 20 (Continued);</u> <u>and Attachment 4.19B Page 1 - 1 (continued)</u>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <u>Attachment 4.19-B page 20;</u> <u>and Attachment 4.19B Page 1</u>

10. SUBJECT OF AMENDMENT:

Provide for supplemental outpatient payments to non-state governmentally owned or operated teaching hospitals. The change will help preserve access to outpatient hospital services for needy individuals in Nevada. The payments shall not exceed the amount Medicare would have paid for services (UPL). The payments will be calculated annually and paid quarterly.

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
- The Governor's Office does not wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Marta Stagliano, Chief, Compliance DHCFF/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701
13. TYPED NAME: Michael J. Willden	
14. TITLE: Director, Department of Health and Human Services	
15. DATE SUBMITTED: MAR 24 2010	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 24, 2010	18. DATE APPROVED: SEP 20 2011
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: March 1, 2010	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Gloria Nagle, PhD, MPA	22. TITLE: Associate Regional Administrator

23. REMARKS:

Pen and ink changes made to boxes 4, 7, 8, 9 and 10.