

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

1. TRANSMITTAL NUMBER:
10-012

2. STATE
NEVADA

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
December 31, 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:

1902(a)(42)(B)(i)

7. FEDERAL BUDGET IMPACT:

a. FFY 2010 \$0
b. FFY 2011 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Section 4.5 Preprint pgs 36a + 36b

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

10. SUBJECT OF AMENDMENT: Section 4.5 of the State plan is being amended due to the requirement under the Affordable Care Act for States to contract with a Recovery Audit Contractor (RAC). The RAC will be responsible for identifying provider underpayments and overpayments and recouping overpayments with respect to all services for which payment is made to any entity under such plan or waiver. This program will be established in a manner consistent with State law and generally in the same manner as the Secretary contracts with contingency fee contractors for the Medicare RAC program.

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 STATE AGENCY OFFICIAL:

16. RETURN TO:

13. TYPED NAME:

Michael J. Willden

Marta Stagliano, Chief, Compliance
DHCFP/Medicaid
1100 East William Street, Suite 101
Carson City, NV 89701

14. TITLE:

Director, Department of Health and Human Services

15. DATE SUBMITTED:

DEC 28 2010

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

December 28, 2010

18. DATE APPROVED:

MAR 09 2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

December 31, 2010

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Gloria Nagle, PhD, MPA

22. TITLE:

Associate Regional Administrator

23. REMARKS:

Pen and Ink change made to box 8.