

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Center for Medicaid and CHIP Services (CMCS)

JUL 18 2012

Michael J. Willden, Director
Department of Health and Human Services
4126 Technology Way, Suite 100
Carson City, Nevada 89706

RE: Nevada SPA 12-005

Dear Mr. Willden:

We have reviewed the proposed amendment to Attachments 4.19-A, 4.19B, and 4.19D of your Medicaid State plan submitted under transmittal number (TN) 12-005. This amendment is for the non-payment for provider preventable conditions, effective July 1, 2012.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C.

We are pleased to inform you that Medicaid State plan amendment 12-005 is approved effective July 1, 2012. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Annalisa Fichera at (415) 744-3577.

Sincerely,


Cindy Mann
Director, CMCS

Enclosures