

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 1 2 0 6	2. STATE Virginia
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		4. PROPOSED EFFECTIVE DATE April 1, 2012	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR Part 477		7. FEDERAL BUDGET IMPACT a. FFY 2012 \$ 21,100,405 b. FFY 2013 \$ 42,200,810	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attach. 4.19-A, Pages 2, 9.1.0, 9.1.1, 9.1.2 and 10 of 23		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same pages except new Page 9.1.2	
10. SUBJECT OF AMENDMENT IME and GME Reimbursement Changes for Type One Hospitals			
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT ²⁰¹² <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Secretary of Health and Human Resources			
12. SIGNATURE OF STATE AGENCY OFFICIAL <i>Cynthia B. Jones</i>		16. RETURN TO Dept. of Medical Assistance Services 600 East Broad Street, #1300 Richmond VA 23219 Attn: Regulatory Coordinator	
13. TYPED NAME Cynthia B. Jones			
14. TITLE Director			
15. DATE SUBMITTED 12-3-12			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED		18. DATE APPROVED FEB 06 2013	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL		20. SIGNATURE OF REGIONAL OFFICIAL <i>[Signature]</i>	
21. TYPED NAME		22. TITLE	
23. REMARKS			

