HEALTH CARE FINANCING ADMINISTRATION	OMB NO 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 2. STATE:    2
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	PROPOSED EFFECTIVE DATE     January 1, 2012
5. TYPE OF PLAN MATERIAL (Check One)	
NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN X AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEND	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 2011 \$ 0
42 C, F. R, 440.10	b. FFY 2012 \$ 57,858,586
B. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	PAGE NUMBER OF THE SUPERSEDED PLAN SECTION     OR ATTACHMENT (If Applicable).
Attachment 4.19-A, Page 24, 24a, 24b and 24c	Attachment 4.19-A, Page 24, 24a, 24b and 24c
10. SUBJECT OF AMENDMENT:	
The purpose and rationale for this plan amendment is to renew the PPS and tertiary and rural safety net hospitals' supplemental payment pools and set new pool amounts.	
11. GOVERNOR'S REVIEW (Check One):	
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:
	OTHER, NO OF COLLED.
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
12. A Section 10.	16. RETURN TO.
13. TYPED NAME: /	Bureau for Medical Services
Nancy V. Atkins, RN-MSN, NP-BC	350 Capitol Street Room 251
14. TITLE:	Charteston West Virginia 25301
Commissioner	
15. DATE SUBMITTED: Aransmittal # Change Aresubmit 3-29-104	
FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED	18. DATE APPROVED MAY 1 7 2012
PLAN APPROVED - ON	E COPY ATTACHED
19. EFFECTIVE DATE OF APPROVED MATERIAL:  JAN - 1 2012	20. SU VIDE DE DECIDIAL DESICIAL
21. TYPED NAME: PENMY Thompson	Deputy Director CMCS
23. REMARKS:	1 Dopar - 1. cc jon, - 3
FORM HCFA-179 (07-92) INSTRUCTIONS ON BACK	

FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES