

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St., Suite 4T20
Atlanta, Georgia 30303-8909



November 21, 2008

Ms. Elizabeth A. Johnson
Commissioner
Cabinet for Health and Family Services
Department of Medicaid Services
275 East Main Street, 6W-A
Frankfort, Kentucky 40621-0001

Attention: Kevin Skeeters

RE: Kentucky Title XIX State Plan Amendment, Transmittal #08-012

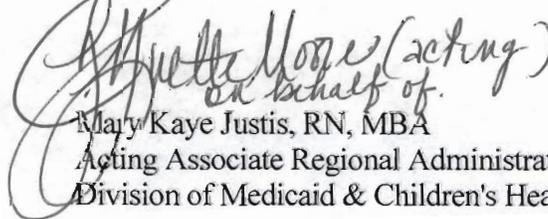
Dear Ms. Johnson:

We have reviewed the proposed amendment to the Kentucky Medicaid State Plan that was submitted under transmittal number 08-012. This amendment ensures that the State of Kentucky complies with the provisions of Section 1902(a)(25)(I) of the Social Security Act, and Section 6035 of the Deficit Reduction Act of 2005. The provision requires third parties to provide the State with eligibility, coverage, and claims data.

Based on the information provided, we are pleased to inform you that Medicaid State Plan Amendment 08-012 was approved on November 19, 2008. The effective date for this amendment is July 1, 2008. We are also enclosing the approved HCFA-179 and plan page.

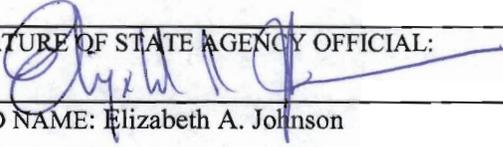
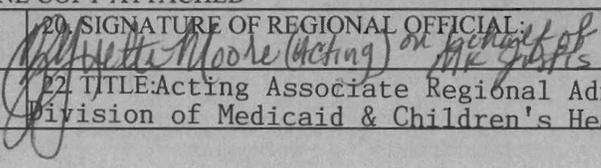
If you have any questions or need any further assistance, please contact Maria Donatto at 404-562-3697 or Yvette Moore at (404) 562-7327.

Sincerely,

A handwritten signature in cursive script, appearing to read "Mary Kaye Justis (acting)". Below the signature, the text "on behalf of." is written in a smaller, less legible cursive script.

Mary Kaye Justis, RN, MBA
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

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|--|--|---|----------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | | 1. TRANSMITTAL NUMBER: 08-012 | 2. STATE Kentucky |
| 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 July 1, 2008 | |
| 5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT | | | |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>) | | | |
| 6. FEDERAL STATUTE/REGULATION CITATION: DRA section 6035; Section 1902(a)(25) of the Social Security Act | | 7. FEDERAL BUDGET IMPACT: a. FFY 2009 - budget neutral b. FFY 2010 - budget neutral | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 4.22-A Exhibit B page 1 | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Same | |
| 10. SUBJECT OF AMENDMENT: The State has in effect laws that require third parties to comply with the provisions, including those which require third parties to provide the State with coverage, eligibility and claims data, of 1902(a)(25)(I) of the Social Security Act. | | | |
| 11. GOVERNOR'S REVIEW (<i>Check One</i>): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Review delegated <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED to Commissioner, Department for Medicaid <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Services | | | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  | | 16. RETURN TO: Department for Medicaid Services 275 East Main Street 6W-A Frankfort, Kentucky 40621 | |
| 13. TYPED NAME: Elizabeth A. Johnson | | | |
| 14. TITLE: Commissioner, Department for Medicaid Services | | | |
| 15. DATE SUBMITTED: September 30, 2008 | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED: 9/30/08 | | 18. DATE APPROVED: 11/19/08 | |
| PLAN APPROVED - ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/01/08 | | 20. SIGNATURE OF REGIONAL OFFICIAL:  | |
| 21. TYPED NAME: Mary Kaye Justis, RN, MBA | | 22. TITLE: Acting Associate Regional Administrator Division of Medicaid & Children's Health Opns | |
| 23. REMARKS: | | | |

**STATE LAWS REQUIRING THIRD PARTIES TO PROVIDE
COVERAGE ELIGIBILITY AND CLAIMS DATA**

1902(a)(25)(I) The State has in effect laws that require third parties to comply with the provisions, including those which require third parties to provide the State with coverage, eligibility and claims data, of 1902(a)(25)(I) of the Social Security Act.