

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

1. TRANSMITTAL NUMBER:  
**13-003**

2. STATE  
**CA**

**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  
**January 1, 2013**

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:  
42 CFR 447.405, 447.410, 447.415

7. FEDERAL BUDGET IMPACT:  
a. FFY 2013      \$227,600,000  
b. FFY 2014      \$303,500,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
**Supplement 19 to Attachment 4.19-B, pages 1-38**  
  
**Attachment 4.19-B Pages 78-80 ;**  
**Supplement 20 to Attachment 4.19-B, pages 1-83**  
**Supplement 21 to Attachment 4.19-B, pages 1-24**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
  
**None**

10. SUBJECT OF AMENDMENT:

**Increase Payments for Primary Care Services to Physician under Patient Protection and Affordable Care Act**

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:



13. TYPED NAME:  
**Toby Douglas**

14. TITLE:  
**Director**

15. DATE SUBMITTED:      **MAR 29 2013**

16. RETURN TO:

**Department of Health Care Services  
Attn: State Plan Coordinator  
1501 Capitol Avenue, Suite 71.326  
P.O. Box 997417  
Sacramento, CA 95899-7417**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **3/29/2013**

18. DATE APPROVED: **10/24/13**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: **1/1/2013**

20. SIGNATURE OF REGIONAL OFFICIAL:  


21. TYPED NAME: **Gloria Nagle, Ph.D., MPA**

22. TITLE: **Associate Regional Administrator**

23. REMARKS: **Pen and Ink change Box 8**