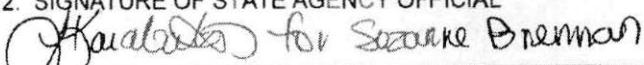
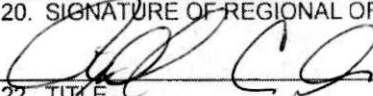


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER: <b>13 - 004</b>	2. STATE: <b>COLORADO</b>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2013	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):  NEW STATE PLAN                      AMENDMENT TO BE CONSIDERED AS A 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 <b>42 CFR 447.405, 447.410, 447.415</b>		7. FEDERAL BUDGET IMPACT a. FFY 12-13      \$6,434,967 b. FFY 13-14      \$13,030,616	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 4.19-B: Physician Services 42 CFR 447.405, 447.410, 447.415</b> <b>Pages 1-3 of 3</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> )	
10. SUBJECT OF AMENDMENT <b>Increased primary care service payment 42 CFR 447.405, 447.410, 447.415</b>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> )  GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED  COMMENTS OF GOVERNOR'S OFFICE ENCLOSED                      Governor's letter dated 01 September 2011 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO	
13. TYPED NAME <b>Suzanne Brennan</b>		Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818	
14. TITLE <b>Medicaid Director</b>		Attn: Barbara Prehmus	
15. DATE SUBMITTED <b>March 15, 2013</b>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED <b>3/15/13</b>		18. DATE APPROVED <b>6/4/13</b>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>1/1/13</b>		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME <b>RICHARD C. ALLEN</b>		22. TITLE <b>ARA, DMCHO</b>	
23. REMARKS			