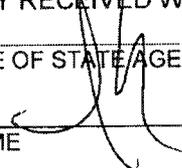


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER:  <b>13-015</b>	2. STATE:  <b>COLORADO</b>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>July 1, 2013</b>	
5. TYPE OF PLAN MATERIAL (Check One):			
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 (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION  <b>42 CFR 440.30</b>		7. FEDERAL BUDGET IMPACT a. FFY 2012-13: \$116,467 b. FFY 2013-14: \$484,176	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 3. Laboratory and Radiology Services</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <b>Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 3. Laboratory and Radiology Services (TN 11-019)</b>	
10. SUBJECT OF AMENDMENT <b>Methods and standards for establishing payment rates for laboratory and radiology services, reflecting the rate increases effective July 1, 2013.</b>			
11. GOVERNOR'S REVIEW (Check One)			
GOVERNOR'S OFFICE REPORTED NO COMMENT		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<b>Governor's letter dated 1 September 2011</b>	
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>6/13/13</b>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED  <b>6/24/2013</b>		18. DATE APPROVED  <b>9/4/13</b>	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL  <b>July 1, 2013</b>		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME  <b>Richard C. Allen</b>		22. TITLE  <b>AAA</b>	
23. REMARKS			