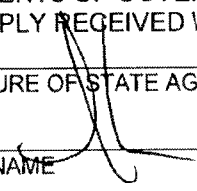



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 13-017	2. STATE: COLORADO
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4 PROPOSED EFFECTIVE DATE July 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 42 CFR 440.50	7. FEDERAL BUDGET IMPACT a. FFY 2012-13: \$39,601 b. FFY 2013-14: \$164,628	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 5.a. Physician Services	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 5.a. Physician Services (TN 11-022)	
10. SUBJECT OF AMENDMENT Methods and standards for establishing payment rates for physician services, reflecting the rate increases effective July 1, 2013.		
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 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <p style="text-align: right;">Governor's letter dated 1 September 2011</p>		
12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818 Attn: Barbara Prehmus	
13. TYPED NAME Suzanne Brennan		
14. TITLE Medicaid Director		
15. DATE SUBMITTED 01/13/13		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED	18. DATE APPROVED 8/2/13	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2013	20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Richard C. Allen	22. TITLE ANA	
23. REMARKS		