

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

1. TRANSMITTAL NUMBER: 13-003	2. STATE HAWAII
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) MEDICAL ASSISTANCE	
4. PROPOSED EFFECTIVE DATE January 1, 2013	

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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:  
1902(a)(13), 1902(g), 1905(d) and 1992(f) of the Act  
42 CFR 447.405, 447.410, 447.415

7. FEDERAL BUDGET IMPACT: *See Remarks*

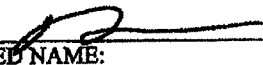
CY 2013	\$31,050,000 (MC) + \$107,313 (FFS) = \$31,157,313
CY 2014	\$39,870,000 (MC) + \$107,313 (FFS) = \$39,977,313

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
  
Attachment 4.19-B, pages 1 and 9 to 12  
*Supplement 2 to attachment 4.19b,  
pages 1-4*

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  
  
Attachment 4.19-B, pages 1, 8-4 to 8-7 (new) and 9 to 10 to 12a  
*Supplement 2 to Attachment 4.19-B, page 1 to 4 (new)*

10. SUBJECT OF AMENDMENT:  
Reflects the fee schedule rate increases for eligible primary care physicians in calendar year (CYs) 2013 and 2014 at rates not less than the Medicare reimbursement rates and for the administration of pediatric vaccines according to the Medicare Economic Index (MEI).

11. GOVERNOR'S REVIEW (Check One):
- GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      AS APPROVED BY GOVERNOR  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:  


13. TYPED NAME:  
Patricia McManaman

14. TITLE:  
Director

15. DATE SUBMITTED:

16. RETURN TO:  
  
DEPARTMENT OF HUMAN SERVICES  
MED-QUEST DIVISION  
POLICY AND PROGRAM DEVELOPMENT OFFICE  
P.O. BOX 700190  
KAPOLEI, HI 96709-0190


**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 3/29/2013      18. DATE APPROVED: JUN 18 2013

**PLAN APPROVED - ONE COPY ATTACHED**

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

21. TYPED NAME:  
Gloria Nagle

20. SIGNATURE OF REGIONAL OFFICIAL:  


22. TITLE:  
Associate Regional Administrator

23. REMARKS:  
  
*7. Federal Budget Impact  
FFY 2013 - \$80,485  
FFY 2014 - \$107,313  
FFY 2015 - \$26,828*