

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 13-02	2. STATE Maryland
	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 (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 447.400(a)	7. FEDERAL BUDGET IMPACT: a. FFY 2013 \$ 11,979,866 b. FFY 2014 \$ 15,839,768
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att 4.19B p 5,7,9,10,38, 38-B Att. 3-1A p. 22-A (12-02)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Att 4.19B: p5, 7, 9, 10, (11-12), p 38, 38-B (12-02) Att. 3-1A p. 22-A (12-02)
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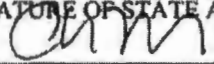
10. SUBJECT OF AMENDMENT: To reimburse certain providers at the statewide rate which reflects the Medicare mean value over all counties for Evaluation and Management (E&M) codes 99201-99499 for dates of service between January 1, 2013 and December 30, 2014. In addition, the State will pay the federally calculated VFC vaccine administration charge.

11. GOVERNOR'S REVIEW (Check One):

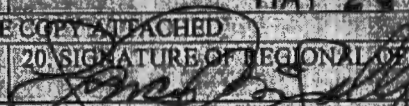
GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: The Secretary of the Department of Health and Mental Hygiene

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Susan J. Tucker Executive Director Office of Health Services Department of Health & Mental Hygiene 201 W Preston St, 1 st floor Baltimore MD 21201
13. TYPED NAME: Charles J. Milligan, Jr.	
14. TITLE: Deputy Secretary, Health Care Financing, Department of Health and Mental Hygiene	
15. DATE SUBMITTED: March 7, 2013	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 7, 2013	18. DATE APPROVED: MAY 24 2013
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2013	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Francis T. McCullough	TITLE: Associate Regional Administrator, DMCHO

23. REMARKS:

Pen and ink changes per request of State Medicaid officials:
Boxes 8 and 9