

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 13-03	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: *(impact is detailed under SPA 13-02 which includes physicians in the budget projection) a. FFY 2013 \$ 4,751,930.00 b. FFY 2014 \$ 6,335,907.00
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 4.19B Page 6B (NEW), 6B-1, 6B-2, 6B-3, 6B-4	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
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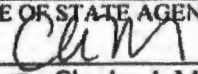
10. SUBJECT OF AMENDMENT: To add the pre-print to the State plan to reimburse physicians who self-attest to a primary care designation of internal medicine, family medicine or pediatrics or a physician that has a practice history of primary care as represented by a 60 percent claims history for approved E&M reimbursement codes for services rendered in calendar year 2013 and 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
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19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2013	20. SIGNATURE OF REGIONAL OFFICIAL: 
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21. TYPED NAME: Francis P. McCullough	22. TITLE: Associate Regional Administrator DMCNO
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23. REMARKS:
Per request of State Medicaid Officials, pen and ink changes to Box 7