

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

1. TRANSMITTAL NUMBER:
13-001

2. STATE
Maine

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR

4. PROPOSED EFFECTIVE DATE

Centers for Medicare and Medicaid Services
Department of health and Human Services

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:

7. FEDERAL BUDGET IMPACT:

42 CFR 447.405, 447.410, 447.415
Section 1202 of the ACA

a. FFY 2013: \$9,887,320

b. FFY 2014: \$9,887,320

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*):

Attachment 4.19-B Pages

New Page

10. SUBJECT OF AMENDMENT:

Increase Primary Care Service Payment

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

Commissioner, Dept. of Health and Human Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

13. TYPED NAME:

Mary C. Mayhew

Stefanie Nadeau

Director, MaineCare Services

#11 State House Station

242 State Street

Augusta, Maine 04333-0011

14. TITLE:

Commissioner, Department of Health and Human Services

15. DATE SUBMITTED:

3/29/2013

17. DATE RECEIVED:

April 2, 2013

18. DATE APPROVED:

June 5, 2013

FOR REGIONAL OFFICE USE ONLY

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1/1/2013

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME: Richard McGreal

22. TITLE:

Associate Regional Administrator

23. REMARKS:

This SPA creates new pages in Attachment 4.19B; the new pages are Attachment 4.19B, page 7a thru page 7c