

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 13-002	2. STATE NEVADA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE January 1, 2013
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)

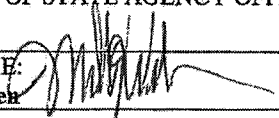
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.405, 447.410, 447.415	7. FEDERAL BUDGET IMPACT: FFY 2015 \$6,704,983 a. FFY 2013 \$20,114,946 \$26,819,929 b. FFY 2014 \$26,819,929
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <u>Attachment 4.19-B, Page 1c</u>, 1c-1, 1c-2, and 1c-3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <u>Attachment 4.19-B, Page 1c</u>
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10. SUBJECT OF AMENDMENT:
Allow eligible primary care physicians to receive an increase in payment for Evaluation and Management codes 99201 through 99499 and Vaccination Administration codes 90460, 90461, 90471, 90472, 90473 and 90474 for calendar years 2013 and 2014 under Section 1902 (a)(13) of the Affordable Care Act.

11. GOVERNOR'S REVIEW (Check One):

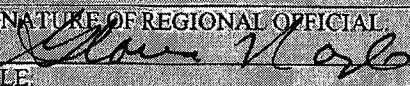
GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor's Office does not
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
13. TYPED NAME:  Michael J. Willden	Marta Stagliano, Chief, Compliance DHCFF/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701
14. TITLE: Director, Department of Health and Human Services	
15. DATE SUBMITTED: MAR 14 2013	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 14, 2013	18. DATE APPROVED: JUN 10 2013
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2013	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Gloria Nagle, Ph.D., MPA	22. TITLE: Associate Regional Administrator

23. REMARKS:

Pen and ink changes to Boxes 7 and 8.