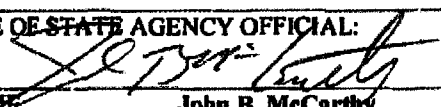
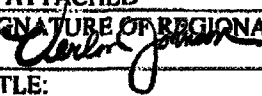


NSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 12 -005 REVISED #2	2. STATE OHIO
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2012	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN		<input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN	
<input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1905(a)(5)(A) of the Social Security Act 42 CFR § 440.50; 45 CFR § 162.1000; 45 CFR § 162.1002		7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$3,976 thousands b. FFY 2013 \$7,266 thousands	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Item 5-a, Page 1 of 3 Attachment 3.1-A, Item 5-a, Page 2 of 3 Attachment 4.19-B, Item 2-a, Page 1 of 8 Attachment 4.19-B, Item 3, Page 1 of 1 Attachment 4.19-B, Item 5-a, Pages 1 of 7 Attachment 4.19-B, Item 5-a, Page 7 of 7 Attachment 4.19-B, Item 6, Page 1 of 6 Attachment 4.19-B, Item 6, Page 2 of 6 Attachment 4.19-B, Item 9-a, Page 1 of 1 (NEW) Attachment 4.19-B, Item 9-b and 9-a, Page 1 of 9 Attachment 4.19-B, Item 10, Page 1 of 1 Attachment 4.19-B, Item 17, Page 1 of 3 Attachment 4.19-B, Item 17, Page 2 of 3 Attachment 4.19-B, Item 23, Page 1 of 3 Attachment 4.19-B, Item 23, Page 2 of 3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Pre-Print page 2, Item 5, Page 1 of 3 (TN 90-38) Attachment 3.1-A, Pre-Print page 2, Item 5, Page 2 of 3 (TN 91-02) Attachment 4.19-B, Item 2-a, Page 1 of 8 (TN 11-027) Attachment 4.19-B, Item 3, Page 1 of 1 (TN 09-035) Attachment 4.19-B, Item 5-a, Page 1 of 7 (TN 09-035) Attachment 4.19-B, Item 5-a, Page 7 of 7 (TN 11-009) Attachment 4.19-B, Item 6, Page 1 of 6 (TN 09-035) Attachment 4.19-B, Item 6, Page 2 of 6 (TN 09-035) Attachment 4.19-B, Item 9, Page 1 of 9 (TN 09-035) Attachment 4.19-B, Item 10, Page 1 of 1 (TN 09-035) Attachment 4.19-B, Item 17, Page 1 of 3 (TN 09-035) Attachment 4.19-B, Item 17, Page 2 of 3 (TN 09-035) Attachment 4.19-B, Item 23, Page 1 of 3 (TN 09-035) Attachment 4.19-B, Item 23, Page 2 of 3 (TN 09-035)	
10. SUBJECT OF AMENDMENT: Medicaid Professional Fee Schedule update January 1 through March 31, 2012; coverage and limitations of physicians' services			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:	
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		Governor has delegated signature authority to the State Medicaid Director	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Becky Jackson Office of Medical Assistance Bureau of Health Plan Policy P.O. BOX 182709 Columbus, Ohio 43218	
13. TYPED NAME: John B. McCarthy			
14. TITLE: STATE MEDICAID DIRECTOR			
15. DATE SUBMITTED: 3/29/12			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 29, 2012		18. DATE APPROVED: June 21, 2013	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2012		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Verlon Johnson		22. TITLE: Associate Regional Administrator	
23. REMARKS:			