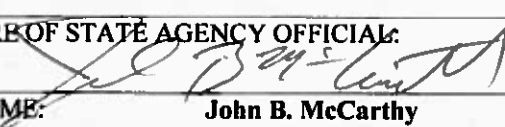
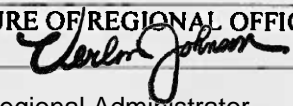


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>13 -006</b>	2. STATE <b>OHIO</b>
<b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2013	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):		
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> <b>AMENDMENT</b>		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )		
6. FEDERAL STATUTE/REGULATION CITATION: Section 1202 of the Health Care and Education Reconciliation Act of 2010 Sections 1902(a)(13)(C), 1902(jj), 1905(dd), and 1932(f) of the Social Security Act 42 CFR 438.6 42 CFR 438.804 42 CFR 447, Subpart G	7. FEDERAL BUDGET IMPACT: a. FFY 2013      \$ 298,963 thousands b. FFY 2014      \$ 398,617 thousands	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19-B, Item 5-a, Supplement 1, pages 1 through 3 of 3 (NEW)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):	
10. SUBJECT OF AMENDMENT: Implementation of the Affordable Care Act's provisions to raise payments for services furnished by certain primary care physicians in calendar years 2013 and 2014		
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):		
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The State Medicaid Director is the Governor's designee
12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO:	
13. TYPED NAME:                      John B. McCarthy	Becky Jackson Office of Medical Assistance Bureau of Health Plan Policy P.O. BOX 182709 Columbus, Ohio 43218	
14. TITLE:                      STATE MEDICAID DIRECTOR		
15. DATE SUBMITTED:              3.28.13		
<b>FOR REGIONAL OFFICE USE ONLY</b>		
17. DATE RECEIVED: March 28, 2013	18. DATE APPROVED: June 24, 2013	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>		
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2013	20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Verlon Johnson	22. TITLE: Associate Regional Administrator	
23. REMARKS:		

Instructions on Back