

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER 1 3 - 0 0 2	2. STATE West Virginia
		3. PROGRAM IDENTIFICATION TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2013	
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 42 CFR 447.405, 447.410 and 447.415 and 42 CFR 447.405(2)(b) of the Affordable Care Act		7. FEDERAL BUDGET IMPACT a FFY 2013 \$ 17,772,717 b FFY 2014 \$ 23,696,957	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, pages 18, 19 and 20. 23, 24 and 25		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable). Attachment 4.19-B, pages 18, 19 and 20. <i>New pages</i>	
10. SUBJECT OF AMENDMENT The purpose and rationale for this plan is to meet compliance with 42 CFR 447.405, 447.410 and 447.415 of the Affordable Care Act to reimburse qualified providers at the rate that would be paid under Medicare for Medicaid covered primary care services delivered by a physician with a specialty designation of family medicine, general internal medicine or pediatric medicine. Also, as specified in 42 CFR 447.405(2)(b), language will be amended to reflect the change in payment for vaccine administration under the Vaccines for Children (VFC) program.			
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER AS SPECIFIED <input checked="" type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Nancy V. Atkins</i>		16. RETURN TO Bureau for Medical Services 350 Capitol Street Room 251 Charleston West Virginia 25301	
13. TYPED NAME: Nancy V. Atkins, RN, MSN, NP-BC			
14. TITLE: Commissioner			
15. DATE SUBMITTED: 3-25-13			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED MARCH 25, 2013		18. DATE APPROVED JUN 20 2013	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL JANUARY 1, 2013		20. SIGNATURE OF REGIONAL OFFICIAL: <i>Francis McCullough</i>	
21. TYPED NAME: FRANCIS McCullough		22. TITLE: Associate Regional Administrator/Director	
23. REMARKS: Pen and ink change to Item #7 to reflect FFY 2013 \$17,772,717; FFY 2014 \$23,696,957 Pen and ink change to Item #8 Attachment 4.19-B pages changed to reflect pages 23, 24 and 25. Pen and ink change to Item #9 to reflect that these are new pages.			