DEPARTMENT OF HEALTH AND HUMAN SERVICES Revised Submission 4.05.13		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: SPA #KS 13-03	2. STATE Kansas
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One):	4. PROPOSED EFFECTIVE DATE January 1, 2013	
NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN X AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:		59,226 78,968
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, #5, Pages 1d, thru 1f (New)	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (<i>If Applicable</i>):	
10. SUBJECT OF AMENDMENT: Primary Care Physician Bonus		
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	X OTHER, AS SPEC Kari Bruffett is th Governor's Design	e
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: Kari Bruffett KDHE; Division of Health Care Fi Landon State Office Building 900 SW Jackson, Room 900-N Topeka, KS 66612-1220	nance
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: January 25, 2013	18. DATE APPROVED: April 19, 20	13
PLAN APPROVED – ON		
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2013	20. SIGNATURE OF REGIONAL OF /s/	FICIAL:
21. TYPED NAME: James G. Scott	22. TITLE: Associate Regional Ac for Medicaid and Children's Heal	
23. REMARKS:		