

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:
1 2 - 21

2. STATE:
Michigan

3. PROGRAM IDENTIFICATION:
TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH FINANCING ADMINISTRATION
DEPARTMENT OF HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2013

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 440.30 (LNC)

7. FEDERAL BUDGET IMPACT:
a. FFY 2013 \$ 0
b. FFY 2014 \$ 0

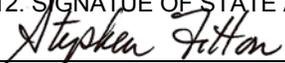
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-A, Page 1
Supplement to Attachment 3.1-A, Page 11
Attachment 4.19-B, Page 13

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*):
Attachment 3.1-A, Page 1
Supplement to Attachment 3.1-A, Page 11
Attachment 4.19-B, Page 13

10. SUBJECT OF AMENDMENT:
This amendment eliminates the \$50 and \$125 maximum daily dollar limits for laboratory services performed by practitioners, clinics, and independent labs when rendered by the same provider, for the same beneficiary, on a single date of service.

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Stephen Fitton, Director
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:


16. RETURN TO:
Medical Services Administration
Actuarial Division
Capitol Commons Center - 7th Floor
400 South Pine Street
Lansing, Michigan 48933

Attn: Loni Hackney

13. TYPED NAME:
Stephen Fitton

14. TITLE:
Director, Medical Services Administration

15. DATE SUBMITTED:
December 27, 2012

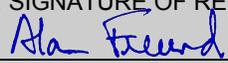
FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
12/27/2012

18. DATE APPROVED:
March 22, 2013

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
1/1/2013

20. SIGNATURE OF REGIONAL OFFICIAL:


21. TYPE NAME:
Alan Freund

22. TITLE:
Acting Associate Regional Administrator

23. REMARKS: