CENTERS FOR MEDICARE AND MEDICAID SERVICES		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	2013-003	MS
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TIT	
	SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE AND MEDICAID SERVICES	January 1, 20	13
DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2010	
5. TYPE OF PLAN MATERIAL (Check One):		
NEW STATE PLAN ☐ AMENDMENT TO BE C	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:	7. FEDERAL BUDGET IMPACT:	
42 CFR, 447.405, 447.410, 447.415	a. FFY 2013 \$10,991,763	
	b. FFY 2014 \$14,665,684	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	
	OR ATTACHMENT (If Applicable):	
Attachment 4.10. D. nagga 5a 1. 5a 2. 5a 3		
Attachment 4.19 –B, pages 5a.1, 5a.2, 5a.3	None	
10. SUBJECT OF AMENDMENT:		
To reimburse qualified Primary Care Service Providers 100% of the Medicare rate for certain primary care services procedure codes.		
11. GOVERNOR'S REVIEW (Check One): ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ OTHER, AS SPECIFIED:		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
The later labelites within is since of cosmitting		
12. SIØNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
13. TYPED NAME: David J. Dzielak	David J. Dzielak	
13. I II ED IANIE. Pavid S. Desciar	Miss. Division of Medicaid	
14. TITLE: Executive Director	Attn: Kristi Plotner	
	550 High Street, Suite 1000 Jackson, MS 39201-1399	
15. DATE SUBMITTED: NA A A A A A A A A A A A A A A A A A A	Jackson, MIS 39201-1399	
March 28 2013		
FOR REGIONAL OF	FICE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED: 05/29/13	
03/28/13 PLAN APPROVED – ON	COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	ICIAL:
01/01/13	Jacque Blank	
21. TYPED NAME:	22. TELE: Associate Regional Admini	
	Le Lill. Absortic regional remini.	strator
	Division of Medicaid & Children Health	strator n Opns
Jackie Glaze	Division of Medicaid & Children Health	strator n Opns
Jackie Glaze 23, REMARKS:	Division of Medicaid & Children Health	strator n Opns
Jackie Glaze	Division of Medicaid & Children Health	strator n Opns
Jackie Glaze 23. REMARKS: Approved with the following changes to item 9 as authorized by State Agency e-mail dated	Division of Medicaid & Children Health	strator n Opns
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