

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: AK - 13 - 003	2. STATE: Alaska
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Section 175 Medicare Improvement for Patients and Providers Act of 2008 amended section 1860D-2(e)(2)(A) to amend Title XIX Social Security Act	
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):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

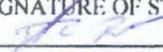
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Section 175 of Medicare Improvements for Patients and Providers Act, 2008 amended section 1860D-2(e)(2)(A) of Social Security Act 1927(d)(2) Social Security Act 1935 (d)(2) Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY <u>2013</u> \$ <u>-\$124,350</u> b. FFY <u>2014</u> \$ <u>-\$165,800</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attached Sheet to Attachment 3.1 A Page 4.3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attached Sheet to Attachment 3.1 A Page 4.3

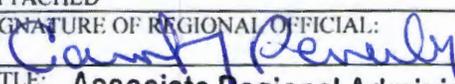
10. SUBJECT OF AMENDMENT:
Drugs no longer excluded under Medicare Part D

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Does not wish to comment
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Alaska Dept. of H & SS, Division of Health Svc 4501 Business Park Blvd., Suite 24, Bldg L Anchorage, Alaska 99503-7167
13. TYPED NAME: Margaret Brodie	
14. TITLE: Director Division Health Svc, Department of Health and Social Services, State of Alaska	
15. DATE SUBMITTED: 3/29/2013	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: <u>March 29 2013</u>	18. DATE APPROVED: <u>April 26, 2013</u>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>January 1, 2013</u>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: <u>Carol J.C. Peverly</u>	22. TITLE: <u>Associate Regional Administrator</u> <u>Division of Medicaid &</u> <u>Children's Health</u>
23. REMARKS:	