

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 11-007	2. STATE Alaska
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE September 7, 2011	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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)

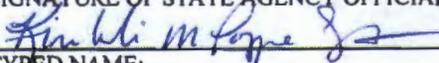
6. FEDERAL STATUTE/REGULATION CITATION: 1927	7. FEDERAL BUDGET IMPACT: a. FFY 11 0.00 b. FFY 12 0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attached Sheets to Attachment 3.1A Pages 3, 4, & 4.3, Attachment 4.19-B Page 1, 1.1, 13 (P&I) Attachment 4.19-B Page 6 Attachment 4.19-B Pages 7-8e, 7-8b (P&I) Attached Sheet to Attachment 3.1-A, page 3b (P&I)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attached Sheets to Attachment 3.1A Pages 3, 4, & 4.3 Attachment 4.19-B Pages 1 & 6, 1a.1, 13 (P&I) Attachment 4.19-B Pages 7-8a

10. SUBJECT OF AMENDMENT:
Pharmacy reimbursement

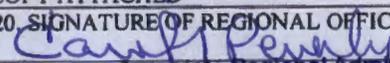
11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Governor does not wish to comment.

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Alaska Department of Health and Social Services Office of the Commissioner P.O. Box 110601 Juneau, Alaska 99811-0601
13. TYPED NAME: Kimberli Poppe-Smart	
14. TITLE: Deputy Commissioner	
15. DATE SUBMITTED: September 29, 2011	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: September 29, 2011	18. DATE APPROVED: November 30, 2012

PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: September 7, 2011	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Carol J.C. Peverly	22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health Operations

23. REMARKS:

3/20/12 - Pen & Ink changes authorized by the State.

3.21.12 - state authorized removal of page 4 to Attach 3.1A in box 8 & 9

4.24.12 - state authorized pen and ink (P&I) changes for blocks 8 and 9

11.30.12 - state authorized pen and ink (P&I) changes for block 9