DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 12-015	2. STATE Montana
	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 01/01/~~2001~~ 2012 CMS	

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: 1902 (a)(10) and 1902(a)(30)of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 12: $ 0 c. FFY 13 $ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 4.19B, Payments of Medicare Part A and Part B Deductibles/Coinsurance, Pages 3 of 3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: Supplement 1 to Attachment 4.19B, Payments of Medicare Part A and Part B Deductibles/Coinsurance, Pages 3 of 3

10. SUBJECT OF AMENDMENT:
Clarification of Supplement 1 to Attachment 4.19-B reflecting Montana's method of reimbursing Deductible and Coinsurance for Medicare Part B services provided by institutional outpatient providers (those billing on CMS-1450 billing form or electronic equivalent)

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
☒ OTHER, AS SPECIFIED: Single Agency Director Review.

12. SIGNATURE OF STATE AGENCY OFFICIAL: [redacted]	16. RETURN TO: **Montana Dept. of Public Health and Human Services** **Mary E. Dalton** **State Medicaid Director** **Attn: Jo Thompson** **PO Box 4210** **Helena, MT 59604**
13. TYPED NAME: **Mary E. Dalton**	
14. TITLE: **State Medicaid Director**	
15. DATE SUBMITTED: 3-30-12	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 30, 2012	18. DATE APPROVED: May 30, 2012
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2012	20. SIGNATURE OF REGIONAL OFFICIAL: [redacted]
21. TYPED NAME: Richard C. Allen	22. TITLE: Associate Regional Administrator

23: REMARKS: Pen and ink changes to effective date requested by the State.

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