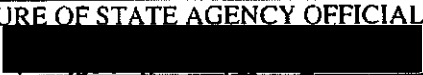


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 12-020	2. STATE Montana
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2012	
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:	7. FEDERAL BUDGET IMPACT a. FFY. 2012 \$0 b. FFY. 2013 \$0		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT. Service 5a Physician Services Attachment 4 19B, Pages 1 and 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Service 5a Physician Services Attachment 4.19B, Pages 1 and 2		
10. SUBJECT OF AMENDMENT: Amend Service 5a Physician Services to update fee schedule. Notice of Public Hearing on Proposed Amendment, MAR Notice No. 37-582.			
11. GOVERNOR'S REVIEW (Check One): ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☒ OTHER, AS SPECIFIED: SINGLE AGENCY DIRECTOR REVIEW ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 	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	17. RETURN TO: (This field is merged with 16 in the original form)		
14. TITLE: State Medicaid Director	18. DATE RECEIVED: 6/22/12		
15. DATE SUBMITTED: 6/22/2012	19. DATE APPROVED: 7/1/12		
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 6/22/12		18. DATE APPROVED: 7/1/12	
PLAN APPROVED: ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/12		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: RICHARD C. ALLEN		22. TITLE: AREA DIRECTOR	
23. REMARKS: 			