

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 12-027	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 07/01/2012	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.321		7. FEDERAL BUDGET IMPACT: a. SFY 2013 No Impact b.	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Pages 1-7 of Attachment 4.19B, Service 2a <i>Pg 1 of 4.19.B Service 24(a) + 25(a)</i> <i>Pg 10 3.1-A</i> <i>Pg 9 3.1-B</i>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable): Pages 1-7 of Attachment 4.19B, Service 2a <i>Pg 10 3.1A</i> <i>Pg 9 3.1B</i>	
10. SUBJECT OF AMENDMENT: Outpatient Hospital Reimbursement.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Mary E. Dalton</i>		16. RETURN TO: Montana Dept of Public Health and Human Services Mary E. Dalton Attn: Jo Thompson PO Box 4210 Helena MT 59604	
13. TYPED NAME: Mary E. Dalton			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: 9-14-12			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: <i>9/14/12</i>		18. DATE APPROVED: <i>9/26/12</i>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>3/1/12</i>		20. SIGNATURE OF REGIONAL OFFICIAL: <i>[Signature]</i>	
21. TYPED NAME: <i>FRANCIS HARRIS C. ALLEN</i>		22. TITLE: <i>AREA DIRECTOR</i>	
23. REMARKS: <i>Per a link changes made to update SPA page changes / Hjt</i>			