TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 12-001	2. STATE Montana
STATE PLAN MATERIAL	·	
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	October 01, 2011	
DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One):		
3. 13FE OF FLAN WATERIAL (Check One).		
□ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☑ AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: FFY	7 2012: \$ 0, FFY 2013: \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	EDED PLAN SECTION
Attachment 4.19B Methods and Standards For Establishing Payment	OR ATTACHMENT (If Applicable):	i
Rates, Service 12 a, Outpatient Drug Services; Supplement to	Attachment 4.19B Methods and Standards For Establishing	
Attachment 3.1A and 3.1B Service 12a Prescribed Drugs	Payment Rates, Service 12 a, Outpatient Drug Services; Supplement to Attachment 3.1A and 3.1B Service 12a Prescribed	
	Drugs	
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10. SUBJECT OF AMENDMENT: Add Wholesale Acquisition Cost plus 2% to pharmacy pricing algorithm, allow reimbursement for		
Active Pharmaceutical Ingredients, and add a differential dispensing fee between brand name drugs and preferred drugs and generics.		
11. GOVERNOR'S REVIEW (Check One):		
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT X ☐ OTHER, AS SPECIFIED:		
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
MO KELET RECEIVED WITHIN 43 DATS OF SOBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
Mary E. Dalton	Montana Dept. of Public Health and Human Services	
13. TYPED NAME: Mary/#. Dalton	Mary E. Dalton, State Medicaid Director	
	Attn: Jo Thompson PO Box 4210	
14. TITLE: State Medicaid Director	Helena MT 59604	
15. DATE SUBMITTED: 12/1/11	{	
167.71		
FOR REGIONAL OF	· · · · · · · · · · · · · · · · · · ·	
17. DATE RECEIVED: 12/7/10	18. DATE APPROVED: $3/4$	6/12
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	29. SIGNATURE OF REGIONAL OF	FICIAL:
10/1/11		····
21. TYPED NAME: RICHARD C. ALLEN	22-TITLE: ARA, DINCHO	
23. REMARKS:		
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