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	1. TRANSMITTAL NUMBER: SPA #10-05	2. STATE Kansas
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 January 1, 2010	
5. TYPE OF PLAN MATERIAL (Check One):		
Image: New State plan Image: Amendment to be considered as new plan X Amendment		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$(3) b. FFY 2011 \$0)	372,815)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, #12a, Page 1	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable): Attachment 4.19-B, #12a, Page 1	
10. SUBJECT OF AMENDMENT: Pharmacy Payment Reduction	<u> </u>	
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	X OTHER, AS SPEC Andy Allison, Ph Governor's Design	D. is the
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
Bordona E Porngren	Andy Allison, PhD. Kansas Health Policy Authority Landon State Office Building 900 SW Jackson, Room 900-N	
13. TYPED NAME: for Andy Allison, PhD.	Topeka, KS 66612-1220	
14. TITLE: Executive Director of the Kansas Health Policy Authority	-	
15. DATE SUBMITTED: March 9, 2010		
17. DATE RECEIVED: March 9, 2010 PLAN APPROVED - ON	18. DATE APPROVED: Hugust 17,2010 E COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATUREON REGIONAL OF	FICIAL:
21. TYPED NAME: James G. Scott	22 TITLE Associate Regional Jor Medicaid and Children	Administrator Health Operations
23. REMARKS:		•