


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 012-005	2. STATE MA
		3. PROGRAM IDENTIFICATION: TITLE NIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: 05/26/12	
5. TYPE OF PLAN MATERIAL. <i>(Check One):</i>			
<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 <i>(Separate Transmittal for each amendment)</i>			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1927 of the Social Security Act (42 USC 1396r-8);		7. FEDERAL BUDGET IMPACT: a. FFY12 \$ (0.6M) (0.0) b. FFY13 \$ (2.0M)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement to Attachment 3.1-A page 3a1 Supplement to Attachment 3.1-B page 3a1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable):</i> Supplement to Attachment 3.1-A page 3a1 Supplement to Attachment 3.1-B page 3a1	
10. SUBJECT OF AMENDMENT: Supplemental Drug Rebate Agreement			
11. GOVERNOR'S REVIEW <i>(Check One):</i>			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Not required under 42 CMR 430.12(b)(2)(ii)	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Michael P. Coleman State Plan Coordinator Office of Medicaid Executive Office of Health and Human Services One Ashburton Place, 11th Floor Boston, MA 02108	
13. TYPED NAME: Judy Ann Bigby, M.D.			
14. TITLE: Secretary			
15. DATE SUBMITTED: 06/26/12			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 06/26/2012		18. DATE APPROVED: 09/20/2012	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 05/26/2012		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Richard R. McGreal		22. TITLE: Associate Regional Administrator, Division of Medicaid & Children's Health Operations, Boston, MA	
23. REMARKS:			