

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 11-014	2. STATE Pennsylvania
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE August 8, 2011
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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: Section 1927 of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2011 0.00 b. FFY 2012 0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 5eb of Attachment 3.1A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Page 5eb of Attachment 3.1A

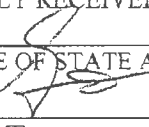
10. SUBJECT OF AMENDMENT:
Changes in the payment policy for pharmacy services


11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Review and approval authority has been delegated to the Department of Public Welfare

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Commonwealth of Pennsylvania Department of Public Welfare Office of Medical Assistance Programs Bureau of Policy, Analysis and Planning P.O. Box 8046 Harrisburg, Pa. 17105
13. TYPED NAME: Gary D. Alexander	
14. TITLE: Secretary of Public Welfare	
15. DATE SUBMITTED: SEP 13 2011	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: September 20, 2011	18. DATE APPROVED: March 5, 2012 MAR 05 2012
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: August 8, 2011	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Francis McCullough	22. TITLE: Associate Regional Administrator
23. REMARKS:	