TRÅNSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 11-025	2. STATE Pennsylvania
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 December 12, 2011	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE C	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	NDMENT (Separate Transmittal for eac	h amendment)
6. FEDERAL STATUTE/REGULATION CITATION: Section 1927 of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2012 (\$97,719)	
	b. FFY 2013 (\$130,788)	
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Page 5eb of Attachment 3.1A	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 to Pharmaceutical Payment Policy/Prior Authorization of Drugs		
11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		CIFIED: Review and
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		y has been delegated at of Public Welfare
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	to the Departmen 16. RETURN TO: Commonwealth of Pennsylvania	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL:	to the Departmen 16. RETURN TO: Commonwealth of Pennsylvania Department of Public Welfare	nt of Public Welfare
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME:	to the Departmen 16. RETURN TO: Commonwealth of Pennsylvania Department of Public Welfare Office of Medical Assistance Program	nt of Public Welfare
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 Program Bureau of Policy, Budget and Planning	nt of Public Welfare
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Gary D. Alexander 14. TITLE: Secretary of Public Welfare	to the Departmen 16. RETURN TO: Commonwealth of Pennsylvania Department of Public Welfare Office of Medical Assistance Program Bureau of Policy, Budget and Planning P.O. Box 8046	nt of Public Welfare
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