

Mr. Francis McCullough

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

12-002

2. STATE

Pennsylvania

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)
Title XIX

4. PROPOSED EFFECTIVE DATE

March 25, 2012

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:

42 CFR Parts 405, 424, 447, 455, 457, 498, and 1007

7. FEDERAL BUDGET IMPACT:

a. FFY 2012 \$TBD per pending APD
b. FFY 2013 \$TBD per pending APD

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Section 4; Subsection 4.46 pages 79y and 79ya

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

None

10. SUBJECT OF AMENDMENT:

Medicaid/CHIP Provider Screening and Enrollment

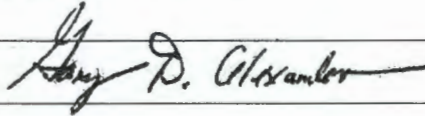
11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
Review and approval authority has
been delegated to the Department of
Public Welfare

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Gary D. Alexander



14. TITLE:
Secretary of Public Welfare

15. DATE SUBMITTED:

MAR 30 2012

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, Pennsylvania 17105

17. DATE RECEIVED:

18. DATE APPROVED:

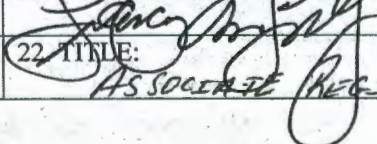
JUN 07 2012

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

MARCH 25, 2012

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

FRANCIS McCullough

22. TITLE:

AS SOCIATE REGIONAL ADMINISTRATION

23. REMARKS: