		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	13-003	Pennsylvania
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	January 4, 2013	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	•	
5. TYPE OF PLAN MATERIAL (Check One):		
□ NEW STATE PLAN □ AMENDMENT TO BE C	CONSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	NDMENT (Separate Transmittal for ea	ch amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
Section 1927 of the Social Security Act	a. FFY 2013 \$0.00	
······································		
	b. FFY 2014 \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Page 5aa of Attachment 3.1A		
Page 5b of Attachment 3.1A	Page 5aa of Attachment 3.1A	
	Page 5b of Attachment 3.1A	
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10. SUBJECT OF AMENDMENT:	······································	
Changes to payment policy for pharmacy services.		
	i	
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT		ECIFIED: Review and
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		ity has been delegated
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	to the Departme	ent of Public Welfare
A		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
	Commonwealth of Pennsylvania	
they D alexanting		
13 TYPED NAME:	Department of Public Welfare	
13. TYPED NAME:	Department of Public Welfare Office of Medical Assistance Pro	
13. TYPED NAME: Gary D. Alexander	Department of Public Welfare	
13. TYPED NAME: Gary D. Alexander 14. TITLE:	Department of Public Welfare Office of Medical Assistance Pro	
13. TYPED NAME: Gary D. Alexander 14. TITLE: Secretary of Public Welfare	Department of Public Welfare Office of Medical Assistance Pro Bureau of Policy, Analysis and P	
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