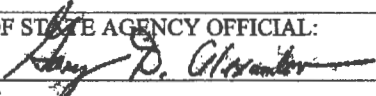



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 13-003	2. STATE Pennsylvania
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE January 4, 2013	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (Check One):			
<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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1927 of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2013 \$0.00 b. FFY 2014 \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 5a of Attachment 3.1A Page 5b of Attachment 3.1A		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Page 5a of Attachment 3.1A Page 5b of Attachment 3.1A	
10. SUBJECT OF AMENDMENT: Changes to payment policy for pharmacy services.			

11. GOVERNOR'S REVIEW (Check One):		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
<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: 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: JAN 3 2013		

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: Jan. 14, 2013	18. DATE APPROVED: March 7, 2013
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: Jan. 4, 2013	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Francis McCullough	22. TITLE: Associate Regional Administrator Division of Medical and Children's Health Operations
23. REMARKS:	