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State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: PA-14-020

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Pharmacy Team Approval Letter
- 3) CMS Form 179/Summary Form (with 179-like data)
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Disabled & Elderly Health Programs Group

May 22, 2014

Ms. Beverly Mackereth
Secretary of Public Welfare
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

Dear Ms. Mackereth:

We have reviewed Pennsylvania State Plan Amendment (SPA) 14-020, Prescribed Drugs – Limitations on Payment, received in the Philadelphia Regional Office on March 28, 2014. This amendment proposes to remove barbiturates, benzodiazepines, and agents used to promote smoking cessation from the list of drugs the state Medicaid program may exclude from coverage or otherwise restrict in order to comply with the requirements of Section 2502(a) of the Affordable Care Act.

Based on the information provided, we are pleased to inform you that consistent with the regulations at 42 CFR 430.20, SPA 14-020 is approved with an effective date of January 1, 2014. A copy of the CMS-179 form, as well as the pages approved for incorporation into the Pennsylvania state plan, will be forwarded by the Philadelphia Regional Office. If you have any questions regarding this amendment, please contact Terry Simananda at (410) 786-8144.

Sincerely,

/s/

Joseph L. Fine
Acting Director
Division of Pharmacy

cc: Francis McCullough, ARA, Philadelphia Regional Office
Mary McKeon, Philadelphia Regional Office

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

SWIFT # 033120144042

JUN 05 2014

Beverly Mackereth
Secretary of Public Welfare
Department of Public Welfare
Room 333, Health & Welfare Building
P.O. Box 2675
Harrisburg, Pennsylvania 17105-2675

Dear Ms. Mackereth:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Pennsylvania's State Plan Amendment (SPA) PA-14-020. We are pleased to inform you that SPA PA-14-020 has been approved.

SPA PA-14-020 was submitted to reflect the State's coverage of Barbiturates for the Categorically Needy consistent with Sections 1927(d)(2) and 1935(d)(2) of the Social Security Act. Medicare Part D will cover Barbiturates and Benzodiazepines for dual eligible recipients effective January 1, 2014. The SPA proposes to remove barbiturates and benzodiazepines from the list of drugs the State Medicaid program may exclude from coverage or otherwise restrict in order to comply with the requirements of Section 2502(a) of the Affordable Care Act.

The effective date of this amendment is January 1, 2014. This SPA was approved by the CMS Pharmacy Team on May 22, 2014. You should have received a letter from Larry Reed, Director of the Division of Pharmacy.

Enclosed, please find the signed CMS 179 form, and the approved SPA pages.

If you have any questions concerning this letter, please contact Mary McKeon at (215) 861-4181.

Sincerely,

/s/

Francis McCullough
Associate Regional Administrator

Enclosures

cc: Daniel Sorge, DPW, Bureau of Policy, Analysis and Planning
Terry Simananda, Division of Pharmacy, CMCS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 14-020	2. STATE Pennsylvania
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE January 1, 2014	
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(d)(2) and 1935(d)(2) of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$0.00 b. FFY 2015 \$0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 5eg of Attachment 3.1.A.1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Page 5eg of Attachment 3.1.A.1

10. SUBJECT OF AMENDMENT:
Prescribed Drugs - Limitations on Payment

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: /s/	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: Beverly D. Mackereth	
14. TITLE: Secretary of Public Welfare	
15. DATE SUBMITTED: MAR 28 2014	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: MAR 28 2014	18. DATE APPROVED: MAY 22 2014
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: JAN 01 2014	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: FRANCIS McCULLOUGH	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
23. REMARKS:	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency Pennsylvania

MEDICAID PROGRAM: REQUIREMENTS RELATING TO
COVERED OUTPATIENT DRUGS FOR THE CATEGORICALLY NEEDY

Citation(s)	Provision(s)
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|---------------------------|--|
| 1927(d)(2) and 1935(d)(2) | <input type="checkbox"/> (g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee |
| | <input checked="" type="checkbox"/> (h) reserved |
| | <input checked="" type="checkbox"/> (i) reserved |
| | <input checked="" type="checkbox"/> (j) reserved |

TN No. 14-020
Supersedes
TN No. 13-001

Approval Date MAY 22 2014 Effective Date January 1, 2014