

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

June 17, 2015

Leesa M. Allen
Executive Medicaid Director
Commonwealth of Pennsylvania, Department of Public Welfare
Office of the Secretary 331 Health & Welfare Building
Harrisburg, PA 17120

Dear Ms. Allen:

Thank you for the state's request to extend Pennsylvania's Select Plan for Women (Project No. 11-W-00235/3) family planning section 1115 demonstration, which is due to expire on June 30, 2015.

With this letter, the Centers for Medicare & Medicaid Services (CMS) is granting a temporary extension of your demonstration until December 31, 2015. The demonstration is currently operating under the authority of section 1115(a) of the Social Security Act. Additionally, the current list of expenditure authorities and special terms and conditions will continue to apply to the Select Plan for Women demonstration until December 31, 2015.

If you have any questions, please do not hesitate to contact your project officer, Ms. Shanna Janu. Ms. Janu can be reached at (410) 786-1370, or at shanna.janu@cms.hhs.gov. We look forward to continuing to work with you and your staff on this demonstration.

Sincerely,

/s/

Eliot Fishman
Director

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

December 8, 2014

Leesa M. Allen
Executive Medicaid Director
Commonwealth of Pennsylvania, Department of Public Welfare
Office of the Secretary 331 Health & Welfare Building
Harrisburg, PA 17120

Dear Ms. Allen:

Thank you for the state's request to extend Pennsylvania's Select Plan for Women (Project No. 11-W-00235/3) family planning section 1115 demonstration, which is due to expire on December 31, 2014. The state has requested to continue coverage through June 30, 2015 for women who are enrolled in the program as of December 31, 2014. The state will discontinue enrollment into the demonstration after December 31, 2014.

With this letter, the Centers for Medicare & Medicaid Services (CMS) is granting a temporary extension of your demonstration until June 30, 2015. The demonstration is currently operating under the authority of section 1115(a) of the Social Security Act. Additionally, the current list of expenditure authorities and special terms and conditions will continue to apply to the Select Plan for Women demonstration until June 30, 2015.

If you have any questions, please do not hesitate to contact your project officer, Ms. Shanna Janu. Ms. Janu can be reached at (410) 786-1370, or at shanna.janu@cms.hhs.gov. We look forward to continuing to work with you and your staff on this demonstration.

Sincerely,

/s/

Eliot Fishman
Director

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

May 8, 2014

Leesa M. Allen
Executive Medicaid Director
Commonwealth of Pennsylvania, Department of Public Welfare
Office of the Secretary 331 Health & Welfare Building
Harrisburg, PA 17120

Dear Ms. Allen:

Thank you for the state's request to extend Pennsylvania's Select Plan for Women (Project No. 11-W-00235/3) family planning section 1115 demonstration, which is due to expire on June 30, 2014.

With this letter, the Centers for Medicare & Medicaid Services (CMS) is granting a temporary extension of your demonstration until December 31, 2014. The demonstration is currently operating under the authority of section 1115(a) of the Social Security Act. Additionally, the current list of expenditure authorities and special terms and conditions will continue to apply to the Select Plan for Women demonstration until December 31, 2014.

If you have any questions, please do not hesitate to contact your project officer, Ms. Shanna Wiley. Ms. Wiley can be reached at (410) 786-1370, or at shanna.wiley@cms.hhs.gov. We look forward to continuing to work with you and your staff on this demonstration.

Sincerely,

/s/

Eliot Fishman
Director

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

June 27, 2013

Vincent D. Gordon
Deputy Secretary for Medical Assistance Programs
Department of Public Welfare
Commonwealth Avenue & Forster Street, PO Box 2675
Harrisburg, PA 17105

Dear Mr. Gordon:

With this letter, the Centers for Medicare & Medicaid Services (CMS) is granting a temporary extension of Pennsylvania's Select Plan for Women (Project No. 11-W-00235/3) demonstration until June 30, 2014. The demonstration is currently operating under the authority of section 1115(a) of the Social Security Act. The current lists of waiver and expenditure authorities and special terms and conditions will continue to apply to the Select Plan for Women until June 30, 2014.

As you know, starting January 1, 2014, eligibility for Medicaid for most individuals will be determined using methodologies that are based on modified adjusted gross income (MAGI). This requirement applies to eligibility for family planning section 1115 demonstrations. In addition, starting October 1, 2013, states are also required to make available a single, streamlined application for MAGI-based eligibility.

We understand that there are special attributes of this demonstration to consider when deciding how to integrate family planning eligibility into the state's MAGI eligibility rules and the single, streamlined application process. Should you need additional time to integrate these features into your family planning section 1115 demonstration, CMS requests that you use the standard process of requesting acceptable mitigations. Your project officer, Shanna Wiley, with the Division of State Demonstrations and Waivers, is available to work with you to determine the appropriate approach for your state if you are not able to integrate these features into your family planning 1115 demonstration by January 1, 2014. Please do hesitate to contact Ms. Wiley at (410) 786-1370, or at shanna.wiley@cms.hhs.gov.

Sincerely,

/s/

Jennifer Ryan
Acting Director

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



Administrator

Washington, DC 20201

MAY 11 2007

Ms. Estelle B. Richman
Secretary
Department of Public Welfare
P.O. Box 2675
Harrisburg, PA 17105-2675

Dear Ms. Richman:

We are pleased to inform you that Pennsylvania's request for its section 1115 Family Planning Demonstration, as modified by the Special Terms and Conditions (STCs) accompanying this award letter, has been approved as project number 11-W-00235/3. Under this demonstration, the State will cover family planning services for uninsured women (defined as not having creditable coverage) ages 18 through 44, who are not otherwise eligible for Medicaid, the State Children's Health Insurance Program (SCHIP), or Medicare, and who have countable income at or below 185 percent of the Federal poverty level (FPL). Approval for this demonstration is under the authority of section 1115 of the Social Security Act (the Act) and is effective as of the first of the month following this approval for a 5-year period.

Please be aware that by expanding the population of individuals who are eligible for family planning services under this waiver, the State is also expanding the number of instances in which pharmacists, physicians, and other health care professionals would be protected by Federal regulations at 42 U.S.C. section 300a-7(d), which provides:

No individual shall be required to perform or assist in the performance of any part of a health service program or research activity funded in whole or in part under a program administered by the Secretary of Health and Human Services if his performance or assistance in the performance of such part of such program or activity would be contrary to his religious beliefs or moral convictions.

Enclosed are the STCs that the State must meet as a condition for approval of this demonstration. These STCs define the nature, character, and extent of Federal involvement in this project. This award letter is subject to our receipt of your written acceptance of the award, including the STCs, within 30 days of the date of this letter.

All requirements of the Medicaid program as expressed in law, regulation, and policy statement not expressly identified as not applicable in this letter, shall apply to the Pennsylvania family planning demonstration.

Medicaid Costs Not Otherwise Matchable

Under the authority of section 1115(a)(2) of the Act, the following expenditures that would otherwise not be regarded as expenditures under title XIX of the Act will be regarded as expenditures under the State's title XIX plan. All requirements of the Medicaid statute will be applicable to such expenditure authorities, except those specified below as not applicable to these expenditure authorities. Specifically, the State must adhere to the Medicaid income and eligibility system verification requirements under section 1137(d) for this demonstration. In addition, all requirements in the enclosed STCs will apply to these expenditure authorities:

Expenditures for family planning services for uninsured women (defined as not having creditable coverage) ages 18 through 44, who are not otherwise eligible for Medicaid, SCHIP, or Medicare, and who have family income at or below 185 percent of the FPL.

Medicaid Requirements Not Applicable to the Medicaid Expenditure Authorities:

All Medicaid requirements apply, except the following:

1. Amount, Duration, and Scope of Services (Comparability)—Section 1902(a)(10)(B)

The State will offer to the demonstration population a benefit package consisting only of approved family planning services.

2. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)—Section 1902(a)(43)(A)

The State will not furnish or arrange for EPSDT services to individuals in the demonstration population who are under 21 years of age and would otherwise be eligible for EPSDT services.

3. Retroactive Coverage—Section 1902(a)(34)

Individuals enrolled in the family planning demonstration program will not be retroactively eligible.

Your project officer is Ms. June Milby, who may be reached at (410) 786-8686. Ms. Milby is available to answer any questions concerning the scope and implementation of the project in your application. Communications regarding program matters, and official correspondence concerning the project, should be submitted to the project officer at the following address:

Centers for Medicare & Medicaid Services
Center for Medicaid and State Operations
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, MD 21244-1850
E-mail: june.milby@cms.hhs.gov

Page 3 – Ms. Estelle B. Richman

Official communications regarding program matters should be submitted simultaneously to Ms. Milby and to Mr. Ted Gallagher, Associate Regional Administrator, in the Philadelphia Regional Office. Mr. Gallagher's address is:

Centers for Medicare & Medicaid Services
Office of the Regional Administrator
The Public Ledger Building, Suite 230
150 S. Independence Mall West
Philadelphia, PA 19106-3499

We extend our congratulations to you on this award and look forward to working with you during the course of the demonstration.

Sincerely,

A large black rectangular redaction box covers the signature area of the letter.

Leslie V. Norwalk, Esq.
Acting Administrator

Enclosures

Page 4 - Ms. Estelle B. Richman

cc:

Ted Gallagher, Associate Regional Administrator, Philadelphia Regional Office

**Centers for Medicare & Medicaid Services (CMS)
Special Terms and Conditions**

Project Number: 11-W-00235/3
Project Title: Pennsylvania's 1115 Demonstration Family Planning Project
State: State of Pennsylvania

General Financial Requirements

1. All requirements of the Medicaid program expressed in law not expressly waived or identified as not applicable in the demonstration award letter of which these Special Terms and Conditions (STCs) are part, will apply to the Pennsylvania section 1115 Family Planning Demonstration.
 - a. The State must, within the time specified in law, regulation, or policy directive, come into compliance with any changes in Federal law, regulation, or policy that occur after the approval date of this demonstration, unless the provision being changed is explicitly waived under the STCs herein governing the demonstration. This requirement shall apply to all regulations and policy issued by the Centers for Medicare & Medicaid Services (CMS) with respect to the Deficit Reduction Act of 2005 (DRA) including, but not limited to, the documentation of citizenship requirements contained in section 1137 of the Social Security Act (the Act).
 - b. To the extent that a change in Federal law, which does not exempt State section 1115 demonstrations, would affect State Medicaid spending in the absence of the demonstration, CMS will incorporate such changes into a modified budget limit for the section 1115 Family Planning Demonstration. The modified budget limit will be effective upon implementation of the change in Federal law, as specified in law. If the new law cannot be linked specifically with program components that are, or are not, affected by the section 1115 Family Planning Demonstration (e.g., laws affecting sources of Medicaid funding and/or disallowances involving provider taxes or donations) the effect of enforcement on the State's budget limit will be proportional to the size of the section 1115 Family Planning Demonstration in comparison to the State's entire Medicaid program (as measured in aggregate medical assistance payments).
 - c. The State must submit its methodology to CMS for complying with the change in law. If the methodology is consistent with Federal law and in accordance with Federal projections of the budgetary effects of the new law, CMS would approve the methodology. Should CMS and the State, working in good faith to ensure State flexibility, fail to develop within 90 days of the implementation of the change in Federal law a methodology to revise the without-demonstration baseline that is consistent with Federal law and in accordance with Federal budgetary projections, a reduction in Federal payments will be made according to the method applied in non-demonstration States.

- d. Budget Neutrality Monitoring Procedures (See Attachment A).
2. The following financial reporting procedures must be adhered to:

The State will report quarterly expenditure reports using Form CMS-64 to separately report expenditures for those receiving services under the Medicaid program and those participating in the demonstration. CMS will provide Federal financial participation (FFP) only for allowable demonstration expenditures that do not exceed the predefined limits as specified in Attachment A. Demonstration participants include all individuals who obtain one or more covered medical family planning service(s) through the demonstration.

- a. In order to track expenditures under this demonstration, Pennsylvania will report expenditures through the Medicaid and State Children’s Health Insurance Program (SCHIP) Budget and Expenditures System (MBES/CBES), following routine CMS-64 reporting instructions outlined in section 2500 of the State Medicaid Manual. All expenditures subject to the budget neutrality cap shall be reported on separate CMS-64.9 Waiver and/or 64.9P Waiver Forms, identified by the demonstration project number assigned by CMS (including the project number extension, which indicates the demonstration years (01-05) in which services were rendered or for which capitation payments were made). For monitoring purposes, cost settlements attributable to the expenditures subject to the budget neutrality cap must be reported on line 10B, in lieu of lines 9 or 10C.
- b. The Federal share for demonstration expenditures matched at the State’s regular match rate should be reported using column (B) of Form CMS-64.9 Waiver and/or column (D) of Form 64.9P Waiver for services eligible for the family planning match rate of 90 percent.
- c. All claims for Pennsylvania’s family planning services provided during the demonstration period (including any cost settlements) must be made within 2 years after the calendar quarter in which the State made the expenditures. During the 2-year period following the conclusion or termination of the demonstration, the State must continue to separately identify demonstration expenditures using the procedures outlined above in order to properly account for these expenditures in determining budget neutrality.
- d. Administrative costs will not be included in budget neutrality; however, the State must separately track and report administrative costs attributable to the demonstration on the CMS-64.10 Waiver and/or 64.10P Waiver Forms.
- e. The State will provide to CMS, on a yearly basis, the average total Medicaid expenditures for a Medicaid-funded birth. The cost of a birth includes prenatal services and delivery, pregnancy-related services, and services to infants from birth up to age 1. (The services should be limited to the services that are available to women who are eligible for Medicaid because of their pregnancy and their infants.)

- f. The State will submit to CMS, on a yearly basis, the number of actual births that occur to demonstration participants (participants include all individuals who obtain one or more covered medical family planning service(s) through the demonstration).
 - g. The Pennsylvania Medicaid office must institute a data sharing relationship with the State agency that performs the calculation of the vital statistics in order to ensure State compliance with the birth data reporting requirements under the demonstration. The State must notify CMS if birth data will not be available within 3 months of the end of each demonstration year.
 - h. The State will assure CMS that no duplicative Federal payments will be made for individuals who are enrolled in the State's regular Medicaid program or any other federally funded program (i.e., title X, title XXI, title V, title XX). The State will not use title XIX funds to pay for individuals enrolled in regular Medicaid or any other federally funded program who seek services under the section 1115 Family Planning Demonstration, if the State is already covering the costs of services for that individual under any of these other programs.
3. The standard Medicaid funding process will be used during the demonstration. Pennsylvania must estimate total matchable Medicaid expenditures for the entire program on the quarterly Form CMS-37. The State must provide supplemental schedules that clearly distinguish between matchable demonstration expenditure estimates (by major component) and non-demonstration Medicaid expenditure estimates. CMS will make Federal funds available each quarter based upon the State's estimates, as approved by CMS.

Within 30 days after the end of each quarter, the State must submit the Form CMS-64 quarterly Medicaid expenditure report, showing Medicaid expenditures made in the quarter just ended. CMS will reconcile expenditures reported on the Form CMS-64 with Federal funding previously made available to the State for that quarter, and include the reconciling adjustment in the finalization of the award to the State.

- 4. CMS will provide FFP at the appropriate 50 percent administrative match rate for general administration costs, such as, but not limited to, claims processing, eligibility assistance and determinations, outreach, program development, and program monitoring and reporting.
- 5. The State will certify that State/local monies are used as matching funds for demonstration purposes and will further certify that such funds will not be used as matching funds for any other Federal grant or contract, except as permitted by Federal law.
- 6. FFP for services (including prescriptions) provided to individuals under the section 1115 Family Planning Demonstration will be available at the following rates and as described in Attachment B:
 - a. For services that the primary purpose is family planning (i.e., contraceptives and sterilizations), FFP will be available at the 90-percent matching rate. Procedure codes for

office visits, laboratory tests, and certain other procedures must carry a primary diagnosis that specifically identifies them as family planning services.

- b. Family planning-related services reimbursable at the Federal Medical Assistance Percentage (FMAP) rate are defined as those services generally performed as part of, or as follow-up to, a family planning service for contraception. Such services are provided because a “family planning-related” problem was identified/diagnosed during a routine/periodic family planning visit. Services/surgery, which are generally provided in an ambulatory surgery center/facility, a special procedure room/suite, an emergency room, an urgent care center, or a hospital for family planning-related services, are not considered family planning-related services and are not covered under the demonstration.
- c. FFP will not be available for the costs of any services, items, or procedures that do not meet the requirements specified above, even if family planning clinics or providers provide them. For example, in the instance of testing for sexually transmitted infections (STIs) as part of a family planning visit, the match rate would be 90 percent. The match rate for the subsequent treatment would be the regular FMAP rate. For testing or treatment not associated with a family planning visit (e.g., those provided at a public STI clinic), no match would be available.

Administrative Reports and Deliverables

7. The State will submit narrative progress reports 30 days following the end of each demonstration quarter. The fourth quarterly report of every demonstration year will summarize the preceding demonstration year’s activity and serve as the annual report. The format for these reports will be decided upon by CMS and the State. The annual report will be due 90 days following the end of the fourth quarter of each project year. CMS reserves the right to request the annual report in draft for prior review.
8. The State will report to CMS, on a quarterly basis, the number of individuals enrolled in the demonstration at that point in time, as well as the number receiving services during the quarter. This information should be included in the quarterly narrative progress report provided to CMS.
9. Within 30 days from the date of approval of the demonstration, the State shall demonstrate to CMS how enrollees potentially eligible for Medicaid or SCHIP are notified that they may be eligible (for Medicaid or SCHIP) so that these enrollees make an informed decision to enroll in the family planning demonstration instead of the State’s Medicaid or SCHIP program.
10. Within 60 days from the date of approval of the demonstration, the State will provide to CMS for approval an appropriate methodology for ensuring the integrity of initial and annual eligibility re-determination of individuals covered under the section 1115 Family Planning Demonstration based on income at or below 185 percent of the Federal poverty level (FPL).

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11. Within 60 days from the date of approval of the demonstration, the State will provide to CMS an evaluation plan for approval that ensures the integrity of eligibility determinations, to be conducted on an annual basis. This evaluation plan will include an eligibility determination error rate methodology with a corrective action plan.
12. The State will provide to CMS an updated list of current procedural terminology and HCPCS codes covered under the demonstration on January 31 of each demonstration year. This revised code list should reflect only changes due to updates in these codes and should only include services for which the State has already received approval.
13. No later than 180 days prior to the end of the demonstration award period, Pennsylvania shall submit a draft final report to the CMS project officer for comments. The final report will incorporate all CMS comments and evaluation findings. The final report shall also contain a disclaimer that the opinions expressed are those of the State and do not necessarily reflect the opinions of CMS. The final report is due 90 days after the end of the demonstration award period. The final demonstration report may not be released or published without permission from the CMS project officer, except as required by law, within the first 4 months following receipt of the report by the CMS project officer.
14. Pennsylvania will notify the CMS project officer before formal presentation of any report or statistical or analytical material based on information obtained through this cooperative agreement. Formal presentation includes papers, articles, professional publications, speeches, and testimony. During this research, whenever the State or its designee determines that a significant new finding has been developed, he/she will immediately communicate it to the CMS project officer before formal dissemination to the general public.
15. The State will assume responsibility for the accuracy and completeness of the information contained in all technical documents and reports submitted. The CMS project officer will not direct the interpretation of the data in preparing these documents and reports.
16. At any phase of the demonstration, including the demonstration's conclusion, the State, if so requested by the project officer, must submit to CMS analytic data file(s), with appropriate documentation, representing the data developed/used in end-product analyses generated under the demonstration. The analytic file(s) may include primary data collected or generated under the demonstration and/or data furnished by CMS. The content, format, documentation, and schedule for production of the data file(s) will be agreed upon by the State or its designee and the CMS project officer. The negotiated format(s) could include both the file(s) that would be limited to CMS internal use and the file(s) that CMS could make available to the general public.
17. At any phase of the demonstration, including the demonstration's conclusion, the State, if so requested by the project officer, must deliver any materials, systems, or other items developed, refined, or enhanced during or under the demonstration to CMS. The State agrees that CMS will have royalty-free, nonexclusive, and irrevocable rights to reproduce, publish, or otherwise use and authorize others to use such materials, systems, or items for Federal Government purposes.

18. A phase-out plan for the demonstration needs to be submitted to CMS for approval within 90 days of the award of the demonstration. The phase-out plan must address the fact that the State is responsible for informing enrollees that the demonstration will end 5 years from the demonstration effective date.
19. The State shall submit an implementation schedule to CMS within 30 days from the award of the demonstration. The revised schedule will include the implementation of the evaluation of the demonstration and other requirements described in these STCs.

Eligibility Determinations and Redeterminations

20. The State will require all enrollees to satisfy Medicaid citizenship and documentation requirements prior to being enrolled in the demonstration. The State will also ensure compliance with the Federal regulations at 42 CFR 435.910 regarding provision of social security numbers prior to enrolling individuals in the demonstration.
21. The State will ensure that redeterminations of eligibility for this demonstration are conducted, at a minimum, once every 12 months. The process for eligibility redeterminations shall not be passive in nature, but will require that an action be taken by the section 1115 Family Planning Demonstration recipient. Pennsylvania may satisfy this requirement by having the recipient sign and return a renewal form to verify the current accuracy of the information previously reported to the State.

Primary Care Referral and Evaluation

22. The State shall facilitate access to primary care services for enrollees in the Medicaid section 1115 Family Planning Demonstration. The State shall submit to CMS a copy of the written materials that are distributed to the family planning demonstration participants as soon as they are available. The written materials must explain to the participants how they can access primary care services. In addition, the State must evaluate the impact of providing referrals for primary care services as described in the State's demonstration evaluation design.
23. Should CMS conduct an independent evaluation of section 1115 Family Planning Demonstrations, the State will cooperate fully with CMS or the independent evaluator selected by CMS, to assess the impact of the Medicaid demonstrations and/or to examine the appropriateness of the averted birth budget neutrality methodology. The State will submit the required data to CMS or its contractor.

Final Evaluation Design and Implementation

24. The State must submit to CMS a draft of the evaluation report 120 days prior to the expiration of the Demonstration. CMS shall provide comments within 60 days of receipt of the report. The State must submit the final evaluation prior to the expiration date of the currently approved Demonstration period.

25. Family planning expenditures under the Medicaid program have increased in recent years and CMS is interested in monitoring these expenditures. Thus, as part of our overall monitoring of the demonstration, CMS will also be monitoring the rate in expenditure growth for family planning services. This monitoring will be done on a per capita basis, using total expenditures recorded during the first year of the demonstration as a baseline. As a frame of reference we will be comparing the annual rate of growth of actual expenditures with the baseline amount trended forward using Consumer Price Index (CPI) Medical. The comparison of actual per capita expenditures over the life of the demonstration and per capita expenditures trended using CPI Medical will be considered if the State should seek an extension of their family planning demonstration.

In addition, a federally-contracted evaluation will examine the appropriateness of the budget neutrality methodology of these demonstrations by assessing the births that have been averted as a result of the demonstrations, the data sources currently used to assess averted births and budget neutrality, and expenditures overall. Based on the evaluation findings and other information, CMS reserves the right to negotiate a new budget neutrality methodology, if CMS deems appropriate. Such a methodology change could range from a change in data sources used to determine budget neutrality, to a total change in methodology, such as incorporating a per capita cap like the one described above. Any and all changes to the budget will be made in full consultation with the State, including expenditure data used in the methodology.

Suspension/Termination of Demonstration

26. Failure to operate the demonstration as approved and according to Federal and State statutes and regulations will result in withdrawal of approval for the demonstration. The Federal statutes and regulations with which the State must comply in the operation of the demonstration include civil rights statutes and regulations that prohibit discrimination on the basis of race, color, national origin, disability, sex, age, and religion, including Privacy Rules at 45 CFR Parts 160 and 164, title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, title II of the Americans with Disabilities Act, and the nondiscrimination provisions of the Omnibus Budget Reconciliation Act of 1980.
27. CMS may suspend or terminate any demonstration in whole, or in part, any time before the date of expiration, whenever it determines that the State has materially failed to comply with the terms of the demonstration. CMS will promptly notify the State in writing of the determination and the reasons for the suspension or termination, with the effective date. The budget neutrality test will be applied from the date of implementation through the date of termination, without adjustment.
28. CMS reserves the right to unilaterally terminate the demonstration and the accompanying Federal matching authority if CMS determines that continuing the demonstration would no longer be in the public interest. If a section 1115 Family Planning Demonstration is terminated by CMS, or the State, the State will be liable for cumulative costs under the

demonstration that are in excess of the cumulative target expenditures specified in the “Expenditure Review” section of Attachment A for the demonstration year of withdrawal.

29. If after the demonstration approval, CMS and the State cannot reach agreement on any item(s) cited in this document either party has the right to terminate the agreement subject to the termination/phase-out terms outlined above. The party initiating the termination will promptly notify the other party in writing of the termination and the reasons for termination, with the effective date. The budget neutrality test will be applied from the date of implementation through the date of termination, without adjustment.



APR 01 2008

Ms. Leesa M. Allen
Acting Director
Bureau of Policy, Budget and Planning
Department of Public Welfare
P.O. Box 2675
Harrisburg, PA 17105-2675

Dear Ms. Allen:

We are pleased to inform you that Pennsylvania's amendment request to the current section 1115 Family Planning Demonstration, Project Number 11-W-00233/3, has been approved. Specifically, you request a modification to the demonstration by adding three Current Procedural Terminology (CPT) codes to the list of services provided through this demonstration and removing one CPT code.

The codes you are requesting to add are: Implanon (00052027201), urine pregnancy testing (81025), and a test for the Human Papilloma Virus, or HPV, (87621). The code you are requesting to eliminate is Norplant (0008256401), which is no longer manufactured.

The Secretary of Health and Human Services has the discretionary authority to approve demonstrations that promote the objectives of title XIX of the Social Security Act (the Act). We believe the demonstration, as modified, is likely to promote the objectives of the Pennsylvania Family Planning Program. We are granting approval of your request to include three additional CPT codes and remove one for participants in the demonstration under the authority of section 1115 of the Act. The enclosed Attachment B of the Special Terms and Conditions has been revised to capture the approved service codes. This amendment is effective as of the date of this letter.

Your project officer is Ms. June Milby. Ms. Milby is available to answer any questions you may have concerning the modification of your Section 1115 Family Planning Demonstration and can be reached at (410)786-8686. Her contact information is:

Centers for Medicare & Medicaid Services
Center for Medicaid and State Operations
7500 Security Boulevard
Mail Stop: S2-01-16
Baltimore, MD 21244-1850
E-mail: june.milby@cms.hhs.gov

Page 2 – Ms. Leesa Allen

Official communications regarding program matters should be submitted simultaneously to Ms. Milby, and to Mr. Ted Gallagher, Associate Regional Administrator, in our Philadelphia Regional Office. Mr. Gallagher's address is:

Centers for Medicare & Medicaid Services
Office of the Regional Administrator
The Public Ledger Building, Suite 230
150 S. Independence Mall West
Philadelphia, PA 19106-3499
Email: ted.gallagher@cms.hhs.gov

We look forward to continuing to work with you during the course of the demonstration.

Sincerely,

/Kerry Weems/

Kerry Weems
Acting Administrator

Enclosure

Page 3 – Ms. Leesa Allen

cc:

Ted Gallagher, Associate Regional Administrator, Philadelphia Regional Office

Pennsylvania
Family Planning Demonstration Service Codes Attachment B

State	Code	Description	90% FFP	90% FFP with V25 or FP	FMAP
PA	11975	Insertion, implantable contraceptive capsules	X		
PA	11976	Removal, implantable contraceptive capsules		X	
PA	11977	Removal with reinsertion, implantable contraceptive capsules	X		
PA	58300	Insertion of intrauterine device (IUD)	X		
PA	58301	Removal of intrauterine device (IUD)		X	
PA	81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy		X	
PA	81001	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy		X	
PA	81025	Urine pregnancy test		X	
PA	83001	Gonadotropin; follicle stimulating hormone (FSH)		X	
PA	83036	Hemoglobin; glycosolated A1C		X	
PA	83898	Molecular diagnostics; amplification of patient nucleic acid, each nucleic acid sequence		X	
PA	84138	Pregnanetriol		X	
PA	84144	Progesterone		X	
PA	84146	Prolactin		X	
PA	84702	Gonadotropin, chorionic (hCG); quantitative		X	
PA	84703	Gonadotropin, chorionic (hCG); qualitative		X	
PA	85014	Hematocrit; automated		X	
PA	85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC, and platelet count) and automated differential WBC count		X	
PA	86255	Fluorescent noninfectious agent antibody; screen, each antibody		X	
PA	86317	Immunoassay for infectious agent antibody, quantitative, not otherwise specified		X	
PA	86592	Syphilis test; qualitative (eg. VDRL, RPR, ART)		X	
PA	86701	Antibody; HIV-1		X	
PA	86702	Antibody; HIV-2		X	
PA	87070	Culture bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates		X	
PA	87110	Culture, chlamydia, any source		X	
PA	87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi or cell types		X	
PA	87207	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidian, microsporidia, trypanosomes, herpes viruses)		X	
PA	87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)		X	
PA	87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1 quantification		X	
PA	87621	Human papilloma virus test		X	
PA	87797	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism		X	
PA	87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism		X	
PA	88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician		X	

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State	Code	Description	90% FFP	90% FFP with V25 or FP	FMAP
PA	88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision)		X	
PA	88161	Cytopathology, smears, any other source; preparation, screening and interpretation		X	
PA	88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision		X	
PA	88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision		X	
PA	99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: <ul style="list-style-type: none"> • a problem focused history; • a problem focused examination; and • straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problems are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.		X	
PA	99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: <ul style="list-style-type: none"> • a problem focused history; • a problem focused examination; and • straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.		X	
PA	99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: <ul style="list-style-type: none"> • a problem focused history; • a problem focused examination; and • straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.		X	
PA	99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.		X	

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PA	99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires these three key components: <ul style="list-style-type: none"> • a problem focused history; • a problem focused examination; and • straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problems are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.		X	
PA	99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires these three key components: <ul style="list-style-type: none"> • a problem focused history; • a problem focused examination; and • straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.		X	
PA	99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires these three key components: <ul style="list-style-type: none"> • a problem focused history; • a problem focused examination; and • straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.		X	
PA	99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; 18-39 years		X	
PA	99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; 40-64 years		X	
PA	99395	Periodic comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 18-39 years		X	

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State	Code	Description	90% FFP	90% FFP with V25 or FP	FMAP
PA	99396	Periodic comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 40-64 years		X	
PA	T 1015	Clinic Visit/ Encounter All – inclusive (FQHC and RHC) only		X	
PA	99401	Preventive Medicine Counseling and/or risk factor reduction intervention = 15 minutes		X	
PA	A4267	Condoms Male, Each	X		
PA	A4268	Condoms Female, Each	X		
PA	85660	Sickle of RBC, reduction		X	
PA	86762	Antibody; Rubella		X	
PA	86781	Antibody; Treponema Pallidum, confirmatory test (eg, FTA-ABS)		X	
PA	87075	Culture, bacterial, any source, except blood; anaerobic with isolation and presumptive identification of isolates		X	
PA	87076	Culture, bacterial, anaerobic isolate, additional methods required for definitive identification each isolate		X	
PA	87086	Culture, bacterial; quantitative colony count, urine		X	
PA	87166	Dark field examination, any source (eg, Penile, Vaginal, Oral, Skin); without collection		X	
PA	Appropriate National Drug Code	Antibiotics			X
PA	Appropriate National Drug Code	Contraceptive ring	X		
PA	Appropriate National Drug Code	Contraceptive cream or jelly	X		
PA	Appropriate National Drug Code	Depo-Provera	X		
PA	Appropriate National Drug Code	Diaphragm	X		
PA	Appropriate National Drug Code	Emergency contraceptive	X		
PA	Appropriate National Drug Code	Contraceptive foam	X		
PA	Appropriate National Drug Code	Lunelle	X		
PA	Appropriate National Drug Code	Medication for vaginal infection			X

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State	Code	Description	90% FFP	90% FFP with V25 or FP	FMAP
PA	Appropriate National Drug Code	Mirena, intrauterine device (IUD)	X		
PA	00052027201	Implanon	X		
PA	Appropriate National Drug Code	Oral contraceptive	X		
PA	Appropriate National Drug Code	Ortho Evra	X		
PA	Appropriate National Drug Code	Paraguard	X		