

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

1. TRANSMITTAL NUMBER:
08-025

2. STATE
Pennsylvania

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
~~October 18, 2008~~ MDC
October 19, 2008 MDC

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:
1902(a)(15), 42 U.S.C. 1396a

7. FEDERAL BUDGET IMPACT:
a. FFY- 2009-- \$609,671.00
b. FFY- 2010--\$735, 497.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 3.1A, page 2aa, 2d, 2e, 4g and 4h.
Attachment 3.1B, page 2l, 3a, and 4f.
Attachment 4.19-B, Page 4b MDC

Attachment 3.1A, page 2aa, 2d, 2e, 4g and 4h.
Attachment 3.1B, page 2l, 3a, and 4f.

10. SUBJECT OF AMENDMENT:

Revise maximum medical assistance payment to practitioners for services provided during a period of hospitalization.

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:

16. RETURN TO:
Commonwealth of Pennsylvania
Department of Public Welfare
Office of Medical Assistance Programs
Bureau of Policy, Budget and Planning
P.O. Box 8046
Harrisburg, Pa. 17105

13. TYPED NAME:
Estelle B. Richman

14. TITLE:
Secretary of Public Welfare

15. DATE SUBMITTED:
DEC 29 2008

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/29/08

18. DATE APPROVED: APR 20 2010

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
October 19, 2008

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
TED GALLAGHER

22. TITLE:
Associate Regional Administrator