

## **Table of Contents**

**State Name: Pennsylvania**

**State Plan Amendment (SPA) #11-009**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, M/S S3-13-15  
Baltimore, MD 21244-1850



**Center for Medicaid and CHIP Services**

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Mr. Gary Alexander, Secretary  
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

**FEB 28 2012**

RE: State Plan Amendment (SPA) 11-009

Dear Mr. Alexander:

We completed our review of the proposed amendment to section 4.19A of Pennsylvania's Title XIX Medicaid State plan submitted under transmittal number (TN) 11-009. Specifically, this amendment discontinues the Medicaid Hospital Quality Incentive Pilot Program (HQIPP) and the Hospital Quality Care Investment Grant Program (HQCIGP) effective June 26, 2011.

We conducted our review of your submittal according to the statutory requirements at Sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act (the Act) and the regulations at 42 CFR 447 Subpart C. We are approving Pennsylvania SPA 11-009 with an effective date of June 26, 2011. We are enclosing the HCFA-179 and the amended state plan pages.

If you have any questions, please call Gary Knight at (304) 347-5723.

Sincerely,

Cindy Mann  
Director  
Centers for Medicaid and CHIP Services

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	<b>1. TRANSMITTAL NUMBER:</b> 11-009	<b>2. STATE</b> Pennsylvania
	<b>3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b> Title XIX	
<b>TO: REGIONAL ADMINISTRATOR</b> HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	<b>4. PROPOSED EFFECTIVE DATE</b> June 28, 2011	

**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)

<b>6. FEDERAL STATUTE/REGULATION CITATION:</b> 42 CFR 447 Subpart C	<b>7. FEDERAL BUDGET IMPACT:</b> a. FFY 2011 \$ (1.254) million b. FFY 2012 \$(1.226) million
<b>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</b>  Attachment 4.19A, Pages 2b, 2bb, 2bbb, 17a, 17aa, 17aaa and 27b	<b>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):</b>  Attachment 4.19A, Pages 2b, 2bb, 2bbb, 17a, 17aa, 17aaa and 27b

**10. SUBJECT OF AMENDMENT:**  
Discontinuation of Hospital Quality Care Investment Grant Program and Hospital Quality Incentive Pilot Program

**11. GOVERNOR'S REVIEW (Check One):**

GOVERNOR'S OFFICE REPORTED NO COMMENT     
  OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED     
 Review and approval authority has  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL     
 been delegated to the Department of  
 Public Welfare

<b>12. SIGNATURE OF STATE AGENCY OFFICIAL:</b>  <b>13. TYPED NAME:</b> Gary D. Alexander <b>14. TITLE:</b> Acting Secretary of Public Welfare <b>15. DATE SUBMITTED:</b> JUN 21 2011	<b>16. RETURN TO:</b> Commonwealth of Pennsylvania Department of Public Welfare Office of Medical Assistance Programs Bureau of Policy, Budget and Planning P.O. Box 8046 Harrisburg, Pennsylvania 17105
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<b>FOR REGIONAL OFFICE USE ONLY</b>	
<b>17. DATE RECEIVED:</b>	<b>18. DATE APPROVED:</b> 2/28/2012
<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
<b>19. EFFECTIVE DATE OF APPROVED MATERIAL:</b>	<b>20. SIGNATURE OF REGIONAL OFFICIAL:</b>
<b>21. TYPED NAME:</b> Julie C. Boughn JUN 26 2011	<b>22. TITLE:</b> Deputy Director CMCS
<b>23. REMARKS:</b>	

RESERVED

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TN# 11-009  
Supersedes  
TN# 06-003

Approval Date FEB 28 2012

Effective Date: June 26, 2011

RESERVED

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TN# 11-009  
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TN# 10-017

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