

## **Table of Contents**

**State/Territory Name: Pennsylvania**

**State Plan Amendment (SPA) #: PA-19-0012**

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services  
801 Market Street, Suite 9400  
Philadelphia, Pennsylvania 19107



## **Regional Operations Group**

SWIFT #070120194068

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**August 7, 2019**

Teresa Miller  
Secretary  
Pennsylvania Department of Human Services  
625 Forster Street  
Room 333, Health & Welfare Building  
Harrisburg, Pennsylvania 17120

Dear Secretary Miller:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Pennsylvania's State Plan Amendment (SPA) Transmittal Number 19-0012, "Compliance with Requirements of Section 5006 of the 21<sup>st</sup> Century Cures Act and §1902(a)(83) of the Social Security Act - Publication of a Fee-for-Service Provider Directory." SPA PA-19-0012 adds page 79z to Section 4 of the Pennsylvania State Plan to serve as verification of Pennsylvania's compliance with the requirements of Section 5006 of the 21<sup>st</sup> Century Cures Act, which added §1902(a)(83) to the Social Security Act as these provisions relate to the Publication of a Fee-for-Service Provider Directory.

This SPA was approved with an effective date of June 27, 2019. Enclosed are:

1. The CMS Summary Page (CMS-179 form); and
2. The approved State Plan page for PA-19-0012.

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

Sincerely,

Francis T.

Mccullough -S

Digitally signed by  
Francis T. Mccullough -S  
Date: 2019.08.07  
10:49:24 -04'00'

Francis McCullough, Director  
Division of Medicaid Field Operations East

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 19-0012	2. STATE Pennsylvania
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE June 27, 2019	

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
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 Social Security Act, Section 1902(a)(83)	7. FEDERAL BUDGET IMPACT a. FFY 2019 \$ 0 b. FFY 2020 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Section 4 – General Program Administration, page 79z (New)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

10. SUBJECT OF AMENDMENT

Compliance with requirements of Section 5006 of the 21<sup>st</sup> Century Cures Act and 1902(a)(83) of the Social Security Act, which requires the publication of a Fee-for-Service provider directory.

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  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      has been delegated to the Department of Human Services

12. SIGNATURE OF STATE AGENCY OFFICIAL /s/	16. RETURN TO Commonwealth of Pennsylvania Department of Human Services Office of Medical Assistance Programs Bureau of Policy, Analysis and Planning P.O. Box 2675 Harrisburg, Pennsylvania 17105-2675
13. TYPED NAME Teresa D. Miller	
14. TITLE Secretary of Human Services	
15. DATE SUBMITTED <b>JUN 18 2019</b>	

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17. DATE RECEIVED	18. DATE APPROVED August 7, 2019
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL June 27, 2019	20. SIGNATURE OF REGIONAL OFFICIAL /s/
21. TYPED NAME Francis T. McCullough	22. TITLE Director, Div. Of Medicaid Field Operations East, ROG

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Pennsylvania

Citation:

4.47 21st Century Cures Act – Section 5006

1902 (a)(83)

Requiring Publication of Fee-for-Service Provider Directory

- State is in compliance with the requirements of Section 5006 of the 21<sup>st</sup> Century Cures Act.
- State will be in compliance with Section 5006 of the 21<sup>st</sup> Century Cures Act by \_\_\_\_\_
- State Plan's managed care coverage exempts this state from the requirements of Section 5006 of the 21<sup>st</sup> Century Cures Act.
- State would potentially need to enact legislation to comply with Section 5006 of the 21<sup>st</sup> Century Cures Act and will discuss compliance with CMS.

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TN No. 19-0012  
Supersedes  
TN No. NEW

Approval Date August 7, 2019

Effective Date June 27, 2019