DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 11 — 001

2. STATE: U.S.V.I.

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) UNITED STATES VIRGIN ISLANDS MEDICAL ASSISTANCE PROGRAM

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: APRIL 1, 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)*

6. FEDERAL STATUTE/REGULATION CITATION: SECTION 1902 (a)(42)(B)(i)

7. FEDERAL BUDGET IMPACT
a. FFY N/A $ _____
b. FFY _____ $ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1A Page 5
Attachment 3.1A Page 11
** SEE REMARKS

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Supercede
TN No. 85-5
TN No. 09-02

10. SUBJECT OF AMENDMENT

PHARMACY BENEFITS MANAGEMENT PROGRAM

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

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME: PAUL R. RITZMA

14. TITLE: EXECUTIVE DIRECTOR

15. DATE SUBMITTED: March 28, 2011

16. RETURN TO
PAUL R. RITZMA
EXECUTIVE DIRECTOR
BUREAU OF HEALTH INSURANCE AND MEDICAL ASSISTANCE
3730 ESTATE ALTONA, FROSTCO CENTER, STE. 302
ST. THOMAS, VIRGIN ISLANDS 00802
(340) 774-4624 (Office), (340) 277-1208 (Mobile)
(340) 714-2016 (Fax)

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

18. DATE APPROVED: March 19, 2012

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: April 01, 2011

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME: Michael Melendez

22. TITLE: Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS

** VI SPA 11-001 implements a PBM program in the Virgin Islands to provide drugs covered on the formulary list, except excluded drugs covered under Part D. Additions drugs may be covered with prior authorization.

FORM CMS-179 (07/92)

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