

## **Table of Contents**

**State/Territory Name: Pennsylvania**

**State Plan Amendment (SPA) #: 20-0012**

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 & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

April 14, 2021

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

RE: TN 20-0012

Dear Ms. Miller:

We have reviewed the proposed Pennsylvania State Plan Amendment (SPA) to Attachment 4.19-B, PA-20-0012, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on October 6, 2020. This plan amendment updates the Outpatient Upper Payment Limit Methodology.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Debi Benson at 1-886-0360 or [Deborah.Benson@cms.hhs.gov](mailto:Deborah.Benson@cms.hhs.gov).

Sincerely,

[Redacted Signature]

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER:  
20-0012

2. STATE  
Pennsylvania

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

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

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

4. PROPOSED EFFECTIVE DATE  
  
October 1, 2020

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  
42 CFR 447 Subpart F

7. FEDERAL BUDGET IMPACT  
a. FFY 2019 \$0  
b. FFY 2020 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
Attachment 4.19B, Page 4aa

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)  
  
Attachment 4.19B, Page 4aa

10. SUBJECT OF AMENDMENT  
  
Outpatient Upper Payment Limit Calculation

11. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS  
 SPECIFIED COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

13. TYPED NAME  
Teresa D. Miller

14. TITLE  
Secretary of Human Services

15. DATE SUBMITTED

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

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED    October 6, 2020

18. DATE APPROVED  
April 14, 2021

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL  
October 1, 2020

20. SIGNATURE OF [Redacted]

21. TYPED NAME    Todd McMillion

22. TITLE    Director, Division of Reimbursement Review

23. REMARKS

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-OTHER TYPES OF CARE

**OUTPATIENT UPPER PAYMENT LIMIT CALCULATION**

Using methodologies prescribed by CMS, DHS will prepare and submit outpatient Upper Payment Limit demonstrations in accordance with federal regulations and instructions from CMS.

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TN# 20-0012  
Supersedes  
TN# 13-038

Approval Date 4/14/21

Effective Date: October 1, 2020