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State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: PA-24-0013

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

June 18, 2024

Valerie A. Arkoosh, MD, MPH
Acting Secretary of Human Services
Commonwealth of Pennsylvania
Department of Human Services
Office of Medical Assistance Programs
Bureau of Policy, Analysis, and Planning
P.O. Box 2675
Harrisburg, PA 17105-2675

RE: PA-24-0013

Dear Acting Secretary Arkoosh,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Pennsylvania state plan amendment (SPA) to Attachment 4.19B 24-0013 which was submitted to CMS on March 28, 2024. This plan amendment is in response to the State Health Official (SHO) Letter #23-001 "Coverage and Payment of Interprofessional Consultation in Medicaid and the Children's Health Insurance Program" issued January 5, 2023. In accordance with the SHO, the Department is updating its State Plan to reflect the date that interprofessional consultation services were added to the MA Program Fee Schedule.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of January 1, 2024. 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 Lindsay Michael at lindsay.michael@cms.hhs.gov

Sincerely,

A black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 1 3

2. STATE

PA3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

Section 1902(a)(30)(A)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 0b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19B pages 1, 2b, and 2bb

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

Attachment 4.19B pages 1, 2b, and 2bb

9. SUBJECT OF AMENDMENT

Payment of interprofessional consultation services.

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Valerie A. Arkoosh, MD, MPH

13. TITLE

Secretary of Human Services

14. DATE SUBMITTED

March 28, 2024

15. 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 CMS USE ONLY

16. DATE RECEIVED

3/28/24

17. DATE APPROVED

June 18, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

1/1/24

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, DRR

22. REMARKS

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

1. Individual Practitioners, i.e., Physicians, Dentists, Chiropractors, Optometrists, Podiatrists

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of physician, dentist, chiropractor, optometrist, and podiatrist services. The agency's fee schedule rate was set as of January 1, 2024, and is effective for services provided on or after that date. All rates are published on the Department of Human Services' website at: <https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/MA-Fee-Schedule.aspx>.

2. Prescribed Drugs

A. Method of Payment - The Department's payment for a compensable brand name drug or generic drug is based on Actual Acquisition Cost (AAC), as defined in 42 CFR 447.502, plus a professional dispensing fee, minus the copayment amount, if applicable.

1. For brand name drugs, payment is the lower of
 - The provider's usual and customary charge to the general public,
 - The National Average Drug Acquisition Cost (NADAC) plus a professional dispensing fee, or
 - In the absence of a NADAC, an adjusted Wholesale Acquisition Cost (WAC), which is updated periodically, based on a Pennsylvania Fee-for-Service specific comparison of the WAC to the NADAC, plus a professional dispensing fee.
2. For generic drugs, payment is the lower of
 - The provider's usual and customary charge to the general public,
 - The NADAC plus a professional dispensing fee, or
 - In the absence of a NADAC, an adjusted WAC, which is updated periodically, based on a Pennsylvania Fee-for-Service specific comparison of the WAC to the NADAC plus a professional dispensing fee.
 - The CMS established Federal Upper Limit (FUL) plus a professional dispensing fee, or
 - The Department's State Maximum Allowable Cost (State MAC), plus a professional dispensing fee.

The State MAC rates are established through market research when there is sufficient market penetration by a generic alternative or alternatives to the innovator product to obtain meaningful discounts from the brand price.

3. Professional Dispensing Fee – The professional dispensing fee is \$7.00, based on a State-conducted survey of enrolled pharmacies. For Medical Assistance beneficiaries with a pharmacy benefit resource which is a primary third-party payer to Medical Assistance, the Department will pay a \$0.50 claim transmission fee.

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

<u>SERVICES</u>	<u>LIMITATIONS</u>
3. Outpatient Clinic Services	<p data-bbox="667 306 1516 516">Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of outpatient clinic services. The agency's fee schedule (rate) was last updated on January 1, 2024, and is effective for services provided on or after that date. All rates are published on the agency's website at: https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20or%20Providers/MA-Fee-Schedule.aspx.</p> <p data-bbox="667 552 1370 579">State Agency Fee Schedule Based on Established Criteria.*</p> <p data-bbox="667 615 1435 674">Outpatient clinic provider qualifications are located under item 9a. "Independent Medical Clinics", in Attachment 3.1A/3.1B.</p> <p data-bbox="667 709 906 737"><u>Payment Limitations</u></p> <p data-bbox="667 772 1468 831">Clinic visits are limited to one visit per day per MA beneficiary for the same condition.</p> <p data-bbox="667 867 1523 1127">Clinics have the option of billing either the fee for a specific compensable procedure performed in the clinic or, but not in addition to, the flat visit fee, except that diagnostic medical services such as electrocardiograms, electroencephalograms, electromyographies and diagnostic or therapeutic radiology services provided during routine examination and treatment services are compensable in addition to the flat visit fee or fee for a specific compensable procedure. Endoscopic procedures, such as rhinoscopy, otoscopy or indirect laryngoscopy performed in the course of the visit are not compensable in addition to the flat visit fee.</p>

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

SERVICES	LIMITATIONS
4. Dental Services	Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of dental services. The agency's fee schedule (rate) was last updated on January 1, 2024, and is effective for services provided on or after that date. All rates are published on the agency's website at: https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/MA-Fee-Schedule.aspx .