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State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: 25-0014

This file contains the following documents in the order listed:

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

PA - Submission Package - PA2025MS0001O - (PA-25-0014) - Administration

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12 Street, Room 355
Kansas City, , MO 64106



Center for Medicaid & CHIP Services

April 23, 2025

Valerie Arkoosh
Secretary of Human Services
Department of Human Services
P.O. Box 2675
Harrisburg, PA 17120

Re: Approval of State Plan Amendment PA-25-0014

Dear Valerie Arkoosh,

On March 28, 2025, the Centers for Medicare and Medicaid Services (CMS) received Pennsylvania State Plan Amendment (SPA) PA-25-0014 to update state plan assurances in accordance with federally mandated quality reporting requirements for the Child Core Set and the behavioral health quality measures on the Adult Core Set outlined in 42 CFR 431.16 and 437.10 through 437.15.

We approve Pennsylvania State Plan Amendment (SPA) PA-25-0014 with an effective date(s) of December 31, 2024.

If you have any questions regarding this amendment, please contact Margaret Kosherzenko at Margaret.Kosherzenko@cms.hhs.gov or at 215-861-4288.

Sincerely,

Ruth A. Hughes

On Behalf of Courtney Miller, MCOG
Director

Center for Medicaid & CHIP Services

PA - Submission Package - PA2025MS0001O - (PA-25-0014) - Administration

- Summary
- Reviewable Units
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Submission - Summary

MEDICAID | Medicaid State Plan | Administration | PA2025MS0001O | PA-25-0014

CMS-10434 OMB 0938-1188

Package Header

Package ID	PA2025MS0001O	SPA ID	PA-25-0014
Submission Type	Official	Initial Submission Date	3/28/2025
Approval Date	04/23/2025	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name:	Pennsylvania	Medicaid Agency Name:	Department of Human Services
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Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | PA2025MS0001O | PA-25-0014

Package Header

Package ID	PA2025MS0001O	SPA ID	PA-25-0014
Submission Type	Official	Initial Submission Date	3/28/2025
Approval Date	04/23/2025	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID PA-25-0014

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Reporting	12/31/2024	New

Page Number of the Superseded Plan Section or Attachment (If Applicable):

New

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | PA2025MS0001O | PA-25-0014

Package Header

Package ID	PA2025MS0001O	SPA ID	PA-25-0014
Submission Type	Official	Initial Submission Date	3/28/2025
Approval Date	04/23/2025	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives To attest compliance with the mandatory federal requirement for the annual reporting of the Core Set of Child and Adult Health Care Quality Measures for Medicaid and CHIP (Child and Adult Core Set).

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$0
Second	2026	\$0

Federal Statute / Regulation Citation

42 CFR Part 433, 437, and 457

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
SPA 25-0014 Mandatory Core Set Reporting - CMS 179	3/28/2025 1:07 PM EDT	

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | PA2025MS0001O | PA-25-0014

Package Header

Package ID	PA2025MS0001O	SPA ID	PA-25-0014
Submission Type	Official	Initial Submission Date	3/28/2025
Approval Date	04/23/2025	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- ☐ No comment
- ☐ Comments received
- ☐ No response within 45 days
- ☒ Other

Describe Not applicable

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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PA - Submission Package - PA2025MS0001O - (PA-25-0014) - Administration

Medicaid State Plan Administration

General Administration

Reporting

MEDICAID | Medicaid State Plan | Administration | PA2025MS0001O | PA-25-0014

CMS-10434 OMB 0938-1188

Package Header

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Superseded SPA ID	New		
	User-Entered		

A. General Reporting

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

- ☒
1. The agency assures that all requirements of 42 CFR 431.16 are met.

B. Annual Reporting on the Child and Adult Core Sets

- ☒
1. The agency assures that all requirements of 42 CFR 437.10 through 437.15 are met.
- ☒
2. The agency reports annually, by December 31, on:

a. All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

b. All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

C. Additional Information (optional)

CMS approved a one-year exemption for 2024 Core Set mandatory reporting for the following:

The Fee-for-Service population, inclusive of beneficiaries who move between health plans or delivery systems (FFS, Managed Care) during the measurement period.

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