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State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: 25-0015

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS 179
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

May 16, 2025

Valerie A. Arkoosh, MD, MPH
Secretary
Department of Human Services
P.O. Box 2675
Harrisburg, PA 17105-2675

Re: Pennsylvania State Plan Amendment (SPA) 25-0015

Dear Ms. Arkoosh:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0015. This amendment adds language to the Medicaid State Plan to document Pennsylvania's process to determine when it is appropriate to approve an enrollment with a retroactive billing date.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations Title 42 of the Code of Federal Regulations 42 CFR §455.410. This letter informs you that Pennsylvania's Medicaid SPA TN 25-0015 was approved on May 16, 2025, effective April 1, 2025.

Enclosed are the Form CMS-179 and the approved SPA page to be incorporated into the Pennsylvania State Plan.

If you have any questions, please contact Margaret Kosherzenko at (215) 861-4288 or via email at Margaret.Kosherzenko@cms.hhs.gov.

Sincerely,

A large black rectangular box redacting the signature of Shantrina Roberts.

Shantrina Roberts, Acting Director
Division of Program Operations

Enclosures

cc: Sally Kozak
Karen Fickes
Eve Lickers
Lacey Walker

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 1 5

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

April 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 455.410

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 0b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Section 4.46 - Page 79yb

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

New

9. SUBJECT OF AMENDMENT

Backdating for Retroactively Enrolled Providers

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

May 9, 2025

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

05/09/2025

17. DATE APPROVED

05/16/2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

04/01/2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Shantrina Roberts

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Pennsylvania

ENROLLED PROVIDER'S PAYMENT ELIGIBILITY FOR RETROACTIVE DATES OF SERVICE

Providers requesting a retroactive enrollment date must document the reason for the untimely submission of application. The Department of Human Services (Department) will review and approve retroactive enrollment based on several factors, including but not limited to emergency services provided, providers waiting for home state approval, or delay in Medicare or other state's Medicaid program enrollment. The Department will approve a maximum of 120 days of retroactive enrollment. Requests requiring more than 120 days of retroactive enrollment will be reviewed by the Deputy Secretary of the Office of Medical Assistance Programs.

TN# 25-0015

Supersedes

TN# NEW

Approval Date: 05/16/2025

Effective Date: 04/01/2025