

## **Table of Contents**

**State/Territory Name: Pennsylvania**

**State Plan Amendment (SPA) #: 20-0013**

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  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



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**Financial Management Group**

October 28, 2020

Ms. Teresa D. Miller, Secretary  
Commonwealth of Pennsylvania  
Department of Human Services  
Office of Medical Assistance Programs  
Bureau of Policy, Analysis and Planning  
PO Box 2675  
Harrisburg, PA 17105-2675

RE: State Plan Amendment (SPA) 20-0013

Dear Ms. Miller:

We have reviewed the referenced amendment to Attachment 4.19-A of your Medicaid State Plan. This amendment establishes the annual aggregate limit and continues funding for supplemental, disproportionate share, and direct medical education payments.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C.

This letter is to inform you that Medicaid State Plan Amendment is approved effective September 27, 2020. The CMS-179 and amended plan pages are enclosed.

If you have any questions, or require additional information, please call Gary Knight at (304) 347-5723.

Sincerely,

A solid black rectangular box redacting the signature of the sender.

For  
Rory Howe  
Acting Director

Enclosures

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

1. TRANSMITTAL NUMBER 20-0013	2. STATE Pennsylvania
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Title XIX	
4. PROPOSED EFFECTIVE DATE September 27, 2020	

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

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)

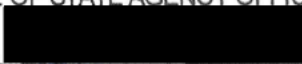
FEDERAL STATUTE/REGULATION CITATION 42 CFR Subpart C	6. FEDERAL BUDGET IMPACT a. FFY 2020 \$ 0 b. FFY 2021 \$ 147,999,075
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 4.19A, Page 20aa Attachment 4.19A, Page 21tt	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  Attachment 4.19A, Page 20aa Attachment 4.19A, Page 21tt

SUBJECT OF AMENDMENT

gregate Limits to Inpatient Disproportionate Share, Outpatient Supplemental and Direct Medical Education and  
proportionate Share Hospital and Supplemental Payments to Newly Enrolled In-State Hospitals that Qualify for Payments

GOVERNOR'S REVIEW (Check One)


GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Review and approval authority  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      has been delegated to the Department of Human Services

SIGNATURE OF STATE AGENCY OFFICIAL 	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
TYPED NAME esa D. Miller	
TITLE etary of Human Services	
DATE SUBMITTED September 30, 2020	

**FOR REGIONAL OFFICE USE ONLY**

DATE RECEIVED September 30, 2020	18. DATE APPROVED 10/28/20
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**PLAN APPROVED - ONE COPY ATTACHED**

EFFECTIVE DATE OF APPROVED MATERIAL September 27, 2020	20. SIGNATURE OF REGIONAL OFFICIAL  For
TYPED NAME Rory Howe	22. TITLE Acting Director, FMG

REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE: COMMONWEALTH OF PENNSYLVANIA  
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-INPATIENT HOSPITAL CARE

ATTACHMENT 4.19A  
Page 20aa

For State Fiscal Year 2019-2020, the Department shall distribute to providers that are eligible for direct medical education, inpatient disproportionate share and outpatient supplemental payments an aggregate annualized amount of \$256.360 million, as adjusted to reflect the reconciliation factor described in Part VI.

For State Fiscal Year 2020-2021, the Department shall distribute to providers that are eligible for direct medical education, inpatient disproportionate share and outpatient supplemental payments an aggregate annualized amount of \$255.730 million, as adjusted to reflect the reconciliation factor described in Part VI.

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TN# 20-0013  
Supersedes  
TN# 19-0016

Approval Date: 10/28/20

Effective Date: September 27, 2020

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-INPATIENT HOSPITAL CARE

(C) Except as provided in (D), beginning in SFY 2013-2014, for the second and subsequent full FY of PA MA enrollment of a new hospital that qualifies for one or more of these payments, the payments will be annualized if the first full SFY payment had been prorated as described in (B)(3) and (B)(4), or the source data will be annualized prior to determining the annual payment allocation if the source data was not annualized as described in (B)(1) and (B)(2).

(D) For each of the payments listed in (B) for new hospitals, the Department will determine a final payment amount using actual MA data relating to the new hospital's first full FY of enrollment once that data becomes available. The Department will reconcile payments made to final payment amounts subject to available funding.

For FY 2020-2021, the Department will allocate an annualized amount of \$2.999 million for these DSH and supplemental payments adjusted to reflect the reconciliation factor described in Part VI.