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State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: 21-0016

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



Financial Management Group

July 30, 2021

Ms. Meg Snead, Acting Secretary
Commonwealth of Pennsylvania
Department of Human Services
Office of Medical Assistance Programs
PO Box 2675
Harrisburg, PA 17105-2675

RE: State Plan Amendment 21-0016

Dear Ms. Snead:

We have completed our review of State Plan Amendment (SPA) 21-0016. This SPA modifies Attachment 4.19-A of Pennsylvania's Title XIX State Plan. Specifically, the SPA authorizes a new supplemental payment to facilities treating a high volume of patients under the age of 18.

We conducted our review of this SPA according to the statutory requirements at sections 1902(a)(3), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act (the Act) and the regulations at 42 CFR 447 Subpart C. We are approving state plan amendment 21-0016 effective June 20, 2021. We are enclosing the CMS-179 and the amended plan pages.

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

Sincerely,



For
Rory Howe
Acting Director

Enclosures

Gloria K. Gelligan

05/17/2021

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

1. TRANSMITTAL NUMBER 21-0016	2. STATE Pennsylvania
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Title XIX	
4. PROPOSED EFFECTIVE DATE June 20, 2021	

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

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 C	7. FEDERAL BUDGET IMPACT a. FFY2020\$ b. FFY2021\$ 31,102,321
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19A, Page 2111	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) New

10. SUBJECT OF AMENDMENT

Additional Class of Supplemental Payments to Qualifying Hospitals

11. 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

12. SIGNATURE OF [REDACTED] 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
13. TYPED NAME M. Snead	
14. TITLE Acting Secretary of Human Services	
15. DATE SUBMITTED June 25, 2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED June 25, 2021	18. DATE APPROVED 7/30/21
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL June 20, 2021	20. SIGNATURE OF REGIONAL OFFICIAL [REDACTED] For
21. TYPED NAME Rory Howe	22. TITLE Acting Director, Financial Management Group

23. REMARKS

ADDITIONAL CLASS OF SUPPLEMENTAL PAYMENTS TO QUALIFYING HOSPITALS

The Department of Human Services (Department) will make supplemental payments to qualifying acute care hospitals that treat a high percentage of Medical Assistance (MA) patients under the age of 18. These payments will enable the continuation of quality medical services for children enrolled in the MA program.

A hospital is eligible for this additional class of supplemental payments if the hospital meets all the criteria below. Unless otherwise stated, the source of the information is the Fiscal Year (FY) 2016-2017 MA-336 Hospital Cost Report, as available to the Department on October 29, 2019.

- a) The hospital is enrolled in the Pennsylvania MA Program as an acute care hospital, licensed by Pennsylvania's Department of Health (DOH);
- b) The hospital provides acute inpatient services to patient populations predominately under the age or 18. A hospital's patient population is predominately under the age of 18 if the hospital's number of discharges for "0-17 Years" is greater than 50% of the hospitals number of "Total" discharges. Discharges are determined from the calendar year 2019 Pennsylvania DOH Reports 3-A and 3-B;
- c) The hospital is located in a city of the first class; and,
- d) The hospital's ratio of combined MA acute care fee-for-service (FFS) and managed care days to total inpatient acute care days exceeds 70%.

Payments will be divided proportionately among qualified hospitals based on each hospital's FFS Pennsylvania MA inpatient acute care days to total FFS Pennsylvania MA inpatient acute care days for all qualifying hospitals.

For FY 2020-2021, the Department will allocate an annualized amount of \$40.163 million in total funds (State and Federal) for these supplemental payments.

TN# 21-0016

Supersedes

TN# New

Approval Date 7/30/21

Effective Date: June 20, 2021