

Table of Contents

State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: PA-13-050

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



JAN 24 2014

Ms. Beverly D. Mackereth, Secretary
Commonwealth of Pennsylvania
Department of Public Welfare
Office of Medical Assistance Programs
PO Box 8046
Harrisburg, PA 17105

RE: State Plan Amendment 13-050

Dear Ms. Mackereth:

We have completed our review of State Plan Amendment (SPA) 13-050. This SPA modifies Attachment 4.19-A of Pennsylvania's Title XIX State Plan. Specifically, the amendment authorizes disproportionate share hospital payments to hospitals promoting access to inpatient hospital services for MA eligible and uninsured persons with cleft palate or craniofacial abnormalities.

We conducted our review of this SPA 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 (the Act) and the regulations at 42 CFR 447 Subpart C. We are approving state plan amendment 13-050 effective December 22, 2013. We are enclosing the HCFA-179 and the amended plan pages.

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

Sincerely,

/s/

Cindy Mann
Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 13-050	2. STATE Pennsylvania
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Title XIX	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE December 22, 2013	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION 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. FFY 2013 \$172,719 FFY 2014 <i>Gle</i> b. FFY 2014 \$0.00 FFY 2015
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19A, Page 21u	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT:
Additional Class of Disproportionate Share Hospital Payments

11. 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:
Review and approval authority has been delegated to the Department of Public Welfare

12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>/s/</i>	16. RETURN TO: Commonwealth of Pennsylvania Department of Public Welfare Office of Medical Assistance Programs Bureau of Policy, Budget and Planning P.O. Box 2675 Harrisburg, Pennsylvania 17110
13. NAME: Beverly D. Mackereth	
14. TITLE: Secretary of Public Welfare	
15. DATE SUBMITTED: DEC 23 2013	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: JAN 24 2014
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: DEC 22 2013	20. SIGNATURE OF REGIONAL OFFICIAL: <i>/s/</i>
21. TYPED NAME: <i>Penny Thompson</i>	22. TITLE: <i>Deputy Director, Policy & Financial Mgt. CMCS</i>
23. REMARKS:	

ADDITIONAL CLASS OF DISPROPORTIONATE SHARE PAYMENTS

The Department of Public Welfare (Department) will make disproportionate share (DSH) payments to certain Medical Assistance (MA) acute care general hospitals (hospitals) which, in partnership with an independent facility listed as a Cleft and Craniofacial Team by the American Cleft Palate-Craniofacial Association, provide surgical services to patients with cleft palate and craniofacial abnormalities. This payment is intended to promote access to inpatient hospital services for MA eligible and uninsured persons in the Commonwealth with cleft palate and craniofacial abnormalities.

The Department will determine a hospital eligible for this additional class of disproportionate share payments if the hospital meets all of the criteria listed below. Unless otherwise stated, the source of the information is the State Fiscal Year 2010-2011 MA cost report (MA-336).

- a) The hospital is enrolled in the Medical Assistance Program as a general acute care hospital, and is licensed to provide obstetrical and neonatal services as reported by the Pennsylvania Department of Health for the period July 1, 2010 through June 30, 2011.
- b) The hospital has a partnership with a facility listed as of January 2013 as both a cleft palate team (CPT) and a craniofacial team (CFT) by the American Cleft Palate-Craniofacial Association and Cleft Palate Foundation.
- c) As of March 2013, the hospital is accredited as a Level I Adult Trauma Center and a Level I Pediatric Trauma Center by the Pennsylvania Trauma System Foundation.
- d) The hospital provided more than 135,000 total acute inpatient days of care.
- e) The hospital ranked at or above the 92nd percentile for all enrolled acute care hospitals based on the total number of Medical Assistance inpatient days of care.
- f) The hospital's ratio of uncompensated care to net patient revenue is at least 3.30%, based on the Pennsylvania Health Care Cost Containment Council's *Financial Analysis 2012, Volume One*.

For FY 2013-2014, the Department will allocate \$0.323 thousand (\$0.150 thousand in State General funds and \$0.173 thousand Federal funds) for this additional class of disproportionate share payments. Payments will be divided proportionally among qualified hospitals based on each hospital's total MA inpatient days to total MA inpatient days for all qualified hospitals. In making these payments, the Department will ensure that no hospital will receive any DSH payment that is in excess of its hospital specific DSH upper limit and the Commonwealth will not exceed its aggregate DSH allotment.

TN#13-050
Supersedes
TN#NEW

Approval Date: JAN 24 2014 Effective Date: December 22, 2013