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State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: PA-14-004

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



APR 16 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 14-004

Dear Ms. Mackereth:

We have completed our review of State Plan Amendment (SPA) 14-004. This SPA modifies Attachment 4.19-A of Pennsylvania's Title XIX State Plan. Specifically, the amendment continues disproportionate share hospital payments to qualifying hospitals with obstetrical and neonatal intensive care cases.

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 14-004 effective January 5, 2014. 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 yours,

Cindy iviann Director

Enclosures

| | DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION | | FORM APPROVED OMB NO. 0938-0193 |
|----------|--|---|--|
| | TRANSMITTAL AND NOTICE OF APPROVAL OF | 1. TRANSMITTAL NUMBER: | 2. STATE |
| | STATE PLAN MATERIAL | 14-004 | Pennsylvania |
| | FOR: HEALTH CARE FINANCING ADMINISTRATION | 3. PROGRAM IDENTIFICATION: T SOCIAL SECURITY ACT (MEDIC Title XIX | |
| | TO: REGIONAL ADMINISTRATOR | 4. PROPOSED EFFECTIVE DATE | |
| | HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES | January 5, 2 | 014 |
| | 5. TYPE OF PLAN MATERIAL (Check One): | | MANAGE AND ASSESSED ASSESSEDA ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSEDA |
| | □ NEW STATE PLAN □ AMENDMENT TO BE | CONTRACTOR ACCUMENTATION AND | 5 |
| | | CONSIDERED AS NEW PLAN | ■ AMENDMENT |
| | COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME 6. FEDERAL STATUTE/REGULATION CITATION: | 7. FEDERAL BUDGET IMPACT: | ch amendment) |
| | 42 CFR 447 Subpart C | a. FFY 2013 \$0.00 b. FFY 2014 \$7,693,000 | |
| | 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: | 9. PAGE NUMBER OF THE SUPER | SEDED PLAN SECTION |
| | Attachment 4.19A, Page 21ii | OR ATTACHMENT (If Applicable | |
| | A STATE OF THE STA | Attachment 4.19A, Page 21ii | |
| | 180 | | |
| | | | 1 |
| | 10. SUBJECT OF AMENDMENT: | | |
| | DSH Payments to Certain Qualifying Hospitals Based on Obste | etrical and Neonatal Intensive Care C | ases |
| | 5 5 5 | | |
| | 11. GOVERNOR'S REVIEW (Check One): | | |
| | ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT | OTHER, AS SPE | ECIFIED: |
| | COMMENTS OF GOVERNOR'S OFFICE ENCLOSED | Review and approva | al authority has |
| | ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | been delegated to the Public Welfare | e Department of |
| | 12. SIGNATURE OF STATE AGENCY OFFICIAL: /S/ | 16. RETURN TO: Commonwealth of Pennsylvania | |
| | 13. 1 XEEL INAME;) | Department of Public Welfare | €3 |
| | Beverly D. Mackereth | Office of Medical Assistance Prog | |
| | 14. TITLE: | Bureau of Policy, Budget and Plan P.O. Box 2675 | ining |
| | Secretary of Public Welfare | Harrisburg, Pennsylvania 17110 | |
| | 15. DATE SUBMITTED: JAN 28 2014 | Training in a majorania in tro | 20 |
| 7. | DATE RECEIVED: FOR REGIONAL OF | FFICE USE ONLY | entranse salverte i van de de dy physiologich de digentier de |
| 7.1 | | | R 16 2014 |
| 0 1 | PLAN APPROVED - ON | E COPY ATTACHED | |
| 19. E | ATECTIVE DATE OF APPROVED MATERIAL: | 20. SIGNATURE OF REGIONA | L OFFICIAL: |
|)1 T | YPED NAME: JAN 0 5 2014 | /S/ | |
| | EMARKS: Penny Thompson | Deputy Dinector, Policy D | FINANCIAL ME CACC |
| .J. N | EMARKS: | 7 7 7 | THE MENT OF WE |
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| | OI IIIO | amount available for distribution for rural hospitals, 10% will be distributed to qualified rural hospitals with |
|---|--|--|
| neonatal intensive-care | | m, serionagies asita the following lutilities. |
| | (A) | FOR each hoppital determine the ratio of the hours of the |
| to all neonatal intensive- | | |
| cases for PA MA benefic | (B) | For each hospital multiply: the ratio under clause (A) by the number of the hospital's neonatal intensive-care |
| ages to LY MY Deligit | | |
| | (C) (D) | Add the products under clause (B) for all hospitals. |
| | (E) | Divide the amount available for distribution to rural hospitals by the sum under clause (C). |
| | (E) (F) | monthly the quotient under clause (D) by the product under clause (D) |
| one standard deviation a | hove the me | |
| the product in clause (F) | by 150 For | an for all rural counties, but is less than 1.3 standard deviations above the mean for all rural counties, multiply |
| greater than 1.3 standard | deviations | shove the man for all grad equal to or |
| counties, multiply the pro | duct in claus | e (F) by 1.75. For such that the standard deviations above the mean for all rural |
| population is equal to or | reater than | 1.6 standard deviations above the mean for all rural counties, multiply the product in clause (E) by 2.0. |
| (iii) | | |
| cases for PA MA benefici | aries. | the funds available for rural hospitals will be distributed equally among qualified rural hospitals with obstetrical |
| (iv) | | re that payments do not exceed available funds, the Department will adjust payments to each hospital using |
| the following formula: | | to each hospital using |
| | (A) | The calculated total amount of payments for each hospital under steps (i), (ii), and (iii) in this section is |
| divided by the total calcul | ated amount | for all hospitals to obtain a percentage, which is a ratio of each hospital's respective share of the calculated |
| amount. | | |
| proportional | (B) | The resulting percentage for each hospital in clause (A) is multiplied by the total available funds to obtain a |
| proportional payment for | each hospita | . The total available fullus to obtain a |
| (b) 85% d | £46 - 4-4-1 | |
| | ine total ar | nount available will be paid to qualified nonrural hospitals as follows: |
| (i) beneficiaries using the foll | | |
| beneficialies dailing the lon | Owing formu (A) | |
| ababbbet | | |
| Obstetrical cases for the h | nenital | ror each nospital, determine the ratio of the hospital's obstetrical cases for PA MA beneficiaries to all |
| obstetrical cases for the h | ospital. | For each hospital, determine the ratio of the hospital's obstetrical cases for PA MA beneficiaries to all |
| | ospital. (B) | |
| MA beneficiaries. | ospital. (B) | For each hospital, multiply the ratio under clause (A) by the number of the hospital's obstetrical cases for PA |
| | ospital. (B) (C) | For each hospital, multiply the ratio under clause (A) by the number of the hospital's obstetrical cases for PA Add the products under clause (B) for all hospitals |
| | ospital. (B) (C) (D) | For each hospital, multiply the ratio under clause (A) by the number of the hospital's obstetrical cases for PA Add the products under clause (B) for all hospitals. Divide the amount available for distribution to populate hospitals by the sum under clause (C) |
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