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State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: PA-14-006

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 14-006

Dear Ms. Mackereth:

We have completed our review of State Plan Amendment (SPA) 14-006. This SPA modifies Attachment 4.19-A of Pennsylvania's Title XIX State Plan. Specifically, the amendment continues provisions for disproportionate share hospital payments to certain acute care hospitals that further Pennsylvania's goal of enhanced access in economically distressed areas.

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 14-006 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,

/s/

Cindy Mann Director

Enclosures

| | DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION | | FORM APPROVED OMB NO. 0938-0193 |
|--------|--|---|------------------------------------|
| | TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | 1. TRANSMITTAL NUMBER: 14-006 | 2. STATE Pennsylvania |
| | FOR: HEALTH CARE FINANCING ADMINISTRATION | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Title XIX | |
| | TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE January 5, 2014 | |
| | 5. TYPE OF PLAN MATERIAL (Check One): | n and a second se | |
| | 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 \$0.00 b. FFY 2014 \$8,419,000 | |
| | 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19A, Page 21a | 9. PAGE NUMBER OF THE SUPER OR ATTACHMENT (If Applicable | |
| | Autominient 4. 19A, Page 2 la | Attachment 4.19A, Page 21a | |
| | | | |
| | 10. SUBJECT OF AMENDMENT: | | |
| | Additional Class of Disproportionate Share 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: | 16. RETURN TO: | |
| | /s/ | Commonwealth of Pennsylvania | |
| | 13. TIED NAME: | Department of Public Welfare Office of Medical Assistance Progr | ame |
| | Beverly D. MacKereth 14. TITLE: | - Bureau of Policy, Budget and Plan | |
| | Secretary of Public Welfare | P.O. Box 2675 | |
| | 15. DATE SUBMITTED: JAN 2 8 2014 | Harrisburg, Pennsylvania 17110 | |
| | FOR REGIONAL OFF | ICE USE ONLY | |
| 7. DA | TE RECEIVED: | 18. DATE APPROVED: | |
| | | | APR 16 2014 |
| | PLAN APPROVED ONE | | |
| | FECTIVE DATE OF APPROVED MATERIAL: | 20. SIGNATURE OF REGIONAL | OFFICIAL: |
| | PED NAME: Permy Thompson | 22. TITLE: Deputy Director Odius | FINANCIA) Met. CMC |
| 23. RE | EMARKS: | 1 2 1 2 | 0 |
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT ATTACHMENT 4.19A STATE: COMMONWEALTH OF PENNSYLVANIA Page 21a METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-INPATIENT HOSPITAL CARE

ADDITIONAL CLASS OF DISPROPORTIONATE SHARE PAYMENTS

Effective October 1, 2000, the Department established an additional class of disproportionate share (DSH) payments to certain qualifying hospitals, which the Department determined advanced the Department's goal of enhanced access to multiple types of medical care in economically distressed areas of the Commonwealth.

The Department intends to consider a hospital eligible, provided it is an acute care general hospital that meets all of the following criteria:

 (a) The hospital provides in excess of 100,000 inpatient days to Medical Assistance (MA) eligible individuals as reported on its Fiscal Year 2004-2005 MA Hospital Cost Report (MA 336);

(b) The hospital has a Low-Income Utilization Rate in excess of the 95th percentile of the Low-Income Utilization Rate for all enrolled acute care general hospitals as reported on its Fiscal Year 2004-2005 MA Hospital Cost Report (MA 336);

(c) The hospital's ratio of MA revenue to net patient revenue exceeds the 98th percentile for all Commonwealth acute care general hospitals as reported in the Pennsylvania Health Care Cost Containment Council's 2006 Financial Analysis, Volume One;

(d) The dollar value of the hospital's uncompensated care equals or exceeds the 94th percentile of the value to uncompensated care for all acute care general hospitals as reported in the Pennsylvania Health Care Cost Containment Council's 2006 Financial Analysis, Volume One;

(e) The hospital is located in a Census tract designated by the Bureau of Primary Health Care of the Health Resource and Services Administration as a Medically Underserved Area.

For Fiscal Year 2013-2014, the fiscal impact as a result of these payments is \$15.731 million in total funds (\$7.312 million in State General Funds).

Payments will be divided proportionally among qualifying hospitals based on the percentage of each qualifying hospital's MA inpatient days to the total MA inpatient days of all qualifying facilities.

All payment limitations are still applicable, including those limitations that the Commonwealth may not exceed its aggregate annual DSH allotment and that no hospital may receive DSH payments in excess of its hospital-specific limit.

TN# <u>14-006</u> Supersedes TN# <u>13-018</u>

APR 16 2014 Approval Date:

Effective Date: January 5, 2014