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State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: PA-14-007

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 14-007

Dear Ms. Mackereth:

We have completed our review of State Plan Amendment (SPA) 14-007. This SPA modifies Attachment 4.19-A of Pennsylvania's Title XIX State Plan. Specifically, the amendment continues disproportionate share hospital payments to hospitals providing a high volume of services to Medical Assistance individuals and low-income populations.

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 14-007 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,

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Director

Enclosures

HEALTH CARE FINANCING ADMINISTRATION	0.63	FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	14-007	Pennsylvania
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Title XIX	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	January 5, 2014	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		į
5. TYPE OF PLAN MATERIAL (Check One):		1
☐ NEW STATE PLAN ☐ AMENDMENT TO BE	CONSIDERED AS NEW PLAN	
	CONSIDERED AS NEW PLAN	■ AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME 6. FEDERAL STATUTE/REGULATION CITATION:	NDMEN1 (Separate Transmittal for a	each amendment)
42 CFR 447 Subpart C	7. FEDERAL BUDGET IMPACT: a. FFY 2013 \$0.00 b. FFY 2014 \$912,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUP	EDGEDED DI AM CDOMONI
Attachment 4.19A, Page 21I	OR ATTACHMENT (If Applica	
	Attachment 4.19A, Page 21I	
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10. SUBJECT OF AMENDMENT:		
Additional Class of Disproportionate Share Payments		
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11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	M CTITED AS O	DECITIVE D
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	OTHER, AS SPECIFIED:	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Review and approval authority has been delegated to the Department of	
Pulperation Age of the control of th	Public Welfare	the Department of
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	***************************************
/S/	Commonwealth of Pennsylvania	ř
13. TYPED NAME:	Department of Public Welfare	
Beverly D. Mackereth Office of Medical Assistance Programs		grams
14. TITLE: Bureau of Policy, Budget a		anning
Secretary of Public Welfare	y of Public Welfare P.O. Box 2675 Harrisburg, Pennsylvania 17110	
15. DATE SUBMITTED: JAN 2 8 2014	namsburg, Pennsylvania 17110	
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FOR REGIONAL OF		
17. DATE RECEIVED:		PR 1 6 2014
PLAN APPROVED – ONI	E COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGION	AL OFFICIAL:
JAN 0.5 2014	/s/	Andrew Control of the
21. TYPED NAME: Perry Thompson	Denty Dinoctor Po	lug & Financia/ Mgt. Pres
23. REMARKS:	1 1	J
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT ATTACHMENT 4.19A STATE: COMMONWEALTH OF PENNSYLVANIA Page 21I METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-INPATIENT HOSPITAL CARE

ADDITIONAL CLASS OF DISPROPORTIONATE SHARE PAYMENTS

The Department will make an additional class of disproportionate share hospital (DSH) payments to certain qualifying hospitals that the Department determines provide a high volume of services to Medical Assistance (MA) eligible and low-income populations. The Department intends for these payments to promote the hospitals' continued participation in the MA Program.

The Department will consider a hospital eligible for this additional class of DSH payments if the hospital is an acute care hospital that meets all of the criteria listed below.

- a) The hospital is located in a county that exceeds the 96th percentile of the unduplicated number of persons eligible for Medical Assistance, by county. (January 2010 MA unduplicated eligibility report).
- The hospital provides more than 58,000 patient days of service as reported on its 2007-2008 State Fiscal Year (FY) MA cost report (MA-336).
- c) The hospital's ratio of PA MA days to total hospital days is more than 20.0% as reported on its 2007-2008 State FY MA cost report (MA-336).
- d) The hospital's FY 2008 Uncompensated Care percentage of Net Patient Revenue is greater than 2.4%, as reported in the Pennsylvania Health Care Cost Containment Council's Fiscal Year 2008 Financial Analysis, Volume One, General Acute Care Hospitals.
- e) The hospital's FY 2008 operating margin is less than -3.4%, as reported in the Pennsylvania Health Care Cost Containment Council's Fiscal Year 2008 Financial Analysis, Volume One, General Acute Care Hospitals.

Payments will be divided proportionately among qualifying hospitals based on the percentage of each qualifying hospital's MA inpatient days to 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. Any funds available due to the application of the hospital-specific DSH upper payment limit will be redistributed to other hospitals qualifying under this class of disproportionate share payments on a proportionate basis.

For FY 2013-2014, the fiscal impact as a result of this additional class of disproportionate share payments is \$1.704 million (\$0.792 million in State General Funds and \$0.912 million in Federal Funds).

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TN# 12-039	Approval Date: _	APR 16 20M	Effective Date: January 5, 2014