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State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: PA-14-008

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 14-008

Dear Ms. Mackereth:

We have completed our review of State Plan Amendment (SPA) 14-008. This SPA modifies Attachment 4.19-A of Pennsylvania's Title XIX State Plan. Specifically, the amendment continues disproportionate share hospital payments to hospitals with qualifying burn centers.

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 14-008 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/

Emily Mann
Director

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
14-008

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):

☐ 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 \$4,355,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19A, Page 21h

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Attachment 4.19A, Page 21h

10. SUBJECT OF AMENDMENT:
Additional Payments to Certain Burn Centers

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:

/S/

13. TYPED NAME:
Beverly D. Mackereth

14. TITLE:
Secretary of Public Welfare

15. DATE SUBMITTED: FEB - 7 2014

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED: APR 16 2014

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
JAN 05 2014

20. SIGNATURE OF REGIONAL OFFICIAL:
/S/

21. TYPED NAME: Penny Thompson

22. TITLE: Deputy Director, Policy & Financial Mgt. CMCS

23. REMARKS:

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-INPATIENT HOSPITAL CARE

ADDITIONAL PAYMENTS TO CERTAIN BURN CENTERS

The Department will make disproportionate share (DSH) payments to certain qualifying Medical Assistance (MA) enrolled acute care general hospital burn centers, hereafter burn centers, to assure readily available and coordinated burn care of the highest quality to the MA population.

To qualify for these DSH payments, the burn center must meet one of the following criteria:

- (1) Is recognized by the American Burn Association and participates in the American Burn Association's, "Burn Center Verification Program" effective July 2006.
- (2) Is certified and accredited as a Level I or Level II Trauma Center by the Pennsylvania Trauma Systems Foundation and has a minimum of 70 annual patient admissions in calendar year 2005, of individuals requiring burn care.

For Fiscal Year 2013-2014, the fiscal impact as a result of this additional class of DSH payments is \$8.137 million (\$3.782 million in State General Funds and an anticipated \$4.355 million in Federal Funds upon approval by the Centers for Medicare and Medicaid Service (CMS)).

Payments to qualified burn centers will be allocated according to the following:

- (1) 50% of the total amount available for qualifying burn centers will be allocated equally among qualified burn centers.
- (2) 50% of the total amount available for qualified burn centers will be allocated on the basis of each qualified burn center's percentage of MA and uninsured burn cases and patient days compared to the Statewide total number of MA and uninsured burn cases and patient days for all qualified burn centers. Each qualified burn center will use both in-State and out-of-State cases and patient days.
- (3) Any eligible burn center that has reached its DSH limit as pursuant to Title XIX of the Social Security Act shall receive its share of the State fund available under this act.

TN# 14-008

Supersedes

TN# 12-036

Approval Date APR 16 2014

Effective Date: January 5, 2014