## **Table of Contents**

State Name: Pennsylvania

State Plan Amendment (SPA)#: 15-0005

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 Page

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, Maryland 21244-1850



## **Financial Management Group**

## MAY 04 2019

Mr. Theodore Dallas, Acting Secretary Commonwealth of Pennsylvania Department of Human Services Office of Medical Assistance Programs PO Box 2675 Harrisburg, PA 17110

RE: State Plan Amendment 15-0005

Dear Mr. Dallas:

We have completed our review of State Plan Amendment (SPA) 15-0005. This SPA modifies Attachment 4.19-A of Pennsylvania's Title XIX State Plan. Specifically, the amendment establishes an additional class of disproportionate share hospital payments to promote access to services and to support academic medical programs.

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 15-0005 effective April 1, 2015. 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,

Timothy Hill Director

| TRANSMITTAL AND NOTICE OF APPROVAL OF  | 1. TRANSMITTAL NUMBER:  | 2. STATE                                |
|--|---|---|
| STATE PLAN MATERIAL  | 15-0005   | Pennsylvania                            |
| LAKARBELL FLAILS LAKER L |   |   |
| EOD, UE ALTU CADE EINANCING ADMINISTRATION   | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)    |   |
| FOR: HEALTH CARE FINANCING ADMINISTRATION  |   |   |
| ,  | Title XIX   |   |
| TO: REGIONAL ADMINISTRATOR   | 4. PROPOSED EFFECTIVE DATE  |   |
| HEALTH CARE FINANCING ADMINISTRATION   | April 1, 2015   |   |
| 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:  | 7. FEDERAL BUDGET IMPACT:   |   |
| 42 CFR 447 Subpart C   | a. FFY 2014 \$0   |   |
|  | b. FFY 2015 \$2,688,876   |   |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION                                 |   |
| Attendent and AAA Dame OZ  | OR ATTACHMENT (If Applicable):  |   |
| Attachment 4.19A, Page 27aaa   | Attachment ( 404 Page 077   |   |
|  | Attachment 4.19A, Page 27aaa  |   |
|  | 1   |   |
|  |   |   |
| 10. SUBJECT OF AMENDMENT:  | 1   |   |
|  |   |   |
| Additional Class of Disproportionate Share Payments  |   |   |
|  |   |   |
| 11. GOVERNOR'S REVIEW (Check One):   |   | *************************************** |
| GOVERNOR'S OFFICE REPORTED NO COMMENT  | ☑ OTHER, AS SPECIFIED:  |   |
| COMMENTS OF GOVERNOR'S OFFICE ENCLOSED   | Review and approval authority has   |   |
| ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  | been delegated to the Department of   |   |
| 12 CLOSELETI DE OPOTEATRE ACTIVOU ONDICO LE  | Human Services  |   |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  | 16. RETURN TO:  |   |
| /S/  | Commonwealth of Pennsylvania  |   |
| 13. TYPED NAMÉ:  | Department of Human Services  |   |
| Theodore Dallas  | Office of Medical Assistance Programs Bureau of Policy, Analysis and Planning |   |
| 14. TITLE:   | P.O. Box 2675   |   |
| Acting Secretary of Human Services   | Harrisburg, Pennsylvania 17110  |   |
| 15. DATE SUBMITTED: APR - 8.2015   | idiiobulg, Fellisyivalila   |   |
|  |   |   |
| FOR REGIONAL OFFICE USE ONLY   |   |   |
| 17. DATE RECEIVED:   | 18 DATE APPROVED: MAY 04 2  | ene ene                                 |
| PLAN APPROVED – ONE COPY ATTACHED  |   |   |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 20. SIGNATURE OF REGIONAL OFFICIAL:   |   |   |
| APR 01 205   | 20. SIGNATINE OF RECTIONAL OFF  | TOLAL:                                  |
| 21 TVPED NAME!   | 22. TITLE:  | **************************************  |
| Brustin FAN  | Deputy Director, FMG  |   |
| 23, REMARKS:   | tepan viello  | 1100                                    |
|  |   |   |
|  |   |   |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

ATTACHMENT 4.19A

STATE: COMMONWEALTH OF PENNSYLVANIA

Page 27aaa

Effective Date: April 1, 2015

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-INPATIENT HOSPITAL CARE

## ADDITIONAL CLASS OF DISPROPORTIONATE SHARE PAYMENTS

The Department will make a disproportionate share hospital (DSH) payment to qualifying hospitals to promote additional access to inpatient and ancillary outpatient services and to support academic medical programs for integrated patient centered medical services.

The Department determines a hospital eligible for this additional class of DSH payment 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 Medical Assistance (MA) hospital cost report (MA-336).

- The hospital is enrolled in the Pennsylvania (PA) MA Program as a general acute care hospital.
- b) The hospital is ranked at or above the 92nd percentile of all acute care hospitals on the total acute care inpatient days provided to MA beneficiaries.
- The hospital is ranked at or above the 94<sup>th</sup> percentile of all acute care hospitals on net PA MA Outpatient Revenues.
- d) The hospital is accredited as an Adult Level I Trauma Center and a Pediatric Level I Trauma Center according to the Pennsylvania Trauma Systems Foundation's 2012 Annual Report.
- e) The hospital is part of an academic medical center that includes a regional medical campus in a county of the fourth class.

For FY 2014-2015, the Department will allocate \$5.189 million (\$2.500 million in State General funds and \$2.689 million Federal funds) for this additional class of DSH payments. Payments will be divided proportionally among all qualifying hospitals based on each hospital's total MA acute care inpatient days to total MA acute care 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.