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State Name: Pennsylvania

State Plan Amendment (SPA)#: 15-0017

This file contains the following documents in the order listed:

1) Approval Letter

- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) 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**

AUG 17 2015

Mr. Theodore Dallas, Secretary Commonwealth of Pennsylvania Department of Human Services Office of Medical Assistance Programs PO Box 8046 Harrisburg, PA 17105

RE: State Plan Amendment 15-0017

Dear Mr. Dallas:

We have completed our review of State Plan Amendment (SPA) 15-0017. This SPA modifies Attachment 4.19-A of Pennsylvania's Title XIX State Plan. Specifically, the SPA establishes a new class of disproportionate payments for 2015 acute care hospitals with 400 or more setup and staffed beds in a county with a population less than 500,000.

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 15-0017 effective June 21, 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 yours.

Timothy Hill Director

**Enclosures** 

DEPARTMENT OF HEALTH AND HUMAN SERVICES REALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1, TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	15-0017	Pennsylvania
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TI	
	SOCIAL SECURITY ACT (MEDICAID) Title XIX	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	June 21, 2015	
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 AME		amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR 447 Subpart C	a. FFY 2014 \$0 b. FFY 2015 \$374,937	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable):	
Attachment 4.19A, Page 21x		
10. SUBJECT OF AMENDMENT:		
Additional Class of Disproportionate Share Hospital 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 been delegated to the Department of	
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	been delegated to the d	Department or
12. SIGNATURE OF BY ATE AGENCY OFFICIAL:	16. RETURN TO:	
/S/	Commonwealth of Pennsylvania	
13. TYPED NAME:	Department of Human Services	
Theodore Dallas	Office of Medical Assistance Programs	
14. TITLE:	Bureau of Policy, Analysis and Planning P.O. Box 2675	
Secretary of Human Services	Harrisburg, Pennsylvania 17110	
15. DATE SUBMITTED: JUN 2 4 2015	Transpurg, Formoyivaria 17710	
FOR REGIONAL OFFICE USE ONLY		
17 DATE RECEIVED:	1 10 DATE ADDDOVED	
	AUG	17 2015
PLAN APPROVED – ON	E COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL 2 1 2015	20. SIGNATURE OF REGIONAL OF	RCIAL <sub>2</sub>
21. TYPED NAME	Dapum Direct	or, FMG
23. REMARKS:		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

ATTACHMENT 4.19A Page 21x

STATE: COMMONWEALTH OF PENNSYLVANIA

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) payment to qualifying Medical Assistance (MA) enrolled acute care general hospitals which provide a high volume of inpatient services to MA eligible and low income populations.

A hospital is eligible for this additional class of DSH payment if the hospital is an acute care hospital that meets all of the criteria listed below. Unless otherwise stated, the source of the information is the State Fiscal Year (FY) 2011-2012 MA-336 Hospital Cost Report.

- a) The hospital is enrolled in the MA Program as an acute care general hospital.
- b) The hospital is located in a county with a total population of less than 500,000 residents. based on the 2010 Federal decennial census.
- The hospital has at least 400 total setup and staffed beds. c)
- The hospital ranked at or above the 90th percentile, among MA enrolled acute care d) hospitals located in counties with a total population of less than 500,000 residents. on the total number of MA inpatient days of care provided.
- The hospital ranked in excess of one standard deviation above the mean among MA e) enrolled acute care hospitals located in counties with a total population of less than 500,000 residents, on the ratio of MA psychiatric inpatient days provided to total psychiatric inpatient days.
- The hospital's ratio of uncompensated care to net patient revenue, based on the f) Pennsylvania Health Care Cost Containment Council Financial Analysis 2013, exceeded 3.40%.

For FY 2014-2015, the Department will allocate \$0.724 million (\$0.349 million in State General funds and \$0.375 million Federal funds) for this additional class of DSH payments. Payments will be divided proportionally among qualified hospitals based on each hospital's total MA inpatient days to total MA inpatient days for all qualified hospitals.

TN# 15-0017 Supersedes TN# New

Approval Date: \_\_AUG 17 2019

Effective Date: June 21, 2015