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#### State Name: Pennsylvania

### State Plan Amendment (SPA)#: 15-0022

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 2019

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 15-0022

Dear Mr. Dallas:

We have completed our review of State Plan Amendment (SPA) 15-0022. 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 ranked at least three standard deviations above the mean with respect to Medicaid inpatient days and above the 99<sup>th</sup> percentile of all acute care hospitals with respect to discharges.

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 15-0022 effective June 28, 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 HEALTH CARE FINANCING ADMINISTRATION	FORM APPROVED OMB NO. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 15-0022	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 June 28, 2015	
5. TYPE OF PLAN MATERIAL (Check One):		
	CONSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for ea	ch amendment)
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447 Subpart C	7. FEDERAL BUDGET IMPACT: . a. FFY 2014 \$ 0 b. FFY 2015 \$ 860,440	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Attachment 4.19A, Page 21y	ON AT INCIMIENT (9 Appulacie).	
10. SUBJECT OF AMENDMENT: Additional Class of Disproportionate Share Hospital Payments     11. GOVERNOR'S REVIEW (Check One):	and	
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 Human Services	
12. SIGNATURE DESTATE AGENCY OFFICIAL	16. RETURN TO: Commonwealth of Pennsylvania	
13. TYPED NAME:	Department of Human Services Office of Medical Assistance Programs	
Theodore Dallas	Bureau of Policy, Analysis and Planning	
Secretary of Human Services	P.O. Box 2675	-
15. DATE SUBMITTED: JUN 2 4 2015	Harrisburg, Pennsylvania 17110	
FOR REGIONAL OF	FICE USE ONLY	
17. DATE RECEIVED.	18. DATE APPROVED: AU	G 1 7 2015
PLAN APPROVED - ON	E COPY ATTACHED	alan an a
	20. SIGNATURE OF REGIONAL OFFICIAL:	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	/S/	FOIAL:
19. EFFECTIVE DATE OF APPROVED MATERIAL: IIIN 28 2015 21. TYPED NAME:		

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT ATTACHMENT 4.19A STATE: COMMONWEALTH OF PENNSYLVANIA Page 21y METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-INPATIENT HOSPITAL CARE

#### ADDITIONAL CLASS OF DISPROPORTIONATE SHARE PAYMENTS

A hospital is eligible for this additional class of disproportionate share payments if the hospital is a general 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 a general acute care hospital and provides a comprehensive array of inpatient services (acute, psychiatric and rehabilitation), including inpatient obstetrical and neonatal services to MA beneficiaries.
- b) The hospital is accredited as an adult Level I Trauma Center according to the Pennsylvania Trauma Systems Foundation 2013 Annual Report.
- c) The hospital ranked at least three standard deviations above the mean for the total number of inpatient days provided to MA beneficiaries.
- d) The hospital ranked above the 99<sup>th</sup> percentile of all acute care hospitals for the total number of MA discharges.
- e) The hospital is an independent academic medical center and a member of the Alliance of Independent Academic Medical Centers.

For FY 2014-2015, the Department will allocate an annualized amount of \$1.660 million (\$0.800 million in State General funds and \$0.860 million Federal funds) for this additional class of disproportionate share 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# <u>15-0022</u> Supersedes TN# <u>New</u>

Approval Date: AllG 1 7 2019

Effective Date: June 28, 2015