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State Name: Pennsylvania

State Plan Amendment (SPA)#: 16-0017

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) One (1) 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

SEP 0-8 2016

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

RE: State Plan Amendment 16-0017

Dear Mr. Dallas:

We have completed our review of State Plan Amendment (SPA) 16-0017. This SPA modifies Attachment 4.19-A of Pennsylvania's Title XIX State Plan. Specifically, the SPA continues an additional class of disproportionate payments for acute care hospitals ranked at least three standard deviations above the mean with respect to Medicaid inpatient days and above the 99th 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 16-0017 effective June 26, 2016. 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/

Kristin Fan 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: 16-0017	2. STATE 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	June 26, 2016	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
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 each	(amendment)
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447 Subpart C	7. FEDERAL BUDGET IMPACT: a. FFY 2015 \$ 0 b. FFY 2016 \$ 1,409,000	
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	
Attachment 4.19A, Page 21y		
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	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	been delegated to the l Human Services	Department of
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	·····
/S/	Commonwealth of Pennsylvania	
	Department of Human Services	
13/TYPED NAME:	Office of Medical Assistance Programs	
Theodore Dallas	Bureau of Policy, Analysis and Planning	
14. TTTLE:	P.O. Box 2675	
Secretary of Human Services	Harrisburg, Pennsylvania 17110	
15. DATE SUBMITTED: APR 1 8 2019		
MOR REGIONAL OFFICE USE ONLY		
17 DATE RECEIVED:	14 NATE ADDONUTES	An an a fair and a star and a star and a star a star and a star and a star and a star a star a star a star a st
	SEP 0.8	2016
PLAN APPROVED - ONE COPY ATTACHED		
19 EFFECTIVE DATE OF APPROVED MATERIAL JUN 26 2016	20. SIGNATZINE OF REGIONAL OFF	icial.
21. FYPED NAME: KRISTIN FAN	22. Minis Director, FMC	
23. REMARKS		

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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 SMARE 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 99th 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.

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. The Department will not redistribute DSH payments made under this additional class of DSH payments to qualifying hospitals as a result of a qualifying hospital exceeding its hospital-specific DSH limit.

For FY 2015-2016, the Department will allocate an annualized amount of \$2.709 million (\$1.300 million in State General funds and \$1.409 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>16-0017</u> Supersedes TN# <u>15-0022</u>

Approval Date: SEP 0.8 2016

Effective Date: June 26, 2016