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State Name: Pennsylvania

State Plan Amendment (SPA)#: 16-0054

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

MAR I 0 2017

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 16-0054

Dear Mr. Dallas:

We have completed our review of State Plan Amendment (SPA) 16-0054. 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 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 16-0054 effective December 11, 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,

Kristin Fan Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	16-0054	Pennsylvania
STATE LIAN WATERIAL		
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 DEPARTMENT OF HEALTH AND HUMAN SERVICES	December 11, 2016	
5. TYPE OF PLAN MATERIAL (Check One):		
3700 pt 3000 pt 30		***************************************
☐ 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 2016 \$0	
42 OFN 447 Subpart O	b. FFY 2017 \$374,337	
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Attrohment 4 40A Dogg 24v	Attachment 4.19A, Page 21x	
Attachment 4.19A, Page 21x	Attachment 4. 19A, Page 21X	
10. SUBJECT OF AMENDMENT:		
Additional Class of Disproportionate Share Hospital Payments		
11. GOVERNOR'S REVIEW (Check One):		and to the same
☐ 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		
50000 SVA G S S S S	Human Services	
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. TITLE:	P.O. Box 2675	
Secretary of Human Services	Harrisburg, Pennsylvania 17105-2675	
15. DATE SUBMITTED: DEC 1 3 2016	Trainsburg, Fermsylvania 17 103-207	3
FOR REGIONAL OF		
17. DATE RECEIVED:	18. DATE APPROVED: MAR 10	2017
	TO MINIOTO TO	2011
PLAN APPROVED – ONE	COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFF	ICIAL:
19. EFFECTIVE DATE OF APPROVED MATERIAL: DEC 1 1 2016	20. SIGNATURE OF REGIONAL OFF	
21. TYPED NAME	22 TITLE	
	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 21x 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.

- The hospital is enrolled in the MA Program as an acute care general hospital. a)
- The hospital is located in a county with a total population of less than 500,000 residents. b) 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%.

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. 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 2016-2017, the fiscal impact as a result of this additional class of disproportionate share payments, is \$0.723 million (\$0.349 million in State general funds and \$0.374 million in Federal funds).

TN# 16-0054 Supersedes TN# 16-0001

Approval Date: MAR 1 0 2017 Effective Date: December 11, 2016