## Table of Contents

State Name: Pennsylvania

State Plan Amendment (SPA)#: 18-0010

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**

Ms. Teresa D. Miller, Secretary Commonwealth of Pennsylvania Department of Human Services Office of Medical Assistance Programs PO Box 2675 Harrisburg, PA 17110 APR 20 2018

RE: State Plan Amendment 18-0010

Dear Ms. Miller:

We have completed our review of State Plan Amendment (SPA) 18-0010. This SPA modifies Attachment 4.19-A of Pennsylvania's Title XIX State Plan. Specifically, this SPA establishes an additional DSH payment adjustment to qualifying hospitals to promote access in less urbanized areas of Pennsylvania.

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 18-0010 effective March 25, 2018. 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,

/5/

Kristin Fan Director

Enclosures

cc: Leesa M. Allen, Deputy Secretary, DHS, Office of Medical Assistance Programs

Dan De Lellis, Director, DHS, Bureau of Policy, Planning, and Analysis

bce: Fran McCullough, ARA, RO3

Teia Miller, Manager, FMB RO3

Sabrina Tillman-Boyd, Manager, POB RO3

Mary McKeon, PA State Lead

Lisa Carroll, CO NIRT Official NIRT File

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	18-0010	Pennsylvania
L. A. C. M. M. D. A. F. L. A. L. M. M.		
THAT A TOTAL TOTAL TOTAL AND THE STANDARD AND THE STANDARD AND AND AND AND AND AND AND AND AND AN	3. PROGRAM IDENTIFICATION: TIT	LE XIX OF THE
FOR: HEALTH CARE FINANCING ADMINISTRATION	SOCIAL SECURITY ACT (MEDICAID) Title XIX	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	March 25, 2018	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	,	
5. TYPE OF PLAN MATERIAL (Check One):	Market 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
······································		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE C	CONSIDERED AS NEW PLAN AMENDMENT	
	NDMENT (Separate Transmittal for each amendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	correspondential participation of the contraction o
42 CFR 447 Subpart C	a. FFY 2017 \$0	
42 Of (( 447 Oubpail O	b. FFY 2018 \$3,011,540	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSE	THE DI AN SECTION
6. FAGE NOMBER OF THE FEATURE CHOW OR AT FACILITIES.	OR ATTACHMENT (If Applicable):	
	ORATTACIMIST (g apparame).	
Attachment 4.19A, Page 27aaaa	Attachment 4.19A, Page 27aaaa	
Audominant 4.13A, 1 age 27 aaaa	Audominion 4.10A, Fago Eradaa	
	Í	
10. SUBJECT OF AMENDMENT:		
Additional Class of Disproportionate Share Payments		
11. GOVERNOR'S REVIEW (Check One):	A CONTRACT OF THE CONTRACT OF	
GOVERNOR'S OFFICE REPORTED NO COMMENT	☑ OTHER, AS SPECIFIED:	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Review and approval a	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	been delegated to the Department of	
	Human Services	
12. SIGNATURE OF STATE ACENCY OFFICIAL:	16. RETURN TO:	
/S/	Commonwealth of Pennsylvania	
	Department of Human Services	
13. TYPED NAME:	Office of Medical Assistance Programs	
Teresa D. Miller	Bureau of Policy, Analysis and Planning	
14. TITLE:	P.O. Box 2675	
Secretary of Human Services	Harrisburg, Pennsylvania 17105-2675	
15. DATÉ SUBMITTED: MAR 2 9 2018	<b>.</b>	
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED:	2046
APR 20 2018		
PLAN APPROVED - ONE COPY ATTACHED  19. EFFECTIVE DATE OF APPROVED MATERIAL: 20. SIGNATURE OF REGIONAL OFFICIAL:		
19. EFFECTIVE DATE OF APPROVED MATERIAL. MAR 2 5 2018	20. SIGNATURE OF REGIONAL OFFI	CIAL:
21. TYPED NAME: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	22. THE PICCOUR, FMC	
hristin Fan	N MECON, (NI)	AND
23. REMARKS:		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT **ATTACHMENT 4.19A** STATE: COMMONWEALTH OF PENNSYLVANIA Page 27aaaa METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-INPATIENT HOSPITAL CARE

## ADDITIONAL CLASS OF DISPROPORTIONATE SHARE PAYMENTS TO QUALIFYING DSH HOSPITALS

The Department will make additional class of disproportionate share hospital (DSH) payments to qualifying acute care general hospitals. This payment is intended to promote the availability of professional medical services to the MA population in less urbanized areas of the Commonwealth.

To qualify for these payments, a hospital must meet all the following criteria. Unless otherwise stated, the source of the information is the State Fiscal Year 2010-2011 MA cost report (MA-336).

- The hospital is enrolled in Pennsylvania's (PA) MA Program as an acute care general 1) hospital.
- 2) The hospital is located in a county of the third class with a population between 279,000 and 282,000 under the 2010 federal decennial census.
- The hospital's PA MA Fee-for-Service Medical Education costs exceed \$500,000. 3)

Payments to qualifying hospitals will be divided equally among all qualifying 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 Fiscal Year 2017-2018, the fiscal impact as a result of this additional class of disproportionate share payment, is \$5.812 million (\$2.800 million in State general funds and \$3.012 million in Federal funds).

TN# 18-0010 Supersedes TN# 16-0047

Approval Date: APR 20 2018

Effective Date: March 25, 2018