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State Name: Pennsylvania

State Plan Amendment (SPA)#: 18-0014

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 Miller, Secretary Commonwealth of Pennsylvania Department of Human Services Office of Medical Assistance Programs PO Box 2675 Harrisburg, PA 17110

RE: State Plan Amendment 18-0014

Dear Ms. Miller:

APR 20 2018

We have completed our review of State Plan Amendment (SPA) 18-0014. This SPA modifies Attachment 4.19-A of Pennsylvania's Title XIX State Plan. Specifically, the amendment authorizes an additional class of disproportionate share hospital payments that have a low commercial payment ratio, a negative trend in net patient revenue, and are located in an area of the Commonwealth with a disproportionate Medicaid need.

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 18-0014 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,

/ 3

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193		
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE		
STATE PLAN MATERIAL	18-0014	Pennsylvania		
	2 DECCE ARE INTERPRETATION TO	T TO THE CONTROL OF T		
FOR: HEALTH CARE FINANCING ADMINISTRATION	SOCIAL SECURITY ACT (MEDICA	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE		
	Title XIX	**************************************		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	NAMES AND ASSESSMENT OF THE PARTY OF THE PAR		
HEALTH CARE FINANCING ADMINISTRATION	March 25, 2018			
DEPARTMENT OF HEALTH AND HUMAN SERVICES		***************************************		
5. TYPE OF PLAN MATERIAL (Check One):				
☐ NEW STATE PLAN ☐ AMENDMENT TO BE (CONSIDERED AS NEW PLAN			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each	amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:			
42 CFR 447 Subpart C	a. FFY 2017 \$0			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	b. FFY 2018 \$322,665 9. PAGE NUMBER OF THE SUPERSI	PORTO PLAN SECTION		
6. PAGE ROMBER OF THE FEAR OF CITION OR AT PRODUCT.	OR ATTACHMENT (If Applicable):	AND I MAIN GENERAL CERTIFICATION		
Attachment 4.19A, Page 21aa	Attachment 4.19A, Page 21aa			
	ARREST CONTRACTOR CONT			
10. SUBJECT OF AMENDMENT:				
Additional Class of Disproportionate Share Payments				
11. GOVERNOR'S REVIEW (Check One):		**************************************		
GOVERNOR'S OFFICE REPORTED NO COMMENT	☑ OTHER, AS SPECI	FIED:		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Review and approval a			
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	been delegated to the D Human Services	Department of		
12. SICY OF OF ATTE ACTION OF FICIAL:	16. RETURN TO:	\$\$\\\delta\rightarrow\		
/S/	Commonwealth of Pennsylvania			
13. TYPED NAME:	Department of Human Services			
Teresa D. Miller	Office of Medical Assistance Program			
14. TITLE:	Bureau of Policy, Analysis and Planning P.O. Box 2675			
Secretary of Human Services	Harrisburg, Pennsylvania 17110			
15. DATE SUBMITTED: MAR 2 9 2018				
FORREGIONAL OFFICE USE ONLY				
17. DATE RECEIVED:	18 DATE APPROVED: APR 9	0 2018		
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PLAN APPROVED ONLY	20 SIGNATURE OF PROMISE OFF			
19. EFFECTIVE DATE OF APPROVED MATERIAL: MAR 2 5 2018	20. SIGNA STEP OF PROJECT AND A DEP			
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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 that have a low commercial-payer ratio, a negative trend in their net patient revenue and are located in an area of the Commonwealth with a disproportionate need for MA services.

A hospital is eligible for this additional class of DSH payments if the hospital is an enrolled 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) 2013-2014 MA-336 Hospital Cost Report.

- (1) The hospital is located in a city of the first class, as defined in the *Pennsylvania Manual* (Volume 121).
- (2) The hospital's 3-year average change in net patient revenue for FYs 2012-2015 is negative according to the Pennsylvania Health Care Cost Containment Council's Fiscal Year 2015 Financial Analysis.
- (3) The hospital's commercial payer ratio, defined as 100 percent minus the hospital's Medicare share of net patient revenue for FY 2015 (expressed as a percent) minus the hospital's MA share of net patient revenue for FY 2015 (expressed as a percent), is more than one standard deviation lower than the mean for all acute care hospitals in the Pennsylvania Health Care Cost Containment Council's Fiscal Year 2015 Financial Analysis.
- (4) The hospital does not qualify for payment under State Plan Amendment 4.19A, page 21z.

Payments will be divided proportionally among qualifying hospitals based on the percentage of each qualifying hospital's inpatient MA days to the total inpatient MA days of 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 DSH 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 hospitals-specific DSH limit.

The FY 2017-2018 impact, as a result of the funding allocation for these payments, is \$0.623 million (\$0.300 million in State general funds and \$0.323 million in Federal funds).

TN# <u>18-0014</u>		
Supersedes	APR 20 2018	

Effective Date: March 25, 2018

Approval Date:

TN# 17-0001