

Table of Contents

State Name: Pennsylvania

State Plan Amendment (SPA)#: 18-0036

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



Financial Management Group

January 18, 2019

Ms. Teresa D. Miller, Secretary
Commonwealth of Pennsylvania
Department of Human Services
Office of Medical Assistance Programs
PO Box 2675
Harrisburg, PA 17105-2675

RE: State Plan Amendment 18-0036

Dear Ms. Miller:

We have completed our review of State Plan Amendment (SPA) 18-0036. This SPA modifies Attachment 4.19-A of Pennsylvania's Title XIX State Plan. Specifically, the amendment continues disproportionate share hospital payments to hospitals with qualifying burn centers.

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 18-0036 effective December 2, 2018. We are enclosing the CMS-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

cc: Leesa M. Allen, Executive Deputy Secretary, DHS
Sally Kozak, Deputy Secretary, DHS, OMAP
Dan De Lellis, Director, DHS, Bureau of Policy, Planning, and Analysis

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
18-0036

2. STATE
Pennsylvania

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)
Title XIX

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
December 2, 2018

5. TYPE OF PLAN MATERIAL (Check One)

☐ 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
42 CFR 447 Subpart C

7. FEDERAL BUDGET IMPACT
a. FFY 2018 \$0
b. FFY 2019 \$4,138,419

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19A, Page 21h

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Attachment 4.19A, Page 21h

10. SUBJECT OF AMENDMENT
Disproportionate Share Payments to Burn Centers

11. GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☒ OTHER, AS
☐ SPECIFIED COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

/S/

13. TYPED NAME

Teresa D. Miller

14. TITLE

Secretary of Human Services

15. DATE SUBMITTED **DEC 07 2018**

16. RETURN TO

Commonwealth of Pennsylvania
Department of Human Services
Office of Medical Assistance Programs
Bureau of Policy, Analysis and Planning
P.O. Box 2675
Harrisburg, Pennsylvania 17105-2675

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

18. DATE APPROVED

JAN 18 2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVAL **DEC 02 2018**

20. SIGNATURE OF REGIONAL OFFICIAL

/S/

21. TYPED NAME

Kristin Fan

22. TITLE

Director, FMGA

23. REMARKS

ADDITIONAL CLASS OF DISPROPORTIONATE SHARE PAYMENTS TO BURN CENTERS

The Department of Human Services (Department) will make disproportionate share hospital payments to certain qualifying Medical Assistance (MA) enrolled acute care general hospital burn centers (burn centers) to assure readily available and coordinated burn care of the highest quality to the MA population.

A burn center is eligible for this additional class of DSH payments if it meets one of the criteria listed below. Unless otherwise stated, the source of the information is the most recent data available from the Pennsylvania Trauma Systems Foundation (PTSF) at the time of calculation.

- (1) Is recognized by the American Burn Association and participates in the American Burn Association's, "Burn Center Verification Program;" or,
- (2) Is certified and accredited as a Level I or Level II Trauma Center by PTSF and has a minimum of 70 annual patient admissions of individuals requiring burn care.

Payments to qualified burn centers will be allocated according to the following:

- (1) 50% of the total amount available for qualifying burn centers will be allocated equally among qualified burn centers.
- (2) 50% of the total amount available for qualified burn centers will be allocated on the basis of each qualified burn center's percentage of MA and uninsured burn cases and patient days compared to the Statewide total number of MA and uninsured burn cases and patient days for all qualified burn centers. Each qualified burn center will use both In-State and Out-of-State cases and patient days. The percentage is calculated as follows:
 - a) Determine each burn center's percentage of MA and uninsured burn cases by dividing the burn center's total MA and uninsured burn cases by the total number of MA and uninsured burn cases for all qualified burn centers;
 - b) Multiply the result of (a) by the percentage of MA and uninsured burn cases for all qualified burn centers divided by the total of MA and uninsured burn cases and burn patient days for all qualified burn centers;
 - c) Determine each burn center's percentage of burn patient days by dividing the burn center's total burn patient days by the total number of burn patient days for all qualified burn centers;
 - d) Multiply the result of (c) by the percentage of burn patient days for all qualified burn centers divided by the total of MA and uninsured burn cases and burn patient days for all qualified burn centers;
 - e) Add the results of (b) and (d) for each burn center and multiply by the available funding.
- (3) Any eligible burn center that has reached its DSH limit as pursuant to Title XIX of the Social Security Act shall receive its share of the State fund available under this act.

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.

The Fiscal Year 2018-2019 impact, as a result of the funding allocation for these payments, is \$7.921 million (\$3.782 million in State general funds and \$4.139 million in Federal funds).