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State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: 21-0031

This file contains the following documents in the order listed:

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

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

March 15, 2022

Ms. Meg Snead, Acting Secretary
Commonwealth of Pennsylvania
Department of Human Services
Office of Medical Assistance Programs
P.O. Box 2675
Harrisburg, PA 17105-2675

RE: State Plan Amendment (SPA) 21-0031

Dear Ms. Snead:

We have completed our review of State Plan Amendment (SPA) 21-0031. This SPA modifies Attachment 4.19-A of Pennsylvania's Title XIX State Plan. Specifically, the amendment reauthorizes and continues a series of additional classes of disproportionate share hospital payments to qualifying acute care general hospitals and two targeted supplemental payments to hospitals providing medical and surgical eye services and substantial portion of inpatient care to Medical Assistance beneficiaries.

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 Pennsylvania's State plan amendment with an effective date of December 19, 2021. 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,



Rory Howe
Director

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
2 1 — 0 0 3 1

2. STATE
PA

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
 XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
December 19, 2021

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 447 Subpart C

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2021 \$ 0
b. FFY 2022 \$ 124,848,000 **\$126,202,000**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19A, Pages 21aa, 21bb, 21c, 21cc, 21ee, 21h, 21i, 21j, 21k, 21s, 21u, 21x, 21y, 27a, 27aa

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)
Attachment 4.19A, Pages 21aa, 21bb, 21c, 21cc, 21ee, 21h, 21i, 21j, 21k, 21s, 21u, 21x, 21y, 27a, 27aa

9. SUBJECT OF AMENDMENT

Additional Classes of Disproportionate Share Payments and Supplemental Payments to Qualifying Hospitals

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

15. RETURN TO

12. TYPED NAME
M. Snead

13. TITLE
Acting Secretary of Human Services

14. DATE SUBMITTED
December 21, 2021

FOR CMS USE ONLY

16. DATE RECEIVED
December 21, 2021

17. DATE APPROVED
March 15, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
December 19, 2021

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL
Rory Howe

21. TITLE OF APPROVING OFFICIAL
Director, Financial Management Group

22. REMARKS

Box6- Pen and ink change approved by the state

ADDITIONAL CLASS OF DISPROPORTIONATE SHARE PAYMENTS TO QUALIFYING HOSPITALS

The Department of Human Services (Department) will make disproportionate share hospital (DSH) payments 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 enrolled in the Pennsylvania MA Program as an acute care hospital and meets all criteria listed below. Unless otherwise stated, the source of the information is the 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 FY 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 FY 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 2021-2022 impact, as a result of the funding allocation for these payments, is \$1.057 million in total funds.

ADDITIONAL CLASS OF DISPROPORTIONATE SHARE PAYMENTS TO QUALIFYING HOSPITALS

The Department of Human Services (Department) will make disproportionate share hospital (DSH) payments to qualifying Medical Assistance (MA) enrolled acute care general hospitals to promote access to acute care services for MA eligible persons in less urban areas of the Commonwealth.

A hospital is eligible for this additional class of DSH payments if the hospital meets all criteria listed below. Unless otherwise stated, the source of the information is the Fiscal Year (FY) 2013-2014 MA-336 Hospital Cost Report available to the Department as of October 2016.

- a) The hospital is enrolled in the MA Program as a general acute care hospital.
- b) The hospital is located in a city of the third class, as defined in the *Pennsylvania Manual* (Volume 121) with a population of at least 25,000 persons, based on the 2010 Census.
- c) The hospital has at least 150 beds.
- d) The hospital reported an Inpatient Low-Income Utilization Rate of at least 20.0%.
- e) The hospital's ratio of uncompensated care to net patient revenue was higher than 3.75%, based on the Pennsylvania Health Care Cost Containment Council *Financial Analysis 2015, Volume One*.

A hospital's payment amount for this additional class of DSH payments will be determined as follows:

- 1) Divide the hospital's MA inpatient days by the total MA inpatient days for all qualifying hospitals; and,
- 2) Multiply that percentage by the total amount allocated for these payments.

The data used for purposes of this determination will be from the FY 2013-2014 MA-336 Hospital Cost Report.

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 hospitals-specific DSH limit.

The FY 2021-2022 impact, as a result of the funding allocation for these payments, is \$1.585 million in total funds.

ADDITIONAL CLASS OF DISPROPORTIONATE SHARE PAYMENTS FOR TRAUMA SERVICES

The Department of Human Services (Department) will make a disproportionate share hospital (DSH) payment ("Trauma DSH payment") to hospitals that qualify as a trauma center for the purpose of improving access to readily available and coordinated trauma care for the citizens of Pennsylvania.

Unless otherwise stated, the source of information for this payment is the most recent available Pennsylvania Trauma Outcome Study (PTOS) prepared by the Pennsylvania Trauma Systems Foundation (Foundation). For purposes of calculating the hospital-specific portion of the payment, the Department shall count all medical assistance days, uninsured PTOS trauma visits and patient days, irrespective of the home state of the patient.

A hospital shall qualify as a trauma center ("qualified trauma center") if it meets one of the criteria below:

- 1) Is located in Pennsylvania and is accredited by the Foundation as a Level I, Level II, or Level III trauma center;
- 2) Is located in Pennsylvania and has submitted an application to the Foundation seeking Level III accreditation and has documented evidence or progression towards accreditation and achievement of benchmarks as verified and established by the Foundation in collaboration with the Department for up to four years. In addition to the established standards, a hospital applying for Level III certification qualifies as a Level III trauma center if it meets all the following criteria:
 - a. Provides comprehensive emergency services;
 - b. Has at least 4,000 inpatient admissions from its emergency department on an annual basis;
 - c. Is located in a county of the third, fourth, fifth, sixth, seventh, or eighth class; and,
 - d. Is located more than 25 miles travel distance from a Level I, Level II or Level III trauma center unless the hospital can demonstrate that other trauma centers in the catchment area have a volume of excess cases which is twice the amount needed for reaccreditation for the three preceding years.
- 3) Is located in a rural county of Pennsylvania, as defined by the Center for Rural Pennsylvania, and is accredited by the Foundation as a Level IV trauma center; or,
- 4) Is an "out-of-state qualified trauma center" for purposes of eligibility for this additional class of DSH payment. The term out-of-state qualified trauma center means West Virginia University Hospital, or an out-of-state trauma center that meets all of the following requirements:
 - a. Is accredited as a Level I or Level II trauma center by the Foundation; or has obtained verification from the American College of Surgeons as a Level I or Level II trauma center; and is formally designated as a Level I or Level II trauma center by its home state;
 - b. Pays to the Foundation the annual participation fee the out-of-state hospital would be charged were it accredited by the Foundation as a Level I or Level II trauma center; and,
 - c. Annually discharges more than 30 trauma patients under the PTOS for 2 of the preceding 4 years.

Out-of-state qualified trauma centers shall submit to the Foundation on an annual basis both:

- (i) a copy of the clinical patient data the hospital submits to the National Trauma Database regarding Pennsylvania residents who receive trauma services from the hospital; and,
- (ii) the total and Pennsylvania resident-specific number of PTOS trauma visits and patient days for individuals who are Medical Assistance beneficiaries and those who are uninsured. The definition of what constitutes a PTOS trauma case shall be the same for both Pennsylvania and out-of-state hospitals.

The Department may use any funds available for Trauma DSH payments to make Trauma DSH payments to eligible out-of-state hospitals. The Department will make Trauma DSH payments to qualified trauma centers using the following payment methodology:

- 1) 90% of the total available funds will be paid to hospitals with qualified Level I and Level II trauma centers, including out-of-state qualified trauma centers as follows:
 - a. 50% of the amount available for Level I and Level II trauma centers will be distributed equally among Level I and Level II trauma centers.
 - b. 50% of the total amount available for Level I and Level II trauma centers will be distributed on the basis of each qualified trauma center's percentage of MA and uninsured PTOS trauma visits and patient days compared to the Pennsylvania statewide total number of MA and uninsured PTOS trauma visits and patient days for Level I and Level II trauma centers.
- 2) 10% of the total available funds will be paid to hospitals with qualified Level III trauma centers and qualified trauma centers seeking accreditation as Level III as follows:
 - a. 50% of the amount available for Level III trauma centers will be distributed equally among Level III trauma centers.
 - b. 50% of the total amount available for Level III trauma centers will be distributed on the basis of each trauma center's percentage of MA and uninsured PTOS trauma cases and patient days compared to the Pennsylvania statewide total number of MA and uninsured PTOS trauma cases and patient days for Level III trauma centers.
 - c. Payment to each qualifying Level III trauma center may not be greater than 50% of the average statewide annual payment to a Level I or Level II trauma center.
- 3) Funds not distributed to Level I, II, or III qualified trauma centers will be paid to hospitals with qualified Level IV trauma centers as follows:
 - a. 50% of the amount available for Level IV trauma centers will be distributed equally among Level IV trauma centers.
 - b. 50% of the total amount available for Level IV trauma centers will be distributed on the basis of each trauma center's percentage of MA and uninsured PTOS trauma cases and patient days compared to the Pennsylvania statewide total number of MA and uninsured PTOS trauma cases and patient days for Level IV trauma centers.
 - c. Payment to each qualifying Level IV trauma center may not be greater than 50% of the average statewide annual payment to a Level I or Level II trauma center.
- 4) Funds unspent after distribution to Level IV qualified trauma centers will be paid to hospitals with qualified Level I and Level II trauma centers as follows:
 - a. 50% of unspent funds shall be distributed equally among qualified Level I and Level II trauma centers.
 - b. 50% of unspent funds shall be distributed on the basis of each qualified Level I and Level II trauma center's percentage of MA and uninsured PTOS trauma visits and patient days compared to the Pennsylvania statewide total number of MA and uninsured PTOS trauma visits and patient days for Level I and Level II trauma 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.

The Fiscal Year 2021-2022 impact, as a result of the funding allocation for these payments, is \$18.293 million in total funds.

ADDITIONAL CLASS OF DISPROPORTIONATE SHARE PAYMENTS TO CERTAIN ACADEMIC MEDICAL CENTERS

The Department of Human Services (Department) will make disproportionate share hospital (DSH) payments to certain academic medical centers to assure that the critical services they provide to the Medical Assistance (MA) population will continue. These payments are also intended to help offset the MA share of the medical education costs incurred by these hospitals to assure the continued availability of professional medical services to the Medical Assistance population.

To qualify for this additional class of DSH payments, the academic medical center must meet the following criteria as documented on the hospitals' Fiscal Year (FY) 2002-2003 MA-336 Hospital Cost Report:

1. Have total medical education costs of at least \$25 million.
2. Have Pennsylvania MA Education costs of at least \$1.5 million; and
3. Provide over 50,000 Pennsylvania MA days of care or have less than 500 set-up and staffed beds.

The Department will distribute payments to qualifying hospitals based on the hospitals' FY 2002-2003 MA-336 Hospital Cost Report as follows:

1. 47.191453% of available funding to a large hospital, defined as having 750 set up and staffed beds; and
2. 26.4042735% of available funding to each of the other qualifying hospitals.
3. To ensure that payments do not exceed available funds, the Department will adjust payments to each hospital using the following formula:
 - a. The calculated total amount of payments for each hospital under steps (1) and (2) in this section is divided by the total calculated amount for all hospitals to obtain a percentage, which is a ratio of each hospital's respective share of the calculated amount.
 - b. The resulting percentage for each hospital in clause (a) is multiplied by the total available funds to obtain a proportional payment for each hospital.

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 FY 2021-2022 impact, as a result of the funding allocation for these payments, is \$23.946 million in total funds.

ADDITIONAL CLASS OF SUPPLEMENTAL PAYMENTS TO QUALIFYING HOSPITALS

The Department of Human Services (Department) will make supplemental payments to qualifying hospitals that provide medical and surgical services for disease and injuries related to the eye to ensure that Medical Assistance (MA) beneficiaries continue to have access to these critical services.

A hospital is eligible for this additional class of supplemental payments if the hospital meets all criteria listed below:

- a) The hospital is enrolled in the MA Program as an acute care general hospital;
- b) The hospital is located in a city of the first class;
- c) The hospital does not qualify as a children's hospital, as defined by 42 CFR 495.302; and,
- d) The hospital has net patient revenue of less than \$30 million for Fiscal Year (FY) 2016-2017 as reflected in the Pennsylvania Health Care Cost Containment Council 2017 financial report.

Payments will be divided proportionately among qualifying hospitals based on the percentage of each qualifying hospital's net patient revenue to total net patient revenue of all qualifying facilities. Supplemental payments made to providers under the authority of Section 1902 of the Social Security Act and this State Plan are subject to the regulations at 42 CFR 447.272 and the application of upper payment limits for inpatient services, as well as the upper payment limit submission policies described in State Medicaid Director Letter 13-003.

For FY 2021-2022, the Department will allocate an annualized amount of \$5.290 million in total funds for these supplemental payments.

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 2021-2022 impact, as a result of the funding allocation for these payments, is \$9.377 million in total funds.

- (ii) Of the amount available for distribution for rural hospitals, 10% will be distributed to hospitals that qualify under section (b) of the rural hospital eligibility criteria (related to neonatal services) using the following formula:
 - (A) For each hospital, determine the ratio of the hospital's neonatal intensive-care cases for Pennsylvania MA beneficiaries to all neonatal intensive-care cases for the hospital.
 - (B) For each hospital, multiply the ratio under clause (A) by the number of the hospital's neonatal intensive-care cases for Pennsylvania MA beneficiaries.
 - (C) Add the products under clause (B) for all hospitals.
 - (D) Divide the amount available for distribution to rural hospitals by the sum under clause (C).
 - (E) Multiply the quotient under clause (D) by the product under clause (B).
 - (F) For rural hospitals located in counties whose ratio of MA eligible persons to total county population exceeds one standard deviation above the mean for all rural counties, but is less than 1.3 standard deviations above the mean for all rural counties, multiply the product in clause (E) by 1.50. For rural hospitals located in counties whose ratio of MA eligible persons to total county population is equal to or greater than 1.3 standard deviations above the mean for all rural counties, but less than 1.6 standard deviations above the mean for all rural counties, multiply the product in clause (E) by 1.75. For rural hospitals located in counties whose ratio of MA eligible persons to total county population is equal to or greater than 1.6 standard deviations above the mean for all rural counties, multiply the product in clause (E) by 2.0.
 - (iii) Of the amount available for distribution for rural hospitals, 15% will be distributed equally among hospitals that qualify under section (a) of the rural hospital eligibility criteria (related to obstetrical services).
 - (iv) To ensure that payments do not exceed available funds, the Department will adjust payments to each hospital using the following formula:
 - (A) The calculated total amount of payments for each hospital under steps (i), (ii), and (iii) in this section is divided by the total calculated amount for all hospitals to obtain a percentage, which is a ratio of each hospital's respective share of the calculated amount.
 - (B) The resulting percentage for each hospital in clause (A) is multiplied by the total available funds to obtain a proportional payment for each hospital.
- b) 85% of the total amount available will be paid to qualified nonrural hospitals as follows:
- (i) Of the amount available for distribution to nonrural hospitals, 52.5% will be distributed to hospitals that qualify under section (a) of the nonrural hospital eligibility criteria (related to obstetrical services) using the following formula:
 - (A) For each hospital, determine the ratio of the hospital's obstetrical cases for Pennsylvania MA beneficiaries to all obstetrical cases for the hospital.
 - (B) For each hospital, multiply the ratio under clause (A) by the number of the hospital's obstetrical cases for Pennsylvania MA beneficiaries.
 - (C) Add the products under clause (B) for all hospitals.
 - (D) Divide the amount available for distribution to nonrural hospitals by the sum under clause (C).
 - (E) Multiply the quotient under clause (D) by the product under clause (B).
 - (ii) Of the amount available for distribution to nonrural hospitals, 32.5% will be distributed to hospitals that qualify under section (b) of the nonrural eligibility criteria (related to neonatal services) using the following formula:
 - (A) For each hospital, determine the ratio of the hospital's neonatal intensive-care cases for Pennsylvania MA beneficiaries to all neonatal intensive-care cases for the hospital.
 - (B) For each hospital, multiply the ratio under clause (A) by the number of the hospital's neonatal intensive-care cases for Pennsylvania MA beneficiaries.
 - (C) Add the products under clause (B) for all hospitals.
 - (D) Divide the 32.5% by the sum under clause (C).
 - (E) Multiply the quotient under clause (D) by the product under clause (B).
 - (iii) Of the amount available for distribution to nonrural hospitals, 15% will be distributed equally among hospitals that qualify under section (a) of the nonrural eligibility criteria (related to obstetrical services).

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 class of DSH payments to qualifying hospitals as a result of a qualifying hospital exceeding its hospital-specific DSH limit.

The FY 2021-2022 impact, as a result of the funding allocation for these payments shall not exceed \$14.119 million in total funds.

ADDITIONAL CLASS OF DISPROPORTIONATE SHARE PAYMENTS TO QUALIFYING TEACHING HOSPITALS

The Department of Human Services (Department) will make disproportionate share hospital (DSH) payments to qualifying teaching hospitals that provide psychiatric services to Medical Assistance (MA) beneficiaries. Across the Commonwealth there is a shortage of psychiatrists, notably those involved in the public health sector. The Department is working to recruit and retain psychiatrists to work in underserved rural and urban areas throughout the Commonwealth. These payments are intended to help offset the medical education costs of psychiatrists which are incurred by the hospitals providing psychiatric services to MA beneficiaries and the uninsured.

The Department will consider any psychiatric unit of a general acute care hospital enrolled in the Pennsylvania (PA) MA Program, with psychiatric medical education costs that exceed \$40,000 according to the Fiscal Year (FY) 2010-2011 MA-336 Hospital Cost Report, eligible for this additional class of DSH payments if it meets one of the following criteria:

1) The hospital provides at least 40,000 psychiatric days of service to PA MA beneficiaries as reported on the FY 2010-2011 MA-336 Hospital Cost Report.

2) The hospital's percentage of PA MA Fee-for-Service (FFS) inpatient psychiatric days to total PA MA FFS inpatient days exceeds 25% as reported on the FY 2010-2011 MA-336 Hospital Cost Report.

Two thirds of the amount appropriated for this payment will be distributed equally to teaching hospitals qualifying under criteria 1) above. One third of the amount appropriated for this payment will be distributed equally to teaching hospitals qualifying under criteria 2) above. Hospitals that qualify under both criteria will be eligible only for payments under criteria 1).

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 FY 2021-2022 impact, as a result of the funding allocation for these payments, is \$0.500 million in total funds.

**ADDITIONTIONAL CLASS OF DISPROPORTIONATE SHARE PAYMENTS TO CRITICAL ACCESS
AND QUALIFYING RURAL HOSPITALS**

The Department of Human Services (Department) will make disproportionate share hospital (DSH) payments to certain qualifying Medical Assistance (MA) enrolled acute care general hospitals based on designation as a Critical Access Hospital (CAH) and for qualifying rural hospitals, to ensure the availability of quality care to MA beneficiaries in rural areas across this Commonwealth.

The Department will consider hospitals that have been designated as a CAH to be eligible for this additional class of DSH payments. CAHs are defined as any hospital that has qualified under section 1861(mm)(1) of the Social Security Act (42 U.S.C. § 1395x(mm)(1)) (relating to definitions) as a "critical access hospital" under Medicare. The Department will distribute payments to qualifying CAHs to reimburse at up to 101% of the allowable inpatient and outpatient MA costs for services provided to eligible MA beneficiaries, after deducting all other MA payments, including payments for services rendered, DSH payments or other supplemental payments.

After payment has been made to CAHs, as indicated above, any remaining funds will be distributed by the Department to rural hospitals that are acute care general hospitals licensed as hospitals under the Health Care Facilities Act (35 P.S. §§ 448.101 and 448.904(b)) and that meet all of the following:

- (a) Located in a county of the 6th, 7th, or 8th class that has no more than two MA-enrolled acute care general hospitals.
- (b) Located in a county that has greater than 17% of its population that are eligible for MA or has greater than 10,000 persons eligible for MA.
- (c) Has no more than 200 licensed and staffed beds
- (d) Does not qualify as a CAH under section 1861(mm)(1) of the Social Security Act (42 U.S.C. § 1395x(mm)(1)).

The Department will distribute any remaining funds to qualifying rural hospitals as follows:

- (a) 50% will be shared equally among the eligible hospitals.
- (b) 50% will be distributed based on each hospital's percent of total MA Fee-for-Service discharges compared to all eligible hospitals total MA Fee-for-Service discharges.

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 2021-2022 impact, as a result of the funding allocation for these payments, is \$34.356 million in total funds.

ADDITIONAL CLASS OF SUPPLEMENTAL PAYMENTS TO QUALIFYING HOSPITALS

The Department of Human Services (Department) provides additional funding to hospitals enrolled in Pennsylvania (PA) Medical Assistance (MA) as an acute care general hospital that provide a substantial portion of their inpatient services to PA MA patients. To qualify for this additional class of supplemental payments, an acute care general hospital must provide at least 80% of its inpatient days of care (both Fee-for-Service and Managed Care) to PA MA patients as evidenced by the hospitals' Fiscal Year (FY) 2009-2010 MA-336 Hospital Cost Report.

A qualifying hospital's payment is determined by dividing the hospital's PA MA inpatient days of care as specified in its FY 2009-2010 MA-336 Hospital Cost Report by the total PA MA inpatient days for all qualifying hospitals to establish the hospital proportional payment percentage. The hospital's proportional payment percentage is then multiplied by the funds appropriated for these payments to establish the hospital's allocation amount for the FY. Supplemental payments made to providers under the authority of Section 1902 of the Social Security Act and this State Plan are subject to the regulations at 42 CFR 447.272 and the application of upper payment limits for inpatient services, as well as the upper payment limit submission policies described in State Medicaid Director Letter 13-003.

For FY 2021-2022, the Department will allocate an annualized amount of \$2.665 million in total funds for these supplemental payments.

ADDITIONAL CLASS OF DISPROPORTIONATE SHARE PAYMENTS TO QUALIFYING HOSPITALS

The Department of Human Services will make disproportionate share hospital (DSH) payments to certain Medical Assistance (MA) acute care general hospitals which, in partnership with an independent facility listed as a Cleft and Craniofacial Team by the American Cleft Palate-Craniofacial Association, provide surgical services to patients with cleft palate and craniofacial abnormalities. These payments are intended to promote access to inpatient hospital services for MA eligible and uninsured persons in the Commonwealth with cleft palate and craniofacial abnormalities.

A hospital is eligible for this additional class of DSH payments if the hospital meets all criteria listed below. Unless otherwise stated, the source of the information is the FY 2010-2011 MA-336 Hospital Cost Report.

- a) The hospital is enrolled in the MA Program as a general acute care hospital and is licensed to provide obstetrical and neonatal services as reported by the Pennsylvania Department of Health for the period July 1, 2010, through June 30, 2011.
- b) The hospital has a partnership with a facility listed as of January 2013 as both a cleft palate team (CPT) and a craniofacial team (CFT) by the American Cleft Palate-Craniofacial Association and Cleft Palate Foundation.
- c) As of March 2013, the hospital is accredited as a Level I Adult Trauma Center and a Level I Pediatric Trauma Center by the Pennsylvania Trauma System Foundation.
- d) The hospital provided more than 135,000 total acute inpatient days of care.
- e) The hospital ranked at or above the 90th percentile for all enrolled acute care hospitals based on the total number of MA inpatient days of care.
- f) The hospital's ratio of uncompensated care to net patient revenue is at least 3.30%, based on the Pennsylvania Health Care Cost Containment Council's *Financial Analysis 2012, Volume One*.

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. Any funds available due to the application of the hospital-specific DSH upper payment limit will be redistributed to other hospitals qualifying under this additional class of DSH payments on a proportionate basis.

The FY 2021-2022 impact, as a result of the funding allocation for these payments, is \$0.695 million in total funds.

ADDITIONAL CLASS OF DISPROPORTIONATE SHARE PAYMENTS TO QUALIFYING HOSPITALS

The Department of Human Services (Department) will make disproportionate share hospital (DSH) payments to qualifying Medical Assistance (MA) enrolled acute care general hospitals that provide a high volume of inpatient services to MA eligible and low-income populations.

A hospital is eligible for this additional class of DSH payments if the hospital meets all criteria listed below. Unless otherwise stated, the source of the information is the Fiscal Year (FY) 2011-2012 MA-336 Hospital Cost Report.

- a) The hospital is enrolled in the MA Program as an acute care general hospital.
- b) The hospital is located in a county with a total population of less than 500,000 residents, based on the 2010 Federal decennial census.
- c) The hospital has at least 400 total beds available.
- d) The hospital ranked at or above the 90th percentile, among MA enrolled acute care 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.
- e) The hospital ranked in excess of one standard deviation above the mean among MA 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.
- f) The hospital's ratio of uncompensated care to net patient revenue, based on the 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.

The FY 2021-2022 impact, as a result of the funding allocation for these payments, is \$0.737 million in total funds.

ADDITIONAL CLASS OF DISPROPORTIONATE SHARE PAYMENTS TO QUALIFYING HOSPITALS

A hospital is eligible for this additional class of disproportionate share hospital (DSH) payments if the hospital is a general acute care hospital that meets all criteria listed below. Unless otherwise stated, the source of the information is the Fiscal Year (FY) 2011-2012 MA-336 Hospital Cost Report.

- a) The hospital is enrolled in the Medical Assistance (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.

Payments will be divided proportionally among all 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 of Human Services 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 FY 2021-2022 impact, as a result of the funding allocation for these payments, is \$4.333 million in total funds.

ADDITIONAL CLASS OF DISPROPORTIONATE SHARE PAYMENTS TO CERTAIN ACADEMIC MEDICAL CENTERS

The Department of Human Services (Department) will make disproportionate share hospital (DSH) payments to certain academic medical centers to assure that the critical services they provide to the Medical Assistance (MA) population will continue. These payments are also intended to help offset the MA share of the medical education costs incurred by these hospitals to assure the continued availability of professional medical services to the Medical Assistance population.

To qualify for this additional class of DSH payments, the academic medical center must meet the following criteria as documented on the hospitals' Fiscal Year (FY) 2002-2003 MA-336 Hospital Cost Report:

1. Have total medical education costs of at least \$25 million.
2. Have Pennsylvania MA Education costs of at least \$1.5 million; and
3. Provide over 50,000 Pennsylvania MA days of care or have less than 500 set-up and staffed beds.

The Department will distribute payments to qualifying hospitals based on the hospitals' FY 2002-2003 MA-336 Hospital Cost Report as follows:

1. 47.191453% of available funding to a large hospital, defined as having 750 set up and staffed beds; and
2. 26.4042735% of available funding to each of the other qualifying hospitals.
3. To ensure that payments do not exceed available funds, the Department will adjust payments to each hospital using the following formula:
 - a. The calculated total amount of payments for each hospital under steps (1) and (2) in this section is divided by the total calculated amount for all hospitals to obtain a percentage, which is a ratio of each hospital's respective share of the calculated amount.
 - b. The resulting percentage for each hospital in clause (a) is multiplied by the total available funds to obtain a proportional payment for each hospital.

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 FY 2021-2022 impact, as a result of the funding allocation for these payments, is \$23.946 million in total funds.

ADDITIONAL CLASS OF DISPROPORTIONATE SHARE PAYMENTS TO QUALIFYING HOSPITALS

The Department of Human Services (Department) will make disproportionate share hospital (DSH) payments to certain Medical Assistance (MA) acute care general hospitals to ensure their participation in the MA Program. This payment promotes access to inpatient hospital specialty services for MA eligible persons in the Commonwealth. These funds will be used to support the medical education and operation of an academic medical program, which will foster the supply of health care professionals to treat the MA population.

A hospital is eligible for this additional class of DSH payments if the hospital meets all criteria listed below.

- a) The hospital is enrolled in the MA Program as an acute care general hospital and is licensed to provide inpatient obstetrical and neonatal services as reported by the Pennsylvania Department of Health for the period from July 1, 2014 through June 30, 2015.
- b) The hospital is located in a county with a population of less than 100,000 persons, based on the 2010 Census.
- c) The hospital is accredited as an adult Level I Trauma Center by the Pennsylvania Trauma System Foundation during Fiscal Year (FY) 2016-2017.
- d) The hospital's ratio of total MA inpatient discharges to total inpatient discharges exceeds 20.0%, based on its FY 2013-2014 MA-336 Hospital Cost Report available to the Department as of March 2018.
- e) The hospital's ratio of MA revenue to net patient revenue exceeds 13.0%, based on the Pennsylvania Health Care Cost Containment Council *Financial Analysis 2015, Volume One*.

A hospital's payment amount for this additional class of DSH payments will be determined as follows:

- 1) Divide the hospital's MA inpatient discharges by the total MA inpatient discharges for all qualifying hospitals; and
- 2) Multiply that share by the total amount allocated for these payments.

The data used for purposes of this determination will be obtained from the FY 2013-2014 MA-336 Hospital Cost Report.

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 FY 2021-2022 impact, as a result of the funding allocation for these payments, is \$7.397 million in total funds.