

## **Table of Contents**

**State/Territory Name: PA**

**State Plan Amendment (SPA) #: 22-0031**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/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 S3-14-28  
Baltimore, Maryland 21244-1850



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**Financial Management Group**

November 10, 2022

M. Snead  
Acting Secretary of Human Services  
PA Department of Human Services  
Attn: Bureau of Policy Development and Communications Management  
P.O. Box 8025  
Harrisburg, PA 17105-8025

Reference: TN 22-0031

Dear Acting Secretary of Human Services:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 22-0031. This amendment proposes to continue supplemental payment funding for an additional class of acute care general hospitals to promote quality medical services to individuals enrolled in the Pennsylvania Medical Assistance Program and provide financial relief to hospitals during the coronavirus pandemic.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C.

This is to inform you that Medicaid State plan amendment PA-22-0031 is approved effective October 9, 2022. The CMS-179 and the amended plan page(s) are attached.

If you have any additional questions or need further assistance, please contact Kristina Mack-Webb at 617-565-1225 or [Kristina.Mack-Webb@cms.hhs.gov](mailto:Kristina.Mack-Webb@cms.hhs.gov).

Sincerely,



Rory Howe  
Director

Enclosures

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

1. TRANSMITTAL NUMBER  
2 2 — 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  
**October 9, 2022**

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

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2022 \$ 0  
b. FFY 2023 \$ 53,347,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 4.19A, Page 2100**

8. PAGENUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)  
**Attachment 4.19A, Page 2100**

9. SUBJECT OF AMENDMENT  
**Additional Class of 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]

12. TYPED NAME  
M. Sneed

13. TITLE  
Acting Secretary of Human Services

14. DATE SUBMITTED  
October 17, 2022

15. 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, PA 17105-2675

**FOR CMS USE ONLY**

16. DATE RECEIVED  
October 17, 2022

17. DATE APPROVED  
November 10, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

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

**ADDITIONAL CLASS OF SUPPLEMENTAL PAYMENTS TO QUALIFYING HOSPITALS**

The Department of Human Services (Department) will make supplemental payments to qualifying acute care general hospitals to promote the continuation of quality medical services to individuals enrolled in the Pennsylvania (PA) Medical Assistance (MA) Program and provide financial relief to hospitals during the coronavirus pandemic.

All acute care general, medical rehabilitation, and drug and alcohol rehabilitation hospitals enrolled in the PA MA Program that have submitted a Fiscal Year (FY) 2016-2017 MA-336 Hospital Cost Report available to the Department as of October 29, 2019, are eligible for these payments.

Payments will be divided proportionately among qualifying hospitals based on each qualifying hospital's day ratio multiplied by the total annualized amount of funding available for these payments. For purposes of these payments, each hospital's day ratio is as follows: the numerator is the hospital's PA MA fee-for-service (FFS) acute care inpatient days plus the hospital's PA MA FFS rehabilitation days (medical & drug and alcohol), and the denominator is the total PA MA FFS acute care inpatient days plus the total PA MA FFS rehabilitation days (medical & drug and alcohol) of all qualifying hospitals.

Supplemental payments are subject to the regulations at 42 CFR 447.272 and the application of upper payment limits for inpatient services.

For FY 2022-2023, the Department will allocate an annualized amount of \$70.000 million in total funds (State and Federal) for these supplemental payments.