Table of Contents

State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: 20-0002

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
Financial Management Group

April 24, 2020

Ms. Teresa D. Miller, Secretary
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

RE: State Plan Amendment (SPA) 20-0002

Dear Ms. Miller:

We have completed our review of State Plan Amendment (SPA) 20-0002. This SPA modifies Attachment 4.19-A of Pennsylvania’s Title XIX State Plan. Specifically, the amendment continues an additional class of disproportionate share hospital payment to qualifying hospitals that provide medical and surgical services for ocular disease and injuries.

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 State plan amendment 20-0002 with an effective date of March 8, 2020. 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,

Kristin Fan
Director

Enclosures

cc: Sally Kozak, Deputy Secretary
Dan De Lellis, Chief of Staff
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER
   20-0002

2. STATE
   Pennsylvania

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

4. PROPOSED EFFECTIVE DATE
   March 8, 2020

5. TYPE OF PLAN MATERIAL (Check One)
   [] NEW STATE PLAN    [] AMENDMENT TO BE CONSIDERED AS NEW PLAN    [X] 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 2019 $  0
   b. FFY 2020 $ 2,619,128

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
   Attachment 4.19A, Page 21ee

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
   Attachment 4.19A, Page 21ee

10. SUBJECT OF AMENDMENT
   Additional Class of Supplemental Payments to Qualifying Hospitals

11. GOVERNOR'S REVIEW (Check One)
   [] GOVERNOR'S OFFICE REPORTED NO COMMENT
   [] COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
   [X] NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

   OTHER, AS SPECIFIED
   Review and approval authority has been delegated to the Department of Human Services

12. SIGNATURE OF STATE AGENCY OFFICIAL

   [Signature]

13. TYPED NAME
   Teresa D. Miller

14. TITLE
   Secretary of Human Services

15. DATE SUBMITTED
   3/23/20

FOR REGIONAL OFFICE USE ONLY

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

17. DATE RECEIVED
   3/23/2020

18. DATE APPROVED
   04/24/20

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
   3/8/2020

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME
   Kristin Fan

22. TITLE
   Director, Financial Management Group

23. REMARKS

Instructions on Back
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.

For FY 2019-2020, the Department will allocate an annualized amount of $3.640 million in total funds for these supplemental payments.