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State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: 21-0012

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 S2-26-12 Baltimore, Maryland 21244-1850



## **Financial Management Group**

August 4, 2021

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

RE: State Plan Amendment 21-0012

Dear Ms. Snead:

We have completed our review of State Plan Amendment (SPA) 21-0012. This SPA modifies Attachment 4.19-A of Pennsylvania's Title XIX State Plan. Specifically, the SPA authorizes a new class of supplemental payments to facilities that treat a high volume of opioid use disorder patients in their emergency rooms.

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 21-0012 effective May 23, 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.

For
Rory Howe
Acting Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER 21-0012  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  May 23, 2021			
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. FFY2020\$0 b. FFY2021\$5,613,000			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION			
Attachment 4.19A, Page 21jj	OR ATTACHMENT (If Applicable) New			
10. SUBJECT OF AMENDMENT	<b>L</b>			
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☐ 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. SIGNATUR OFFICIAL	16. RETURN TO Commonwealth of Pennsylvania Department of Human Services			
13. TYPED NAME	ce of Medical Assistance Programs eau of Policy, Analysis and Planning			
M. Snead  14. TITLE	P.O. Box 2675			
Acting Secretary of Human Services	Harrisburg, Pennsylvania 17105-2675			
15. DATE SUBMITTED May 25, 2021				
FOR REGIONAL OFFICE USE ONLY				
17. DATE RECEIVED	18. DATE APPROVED 8/4/21			
May 25, 2021 PLAN APPROVED - ONE COPY ATTACHED				
19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFICIAL			
May 23, 2021	For			
21. TYPED NAME	22. TITLE			
Rory Howe	Acting Director, Financial Management Group			
23. REMARKS	g D o.o.,			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: COMMONWEALTH OF PENNSYLVANIA

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-INPATIENT HOSPITAL CARE

## ADDITIONAL CLASS OF SUPPLEMENTAL PAYMENTS TO QUALIFYING HOSPITALS

The Department of Human Services (Department) will make supplemental payments to qualifying hospitals that treat a high volume of opioid use disorder (OUD) patients in their emergency rooms. These payments are intended to provide funding to expand research and treatment protocols for combating opioid addiction.

A hospital is eligible for these supplemental payments if the hospital meets all the criteria below. Unless otherwise stated, the source of the information is the Fiscal Year (FY) 2016-2017 MA-336 Hospital Cost Report, as available to the Department on October 29, 2019.

- a) The hospital is enrolled in the Pennsylvania Medical Assistance (MA) Program as an acute care general hospital, licensed by Pennsylvania's Department of Health;
- b) The hospital provided at least 150,000 total inpatient acute care days;
- c) The hospital provided greater than 60,000 inpatient acute care days of care, both fee-for-service (FFS) and managed care combined, to MA beneficiaries; and,
- d) The hospital treated at least 1,000 OUD patients in the emergency room in calendar year 2019, as determined for purposes of the OUD Quality Improvement Program, using encounter data compiled by the Department for the FY 2019-2020 OUD Quality Improvement Program as of December 10, 2020.

Payments will be divided proportionately among qualified hospitals based on each hospital's FFS Pennsylvania MA inpatient acute care days to total FFS Pennsylvania MA inpatient acute care days for all qualifying hospitals.

For FY 2020-2021, the Department will allocate an annualized amount of \$45.988 million in total funds for these supplemental payments.

TN# <u>21-0012</u> Supersedes TN# <u>New</u>	Approval Date _	8/4/21	Effective Date: May 23, 2021