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State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: 21-0020

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

November 22, 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 (SPA) 21-0020

Dear Ms. Snead:

We have reviewed the referenced amendment to Attachment 4.19-A of your Medicaid State Plan. This amendment establishes the annual aggregate limit and continues funding for inpatient disproportionate share, outpatient supplemental and direct medical education payments.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C.

This letter is to inform you that Medicaid State Plan Amendment is approved effective September 5, 2021. The CMS-179 and amended plan page are enclosed.

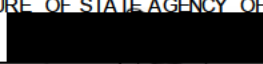
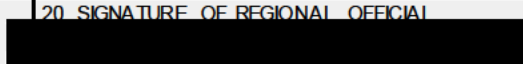
If you have any questions, or require additional information, please call Gary Knight at (304) 347-5723.

Sincerely,

A solid black rectangular box redacting the signature of the sender.

Rory Howe
Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 21-0020	2. STATE Pennsylvania
		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 September 5, 2021	
5. TYPE OF PLAN MATERIAL (Check One)			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR Subpart C		6. FEDERAL BUDGET IMPACT a. FFY 2021 \$ 0 b. FFY 2022 \$ 148,255,115	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19A, Page 20aa		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19A, Page 20aa	
10. SUBJECT OF AMENDMENT Aggregate Limits to Inpatient Disproportionate Share, Outpatient Supplemental and Direct Medical Education Payments			
11. GOVERNOR'S REVIEW (Check One)			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS <input type="checkbox"/> SPECIFIED COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Review and approval authority <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL has been delegated to the Department of Human Services			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		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	
13. TYPED NAME M. Snead			
14. TITLE Acting Secretary of Human Services			
15. DATE SUBMITTED September 9, 2021			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED September 9, 2021		18. DATE APPROVED November 22, 2021	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL September 5, 2021		20. SIGNATURE OF REGIONAL OFFICIAL  For	
21. TYPED NAME Rory Howe		22. TITLE Director- Financial Management Group	
23. REMARKS			

For State Fiscal Year 2019-2020, the Department shall distribute to providers that are eligible for direct medical education, inpatient disproportionate share and outpatient supplemental payments an aggregate annualized amount of \$256.360 million, as adjusted to reflect the reconciliation factor described in Part VI.

For State Fiscal Year 2020-2021, the Department shall distribute to providers that are eligible for direct medical education, inpatient disproportionate share and outpatient supplemental payments an aggregate annualized amount of \$255.730 million, as adjusted to reflect the reconciliation factor described in Part VI.

For State Fiscal Year 2021-2022, the Department shall distribute to providers that are eligible for direct medical education, inpatient disproportionate share and outpatient supplemental payments an aggregate annualized amount of \$255.556 million, as adjusted to reflect the reconciliation factor described in Part VI.

TN# 21-0020
Supersedes
TN# 20-0013

Approval Date: November 22, 2021

Effective Date: September 5, 2021