Table of Contents

State Name: Pennsylvania

State Plan Amendment (SPA) #11-004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, M/S S3-14-28 Baltimore, MD 21244-1850



Center for Medicaid, CHIP, and Survey & Certification

Mr. Gary D. Alexander, Secretary Commonwealth of Pennsylvania Department of Public welfare Office of Medical Assistance Programs Bureau of Policy, Budget and Planning P.O. Box 8046 Harrisburg, PA 17105

AUG 26 2011

RE: State Plan Amendment (SPA) 11-004

Dear Mr. Alexander:

We completed our review of the proposed amendment to section 4.19A of Pennsylvania's Title XIX Medicaid State plan submitted under transmittal number (TN) 11-004. Specifically, this amendment continues disproportionate share adjustment (DSH) payments to certain qualifying hospitals with burn centers. These DSH payments are made to assure the availability and coordination of burn care to Pennsylvania's Medicaid population.

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 (the Act) and the regulations at 42 CFR 447 Subpart C. We are approving Pennsylvania SPA 11-004 effective May 15, 2011. We are enclosing the HCFA-179 and the amended state plan pages.

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

Sincerely,

Cindy Mann
Director
Centers for Medicaid, CHIP, and Survey & Certification

| EALTH CARE FINANCING ADMINISTRATION | | FORM APPROVED OMB NO. 0938-0193 |
|--|---|--|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | TAL AND NOTICE OF APPROVAL OF 1. TRANSMITTAL NUMBER: | 2. STATE Pennsylvania |
| OR: HEALTH CARE FINANCING ADMINISTRATION | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Title XIX | |
| TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE May 15, 2011 | |
| S. 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 AME | ENDMENT (Separate Transmittal for each | amendment) |
| 6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447 Subpart C | 7. FEDERAL BUDGET IMPACT: | 03,684.00 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19A, Page 21 h | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19A, Page 21 h | |
| Additional Payments to Certain Burn Centers 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 SPEC | authority has |
| and the same of th | Public Welfare 16, RETURN TO: | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL: | Commonwealth of Pennsylvania Department of Public Welfare Office of Medical Assistance Programs Bureau of Policy, Budget and Planning P.O. Box 8046 Harrisburg, Pennsylvania 17105 | |
| se militare visit di | | |
| 13. PYPED NAME: Gary D. Alexander | | |
| 14, TITLE: | | |
| Acting Secretary of Public Welfare | | |
| 15. DATE SUBMITTED: LIN 21 2011 | | |
| | | |
| | DEFOR YOR ONLY | the state of the s |
| 302 = | FFICE USE ONLY 18, DATE APPROVED: | 3 26 2011 |
| 17. DATE RECEIVED: PLAN APPROVED - OI | 18, DATE APPROVED: | 36 201 |
| 17. DATE RECEIVED: PLAN APPROVED - OI | 18, DATE APPROVED: | 36 7011 |
| FOR REGIONAL O 17. DATE RECEIVED: PLAN APPROVED — OI 19. EFFECTIVE DATE OF APPROVED MATERIAL AND THE PROVED MATERIAL | 18, DATE APPROVED: | 3 26 2011 |
| FOR REGIONAL O 17. DATE RECEIVED: PLAN APPROVED — OI 19. EFFECTIVE DATE OF APPROVED MATERIAL AND THE PROVED MATERIAL | 18. DATE APPROVED: NE COPY ATTACHED | |
| FOR REGIONAL O | 18, DATE APPROVED: | |
| FOR REGIONAL O 17. DATE RECEIVED: PLAN APPROVED OF OUT MATERIA 21. TYPED NAME PLAN APPROVED AT THE OF APPROVED MATERIA THE PLAN APPROVED AT THE OF APPROVED AT THE OF APPROVED AT THE OF APPROVED AT THE OTHER PLAN APPROVED AT THE OTHE | 18. DATE APPROVED: NE COPY ATTACHED | |
| FOR REGIONAL O 17. DATE RECEIVED: PLAN APPROVED OF OUT MATERIA 21. TYPED NAMES PLAN APPROVED AT THE PROVED AT THE PROVED OF APPROVED AT THE PROVED AT TH | 18. DATE APPROVED: NE COPY ATTACHED | |
| FOR REGIONAL O 17. DATE RECEIVED: PLAN APPROVED - OI 19. EFFECTIVE DATE OF APPROVED MATERIA 21. TYPED NAME CALLY TOM Q SOL | 18. DATE APPROVED: NE COPY ATTACHED | |
| FOR REGIONAL O 17. DATE RECEIVED: PLAN APPROVED - OI 19. EFFECTIVE DATE OF APPROVED MATERIA 21. TYPED NAME CALLY TOM Q SOL | 18. DATE APPROVED: NE COPY ATTACHED | |
| FOR REGIONAL O 17. DATE RECEIVED: PLAN APPROVED - OI 19. EFFECTIVE DATE OF APPROVED MATERIA 21. TYPED NAME CALLY TOM Q SOL | 18. DATE APPROVED: NE COPY ATTACHED | |
| FOR REGIONAL O 17. DATE RECEIVED: PLAN APPROVED - OI 19. EFFECTIVE DATE OF APPROVED MATERIA 21. TYPED NAME CALLY TOM Q SOL | 18. DATE APPROVED: NE COPY ATTACHED | |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT ATTACHMENT 4.19A STATE: COMMONWEALTH OF PENNSYLVANIA Page 21h METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-INPATIENT HOSPITAL CARE

ADDITIONAL PAYMENTS TO CERTAIN BURN CENTERS

The Department will make disproportionate share payments to certain qualifying Medical Assistance (MA) enrolled acute care general hospital burn centers, hereafter burn centers, to assure readily available and coordinated burn care of the highest quality to the MA population.

To qualify for these disproportionate share payments, the burn center must meet one of the following criteria:

(1) Is recognized by the American Burn Association and participates in the American Burn Association's, "Burn Center Verification Program" effective July 2006.

(2) Is certified and accredited as a Level I or Level II Trauma Center by the Pennsylvania Trauma Systems Foundation and has a minimum of 70 annual patient admission in calendar year 2005, of individuals requiring burn care.

For Fiscal Year 2010-2011, the fiscal impact as a result of this additional class of disproportionate share payments is \$11.150 million (\$4.946 million in State General Funds and an anticipated \$6.204 million in Federal Funds upon approval by the Centers for Medicare and Medicaid Service). 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.
- (3) Any eligible burn center that has reached its disproportionate share limit as pursuant to Title XIX of the Social Security Act shall receive its share of the State fund available under this act.

TN# 11-004 Supersedes TN# 10-011

Approval Date: AUG 26 2011

Effective Date: May 15, 2011