

ADDITIONAL CLASS OF DISPROPORTIONATE SHARE PAYMENTS TO CRITICAL ACCESS
HOSPITALS AND QUALIFYING RURAL HOSPITALS

The Department will make disproportionate share payments to certain qualifying Medical Assistance (MA) enrolled acute care general hospitals based on designation as a Critical Access Hospital (CAH) and for qualifying rural hospitals, to ensure the availability of quality care to MA recipients in rural areas across this Commonwealth.

The Department will consider hospitals that have been designated as a CAH to be eligible for this additional class of DSH payments. CAHs are defined as any hospital that has qualified under section 1861(mm)(1) of the Social Security Act (42 U.S.C. § 1395x(mm)(1)) (relating to definitions) as a "critical access hospital" under Medicare. The Department will distribute payments to qualifying CAHs to reimburse at 101% of the allowable inpatient and outpatient Medical Assistance (MA) costs for services provided to eligible MA recipients, after deducting all other MA payments, including payments for services rendered, DSH payments or other supplemental payments.

After payment has been made to CAHs, as indicated above, any remaining funds will be distributed by the Department to rural hospitals that are acute care general hospitals licensed as hospitals under the Health Care Facilities Act (35 P.S. §§ 448.101 and 448.904(b)) and that meet all of the following:

- (a) Located in a county of the 6th, 7th, or 8th class that has no more than two MA-enrolled acute care general hospitals.
- (b) Located in a county that has greater than 17% of its population that are eligible for MA or has greater than 10,000 persons eligible for MA.
- (c) Has no more than 200 licensed and staffed beds
- (d) Does not qualify as a CAH under section 1861(mm)(1) of the Social Security Act (42 U.S.C. § 1395x(mm)(1)).

The Department will distribute any remaining funds to qualifying rural hospitals as follows:

- (a) 50% will be shared equally among the eligible hospitals.
- (b) 50% will be distributed based on each hospital's percent of total MA Fee-for-Service discharges compared to all eligible hospitals total MA Fee-for-Service discharges.

For Fiscal Year 2011-2012, the fiscal impact as a result of this additional class of disproportionate share payments is \$7.162 million (\$3.218 million in State General Funds and \$3.944 in Federal Funds upon approval by the Centers for Medicare and Medicaid Services).

TN# 12-008
Supersedes
TN# 10-023

Approval Date AUG 15 2012

Effective Date: March 18, 2012