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State Name: Pennsylvania

State Plan Amendment (SPA)#: 19-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) One (1) SPA Page



Financial Management Group

July 10, 2019

Ms. Teresa D. Miller, Secretary
Commonwealth of Pennsylvania
Department of Human Services
Office of Medical Assistance Programs
PO Box 2675
Harrisburg, PA 17110

RE: State Plan Amendment 19-0007

Dear Ms. Miller:

We have completed our review of State Plan Amendment (SPA) 19-0007. This SPA modifies Attachment 4.19-A of Pennsylvania's Title XIX State Plan. Specifically, this SPA proposes supplemental payments to qualifying hospitals in a city of the first class.

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 19-0007 effective April 21, 2019. We are enclosing the HCFA-179 and the amended plan pages.

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

Sincerely,

/S/

Kristin Fan
Director

Enclosures

cc: Leesa M. Allen, Executive Deputy Secretary, DHS
Sally Kozack, Deputy Secretary, DHS/OMAP
Dan De Lellis, Chief of Staff, DHS/OMAP
Jamie Buchenauer, Director, OMAP

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|--|---|--------------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 1. TRANSMITTAL NUMBER 19-0007 | 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 April 21, 2019 | |

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 Subpart C | 6. FEDERAL BUDGET IMPACT a. FFY 2019 \$ 875,393 b. FFY 2020 \$ 0 |
| 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) New |

10. SUBJECT OF AMENDMENT

Additional Class of ~~DSH Payments~~ to Qualifying Hospitals
Supplemental Payments

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Review and approval authority
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL has been delegated to the Department of Human Services

| | |
|---|---|
| 12. SIGNATURE OF STATE AGENCY OFFICIAL /S/ | 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 Teresa D. Miller | |
| 14. TITLE Secretary of Human Services | |
| 15. DATE SUBMITTED MAY 07 2019 | |

FOR REGIONAL OFFICE USE ONLY

| | |
|-------------------|----------------------------------|
| 17. DATE RECEIVED | 18. DATE APPROVED JUL 10 2019 |
|-------------------|----------------------------------|

PLAN APPROVED - ONE COPY ATTACHED

| | |
|--|----------------------------|
| 19. EFFECTIVE DATE OF APPROVED MATERIAL APR 21 2019 | 20. /S/ OFFICIAL |
| 21. TYPED NAME Kristin Fan | 22. TITLE Director, FMG |

23. REMARKS

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 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 2018-2019, the Department will allocate \$1.675 million (\$0.800 million in State general funds and \$0.875 million in Federal funds) for these supplemental payments.

TN# 19-0007
Supersedes
TN# New

Approval Date JUL 10 2019

Effective Date: April 21, 2019