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State Name: Pennsylvania

State Plan Amendment (SPA)#: 19-0008

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

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

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 19-0008

Dear Ms. Miller:

We have completed our review of State Plan Amendment (SPA) 19-0008. This SPA modifies Attachment 4.19-A of Pennsylvania's Title XIX State Plan. Specifically, this SPA proposes supplemental payments to qualifying hospitals affiliated with state-related university medical schools.

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 19-0008 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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 19-0008	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)			
<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 2019 \$ 2,188,482 b. FFY 2020 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19A, Page 21ff		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) New	
10. SUBJECT OF AMENDMENT Additional Class of supplemental payments to Qualifying Hospitals			

11. GOVERNOR'S REVIEW (Check One)		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED Review and approval authority has been delegated to the Department of Human Services
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
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. SIGNATURE OF REGIONAL OFFICIAL /S/
21. TYPED NAME Kristin Fan	22. TITLE Director, FMG

23. REMARKS	

ADDITIONAL CLASS OF SUPPLEMENTAL PAYMENTS FOR QUALIFYING HOSPITALS

The Department of Human Services (Department) will make supplemental payments to qualifying hospitals that are affiliated with state-related university medical schools and provide basic and essential services to the Medical Assistance (MA) population.

A hospital is eligible for this additional class of supplemental payments if the hospital meets all criteria below, and, unless otherwise stated, the source of the information is the Fiscal Year (FY) 2015-2016 MA-336 Hospital Cost Report available to the Department as of October 2018:

- 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 has less than 160 beds;
- d) The hospital provided at least 600 days of MA Fee-for-Service acute inpatient care; and,
- e) The hospital does not have an inpatient psychiatric unit as, evidenced by no psychiatric unit inpatient beds being reported in its FY 2015-2016 MA-336 Hospital Cost Report.

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

For FY 2018-2019, the Department will allocate \$4.188 million (\$2.000 million in State general funds and \$2.188 million in Federal funds) for these supplemental payments.

TN# 19-0008

Supersedes

TN# New

Approval Date JUL 10 2019

Effective Date: April 21, 2019