

## **Table of Contents**

**State/Territory Name: Pennsylvania**

**State Plan Amendment (SPA) #: 20-0009**

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**

June 24, 2020

Ms. Teresa D. Miller, Secretary  
Commonwealth of Pennsylvania  
Department of Human Services  
Office of Medical Assistance Programs  
Bureau of Policy, Analysis and Planning  
P.O. Box 2675  
Harrisburg, PA 17105-2675

RE: State Plan Amendment (SPA) 20-0009

Dear Ms. Miller:

We have completed our review of State Plan Amendment (SPA) 20-0009. This SPA modifies Attachment 4.19-A of Pennsylvania's Title XIX State Plan. Specifically, the amendment authorizes a supplemental payment to qualifying inpatient hospitals operating nursing 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 Pennsylvania State plan amendment 20-0009 with an effective date of April 19, 2020. We are enclosing the CMS-179 and the amended plan pages.

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 Karen Shields.

Karen Shields  
Acting Director

Enclosures

cc: Sally Kozak, Deputy Secretary  
Dan De Lellis, Chief of Staff

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER 20-0009	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 19, 2020	

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 447 Subpart C	6. FEDERAL BUDGET IMPACT a. FFY 2019 \$ 0 b. FFY 2020 \$ 13,077,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19A, Page 21hh	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ) New

10. SUBJECT OF AMENDMENT

Additional Class of Supplemental Payments to Qualifying Hospitals

11. GOVERNOR'S REVIEW (*Check One*)

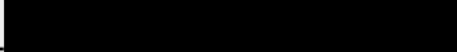
GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Review and approval authority  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      has been delegated to the Department of Human Services

12. SIGNATURE OF STATE AGENCY OFFICIAL 	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 April 17, 2020	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED April 17, 2020	18. DATE APPROVED 6/24/20
-------------------------------------	------------------------------

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL April 19, 2020	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Karen Shields	22. TITLE Acting 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 operate nursing school programs to promote their continued participation in the Medical Assistance (MA) Program and promote the availability of health care professionals to treat the MA population.

A hospital is eligible for these supplemental payments if the hospital meets all the criteria below. Unless otherwise stated, the source of the information is the Fiscal Year (FY) 2016-17 MA-336 Hospital Cost Report, as available to the Department on October 29, 2019.

- a) The hospital is enrolled in the PA MA Program as an acute care general hospital, licensed by Pennsylvania's Department of Health;
- b) The hospital provided at least 130,000 days of fee-for-service and managed care inpatient acute care days;
- c) The hospital provided greater than 31,000 of the days in subsection b) to PA MA beneficiaries; and,
- d) The hospital's ratio of PA MA acute care nursing school medical education costs to the statewide PA MA acute care nursing school medical education costs for all hospitals in PA exceeds twenty-five percent.

Payments will be divided proportionately among qualified hospitals based on each hospital's fee for service PA MA inpatient acute care days to total fee-for-service PA MA inpatient acute care days for all qualifying hospitals.

For FY 2019-2020, the Department will allocate an annualized amount of \$18.000 million in total funds for these supplemental payments.