Department of Social Services

Notice of Proposed Medicaid State Plan Amendment

Equivalent of Provider-Based Status for Outpatient Children's General Short-Term Hospital Facilities or Organizations Greater than Thirty-Five Miles from the Hospital's Campus (SPA # 14-013)

The State of Connecticut Department of Social Services (DSS) proposes to submit the following amendment to the Medicaid State Plan to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services.

Changes to Medicaid State Plan

Effective on or after CMS approval, State Plan Amendment (SPA) 14-013 will amend Attachments 4.19-B of the Medicaid State Plan to establish a methodology for reimbursing outpatient children's general short-term hospitals for services performed at facilities or organizations in Connecticut but more than thirty-five miles away from the hospital's campus as provider-based entities or facilities in the same manner as if they were located within thirty-five miles from the campus. Such reimbursement is available only to the extent that such facilities otherwise qualify for provider-based status pursuant to 42 C.F.R. § 413.65 and document such compliance to DSS for review and approval.

Fiscal Information

Based on the information that is available at this time, DSS estimates that the proposed changes may result in increased annual aggregate expenditures of approximately $350,000 in Federal Fiscal Year 2014 and $700,000 in Federal Fiscal Year 2015.

Information on Obtaining SPA Language and Submission of Comments

In accordance with federal requirements governing the Medicaid program, upon request, DSS will provide copies of the proposed Medicaid State Plan Amendment. In addition, copies of the proposed amendment may be obtained at any DSS regional office and on the DSS web site: http://www.ct.gov/dss. Go to "Publications" and then to "Updates".

Written, phone, and email requests should be directed to Christopher A. LaVigne, Office of Reimbursement & Certificate of Need, Department of Social Services, 25 Sigourney Street, Hartford, CT 06106-5033 (Phone: 860-424-5719, Fax: 860-424-4812, E-mail: christopher.lavigne@ct.gov). Please reference "SPA 14-013: Provider-Based Status for Outpatient Children's Hospitals". Members of the public may also submit written comments on the SPA by mail, fax, or email. Written comments must be received by DSS at the above contact information no later than January 22, 2013.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State Connecticut

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

(2)

(a) Outpatient hospital services – The agency's fixed fees were set as of November 1, 2013 and are effective for services on or after that date. All fixed fees are published on the Department's website at www.ctdssmap.com. Rates that are based on hospital service specific ratio of cost to charges are included on each provider's rate schedule. The rate schedule is sent to the hospital and is revised annually (July 1) based on the most recently filed cost report. Except as otherwise noted in the plan, state developed fee schedules and rate methods are the same for both governmental and private providers.

Equivalent of Provider-Based Status for Outpatient Children's General Short-Term Hospital Facilities or Organizations Greater than Thirty-Five Miles from the Hospital's Campus: Effective for dates of service after CMS approval of SPA 14-013, outpatient acute-care children's hospitals that are licensed by the Department of Public Health as Children's General short-term hospitals shall be reimbursed for services performed at facilities or organizations located in Connecticut that are greater than thirty-five miles from the hospital's campus (as defined in 42 C.F.R. § 413.65(a)(2)) in the same manner as if the facility or organization performing the service was located within a thirty-five mile radius from the hospital's campus. Each such facility or organization shall comply with all requirements of 42 C.F.R. § 413.65 for provider-based status other than being located within a thirty-five mile radius of the campus of the hospital. Each facility or organization seeking the equivalent of provider-based status pursuant to this paragraph shall submit documentation to the Department demonstrating that it complies with all requirements of 42 C.F.R. § 413.65 for provider-based status other than being located within a thirty-five mile radius of the hospital's campus. Such hospital and each such facility or organization shall not bill for services based on the equivalent of provider-based status pursuant to this paragraph prior to receiving the Department's written approval for such status.