

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

Supplemental Payments to Acute Care Hospitals – General Pool (SPA 16-018)

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

Changes to Medicaid State Plan

In accordance with the adjustments to the State Fiscal Year 2017 state budget that were recently approved by the General Assembly in Senate Bill 501 of the May 2016 Special Session, effective on or after July 1, 2016, SPA 16-018 will implement supplemental inpatient payments for certain acute care hospitals.

Fiscal Information – Estimated Annual Change to Medicaid Expenditures

DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$106.8 million in State Fiscal Year 2017.

Additional Information

In accordance with federal Medicaid requirements, upon request, DSS will provide copies of the proposed SPA. Copies of the proposed SPA may also be obtained at any DSS field office and on the DSS web site: <http://www.ct.gov/dss>. Go to “Publications” and then “Updates”.

Written, phone, and email requests should be sent to Christopher A. Lavigne, Office of Reimbursement & Certificate of Need, Department of Social Services, 55 Farmington Avenue, Hartford, CT 06105 (Phone: 860-424-5719, Fax: 860-424-4812, E-mail: christopher.lavigne@ct.gov). Please reference SPA 16-018: Inpatient Supplemental Payments to Acute Care Hospitals – General Pool.

Anyone may also send DSS written comments about the SPA. Written comments must be received at the above contact information no later than June 30, 2016.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut**(2) Supplemental Reimbursement for Inpatient Hospital Services.**

Supplemental payments to eligible hospitals shall be made from a pool of funds in the amount of \$106.77 million for the year ending June 30, 2017. The payments shall be made periodically throughout the fiscal year.

- (a) Hospitals eligible for supplemental payments under this paragraph are short-term general hospitals other than short-term children's general hospitals and short-term acute care hospitals operated exclusively by the State, other than a short-term acute care hospital operated by the State as a receiver.

Each eligible hospital's share of the supplemental payment pool shall be equal to that hospital's pro rata share of the total Medicaid inpatient revenues of all eligible hospitals in the aggregate. For purposes of this supplemental payment, "Medicaid inpatient revenues" means payments for Medicaid inpatient hospital services provided in federal fiscal year 2013 to each eligible hospital up to a maximum of \$50 million per year per hospital as reported as Medicaid inpatient accrued payments in each hospital's filing with the State of Connecticut Office of Health Care Access (OHCA). Each hospital's share of the supplemental payment pool is subject to adjustment if its Medicaid inpatient revenue as reported by the hospital on OHCA Reports 500 and 550 is audited. There shall be no further redistribution of inpatient hospital supplemental payments after adjustments are made based on such audit.