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State/Territory Name: CT

State Plan Amendment (SPA) #: 10-006

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, M/S S3-13-15
Baltimore, MD 21244-1850



CENTERS for MEDICARE & MEDICAID SERVICES

Center for Medicaid, CHIP and Survey & Certification (CMCS)

Mr. Michael P. Starkowski, Commissioner
Department of Social Services
25 Sigourney Street
Hartford, CT 06106-5033

MAY 23 2011

RE: TN 10-006


Dear Mr. Starkowski:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 10-006. This amendment modifies section 15 of the State plan that provides for additional disproportionate share hospital (DSH) payments to hospitals serving low-income persons. Effective April 1, 2010 the total budget for Part A in SFY 2010 remains at \$63.126 million; however payments under Part A and Part B shall only apply to service dates prior to April 1, 2010.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment 10-006 is approved effective April 1, 2010. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Novena James-Hailey at (617) 565-1291.

Sincerely,

 Cindy Mann
Director
Center for Medicaid, CHIP and Survey &
Certification (CMCS)

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: NATIONAL INSTITUTIONAL REIMBURSEMENT TEAM
CMS/CMSO
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER: 10-006

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE:
04/01/2010

5. TYPE OF STATE 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:
Section 1923 (c) and (d) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
FFY 2010- No Impact
FFY 2011- (\$31.6 million)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Pages 24, 25, and 26 to Attachment 4.19A

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If applicable)

Pages 24, 25, and 26 to Attachment 4.19A

10. SUBJECT OF AMENDMENT The Department intends to modify Attachment 4.19A, Section 15, of the Medicaid State Plan pertaining to additional disproportionate share payments (DSH) for hospitals serving low-income persons under SSA Section 1923 (c) (3). This section provides for additional DSH payments to DSH providers including those lawfully operated general hospitals in Connecticut and certain comparable out-of-state hospitals that provide services to low-income persons and that meet the requirements of Section 1923 (d) of the Social Security Act. The authorized budget for SFY 2010 remains \$63.126 million for Part A of Section 15 of the state plan pertaining to inpatient and outpatient hospitals services, excluding outpatient clinic services and associated ancillary services, and paid for by the Department through the MMIS. However, payments under Part A and Part B shall only apply to service dates prior to April 1, 2010.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Comments, if any, to follow.

12. SIGNATURE

13. TYPED NAME: Michael P. Starkowski

14. TITLE: Commissioner

15. DATE SUBMITTED:
May 11, 2010

16. RETURN TO:

State of Connecticut
Department of Social Services - 11th floor
25 Sigourney Street
Hartford, CT 06106-5033
Attention: Ginny Mahoney

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED: 05-23-10

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

APR - 1 2010

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: William Lasowski

22. TITLE: Deputy Director, CMCS

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

- (15) Additional Disproportionate Share payments for Hospitals Serving Low-income Persons under SSA Section 1923 (c) (3).

CRITERIA – In addition to the mandatory disproportionate share hospital (DSH) payment adjustment to inpatient hospital rates, DSH providers are those lawfully operated general hospitals in Connecticut and comparable out-of-state border hospitals that provide services to low-income persons.

In addition, each hospital in order to be eligible must meet the requirements of Section 1923 (d) of the Social Security Act.

PAYMENT ADJUSTMENTS – When the admitting diagnosis is medical and for dates of service on or after January 1, 2004, monthly payments are made to the above-qualified hospitals as a percentage of the cost incurred by each hospital in rendering inpatient and outpatient services to low-income persons. For the purpose of this DSH designation, low-income population is defined as persons eligible for the State Administered General Assistance medical program.

The Commissioner of Social Services determines the amount of the disproportionate share payments to be made under this section based on the authorized budget for the current fiscal year and claims submitted by hospitals for processing with dates of service on or after January 1, 2004.

Part A: The authorized budget for the second quarter through the fourth quarter of SFY 2010 is \$48.096 million for the portion of Section 15 of the state plan pertaining to inpatient and outpatient hospital services, excluding outpatient clinic services and associated ancillary services. The amount available for disproportionate share payment each month shall be \$5,344,000.

Payments shall be made to each of the qualifying short-term general hospitals beginning April 2004 and thereafter on a monthly basis as follows:

- (A) Determine the cost of inpatient and outpatient hospital services rendered by each hospital by calculating the number of days of inpatient services provided to recipients of the State Administered General Assistance

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program multiplied by the Medicaid per diem rate plus the number of units of outpatient services provided to recipients of the State Administered General Assistance program multiplied by the corresponding Medicaid rate. Include only days and units of service with dates of service January 1, 2004 through July 31, 2004. Exclude days and units of service included in the calculation of cost for previous monthly payments under this provision.

- (B) Determine the cost of inpatient and outpatient hospital services, excluding outpatient clinic services and associated ancillary services, rendered by each hospital by calculating the number of days of inpatient services provided to recipients of the State Administered General Assistance program multiplied by the Medicaid per diem rate plus the number of units of outpatient services provided to recipients of the State Administered General Assistance program multiplied by the corresponding Medicaid rate. Include only days and units of service with dates of service on or after August 1, 2004 and prior to April 1, 2010. Exclude days and units of service included in the calculation of cost for previous monthly payments under this provision.
- (C) Calculate the sum of the result of (A) and (B) for all hospitals.
- (D) Divide the result of the sum of (A) and (B) for each hospital by the result of (C).
- (E) Multiply the amount available for disproportionate share payments by the result of (D).

Part B: Additional payments for hospital outpatient clinic services and associated ancillary services shall be made to each of the qualifying short-term general hospitals beginning August 2004 and thereafter on a monthly or more frequent basis. The methodology used to calculate the payments is determined by calculating the number of units of hospital outpatient clinic services and associated ancillary services provided to recipients of the State Administered General Assistance program multiplied by the corresponding Medicaid rate. The

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calculation shall include only units of service with dates of service on or after August 1, 2004 and prior to April 1, 2010.

Medicaid payments for hospital outpatient clinic services (500 series revenue center codes) are made based upon a fixed fee (\$57.23/visit). Fee increases are subject to legislative budget approval. Medicaid payments for hospital outpatient ancillary services are a combination of fixed fees and ratio of cost charges. Forty-three services are paid for based upon fixed fees including, for example, magnetic resonance imaging (\$145.46/test), CT scan (\$145.46/test) and EKG (\$51.94). As with the clinic fee, increases are subject to legislative budget approval. Other ancillary services are updated each July 1 based upon a ratio of costs to charges (RCC) for each service. RCC's are hospital specific. Annual cost report filings by hospitals are used to determine the Medicaid payment ratio (RCC) for each service category (e.g. pharmacy, recovery room, ambulatory surgery). Hospitals are provided with rate letters on an annual basis.

Section 5 of Attachment 4.19A will continue to apply for dates of service prior to January 1, 2004.

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