

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

Methods and Standards for Establishing Payment Rates - Inpatient Hospital Care (continued)

- (2 A) Supplemental Reimbursement for Inpatient Hospital Services. Supplemental payments to eligible hospitals shall be made from a pool of funds in the amount of \$131 million per year. The payments shall be made periodically on a lump-sum basis throughout each fiscal year. The supplemental payment program shall be in effect for services furnished from July 1, 2011 through and including June 30, 2013. Payment for the quarter ending September 30, 2011 will be issued during the quarter ending December 31, 2011. All subsequent payments will be issued in the quarter for services furnished during the quarter.
- (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.
- (b) 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 2009 to each eligible hospital up to \$20 million per year per hospital as reported in each hospital's filing with the State of Connecticut Office of Health Care Access.

TN # 11-013
Supersedes
TN # New

Approval Date DEC - 2 2011

Effective Date 7/1/11

OS Notification

State/Title/Plan Number: Connecticut 11-013

Type of Action: SPA Approval

Required Date for State Notification: December 28, 2011

Fiscal Impact:

FY 2011	\$16,400,000 FFP
FY 2012	\$65,500,000 FFP

Number of Services Provided by Enhanced Coverage, Benefits or Retained Enrollment: 0

Number of Potential Newly Eligible People: 0

Eligibility Simplification: No

Provider Payment Increase: Yes

Delivery System Innovation: No

Number of People Losing Medicaid Eligibility: 0

Reduces Benefits: No

Detail: Effective July 1, 2011, this amendment modifies attachment 4.19-A to establish supplemental reimbursement rates for inpatient hospital services in state fiscal years 2012 and 2013. These payments are based on each eligible hospital's pro rata share of aggregated federal fiscal year 2009 payments with a ceiling of \$20 million per hospital. The increase falls within the applicable limits.

Other Considerations: For payments proposed under this SPA, CMS is satisfied that the State has met all the Federal requirements. Responses to the funding questions were satisfactory. The non-federal share is from a new provider tax. A waiver under the tax has been approved by CMS. The UPL demonstration was reasonable. Public notice was timely. The two federally recognized Indian tribes were notified and had no comments or concerns with the proposed amendment. We do not recommend the Secretary contact the governor. This OSN has been reviewed in the context of the ARRA and approval of the OSN is not in violation of ARRA provisions.

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