

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Financial Management Group

MAY 26 2016

Roderick L. Bremby, Commissioner
Department of Social Services
25 Sigourney Street
Hartford, CT 06106-5033

RE: Connecticut 16-0013

Dear Mr. Bremby:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 16-0013. This amendment proposes to implement supplemental payments to specified acute care hospitals in the amount of \$150.19 million.

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. We are pleased to inform you that Medicaid State plan amendment 16-0013 is approved effective February 1, 2016. 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,

A handwritten signature in black ink that reads "Kristin Fan". The signature is written in a cursive, flowing style.

Kristin Fan
Director

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:
16-013

2. STATE: CT

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

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE:
February 1, 2016

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 1905(a)(1) of the Social Security Act and
42 CFR 440.10 and 447.253(a), (b), and (c)

7. FEDERAL BUDGET IMPACT:
FFY 2016 \$100.6 million

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19A Page 1(x)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (If applicable)
Attachment 4.19A Page 1(x)

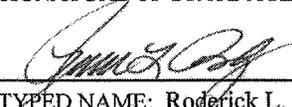
10. SUBJECT OF AMENDMENT: Effective February 1, 2016, SPA 16-013 amends Attachment 4.19-A of the Medicaid State Plan to implement Medicaid supplemental payments to specified acute care hospitals. As described in the SPA, the supplemental payments largely follow the same criteria as in for the previous supplemental payment, which was effective for State Fiscal Years 2014 and 2015 (as described in approved SPA 13-029 and repaginated in SPA 15-003), with the following changes (1) revenue will be updated to use amounts per Federal Fiscal Year (FFY) 2013 Office of Health Care Access (OHCA) filings instead of FFY 2010, (2) revenue cap will increase from \$25 million to \$50 million per hospital, and (3) total amount has been changed to \$150.19 million in SFY 2016.

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

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME: Roderick L. Bremby

14. TITLE: Commissioner

15. DATE SUBMITTED:
February 22, 2016

16. RETURN TO:

State of Connecticut
Department of Social Services
55 Farmington Avenue - 9th floor
Hartford, CT 06105
Attention: Ginny Mahoney

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

MAY 26 2016

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

FEB 01 2016

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME: Kristin Fan

22. TITLE: Director, FMG

23. REMARKS:

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 \$150.19 million for the year ending June 30, 2016. 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.

(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 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.