

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

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- (16) One time Disproportionate Share payment intended to reduce or eliminate the shortfall associated with services provided to patients enrolled in Medicaid managed care and the state children's health insurance program for Hospitals Serving Low-income Persons Under SSA Section 1923 (c) (3).

CRITERIA – DSH providers are those lawfully operated general hospitals in Connecticut 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 – Uncompensated care is the difference between the costs incurred and the payments received by disproportionate share hospitals in providing services to low-income persons. For the purpose of this DSH designation, low-income population is defined as persons enrolled in Medicaid managed care or the State Children's Health Insurance Program.

The single state agency makes payments to qualified disproportionate share hospitals based upon the costs they incurred for uncompensated services, the federal upper limit on aggregate disproportionate share payments that are eligible for federal matching payments, and the amount determined to be available under state law.

The Commissioner of Social Services determines the disproportionate share payment based on the difference between the Medicaid fee for service per diem or rate and the average managed care per diem rate or rate multiplied by the most recently available inpatient and outpatient volume statistics.

The authorized budget for SFY 2008 is \$20.1 million for the portion of Section 16 of the state plan pertaining to inpatient and outpatient hospitals services for managed care clients.

TN# 07-014

Approval Date \_\_\_\_\_

Effective Date January 1, 2008

Supersedes

TN# New