

NOTICE OF PROPOSED CHANGES TO THE MEDICAID
STATE PLAN GOVERNING PAYMENT RATES FOR
EMERGENCY AMBULANCE SERVICES

The State Department of Social Services (DSS) proposes to revise its rate setting methodologies for emergency ambulance services. This change is mandated by state legislation, Public Act 11-61, Section 125.

Changes to Medicaid State Plan

Under proposed State Plan Amendment No. 11-023, the Department will amend Attachment 4.19-B of the state plan to change the reimbursement methodology for emergency ambulance services on or after July 1, 2011. The reduction will not exceed ten percent of the rates in effect on December 31, 2010.

Fiscal Information

This change is expected to result in savings of \$2.2 million in SFY 12 and \$2.2 million in SFY 13.

Additional Information

In accordance with federal requirements governing the Medicaid program, DSS will provide upon request a copy of the proposed amendment to the Medicaid State Plan. Copies of the proposed changes may be obtained at each of the DSS's regional offices and on the DSS web site: www.dss.state.ct.us. Go to "Publications" and then to "News and Updates".

Comments may be sent to Christopher LaVigne, Office of Certificate of Need and Rate Setting, Department of Social Services, 25 Sigourney Street, Hartford, CT 06106-5033 (Phone 860-424-5719, Fax 860-424-4812, christopher.lavigne@ct.gov). Please send all comments no later than July 12, 2011.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: CONNECTICUT

24. Methods and Standards for Establishing Rates – Other types of Care

A(1) Transportation. Fees for emergency medical transportation services were set as of July 1, 2011 and are effective for services provided on or after that date. Fees for nonemergency ambulance services were set as of April 1, 2009 and are effective for services on or after that date. All rates are published at www.ctdssmap.com.

A(2) Brokered Transportation. The Department on a monthly schedule will:

- a. Pay the brokers a capitation payment during the month following the month of service. The capitation payment will be based on a negotiated per-person rate for approved non-emergency medical transportation. The capitated rate will reflect the results of the competitive RFP in conjunction with the Department's estimate of the monthly enrollment. The Department will calculate the capitation payment to the broker based on the membership reflected in the broker's service region as of the first day of the month for which non-emergency medical transportation is to be provided.
- b. Outside of the capitation, pay the brokers for actual trips provided to "pending" clients and those eligible Medicaid clients who became eligible during the month of service and received transportation service during the month. The rate of payment for these clients shall be the actual cost paid to the NEMT provider.
- c. Outside of the capitation, reimburse the broker for the costs involved with transporting clients by air ambulance or commercial air when the Department has prior authorized those trips. Payments for trips provided to "pending" clients and newly added Medicaid clients and air transports shall be made on the basis of an invoice for actual transportation costs.
- d. Adjust payments for errors in the data file that result in the addition of clients who should not have been included in the data files, such as the names of deceased clients.

TN # 11-023

Supersedes

TN # 09-002

Approval Date _____ Effective Date 07/01/2011