

NOTICE OF PROPOSED CHANGES TO THE STATE MEDICAID PLAN

The State Department of Social Services (DSS) proposes to submit an amendment to the Medicaid State Plan to the Federal Centers for Medicare and Medicaid Services (CMS) within the Department of Health and Human Services. State Plan Amendment (SPA) 12-021 will revise the inpatient and outpatient reimbursement rates for the merger of Yale-New Haven Hospital and Hospital of Saint Raphael.

Changes to Medicaid State Plan

The Medicaid State Plan will be amended to reflect a new inpatient target amount per discharge (target) for the new entity created by the merger of Yale-New Haven Hospital and Hospital of Saint Raphael. The new target will be the weighted average of the current targets for each hospital based on estimated discharges for the year ended March 31, 2011. It will be effective when the merger is completed which is estimated to be July 29, 2012.

Fiscal Information – Estimated Annual Change to Medicaid Expenditures

The changes are intended to be cost neutral, therefore, Medicaid reimbursement levels are not anticipated to change.

Additional Information

In accordance with federal requirements governing the Medicaid program, the department will provide upon request copies of the proposed amendment to the Medicaid State Plan. In addition, copies of the proposed amendment may be obtained at each of the DSS regional offices and on the DSS web site: www.dss.state.ct.us. Go to “Publications” and then to “Updates”.

Written, phone, and e-mail requests should be directed 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, E-mail: Christopher.Lavigne@ct.gov). Written comments may be submitted by August 4, 2012.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Connecticut

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

(with addition of ten percent incentive, if applicable) increased by 6.5%; or (2) 80% of the cost per discharge per the 2005 cost report filings, but not to exceed \$10,750 per discharge or 142.5% of the 2007 Medicaid Cost Per Discharge (with addition of ten percent incentive, if applicable). Hospitals qualifying for an allowable cost per discharge increase under (1) or (2), shall not receive the ten percent incentive identified in Section 4005 of Public Law 101-508.

Effective April 1, 2009, general acute care hospital inpatient rates shall be adjusted for admissions that meet the criteria established in section 1(k) of the Addendum to Attachments 3.1-A and 3.1-B, Page 1(b). The methodology is as follows:

1. Hospitals are required to run all Medicaid claims through a Medicare diagnosis-related grouper to determine the Medicare payment amount with and without the present on admission indicator.
2. Hospitals are required to report to the Department all Medicaid claims with a present on admission indicator where Medicare payment was reduced. The report shall include the payment amount with the indicator and the payment amount without the indicator.
3. The Department will calculate the Medicare payment reduction percentage and apply this same percentage reduction to the Medicaid allowed amount per discharge during the annual cost settlement.

Effective January 1, 2012, inpatient hospital target amounts per discharge shall be:

	Target
BACKUS	\$4,201.23
BRIDGEPORT	\$8,078.00
BRISTOL	\$3,590.39
DANBURY	\$5,377.29
DAY KIMBALL	\$3,866.90
DEMPSEY	\$11,030.55
GREENWICH	\$5,874.16
GRIFFIN	\$4,225.19
HARTFORD	\$6,694.01
HOSP OF CEN. CT	\$4,170.67
HUNGERFORD	\$4,100.33
JOHNSON	\$3,225.21
LAWRENCE MEM.	\$4,520.92
MANCHESTER	\$4,842.67
MIDSTATE	\$3,900.75
MIDDLESEX	\$4,546.39
MILFORD	\$3,822.82
NEW MILFORD	\$5,975.37
NORWALK	\$5,803.77

TN # 12-021
Supersedes
TN # 12-002

Approval Date: _____ Effective Date: _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Connecticut

ROCKVILLE	\$3,679.08
SAINT FRANCIS	\$6,228.67
SAINT MARY	\$5,533.39
SAINT RAPHAEL	\$5,428.70
SAINT VINCENT	\$5,190.27
SHARON	\$3,447.13
STAMFORD	\$4,568.92
WATERBURY	\$4,868.02
WINDHAM	\$3,828.28
YALE-NEW HAVEN	\$6,903.18

Effective upon completion of the merger of Saint Raphael and Yale-New Haven hospitals, the inpatient hospital target amount per discharge for the new entity shall be \$6,450.01.

Effective January 1, 2012, the per diem rate for general acute care children’s hospitals, defined as any hospital which, on January 1, 2012, is within the class of hospitals licensed by the Department of Public Health as children’s general hospitals, shall be:

	Per Diem
CONNECTICUT CHILDREN’S MEDICAL CENTER (CCMC)	\$2,172.85

Effective January 1, 2012, inpatient hospital psychiatric per diem rates for children under 19 years of age will differentiate between medically necessary acute days and medically necessary discharge delay days. Such rates shall be as follows:

	Child Psychiatric Inpatient Per Diem	
	Medically Necessary Acute Days	Medically Necessary Discharge Delay Days
BACKUS	\$677.78	\$576.11
BRIDGEPORT	\$765.34	\$650.54
BRISTOL	\$721.54	\$613.31
CCMC	\$1,730.25	\$1,470.71
DANBURY	\$742.18	\$630.86
DAY KIMBALL	\$623.80	\$530.23
DEMPSEY	\$776.29	\$659.85
GREENWICH	\$649.78	\$552.31
GRIFFIN	\$728.08	\$618.87
HARTFORD	\$854.66	\$726.46

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