

## **DEPARTMENT OF SOCIAL SERVICES**

### **Notice of Proposed Medicaid State Plan Amendment (SPA)**

#### **Outpatient Hospital Supplemental Payments for State-Owned Acute Care Hospitals (SPA 17-Z)**

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services.

#### **Changes to Medicaid State Plan**

Effective on or after July 1, 2017, SPA 17-Z will amend Attachment 4.19-B of the Medicaid State Plan to continue the supplemental payment to the state-owned and operated acute care hospital (John Dempsey Hospital / University of Connecticut Health Center) for the provision of outpatient hospital services to Medicaid members. The payment will be to offset the losses incurred, if any, from the change in outpatient hospital methodology to an ambulatory payment classification (APC) system as approved in SPA 16-0016-A effective July 1, 2016.

#### **Fiscal Impact**

This SPA is intended to be cost neutral because total payments (rate and supplemental) would not change relative to the pre-APC period of rate payments only. Annual aggregate expenditures on outpatient hospital services are not anticipated to change.

#### **Obtaining SPA Language and Submitting Comments**

The proposed SPA is posted on the DSS website at this link: <http://www.ct.gov/dss>. Go to “Publications” and then “Updates”. The proposed SPA may also be obtained at any DSS field office or the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA or to send comments about the SPA, please email: [christopher.lavigne@ct.gov](mailto:christopher.lavigne@ct.gov) or write to: Christopher A. Lavigne, Office of Reimbursement & Certificate of Need, Department of Social Services, 55 Farmington Avenue, Hartford, CT 06105 (Phone: 860-424-5719, Fax: 860-424-4812). Please reference: SPA 17-Z – “Outpatient Hospital Supplemental Payments for State-Owned Acute Care Hospitals”.

Anyone may send DSS written comments about this SPA. Written comments must be received at the above contact information no later than July 12, 2017.

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**  
**State Connecticut**

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**Supplemental Reimbursement to State Government Owned or Operated General Acute Care Hospitals for Providing Outpatient Hospital Services**

Supplemental payments shall be made to the state government owned and operated hospital for the difference in payments between the CMAP OPPS/APC reimbursement methodology and the previously approved methodology up to the amount of \$8.2 million for the state fiscal years ending June 30, 2017 and June 30, 2018. The payments shall be made quarterly.

TN #17-Z  
Supersedes  
TN # 16-0016-A

Approval Date \_\_\_\_\_ Effective Date 07/01/2017