

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

MAR 10 2017

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

RE: Connecticut 16-0019

Dear Mr. Bremby:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 16-0019. This amendment authorizes supplemental payments to qualified small independent acute care hospitals in the amount of \$11.8 million for state fiscal year 2017.

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 16-0019 is approved effective July 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 blue ink, appearing to read "Kristin Fan", is positioned below the word "Sincerely,".

Kristin Fan
Director

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

1. TRANSMITTAL NUMBER:
16-019

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:
July 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 \$2.0 million
FFY 2017 \$6.0 million

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

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR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

10. SUBJECT OF AMENDMENT: Effective July 1, 2016, SPA 16-019 amends Attachment 4.19-A of the Medicaid State Plan to continue making Medicaid supplemental payments to specified acute care hospitals. As described in the SPA, the supplemental payments follow the same criteria as in the previous supplemental payment, which was effective for State Fiscal Year (SFY) 2016 (as described in approved SPA 15-042). The total amount of the pool has been adjusted to be \$11.8 million SFY 2017, largely to reflect that one of the hospitals no longer meets the criteria for this supplemental payment.

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:

Roderick L. Bremby

13. TYPED NAME: Roderick L. Bremby

14. TITLE: Commissioner

15. DATE SUBMITTED:
September 14, 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:

MAR 10 2017

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL 01 2016

20. SIGNATURE OF REGIONAL OFFICIAL:

Kristin FAN

21. TYPED NAME:

Kristin FAN

22. TITLE:

Director, FMC

23. REMARKS:

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

(2a) Supplemental Reimbursement to Small Independent Hospitals for Inpatient Hospital Services.

Supplemental payments to eligible hospitals shall be made from a pool of funds in the amount of \$11.8 million for the state fiscal year ending June 30, 2017. The payments shall be made quarterly in accordance with the following paragraphs:

- (a) Hospitals eligible for supplemental payments under this section are short-term general acute care hospitals that have 180 or fewer licensed beds and are independent and are not affiliated with any other hospital or hospital system that includes two or more hospitals, as defined in item (c). Hospital affiliations shall be based on the Department of Public Health, Office of Health Care Access (OHCA), as documented through its Certificate of Need process.
- (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 as reported in each hospital's Federal Fiscal Year 2014 filing with OHCA.
- (c) A hospital shall become ineligible for supplemental payments beginning with the quarter following either: (i) the closing date of the completion of a merger or formal affiliation (*i.e.*, a formal affiliation in which the hospital controls, is controlled by, or operates under common control, directly or indirectly) with another hospital or hospital system that includes at least one other hospital, as determined based on OHCA's Certificate of Need process or (ii) the effective date of an increase in licensed beds to greater than 180 beds. A hospital that becomes ineligible shall remain ineligible for supplemental payments for calendar quarters after it became ineligible. Any remaining funds due to one or more hospitals becoming ineligible shall not be distributed to any other hospitals.