Connecticut Medical Assistance Program Provider Bulletin 2020-07
Policy Transmittal 2020-01 March 2020

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Effective Date: January 1, 2020
Contact: Roberta Cecil @ (860) 424-5932

TO: Out-of-State and Border Hospitals

RE: Out-of-State and Border Hospital Reimbursement - Effective January 1, 2020

The Department of Social Services (DSS) is notifying border and out-of-state (OOS) hospitals that the rates and parameters for reimbursement of inpatient and outpatient hospital services provided to Connecticut Medicaid members have been updated effective for dates of discharges on or after January 1, 2020.

INPATIENT HOSPITAL SERVICES

Pursuant to Section 17b-239 of the Connecticut General Statutes, effective January 1, 2015, the Department of Social Services (DSS) implemented an All Patient Refined-Diagnosis Related Group (APR-DRG) payment methodology for inpatient hospital services.

The Out-of-State and Border inpatient rates and parameters listed below are effective for dates of discharges on or after January 1, 2020:

APR-DRG Base Rate	$7,505.68
Behavioral Health Per Diem Rate	$1,050.00
Rehabilitation Per Diem Rate	$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.32964

Adjustment Factor

Please reference Provider Bulletin (PB) 2019-88, *Annual Update to the Inpatient Hospital Adjustment Factors*, for the 2020 adjustment factor that is necessary to make overall DRG weights under the most recent grouper comparable to overall adjusted weights under the prior grouper. As noted in that bulletin, this factor applies to both in-state and out-of-state hospitals.

OUTPATIENT HOSPITAL SERVICES

Pursuant to Section 17b-239 of the Connecticut General Statutes, effective July 1, 2016, DSS implemented an Outpatient Prospective Payment System (OPPS) / Ambulatory Payment Classification (APC) payment methodology for outpatient hospital services.

The Out-of-State and Border outpatient rates and parameters listed below are effective for dates of service on or after January 1, 2020:

APC Conversion Factor	$71.76
Cost to Charge Ratio used in Outlier Calculations	0.24556
Outlier Multiple	1.75
Outlier Threshold	$5,075.00

PROFESSIONAL SERVICES RENDERED IN THE HOSPITAL SETTING

Practitioners rendering professional services in the inpatient or outpatient hospital setting need to be enrolled in a professional billing group. For further guidance, please see the following provider bulletins:

- PB 2014-68: *Hospital Based Practitioners – Inpatient Services*
- PB 2014-79: *Inpatient Hospital Payment Modernization / All Patient Refined-Diagnostic Related Group (APR-DRG)*
- PB 2016-06: *Hospital Based Practitioners – Outpatient Services*

Web sites: Additional information is available on the following DSS Web sites:

1. https://www.ctdssmap.com – Once on this Web site, select "Hospital Modernization". This page will provide details regarding payment, CMAP Addendum B, Frequently Asked Questions (FAQs,) DRG calculator, provider publications, hospital important messages (IMs) and a link to the DSS reimbursement home page.
2. http://portal.ct.gov/dss– Once on this Web site, select "Health & Home Care", then "For Provider", then "Medicaid Hospital Reimbursement". This page will provide details regarding hospital rates including rate letters and calculations.

Posting Instructions: Policy transmittals may be downloaded from www.ctdssmap.com.

Distribution: This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by DXC Technology.

Responsible Unit: DSS, Division of Health Services, Reimbursement Unit, Roberta Cecil at (860) 424-5932 or roberta.cecil@ct.gov.

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