

## **Table of Contents**

**State/Territory Name: RI**

**State Plan Amendment (SPA) #: 11-005**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, M/S S3-13-15  
Baltimore, MD 21244-1850



**Center for Medicaid, CHIP and Survey & Certification (CMCS)**

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Elena Nicolella, Medicaid Director  
Department of Human Services  
State of Rhode Island  
Louis Pasteur Building  
57 Howard Avenue  
Cranston, RI 02920

SEP 23 2011

RE: Rhode Island 11-005

Dear Ms. Nicolella:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 11-005. This amendment revises Disproportionate Share Hospital (DSH) payments. Specifically it changes the base year for determining qualifying uncompensated care cost from 2007 to 2009; modifies the limits on payment pools; and adds redistribution language for payments made to non-governmental hospitals.

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 Subpart C. We are pleased to inform you that Medicaid State plan amendment 11-005 is approved effective June 1, 2011. 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, \_\_\_\_\_

Cindy Mann  
Director Center for Medicaid, CHIP and Survey &  
Certification (CMCS)

cc:     Ralph Racca, Administrator, DHS

bcc:    Richard McGreal, ARA, CMS Region I  
          William Johnson, Region I  
          Irvin Rich, Region I  
          Mark Cooley, CMS NIRT  
          Official SPA File

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

**TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**1. TRANSMITTAL NUMBER:**  
11-005

**2. STATE**  
R.I.

**3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)**

**4. PROPOSED EFFECTIVE DATE**  
June 1, 2011

**5. TYPE OF 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 1902 (a)(80) of the Social Security Act, P.L. 111-148 (Section 6505)

**7. FEDERAL BUDGET IMPACT:**  
\$2.5 million to aggregate expenditures for FY 2011

**8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:**  
Supplement 1 to Attachment 4.19A pages 1, 2, 3, 4, ~~5~~ and 5

**9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):**  
Supplement 1 to Attachment 4.19A pages 1, 2, 3, 4, ~~5~~ and 5

**10. SUBJECT OF AMENDMENT:**  
Disproportionate Share Hospital Policy

**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:  
see attached letter

**12. SIGNATURE OF STATE AGENCY OFFICIAL:**

**13. TYPED NAME:**  
Elena Nicoletta

**14. TITLE:**  
Director, Medicaid

**15. DATE SUBMITTED:**  
May 17, 2011

**16. RETURN TO:**

Kimberly Merolla-Brito  
Chief Policy and Systems Specialist  
RI Department of Human Services  
Office of Policy Analysis, Research and Development  
Louis Pasteur Building  
57 Howard Avenue, Fl #  
Cranston, RI 0292  
Phone 401 462-623  
Fax 401 462-616  
[kmerollabrito@ohhs.ri.gov](mailto:kmerollabrito@ohhs.ri.gov)

**FOR REGIONAL OFFICE USE ONLY**

**17. DATE RECEIVED:**

**18. DATE APPROVED:**  
SEP 23 2011

**PLAN APPROVED - ONE COPY ATTACHED**

**19. EFFECTIVE DATE OF APPROVED MATERIAL:**  
JUN - 1 2011

**20. SIGNATURE OF REGIONAL OFFICIAL:**

**21. TYPED NAME:**  
PENNY Thompson

**22. TITLE:**  
Deputy Director, CMCS

*Per ink change to block # 8 & 9 with  
State concurrence.*

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE OF**  
**RHODE ISLAND**  
**Disproportionate Share Hospital Policy**

**Disproportionate Share Hospitals**

**I. Criteria**

For purposes of complying with Section 1923 of The Act, the Department of Human Services, the designated Single State Agency for the Title XIX Medical Assistance Program, will determine which hospitals can be deemed eligible for a disproportionate share payment adjustment.

1. Rhode Island defines disproportionate share hospitals as those licensed hospitals within the State of Rhode Island providing inpatient and outpatient services meeting the following criteria:
  - A. A Medical Assistance inpatient utilization rate at least one (1) standard deviation above the mean medical assistance inpatient utilization rate for hospitals receiving medical assistance payments in the State; or
  - B. A low-income inpatient utilization rate exceeding twenty five (25) percent (however in no event shall the Medical Assistance inpatient utilization rate be less than one (1) percent; or
  - C. A Medical Assistance inpatient utilization rate of not less than one (1) percent, and
  - D. The hospital has at least two (2) obstetricians with staff privileges at the hospital who have agreed to provide obstetric services to individuals entitled to such services under the Rhode Island Medical Assistance Program. This requirement does not apply to a hospital where: a) the inpatients are predominately individuals under eighteen (18) years of age; or. b) does not offer non-emergency obstetrical services as of 12/22/87.

**II. Definitions**

1. **Medical Assistance inpatient utilization rate** means, for a hospital, a fraction (expressed as a percentage), the numerator of which is the hospital's number of inpatient days attributable to patients who (for such days) were eligible for Rhode Island Medical Assistance Program in a period (regardless of whether the services were furnished on a fee-for-service basis or through a managed care entity), and the denominator of which is the total number of the hospital's inpatient days in that period.

2. Low Income utilization rate means, for a hospital, the sum of
- A. A fraction (expressed as a percentage), the numerator of which is the sum (for the hospital's fiscal year designated in Section 111,1, F) of the total medical assistance revenues paid the hospital for patient services (regardless of whether the services were furnished on a fee-for-service base or through a managed care entity), and the amount of the cash subsidies for patient services received directly from State and local governments, and the denominator of which is the total amount of revenues of the hospital for patient services (including the amount of such cash subsidies) in that period; and
  - B. A fraction (expressed as a percentage) the numerator of which is the total amount of the hospital's charge for inpatient hospital services which are attributable to charity care in the hospital's fiscal year designated in Section III, 1,F. less the portion of any cash subsidies described in subparagraph (A) in that period reasonably attributable to inpatient hospital services, and the denominator of which is the total amount of the hospital's charges for inpatient hospital services in the hospital in that period.
- The numerator under Subparagraph (6) shall not include contractual allowances and discounts (other than for indigent patients not eligible for medical assistance).

III. Payment Adjustment

- 1. For Federal fiscal year 2011, and for Federal fiscal years thereafter, the State shall make payment on or after October 1<sup>st</sup> to each qualifying facility in accordance with the following formula:
  - A. For all licensed hospitals within the State of Rhode Island that meet or exceed the criteria set forth in section 1923(b) of the Social Security Act, \$1,000 plus the proportional share of \$232,379 inflated each year by the maximum percent increase allowed in the Maxicap System for Statewide Expense Reimbursement for Rhode Island hospitals. That sum shall be distributed among the qualifying facilities in the direct proportion that the low-income utilization rate in each facility exceeds 25 percent.

- B. For state operated hospitals, which exceed the Medical Assistance inpatient utilization rate by more than one standard deviation, there shall be an additional payment of \$10,000 plus the proportional share of \$4,302,835 That sum shall be distributed among the qualifying facilities in the direct proportion of the weighted average yielded by the multiplication of the percentage points that the medical assistance utilization rate exceeds one standard deviation unit above the mean, times the total dollars expended for medical assistance care.
- C. For women and infant specialty hospitals licensed within the State of Rhode Island (i.e., hospitals with more than 5,000 births annually and a neo-natal intensive care unit) which exceed the Medical Assistance In-patient utilization rate by more than one standard deviation unit or Whose low-income utilization exceeds 25%, \$1,000 plus the proportional share of \$3,409,058 inflated each year by uncompensated care Index as defined in Rhode Island General Law 40-8.3-2(5). That sum shall be distributed among the qualifying facilities in direct proportion of the weighted average yielded by the multiplication of the percentage points that the low income utilization rate exceeds 25% times the total dollars expended for low income care.
- D. For non-government hospitals licensed within the State of Rhode Island, whose Medicaid inpatient utilization rate exceed 1 %, there shall be an additional payment not to exceed \$125.4 million to compensate hospitals for uncompensated care (as defined below) distributed among the qualifying hospitals in direct proportion to the individual qualifying hospital's uncompensated care to the total uncompensated care costs for all qualifying hospitals. To the extent that audit findings demonstrate that DSH payments are distributed by the State to other qualifying hospitals in direct proportion to the individual qualifying hospital's uncompensated care to the total uncompensated care costs for all qualifying hospitals as an integral part of the audit process.
- E. Women and infant specialty hospitals which qualify shall be paid only in accordance with sections A, C, and D. Psychiatric hospitals Which qualify shall be paid only in accordance with A. State hospitals which qualify shall be paid only in accordance with sections A and B.

- F. Uncompensated care is defined as stated in Section 1923 of the Social Security Act and issued by CMS in the Medicaid DSH reporting and auditing final regulation on December 19, 2008. (Federal Register/Vol. 73, NO. 245).

The utilization rates, costs, and uncompensated care for the most recently completed hospital fiscal year for which data is available (hospital fiscal year 2007) will be utilized to determine each hospital's payment. 2007 uncompensated care costs shall be indexed by the uncompensated care index as defined in Rhode Island General Law 40-8.3-2(5) for each subsequent year to calculate the costs for the year in which payments are made. The total payment to a qualifying facility will not exceed the facility specific caps described in Section 1923(g).

- G. Rhode Island's share of any national disproportionate share allocation in addition to the amounts authorized under Section III and any undistributed monies from section A, C, and D (should no hospitals qualify in those categories) shall be added to section B and distributed by the same proportion and methodology.

- H. Notwithstanding any of the foregoing provisions in Section III, non-government hospitals will receive additional disproportionate share payments if they meet the following criteria:

- 1 The hospital meets or exceeds criteria set forth in Section 1923(d) of the Social Security Act and as such criteria are more particularly defined in Section 1.1.C and D herein.
- 2 The hospital is licensed within the State of Rhode Island.
- 3 The hospital provides psychiatric services to clients not defined as prison inmates under the care of the Department of Mental Health, Retardation and Hospitals (MHRH) or the Department of Children, Youth and Families (DCYF).
- 4 The hospital enters into a written agreement with the Department of MHRH or DCYF for the provision of the services listed in subsection H.3 above.

The payment amount will be in direct proportion to each hospital's uncompensated care costs relative to the uncompensated care costs of all qualifying hospitals. Each qualifying hospital will receive quarterly payment from a pool. Total payments from this pool will not exceed \$2.4 million annually.

- I. For purposes of applying and allocating the State DSH allotments established Under Section 1923 (f) of the Act, the department shall allocate the allotment ratably to the pools established under sections A, B, C, D and H.

The state has in place a public process, which complies with the requirements of  
Section 1902(a)(13)(A) of the Social Security Act.

Approval Date 01/27/98 Plan# 97-007

Effective Date 10/01/97 Supersedes Plan # 97-001