

**Sec. 17-312-102. General reimbursement policy**

The Department of Income Maintenance (hereinafter the Department) will reimburse inpatient acute care services in accordance with rules set forth herein.

**Definitions.**

- (a) "Admissions" means the same volume of treatment defined as discharges.
- (b) "Discharge" means any patient who was discharged at a date subsequent to the date admitted to the hospital for treatment as an inpatient, except that it shall also mean such patient admitted and discharged on the same day where such patient:
  - (1) died, or
  - (2) left against medical advice.
- (c) "Final adjusted target rate" means the total allowable cost per discharge including routine and ancillary costs as set forth in the Medicare Principles of Reimbursement net of excludable costs which are defined in Section 17-312-105 (d) of the regulations.
- (d) "Fiscal year" means the hospital fiscal year commencing on October 1 and ending on September 30.
- (e) "Hospital" means a hospital included within the definition of health care facilities or institutions under section 19a-145 of the General Statutes and licensed as a short-term general hospital by the Department of Health Services but shall not include a short-term children's general hospital. A hospital included within the definition of health care facilities or institutions under said section but licensed as a mental health facility shall be included within the definition of hospital under this subsection at such time as such hospital is covered by the Medicare prospective payment system.
- (f) "Medicaid" refers to medical assistance provided pursuant to chapters 302 and 308 of the General Statutes and Title XIX of the Social Security Act.
- (g) "Medicare" refers to Title XVIII of the Social Security Act and to the regulations established pursuant to Title XVIII.
- (h) "Medicare Principles of Reimbursement" refers to Title 42 of the Code of Federal Regulations (CFR), subchapter B, Part 405, subpart D and, as may hereafter be amended.
- (i) "Rate year" means the fiscal year beginning October 1, for which the hospital's Medicaid reimbursement level is being established.
- (j) "Prior year" means the most recently completed fiscal year.
- (k) "TEFRA allowed amounts" means the amounts allowable under the Federal Tax Equity and Fiscal Responsibility Act of 1983.
- (l) "TEFRA base year" means the hospital's fiscal year ending in calendar year 1982.
- (m) "Rate Period" means the fiscal year that an interim per diem rate is determined.
- (n) "Interim Per Diem Rate" means the rate as calculated pursuant to Section 17-312-103 (a).

(Effective January 19, 1988)