



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

December 28, 2021

Anthony Mastroianni
HHC Regional VP, Finance
William W. Backus Hospital
326 Washington St.
Norwich CT 06360-2742

Dear Mr. Mastroianni:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the non-governmental licensed short-term hospital peer group is \$7,348.42. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2022 for William W. Backus Hospital.

Medicaid Provider Number(s): 004041851 007228710

APR-DRG Base Rate	\$8,609.18
Behavioral Health Per Diem Rate	\$1,034.68
Behavioral Health Child Discharge Delay Per Diem Rate	\$879.48
Rehabilitation Per Diem Rate	\$1,453.85
Cost to Charge Ratio used in Outlier Calculations	0.37044

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

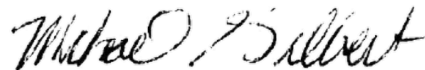
- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the

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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,

A handwritten signature in black ink that reads "Michael Gilbert". The signature is written in a cursive, flowing style.

Michael Gilbert
Deputy Commissioner

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes



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MICHAEL GILBERT
Deputy Commissioner

December 28, 2021

Eugene J. Colucci
Sr. V.P. Finance/CFO
Bridgeport Hospital
267 Grant St. P.O. Box 5000
Bridgeport CT 06610-0120

Dear Mr. Colucci:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the non-governmental licensed short-term hospital peer group is \$7,348.42. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2022 for Bridgeport Hospital.

Bridgeport Hospital Medicaid Provider Number(s): 004041703 007228703

APR-DRG Base Rate	\$9,834.33
Behavioral Health Per Diem Rate	\$1,114.27
Behavioral Health Child Discharge Delay Per Diem Rate	\$947.13
Rehabilitation Per Diem Rate	\$1,453.85
Cost to Charge Ratio used in Outlier Calculations	0.32645

Bridgeport Hospital, Milford Campus Medicaid Provider Number(s): 008087732

APR-DRG Base Rate	\$9,609.18
Behavioral Health Per Diem Rate	\$1,034.68
Behavioral Health Child Discharge Delay Per Diem Rate	\$879.48
Rehabilitation Per Diem Rate	\$1,453.85
Cost to Charge Ratio used in Outlier Calculations	0.32645

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

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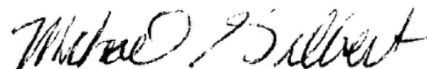
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Sincerely,

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Michael Gilbert
Deputy Commissioner

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes



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mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

December 28, 2021

Kurt Barwis
President, CEO & CFO
Bristol Hospital, Inc.
Brewster Rd. P.O. Box 977
Bristol CT 06011-0977

Dear Mr. Barwis:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the non-governmental licensed short-term hospital peer group is \$7,348.42. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2022 for Bristol Hospital.

Medicaid Provider Number(s): 004041901 008085256

APR-DRG Base Rate	\$8,609.18
Behavioral Health Per Diem Rate	\$1,034.68
Behavioral Health Child Discharge Delay Per Diem Rate	\$879.48
Rehabilitation Per Diem Rate	\$1,453.85
Cost to Charge Ratio used in Outlier Calculations	0.34690

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

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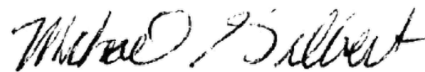
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You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov. **Please Note:** Pursuant to paragraph 58 of the settlement agreement, the hospital shall not file any requests for rehearing pursuant to Conn. Gen. Stat. § 17b-238(b) or any other actions, appeals, or proceedings specified therein. Any requests for rehearing are limited only to: (i) claims of arithmetical, clerical or other similar errors, or based on factual errors unrelated to the underlying payment methodology or such methodology's aggregate level of funding, in calculating Medicaid rates or Medicaid supplemental payments covered by the settlement agreement to an individual hospital or (ii) claims regarding matters not covered by the settlement agreement.

Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Gilbert", written in a cursive style.

Michael Gilbert
Deputy Commissioner

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes



STATE OF CONNECTICUT

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EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

December 28, 2021

Bridgett Feagin
SVP & Chief Financial Officer
Connecticut Children's Medical Center
282 Washington St.
Hartford CT 06106

Dear Ms. Feagin:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the Medicaid State Plan, specifically State Plan Amendment 20-0001, the prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2022 for Connecticut Children's Medical Center.

Medicaid Provider Number(s): 004159960

APR-DRG Base Rate	\$11,650.96
Behavioral Health Per Diem Rate	\$975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.35647

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

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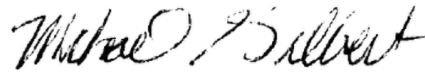
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Ms. Feagin
December 28, 2021
Page 2 of 2

Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Gilbert". The signature is fluid and cursive, with the first name "Michael" and last name "Gilbert" clearly distinguishable.

Michael Gilbert
Deputy Commissioner

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes



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mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

December 28, 2021

Sean Curtin
Vice President, Finance
Hospital of Central CT
100 Grand St. P.O. Box 100
New Britain CT 06050-4000

Dear Mr. Curtin:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the non-governmental licensed short-term hospital peer group is \$7,348.42. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2022 for Hospital of Central CT.

Medicaid Provider Number(s): 004041950 007228716

APR-DRG Base Rate	\$9,370.98
Behavioral Health Per Diem Rate	\$1,034.68
Behavioral Health Child Discharge Delay Per Diem Rate	\$879.48
Rehabilitation Per Diem Rate	\$1,453.85
Cost to Charge Ratio used in Outlier Calculations	0.34599

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

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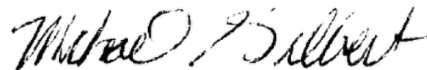
Mr. Curtin
December 28, 2021
Page 2 of 2

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Sincerely,

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Michael Gilbert
Deputy Commissioner

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes



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MICHAEL GILBERT
Deputy Commissioner

December 28, 2021

Steven H. Rosenberg
Sr. VP & CFO
Danbury Hospital
24 Hospital Ave.
Danbury CT 06810-6099

Dear Mr. Rosenberg:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the non-governmental licensed short-term hospital peer group is \$7,348.42. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2022 for Danbury Hospital.

Danbury Hospital Medicaid Provider Number(s): 004041935 007228714 007228715

APR-DRG Base Rate	\$9,723.64
Behavioral Health Per Diem Rate	\$1,034.68
Behavioral Health Child Discharge Delay Per Diem Rate	\$879.48
Rehabilitation Per Diem Rate	\$1,453.85
Cost to Charge Ratio used in Outlier Calculations	0.33349

Danbury Hospital dba New Milford Hospital Medicaid Provider Number(s): 008055716

APR-DRG Base Rate	\$9,709.63
Behavioral Health Per Diem Rate	\$1,034.68
Behavioral Health Child Discharge Delay Per Diem Rate	\$879.48
Rehabilitation Per Diem Rate	\$1,453.85
Cost to Charge Ratio used in Outlier Calculations	0.33349

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

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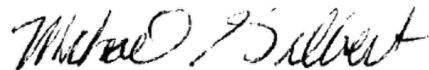
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Sincerely,



Michael Gilbert
Deputy Commissioner

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes



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mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

December 28, 2021

Paul Beaudoin
Chief Financial Officer
Day Kimball Hospital
320 Pomfret St. P.O. Box 6001
Putnam CT 06260-0901

Dear Mr. Beaudoin:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the non-governmental licensed short-term hospital peer group is \$7,348.42. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2022 for Day Kimball Hospital.

Medicaid Provider Number(s): 004041638 007228698

APR-DRG Base Rate	\$8,609.18
Behavioral Health Per Diem Rate	\$1,114.27
Behavioral Health Child Discharge Delay Per Diem Rate	\$947.13
Rehabilitation Per Diem Rate	\$1,453.85
Cost to Charge Ratio used in Outlier Calculations	0.49392

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

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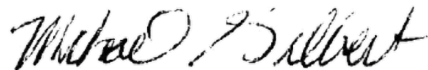
Mr. Beaudoin
December 28, 2021
Page 2 of 2

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Sincerely,

A handwritten signature in black ink that reads "Michael Gilbert". The signature is written in a cursive, flowing style.

Michael Gilbert
Deputy Commissioner

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes



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EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

December 28, 2021

Jeffrey Geoghegan
Chief Financial Officer
John Dempsey Hospital
263 Farmington Ave.
Farmington CT 06032-2805

Dear Mr. Geoghegan:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the Medicaid State Plan, specifically State Plan Amendment 20-0001, the prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2022 for John Dempsey Hospital.

Medicaid Provider Number(s): 004041968 007228718

APR-DRG Base Rate	\$12,396.10
Behavioral Health Per Diem Rate	\$1,125.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$956.25
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.53731

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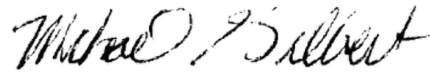
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You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov.

Mr. Geoghegan
December 28, 2021
Page 2 of 2

Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,

A handwritten signature in black ink that reads "Michael Gilbert". The signature is written in a cursive, slightly slanted style.

Michael Gilbert
Deputy Commissioner

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

December 28, 2021

Eugene J. Colucci
Vice President, Finance
Greenwich Hospital Association
5 Perryridge Rd.
Greenwich CT 06830-4697

Dear Mr. Colucci:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the non-governmental licensed short-term hospital peer group is \$7,348.42. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2022 for Greenwich Hospital.

Medicaid Provider Number(s): 004041786

APR-DRG Base Rate	\$9,245.73
Behavioral Health Per Diem Rate	\$1,034.68
Behavioral Health Child Discharge Delay Per Diem Rate	\$879.48
Rehabilitation Per Diem Rate	\$1,453.85
Cost to Charge Ratio used in Outlier Calculations	0.34944

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

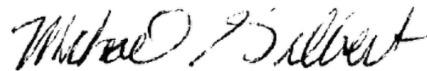
- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the

date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov. **Please Note:** Pursuant to paragraph 58 of the settlement agreement, the hospital shall not file any requests for rehearing pursuant to Conn. Gen. Stat. § 17b-238(b) or any other actions, appeals, or proceedings specified therein. Any requests for rehearing are limited only to: (i) claims of arithmetical, clerical or other similar errors, or based on factual errors unrelated to the underlying payment methodology or such methodology's aggregate level of funding, in calculating Medicaid rates or Medicaid supplemental payments covered by the settlement agreement to an individual hospital or (ii) claims regarding matters not covered by the settlement agreement.

Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,

A handwritten signature in black ink that reads "Michael Gilbert". The signature is written in a cursive, flowing style.

Michael Gilbert
Deputy Commissioner

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

December 28, 2021

Alexander Balko
VP/Finance/CFO
Griffin Hospital
130 Division St.
Derby CT 06418-1377

Dear Mr. Balko:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the non-governmental licensed short-term hospital peer group is \$7,348.42. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2022 for Griffin Hospital.

Medicaid Provider Number(s): 004041927

APR-DRG Base Rate	\$9,740.10
Behavioral Health Per Diem Rate	\$1,034.68
Behavioral Health Child Discharge Delay Per Diem Rate	\$879.48
Rehabilitation Per Diem Rate	\$1,453.85
Cost to Charge Ratio used in Outlier Calculations	0.27962

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

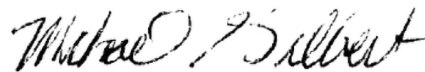
- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the

date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov. **Please Note:** Pursuant to paragraph 58 of the settlement agreement, the hospital shall not file any requests for rehearing pursuant to Conn. Gen. Stat. § 17b-238(b) or any other actions, appeals, or proceedings specified therein. Any requests for rehearing are limited only to: (i) claims of arithmetical, clerical or other similar errors, or based on factual errors unrelated to the underlying payment methodology or such methodology's aggregate level of funding, in calculating Medicaid rates or Medicaid supplemental payments covered by the settlement agreement to an individual hospital or (ii) claims regarding matters not covered by the settlement agreement.

Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,

A handwritten signature in black ink that reads "Michael Gilbert". The signature is written in a cursive, flowing style.

Michael Gilbert
Deputy Commissioner

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

December 28, 2021

Gerald Boisvert
Chief Financial Officer
Hartford Hospital
80 Seymour St. P.O. Box 5037
Hartford CT 06102-5037

Dear Mr. Boisvert:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the non-governmental licensed short-term hospital peer group is \$7,348.42. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2022 for Hartford Hospital.

Medicaid Provider Number(s): 004041869 008083214

APR-DRG Base Rate	\$9,986.83
Behavioral Health Per Diem Rate	\$1,114.27
Behavioral Health Child Discharge Delay Per Diem Rate	\$947.13
Rehabilitation Per Diem Rate	\$1,453.85
Cost to Charge Ratio used in Outlier Calculations	0.30772

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

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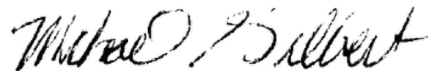
Mr. Boisvert
December 28, 2021
Page 2 of 2

date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov. **Please Note:** Pursuant to paragraph 58 of the settlement agreement, the hospital shall not file any requests for rehearing pursuant to Conn. Gen. Stat. § 17b-238(b) or any other actions, appeals, or proceedings specified therein. Any requests for rehearing are limited only to: (i) claims of arithmetical, clerical or other similar errors, or based on factual errors unrelated to the underlying payment methodology or such methodology's aggregate level of funding, in calculating Medicaid rates or Medicaid supplemental payments covered by the settlement agreement to an individual hospital or (ii) claims regarding matters not covered by the settlement agreement.

Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,

A handwritten signature in black ink that reads "Michael Gilbert". The signature is written in a cursive, slightly slanted style.

Michael Gilbert
Deputy Commissioner

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

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TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

December 28, 2021

Susan Schapp
Chief Financial Officer
Charlotte Hungerford Hospital
540 Litchfield St. P.O. Box 988
Torrington CT 06790-0988

Dear Ms. Schapp:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the non-governmental licensed short-term hospital peer group is \$7,348.42. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2022 for Charlotte Hungerford Hospital.

Medicaid Provider Number(s): 004041711 007228705

APR-DRG Base Rate	\$8,609.18
Behavioral Health Per Diem Rate	\$1,193.86
Behavioral Health Child Discharge Delay Per Diem Rate	\$1,014.78
Rehabilitation Per Diem Rate	\$1,453.85
Cost to Charge Ratio used in Outlier Calculations	0.44299

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:


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date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov. **Please Note:** Pursuant to paragraph 58 of the settlement agreement, the hospital shall not file any requests for rehearing pursuant to Conn. Gen. Stat. § 17b-238(b) or any other actions, appeals, or proceedings specified therein. Any requests for rehearing are limited only to: (i) claims of arithmetical, clerical or other similar errors, or based on factual errors unrelated to the underlying payment methodology or such methodology's aggregate level of funding, in calculating Medicaid rates or Medicaid supplemental payments covered by the settlement agreement to an individual hospital or (ii) claims regarding matters not covered by the settlement agreement.

Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,

A handwritten signature in black ink that reads "Michael Gilbert". The signature is written in a cursive, flowing style.

Michael Gilbert
Deputy Commissioner

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

December 28, 2021

Jennifer Schneider
Regional Chief Financial Officer
Trinity Health of New England
1000 Asylum Street, 5th Floor
Hartford CT 06105

Dear Ms. Schneider:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the non-governmental licensed short-term hospital peer group is \$7,348.42. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2022 for Johnson Memorial Hospital.

Medicaid Provider Number(s): 004041687

APR-DRG Base Rate	\$8,609.18
Behavioral Health Per Diem Rate	\$1,034.68
Behavioral Health Child Discharge Delay Per Diem Rate	\$879.48
Rehabilitation Per Diem Rate	\$1,453.85
Cost to Charge Ratio used in Outlier Calculations	0.57506

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:


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You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov. **Please Note:** Pursuant to paragraph 58 of the settlement agreement, the hospital shall not file any requests for rehearing pursuant to Conn. Gen. Stat. § 17b-238(b) or any other actions, appeals, or proceedings specified therein. Any requests for rehearing are limited only to: (i) claims of arithmetical, clerical or other similar errors, or based on factual errors unrelated to the underlying payment methodology or such methodology's aggregate level of funding, in calculating Medicaid rates or Medicaid supplemental payments covered by the settlement agreement to an individual hospital or (ii) claims regarding matters not covered by the settlement agreement.

Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,

A handwritten signature in black ink that reads "Michael Gilbert". The signature is written in a cursive, slightly slanted style.

Michael Gilbert
Deputy Commissioner

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

December 28, 2021

Stephen Allegretto
Chief Financial Officer
Lawrence and Memorial Hospital
365 Montauk Ave.
New London CT 06320-4769

Dear Mr. Allegretto:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the non-governmental licensed short-term hospital peer group is \$7,348.42. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2022 for Lawrence and Memorial Hospital.

Medicaid Provider Number(s): 004041679 007228701 007228702

APR-DRG Base Rate	\$8,627.84
Behavioral Health Per Diem Rate	\$1,034.68
Behavioral Health Child Discharge Delay Per Diem Rate	\$879.48
Rehabilitation Per Diem Rate	\$1,453.85
Cost to Charge Ratio used in Outlier Calculations	0.50634

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

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You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov. **Please Note:** Pursuant to paragraph 58 of the settlement agreement, the hospital shall not file any requests for rehearing pursuant to Conn. Gen. Stat. § 17b-238(b) or any other actions, appeals, or proceedings specified therein. Any requests for rehearing are limited only to: (i) claims of arithmetical, clerical or other similar errors, or based on factual errors unrelated to the underlying payment methodology or such methodology's aggregate level of funding, in calculating Medicaid rates or Medicaid supplemental payments covered by the settlement agreement to an individual hospital or (ii) claims regarding matters not covered by the settlement agreement.

Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,

A handwritten signature in black ink that reads "Michael Gilbert". The signature is written in a cursive, flowing style.

Michael Gilbert
Deputy Commissioner

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

December 28, 2021

Nicholas Jamieson
Interim Chief Financial Officer
ECHN c/o Manchester Memorial Hospital
71 Haynes St.
Manchester CT 06040-4188

Dear Mr. Jamieson:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the non-governmental licensed short-term hospital peer group is \$7,348.42. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2022 for Manchester Memorial Hospital.

Medicaid Provider Number(s): 008069211 008069212

APR-DRG Base Rate	\$9,356.15
Behavioral Health Per Diem Rate	\$1,034.68
Behavioral Health Child Discharge Delay Per Diem Rate	\$879.48
Rehabilitation Per Diem Rate	\$1,453.85
Cost to Charge Ratio used in Outlier Calculations	0.33423

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

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- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the

Mr. Jamieson
December 28, 2021
Page 2 of 2

date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov. **Please Note:** Pursuant to paragraph 58 of the settlement agreement, the hospital shall not file any requests for rehearing pursuant to Conn. Gen. Stat. § 17b-238(b) or any other actions, appeals, or proceedings specified therein. Any requests for rehearing are limited only to: (i) claims of arithmetical, clerical or other similar errors, or based on factual errors unrelated to the underlying payment methodology or such methodology's aggregate level of funding, in calculating Medicaid rates or Medicaid supplemental payments covered by the settlement agreement to an individual hospital or (ii) claims regarding matters not covered by the settlement agreement.

Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,

A handwritten signature in black ink that reads "Michael Gilbert". The signature is written in a cursive, flowing style.

Michael Gilbert
Deputy Commissioner

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

December 28, 2021

Sean Curtin
Vice President, Finance
MidState Medical Center
435 Lewis Ave.
Meriden CT 06451

Dear Mr. Curtin:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the non-governmental licensed short-term hospital peer group is \$7,348.42. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2022 for MidState Medical Center.

Medicaid Provider Number(s): 004041778

APR-DRG Base Rate	\$8,609.18
Behavioral Health Per Diem Rate	\$1,034.68
Behavioral Health Child Discharge Delay Per Diem Rate	\$879.48
Rehabilitation Per Diem Rate	\$1,453.85
Cost to Charge Ratio used in Outlier Calculations	0.36511

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

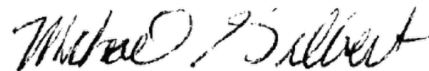
- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the

date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov. **Please Note:** Pursuant to paragraph 58 of the settlement agreement, the hospital shall not file any requests for rehearing pursuant to Conn. Gen. Stat. § 17b-238(b) or any other actions, appeals, or proceedings specified therein. Any requests for rehearing are limited only to: (i) claims of arithmetical, clerical or other similar errors, or based on factual errors unrelated to the underlying payment methodology or such methodology's aggregate level of funding, in calculating Medicaid rates or Medicaid supplemental payments covered by the settlement agreement to an individual hospital or (ii) claims regarding matters not covered by the settlement agreement.

Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,

A handwritten signature in black ink that reads "Michael Gilbert". The signature is written in a cursive, flowing style.

Michael Gilbert
Deputy Commissioner

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

December 28, 2021

Susan Martin
Vice President/CFO
Middlesex Hospital
28 Crescent St.
Middletown CT 06457-3650

Dear Ms. Martin:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the non-governmental licensed short-term hospital peer group is \$7,348.42. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2022 for Middlesex Hospital.

Medicaid Provider Number(s): 004041810 007228707

APR-DRG Base Rate	\$9,161.86
Behavioral Health Per Diem Rate	\$1,193.86
Behavioral Health Child Discharge Delay Per Diem Rate	\$1,014.78
Rehabilitation Per Diem Rate	\$1,453.85
Cost to Charge Ratio used in Outlier Calculations	0.33290

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

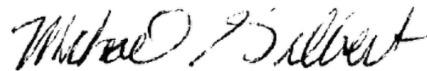
- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the

date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov. **Please Note:** Pursuant to paragraph 58 of the settlement agreement, the hospital shall not file any requests for rehearing pursuant to Conn. Gen. Stat. § 17b-238(b) or any other actions, appeals, or proceedings specified therein. Any requests for rehearing are limited only to: (i) claims of arithmetical, clerical or other similar errors, or based on factual errors unrelated to the underlying payment methodology or such methodology's aggregate level of funding, in calculating Medicaid rates or Medicaid supplemental payments covered by the settlement agreement to an individual hospital or (ii) claims regarding matters not covered by the settlement agreement.

Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,

A handwritten signature in black ink that reads "Michael Gilbert". The signature is written in a cursive, flowing style.

Michael Gilbert
Deputy Commissioner

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

December 28, 2021

Steven H. Rosenberg
Sr. VP & CFO
Norwalk Hospital
Maple St.
Norwalk CT 06856-5050

Dear Mr. Rosenberg:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the non-governmental licensed short-term hospital peer group is \$7,348.42. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2022 for Norwalk Hospital.

Medicaid Provider Number(s): 004041943

APR-DRG Base Rate	\$9,622.07
Behavioral Health Per Diem Rate	\$1,193.86
Behavioral Health Child Discharge Delay Per Diem Rate	\$1,014.78
Rehabilitation Per Diem Rate	\$1,453.85
Cost to Charge Ratio used in Outlier Calculations	0.28979

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:


- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the

date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov. **Please Note:** Pursuant to paragraph 58 of the settlement agreement, the hospital shall not file any requests for rehearing pursuant to Conn. Gen. Stat. § 17b-238(b) or any other actions, appeals, or proceedings specified therein. Any requests for rehearing are limited only to: (i) claims of arithmetical, clerical or other similar errors, or based on factual errors unrelated to the underlying payment methodology or such methodology's aggregate level of funding, in calculating Medicaid rates or Medicaid supplemental payments covered by the settlement agreement to an individual hospital or (ii) claims regarding matters not covered by the settlement agreement.

Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,

A handwritten signature in black ink that reads "Michael Gilbert". The signature is written in a cursive, flowing style.

Michael Gilbert
Deputy Commissioner

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

December 28, 2021

Nicholas Jamieson
Interim Chief Financial Officer
ECHN c/o Rockville Hospital
31 Union St.
Vernon CT 06066-3160

Dear Mr. Jamieson:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the non-governmental licensed short-term hospital peer group is \$7,348.42. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2022 for Rockville General Hospital.

Medicaid Provider Number(s): 008069217

APR-DRG Base Rate	\$8,671.69
Behavioral Health Per Diem Rate	\$1,034.68
Behavioral Health Child Discharge Delay Per Diem Rate	\$879.48
Rehabilitation Per Diem Rate	\$1,453.85
Cost to Charge Ratio used in Outlier Calculations	0.89241

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

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- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the

date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov. **Please Note:** Pursuant to paragraph 58 of the settlement agreement, the hospital shall not file any requests for rehearing pursuant to Conn. Gen. Stat. § 17b-238(b) or any other actions, appeals, or proceedings specified therein. Any requests for rehearing are limited only to: (i) claims of arithmetical, clerical or other similar errors, or based on factual errors unrelated to the underlying payment methodology or such methodology's aggregate level of funding, in calculating Medicaid rates or Medicaid supplemental payments covered by the settlement agreement to an individual hospital or (ii) claims regarding matters not covered by the settlement agreement.

Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,

A handwritten signature in black ink that reads "Michael Gilbert". The signature is written in a cursive, flowing style.

Michael Gilbert
Deputy Commissioner

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

December 28, 2021

Jennifer Schneider
Regional Chief Financial Officer
Trinity Health of New England
1000 Asylum Street, 5th Floor
Hartford CT 06105

Dear Ms. Schneider:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the non-governmental licensed short-term hospital peer group is \$7,348.42. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2022 for St. Francis Hospital and Medical Center.

Medicaid Provider Number(s): 004041620 007228696

APR-DRG Base Rate	\$9,941.89
Behavioral Health Per Diem Rate	\$1,034.68
Behavioral Health Child Discharge Delay Per Diem Rate	\$879.48
Rehabilitation Per Diem Rate	\$1,453.85
Cost to Charge Ratio used in Outlier Calculations	0.30867

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

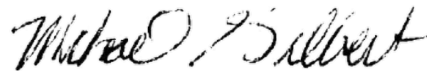
- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,

A handwritten signature in black ink that reads "Michael Gilbert". The signature is written in a cursive, flowing style.

Michael Gilbert
Deputy Commissioner

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

December 28, 2021

Jennifer Schneider
Regional Chief Financial Officer
Trinity Health of New England
1000 Asylum Street, 5th Floor
Hartford CT 06105

Dear Ms. Schneider:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the non-governmental licensed short-term hospital peer group is \$7,348.42. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2022 for St. Mary's Hospital.

Medicaid Provider Number(s): 004041760

APR-DRG Base Rate	\$9,807.42
Behavioral Health Per Diem Rate	\$1,034.68
Behavioral Health Child Discharge Delay Per Diem Rate	\$879.48
Rehabilitation Per Diem Rate	\$1,453.85
Cost to Charge Ratio used in Outlier Calculations	0.30111

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:


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- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the

date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov. **Please Note:** Pursuant to paragraph 58 of the settlement agreement, the hospital shall not file any requests for rehearing pursuant to Conn. Gen. Stat. § 17b-238(b) or any other actions, appeals, or proceedings specified therein. Any requests for rehearing are limited only to: (i) claims of arithmetical, clerical or other similar errors, or based on factual errors unrelated to the underlying payment methodology or such methodology's aggregate level of funding, in calculating Medicaid rates or Medicaid supplemental payments covered by the settlement agreement to an individual hospital or (ii) claims regarding matters not covered by the settlement agreement.

Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,

A handwritten signature in black ink that reads "Michael Gilbert". The signature is written in a cursive, flowing style.

Michael Gilbert
Deputy Commissioner

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

December 28, 2021

Christopher Given
Sr. VP & CFO
St. Vincent's Medical Center
2800 Main St.
Bridgeport CT 06606-4292

Dear Mr. Given:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the non-governmental licensed short-term hospital peer group is \$7,348.42. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2022 for St. Vincent's Medical Center.

Medicaid Provider Number(s): 008090984 008091076 008091079

APR-DRG Base Rate	\$9,351.45
Behavioral Health Per Diem Rate	\$1,034.68
Behavioral Health Child Discharge Delay Per Diem Rate	\$879.48
Rehabilitation Per Diem Rate	\$1,453.85
Cost to Charge Ratio used in Outlier Calculations	0.31160

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

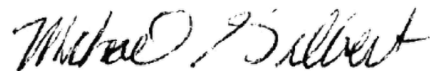
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You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov. **Please Note:** Pursuant to paragraph 58 of the settlement agreement, the hospital shall not file any requests for rehearing pursuant to Conn. Gen. Stat. § 17b-238(b) or any other actions, appeals, or proceedings specified therein. Any requests for rehearing are limited only to: (i) claims of arithmetical, clerical or other similar errors, or based on factual errors unrelated to the underlying payment methodology or such methodology's aggregate level of funding, in calculating Medicaid rates or Medicaid supplemental payments covered by the settlement agreement to an individual hospital or (ii) claims regarding matters not covered by the settlement agreement.

Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Gilbert", written in a cursive style.

Michael Gilbert
Deputy Commissioner

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

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(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

December 28, 2021

Steven H. Rosenberg
Chief Financial Officer
Sharon Hospital, Inc.
50 Hospital Hill P.O. Box 789
Sharon CT 06069-0789

Dear Mr. Rosenberg:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the non-governmental licensed short-term hospital peer group is \$7,348.42. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2022 for Sharon Hospital.

Medicaid Provider Number(s): 008074563 008074564

APR-DRG Base Rate	\$8,609.18
Behavioral Health Per Diem Rate	\$1,034.68
Behavioral Health Child Discharge Delay Per Diem Rate	\$879.48
Rehabilitation Per Diem Rate	\$1,453.85
Cost to Charge Ratio used in Outlier Calculations	0.51249

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,

A handwritten signature in black ink that reads "Michael Gilbert". The signature is written in a cursive, flowing style.

Michael Gilbert
Deputy Commissioner

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

December 28, 2021

Michael Veillette
Senior VP, Finance & CFO
Stamford Hospital
Shelburne Rd. and West Broad St. P.O. Box 9317
Stamford CT 06904-9317

Dear Mr. Veillette:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the non-governmental licensed short-term hospital peer group is \$7,348.42. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2022 for Stamford Hospital.

Medicaid Provider Number(s): 004041661 007228699

APR-DRG Base Rate	\$9,587.98
Behavioral Health Per Diem Rate	\$1,193.86
Behavioral Health Child Discharge Delay Per Diem Rate	\$1,014.78
Rehabilitation Per Diem Rate	\$1,453.85
Cost to Charge Ratio used in Outlier Calculations	0.30003

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:


- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the

date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov. **Please Note:** Pursuant to paragraph 58 of the settlement agreement, the hospital shall not file any requests for rehearing pursuant to Conn. Gen. Stat. § 17b-238(b) or any other actions, appeals, or proceedings specified therein. Any requests for rehearing are limited only to: (i) claims of arithmetical, clerical or other similar errors, or based on factual errors unrelated to the underlying payment methodology or such methodology's aggregate level of funding, in calculating Medicaid rates or Medicaid supplemental payments covered by the settlement agreement to an individual hospital or (ii) claims regarding matters not covered by the settlement agreement.

Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,

A handwritten signature in black ink that reads "Michael Gilbert". The signature is written in a cursive, flowing style.

Michael Gilbert
Deputy Commissioner

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

December 28, 2021

James Phillips
Interim Chief Financial Officer
Waterbury Hospital
64 Robbins St. P.O. Box 1590
Waterbury CT 06721-1590

Dear Mr. Phillips:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the non-governmental licensed short-term hospital peer group is \$7,348.42. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2022 for Waterbury Hospital.

Medicaid Provider Number(s): 008069222

APR-DRG Base Rate	\$9,525.55
Behavioral Health Per Diem Rate	\$1,034.68
Behavioral Health Child Discharge Delay Per Diem Rate	\$879.48
Rehabilitation Per Diem Rate	\$1,453.85
Cost to Charge Ratio used in Outlier Calculations	0.28290

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

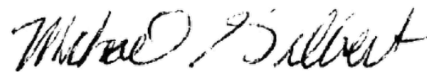
- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,

A handwritten signature in black ink that reads "Michael Gilbert". The signature is written in a cursive, flowing style.

Michael Gilbert
Deputy Commissioner

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes



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mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

December 28, 2021

Anthony Mastroianni
HHC Regional VP, Finance
Windham Community Memorial Hospital
112 Mansfield Ave.
Willimantic CT 06226-2040

Dear Mr. Mastroianni:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the non-governmental licensed short-term hospital peer group is \$7,348.42. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2022 for Windham Community Memorial Hospital.

Medicaid Provider Number(s): 004041828

APR-DRG Base Rate	\$8,609.18
Behavioral Health Per Diem Rate	\$1,034.68
Behavioral Health Child Discharge Delay Per Diem Rate	\$879.48
Rehabilitation Per Diem Rate	\$1,453.85
Cost to Charge Ratio used in Outlier Calculations	0.50098

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,

A handwritten signature in black ink that reads "Michael Gilbert". The signature is written in a cursive, slightly slanted style.

Michael Gilbert
Deputy Commissioner

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes



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MICHAEL GILBERT
Deputy Commissioner

December 28, 2021

Vincent Tammaro
Sr. Vice President, Finance
Yale-New Haven Hospital
20 York St.
New Haven CT 06510-3202

Dear Mr. Tammaro:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the non-governmental licensed short-term hospital peer group is \$7,348.42. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2022 for Yale-New Haven Hospital.

Medicaid Provider Number(s): 004041836 007228708 007228709

APR-DRG Base Rate	\$11,017.84
Behavioral Health Per Diem Rate	\$1,114.27
Behavioral Health Child Discharge Delay Per Diem Rate	\$947.13
Rehabilitation Per Diem Rate	\$1,453.85
Cost to Charge Ratio used in Outlier Calculations	0.34520

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:


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Sincerely,

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Michael Gilbert
Deputy Commissioner

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes