



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

September 17, 2020

Southwest Community Health Center, Inc
46 Albion Street
Bridgeport, CT 06605

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.9% has been applied effective October 1, 2020 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/20 – 9/30/21</u>
Medical	004236130	\$162.66
Dental	004236122	\$153.19
Mental Health/Substance Abuse	004236148	\$163.71

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: S. Ouellette
N. Venditto
N. Holmes
H. Massari
D. Robinson-Rush



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MICHAEL GILBERT
Deputy Commissioner

September 17, 2020

Optimus Health Care, Inc.
471 Barnum Avenue
Bridgeport, CT 06608-2409

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.9% has been applied effective October 1, 2020 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/20 – 9/30/21</u>
Medical	004234788	\$171.00
Dental	004234770	\$149.25
Mental Health/Substance Abuse	004235926	\$196.48

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: S. Oeullette
N. Venditto
N. Holmes
H. Massari
D. Robinson-Rush



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MICHAEL GILBERT

Deputy Commissioner

September 17, 2020

Connecticut Institute for Communities, Inc
120 Main Street
Danbury, CT 06810

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.9% has been applied effective October 1, 2020 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/20 – 9/30/21</u>
Medical	008004668	\$162.92
Dental	008058757	\$148.38
Mental Health/Substance Abuse	008050622	\$179.75

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: S. Oeullette
N. Venditto
N. Holmes
H. Massari
D. Robinson-Rush

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September 17, 2020

First Choice Health Centers, Inc.
94 Connecticut Blvd.
East Hartford, CT 06108

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.9% has been applied effective October 1, 2020 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/20 – 9/30/21</u>
Medical	004236164	\$151.39
Dental	004236156	\$142.31
Mental Health/Substance Abuse	008057168	\$179.70

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: S. Oeullette
N. Venditto
N. Holmes
H. Massari
D. Robinson-Rush



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MICHAEL GILBERT
Deputy Commissioner

September 17, 2020

Charter Oak Health Center Inc.
21 Grand Street
Hartford, CT 06106

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.9% has been applied effective October 1, 2020 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/20 – 9/30/21</u>
Medical	004236007	\$152.93
Dental	004235992	\$149.50
Mental Health/Substance Abuse	004236015	\$172.45

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: S. Oeullette
N. Venditto
N. Holmes
H. Massari
D. Robinson-Rush



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MICHAEL GILBERT

Deputy Commissioner

September 17, 2020

Community Health Services, Inc.
500 Albany Avenue
Hartford, CT 06120

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.9% has been applied effective October 1, 2020 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/20 – 9/30/21</u>
Medical	004235570	\$162.06
Dental	004236099	\$152.93
Mental Health/Substance Abuse	004235588	\$171.19

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: S. Oeullette
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MICHAEL GILBERT
Deputy Commissioner

September 17, 2020

Community Health Center, Inc.
635 Main Street
Middletown, CT 06457

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.9% has been applied effective October 1, 2020 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/20 – 9/30/21</u>
Medical	004236346	\$166.14
Dental	004236354	\$162.07
Mental Health/Substance Abuse	004236338	\$190.95

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: S. Oeullette
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MICHAEL GILBERT
Deputy Commissioner

September 17, 2020

Fair Haven Community Health Center
374 Grand Avenue
New Haven, CT 06513

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.9% has been applied effective October 1, 2020 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/20 – 9/30/21</u>
Medical	004235736	\$153.04
Dental	008050183	\$149.37
Mental Health/Substance Abuse	008057841	\$179.70

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: S. Oeullette
N. Venditto
N. Holmes
H. Massari
D. Robinson-Rush



STATE OF CONNECTICUT

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September 17, 2020

Cornell Scott-Hill Health Corporation
400-428 Columbus Avenue
New Haven, CT 06519

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.9% has been applied effective October 1, 2020 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/20 – 9/30/21</u>
Medical	004235900	\$148.36
Dental	004235893	\$162.06
Mental Health/Substance Abuse	004235918	\$210.90

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: S. Oeullette
N. Venditto
N. Holmes
H. Massari
D. Robinson-Rush



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mike.gilbert@ct.gov

September 17, 2020

Nowalk Community Health Center
120 Connecticut Avenue
Norwalk, CT 06854

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.9% has been applied effective October 1, 2020 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/20 – 9/30/21</u>
Medical	004236172	\$160.00
Dental	008066587	\$149.67
Mental Health/Substance Abuse	008066726	\$179.70

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: S. Oeullette
N. Venditto
N. Holmes
H. Massari
D. Robinson-Rush



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MICHAEL GILBERT

Deputy Commissioner

September 17, 2020

United Community & Family Services

34 East Town Street

Norwich, CT 06360-2326

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.9% has been applied effective October 1, 2020 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/20 – 9/30/21</u>
Medical	004235934	\$151.05
Dental	004236106	\$135.71
Mental Health/Substance Abuse	004235942	\$164.23

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: S. Oeullette
N. Venditto
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D. Robinson-Rush



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MICHAEL GILBERT
Deputy Commissioner

September 17, 2020

Community Health & Wellness Center of Greater Torrington
469 Migeon Avenue
Torrington, CT 06790

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.9% has been applied effective October 1, 2020 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/20 – 9/30/21</u>
Medical	004247872	\$151.49
Dental	008024018	\$144.30
Mental Health/Substance Abuse	008033022	\$166.50

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: S. Oeullette
N. Venditto
N. Holmes
H. Massari
D. Robinson-Rush



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MICHAEL GILBERT
Deputy Commissioner

September 17, 2020

StayWell Health Center
80 Phoenix Avenue, Attn: Accounts Payable Suite 201
Waterbury, CT 06702

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.9% has been applied effective October 1, 2020 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/20 – 9/30/21</u>
Medical	004235976	\$163.32
Dental	004235968	\$135.60
Mental Health/Substance Abuse	004235984	\$179.89

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: S. Oeullette
N. Venditto
N. Holmes
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MICHAEL GILBERT
Deputy Commissioner

September 17, 2020

Generations Family Health Center
40 Mansfield Avenue
Willimantic, CT 06226

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.9% has been applied effective October 1, 2020 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/20 – 9/30/21</u>
Medical	004235695	\$162.59
Dental	004235687	\$159.78
Mental Health/Substance Abuse	008003942	\$181.46

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: S. Oeullette
N. Venditto
N. Holmes
H. Massari
D. Robinson-Rush



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MICHAEL GILBERT
Deputy Commissioner

September 17, 2020

Northwest Community Health Center
36 Bridge Way
Pascoag, RI 02859-0312

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.9% has been applied effective October 1, 2020 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/20 – 9/30/21</u>
Medical	008057218	\$176.18
Dental	008040358	\$146.46

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: S. Oeullette
N. Venditto
N. Holmes
H. Massari
D. Robinson-Rush



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
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MICHAEL GILBERT
Deputy Commissioner

September 17, 2020

Wood River Health Services, Inc.
823 Main Street
Hope Valley, RI 02832-1920

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.9% has been applied effective October 1, 2020 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/20 – 9/30/21</u>
Medical	003124617	\$155.18
Dental	003124609	\$146.46

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: S. Oeullette
N. Venditto
N. Holmes
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D. Robinson-Rush



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MICHAEL GILBERT
Deputy Commissioner

September 17, 2020

Intercommunity, Inc.
281 Main Street
East Hartford, CT 06108

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.9% has been applied effective October 1, 2020 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/20 – 9/30/21</u>
Medical	008047966	\$156.83
Dental	008062433	\$179.70

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: S. Oeullette
N. Venditto
N. Holmes
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Type text here



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MICHAEL GILBERT

Deputy Commissioner

September 17, 2020

Wheeler Clinic, Inc.
10 North Main Street
Bristol, CT 06010-8122

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.9% has been applied effective October 1, 2020 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/20 – 9/30/21</u>
Medical	008065431	\$158.39
Dental	008064502	\$149.68
Mental Health/Substance Abuse	008043074	\$179.70

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: S. Oeullette
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MICHAEL GILBERT
Deputy Commissioner

September 17, 2020

Masantucket Peqot Tribal Health Services
75 Route 2
Ledyard CT 06339-1128

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.9% has been applied effective October 1, 2020 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/20 – 9/30/21</u>
Medical	008068236	\$159.06

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: S. Oeullette
N. Venditto
N. Holmes
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mike.gilbert@ct.gov

September 17, 2020

Family Centers Health Care at Wilbur Peck Court
111 Wilbur Peck Court
Greenwich CT 06830-6354

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.9% has been applied effective October 1, 2020 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/20 – 9/30/21</u>
Medical	008066994	\$164.15
Dental	008068285	\$149.67
Mental Health/Substance Abuse	004172912	\$179.75

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: S. Oeullette
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Robinson-
Rush

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MICHAEL GILBERT

Deputy Commissioner

September 17, 2020

Community Health Programs, Inc.
444 Stockbridge Road
Great Barrington MA 01230-1295

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.9% has been applied effective October 1, 2020 in accordance with applicable regulations.

<u>Service</u>	<u>Provider No.</u>	<u>Rate Per Visit</u> <u>10/1/20 – 9/30/21</u>
Medical	008073872	\$155.18

Nothing contained in this approval shall constitute an authorization for payment by the Department in excess of the charge for similar services provided to the general public.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: S. Oeullette
N. Venditto
N. Holmes
H. Massari
D. Robinson-Rush