



**STATE OF CONNECTICUT**  
 DEPARTMENT OF SOCIAL SERVICES  
 OFFICE OF THE DEPUTY COMMISSIONER

*Telephone*  
 (860) 424-5693  
*Facsimile*  
 (860) 424-4860  
**TDD**  
 1-800-842-4524

KATHLEEN M. BRENNAN  
 Deputy Commissioner

December 28, 2018

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

Dear Mr. Mastroianni:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the third year of the transition therefore the rates are 25% hospital-specific and 75% state-wide.

Annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2019 for William W. Backus Hospital.

Medicaid Provider Number(s): 004041851 007228710

APR-DRG Base Rate	\$8,228.02
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	0.44654

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**

Mr. Mastroianni  
December 28, 2018  
Page 2 of 2

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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](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
M. Gilbert  
N. Holmes



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KATHLEEN M. BRENNAN  
 Deputy Commissioner

December 28, 2018

Patrick McCabe  
 Sr. V.P. Finance/CFO  
 Bridgeport Hospital  
 267 Grant St. P.O. Box 5000  
 Bridgeport CT 06610-0120

Dear Mr. McCabe:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the third year of the transition therefore the rates are 25% hospital-specific and 75% state-wide.

Annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2019 for Bridgeport Hospital.

Medicaid Provider Number(s): 004041703 007228703 007228704

APR-DRG Base Rate	\$10,164.87
Behavioral Health Per Diem Rate	\$1,050.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$892.50
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.29361

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. McCabe  
December 28, 2018  
Page 2 of 2

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Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
M. Gilbert  
N. Holmes



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KATHLEEN M. BRENNAN  
 Deputy Commissioner

December 28, 2018

Richard Braam  
 Chief Financial Officer  
 Bristol Hospital, Inc.  
 Brewster Rd. P.O. Box 977  
 Bristol CT 06011-0977

Dear Mr. Braam:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the third year of the transition therefore the rates are 25% hospital-specific and 75% state-wide.

Annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2019 for Bristol Hospital.

Medicaid Provider Number(s): 004041901

APR-DRG Base Rate	\$8,245.19
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	0.34782

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. Braam  
December 28, 2018  
Page 2 of 2

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Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
M. Gilbert  
N. Holmes



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KATHLEEN M. BRENNAN  
 Deputy Commissioner

December 28, 2018

Tom Honan  
 Chief Financial Officer  
 Connecticut Children's Medical Center  
 282 Washington St.  
 Hartford CT 06106

Dear Mr. Honan:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the third year of the transition therefore the rates are 25% hospital-specific and 75% state-wide.

Annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2019 for Connecticut Children's Medical Center.

Medicaid Provider Number(s): 004159960

APR-DRG Base Rate	\$11,459.61
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	0.35185

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. Honan  
December 28, 2018  
Page 2 of 2

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Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
M. Gilbert  
N. Holmes





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KATHLEEN M. BRENNAN  
 Deputy Commissioner

December 28, 2018

Carolyn Freiheit  
 Hartford HealthCare Regional VP, Finance  
 Hospital of Central CT  
 100 Grand St. P.O. Box 100  
 New Britain CT 06050-4000

Dear Ms. Freiheit:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the third year of the transition therefore the rates are 25% hospital-specific and 75% state-wide.

Annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2019 for Hospital of Central CT.

Medicaid Provider Number(s): 004041950 007228716

APR-DRG Base Rate	\$8,796.35
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	0.40774

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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Ms. Freiheit  
December 28, 2018  
Page 2 of 2

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Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
M. Gilbert  
N. Holmes



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KATHLEEN M. BRENNAN  
 Deputy Commissioner

December 28, 2018

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

Dear Mr. Rosenberg:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the third year of the transition therefore the rates are 25% hospital-specific and 75% state-wide.

Annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2019 for Danbury Hospital.

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

APR-DRG Base Rate	\$9,753.19
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	0.34679

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

APR-DRG Base Rate	\$9,970.97
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	0.34679

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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Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
M. Gilbert  
N. Holmes



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KATHLEEN M. BRENNAN  
 Deputy Commissioner

December 28, 2018

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

Dear Mr. Beaudoin:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the third year of the transition therefore the rates are 25% hospital-specific and 75% state-wide.

Annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2019 for Day Kimball Hospital.

Medicaid Provider Number(s): 004041638 007228698

APR-DRG Base Rate	\$8,907.56
Behavioral Health Per Diem Rate	\$1,050.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$892.50
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.48203

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, 2018  
Page 2 of 2

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Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
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M. Gilbert  
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KATHLEEN M. BRENNAN  
 Deputy Commissioner

December 28, 2018

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

Dear Mr. Geoghegan:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the third year of the transition therefore the rates are 25% hospital-specific and 75% state-wide.

Annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2019 for John Dempsey Hospital.

Medicaid Provider Number(s): 004041968 007228718

APR-DRG Base Rate	\$11,877.89
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	0.46782

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. Geoghegan  
December 28, 2018  
Page 2 of 2

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Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
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KATHLEEN M. BRENNAN  
 Deputy Commissioner

December 28, 2018

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

Dear Mr. Colucci:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the third year of the transition therefore the rates are 25% hospital-specific and 75% state-wide.

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The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2019 for Greenwich Hospital.

Medicaid Provider Number(s): 004041786

APR-DRG Base Rate	\$9,550.71
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	0.31848

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Mr. Colucci  
December 28, 2018  
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Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

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M. Gilbert  
N. Holmes



**STATE OF CONNECTICUT**  
 DEPARTMENT OF SOCIAL SERVICES  
 OFFICE OF THE DEPUTY COMMISSIONER

*Telephone*  
 (860) 424-5693  
*Facsimile*  
 (860) 424-4860  
**TDD**  
 1-800-842-4524

KATHLEEN M. BRENNAN  
 Deputy Commissioner

December 28, 2018

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

Dear Mr. Balko:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the third year of the transition therefore the rates are 25% hospital-specific and 75% state-wide.

Annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2019 for Griffin Hospital.

Medicaid Provider Number(s): 004041927

APR-DRG Base Rate	\$9,467.97
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	0.28835

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**

Mr. Balko  
December 28, 2018  
Page 2 of 2

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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](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
M. Gilbert  
N. Holmes



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KATHLEEN M. BRENNAN  
 Deputy Commissioner

December 28, 2018

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

Dear Mr. Boisvert:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the third year of the transition therefore the rates are 25% hospital-specific and 75% state-wide.

Annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2019 for Hartford Hospital.

Medicaid Provider Number(s): 004041869 008083214

APR-DRG Base Rate	\$9,302.14
Behavioral Health Per Diem Rate	\$1,050.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$892.50
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.30386

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. Boisvert  
December 28, 2018  
Page 2 of 2

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Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
M. Gilbert  
N. Holmes



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KATHLEEN M. BRENNAN  
 Deputy Commissioner

December 28, 2018

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

Dear Ms. Schapp:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the third year of the transition therefore the rates are 25% hospital-specific and 75% state-wide.

Annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2019 for Charlotte Hungerford Hospital.

Medicaid Provider Number(s): 004041711 007228705

APR-DRG Base Rate	\$8,137.31
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	0.43386

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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Ms. Schapp  
December 28, 2018  
Page 2 of 2

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Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
M. Gilbert  
N. Holmes





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KATHLEEN M. BRENNAN  
 Deputy Commissioner

December 28, 2018

David M. Bittner  
 Vice President & CFO  
 Johnson Memorial Hospital  
 201 Chestnut Hill Rd.  
 Stafford Springs CT 06076-0860

Dear Mr. Bittner:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the third year of the transition therefore the rates are 25% hospital-specific and 75% state-wide.

Annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2019 for Johnson Memorial Hospital.

Medicaid Provider Number(s): 004041687

APR-DRG Base Rate	\$7,921.65
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	0.48022

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. Bittner  
December 28, 2018  
Page 2 of 2

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Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
M. Gilbert  
N. Holmes



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KATHLEEN M. BRENNAN  
 Deputy Commissioner

December 28, 2018

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

Dear Mr. Allegretto:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the third year of the transition therefore the rates are 25% hospital-specific and 75% state-wide.

Annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2019 for Lawrence and Memorial Hospital.

Medicaid Provider Number(s): 004041679 007228701 007228702

APR-DRG Base Rate	\$8,668.54
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	0.47535

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. Allegretto  
December 28, 2018  
Page 2 of 2

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Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
M. Gilbert  
N. Holmes



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KATHLEEN M. BRENNAN  
 Deputy Commissioner

December 28, 2018

Michael Veillette  
 Senior Vice President, Finance  
 ECHN c/o Manchester Memorial Hospital  
 71 Haynes St.  
 Manchester CT 06040-4188

Dear Mr. Veillette:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the third year of the transition therefore the rates are 25% hospital-specific and 75% state-wide.

Annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2019 for Manchester Memorial Hospital.

Medicaid Provider Number(s): 008069211 008069212

APR-DRG Base Rate	\$9,616.99
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	0.29516

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. Veillette  
December 28, 2018  
Page 2 of 2

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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](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
M. Gilbert  
N. Holmes



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KATHLEEN M. BRENNAN  
 Deputy Commissioner

December 28, 2018

Carolyn Freiheit  
 Hartford HealthCare Regional VP, Finance  
 MidState Medical Center  
 435 Lewis Ave.  
 Meriden CT 06451

Dear Ms. Freiheit:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the third year of the transition therefore the rates are 25% hospital-specific and 75% state-wide.

Annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2019 for MidState Medical Center.

Medicaid Provider Number(s): 004041778 007228706

APR-DRG Base Rate	\$8,437.14
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	0.44223

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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Ms. Freiheit  
December 28, 2018  
Page 2 of 2

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Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
M. Gilbert  
N. Holmes





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KATHLEEN M. BRENNAN  
 Deputy Commissioner

December 28, 2018

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

Dear Ms. Martin:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the third year of the transition therefore the rates are 25% hospital-specific and 75% state-wide.

Annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2019 for Middlesex Hospital.

Medicaid Provider Number(s): 004041810 007228707

APR-DRG Base Rate	\$9,000.71
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	0.29796

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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Ms. Martin  
December 28, 2018  
Page 2 of 2

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Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
M. Gilbert  
N. Holmes



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KATHLEEN M. BRENNAN  
 Deputy Commissioner

December 28, 2018

Laura Smith  
 Chief Financial Officer  
 Milford Hospital  
 300 Seaside Ave.  
 Milford CT 06460-4603

Dear Ms. Smith:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the third year of the transition therefore the rates are 25% hospital-specific and 75% state-wide.

Annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2019 for Milford Hospital.

Medicaid Provider Number(s): 004041794

APR-DRG Base Rate	\$7,904.86
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	0.36179

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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Ms. Smith  
December 28, 2018  
Page 2 of 2

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Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
M. Gilbert  
N. Holmes



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KATHLEEN M. BRENNAN  
 Deputy Commissioner

December 28, 2018

Patrick Minicus  
 Vice President & CFO  
 Norwalk Hospital  
 Maple St.  
 Norwalk CT 06856-5050

Dear Mr. Minicus:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the third year of the transition therefore the rates are 25% hospital-specific and 75% state-wide.

Annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2019 for Norwalk Hospital.

Medicaid Provider Number(s): 004041943

APR-DRG Base Rate	\$10,155.74
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	0.30684

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 grievement **within 90 days**

Mr. Minicus  
December 28, 2018  
Page 2 of 2

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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, 9<sup>th</sup> Floor, Hartford, CT 06105 or [Theresa.Messner@ct.gov](mailto:Theresa.Messner@ct.gov).

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](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
M. Gilbert  
N. Holmes



**STATE OF CONNECTICUT**  
 DEPARTMENT OF SOCIAL SERVICES  
 OFFICE OF THE DEPUTY COMMISSIONER

*Telephone*  
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*Facsimile*  
 (860) 424-4860  
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 1-800-842-4524

KATHLEEN M. BRENNAN  
 Deputy Commissioner

December 28, 2018

Michael Veillette  
 Senior Vice President, Finance  
 ECHN c/o Rockville Hospital  
 31 Union St.  
 Vernon CT 06066-3160

Dear Mr. Veillette:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the third year of the transition therefore the rates are 25% hospital-specific and 75% state-wide.

Annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2019 for Rockville General Hospital.

Medicaid Provider Number(s): 008069217

APR-DRG Base Rate	\$7,963.34
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	0.27906

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**

Mr. Veillette  
December 28, 2018  
Page 2 of 2

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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](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
M. Gilbert  
N. Holmes





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KATHLEEN M. BRENNAN  
 Deputy Commissioner

December 28, 2018

David M. Bittner  
 Vice President & CFO  
 St. Francis Hospital and Medical Center  
 114 Woodland St.  
 Hartford CT 06105-1299

Dear Mr. Bittner:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the third year of the transition therefore the rates are 25% hospital-specific and 75% state-wide.

Annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2019 for St. Francis Hospital and Medical Center.

Medicaid Provider Number(s): 004041620 007228696

APR-DRG Base Rate	\$9,694.33
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	0.29895

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. Bittner  
December 28, 2018  
Page 2 of 2

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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](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
M. Gilbert  
N. Holmes



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KATHLEEN M. BRENNAN  
 Deputy Commissioner

December 28, 2018

Chris Hayes  
 Chief Financial Officer  
 St. Mary's Hospital  
 56 Franklin St.  
 Waterbury CT 06706-1281

Dear Mr. Hayes:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the third year of the transition therefore the rates are 25% hospital-specific and 75% state-wide.

Annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2019 for St. Mary's Hospital.

Medicaid Provider Number(s): 004041760

APR-DRG Base Rate	\$9,350.48
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	0.35583

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. Hayes  
December 28, 2018  
Page 2 of 2

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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](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
M. Gilbert  
N. Holmes



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KATHLEEN M. BRENNAN  
 Deputy Commissioner

December 28, 2018

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

Dear Mr. Given:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the third year of the transition therefore the rates are 25% hospital-specific and 75% state-wide.

Annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2019 for St. Vincent's Medical Center.

Medicaid Provider Number(s): 004041893 007228712 007228713

APR-DRG Base Rate	\$8,659.50
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	0.29195

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. Given  
December 28, 2018  
Page 2 of 2

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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](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
M. Gilbert  
N. Holmes



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KATHLEEN M. BRENNAN  
 Deputy Commissioner

December 28, 2018

Katherine Bacher  
 Chief Financial Officer  
 Sharon Hospital, Inc.  
 50 Hospital Hill P.O. Box 789  
 Sharon CT 06069-0789

Dear Ms. Bacher:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the third year of the transition therefore the rates are 25% hospital-specific and 75% state-wide.

Annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2019 for Sharon Hospital.

Medicaid Provider Number(s): 008074563 008074564

APR-DRG Base Rate	\$8,894.81
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	0.42473

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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Ms. Bacher  
December 28, 2018  
Page 2 of 2

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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](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
M. Gilbert  
N. Holmes





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KATHLEEN M. BRENNAN  
 Deputy Commissioner

December 28, 2018

Kathleen Silard  
 President & CEO  
 Stamford Hospital  
 Shelburne Rd. and West Broad St. P.O. Box 9317  
 Stamford CT 06904-9317

Dear Ms. Silard:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the third year of the transition therefore the rates are 25% hospital-specific and 75% state-wide.

Annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2019 for Stamford Hospital.

Medicaid Provider Number(s): 004041661 007228699 007228700

APR-DRG Base Rate	\$9,037.31
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	0.30465

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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Ms. Silard  
December 28, 2018  
Page 2 of 2

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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](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
M. Gilbert  
N. Holmes



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KATHLEEN M. BRENNAN  
 Deputy Commissioner

December 28, 2018

Paul Golino  
 Chief Financial Officer  
 Waterbury Hospital  
 64 Robbins St. P.O. Box 1590  
 Waterbury CT 06721-1590

Dear Mr. Golino:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the third year of the transition therefore the rates are 25% hospital-specific and 75% state-wide.

Annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2019 for Waterbury Hospital.

Medicaid Provider Number(s): 008069222

APR-DRG Base Rate	\$9,109.92
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	0.19194

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. Golino  
December 28, 2018  
Page 2 of 2

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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](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
M. Gilbert  
N. Holmes



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KATHLEEN M. BRENNAN  
 Deputy Commissioner

December 28, 2018

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

Dear Mr. Mastroianni:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the third year of the transition therefore the rates are 25% hospital-specific and 75% state-wide.

Annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2019 for Windham Community Memorial Hospital.

Medicaid Provider Number(s): 004041828

APR-DRG Base Rate	\$8,666.61
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	0.63462

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. Mastroianni  
December 28, 2018  
Page 2 of 2

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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](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
M. Gilbert  
N. Holmes



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KATHLEEN M. BRENNAN  
 Deputy Commissioner

December 28, 2018

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

Dear Mr. Tammaro:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the third year of the transition therefore the rates are 25% hospital-specific and 75% state-wide.

Annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2019 for Yale-New Haven Hospital.

Medicaid Provider Number(s): 004041836 007228708 007228709

APR-DRG Base Rate	\$10,120.30
Behavioral Health Per Diem Rate	\$1,050.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$892.50
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.27774

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**

Mr. Tammaro  
December 28, 2018  
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**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, 9<sup>th</sup> Floor, Hartford, CT 06105 or [Theresa.Messner@ct.gov](mailto:Theresa.Messner@ct.gov).

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](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
S. Ouellette  
M. Gilbert  
N. Holmes