



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 rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2022 for Medicaid patients of William W. Backus Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004025144
Wage Adjusted Conversion Factor	\$ 92.82
Cost-to-Charge Ratio for Outliers only	0.33324

State-Wide Parameters

Outlier Multiplier	1.75
Outlier Threshold	\$6,175.00

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.

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

Additional information on the initial rate development process can be found on the DSS website that can be accessed by going to <http://portal.ct.gov/dss>, selecting "Health & Home Care", "For Providers", "Medicaid Hospital Reimbursement", and then "Related Resources". For your reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payment".

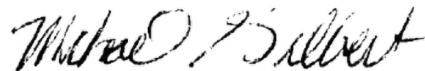
Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

- (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,



Michael Gilbert
Deputy Commissioner

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



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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 rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2022 for Medicaid patients of Bridgeport Hospital are listed below.

Provider Specific Rates – Bridgeport Hospital

Medicaid Provider ID	004025003
Wage Adjusted Conversion Factor	\$ 92.94
Cost-to-Charge Ratio for Outliers only	0.23380

Provider Specific Rates – Bridgeport Hospital, Milford Campus

Medicaid Provider ID	008087733
Wage Adjusted Conversion Factor	\$ 92.82
Cost-to-Charge Ratio for Outliers only	0.23380

State-Wide Parameters

Outlier Multiplier	1.75
Outlier Threshold	\$6,175.00

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.

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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we have attached the updated calculations. The rate letters and calculations will also be available on the website under “Medicaid Hospital Reimbursement”, “Fees/Payment”.

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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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,



Michael Gilbert
Deputy Commissioner

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



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MICHAEL GILBERT

Deputy Commissioner

December 28, 2021

Kurt Barwis
President, CEO & CFO
Bristol Hospital
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 rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2022 for Medicaid patients of Bristol Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004025193
Wage Adjusted Conversion Factor	\$ 92.82
Cost-to-Charge Ratio for Outliers only	0.24049

State-Wide Parameters

Outlier Multiplier	1.75
Outlier Threshold	\$6,175.00

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.

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

Additional information on the initial rate development process can be found on the DSS website that can be accessed by going to <http://portal.ct.gov/dss>, selecting "Health & Home Care", "For Providers", "Medicaid Hospital Reimbursement", and then "Related Resources". For your reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payment".

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,



Michael Gilbert
Deputy Commissioner

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



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mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

December 28, 2021

Sean Curtin
Vice President, Finance
Hospital of Central Connecticut
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 rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2022 for Medicaid patients of The Hospital Of Central Connecticut are listed below.

Provider Specific Rates

Medicaid Provider ID	004025243	007228692	007228694
Wage Adjusted Conversion Factor		\$ 92.82	
Cost-to-Charge Ratio for Outliers only		0.33444	

State-Wide Parameters

Outlier Multiplier	1.75
Outlier Threshold	\$6,175.00

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.

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

Additional information on the initial rate development process can be found on the DSS website that can be accessed by going to <http://portal.ct.gov/dss>, selecting "Health & Home Care", "For Providers", "Medicaid Hospital Reimbursement", and then "Related Resources". For your reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payment".

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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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,



Michael Gilbert
Deputy Commissioner

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



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mike.gilbert@ct.gov

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 rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2022 for Medicaid patients of Danbury Hospital are listed below.

Provider Specific Rates – Danbury Hospital

Medicaid Provider ID	004025227
Wage Adjusted Conversion Factor	\$ 92.94
Cost-to-Charge Ratio for Outliers only	0.26802

Provider Specific Rates – Danbury Hospital dba New Milford Hospital

Medicaid Provider ID	008055717
Wage Adjusted Conversion Factor	\$ 92.82
Cost-to-Charge Ratio for Outliers only	0.26802

State-Wide Parameters

Outlier Multiplier	1.75
Outlier Threshold	\$6,175.00

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.

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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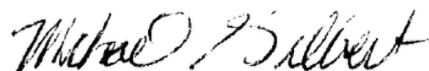
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Michael Gilbert
Deputy Commissioner

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



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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 rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2022 for Medicaid patients of Day Kimball Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004024931	007228881
Wage Adjusted Conversion Factor		\$ 92.82
Cost-to-Charge Ratio for Outliers only		0.42690

State-Wide Parameters

Outlier Multiplier	1.75
Outlier Threshold	\$6,175.00

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Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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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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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,



Michael Gilbert
Deputy Commissioner

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



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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 approved Medicaid State Plan, specifically State Plan Amendment 20-0002, the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2022 for Medicaid patients of John Dempsey Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004025250
Wage Adjusted Conversion Factor	\$ 88.23
Cost-to-Charge Ratio for Outliers only	0.41718

State-Wide Parameters

Outlier Multiplier	1.75
Outlier Threshold	\$6,175.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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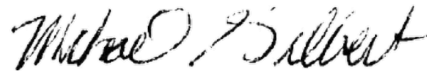
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

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. Holmes
N. Venditto



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
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MICHAEL GILBERT

Deputy Commissioner

December 28, 2021

Eugene J. Colucci
Chief Financial Officer
Greenwich Hospital
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 rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2022 for Medicaid patients of Greenwich Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004025086
Wage Adjusted Conversion Factor	\$ 92.94
Cost-to-Charge Ratio for Outliers only	0.30954

State-Wide Parameters

Outlier Multiplier	1.75
Outlier Threshold	\$6,175.00

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.

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

Additional information on the initial rate development process can be found on the DSS website that can be accessed by going to <http://portal.ct.gov/dss>, selecting "Health & Home Care", "For Providers", "Medicaid Hospital Reimbursement", and then "Related Resources". For your reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payment".

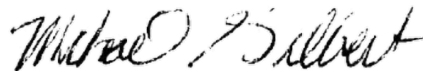
Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

- (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,



Michael Gilbert
Deputy Commissioner

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



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

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 rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2022 for Medicaid patients of Griffin Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004025219
Wage Adjusted Conversion Factor	\$ 92.82
Cost-to-Charge Ratio for Outliers only	0.19853

State-Wide Parameters

Outlier Multiplier	1.75
Outlier Threshold	\$6,175.00

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.

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

Additional information on the initial rate development process can be found on the DSS website that can be accessed by going to <http://portal.ct.gov/dss>, selecting "Health & Home Care", "For Providers", "Medicaid Hospital Reimbursement", and then "Related Resources". For your reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payment".

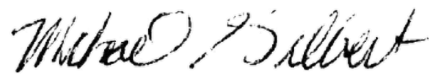
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- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description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

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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,



Michael Gilbert
Deputy Commissioner

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



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

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 rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2022 for Medicaid patients of Hartford Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004025151	008020366
Wage Adjusted Conversion Factor		\$ 92.82
Cost-to-Charge Ratio for Outliers only		0.36733

State-Wide Parameters

Outlier Multiplier	1.75
Outlier Threshold	\$6,175.00

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.

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

Additional information on the initial rate development process can be found on the DSS website that can be accessed by going to <http://portal.ct.gov/dss>, selecting "Health & Home Care", "For Providers", "Medicaid Hospital Reimbursement", and then "Related Resources". For your reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payment".

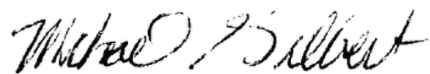
Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

- (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.

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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,



Michael Gilbert
Deputy Commissioner

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



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

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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 rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2022 for Medicaid patients of Charlotte Hungerford Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004025011
Wage Adjusted Conversion Factor	\$ 92.82
Cost-to-Charge Ratio for Outliers only	0.41235

State-Wide Parameters

Outlier Multiplier	1.75
Outlier Threshold	\$6,175.00

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.

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

Additional information on the initial rate development process can be found on the DSS website that can be accessed by going to <http://portal.ct.gov/dss>, selecting "Health & Home Care", "For Providers", "Medicaid Hospital Reimbursement", and then "Related Resources". For your reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payment".

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,



Michael Gilbert
Deputy Commissioner

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



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 rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2022 for Medicaid patients of Johnson Memorial Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004024980
Wage Adjusted Conversion Factor	\$ 92.82
Cost-to-Charge Ratio for Outliers only	0.279

State-Wide Parameters

Outlier Multiplier	1.75
Outlier Threshold	\$6,175.00

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.

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

Additional information on the initial rate development process can be found on the DSS website that can be accessed by going to <http://portal.ct.gov/dss>, selecting "Health & Home Care", "For Providers", "Medicaid Hospital Reimbursement", and then "Related Resources". For your reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payment".

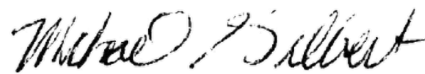
Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

- (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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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,



Michael Gilbert
Deputy Commissioner

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



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

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FAX:

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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 rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2022 for Medicaid patients of Lawrence and Memorial Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004024972	007228689	007228690
Wage Adjusted Conversion Factor			\$ 92.82
Cost-to-Charge Ratio for Outliers only			0.3332

State-Wide Parameters

Outlier Multiplier	1.75
Outlier Threshold	\$6,175.00

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.

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

Additional information on the initial rate development process can be found on the DSS website that can be accessed by going to <http://portal.ct.gov/dss>, selecting "Health & Home Care", "For Providers", "Medicaid Hospital Reimbursement", and then "Related Resources". For your reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payment".

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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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,



Michael Gilbert
Deputy Commissioner

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



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

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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 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 rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2022 for Medicaid patients of Manchester Memorial Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	008069213
Wage Adjusted Conversion Factor	\$ 92.82
Cost-to-Charge Ratio for Outliers only	0.20654

State-Wide Parameters

Outlier Multiplier	1.75
Outlier Threshold	\$6,175.00

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.

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

Additional information on the initial rate development process can be found on the DSS website that can be accessed by going to <http://portal.ct.gov/dss>, selecting "Health & Home Care", "For Providers", "Medicaid Hospital Reimbursement", and then "Related Resources". For your reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payment".

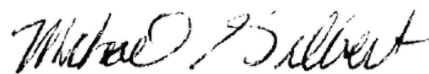
Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

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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,



Michael Gilbert
Deputy Commissioner

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



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

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TTY:

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 rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2022 for Medicaid patients of MidState Medical Center are listed below.

Provider Specific Rates

Medicaid Provider ID	004025078
Wage Adjusted Conversion Factor	\$ 92.82
Cost-to-Charge Ratio for Outliers only	0.40701

State-Wide Parameters

Outlier Multiplier	1.75
Outlier Threshold	\$6,175.00

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Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

Additional information on the initial rate development process can be found on the DSS website that can be accessed by going to <http://portal.ct.gov/dss>, selecting "Health & Home Care", "For Providers", "Medicaid Hospital Reimbursement", and then "Related Resources". For your reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payment".


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,



Michael Gilbert
Deputy Commissioner

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



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 rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2022 for Medicaid patients of Middlesex Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004025102
Wage Adjusted Conversion Factor	\$ 92.82
Cost-to-Charge Ratio for Outliers only	0.22532

State-Wide Parameters

Outlier Multiplier	1.75
Outlier Threshold	\$6,175.00

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.

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

Additional information on the initial rate development process can be found on the DSS website that can be accessed by going to <http://portal.ct.gov/dss>, selecting "Health & Home Care", "For Providers", "Medicaid Hospital Reimbursement", and then "Related Resources". For your reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payment".

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.

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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,



Michael Gilbert
Deputy Commissioner

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



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
Chief Financial Officer
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 rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2022 for Medicaid patients of Norwalk Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004025235
Wage Adjusted Conversion Factor	\$ 92.94
Cost-to-Charge Ratio for Outliers only	0.28779

State-Wide Parameters

Outlier Multiplier	1.75
Outlier Threshold	\$6,175.00

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.

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

Additional information on the initial rate development process can be found on the DSS website that can be accessed by going to <http://portal.ct.gov/dss>, selecting "Health & Home Care", "For Providers", "Medicaid Hospital Reimbursement", and then "Related Resources". For your reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payment".


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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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,



Michael Gilbert
Deputy Commissioner

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



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

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 rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2022 for Medicaid patients of Rockville General Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	008069220
Wage Adjusted Conversion Factor	\$ 92.82
Cost-to-Charge Ratio for Outliers only	0.26455

State-Wide Parameters

Outlier Multiplier	1.75
Outlier Threshold	\$6,175.00

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.

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

Additional information on the initial rate development process can be found on the DSS website that can be accessed by going to <http://portal.ct.gov/dss>, selecting "Health & Home Care", "For Providers", "Medicaid Hospital Reimbursement", and then "Related Resources". For your reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payment".

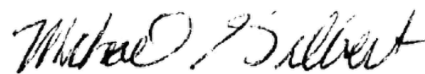
Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

- (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,



Michael Gilbert
Deputy Commissioner

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



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

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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 rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2022 for Medicaid patients of St. Francis Hospital and Medical Center are listed below.

Provider Specific Rates

Medicaid Provider ID	004024923
Wage Adjusted Conversion Factor	\$ 92.82
Cost-to-Charge Ratio for Outliers only	0.23644

State-Wide Parameters

Outlier Multiplier	1.75
Outlier Threshold	\$6,175.00

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.

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

Additional information on the initial rate development process can be found on the DSS website that can be accessed by going to <http://portal.ct.gov/dss>, selecting "Health & Home Care", "For Providers", "Medicaid Hospital Reimbursement", and then "Related Resources". For your reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payment".

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,



Michael Gilbert
Deputy Commissioner

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



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 rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2022 for Medicaid patients of St. Mary's Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004025060
Wage Adjusted Conversion Factor	\$ 92.82
Cost-to-Charge Ratio for Outliers only	0.27012

State-Wide Parameters

Outlier Multiplier	1.75
Outlier Threshold	\$6,175.00

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.

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

Additional information on the initial rate development process can be found on the DSS website that can be accessed by going to <http://portal.ct.gov/dss>, selecting "Health & Home Care", "For Providers", "Medicaid Hospital Reimbursement", and then "Related Resources". For your reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payment".

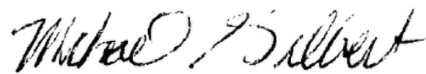
Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

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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,



Michael Gilbert
Deputy Commissioner

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



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

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 rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2022 for Medicaid patients of St. Vincent's Medical Center are listed below.

Provider Specific Rates

Medicaid Provider ID	008090985
Wage Adjusted Conversion Factor	\$ 92.94
Cost-to-Charge Ratio for Outliers only	0.30679

State-Wide Parameters

Outlier Multiplier	1.75
Outlier Threshold	\$6,175.00

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.

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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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,



Michael Gilbert
Deputy Commissioner

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



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

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EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

December 28, 2021

Steven H. Rosenberg
Chief Financial Officer
Sharon Hospital, Nuvance Health
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 rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2022 for Medicaid patients of Sharon Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	008074565
Wage Adjusted Conversion Factor	\$ 92.82
Cost-to-Charge Ratio for Outliers only	0.33596

State-Wide Parameters

Outlier Multiplier	1.75
Outlier Threshold	\$6,175.00

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Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

Additional information on the initial rate development process can be found on the DSS website that can be accessed by going to <http://portal.ct.gov/dss>, selecting "Health & Home Care", "For Providers", "Medicaid Hospital Reimbursement", and then "Related Resources". For your reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payment".

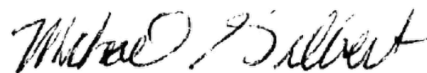
Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

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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,



Michael Gilbert
Deputy Commissioner

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



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

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 rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2022 for Medicaid patients of Stamford Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004024964
Wage Adjusted Conversion Factor	\$ 92.94
Cost-to-Charge Ratio for Outliers only	0.15087

State-Wide Parameters

Outlier Multiplier	1.75
Outlier Threshold	\$6,175.00

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.

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

Additional information on the initial rate development process can be found on the DSS website that can be accessed by going to <http://portal.ct.gov/dss>, selecting "Health & Home Care", "For Providers", "Medicaid Hospital Reimbursement", and then "Related Resources". For your reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payment".

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,



Michael Gilbert
Deputy Commissioner

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



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

MICHAEL GILBERT
Deputy Commissioner

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

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 rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2022 for Medicaid patients of Waterbury Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	008069223
Wage Adjusted Conversion Factor	\$ 92.82
Cost-to-Charge Ratio for Outliers only	0.17704

State-Wide Parameters

Outlier Multiplier	1.75
Outlier Threshold	\$6,175.00

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.

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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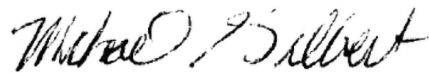
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Sincerely,



Michael Gilbert
Deputy Commissioner

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



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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 rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2022 for Medicaid patients of Windham Community Memorial Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004025110
Wage Adjusted Conversion Factor	\$ 92.82
Cost-to-Charge Ratio for Outliers only	0.36350

State-Wide Parameters

Outlier Multiplier	1.75
Outlier Threshold	\$6,175.00

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Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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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,



Michael Gilbert
Deputy Commissioner

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



STATE OF CONNECTICUT

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OFFICE OF THE DEPUTY COMMISSIONER

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EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

December 28, 2021

Vincent Tammaro
Chief Financial Officer
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 rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2022 for Medicaid patients of Yale-New Haven Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004025128
Wage Adjusted Conversion Factor	\$ 92.82
Cost-to-Charge Ratio for Outliers only	0.24452

State-Wide Parameters

Outlier Multiplier	1.75
Outlier Threshold	\$6,175.00

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Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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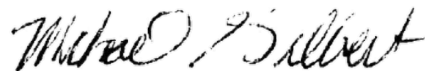
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Michael Gilbert
Deputy Commissioner

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



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

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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 Street
Hartford CT 06106

Dear Ms. Feagin:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the approved Medicaid State Plan, specifically State Plan Amendment 20-0002, the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2022 for Medicaid patients of Connecticut Children's Medical Center are listed below.

Provider Specific Rates

Medicaid Provider ID	004159978 008093725
Wage Adjusted Conversion Factor	\$ 94.96
Cost-to-Charge Ratio for Outliers only	0.34368

State-Wide Parameters

Outlier Multiplier	1.75
Outlier Threshold	\$6,175.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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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:

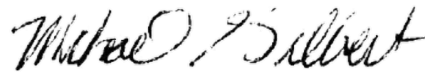
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,

A handwritten signature in black ink that reads "Michael Gilbert". The signature is written in a cursive style with a large, stylized "M" and "G".

Michael Gilbert
Deputy Commissioner

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



STATE OF CONNECTICUT

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EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT

Deputy Commissioner

December 28, 2021

Paul Maloney
Vice President of Finance
Natchaug Hospital
189 Storrs Road
Mansfield Center CT 06250

Dear Mr. Maloney:

Pursuant to section 17b-239 of the Connecticut General Statutes, the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2022 for Medicaid patients of Natchaug Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID 004025276

Wage Adjusted Conversion Factor \$ 80.50

Cost-to-Charge Ratio for Outliers only 0.41546

State-Wide Parameters

Outlier Multiplier 1.75

Outlier Threshold \$6,175.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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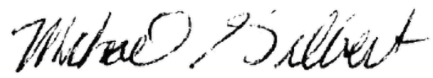
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

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. Holmes
N. Venditto



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
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EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT

Deputy Commissioner

December 28, 2021

Laurie Rudman
Senior Vice President Finance, CFO
Hospital for Special Care
2150 Corbin Avenue
New Britain CT 06053

Dear Ms. Rudman:

Pursuant to section 17b-239 of the Connecticut General Statutes, the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2022 for Medicaid patients of Hospital for Special Care are listed below.

Provider Specific Rates

Medicaid Provider ID 004025326

Wage Adjusted Conversion Factor \$ 80.50

Cost-to-Charge Ratio for Outliers only 0.47206

State-Wide Parameters

Outlier Multiplier 1.75

Outlier Threshold \$6,175.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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Michael Gilbert
Deputy Commissioner

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



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MICHAEL GILBERT

Deputy Commissioner

December 28, 2021

Jon Mace
Chief Financial Officer/Controller
Gaylord Hospital
50 Gaylord Farm Road
Wallingford CT 06492

Dear Mr. Mace:

Pursuant to section 17b-239 of the Connecticut General Statutes, the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2022 for Medicaid patients of Gaylord Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID 004025284

Wage Adjusted Conversion Factor \$ 80.50

Cost-to-Charge Ratio for Outliers only 0.48086

State-Wide Parameters

Outlier Multiplier 1.75

Outlier Threshold \$6,175.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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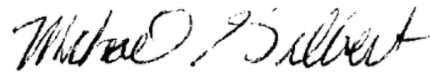
Mr. Mace
December 28, 2021
Page 2 of 2

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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.

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. Holmes
N. Venditto



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, the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2022 for Medicaid patients of Mount Sinai Rehabilitation Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004147725
Wage Adjusted Conversion Factor	\$ 80.50
Cost-to-Charge Ratio for Outliers only	0.22403

State-Wide Parameters

Outlier Multiplier	1.75
Outlier Threshold	\$6,175.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

Additional information on the initial rate development process can be found on the DSS website that can be accessed by going to <http://portal.ct.gov/dss>, selecting "Health & Home Care", "For Providers", "Medicaid Hospital Reimbursement", and then "Related Resources". For your reference, we have attached the updated calculations. The rate letters and calculations will also be available on the website under "Medicaid Hospital Reimbursement", "Fees/Payment".

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.

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.

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