



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

KATHLEEN M. BRENNAN  
Deputy Commissioner

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

December 30, 2019

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, 2020 for Medicaid patients of William W. Backus Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004025144
Wage Adjusted Conversion Factor	\$ 88.87
Cost-to-Charge Ratio for Outliers only	0.29423

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,075.00

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/Payments”.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if

Mr. Mastroianni  
December 30, 2019  
Page 2 of 2

you are aggrieved by this rate decision and you want to have a hearing, you must:

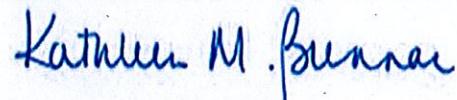
- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
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**Please Note:** 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](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: K. McEvoy  
S. Ouellette  
N. Holmes  
M. Gilbert



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December 30, 2019

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

Dear Mr. McCabe:

Pursuant to 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, 2020 for Medicaid patients of Bridgeport Hospital are listed below.

**Provider Specific Rates – Bridgeport Hospital**

Medicaid Provider ID	004025003
Wage Adjusted Conversion Factor	\$88.98
Cost-to-Charge Ratio for Outliers only	0.19516

**Provider Specific Rates – Bridgeport Hospital, Milford Campus**

Medicaid Provider ID	008087733
Wage Adjusted Conversion Factor	\$88.87
Cost-to-Charge Ratio for Outliers only	0.29492

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,075.00

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Mr. McCabe  
December 30, 2019  
Page 2 of 2

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

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

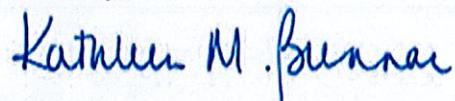
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Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: K. McEvoy  
S. Ouellette  
N. Holmes  
M. Gilbert



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December 30, 2019

Richard Braam  
VP/Finance/CFO  
Bristol Hospital  
Brewster Rd. P.O. Box 977  
Bristol CT 06011-0977

Dear Mr. Braam:

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, 2020 for Medicaid patients of Bristol Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004025193
Wage Adjusted Conversion Factor	\$88.87
Cost-to-Charge Ratio for Outliers only	0.17297

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,075.00

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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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Mr. Braam  
December 30, 2019  
Page 2 of 2

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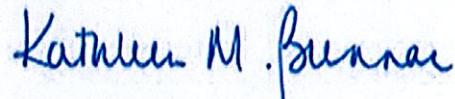
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Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: K. McEvoy  
S. Ouellette  
N. Holmes  
M. Gilbert



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December 30, 2019

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, 2020 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	\$88.87		
Cost-to-Charge Ratio for Outliers only	0.33062		

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,075.00

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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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Mr. Curtin  
December 30, 2019  
Page 2 of 2

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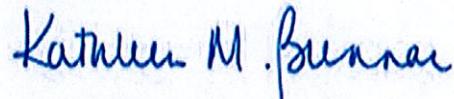
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Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: K. McEvoy  
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December 30, 2019

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, 2020 for Medicaid patients of Danbury Hospital are listed below.

**Provider Specific Rates – Danbury Hospital**

Medicaid Provider ID	004025227	004025052
Wage Adjusted Conversion Factor	\$88.98	
Cost-to-Charge Ratio for Outliers only	0.2668	

**Provider Specific Rates – Danbury Hospital dba New Milford Hospital**

Medicaid Provider ID	008055717
Wage Adjusted Conversion Factor	\$ 88.87
Cost-to-Charge Ratio for Outliers only	0.2668

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,075.00

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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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Mr. Rosenberg  
December 30, 2019  
Page 2 of 2

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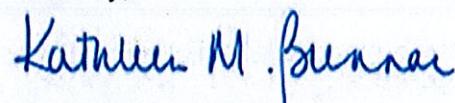
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Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: K. McEvoy  
S. Ouellette  
N. Holmes  
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**1-800-842-4524**

December 30, 2019

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, 2020 for Medicaid patients of Day Kimball Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004024931	007228881
Wage Adjusted Conversion Factor		\$88.87
Cost-to-Charge Ratio for Outliers only		0.35603

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,075.00

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Mr. Beaudoin  
December 30, 2019  
Page 2 of 2

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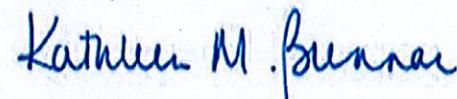
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Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: K. McEvoy  
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December 30, 2019

Eugene J. Colucci  
Vice President, Finance  
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, 2020 for Medicaid patients of Greenwich Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004025086
Wage Adjusted Conversion Factor	\$88.98
Cost-to-Charge Ratio for Outliers only	0.27687

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,075.00

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Mr. Colucci  
December 30, 2019  
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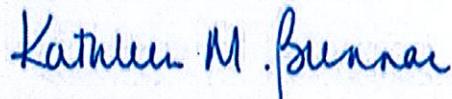
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- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send 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, 9<sup>th</sup> Floor, Hartford, CT 06105 or [Theresa.Messner@ct.gov](mailto: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](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: K. McEvoy  
S. Ouellette  
N. Holmes  
M. Gilbert



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

KATHLEEN M. BRENNAN  
Deputy Commissioner

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

December 30, 2019

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, 2020 for Medicaid patients of Griffin Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004025219
Wage Adjusted Conversion Factor	\$88.87
Cost-to-Charge Ratio for Outliers only	0.22984

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,075.00

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/Payments”.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if

Mr. Balko  
December 30, 2019  
Page 2 of 2

you are aggrieved by this rate decision and you want to have a hearing, you must:

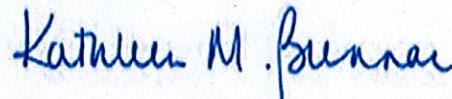
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**Please Note:** Pursuant to paragraph 58 of the settlement agreement, the hospital shall not file any requests for rehearing pursuant to Conn. Gen. Stat. § 17b-238(b) or any other actions, appeals, or proceedings specified therein. Any requests for 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](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: K. McEvoy  
S. Ouellette  
N. Holmes  
M. Gilbert



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

KATHLEEN M. BRENNAN  
Deputy Commissioner

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

December 30, 2019

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, 2020 for Medicaid patients of Hartford Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004025151	008020366
Wage Adjusted Conversion Factor		\$88.87
Cost-to-Charge Ratio for Outliers only		0.32344

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,075.00

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

Mr. Boisvert  
December 30, 2019  
Page 2 of 2

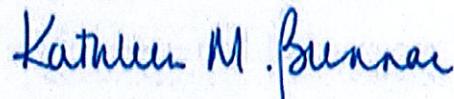
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or [Roberta.Cecil@ct.gov](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: K. McEvoy  
S. Ouellette  
N. Holmes  
M. Gilbert



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

KATHLEEN M. BRENNAN  
Deputy Commissioner

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

December 30, 2019

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, 2020 for Medicaid patients of Charlotte Hungerford Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004025011
Wage Adjusted Conversion Factor	\$88.87
Cost-to-Charge Ratio for Outliers only	0.36531

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,075.00

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/Payments”.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if

Ms. Schapp  
December 30, 2019  
Page 2 of 2

you are aggrieved by this rate decision and you want to have a hearing, you must:

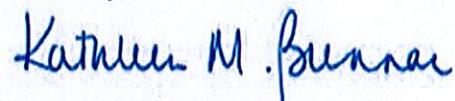
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**Please Note:** Pursuant to paragraph 58 of the settlement agreement, the hospital shall not file any requests for rehearing pursuant to Conn. Gen. Stat. § 17b-238(b) or any other actions, appeals, or proceedings specified therein. Any requests for 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](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: K. McEvoy  
S. Ouellette  
N. Holmes  
M. Gilbert



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

KATHLEEN M. BRENNAN  
Deputy Commissioner

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

December 30, 2019

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

Dear Mr. Bittner:

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, 2020 for Medicaid patients of Johnson Memorial Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004024980
Wage Adjusted Conversion Factor	\$88.87
Cost-to-Charge Ratio for Outliers only	0.29534

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,075.00

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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

Mr. Bittner  
December 30, 2019  
Page 2 of 2

you are aggrieved by this rate decision and you want to have a hearing, you must:

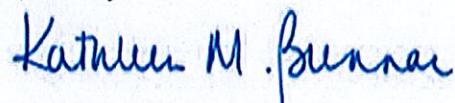
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**Please Note:** Pursuant to paragraph 58 of the settlement agreement, the hospital shall not file any requests for rehearing pursuant to Conn. Gen. Stat. § 17b-238(b) or any other actions, appeals, or proceedings specified therein. Any requests for 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](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: K. McEvoy  
S. Ouellette  
N. Holmes  
M. Gilbert



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

KATHLEEN M. BRENNAN  
Deputy Commissioner

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

December 30, 2019

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, 2020 for Medicaid patients of Lawrence and Memorial Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004024972	007228689	007228690
Wage Adjusted Conversion Factor	\$88.87		
Cost-to-Charge Ratio for Outliers only	0.31883		

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,075.00

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

Mr. Allegretto  
December 30, 2019  
Page 2 of 2

you are aggrieved by this rate decision and you want to have a hearing, you must:

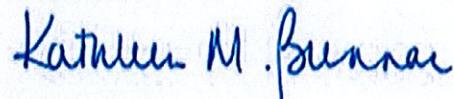
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**Please Note:** Pursuant to paragraph 58 of the settlement agreement, the hospital shall not file any requests for rehearing pursuant to Conn. Gen. Stat. § 17b-238(b) or any other actions, appeals, or proceedings specified therein. Any requests for 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](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: K. McEvoy  
S. Ouellette  
N. Holmes  
M. Gilbert



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

KATHLEEN M. BRENNAN  
Deputy Commissioner

Telephone  
(860) 424-5693  
Facsimile  
(860) 424-4860

TDD  
1-800-842-4524

December 30, 2019

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

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, 2020 for Medicaid patients of Manchester Memorial Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	008069213
Wage Adjusted Conversion Factor	\$88.87
Cost-to-Charge Ratio for Outliers only	0.19876

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,075.00

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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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Mr. Veillette  
December 30, 2019  
Page 2 of 2

you are aggrieved by this rate decision and you want to have a hearing, you must:

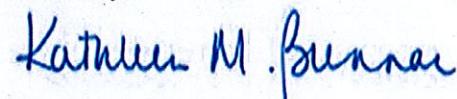
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**Please Note:** Pursuant to paragraph 58 of the settlement agreement, the hospital shall not file any requests for rehearing pursuant to Conn. Gen. Stat. § 17b-238(b) or any other actions, appeals, or proceedings specified therein. Any requests for 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](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: K. McEvoy  
S. Ouellette  
N. Holmes  
M. Gilbert



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

KATHLEEN M. BRENNAN  
Deputy Commissioner

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Facsimile  
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**TDD**  
1-800-842-4524

December 30, 2019

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

Dear Ms. 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, 2020 for Medicaid patients of MidState Medical Center are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004025078
Wage Adjusted Conversion Factor	\$88.87
Cost-to-Charge Ratio for Outliers only	0.36885

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,075.00

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/Payments”.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if

Ms. Curtin  
December 30, 2019  
Page 2 of 2

you are aggrieved by this rate decision and you want to have a hearing, you must:

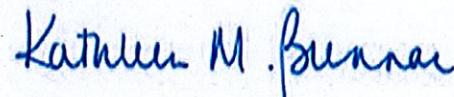
- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **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, 9<sup>th</sup> Floor, Hartford, CT 06105 or [Theresa.Messner@ct.gov](mailto: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](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: K. McEvoy  
S. Ouellette  
N. Holmes  
M. Gilbert



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

KATHLEEN M. BRENNAN  
Deputy Commissioner

Telephone  
(860) 424-5693  
Facsimile  
(860) 424-4860

TDD  
1-800-842-4524

December 30, 2019

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, 2020 for Medicaid patients of Middlesex Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004025102
Wage Adjusted Conversion Factor	\$88.87
Cost-to-Charge Ratio for Outliers only	0.20314

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,075.00

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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

Ms. Martin  
December 30, 2019  
Page 2 of 2

you are aggrieved by this rate decision and you want to have a hearing, you must:

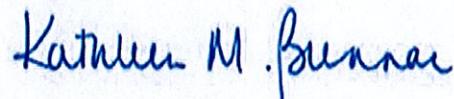
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or [Roberta.Cecil@ct.gov](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: K. McEvoy  
S. Ouellette  
N. Holmes  
M. Gilbert



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

KATHLEEN M. BRENNAN  
Deputy Commissioner

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

December 30, 2019

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

Dear Mr. Minicus:

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, 2020 for Medicaid patients of Norwalk Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004025235
Wage Adjusted Conversion Factor	\$88.98
Cost-to-Charge Ratio for Outliers only	0.2877

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,075.00

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

Mr. Minicus  
December 30, 2019  
Page 2 of 2

you are aggrieved by this rate decision and you want to have a hearing, you must:

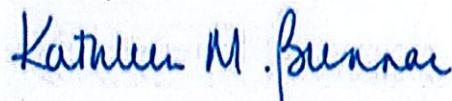
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or [Roberta.Cecil@ct.gov](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: K. McEvoy  
S. Ouellette  
N. Holmes  
M. Gilbert



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

KATHLEEN M. BRENNAN  
Deputy Commissioner

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

December 30, 2019

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

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, 2020 for Medicaid patients of Rockville General Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	008069220
Wage Adjusted Conversion Factor	\$88.87
Cost-to-Charge Ratio for Outliers only	0.16127

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,075.00

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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/Payments”.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if

Mr. Veillette  
December 30, 2019  
Page 2 of 2

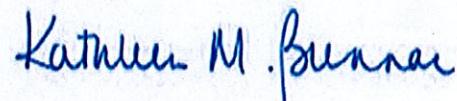
you are aggrieved by this rate decision and you want to have a hearing, you must:

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

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: K. McEvoy  
S. Ouellette  
N. Holmes  
M. Gilbert



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

KATHLEEN M. BRENNAN  
Deputy Commissioner

Telephone  
(860) 424-5693  
Facsimile  
(860) 424-4860

TDD  
1-800-842-4524

December 30, 2019

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

Dear Mr. Bittner:

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, 2020 for Medicaid patients of St. Francis Hospital and Medical Center are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004024923
Wage Adjusted Conversion Factor	\$88.87
Cost-to-Charge Ratio for Outliers only	0.24825

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,075.00

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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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Mr. Bittner  
December 30, 2019  
Page 2 of 2

you are aggrieved by this rate decision and you want to have a hearing, you must:

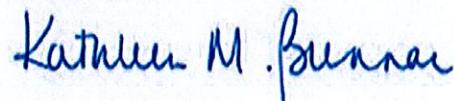
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or [Roberta.Cecil@ct.gov](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: K. McEvoy  
S. Ouellette  
N. Holmes  
M. Gilbert



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

KATHLEEN M. BRENNAN  
Deputy Commissioner

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

December 30, 2019

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

Dear Mr. Hayes:

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, 2020 for Medicaid patients of St. Mary's Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004025060
Wage Adjusted Conversion Factor	\$88.87
Cost-to-Charge Ratio for Outliers only	0.24059

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,075.00

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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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Mr. Hayes  
December 30, 2019  
Page 2 of 2

you are aggrieved by this rate decision and you want to have a hearing, you must:

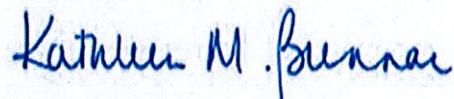
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or [Roberta.Cecil@ct.gov](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: K. McEvoy  
S. Ouellette  
N. Holmes  
M. Gilbert



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

KATHLEEN M. BRENNAN  
Deputy Commissioner

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

December 30, 2019

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, 2020 for Medicaid patients of St. Vincent's Medical Center are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004025185
Wage Adjusted Conversion Factor	\$88.98
Cost-to-Charge Ratio for Outliers only	0.31657

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,075.00

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Mr. Given  
December 30, 2019  
Page 2 of 2

you are aggrieved by this rate decision and you want to have a hearing, you must:

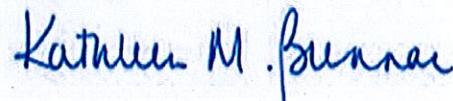
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or [Roberta.Cecil@ct.gov](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: K. McEvoy  
S. Ouellette  
N. Holmes  
M. Gilbert



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

KATHLEEN M. BRENNAN  
Deputy Commissioner

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

December 30, 2019

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

Dear Ms. Bacher:

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, 2020 for Medicaid patients of Sharon Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	008074565
Wage Adjusted Conversion Factor	\$88.87
Cost-to-Charge Ratio for Outliers only	0.27011

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,075.00

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/Payments”.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if

Ms. Bacher  
December 30, 2019  
Page 2 of 2

you are aggrieved by this rate decision and you want to have a hearing, you must:

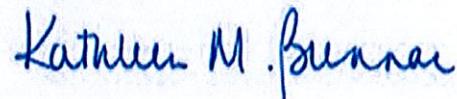
- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement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

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: K. McEvoy  
S. Ouellette  
N. Holmes  
M. Gilbert



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

KATHLEEN M. BRENNAN  
Deputy Commissioner

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**TDD**  
**1-800-842-4524**

December 30, 2019

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

Dear Ms. Silard:

Pursuant to 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, 2020 for Medicaid patients of Stamford Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004024964
Wage Adjusted Conversion Factor	\$88.98
Cost-to-Charge Ratio for Outliers only	0.15194

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,075.00

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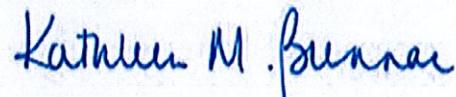
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or [Roberta.Cecil@ct.gov](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: K. McEvoy  
S. Ouellette  
N. Holmes  
M. Gilbert



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

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1-800-842-4524

December 30, 2019

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

Dear Mr. Golino:

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, 2020 for Medicaid patients of Waterbury Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	008069223
Wage Adjusted Conversion Factor	\$88.87
Cost-to-Charge Ratio for Outliers only	0.17838

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,075.00

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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

Mr. Golino  
December 30, 2019  
Page 2 of 2

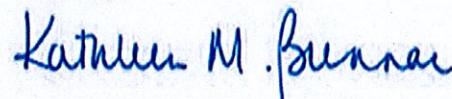
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- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description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

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

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: K. McEvoy  
S. Ouellette  
N. Holmes  
M. Gilbert



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

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TDD  
1-800-842-4524

December 30, 2019

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, 2020 for Medicaid patients of Windham Community Memorial Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004025110
Wage Adjusted Conversion Factor	\$88.87
Cost-to-Charge Ratio for Outliers only	0.30941

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,075.00

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/Payments”.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if

Mr. Mastroianni  
December 30, 2019  
Page 2 of 2

you are aggrieved by this rate decision and you want to have a hearing, you must:

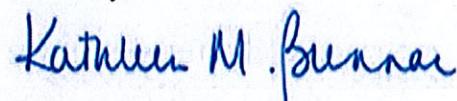
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**Please Note:** Pursuant to paragraph 58 of the settlement agreement, the hospital shall not file any requests for rehearing pursuant to Conn. Gen. Stat. § 17b-238(b) or any other actions, appeals, or proceedings specified therein. Any requests for 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.

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Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: K. McEvoy  
S. Ouellette  
N. Holmes  
M. Gilbert



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

KATHLEEN M. BRENNAN  
Deputy Commissioner

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**TDD**  
**1-800-842-4524**

December 30, 2019

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, 2020 for Medicaid patients of Yale-New Haven Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004025128
Wage Adjusted Conversion Factor	\$88.87
Cost-to-Charge Ratio for Outliers only	0.20136

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,075.00

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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Mr. Tammaro  
December 30, 2019  
Page 2 of 2

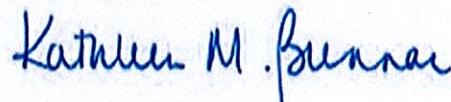
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or [Roberta.Cecil@ct.gov](mailto:Roberta.Cecil@ct.gov).

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: K. McEvoy  
S. Ouellette  
N. Holmes  
M. Gilbert



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

KATHLEEN M. BRENNAN  
Deputy Commissioner

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

December 30, 2019

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, 2020 for Medicaid patients of Natchaug Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004025276
Wage Adjusted Conversion Factor	\$75.46
Cost-to-Charge Ratio for Outliers only	0.39152

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,075.00

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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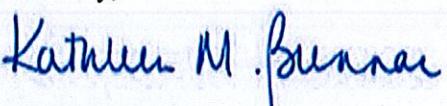
Mr. Maloney  
December 30, 2019  
Page 2 of 2

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Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: K. McEvoy  
S. Ouellette  
N. Holmes  
M. Gilbert



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KATHLEEN M. BRENNAN  
Deputy Commissioner

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TDD  
1-800-842-4524

December 30, 2019

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

Dear Ms. Whelan:

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, 2020 for Medicaid patients of Hospital for Special Care are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004025326
Wage Adjusted Conversion Factor	\$75.46
Cost-to-Charge Ratio for Outliers only	0.64436

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,075.00

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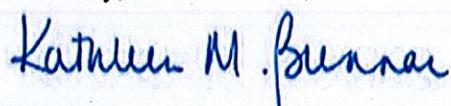
Ms. Whelan  
December 30, 2019  
Page 2 of 2

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

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: K. McEvoy  
S. Ouellette  
N. Holmes  
M. Gilbert



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DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF THE DEPUTY COMMISSIONER

KATHLEEN M. BRENNAN  
Deputy Commissioner

Telephone  
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**TDD**  
1-800-842-4524

December 30, 2019

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, 2020 for Medicaid patients of Gaylord Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004025284
Wage Adjusted Conversion Factor	\$79.31
Cost-to-Charge Ratio for Outliers only	0.42177

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,075.00

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/Payments”.

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

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

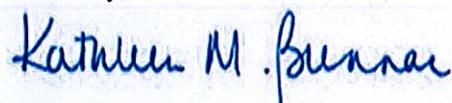
Mr. Mace  
December 30, 2019  
Page 2 of 2

**of the date of this letter.** The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

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

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

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: K. McEvoy  
S. Ouellette  
N. Holmes  
M. Gilbert



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

KATHLEEN M. BRENNAN  
Deputy Commissioner

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

December 30, 2019

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

Dear Mr. Bittner:

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, 2020 for Medicaid patients of Mount Sinai Rehabilitation Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004147725
Wage Adjusted Conversion Factor	\$75.46
Cost-to-Charge Ratio for Outliers only	0.29433

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,075.00

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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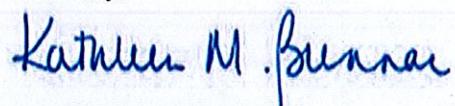
Mr. Bittner  
December 30, 2019  
Page 2 of 2

**of the date of this letter.** The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

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

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

Sincerely,



Kathleen M. Brennan  
Deputy Commissioner

cc: K. McEvoy  
S. Ouellette  
N. Holmes  
M. Gilbert