



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

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KATHLEEN M. BRENNAN
Deputy Commissioner

December 28, 2018

To: All Out-of-State and Border Hospitals

Re: Outpatient Hospital Reimbursement

Dear Provider:

Pursuant to section 17b-239 of the 2016 supplement to the Connecticut General Statutes, as amended by section 87 of Public Act 16-3 of the May 2016 Special Session, the Department implemented a new outpatient reimbursement methodology using Ambulatory Payment Classifications (APCs) effective for dates of service on or after July 1, 2016.

Below are the APC conversion factor and outlier parameters for Connecticut Medicaid patients effective for dates of service on or after January 1, 2019.

Conversion Factor	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,825.00
Cost-to-Charge Ratio for Outliers	0.22806

The Connecticut Medical Assistance Program's (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's Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or other applicable fee schedule as specified. CMAP's Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

Additional information can be found on the DSS website. To access the website, go to <http://portal.ct.gov/dss>, select "Health & Home Care", then "For Providers", and then "Medicaid Hospital Reimbursement".

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

Sincerely,

Kathleen M. Brennan
Deputy Commissioner

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