



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

September 30, 2021

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

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.4% has been applied effective October 1, 2021 in accordance with applicable regulations.

| <u>Service</u> | <u>Provider No.</u> | <u>Rate Per Visit</u> <u>10/1/21 – 9/30/22</u> |
|-------------------------------|---------------------|---|
| Medical | 004236130 | \$164.94 |
| Dental | 004236122 | \$155.33 |
| Mental Health/Substance Abuse | 004236148 | \$166.00 |

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

Any questions or correspondence concerning this rate letter should be directed to Nick Mazzatto, Reimbursement and Certificate of Need, Department of Social Services (860-424-5927).

Sincerely,

Michael Gilbert
Deputy Commissioner

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



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MICHAEL GILBERT
Deputy Commissioner

September 30, 2021

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

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.4% has been applied effective October 1, 2021 in accordance with applicable regulations.

| <u>Service</u> | <u>Provider No.</u> | <u>Rate Per Visit</u> <u>10/1/21 – 9/30/22</u> |
|-------------------------------|---------------------|---|
| Medical | 004234788 | \$173.40 |
| Dental | 004234770 | \$151.34 |
| Mental Health/Substance Abuse | 004235926 | \$199.23 |

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

Any questions or correspondence concerning this rate letter should be directed to Nick Mazzatto, Reimbursement and Certificate of Need, Department of Social Services (860-424-5927).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: S. Oeullette
N. Godburn
N. Holmes
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MICHAEL GILBERT

Deputy Commissioner

September 30, 2021

Connecticut Institute for Communities, Inc

120 Main Street

Danbury, CT 06810

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.4% has been applied effective October 1, 2021 in accordance with applicable regulations.

| <u>Service</u> | <u>Provider No.</u> | <u>Rate Per Visit</u> <u>10/1/21 – 9/30/22</u> |
|-------------------------------|---------------------|---|
| Medical | 008004668 | \$165.20 |
| Dental | 008058757 | \$150.45 |
| Mental Health/Substance Abuse | 008050622 | \$182.27 |

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

Any questions or correspondence concerning this rate letter should be directed to Nick Mazzatto, Reimbursement and Certificate of Need, Department of Social Services (860-424-5927).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: S. Oeullette
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N. Holmes
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MICHAEL GILBERT

Deputy Commissioner

September 30, 2021

First Choice Health Centers, Inc.

94 Connecticut Blvd.

East Hartford, CT 06108

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.4% has been applied effective October 1, 2021 in accordance with applicable regulations.

| <u>Service</u> | <u>Provider No.</u> | <u>Rate Per Visit</u> <u>10/1/21 – 9/30/22</u> |
|-------------------------------|---------------------|---|
| Medical | 004236164 | \$153.51 |
| Dental | 004236156 | \$144.31 |
| Mental Health/Substance Abuse | 008057168 | \$182.21 |

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

Any questions or correspondence concerning this rate letter should be directed to Nick Mazzatto, Reimbursement and Certificate of Need, Department of Social Services (860-424-5927).

Sincerely,

Michael Gilbert
Deputy Commissioner

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

September 30, 2021

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

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.4% has been applied effective October 1, 2021 in accordance with applicable regulations.

| <u>Service</u> | <u>Provider No.</u> | <u>Rate Per Visit</u> <u>10/1/21 – 9/30/22</u> |
|-------------------------------|---------------------|---|
| Medical | 004236007 | \$155.07 |
| Dental | 004235992 | \$151.60 |
| Mental Health/Substance Abuse | 004236015 | \$174.87 |

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

Any questions or correspondence concerning this rate letter should be directed to Nick Mazzatto, Reimbursement and Certificate of Need, Department of Social Services (860-424-5927).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: S. Oeullette
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MICHAEL GILBERT

Deputy Commissioner

September 30, 2021

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

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.4% has been applied effective October 1, 2021 in accordance with applicable regulations.

| <u>Service</u> | <u>Provider No.</u> | <u>Rate Per Visit</u> <u>10/1/21 – 9/30/22</u> |
|-------------------------------|---------------------|---|
| Medical | 004235570 | \$164.33 |
| Dental | 004236099 | \$155.07 |
| Mental Health/Substance Abuse | 004235588 | \$173.59 |

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

Any questions or correspondence concerning this rate letter should be directed to Nick Mazzatto, Reimbursement and Certificate of Need, Department of Social Services (860-424-5927).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: S. Oeullette
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D. Robinson-Rush



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MICHAEL GILBERT
Deputy Commissioner

September 30, 2021

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

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.4% has been applied effective October 1, 2021 in accordance with applicable regulations.

| <u>Service</u> | <u>Provider No.</u> | <u>Rate Per Visit</u> <u>10/1/21 – 9/30/22</u> |
|-------------------------------|---------------------|---|
| Medical | 004236346 | \$168.47 |
| Dental | 004236354 | \$164.34 |
| Mental Health/Substance Abuse | 004236338 | \$193.63 |

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

Any questions or correspondence concerning this rate letter should be directed to Nick Mazzatto, Reimbursement and Certificate of Need, Department of Social Services (860-424-5927).

Sincerely,

Michael Gilbert
Deputy Commissioner

cc: S. Oeullette
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D. Robinson-Rush



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MICHAEL GILBERT
Deputy Commissioner

September 30, 2021

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

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.4% has been applied effective October 1, 2021 in accordance with applicable regulations.

| <u>Service</u> | <u>Provider No.</u> | <u>Rate Per Visit</u> <u>10/1/21 – 9/30/22</u> |
|-------------------------------|---------------------|---|
| Medical | 004235736 | \$155.18 |
| Dental | 008050183 | \$151.46 |
| Mental Health/Substance Abuse | 008057841 | \$182.21 |

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

Any questions or correspondence concerning this rate letter should be directed to Nick Mazzatto, Reimbursement and Certificate of Need, Department of Social Services (860-424-5927).

Sincerely,

Michael Gilbert
Deputy Commissioner

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



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MICHAEL GILBERT

Deputy Commissioner

September 30, 2021

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

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.4% has been applied effective October 1, 2021 in accordance with applicable regulations.

| <u>Service</u> | <u>Provider No.</u> | <u>Rate Per Visit</u> <u>10/1/21 – 9/30/22</u> |
|-------------------------------|---------------------|---|
| Medical | 004235900 | \$150.44 |
| Dental | 004235893 | \$164.33 |
| Mental Health/Substance Abuse | 004235918 | \$213.86 |

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

Any questions or correspondence concerning this rate letter should be directed to Nick Mazzatto, Reimbursement and Certificate of Need, Department of Social Services (860-424-5927).

Sincerely,

Michael Gilbert
Deputy Commissioner

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



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MICHAEL GILBERT

Deputy Commissioner

September 30, 2021

Nowalk Community Health Center
120 Connecticut Avenue
Norwalk, CT 06854

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.4% has been applied effective October 1, 2021 in accordance with applicable regulations.

| <u>Service</u> | <u>Provider No.</u> | <u>Rate Per Visit</u> <u>10/1/21 – 9/30/22</u> |
|-------------------------------|---------------------|---|
| Medical | 004236172 | \$162.24 |
| Dental | 008066587 | \$151.77 |
| Mental Health/Substance Abuse | 008066726 | \$182.22 |

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

Any questions or correspondence concerning this rate letter should be directed to Nick Mazzatto, Reimbursement and Certificate of Need, Department of Social Services (860-424-5927).

Sincerely,

Michael Gilbert
Deputy Commissioner

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



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MICHAEL GILBERT
Deputy Commissioner

September 30, 2021

United Community & Family Services
34 East Town Street
Norwich, CT 06360-2326

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.4% has been applied effective October 1, 2021 in accordance with applicable regulations.

| <u>Service</u> | <u>Provider No.</u> | <u>Rate Per Visit</u> <u>10/1/21 – 9/30/22</u> |
|-------------------------------|---------------------|---|
| Medical | 004235934 | \$153.17 |
| Dental | 004236106 | \$137.61 |
| Mental Health/Substance Abuse | 004235942 | \$166.52 |

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

Any questions or correspondence concerning this rate letter should be directed to Nick Mazzatto, Reimbursement and Certificate of Need, Department of Social Services (860-424-5927).

Sincerely,

Michael Gilbert
Deputy Commissioner

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



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MICHAEL GILBERT
Deputy Commissioner

September 30, 2021

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

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.4% has been applied effective October 1, 2021 in accordance with applicable regulations.

| <u>Service</u> | <u>Provider No.</u> | <u>Rate Per Visit</u> <u>10/1/21 – 9/30/22</u> |
|-------------------------------|---------------------|---|
| Medical | 004247872 | \$153.61 |
| Dental | 008024018 | \$146.32 |
| Mental Health/Substance Abuse | 008033022 | \$168.83 |

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

Any questions or correspondence concerning this rate letter should be directed to Nick Mazzatto, Reimbursement and Certificate of Need, Department of Social Services (860-424-5927).

Sincerely,

Michael Gilbert
Deputy Commissioner

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



STATE OF CONNECTICUT

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MICHAEL GILBERT
Deputy Commissioner

September 30, 2021

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

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.4% has been applied effective October 1, 2021 in accordance with applicable regulations.

| <u>Service</u> | <u>Provider No.</u> | <u>Rate Per Visit</u> <u>10/1/21 – 9/30/22</u> |
|-------------------------------|---------------------|---|
| Medical | 004235976 | \$165.61 |
| Dental | 004235968 | \$137.50 |
| Mental Health/Substance Abuse | 004235984 | \$182.41 |

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

Any questions or correspondence concerning this rate letter should be directed to Nick Mazzatto, Reimbursement and Certificate of Need, Department of Social Services (860-424-5927).

Sincerely,

Michael Gilbert
Deputy Commissioner

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



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MICHAEL GILBERT
Deputy Commissioner

September 30, 2021

Generations Family Health Center
40 Mansfield Avenue
Willimantic, CT 06226

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.4% has been applied effective October 1, 2021 in accordance with applicable regulations.

| <u>Service</u> | <u>Provider No.</u> | <u>Rate Per Visit</u> |
|-------------------------------|---------------------|--------------------------|
| | | <u>10/1/21 – 9/30/22</u> |
| Medical | 004235695 | \$164.87 |
| Dental | 004235687 | \$162.02 |
| Mental Health/Substance Abuse | 008003942 | \$184.00 |

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

Any questions or correspondence concerning this rate letter should be directed to Nick Mazzatto, Reimbursement and Certificate of Need, Department of Social Services (860-424-5927).

Sincerely,

Michael Gilbert
Deputy Commissioner

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



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MICHAEL GILBERT
Deputy Commissioner

September 30, 2021

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

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.4% has been applied effective October 1, 2021 in accordance with applicable regulations.

| <u>Service</u> | <u>Provider No.</u> | <u>Rate Per Visit</u> <u>10/1/21 – 9/30/22</u> |
|----------------|---------------------|---|
| Medical | 008057218 | \$178.65 |
| Dental | 008040358 | \$148.51 |

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

Any questions or correspondence concerning this rate letter should be directed to Nick Mazzatto, Reimbursement and Certificate of Need, Department of Social Services (860-424-5927).

Sincerely,

Michael Gilbert
Deputy Commissioner

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



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
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EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT

Deputy Commissioner

September 30, 2021

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

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.4% has been applied effective October 1, 2021 in accordance with applicable regulations.

| <u>Service</u> | <u>Provider No.</u> | <u>Rate Per Visit</u> <u>10/1/21 – 9/30/22</u> |
|----------------|---------------------|---|
| Medical | 003124617 | \$157.35 |
| Dental | 003124609 | \$148.51 |

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

Any questions or correspondence concerning this rate letter should be directed to Nick Mazzatto, Reimbursement and Certificate of Need, Department of Social Services (860-424-5927).

Sincerely,

Michael Gilbert
Deputy Commissioner

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



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
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MICHAEL GILBERT
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EMAIL:
mike.gilbert@ct.gov

September 30, 2021

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

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.4% has been applied effective October 1, 2021 in accordance with applicable regulations.

| <u>Service</u> | <u>Provider No.</u> | <u>Rate Per Visit</u> <u>10/1/21 – 9/30/22</u> |
|-------------------------------|---------------------|---|
| Medical | 008047966 | \$159.03 |
| Mental Health/Substance Abuse | 008062433 | \$182.22 |

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

Any questions or correspondence concerning this rate letter should be directed to Nick Mazzatto, Reimbursement and Certificate of Need, Department of Social Services (860-424-5927).

Sincerely,

Michael Gilbert
Deputy Commissioner

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



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MICHAEL GILBERT
Deputy Commissioner

September 30, 2021

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

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.4% has been applied effective October 1, 2021 in accordance with applicable regulations.

| <u>Service</u> | <u>Provider No.</u> | <u>Rate Per Visit</u> <u>10/1/21 – 9/30/22</u> |
|-------------------------------|---------------------|---|
| Medical | 008065431 | \$160.61 |
| Dental | 008064502 | \$151.77 |
| Mental Health/Substance Abuse | 008043074 | \$182.22 |

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

Any questions or correspondence concerning this rate letter should be directed to Nick Mazzatto, Reimbursement and Certificate of Need, Department of Social Services (860-424-5927).

Sincerely,

Michael Gilbert
Deputy Commissioner

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



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MICHAEL GILBERT
Deputy Commissioner

September 30, 2021

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

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.4% has been applied effective October 1, 2021 in accordance with applicable regulations.

| <u>Service</u> | <u>Provider No.</u> | <u>Rate Per Visit</u> <u>10/1/21 – 9/30/22</u> |
|-------------------------------|---------------------|---|
| Medical | 008066994 | \$166.45 |
| Dental | 008068285 | \$151.77 |
| Mental Health/Substance Abuse | 004172912 | \$182.27 |

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

Any questions or correspondence concerning this rate letter should be directed to Nick Mazzatto, Reimbursement and Certificate of Need, Department of Social Services (860-424-5927).

Sincerely,

Michael Gilbert
Deputy Commissioner

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



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EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT
Deputy Commissioner

September 30, 2021

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

Dear Provider:

The following rates have been approved for state medical assistance recipients served by your Federally Qualified Health Center sites effective for the periods indicated. The Medicare Economic Index of 1.4% has been applied effective October 1, 2021 in accordance with applicable regulations.

| <u>Service</u> | <u>Provider No.</u> | <u>Rate Per Visit</u> <u>10/1/21 – 9/30/22</u> |
|----------------|---------------------|---|
| Medical | 008073872 | \$157.35 |

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

Any questions or correspondence concerning this rate letter should be directed to Nick Mazzatto, Reimbursement and Certificate of Need, Department of Social Services (860-424-5927).

Sincerely,

Michael Gilbert
Deputy Commissioner

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