



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

December 8, 2014

Mr. Daniel Lohr
HHC Regional VP, Finance
William W. Backus Hospital
326 Washington St.
Norwich CT 06360-2742

Dear Mr. Lohr:

Pursuant to Section 17b-239 of the Connecticut General Statutes (CGS) and Public Act 13-234, section 76, the Department is implementing a new reimbursement methodology using All Patient Refined Diagnosis Related Groups (APR-DRGs). The prospective inpatient Medicaid rates for William W. Backus Hospital effective for admissions on or after January 1, 2015 are listed below.

Medicaid Provider Number(s): 004041851 007228710

Table with 2 columns: Category and Rate. Rows include APR-DRG Base Rate (\$6,217.77), Behavioral Health Per Diem Rate (\$ 975.00), Behavioral Health Child Discharge Delay Per Diem Rate (\$ 828.75), Rehabilitation Per Diem Rate (\$1,370.00), and Cost to Charge Ratio used in Outlier Calculations (0.53107).

Throughout the rate development process the Department has shared information through e-mail correspondence and stakeholder meetings, and posted information on the DSS website. To access the website, go to http://www.ct.gov/dss, select "About Us", scroll down and select "Reimbursement and Certificate of Need Division", then "Medicaid Hospital Reimbursement and Reimbursement Modernization". For your reference, we have attached the final base rate calculations.

If you believe that you have been aggrieved by this rate decision, pursuant to Section 17b-238(b) of the Connecticut General Statutes, you have ten days from the date of this letter to submit a written administrative rate rehearing request. A detailed written description of all items of aggrievement must be filed within ninety days of this letter to initiate the hearing process. If items of aggrievement are not detailed in writing within ninety days your appeal shall be deemed withdrawn.

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

Sincerely,

Handwritten signature of Kathleen M. Brennan

Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
M. Heuschkel
M. Gilbert
B. Fletcher

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3725



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

December 8, 2014

Mr. 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 (CGS) and Public Act 13-234, section 76, the Department is implementing a new reimbursement methodology using All Patient Refined Diagnosis Related Groups (APR-DRGs). The prospective inpatient Medicaid rates for Bridgeport Hospital effective for admissions on or after January 1, 2015 are listed below.

Medicaid Provider Number(s): 004041703 007228703 007228704

Table with 2 columns: Category and Rate. Rows include APR-DRG Base Rate (\$9,771.29), Behavioral Health Per Diem Rate (\$1,050.00), Behavioral Health Child Discharge Delay Per Diem Rate (\$ 892.50), Rehabilitation Per Diem Rate (\$1,370.00), and Cost to Charge Ratio used in Outlier Calculations (0.27741).

Throughout the rate development process the Department has shared information through e-mail correspondence and stakeholder meetings, and posted information on the DSS website. To access the website, go to http://www.ct.gov/dss, select "About Us", scroll down and select "Reimbursement and Certificate of Need Division", then "Medicaid Hospital Reimbursement and Reimbursement Modernization". For your reference, we have attached the final base rate calculations.

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Sincerely,

Kathleen M. Brennan (Handwritten signature)

Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
M. Heuschkel
M. Gilbert
B. Fletcher

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3725



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

December 8, 2014

Mr. George Eighmy
VP/Finance/CFO
Bristol Hospital, Inc.
Brewster Rd. P.O. Box 977
Bristol CT 06011-0977

Dear Mr. Eighmy:

Pursuant to Section 17b-239 of the Connecticut General Statutes (CGS) and Public Act 13-234, section 76, the Department is implementing a new reimbursement methodology using All Patient Refined Diagnosis Related Groups (APR-DRGs). The prospective inpatient Medicaid rates for Bristol Hospital effective for admissions on or after January 1, 2015 are listed below.

Medicaid Provider Number(s): 004041901

Table with 2 columns: Category and Rate. Rows include APR-DRG Base Rate (\$6,267.28), Behavioral Health Per Diem Rate (\$ 975.00), Behavioral Health Child Discharge Delay Per Diem Rate (\$ 828.75), Rehabilitation Per Diem Rate (\$1,370.00), and Cost to Charge Ratio used in Outlier Calculations (0.32470).

Throughout the rate development process the Department has shared information through e-mail correspondence and stakeholder meetings, and posted information on the DSS website. To access the website, go to http://www.ct.gov/dss, select "About Us", scroll down and select "Reimbursement and Certificate of Need Division", then "Medicaid Hospital Reimbursement and Reimbursement Modernization". For your reference, we have attached the final base rate calculations.

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Sincerely,

Handwritten signature of Kathleen M. Brennan

Kathleen M. Brennan
Deputy Commissioner

- cc: C. LaVigne
M. Heuschkel
M. Gilbert
B. Fletcher

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3725



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

December 8, 2014

Mr. Patrick Garvey
Interim Chief Financial Officer
Connecticut Children's Medical Center
282 Washington St.
Hartford CT 06106

Dear Mr. Garvey:

Pursuant to Section 17b-239 of the Connecticut General Statutes (CGS) and Public Act 13-234, section 76, the Department is implementing a new reimbursement methodology using All Patient Refined Diagnosis Related Groups (APR-DRGs). The prospective inpatient Medicaid rates for Connecticut Children's Medical Center effective for admissions on or after January 1, 2015 are listed below.

Medicaid Provider Number(s): 004159960

Table with 2 columns: Category and Rate. Rows include APR-DRG Base Rate (\$11,344.86), Behavioral Health Per Diem Rate (\$ 975.00), Behavioral Health Child Discharge Delay Per Diem Rate (\$ 828.75), Rehabilitation Per Diem Rate (\$1,370.00), and Cost to Charge Ratio used in Outlier Calculations (0.43070).

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Sincerely,

Handwritten signature of Kathleen M. Brennan

Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
M. Heuschkel
M. Gilbert
B. Fletcher

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3725



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

December 8, 2014

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

Dear Ms. Freiheit:

Pursuant to Section 17b-239 of the Connecticut General Statutes (CGS) and Public Act 13-234, section 76, the Department is implementing a new reimbursement methodology using All Patient Refined Diagnosis Related Groups (APR-DRGs). The prospective inpatient Medicaid rates for Central CT effective for admissions on or after January 1, 2015 are listed below.

Medicaid Provider Number(s): 004041950 007228716

Table with 2 columns: Category and Rate. Rows include APR-DRG Base Rate (\$6,318.97), Behavioral Health Per Diem Rate (\$ 975.00), Behavioral Health Child Discharge Delay Per Diem Rate (\$ 828.75), Rehabilitation Per Diem Rate (\$1,370.00), and Cost to Charge Ratio used in Outlier Calculations (0.40166).

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Sincerely,

Handwritten signature of Kathleen M. Brennan

Kathleen M. Brennan
Deputy Commissioner

- cc: C. LaVigne
M. Heuschkel
M. Gilbert
B. Fletcher

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

December 8, 2014

Mr. 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 (CGS) and Public Act 13-234, section 76, the Department is implementing a new reimbursement methodology using All Patient Refined Diagnosis Related Groups (APR-DRGs). The prospective inpatient Medicaid rates for Danbury Hospital effective for admissions on or after January 1, 2015 are listed below.

Medicaid Provider Number(s): 004041935 007228714 007228715 008055716

Table with 2 columns: Rate Category and Rate. Rows include APR-DRG Base Rate (\$8,979.27), Behavioral Health Per Diem Rate (\$ 975.00), Behavioral Health Child Discharge Delay Per Diem Rate (\$ 828.75), Rehabilitation Per Diem Rate (\$1,370.00), and Cost to Charge Ratio used in Outlier Calculations (0.40739).

Throughout the rate development process the Department has shared information through e-mail correspondence and stakeholder meetings, and posted information on the DSS website. To access the website, go to http://www.ct.gov/dss, select "About Us", scroll down and select "Reimbursement and Certificate of Need Division", then "Medicaid Hospital Reimbursement and Reimbursement Modernization". For your reference, we have attached the final base rate calculations.

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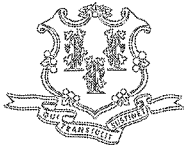
Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,

Kathleen M. Brennan (Handwritten signature)
Kathleen M. Brennan
Deputy Commissioner

- cc: C. LaVigne
M. Heuschkel
M. Gilbert
B. Fletcher

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3725



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

December 8, 2014

Mr. Douglas Glazier
Interim Chief Financial Officer
Day Kimball Hospital
320 Pomfret St. P.O. Box 6001
Putnam CT 06260-0901

Dear Mr. Glazier:

Pursuant to Section 17b-239 of the Connecticut General Statutes (CGS) and Public Act 13-234, section 76, the Department is implementing a new reimbursement methodology using All Patient Refined Diagnosis Related Groups (APR-DRGs). The prospective inpatient Medicaid rates for Day Kimball Hospital effective for admissions on or after January 1, 2015 are listed below.

Medicaid Provider Number(s): 004041638 007228698

Table with 2 columns: Category and Rate. Rows include APR-DRG Base Rate (\$8,282.19), Behavioral Health Per Diem Rate (\$1,050.00), Behavioral Health Child Discharge Delay Per Diem Rate (\$ 892.50), Rehabilitation Per Diem Rate (\$1,370.00), and Cost to Charge Ratio used in Outlier Calculations (0.53742).

Throughout the rate development process the Department has shared information through e-mail correspondence and stakeholder meetings, and posted information on the DSS website. To access the website, go to http://www.ct.gov/dss, select "About Us", scroll down and select "Reimbursement and Certificate of Need Division", then "Medicaid Hospital Reimbursement and Reimbursement Modernization". For your reference, we have attached the final base rate calculations.

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

Sincerely,

Handwritten signature of Kathleen M. Brennan

Kathleen M. Brennan
Deputy Commissioner

- cc: C. LaVigne
M. Heuschkel
M. Gilbert
B. Fletcher

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3725



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

December 8, 2014

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

Dear Mr. Geoghegan:

Pursuant to Section 17b-239 of the Connecticut General Statutes (CGS) and Public Act 13-234, section 76, the Department is implementing a new reimbursement methodology using All Patient Refined Diagnosis Related Groups (APR-DRGs). The prospective inpatient Medicaid rates for Dempsey Hospital effective for admissions on or after January 1, 2015 are listed below.

Medicaid Provider Number(s): 004041968 007228718

Table with 2 columns: Category and Rate. Rows include APR-DRG Base Rate (\$11,821.63), Behavioral Health Per Diem Rate (\$1,125.00), Behavioral Health Child Discharge Delay Per Diem Rate (\$ 956.25), Rehabilitation Per Diem Rate (\$1,370.00), and Cost to Charge Ratio used in Outlier Calculations (0.49228).

Throughout the rate development process the Department has shared information through e-mail correspondence and stakeholder meetings, and posted information on the DSS website. To access the website, go to http://www.ct.gov/dss, select "About Us", scroll down and select "Reimbursement and Certificate of Need Division", then "Medicaid Hospital Reimbursement and Reimbursement Modernization". For your reference, we have attached the final base rate calculations.

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Sincerely,

Handwritten signature of Kathleen M. Brennan

Kathleen M. Brennan
Deputy Commissioner

- cc: C. LaVigne
M. Heuschkel
M. Gilbert
B. Fletcher

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3725





STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

December 8, 2014

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

Dear Mr. Colucci:

Pursuant to Section 17b-239 of the Connecticut General Statutes (CGS) and Public Act 13-234, section 76, the Department is implementing a new reimbursement methodology using All Patient Refined Diagnosis Related Groups (APR-DRGs). The prospective inpatient Medicaid rates for Greenwich Hospital effective for admissions on or after January 1, 2015 are listed below.

Medicaid Provider Number(s): 004041786

Table with 2 columns: Category and Rate. Rows include APR-DRG Base Rate (\$9,549.08), Behavioral Health Per Diem Rate (\$ 975.00), Behavioral Health Child Discharge Delay Per Diem Rate (\$ 828.75), Rehabilitation Per Diem Rate (\$1,370.00), and Cost to Charge Ratio used in Outlier Calculations (0.30021).

Throughout the rate development process the Department has shared information through e-mail correspondence and stakeholder meetings, and posted information on the DSS website. To access the website, go to http://www.ct.gov/dss, select "About Us", scroll down and select "Reimbursement and Certificate of Need Division", then "Medicaid Hospital Reimbursement and Reimbursement Modernization". For your reference, we have attached the final base rate calculations.

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Sincerely,

Kathleen M. Brennan (handwritten signature)
Kathleen M. Brennan
Deputy Commissioner

- cc: C. LaVigne
M. Heuschkel
M. Gilbert
B. Fletcher



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

December 8, 2014

Mr. Mark O'Neill
VP/Finance/CFO
Griffin Hospital
130 Division St.
Derby CT 06418-1377

Dear Mr. O'Neill:

Pursuant to Section 17b-239 of the Connecticut General Statutes (CGS) and Public Act 13-234, section 76, the Department is implementing a new reimbursement methodology using All Patient Refined Diagnosis Related Groups (APR-DRGs). The prospective inpatient Medicaid rates for Griffin Hospital effective for admissions on or after January 1, 2015 are listed below.

Medicaid Provider Number(s): 004041927

Table with 2 columns: Category and Rate. Rows include APR-DRG Base Rate (\$8,072.07), Behavioral Health Per Diem Rate (\$ 975.00), Behavioral Health Child Discharge Delay Per Diem Rate (\$ 828.75), Rehabilitation Per Diem Rate (\$1,370.00), and Cost to Charge Ratio used in Outlier Calculations (0.29568).

Throughout the rate development process the Department has shared information through e-mail correspondence and stakeholder meetings, and posted information on the DSS website. To access the website, go to http://www.ct.gov/dss, select "About Us", scroll down and select "Reimbursement and Certificate of Need Division", then "Medicaid Hospital Reimbursement and Reimbursement Modernization". For your reference, we have attached the final base rate calculations.

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Sincerely,

Kathleen M. Brennan (signature)
Kathleen M. Brennan
Deputy Commissioner

- cc: C. LaVigne
M. Heuschkel
M. Gilbert
B. Fletcher



# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF THE DEPUTY COMMISSIONER

December 8, 2014

Mr. 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 (CGS) and Public Act 13-234, section 76, the Department is implementing a new reimbursement methodology using All Patient Refined Diagnosis Related Groups (APR-DRGs). The prospective inpatient Medicaid rates for Hartford Hospital effective for admissions on or after January 1, 2015 are listed below.

Medicaid Provider Number(s): 004041869

APR-DRG Base Rate	\$6,914.29
Behavioral Health Per Diem Rate	\$1,050.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 892.50
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.31121

Throughout the rate development process the Department has shared information through e-mail correspondence and stakeholder meetings, and posted information on the DSS website. To access the website, go to <http://www.ct.gov/dss>, select "About Us", scroll down and select "Reimbursement and Certificate of Need Division", then "Medicaid Hospital Reimbursement and Reimbursement Modernization". For your reference, we have attached the final base rate calculations.

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Sincerely,

*Kathleen M. Brennan*  
Kathleen M. Brennan  
Deputy Commissioner *(mfw)*

cc: C. LaVigne  
M. Heuschkel  
M. Gilbert  
B. Fletcher

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3725



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

December 8, 2014

Ms. 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 (CGS) and Public Act 13-234, section 76, the Department is implementing a new reimbursement methodology using All Patient Refined Diagnosis Related Groups (APR-DRGs). The prospective inpatient Medicaid rates for Hungerford Hospital effective for admissions on or after January 1, 2015 are listed below.

Medicaid Provider Number(s): 004041711 007228705

Table with 2 columns: Category and Rate. Rows include APR-DRG Base Rate (\$5,939.10), Behavioral Health Per Diem Rate (\$1,125.00), Behavioral Health Child Discharge Delay Per Diem Rate (\$ 956.25), Rehabilitation Per Diem Rate (\$1,370.00), and Cost to Charge Ratio used in Outlier Calculations (0.54694).

Throughout the rate development process the Department has shared information through e-mail correspondence and stakeholder meetings, and posted information on the DSS website. To access the website, go to http://www.ct.gov/dss, select "About Us", scroll down and select "Reimbursement and Certificate of Need Division", then "Medicaid Hospital Reimbursement and Reimbursement Modernization". For your reference, we have attached the final base rate calculations.

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Sincerely,

Kathleen M. Brennan (signature)
Kathleen M. Brennan
Deputy Commissioner

- cc: C. LaVigne
M. Heuschkel
M. Gilbert
B. Fletcher



# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF THE DEPUTY COMMISSIONER

December 8, 2014

Mr. John Grish  
Chief Financial Officer  
Johnson Memorial Hospital  
201 Chestnut Hill Rd.  
Stafford Springs CT 06076-0860

Dear Mr. Grish:

Pursuant to Section 17b-239 of the Connecticut General Statutes (CGS) and Public Act 13-234, section 76, the Department is implementing a new reimbursement methodology using All Patient Refined Diagnosis Related Groups (APR-DRGs). The prospective inpatient Medicaid rates for Johnson Memorial Hospital effective for admissions on or after January 1, 2015 are listed below.

Medicaid Provider Number(s): 004041687

APR-DRG Base Rate	\$5,283.08
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.47035

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Sincerely,

*Kathleen M. Brennan*  
Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
M. Heuschkel  
M. Gilbert  
B. Fletcher

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3725

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

December 8, 2014

Mr. Seth VanEssendelft
Chief Financial Officer
Lawrence and Memorial Hospital
365 Montauk Ave.
New London CT 06320-4769

Dear Mr. VanEssendelft:

Pursuant to Section 17b-239 of the Connecticut General Statutes (CGS) and Public Act 13-234, section 76, the Department is implementing a new reimbursement methodology using All Patient Refined Diagnosis Related Groups (APR-DRGs). The prospective inpatient Medicaid rates for Lawrence and Memorial Hospital effective for admissions on or after January 1, 2015 are listed below.

Medicaid Provider Number(s): 004041679 007228701 007228702

Table with 2 columns: Category and Rate. Rows include APR-DRG Base Rate (\$7,518.61), Behavioral Health Per Diem Rate (\$ 975.00), Behavioral Health Child Discharge Delay Per Diem Rate (\$ 828.75), Rehabilitation Per Diem Rate (\$1,370.00), and Cost to Charge Ratio used in Outlier Calculations (0.47572).

Throughout the rate development process the Department has shared information through e-mail correspondence and stakeholder meetings, and posted information on the DSS website. To access the website, go to http://www.ct.gov/dss, select "About Us", scroll down and select "Reimbursement and Certificate of Need Division", then "Medicaid Hospital Reimbursement and Reimbursement Modernization". For your reference, we have attached the final base rate calculations.

If you believe that you have been aggrieved by this rate decision, pursuant to Section 17b-238(b) of the Connecticut General Statutes, you have ten days from the date of this letter to submit a written administrative rate rehearing request. A detailed written description of all items of aggrievement must be filed within ninety days of this letter to initiate the hearing process. If items of aggrievement are not detailed in writing within ninety days your appeal shall be deemed withdrawn.

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

Sincerely,

Kathleen M. Brennan (Handwritten signature)
Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
M. Heuschkel
M. Gilbert
B. Fletcher
55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3725



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

December 8, 2014

Mr. 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 (CGS) and Public Act 13-234, section 76, the Department is implementing a new reimbursement methodology using All Patient Refined Diagnosis Related Groups (APR-DRGs). The prospective inpatient Medicaid rates for Manchester Memorial Hospital effective for admissions on or after January 1, 2015 are listed below.

Medicaid Provider Number(s): 004041885 007228711

Table with 2 columns: Category and Rate. Rows include APR-DRG Base Rate (\$8,275.23), Behavioral Health Per Diem Rate (\$ 975.00), Behavioral Health Child Discharge Delay Per Diem Rate (\$ 828.75), Rehabilitation Per Diem Rate (\$1,370.00), and Cost to Charge Ratio used in Outlier Calculations (0.31454).

Throughout the rate development process the Department has shared information through e-mail correspondence and stakeholder meetings, and posted information on the DSS website. To access the website, go to http://www.ct.gov/dss, select "About Us", scroll down and select "Reimbursement and Certificate of Need Division", then "Medicaid Hospital Reimbursement and Reimbursement Modernization". For your reference, we have attached the final base rate calculations.

If you believe that you have been aggrieved by this rate decision, pursuant to Section 17b-238(b) of the Connecticut General Statutes, you have ten days from the date of this letter to submit a written administrative rate rehearing request. A detailed written description of all items of aggrievement must be filed within ninety days of this letter to initiate the hearing process. If items of aggrievement are not detailed in writing within ninety days your appeal shall be deemed withdrawn.

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

Sincerely,

Kathleen M. Brennan (signature)
Kathleen M. Brennan
Deputy Commissioner

- cc: C. LaVigne
M. Heuschkel
M. Gilbert
B. Fletcher



# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF THE DEPUTY COMMISSIONER

December 8, 2014

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

Dear Ms. Freiheit:

Pursuant to Section 17b-239 of the Connecticut General Statutes (CGS) and Public Act 13-234, section 76, the Department is implementing a new reimbursement methodology using All Patient Refined Diagnosis Related Groups (APR-DRGs). The prospective inpatient Medicaid rates for MidState Medical Center effective for admissions on or after January 1, 2015 are listed below.

Medicaid Provider Number(s): 004041778 007228706

APR-DRG Base Rate	\$7,069.94
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.42740

Throughout the rate development process the Department has shared information through e-mail correspondence and stakeholder meetings, and posted information on the DSS website. To access the website, go to <http://www.ct.gov/dss>, select "About Us", scroll down and select "Reimbursement and Certificate of Need Division", then "Medicaid Hospital Reimbursement and Reimbursement Modernization". For your reference, we have attached the final base rate calculations.

If you believe that you have been aggrieved by this rate decision, pursuant to Section 17b-238(b) of the Connecticut General Statutes, you have ten days from the date of this letter to submit a written administrative rate rehearing request. A detailed written description of all items of aggrievement must be filed within ninety days of this letter to initiate the hearing process. If items of aggrievement are not detailed in writing within ninety days your appeal shall be deemed withdrawn.

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

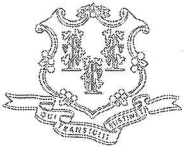
Sincerely,

Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
M. Heuschkel  
M. Gilbert  
B. Fletcher

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3725





STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

December 22, 2014

Ms. 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 (CGS) and Public Act 13-234, section 76, the Department is implementing a new reimbursement methodology using All Patient Refined Diagnosis Related Groups (APR-DRGs). The prospective inpatient Medicaid rates for Middlesex Hospital effective for admissions on or after January 1, 2015 are listed below. This supersedes the rate letter dated December 8, 2014.

Medicaid Provider Number(s): 004041810 007228707

Table with 2 columns: Category and Rate. Rows include APR-DRG Base Rate (\$7,428.28), Behavioral Health Per Diem Rate (\$1,125.00), Behavioral Health Child Discharge Delay Per Diem Rate (\$ 956.25), Rehabilitation Per Diem Rate (\$1,370.00), and Cost to Charge Ratio used in Outlier Calculations (0.27327).

Throughout the rate development process the Department has shared information through e-mail correspondence and stakeholder meetings, and posted information on the DSS website. To access the website, go to http://www.ct.gov/dss, select "About Us", scroll down and select "Reimbursement and Certificate of Need Division", then "Medicaid Hospital Reimbursement and Reimbursement Modernization". For your reference, we have attached the final base rate calculations.

If you believe that you have been aggrieved by this rate decision, pursuant to Section 17b-238(b) of the Connecticut General Statutes, you have ten days from the date of this letter to submit a written administrative rate rehearing request. A detailed written description of all items of aggrievement must be filed within ninety days of this letter to initiate the hearing process. If items of aggrievement are not detailed in writing within ninety days your appeal shall be deemed withdrawn.

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

Sincerely,

Kathleen M. Brennan (handwritten signature)

Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
M. Heuschkel
M. Gilbert
B. Fletcher

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3725



# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF THE DEPUTY COMMISSIONER

December 8, 2014

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

Dear Ms. Smith:

Pursuant to Section 17b-239 of the Connecticut General Statutes (CGS) and Public Act 13-234, section 76, the Department is implementing a new reimbursement methodology using All Patient Refined Diagnosis Related Groups (APR-DRGs). The prospective inpatient Medicaid rates for Milford Hospital effective for admissions on or after January 1, 2015 are listed below.

Medicaid Provider Number(s): 004041794

APR-DRG Base Rate	\$5,399.06
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.40651

Throughout the rate development process the Department has shared information through e-mail correspondence and stakeholder meetings, and posted information on the DSS website. To access the website, go to <http://www.ct.gov/dss>, select "About Us", scroll down and select "Reimbursement and Certificate of Need Division", then "Medicaid Hospital Reimbursement and Reimbursement Modernization". For your reference, we have attached the final base rate calculations.

If you believe that you have been aggrieved by this rate decision, pursuant to Section 17b-238(b) of the Connecticut General Statutes, you have ten days from the date of this letter to submit a written administrative rate rehearing request. A detailed written description of all items of grievance must be filed within ninety days of this letter to initiate the hearing process. If items of grievance are not detailed in writing within ninety days your appeal shall be deemed withdrawn.

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*  
(mjb)

Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
M. Heuschkel  
M. Gilbert  
B. Fletcher

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# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF THE DEPUTY COMMISSIONER

December 8, 2014

Mr. 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 (CGS) and Public Act 13-234, section 76, the Department is implementing a new reimbursement methodology using All Patient Refined Diagnosis Related Groups (APR-DRGs). The prospective inpatient Medicaid rates for Norwalk Hospital effective for admissions on or after January 1, 2015 are listed below.

Medicaid Provider Number(s): 004041943

APR-DRG Base Rate	\$10,707.70
Behavioral Health Per Diem Rate	\$1,125.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 956.25
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.34808

Throughout the rate development process the Department has shared information through e-mail correspondence and stakeholder meetings, and posted information on the DSS website. To access the website, go to <http://www.ct.gov/dss>, select "About Us", scroll down and select "Reimbursement and Certificate of Need Division", then "Medicaid Hospital Reimbursement and Reimbursement Modernization". For your reference, we have attached the final base rate calculations.

If you believe that you have been aggrieved by this rate decision, pursuant to Section 17b-238(b) of the Connecticut General Statutes, you have ten days from the date of this letter to submit a written administrative rate rehearing request. A detailed written description of all items of aggrievement must be filed within ninety days of this letter to initiate the hearing process. If items of aggrievement are not detailed in writing within ninety days your appeal shall be deemed withdrawn.

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*  
(mgw)

Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
M. Heuschkel  
M. Gilbert  
B. Fletcher

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# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF THE DEPUTY COMMISSIONER

December 8, 2014

Mr. 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 (CGS) and Public Act 13-234, section 76, the Department is implementing a new reimbursement methodology using All Patient Refined Diagnosis Related Groups (APR-DRGs). The prospective inpatient Medicaid rates for Rockville Hospital effective for admissions on or after January 1, 2015 are listed below.

Medicaid Provider Number(s): 004041729

APR-DRG Base Rate	\$5,294.84
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.42362

Throughout the rate development process the Department has shared information through e-mail correspondence and stakeholder meetings, and posted information on the DSS website. To access the website, go to <http://www.ct.gov/dss>, select "About Us", scroll down and select "Reimbursement and Certificate of Need Division", then "Medicaid Hospital Reimbursement and Reimbursement Modernization". For your reference, we have attached the final base rate calculations.

If you believe that you have been aggrieved by this rate decision, pursuant to Section 17b-238(b) of the Connecticut General Statutes, you have ten days from the date of this letter to submit a written administrative rate rehearing request. A detailed written description of all items of grievement must be filed within ninety days of this letter to initiate the hearing process. If items of grievement are not detailed in writing within ninety days your appeal shall be deemed withdrawn.

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*  
(mgw)

Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
M. Heuschkel  
M. Gilbert  
B. Fletcher

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

December 8, 2014

Mr. David M. Bittner
Vice President & CFO
St. Francis Hosp. and Medical Ctr.
114 Woodland St.
Hartford CT 06105-1299

Dear Mr. Bittner:

Pursuant to Section 17b-239 of the Connecticut General Statutes (CGS) and Public Act 13-234, section 76, the Department is implementing a new reimbursement methodology using All Patient Refined Diagnosis Related Groups (APR-DRGs). The prospective inpatient Medicaid rates for St. Francis Hospital and Medical Center effective for admissions on or after January 1, 2015 are listed below.

Medicaid Provider Number(s): 004041620 007228696

Table with 2 columns: Category and Rate. Rows include APR-DRG Base Rate (\$8,036.11), Behavioral Health Per Diem Rate (\$ 975.00), Behavioral Health Child Discharge Delay Per Diem Rate (\$ 828.75), Rehabilitation Per Diem Rate (\$1,370.00), and Cost to Charge Ratio used in Outlier Calculations (0.34370).

Throughout the rate development process the Department has shared information through e-mail correspondence and stakeholder meetings, and posted information on the DSS website. To access the website, go to http://www.ct.gov/dss, select "About Us", scroll down and select "Reimbursement and Certificate of Need Division", then "Medicaid Hospital Reimbursement and Reimbursement Modernization". For your reference, we have attached the final base rate calculations.

If you believe that you have been aggrieved by this rate decision, pursuant to Section 17b-238(b) of the Connecticut General Statutes, you have ten days from the date of this letter to submit a written administrative rate rehearing request. A detailed written description of all items of aggrievement must be filed within ninety days of this letter to initiate the hearing process. If items of aggrievement are not detailed in writing within ninety days your appeal shall be deemed withdrawn.

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

Sincerely,

Kathleen M. Brennan (handwritten signature)
Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
M. Heuschkel
M. Gilbert
B. Fletcher

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3725



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

December 8, 2014

Mr. Ralph Becker
Chief Financial Officer
St. Mary's Hospital
56 Franklin St.
Waterbury CT 06706-1281

Dear Mr. Becker:

Pursuant to Section 17b-239 of the Connecticut General Statutes (CGS) and Public Act 13-234, section 76, the Department is implementing a new reimbursement methodology using All Patient Refined Diagnosis Related Groups (APR-DRGs). The prospective inpatient Medicaid rates for St. Mary's Hospital effective for admissions on or after January 1, 2015 are listed below.

Medicaid Provider Number(s): 004041760

Table with 2 columns: Category and Rate. Rows include APR-DRG Base Rate (\$7,168.36), Behavioral Health Per Diem Rate (\$ 975.00), Behavioral Health Child Discharge Delay Per Diem Rate (\$ 828.75), Rehabilitation Per Diem Rate (\$1,370.00), and Cost to Charge Ratio used in Outlier Calculations (0.37724).

Throughout the rate development process the Department has shared information through e-mail correspondence and stakeholder meetings, and posted information on the DSS website. To access the website, go to http://www.ct.gov/dss, select "About Us", scroll down and select "Reimbursement and Certificate of Need Division", then "Medicaid Hospital Reimbursement and Reimbursement Modernization". For your reference, we have attached the final base rate calculations.

If you believe that you have been aggrieved by this rate decision, pursuant to Section 17b-238(b) of the Connecticut General Statutes, you have ten days from the date of this letter to submit a written administrative rate rehearing request. A detailed written description of all items of aggrievement must be filed within ninety days of this letter to initiate the hearing process. If items of aggrievement are not detailed in writing within ninety days your appeal shall be deemed withdrawn.

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

Sincerely,

Kathleen M. Brennan (handwritten signature)

Kathleen M. Brennan
Deputy Commissioner

- cc: C. LaVigne
M. Heuschkel
M. Gilbert
B. Fletcher

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3725



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

December 8, 2014

Mr. John Gleckler
Sr. VP & CFO
St. Vincent's Medical Ctr.
2800 Main St.
Bridgeport CT 06606-4292

Dear Mr. Gleckler:

Pursuant to Section 17b-239 of the Connecticut General Statutes (CGS) and Public Act 13-234, section 76, the Department is implementing a new reimbursement methodology using All Patient Refined Diagnosis Related Groups (APR-DRGs). The prospective inpatient Medicaid rates for St. Vincent's Medical Center effective for admissions on or after January 1, 2015 are listed below.

Medicaid Provider Number(s): 004041893 007228712 007228713

Table with 2 columns: Rate Category and Amount. Rows include APR-DRG Base Rate (\$6,237.17), Behavioral Health Per Diem Rate (\$ 975.00), Behavioral Health Child Discharge Delay Per Diem Rate (\$ 828.75), Rehabilitation Per Diem Rate (\$1,370.00), and Cost to Charge Ratio used in Outlier Calculations (0.30239).

Throughout the rate development process the Department has shared information through e-mail correspondence and stakeholder meetings, and posted information on the DSS website. To access the website, go to http://www.ct.gov/dss, select "About Us", scroll down and select "Reimbursement and Certificate of Need Division", then "Medicaid Hospital Reimbursement and Reimbursement Modernization". For your reference, we have attached the final base rate calculations.

If you believe that you have been aggrieved by this rate decision, pursuant to Section 17b-238(b) of the Connecticut General Statutes, you have ten days from the date of this letter to submit a written administrative rate rehearing request. A detailed written description of all items of aggrievement must be filed within ninety days of this letter to initiate the hearing process. If items of aggrievement are not detailed in writing within ninety days your appeal shall be deemed withdrawn.

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

Sincerely,

Handwritten signature of Kathleen M. Brennan and typed name: Kathleen M. Brennan, Deputy Commissioner

cc: C. LaVigne
M. Heuschkel
M. Gilbert
B. Fletcher

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3725



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

December 8, 2014

Mr. Mark Reyngoudt
Chief Financial Officer
Sharon Hospital, Inc.
50 Hospital Hill P.O. Box 789
Sharon CT 06069-0789

Dear Mr. Reyngoudt:

Pursuant to Section 17b-239 of the Connecticut General Statutes (CGS) and Public Act 13-234, section 76, the Department is implementing a new reimbursement methodology using All Patient Refined Diagnosis Related Groups (APR-DRGs). The prospective inpatient Medicaid rates for Sharon Hospital effective for admissions on or after January 1, 2015 are listed below.

Medicaid Provider Number(s): 004221800

Table with 2 columns: Category and Rate. Rows include APR-DRG Base Rate (\$8,243.42), Behavioral Health Per Diem Rate (\$ 975.00), Behavioral Health Child Discharge Delay Per Diem Rate (\$ 828.75), Rehabilitation Per Diem Rate (\$1,370.00), and Cost to Charge Ratio used in Outlier Calculations (0.36724).

Throughout the rate development process the Department has shared information through e-mail correspondence and stakeholder meetings, and posted information on the DSS website. To access the website, go to http://www.ct.gov/dss, select "About Us", scroll down and select "Reimbursement and Certificate of Need Division", then "Medicaid Hospital Reimbursement and Reimbursement Modernization". For your reference, we have attached the final base rate calculations.

If you believe that you have been aggrieved by this rate decision, pursuant to Section 17b-238(b) of the Connecticut General Statutes, you have ten days from the date of this letter to submit a written administrative rate rehearing request. A detailed written description of all items of aggrievement must be filed within ninety days of this letter to initiate the hearing process. If items of aggrievement are not detailed in writing within ninety days your appeal shall be deemed withdrawn.

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

Sincerely,

Kathleen M. Brennan (handwritten signature)

Kathleen M. Brennan
Deputy Commissioner

- cc: C. LaVigne
M. Heuschkel
M. Gilbert
B. Fletcher

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3725





# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF THE DEPUTY COMMISSIONER

December 8, 2014

Mr. Kevin Gage  
Chief Financial Officer  
Stamford Hospital  
Shelburne Rd. and West Broad St. P.O. Box 9317  
Stamford CT 06904-9317

Dear Mr. Gage:

Pursuant to Section 17b-239 of the Connecticut General Statutes (CGS) and Public Act 13-234, section 76, the Department is implementing a new reimbursement methodology using All Patient Refined Diagnosis Related Groups (APR-DRGs). The prospective inpatient Medicaid rates for Stamford Hospital effective for admissions on or after January 1, 2015 are listed below.

Medicaid Provider Number(s): 004041661 007228699 007228700

APR-DRG Base Rate	\$7,111.24
Behavioral Health Per Diem Rate	\$1,125.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 956.25
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.29801

Throughout the rate development process the Department has shared information through e-mail correspondence and stakeholder meetings, and posted information on the DSS website. To access the website, go to <http://www.ct.gov/dss>, select "About Us", scroll down and select "Reimbursement and Certificate of Need Division", then "Medicaid Hospital Reimbursement and Reimbursement Modernization". For your reference, we have attached the final base rate calculations.

If you believe that you have been aggrieved by this rate decision, pursuant to Section 17b-238(b) of the Connecticut General Statutes, you have ten days from the date of this letter to submit a written administrative rate rehearing request. A detailed written description of all items of aggrievement must be filed within ninety days of this letter to initiate the hearing process. If items of aggrievement are not detailed in writing within ninety days your appeal shall be deemed withdrawn.

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*  
Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
M. Heuschkel  
M. Gilbert  
B. Fletcher

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

December 8, 2014

Mr. Edward Romero
Chief Financial Officer
Waterbury Hospital
64 Robbins St. P.O. Box 1590
Waterbury CT 06721-1590

Dear Mr. Romero:

Pursuant to Section 17b-239 of the Connecticut General Statutes (CGS) and Public Act 13-234, section 76, the Department is implementing a new reimbursement methodology using All Patient Refined Diagnosis Related Groups (APR-DRGs). The prospective inpatient Medicaid rates for Waterbury Hospital effective for admissions on or after January 1, 2015 are listed below.

Medicaid Provider Number(s): 004041653

Table with 2 columns: Category and Rate. Rows include APR-DRG Base Rate (\$7,272.06), Behavioral Health Per Diem Rate (\$ 975.00), Behavioral Health Child Discharge Delay Per Diem Rate (\$ 828.75), Rehabilitation Per Diem Rate (\$1,370.00), and Cost to Charge Ratio used in Outlier Calculations (0.24356).

Throughout the rate development process the Department has shared information through e-mail correspondence and stakeholder meetings, and posted information on the DSS website. To access the website, go to http://www.ct.gov/dss, select "About Us", scroll down and select "Reimbursement and Certificate of Need Division", then "Medicaid Hospital Reimbursement and Reimbursement Modernization". For your reference, we have attached the final base rate calculations.

If you believe that you have been aggrieved by this rate decision, pursuant to Section 17b-238(b) of the Connecticut General Statutes, you have ten days from the date of this letter to submit a written administrative rate rehearing request. A detailed written description of all items of aggrievement must be filed within ninety days of this letter to initiate the hearing process. If items of aggrievement are not detailed in writing within ninety days your appeal shall be deemed withdrawn.

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

Sincerely,

Handwritten signature of Kathleen M. Brennan

Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
M. Heuschkel
M. Gilbert
B. Fletcher



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

December 8, 2014

Mr. Daniel Lohr
HHC Regional VP, Finance
Windham Community Memorial Hospital
112 Mansfield Ave.
Willimantic CT 06226-2040

Dear Mr. Lohr:

Pursuant to Section 17b-239 of the Connecticut General Statutes (CGS) and Public Act 13-234, section 76, the Department is implementing a new reimbursement methodology using All Patient Refined Diagnosis Related Groups (APR-DRGs). The prospective inpatient Medicaid rates for Windham Community Memorial Hospital effective for admissions on or after January 1, 2015 are listed below.

Medicaid Provider Number(s): 004041828

Table with 2 columns: Category and Rate. Rows include APR-DRG Base Rate (\$7,549.23), Behavioral Health Per Diem Rate (\$ 975.00), Behavioral Health Child Discharge Delay Per Diem Rate (\$ 828.75), Rehabilitation Per Diem Rate (\$1,370.00), and Cost to Charge Ratio used in Outlier Calculations (0.70601).

Throughout the rate development process the Department has shared information through e-mail correspondence and stakeholder meetings, and posted information on the DSS website. To access the website, go to http://www.ct.gov/dss, select "About Us", scroll down and select "Reimbursement and Certificate of Need Division", then "Medicaid Hospital Reimbursement and Reimbursement Modernization". For your reference, we have attached the final base rate calculations.

If you believe that you have been aggrieved by this rate decision, pursuant to Section 17b-238(b) of the Connecticut General Statutes, you have ten days from the date of this letter to submit a written administrative rate rehearing request. A detailed written description of all items of grievement must be filed within ninety days of this letter to initiate the hearing process. If items of grievement are not detailed in writing within ninety days your appeal shall be deemed withdrawn.

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

Sincerely,

Handwritten signature of Kathleen M. Brennan

Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
M. Heuschkel
M. Gilbert
B. Fletcher

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3725



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

December 8, 2014

Mr. James M. Staten
Sr. Vice President, Finance
Yale-New Haven Hospital
20 York St.
New Haven CT 06510-3202

Dear Mr. Staten:

Pursuant to Section 17b-239 of the Connecticut General Statutes (CGS) and Public Act 13-234, section 76, the Department is implementing a new reimbursement methodology using All Patient Refined Diagnosis Related Groups (APR-DRGs). The prospective inpatient Medicaid rates for Yale-New Haven Hospital effective for admissions on or after January 1, 2015 are listed below.

Medicaid Provider Number(s): 004041836 007228708 007228709

Table with 2 columns: Category and Rate. Rows include APR-DRG Base Rate (\$7,246.40), Behavioral Health Per Diem Rate (\$1,050.00), Behavioral Health Child Discharge Delay Per Diem Rate (\$ 892.50), Rehabilitation Per Diem Rate (\$1,370.00), and Cost to Charge Ratio used in Outlier Calculations (0.28601).

Throughout the rate development process the Department has shared information through e-mail correspondence and stakeholder meetings, and posted information on the DSS website. To access the website, go to http://www.ct.gov/dss, select "About Us", scroll down and select "Reimbursement and Certificate of Need Division", then "Medicaid Hospital Reimbursement and Reimbursement Modernization". For your reference, we have attached the final base rate calculations.

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

Sincerely,

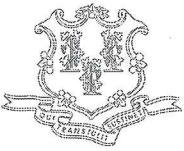
Handwritten signature of Kathleen M. Brennan

Kathleen M. Brennan
Deputy Commissioner

(mjw)

cc: C. LaVigne
M. Heuschkel
M. Gilbert
B. Fletcher

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105-3725



# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF THE DEPUTY COMMISSIONER

December 29, 2014

To: All Out-of State and Border General Acute Care Hospitals

Re: Inpatient Hospital Reimbursement

Dear Provider:

Pursuant to Section 17b-239 of the Connecticut General Statutes (CGS) and Public Act 13-234, section 76, the Department is implementing a new reimbursement methodology using All Patient Refined Diagnosis Related Groups (APR-DRGs). The prospective inpatient Medicaid rates for out-of-state and border hospitals listed below are effective for admissions on or after January 1, 2015 and are based on Connecticut statewide averages.

APR-DRG Base Rate	\$7,855.63
Behavioral Health Per Diem Rate (DRG 740 – 776)	\$1,050.00
Rehabilitation Per Diem Rate (DRG 860)	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.34700

Please note that charges for hospital based physicians must not be reported on the inpatient claim as these costs are not a component of the APR-DRG base rate. Physicians will need to be enrolled in a professional billing group to enable separate billing and reimbursement. See Provider Bulletins 2014-68 and 2014-79 for further information on physicians/practitioners and APR-DRGs in general.

Additional information, including the APR-DRG weight table and payment calculator, is available on two DSS websites. To access the first website, go to <http://www.ct.gov/dss>, select "About Us", scroll down and select "Reimbursement and Certificate of Need Division", then "Medicaid Hospital Reimbursement and Reimbursement Modernization". To access the second website, go to <https://www.ctdssmap.com>, and select "Hospital Modernization".

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

Sincerely,

Kathleen M. Brennan  
Deputy Commissioner

cc: C. LaVigne  
M. Heuschkel  
M. Gilbert  
B. Fletcher