



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

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KATHLEEN M. BRENNAN
Deputy Commissioner

December 29, 2017

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) as amended by Public Act 13-234, section 76, the Department implemented an All Patient Refined-Diagnosis Related Group (APR-DRG) reimbursement methodology effective for admissions on or after January 1, 2015.

The prospective inpatient Medicaid rates for out-of-state and border hospitals listed below are effective for admissions on or after January 1, 2018.

APR-DRG Base Rate	\$7,505.68
Behavioral Health Per Diem Rate (APR-DRG 740 – 776)	\$1,050.00
Rehabilitation Per Diem Rate (APR-DRG 860)	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.32321

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://portal.ct.gov/dss>, select "Health & Home Care", then "For Providers", and then "Medicaid Hospital Reimbursement". 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.

Sincerely,

Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
S. Ouellette
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