



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

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

KATHLEEN M. BRENNAN
 Deputy Commissioner

December 28, 2018

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, the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2019 for Medicaid patients of William W. Backus Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004025144	
Wage Adjusted Conversion Factor		\$ 88.23
Cost-to-Charge Ratio for Outliers only		0.28667

State-Wide Parameters

Conversion Factor for:		
General Acute Care Hospitals		\$76.42
Children's Hospitals		\$82.25
Private Psychiatric and Chronic Disease		\$71.76
Outlier Multiplier		1.75
Outlier Threshold		\$4,825.00

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 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, 9th Floor, Hartford, CT 06105 or 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.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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

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

KATHLEEN M. BRENNAN
 Deputy Commissioner

December 28, 2018

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, the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2019 for Medicaid patients of Bridgeport Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004025003	
Wage Adjusted Conversion Factor		\$ 88.62
Cost-to-Charge Ratio for Outliers only		0.16436

State-Wide Parameters

Conversion Factor for:		
General Acute Care Hospitals		\$76.42
Children's Hospitals		\$82.25
Private Psychiatric and Chronic Disease		\$71.76
Outlier Multiplier		1.75
Outlier Threshold		\$4,825.00

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 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, 9th Floor, Hartford, CT 06105 or 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.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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

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

KATHLEEN M. BRENNAN
 Deputy Commissioner

December 28, 2018

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, the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2019 for Medicaid patients of Bristol Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004025193	
Wage Adjusted Conversion Factor		\$ 88.23
Cost-to-Charge Ratio for Outliers only		0.17958

State-Wide Parameters

Conversion Factor for:		
General Acute Care Hospitals		\$76.42
Children's Hospitals		\$82.25
Private Psychiatric and Chronic Disease		\$71.76
Outlier Multiplier		1.75
Outlier Threshold		\$4,825.00

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**

Mr. Braam
December 28, 2018
Page 2 of 2

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, 9th Floor, Hartford, CT 06105 or 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.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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

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

KATHLEEN M. BRENNAN
 Deputy Commissioner

December 28, 2018

Carolyn Freiheit
 Hartford HealthCare Regional VP, Finance
 Hospital of Central Connecticut
 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, the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2019 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		\$ 88.23	
Cost-to-Charge Ratio for Outliers only		0.30878	

State-Wide Parameters

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children's Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,825.00

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 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, 9th Floor, Hartford, CT 06105 or 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.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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

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

KATHLEEN M. BRENNAN
 Deputy Commissioner

December 28, 2018

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, the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2019 for Medicaid patients of Danbury Hospital are listed below.

Provider Specific Rates – Danbury Hospital

Medicaid Provider ID	004025227	004025052
Wage Adjusted Conversion Factor		\$ 88.62
Cost-to-Charge Ratio for Outliers only		0.28125

Provider Specific Rates – Danbury Hospital dba New Milford Hospital

Medicaid Provider ID	008055717
Wage Adjusted Conversion Factor	\$ 88.23
Cost-to-Charge Ratio for Outliers only	0.28125

State-Wide Parameters

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children’s Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,825.00

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 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, 9th Floor, Hartford, CT 06105 or 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.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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

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

KATHLEEN M. BRENNAN
 Deputy Commissioner

December 28, 2018

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, the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2019 for Medicaid patients of Day Kimball Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID 004024931 007228881
 Wage Adjusted Conversion Factor \$ 88.23
 Cost-to-Charge Ratio for Outliers only 0.3501

State-Wide Parameters

Conversion Factor for:
 General Acute Care Hospitals \$76.42
 Children's Hospitals \$82.25
 Private Psychiatric and Chronic Disease \$71.76
 Outlier Multiplier 1.75
 Outlier Threshold \$4,825.00

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 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, 9th Floor, Hartford, CT 06105 or 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.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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

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

KATHLEEN M. BRENNAN
 Deputy Commissioner

December 28, 2018

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, the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2019 for Medicaid patients of John Dempsey Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004025250	
Wage Adjusted Conversion Factor		\$ 88.23
Cost-to-Charge Ratio for Outliers only		0.34963

State-Wide Parameters

Conversion Factor for:		
General Acute Care Hospitals		\$76.42
Children's Hospitals		\$82.25
Private Psychiatric and Chronic Disease		\$71.76
Outlier Multiplier		1.75
Outlier Threshold		\$4,825.00

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 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, 9th Floor, Hartford, CT 06105 or 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.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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

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

KATHLEEN M. BRENNAN
 Deputy Commissioner

December 28, 2018

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, the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2019 for Medicaid patients of Greenwich Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004025086
Wage Adjusted Conversion Factor	\$ 88.62
Cost-to-Charge Ratio for Outliers only	0.23473

State-Wide Parameters

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children's Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,825.00

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 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, 9th Floor, Hartford, CT 06105 or 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.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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

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

KATHLEEN M. BRENNAN
 Deputy Commissioner

December 28, 2018

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, the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2019 for Medicaid patients of Griffin Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004025219	
Wage Adjusted Conversion Factor		\$ 88.23
Cost-to-Charge Ratio for Outliers only		0.23681

State-Wide Parameters

Conversion Factor for:		
General Acute Care Hospitals		\$76.42
Children's Hospitals		\$82.25
Private Psychiatric and Chronic Disease		\$71.76
Outlier Multiplier		1.75
Outlier Threshold		\$4,825.00

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 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, 9th Floor, Hartford, CT 06105 or 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.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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

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

KATHLEEN M. BRENNAN
 Deputy Commissioner

December 28, 2018

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, the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2019 for Medicaid patients of Hartford Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID 004025151 008020366
 Wage Adjusted Conversion Factor \$ 88.23
 Cost-to-Charge Ratio for Outliers only 0.27578

State-Wide Parameters

Conversion Factor for:
 General Acute Care Hospitals \$76.42
 Children's Hospitals \$82.25
 Private Psychiatric and Chronic Disease \$71.76
 Outlier Multiplier 1.75
 Outlier Threshold \$4,825.00

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 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, 9th Floor, Hartford, CT 06105 or 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.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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

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

KATHLEEN M. BRENNAN
 Deputy Commissioner

December 28, 2018

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, the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2019 for Medicaid patients of Charlotte Hungerford Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004025011	
Wage Adjusted Conversion Factor		\$ 88.23
Cost-to-Charge Ratio for Outliers only		0.35973

State-Wide Parameters

Conversion Factor for:		
General Acute Care Hospitals		\$76.42
Children's Hospitals		\$82.25
Private Psychiatric and Chronic Disease		\$71.76
Outlier Multiplier		1.75
Outlier Threshold		\$4,825.00

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 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, 9th Floor, Hartford, CT 06105 or 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.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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

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

KATHLEEN M. BRENNAN
 Deputy Commissioner

December 28, 2018

David M. Bittner
 Vice President & CFO
 St. Francis Hospital and Medical Center
 201 Chestnut Hill Rd.
 Stafford Springs CT 06076-0860

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, 2019 for Medicaid patients of Johnson Memorial Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004024980	
Wage Adjusted Conversion Factor		\$ 88.23
Cost-to-Charge Ratio for Outliers only		0.25827

State-Wide Parameters

Conversion Factor for:		
General Acute Care Hospitals		\$76.42
Children's Hospitals		\$82.25
Private Psychiatric and Chronic Disease		\$71.76
Outlier Multiplier		1.75
Outlier Threshold		\$4,825.00

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**

Mr. Bittner
December 28, 2018
Page 2 of 2

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, 9th Floor, Hartford, CT 06105 or 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.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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

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

KATHLEEN M. BRENNAN
 Deputy Commissioner

December 28, 2018

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, the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2019 for Medicaid patients of Lawrence and Memorial Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004024972	007228690
Wage Adjusted Conversion Factor		\$ 88.23
Cost-to-Charge Ratio for Outliers only		0.29688

State-Wide Parameters

Conversion Factor for:		
General Acute Care Hospitals		\$76.42
Children's Hospitals		\$82.25
Private Psychiatric and Chronic Disease		\$71.76
Outlier Multiplier		1.75
Outlier Threshold		\$4,825.00

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**

Mr. Allegretto
December 28, 2018
Page 2 of 2

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, 9th Floor, Hartford, CT 06105 or 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.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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

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

KATHLEEN M. BRENNAN
 Deputy Commissioner

December 28, 2018

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, the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2019 for Medicaid patients of Manchester Memorial Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	008069213	
Wage Adjusted Conversion Factor		\$ 88.23
Cost-to-Charge Ratio for Outliers only		0.20793

State-Wide Parameters

Conversion Factor for:		
General Acute Care Hospitals		\$76.42
Children's Hospitals		\$82.25
Private Psychiatric and Chronic Disease		\$71.76
Outlier Multiplier		1.75
Outlier Threshold		\$4,825.00

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 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, 9th Floor, Hartford, CT 06105 or 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.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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

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

KATHLEEN M. BRENNAN
 Deputy Commissioner

December 28, 2018

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, the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2019 for Medicaid patients of MidState Medical Center are listed below.

Provider Specific Rates

Medicaid Provider ID	004025078	
Wage Adjusted Conversion Factor		\$ 88.23
Cost-to-Charge Ratio for Outliers only		0.34983

State-Wide Parameters

Conversion Factor for:		
General Acute Care Hospitals		\$76.42
Children’s Hospitals		\$82.25
Private Psychiatric and Chronic Disease		\$71.76
Outlier Multiplier		1.75
Outlier Threshold		\$4,825.00

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 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, 9th Floor, Hartford, CT 06105 or 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.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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

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

KATHLEEN M. BRENNAN
 Deputy Commissioner

December 28, 2018

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, the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2019 for Medicaid patients of Middlesex Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004025102	
Wage Adjusted Conversion Factor		\$ 88.23
Cost-to-Charge Ratio for Outliers only		0.19721

State-Wide Parameters

Conversion Factor for:		
General Acute Care Hospitals		\$76.42
Children's Hospitals		\$82.25
Private Psychiatric and Chronic Disease		\$71.76
Outlier Multiplier		1.75
Outlier Threshold		\$4,825.00

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 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, 9th Floor, Hartford, CT 06105 or 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.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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

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

KATHLEEN M. BRENNAN
 Deputy Commissioner

December 28, 2018

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, the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2019 for Medicaid patients of Milford Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004025094	
Wage Adjusted Conversion Factor		\$ 88.23
Cost-to-Charge Ratio for Outliers only		0.25185

State-Wide Parameters

Conversion Factor for:		
General Acute Care Hospitals		\$76.42
Children's Hospitals		\$82.25
Private Psychiatric and Chronic Disease		\$71.76
Outlier Multiplier		1.75
Outlier Threshold		\$4,825.00

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 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, 9th Floor, Hartford, CT 06105 or 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.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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

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

KATHLEEN M. BRENNAN
 Deputy Commissioner

December 28, 2018

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, the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2019 for Medicaid patients of Norwalk Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004025235	
Wage Adjusted Conversion Factor		\$ 88.62
Cost-to-Charge Ratio for Outliers only		0.27883

State-Wide Parameters

Conversion Factor for:		
General Acute Care Hospitals		\$76.42
Children's Hospitals		\$82.25
Private Psychiatric and Chronic Disease		\$71.76
Outlier Multiplier		1.75
Outlier Threshold		\$4,825.00

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 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, 9th Floor, Hartford, CT 06105 or 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.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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

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

KATHLEEN M. BRENNAN
 Deputy Commissioner

December 28, 2018

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, the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2019 for Medicaid patients of Rockville General Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	008069220	
Wage Adjusted Conversion Factor		\$ 88.23
Cost-to-Charge Ratio for Outliers only		0.17599

State-Wide Parameters

Conversion Factor for:		
General Acute Care Hospitals		\$76.42
Children's Hospitals		\$82.25
Private Psychiatric and Chronic Disease		\$71.76
Outlier Multiplier		1.75
Outlier Threshold		\$4,825.00

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 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, 9th Floor, Hartford, CT 06105 or 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.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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

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

KATHLEEN M. BRENNAN
 Deputy Commissioner

December 28, 2018

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, 2019 for Medicaid patients of St. Francis Hospital and Medical Center are listed below.

Provider Specific Rates

Medicaid Provider ID	004024923	
Wage Adjusted Conversion Factor		\$ 88.23
Cost-to-Charge Ratio for Outliers only		0.23562

State-Wide Parameters

Conversion Factor for:		
General Acute Care Hospitals		\$76.42
Children's Hospitals		\$82.25
Private Psychiatric and Chronic Disease		\$71.76
Outlier Multiplier		1.75
Outlier Threshold		\$4,825.00

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**

Mr. Bittner
December 28, 2018
Page 2 of 2

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, 9th Floor, Hartford, CT 06105 or 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.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

Telephone
(860) 424-5693

Facsimile
(860) 424-4860

TDD
1-800-842-4524

KATHLEEN M. BRENNAN
Deputy Commissioner

December 28, 2018

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, the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2019 for Medicaid patients of St. Mary's Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004025060	
Wage Adjusted Conversion Factor		\$ 88.23
Cost-to-Charge Ratio for Outliers only		0.20678

State-Wide Parameters

Conversion Factor for:		
General Acute Care Hospitals		\$76.42
Children's Hospitals		\$82.25
Private Psychiatric and Chronic Disease		\$71.76
Outlier Multiplier		1.75
Outlier Threshold		\$4,825.00

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 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, 9th Floor, Hartford, CT 06105 or 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.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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

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

KATHLEEN M. BRENNAN
 Deputy Commissioner

December 28, 2018

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, the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2019 for Medicaid patients of St. Vincent's Medical Center are listed below.

Provider Specific Rates

Medicaid Provider ID	004025185	
Wage Adjusted Conversion Factor		\$ 88.62
Cost-to-Charge Ratio for Outliers only		0.27982

State-Wide Parameters

Conversion Factor for:		
General Acute Care Hospitals		\$76.42
Children's Hospitals		\$82.25
Private Psychiatric and Chronic Disease		\$71.76
Outlier Multiplier		1.75
Outlier Threshold		\$4,825.00

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**

Mr. Given
December 28, 2018
Page 2 of 2

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, 9th Floor, Hartford, CT 06105 or 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.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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

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

KATHLEEN M. BRENNAN
 Deputy Commissioner

December 28, 2018

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

Dear Mr. Bacher:

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, 2019 for Medicaid patients of Sharon Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	008074565
Wage Adjusted Conversion Factor	\$ 88.23
Cost-to-Charge Ratio for Outliers only	0.25728

State-Wide Parameters

Conversion Factor for:	
General Acute Care Hospitals	\$76.42
Children's Hospitals	\$82.25
Private Psychiatric and Chronic Disease	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$4,825.00

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 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, 9th Floor, Hartford, CT 06105 or 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.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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

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

KATHLEEN M. BRENNAN
 Deputy Commissioner

December 28, 2018

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

Dear Mr. Silard:

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, 2019 for Medicaid patients of Stamford Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004024964	
Wage Adjusted Conversion Factor		\$ 88.62
Cost-to-Charge Ratio for Outliers only		0.14627

State-Wide Parameters

Conversion Factor for:		
General Acute Care Hospitals		\$76.42
Children's Hospitals		\$82.25
Private Psychiatric and Chronic Disease		\$71.76
Outlier Multiplier		1.75
Outlier Threshold		\$4,825.00

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 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, 9th Floor, Hartford, CT 06105 or 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.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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

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

KATHLEEN M. BRENNAN
 Deputy Commissioner

December 28, 2018

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, the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2019 for Medicaid patients of Waterbury Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	008069223	
Wage Adjusted Conversion Factor		\$ 88.23
Cost-to-Charge Ratio for Outliers only		0.14387

State-Wide Parameters

Conversion Factor for:		
General Acute Care Hospitals		\$76.42
Children's Hospitals		\$82.25
Private Psychiatric and Chronic Disease		\$71.76
Outlier Multiplier		1.75
Outlier Threshold		\$4,825.00

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 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, 9th Floor, Hartford, CT 06105 or 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.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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

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

KATHLEEN M. BRENNAN
 Deputy Commissioner

December 28, 2018

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, the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2019 for Medicaid patients of Windham Community Memorial Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004025110	
Wage Adjusted Conversion Factor		\$ 88.23
Cost-to-Charge Ratio for Outliers only		0.29942

State-Wide Parameters

Conversion Factor for:		
General Acute Care Hospitals		\$76.42
Children's Hospitals		\$82.25
Private Psychiatric and Chronic Disease		\$71.76
Outlier Multiplier		1.75
Outlier Threshold		\$4,825.00

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 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, 9th Floor, Hartford, CT 06105 or 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.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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

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

KATHLEEN M. BRENNAN
 Deputy Commissioner

December 28, 2018

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, the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2019 for Medicaid patients of Yale-New Haven Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004025128	
Wage Adjusted Conversion Factor		\$ 88.23
Cost-to-Charge Ratio for Outliers only		0.18319

State-Wide Parameters

Conversion Factor for:		
General Acute Care Hospitals		\$76.42
Children's Hospitals		\$82.25
Private Psychiatric and Chronic Disease		\$71.76
Outlier Multiplier		1.75
Outlier Threshold		\$4,825.00

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 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, 9th Floor, Hartford, CT 06105 or 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.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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

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

KATHLEEN M. BRENNAN
 Deputy Commissioner

December 28, 2018

Tom Honan
 Chief Financial Officer
 Connecticut Children's Medical Center
 282 Washington Street
 Hartford CT 06106

Dear Mr. Honan:

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, 2019 for Medicaid patients of Connecticut Children's Medical Center are listed below.

Provider Specific Rates

Medicaid Provider ID	004159978	
Wage Adjusted Conversion Factor		\$ 94.96
Cost-to-Charge Ratio for Outliers only		0.2567

State-Wide Parameters

Conversion Factor for:		
General Acute Care Hospitals		\$76.42
Children's Hospitals		\$82.25
Private Psychiatric and Chronic Disease		\$71.76
Outlier Multiplier		1.75
Outlier Threshold		\$4,825.00

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 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, 9th Floor, Hartford, CT 06105 or 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.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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

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

KATHLEEN M. BRENNAN
 Deputy Commissioner

December 28, 2018

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, 2019 for Medicaid patients of Natchaug Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004025276	
Wage Adjusted Conversion Factor		\$ 82.85
Cost-to-Charge Ratio for Outliers only		0.38709

State-Wide Parameters

Conversion Factor for:		
General Acute Care Hospitals		\$76.42
Children's Hospitals		\$82.25
Private Psychiatric and Chronic Disease		\$71.76
Outlier Multiplier		1.75
Outlier Threshold		\$4,825.00

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 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, 9th Floor, Hartford, CT 06105 or 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.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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

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

KATHLEEN M. BRENNAN
 Deputy Commissioner

December 28, 2018

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, 2019 for Medicaid patients of Hospital for Special Care are listed below.

Provider Specific Rates

Medicaid Provider ID	004025326	
Wage Adjusted Conversion Factor		\$ 82.85
Cost-to-Charge Ratio for Outliers only		0.46322

State-Wide Parameters

Conversion Factor for:		
General Acute Care Hospitals		\$76.42
Children's Hospitals		\$82.25
Private Psychiatric and Chronic Disease		\$71.76
Outlier Multiplier		1.75
Outlier Threshold		\$4,825.00

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 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, 9th Floor, Hartford, CT 06105 or 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.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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

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

KATHLEEN M. BRENNAN
 Deputy Commissioner

December 28, 2018

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, 2019 for Medicaid patients of Gaylord Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004025284	
Wage Adjusted Conversion Factor		\$ 82.85
Cost-to-Charge Ratio for Outliers only		0.47034

State-Wide Parameters

Conversion Factor for:		
General Acute Care Hospitals		\$76.42
Children's Hospitals		\$82.25
Private Psychiatric and Chronic Disease		\$71.76
Outlier Multiplier		1.75
Outlier Threshold		\$4,825.00

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**

Mr. Mace
December 28, 2018
Page 2 of 2

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, 9th Floor, Hartford, CT 06105 or 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.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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

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

KATHLEEN M. BRENNAN
 Deputy Commissioner

December 28, 2018

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, 2019 for Medicaid patients of Mount Sinai Rehabilitation Hospital are listed below.

Provider Specific Rates

Medicaid Provider ID	004147725	
Wage Adjusted Conversion Factor		\$ 82.85
Cost-to-Charge Ratio for Outliers only		0.23942

State-Wide Parameters

Conversion Factor for:		
General Acute Care Hospitals		\$76.42
Children's Hospitals		\$82.25
Private Psychiatric and Chronic Disease		\$71.76
Outlier Multiplier		1.75
Outlier Threshold		\$4,825.00

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 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, 9th Floor, Hartford, CT 06105 or 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.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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