



# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

December 21, 2020

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 and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2021 for Medicaid patients of William W. Backus Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004025144	
Wage Adjusted Conversion Factor		\$ 90.82
Cost-to-Charge Ratio for Outliers only		0.28674

**State-Wide Parameters**

Outlier Multiplier		1.75
Outlier Threshold		\$5,300.00

All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

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.

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MICHAEL GILBERT

Deputy Commissioner

December 21, 2020

Eugene J. Colucci  
Sr. V.P. Finance/CFO  
Bridgeport Hospital  
267 Grant St. P.O. Box 5000  
Bridgeport CT 06610-0120

Dear Mr. Colucci:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2021 for Medicaid patients of Bridgeport Hospital are listed below.

**Provider Specific Rates – Bridgeport Hospital**

Medicaid Provider ID	004025003
Wage Adjusted Conversion Factor	\$ 90.94
Cost-to-Charge Ratio for Outliers only	0.20706

**Provider Specific Rates – Bridgeport Hospital, Milford Campus**

Medicaid Provider ID	008087733
Wage Adjusted Conversion Factor	\$ 90.82
Cost-to-Charge Ratio for Outliers only	0.35182

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,300.00

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MICHAEL GILBERT  
Deputy Commissioner

December 21, 2020

Kurt Barwis  
President, CEO & CFO  
Bristol Hospital  
Brewster Rd. P.O. Box 977  
Bristol CT 06011-0977

Dear Mr. Barwis:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2021 for Medicaid patients of Bristol Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004025193	
Wage Adjusted Conversion Factor		\$ 90.82
Cost-to-Charge Ratio for Outliers only		0.28026

**State-Wide Parameters**

Outlier Multiplier		1.75
Outlier Threshold		\$5,300.00

All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

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.

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MICHAEL GILBERT  
Deputy Commissioner

December 21, 2020

Sean Curtin  
Vice President, Finance  
Hospital of Central Connecticut  
100 Grand St. P.O. Box 100  
New Britain CT 06050-4000

Dear Mr. Curtin:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2021 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			\$ 90.82
Cost-to-Charge Ratio for Outliers only			0.30257

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,300.00

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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.

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MICHAEL GILBERT

Deputy Commissioner

December 21, 2020

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 and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2021 for Medicaid patients of Danbury Hospital are listed below.

**Provider Specific Rates – Danbury Hospital**

Medicaid Provider ID	004025227	004025052
Wage Adjusted Conversion Factor		\$ 90.94
Cost-to-Charge Ratio for Outliers only		0.25010

**Provider Specific Rates – Danbury Hospital dba New Milford Hospital**

Medicaid Provider ID	008055717
Wage Adjusted Conversion Factor	\$ 90.82
Cost-to-Charge Ratio for Outliers only	0.25010

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,300.00

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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.

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MICHAEL GILBERT  
Deputy Commissioner

December 21, 2020

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 and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2021 for Medicaid patients of Day Kimball Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004024931	007228881
Wage Adjusted Conversion Factor		\$ 90.82
Cost-to-Charge Ratio for Outliers only		0.33467

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,300.00

All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

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.

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MICHAEL GILBERT

Deputy Commissioner

December 21, 2020

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 and in accordance with the approved Medicaid State Plan, specifically State Plan Amendment 20-0002, the rates and parameters for the outpatient prospective payment system (OPPS) effective for the following dates of service for Medicaid patients of John Dempsey Hospital are listed below.

**Dates of Service on or after January 1, 2020 through December 31, 2020**

**Provider Specific Rates**

Medicaid Provider ID	004025250	
Wage Adjusted Conversion Factor		\$ 88.23
Cost-to-Charge Ratio for Outliers only		0.36445

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,075.00

**Dates of Service on or after January 1, 2021**

**Provider Specific Rates**

Medicaid Provider ID	004025250	
Wage Adjusted Conversion Factor		\$ 88.23
Cost-to-Charge Ratio for Outliers only		0.37419

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,300.00

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MICHAEL GILBERT  
Deputy Commissioner

December 21, 2020

Eugene J. Colucci  
Chief Financial Officer  
Greenwich Hospital  
5 Perryridge Rd.  
Greenwich CT 06830-4697

Dear Mr. Colucci:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2021 for Medicaid patients of Greenwich Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004025086	
Wage Adjusted Conversion Factor		\$ 90.94
Cost-to-Charge Ratio for Outliers only		0.27887

**State-Wide Parameters**

Outlier Multiplier		1.75
Outlier Threshold		\$5,300.00

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MICHAEL GILBERT  
Deputy Commissioner

December 21, 2020

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 and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2021 for Medicaid patients of Griffin Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004025219	
Wage Adjusted Conversion Factor		\$ 90.82
Cost-to-Charge Ratio for Outliers only		0.23782

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,300.00

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MICHAEL GILBERT  
Deputy Commissioner

December 21, 2020

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 and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2021 for Medicaid patients of Hartford Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004025151	008020366
Wage Adjusted Conversion Factor		\$ 90.82
Cost-to-Charge Ratio for Outliers only		0.31451

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,300.00

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MICHAEL GILBERT  
Deputy Commissioner

December 21, 2020

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 and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2021 for Medicaid patients of Charlotte Hungerford Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004025011	
Wage Adjusted Conversion Factor		\$ 90.82
Cost-to-Charge Ratio for Outliers only		0.39517

**State-Wide Parameters**

Outlier Multiplier		1.75
Outlier Threshold		\$5,300.00

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MICHAEL GILBERT  
Deputy Commissioner

December 21, 2020

Jennifer Schneider  
Regional Chief Financial Officer  
Trinity Health of New England  
1000 Asylum Street, 5th Floor  
Hartford CT 06105

Dear Ms. Schneider:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2021 for Medicaid patients of Johnson Memorial Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004024980	
Wage Adjusted Conversion Factor		\$ 90.82
Cost-to-Charge Ratio for Outliers only		0.27838

**State-Wide Parameters**

Outlier Multiplier		1.75
Outlier Threshold		\$5,300.00

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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.

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MICHAEL GILBERT  
Deputy Commissioner

December 21, 2020

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 and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2021 for Medicaid patients of Lawrence and Memorial Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004024972	007228689	007228690
Wage Adjusted Conversion Factor			\$ 90.82
Cost-to-Charge Ratio for Outliers only			0.28910

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,300.00

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# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF THE DEPUTY COMMISSIONER

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(860) 424-4960

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

December 21, 2020

Paul Golino  
Chief Financial Officer  
ECHN c/o Manchester Memorial Hospital  
71 Haynes St.  
Manchester CT 06040-4188

Dear Mr. Golino:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2021 for Medicaid patients of Manchester Memorial Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	008069213	
Wage Adjusted Conversion Factor		\$ 90.82
Cost-to-Charge Ratio for Outliers only		0.23925

**State-Wide Parameters**

Outlier Multiplier		1.75
Outlier Threshold		\$5,300.00

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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.

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MICHAEL GILBERT  
Deputy Commissioner

December 21, 2020

Sean Curtin  
Vice President, Finance  
MidState Medical Center  
435 Lewis Ave.  
Meriden CT 06451

Dear Mr. Curtin:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2021 for Medicaid patients of MidState Medical Center are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004025078	
Wage Adjusted Conversion Factor		\$ 90.82
Cost-to-Charge Ratio for Outliers only		0.32334

**State-Wide Parameters**

Outlier Multiplier		1.75
Outlier Threshold		\$5,300.00

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MICHAEL GILBERT  
Deputy Commissioner

December 21, 2020

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 and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2021 for Medicaid patients of Middlesex Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004025102	
Wage Adjusted Conversion Factor		\$ 90.82
Cost-to-Charge Ratio for Outliers only		0.19805

**State-Wide Parameters**

Outlier Multiplier		1.75
Outlier Threshold		\$5,300.00

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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.

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MICHAEL GILBERT  
Deputy Commissioner

December 21, 2020

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 and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2021 for Medicaid patients of Norwalk Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004025235	
Wage Adjusted Conversion Factor		\$ 90.94
Cost-to-Charge Ratio for Outliers only		0.26963

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,300.00

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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.

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MICHAEL GILBERT

Deputy Commissioner

December 21, 2020

Paul Golino  
Chief Financial Officer  
ECHN c/o Rockville Hospital  
31 Union St.  
Vernon CT 06066-3160

Dear Mr. Golino:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2021 for Medicaid patients of Rockville General Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	008069220	
Wage Adjusted Conversion Factor		\$ 90.82
Cost-to-Charge Ratio for Outliers only		0.19251

**State-Wide Parameters**

Outlier Multiplier		1.75
Outlier Threshold		\$5,300.00

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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.

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MICHAEL GILBERT

Deputy Commissioner

December 21, 2020

Jennifer Schneider  
Regional Chief Financial Officer  
Trinity Health of New England  
1000 Asylum Street, 5th Floor  
Hartford CT 06105

Dear Ms. Schneider:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2021 for Medicaid patients of St. Francis Hospital and Medical Center are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004024923	
Wage Adjusted Conversion Factor		\$ 90.82
Cost-to-Charge Ratio for Outliers only		0.21759

**State-Wide Parameters**

Outlier Multiplier		1.75
Outlier Threshold		\$5,300.00

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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.

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MICHAEL GILBERT

Deputy Commissioner

December 21, 2020

Jennifer Schneider  
Regional Chief Financial Officer  
Trinity Health of New England  
1000 Asylum Street, 5th Floor  
Hartford CT 06105

Dear Ms. Schneider:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2021 for Medicaid patients of St. Mary's Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004025060	
Wage Adjusted Conversion Factor		\$ 90.82
Cost-to-Charge Ratio for Outliers only		0.23821

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,300.00

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MICHAEL GILBERT  
Deputy Commissioner

December 21, 2020

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 and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2021 for Medicaid patients of St. Vincent's Medical Center are listed below.

**Provider Specific Rates**

Medicaid Provider ID	008090985	
Wage Adjusted Conversion Factor		\$ 90.94
Cost-to-Charge Ratio for Outliers only		0.28821

**State-Wide Parameters**

Outlier Multiplier		1.75
Outlier Threshold		\$5,300.00

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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.

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MICHAEL GILBERT

Deputy Commissioner

December 21, 2020

Steven H. Rosenberg  
Chief Financial Officer  
Sharon Hospital, Nuvance Health  
50 Hospital Hill P.O. Box 789  
Sharon CT 06069-0789

Dear Mr. Rosenberg:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2021 for Medicaid patients of Sharon Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	008074565	
Wage Adjusted Conversion Factor		\$ 90.82
Cost-to-Charge Ratio for Outliers only		0.30905

**State-Wide Parameters**

Outlier Multiplier		1.75
Outlier Threshold		\$5,300.00

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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.

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MICHAEL GILBERT  
Deputy Commissioner

December 21, 2020

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

Dear Mr. Veillette:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2021 for Medicaid patients of Stamford Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004024964	
Wage Adjusted Conversion Factor		\$ 90.94
Cost-to-Charge Ratio for Outliers only		0.14539

**State-Wide Parameters**

Outlier Multiplier		1.75
Outlier Threshold		\$5,300.00

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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.

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MICHAEL GILBERT  
Deputy Commissioner

December 21, 2020

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 and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2021 for Medicaid patients of Waterbury Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	008069223	
Wage Adjusted Conversion Factor		\$ 90.82
Cost-to-Charge Ratio for Outliers only		0.17836

**State-Wide Parameters**

Outlier Multiplier		1.75
Outlier Threshold		\$5,300.00

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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.

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MICHAEL GILBERT  
Deputy Commissioner

December 21, 2020

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 and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2021 for Medicaid patients of Windham Community Memorial Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004025110	
Wage Adjusted Conversion Factor		\$ 90.82
Cost-to-Charge Ratio for Outliers only		0.31624

**State-Wide Parameters**

Outlier Multiplier		1.75
Outlier Threshold		\$5,300.00

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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.

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MICHAEL GILBERT  
Deputy Commissioner

December 21, 2020

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 and in accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the rates and parameters for the outpatient prospective payment system (OPPS) effective for dates of service on or after January 1, 2021 for Medicaid patients of Yale-New Haven Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004025128	
Wage Adjusted Conversion Factor		\$ 90.82
Cost-to-Charge Ratio for Outliers only		0.20055

**State-Wide Parameters**

Outlier Multiplier		1.75
Outlier Threshold		\$5,300.00

All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

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/Payment".

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, 9<sup>th</sup> Floor, Hartford, CT 06105 or [Theresa.Messner@ct.gov](mailto:Theresa.Messner@ct.gov). **Please Note:** Pursuant to paragraph 58 of the settlement agreement, the hospital shall not file any requests for rehearing pursuant to Conn. Gen. Stat. § 17b-238(b) or any other actions, appeals, or proceedings specified therein. Any requests for rehearing are limited only to: (i) claims of arithmetical, clerical or other similar errors, or based on factual errors unrelated to the underlying payment methodology or such methodology's aggregate level of funding, in calculating Medicaid rates or Medicaid supplemental payments covered by the settlement agreement to an individual hospital or (ii) claims regarding matters not covered by the settlement agreement.

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

Sincerely,



Michael Gilbert  
Deputy Commissioner

cc: N. Godburn  
S. Ouellette  
N. Holmes  
N. Venditto



# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

FAX:

(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

December 21, 2020

Bridgett Feagin  
SVP & Chief Financial Officer  
Connecticut Children's Medical Center  
282 Washington Street  
Hartford CT 06106

Dear Ms. Feagin:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the approved Medicaid State Plan, specifically State Plan Amendment 20-0002, the rates and parameters for the outpatient prospective payment system (OPPS) effective for the following dates of service for Medicaid patients of Connecticut Children's Medical Center are listed below.

**Dates of Service on or after January 1, 2020 through December 31, 2020**

**Provider Specific Rates**

Medicaid Provider ID	004159978	008093725
Wage Adjusted Conversion Factor		\$ 94.96
Cost-to-Charge Ratio for Outliers only		0.34132

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,075.00

**Dates of Service on or after January 1, 2021**

**Provider Specific Rates**

Medicaid Provider ID	004159978	008093725
Wage Adjusted Conversion Factor		\$ 94.96
Cost-to-Charge Ratio for Outliers only		0.27884

**State-Wide Parameters**

Outlier Multiplier	1.75
Outlier Threshold	\$5,300.00

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.

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we have attached the updated calculations. The rate letters and calculations will also be available on the website under “Medicaid Hospital Reimbursement”, “Fees/Payment”.

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:

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

Sincerely,



Michael Gilbert  
Deputy Commissioner

cc: N. Godburn  
S. Ouellette  
N. Holmes  
N. Venditto



# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

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(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT

Deputy Commissioner

December 21, 2020

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, 2021 for Medicaid patients of Natchaug Hospital are listed below.

### Provider Specific Rates

Medicaid Provider ID	004025276	
Wage Adjusted Conversion Factor		\$ 75.17
Cost-to-Charge Ratio for Outliers only		0.37506

### State-Wide Parameters

Outlier Multiplier		1.75
Outlier Threshold		\$5,300.00

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.

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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:

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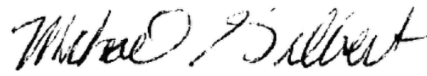
Mr. Maloney  
December 21, 2020  
Page 2 of 2

(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, 9<sup>th</sup> Floor, Hartford, CT 06105 or [Theresa.Messner@ct.gov](mailto: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](mailto:Roberta.Cecil@ct.gov).

Sincerely,

A handwritten signature in black ink that reads "Michael Gilbert". The signature is written in a cursive style with a large initial "M".

Michael Gilbert  
Deputy Commissioner

cc: N. Godburn  
S. Ouellette  
N. Holmes  
N. Venditto





# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT

Deputy Commissioner

December 21, 2020

Laurie Rudman  
Senior Vice President Finance, CFO  
Hospital for Special Care  
2150 Corbin Avenue  
New Britain CT 06053

Dear Ms. Rudman:

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, 2021 for Medicaid patients of Hospital for Special Care are listed below.

### Provider Specific Rates

Medicaid Provider ID	004025326	
Wage Adjusted Conversion Factor		\$ 75.17
Cost-to-Charge Ratio for Outliers only		0.72005

### State-Wide Parameters

Outlier Multiplier		1.75
Outlier Threshold		\$5,300.00

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/Payment".

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:

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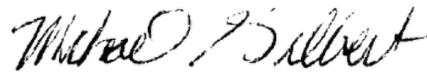
Ms. Rudman  
December 21, 2020  
Page 2 of 2

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

Sincerely,

A handwritten signature in black ink that reads "Michael Gilbert". The signature is written in a cursive, slightly slanted style.

Michael Gilbert  
Deputy Commissioner

cc: N. Godburn  
S. Ouellette  
N. Holmes  
N. Venditto



# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF THE DEPUTY COMMISSIONER

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1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT  
Deputy Commissioner

December 21, 2020

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, 2021 for Medicaid patients of Gaylord Hospital are listed below.

**Provider Specific Rates**

Medicaid Provider ID	004025284	
Wage Adjusted Conversion Factor		\$ 78.75
Cost-to-Charge Ratio for Outliers only		0.46252

**State-Wide Parameters**

Outlier Multiplier		1.75
Outlier Threshold		\$5,300.00

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/Payment".

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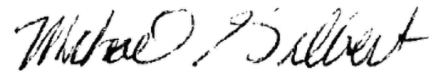
Mr. Mace  
December 21, 2020  
Page 2 of 2

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

Sincerely,

A handwritten signature in black ink that reads "Michael Gilbert". The signature is written in a cursive style with a large, stylized initial "M".

Michael Gilbert  
Deputy Commissioner

cc: N. Godburn  
S. Ouellette  
N. Holmes  
N. Venditto



# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF THE DEPUTY COMMISSIONER

TELEPHONE:

(860) 424-5841

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(860) 424-4960

TTY:

1-800-842-4524

EMAIL:

mike.gilbert@ct.gov

MICHAEL GILBERT

Deputy Commissioner

December 21, 2020

Jennifer Schneider  
Regional Chief Financial Officer  
Trinity Health of New England  
1000 Asylum Street, 5th Floor  
Hartford CT 06105

Dear Ms. Schneider:

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, 2021 for Medicaid patients of Mount Sinai Rehabilitation Hospital are listed below.

### Provider Specific Rates

Medicaid Provider ID	004147725	
Wage Adjusted Conversion Factor		\$ 75.17
Cost-to-Charge Ratio for Outliers only		0.21783

### State-Wide Parameters

Outlier Multiplier		1.75
Outlier Threshold		\$5,300.00

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.

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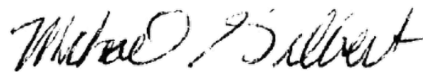
Ms. Schneider  
December 21, 2020  
Page 2 of 2

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Sincerely,

A handwritten signature in black ink that reads "Michael Gilbert". The signature is written in a cursive style.

Michael Gilbert  
Deputy Commissioner

cc: N. Godburn  
S. Ouellette  
N. Holmes  
N. Venditto