



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE COMMISSIONER

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Appropriations Committee
Senator Catherine Osten, Co-Chair
Senator Paul Formica, Co-Chair
Representative Toni E. Walker, Co-Chair
Representative Melissa H. Ziobron, Ranking Member

Human Services Committee
Senator Marilyn Moore, Co-Chair
Senator Joe Markley, Co-Chair
Representative Catherine F. Abercrombie, Co-Chair
Representative Jay Case, Ranking Member

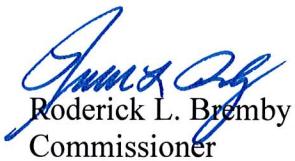
Dear Honorable Co-Chairs, Ranking Members and Members of the Appropriations and Human Services Committees:

Attached please find the Hospital Outpatient Prospective Payment System report, prepared by the Department of Social Services (DSS), pursuant to section 87 of Public Act 16-3. This report includes an analysis of the new Ambulatory Payment Classification (APC) reimbursement methodology for outpatient procedures.

On July 1, 2016, the state of Connecticut launched a new hospital outpatient reimbursement system known as the Connecticut Medical Assistance Program (CMAP) Outpatient Prospective Payment System (OPPS). A major component of this payment system was the implementation of the APC reimbursement methodology for outpatient procedures.

Please note that the analysis found in this report is preliminary from July 1, 2016 through September 30, 2016. As the APC reimbursement system is still in its infancy DSS will continue to improve streamlining system processes and ensuring data integrity.

Sincerely,



Roderick L. Bremby
Commissioner

cc: Kathleen Brennan, Deputy Commissioner
Kate McEvoy, Director, Division of Health Services
Chris Lavigne, Director, Certificate of Need and Reimbursement



HOSPITAL OUTPATIENT PROSPECTIVE PAYMENT SYSTEM

DEPARTMENT OF SOCIAL SERVICES

On July 1, 2016, the state of Connecticut launched a new hospital outpatient reimbursement system known as the Connecticut Medical Assistance Program (CMAP) Outpatient Prospective Payment System (OPPS). A major component of this payment system was the implementation of the Ambulatory Payment Classification (APC) reimbursement methodology for outpatient procedures. Federal approval of the Medicaid State Plan Amendment 16-0016 is pending through the Centers for Medicare and Medicaid Services (CMS). The APC method pays for outpatient hospital services, provides a more precise estimate of cost for services, and standardizes payments for similar outpatient services across hospitals.

With APCs, payments are based on the Health Care Common Procedure Coding System (HCPCS) codes used in medical billing. Previously, the State would pay hospitals for outpatient services by assigning ancillary Revenue Cost Centers (RCCs), like laboratory or emergency room, either a specific cost-to-charge ratio (CCR), or a set fee. This reimbursement methodology did not clarify exactly what specific services were provided under the RCC codes, and may have incentivized the hospitals to raise charges on their services in order to obtain higher payments under the CCR. Also, there was no consistency in payment rates of the outpatient services across hospitals.

Connecticut's outpatient expenditures for Medicaid beneficiaries totaled \$764 million in SFY 2016.¹ Connecticut sought to control the high-cost of inpatient Medicaid enrollees with the implementation on January 1, 2015 of the inpatient modernization program using APR-DRGs (All-Patient Refined-Diagnosis Related Groups). The development and implementation of the OPPS using APCs is the second part of the statewide reimbursement modernization project to focus on clarifying and expanding services, improving quality outcomes based on those services, and promoting cost control. This project aligns with state and federal policy goals, and was modeled on the federal APC reimbursement methodology used by CMS. The APC project has been tailored to fit Connecticut's Medicaid population. Procedures for outpatient services are now more transparent, outcomes can be effectively measured, and hospitals can be held accountable for quality and costs.

The Department of Social Services (DSS) and hospitals are able to budget more precisely as the costs of services are known. Additionally, hospitals and DSS can take advantage of Medicare pilot programs to develop innovative strategies that improve outcomes.

OPPS APC



Standardizes outpatient reimbursement

Provides transparency of costs for services rendered

¹ DSS, Fiscal 613T-2016 Medicaid Expenditure Report, June 2016

BACKGROUND

In 2016, the Connecticut Legislature amended hospital statute C.G.S. 17b-239 of the 2016 supplement under Section 87 of Public Act 16-3, giving necessary authority to DSS to implement the APC payment methodology:

(2) On or after July 1, 2016, with the exception of publicly operated psychiatric hospitals, hospitals shall be paid for outpatient and emergency room services based on prospective rates established by the commissioner within available appropriations and in accordance with an ambulatory payment classification system, provided the Department of Social Services completes a fiscal analysis of the impact of such rate payment system on each hospital. Such ambulatory payment classification system may include one or more peer groups established by the Department of Social Services. The Commissioner of Social Services shall, in accordance with the provisions of section 11-4a, file a report on the results of the fiscal analysis not later than six months after implementing the rate payment system with the joint standing committees of the General Assembly having cognizance of matters relating to human services and appropriations and the budgets of state agencies. Nothing contained in this subsection shall authorize a payment by the state for such services to any hospital in excess of the charges made by such hospital for comparable services to the general public. Effective upon implementation of the ambulatory payment classification system, a covered outpatient hospital service that is not being reimbursed using such ambulatory payment classification system shall be paid in accordance with a fee schedule or an alternative payment methodology, as determined by the commissioner. The commissioner may, within available funding for implementation of the ambulatory payment classification methodology, establish a supplemental pool to provide payments to offset losses incurred, if any, by publicly operated acute care hospitals and acute care children's hospitals licensed by the Department of Public Health as a result of the implementation of the ambulatory payment classification system. Prior to the implementation of the ambulatory payment classification system, each hospital's charges shall be based on the charge master in effect as of June 1, 2015. After implementation of such system, annual increases in each hospital's charge master shall not exceed, in the aggregate, the annual increase in the Medicare economic index.

The APC methodology, modified from Medicare to reflect Connecticut's Medicaid population, is better able to match outpatient procedure codes to hospital costs and allows for more precise tracking of outpatient services to quality outcomes. It also standardizes payments for similar services across all the hospitals and allows for patient acuity. Under the old reimbursement system:

- 1) Hospitals could be incentivized to increase charges on outpatient services that billed using cost-to-charge ratios (CCR) for higher Medicaid reimbursement.
- 2) There were no system edits in place to prevent hospitals from billing inappropriate services under revenue center codes (RCC).
- 3) There was no clear way to distinguish reimbursement for hospital services from physician billing.
- 4) Services or procedures that were the same across hospitals would be paid differently.

The advantage of APCs is that most Connecticut hospitals were already following Medicare APCs for their Medicare populations, and are familiar with the system. DSS can now mirror Medicare's outpatient reimbursement policies and will be able to update payment calculations using Medicare



values, where appropriate. DSS will also be able to consider alternative payment methods, such as episodes-of-care, or value-based payments, that Medicare has been piloting with outpatient services in other states.

THE APC MODEL

What are APCs?

In 2000, CMS authorized the use of APC payments for certain Medicare outpatient services that use comparable clinical resources and costs. The payments are assigned to specific HCPCS codes, also referred to as procedure codes, which are assigned specific weights and payment rates. Procedure codes are the services assigned in response to diagnostic codes (ICD-9 or ICD-10) assigned by providers. Procedure codes that are clinically similar and use similar resources are grouped into APCs.

APCs are considered prospective payment because payment rates for outpatient services are pre-determined based on resources and costs. The APC payment rate is calculated for dependent, ancillary, and supportive services that may be packaged together, such as supplies, lab work, and some drugs that are commonly used for certain procedures. Other services that are not packaged are paid a separate APC rate, and some services can be discounted when paired with another procedure, item, or resource. In January 2015, CMS also developed a new category called Comprehensive APCs to provide an all-inclusive payment for certain procedures – these procedures include both packaged and non-packaged services.

Outpatient medical and surgical procedures, items and services are run through an APC grouper developed by 3M to determine the appropriate APC calculation. The calculation consists of a conversion factor, or dollar rate, multiplied by an APC relative weight, to get an unadjusted payment rate. The APC relative weights reflect how resource-intensive the procedure or service could be, excluding professional fees, which may be due to the severity of the illness. Higher weights indicate a higher intensity level. These unadjusted payment rates and procedure codes are assigned an APC code number and entered into addendums distributed by CMS on a quarterly basis. Status Indicators (SI) indicate if the procedure is payable under APCs and how it will be paid. An example is provided below as part of Addendum B.

CMS Addendums

CMS publishes a number of addendums that set the procedure codes, payments, payment statuses, and weights for Medicare payments for APCs. DSS and the consulting group worked extensively with Addendum B, which contains approximately 15,000 HCPCS codes, to tailor the system for the Connecticut Medicaid population. CMS updates the addendums quarterly, but because DSS examined the entire catalog of procedure codes holistically during the project, Addendum B will require only slight modifications by DSS in subsequent updates, focused only on CMS changes.

Example of Federal Register Addendum B

HCPCS Code	Description	SI	APC	Relative Weight
11042	Debride skin/tissue	T	0016	2.6604
11044	Debride tissue/muscle/bone	T	0682	6.8816
77003	Fluoroguide for spine inject	N		
77416	Radiation treatment delivery	S	0301	2.2167
J1740	Ibandronate sodium injection	G	9229	

METHODOLOGY - COST TRANSPARENCY

CMAP Addendum B

DSS collaborated with consultants from Mercer LLC and Myers and Stauffer LC to develop the APC outpatient reimbursement system. The plan of action included project planning, strategy, APC design, and implementation. Workgroups involved the consultants and DSS team members from health policy, operations, rate-setting, behavioral health, fiscal, legal, and other areas.

The workgroup modified Medicare's Addendum B to Connecticut's Medicaid population which became known as **Connecticut Medical Assistance Program (CMAP) Addendum B**. Over the course of a year and a half the majority of the workgroup time was devoted to going through the 15,000 HCPCS codes in Medicare's Addendum B to decide if the state would pay for them, and if so, how they would be paid. It was determined during the planning process to follow the Medicare model as closely as possible, with some exceptions. Medicare assigns each procedure code a status indicator (SI) from A to Y to determine if they are covered by APCs, covered through another form of payment, or not covered at all. Because the state's Medicaid population is distinct from Medicare's population, in that it covers women's and children's health issues, it was necessary to include as payable some procedures that would not normally be paid for under Medicare. Although there are policy inclusions and exclusions, a large majority of the procedure codes were modeled on the Medicare policy.

Figure 1 demonstrates how the claims will fall into their respective categories.

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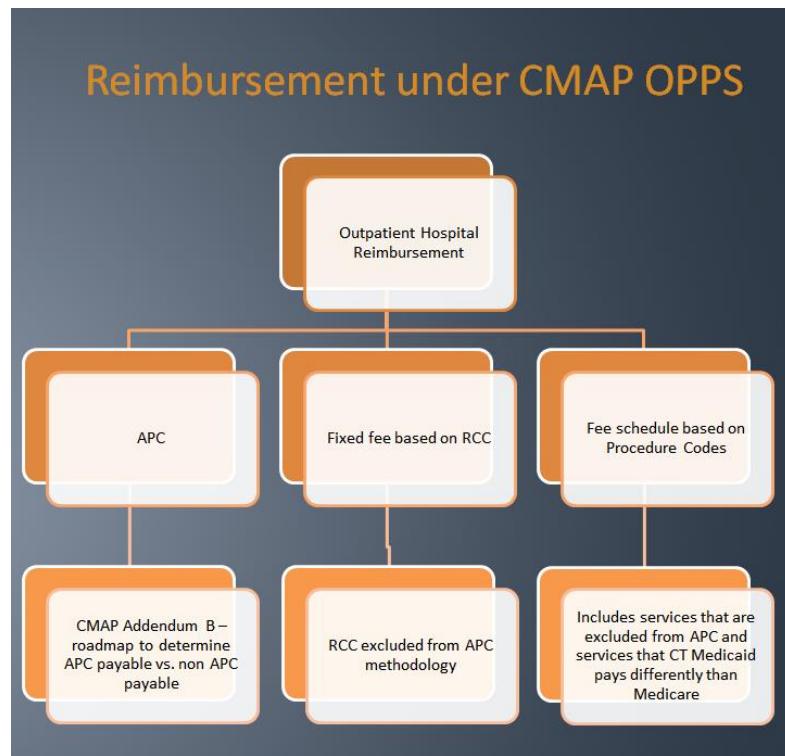


Figure 1. CMAP OPPS Claim Decision Model

Figure 2 shows the initial workflow of an outpatient claim into the APC grouper.

**PAYMENT DESIGN AND POLICIES
WORKFLOW — INITIAL DATA SCREENS**

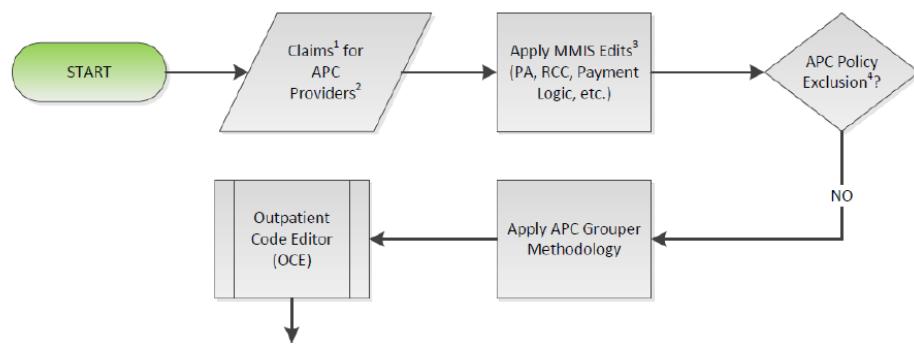


Figure 2. Initial Claim Workflow

The full workflow detail is shown in Appendix A.

Policy Exclusions

The state also defined which services would be paid outside of the APC process - by a fee schedule, by RCC, or priced manually on a case-by-case basis. Services that may include long term rehabilitation for speech, occupational, and physical therapy were excluded from the APC grouper and will be paid based on their rates under RCCs. Vaccine administration for children, which is done through another federally funded program, is excluded. Behavioral health, which may require intensive outpatient programs or partial hospitalization, is also paid using behavioral health clinic and outpatient hospital fee schedules using a combination of RCCs and procedure codes. This also includes electroshock therapy and smoking cessation group programs that are paid by RCC at a fixed fee. Providers that run specific programs, such as the Hartford Hospital's Child and Adolescent Rapid Emergency Stabilization program (CARES) are also paid a fee based on RCC. Medicare does cover behavioral health programs, but it uses the APC model. The DSS workgroup and consultants decided to use the clinic fee schedules for parity across Medicaid providers to have more control over rates to ensure access.

A major driver of APC implementation was to move from being dependent on RCCs in calculating outpatient payments, but RCCs are still used for certain policy exclusions and for the Medicare Management Information System (MMIS) updates for processing exclusions and assigning edits within the software.

Unbundling of Professional Services

A major component of managing costs and understanding and improving the effectiveness of outpatient services was to adjust how physicians and other providers bill for services. Under the previous reimbursement system physicians billed on the outpatient claim form, UB-04 or UB-8371, using RCCs 456 (Emergency Room/Urgent Care), 51X (Clinics), and 960 and above (Professional). Hospitals would be reimbursed for a facility portion of the service which was bundled in the physician payment. For the new OPPS, physicians, APRNs, psychiatrists, and other professionals are now required to bill on the professional claim forms CMS-1500 or CMS-837P. Hospitals can bill for the facility portion using appropriate procedure codes and have them process through claim workflow to determine how they will be paid.

Claims Analysis

Beginning May 1, 2014 all Connecticut hospitals serving Medicaid patients were required to enter procedure codes on some outpatient claims when billing using RCCs. After doing an initial analysis with a three month claim set, the consultants worked with eight months of data with dates of service from May 1, 2014 to December 31, 2014. This is the claim set used for all data modeling. Performing the claims analysis was a multi-step process. The consultants evaluated those claims that were rejected by the APC grouper to determine any data or billing fixes, and then apply Medicare and



Medicaid policy exceptions. The claim payments were modeled according to Medicare rules for APC payable claims, and non-APC payable claim exceptions were priced based on Medicaid's current pricing system, allowing for some pricing adjustments.

FISCAL IMPACT MODEL

The objective of the fiscal impact model is to improve the accuracy and equity of the outpatient payment system as a whole, while accommodating multiple payment levels. The fiscal impact model developed by the consulting team is a breakdown of current hospital-specific outpatient claim payments into those payments that would be APC payable by removing policy exclusions and certain hospital-specific programs. Also removed were excluded claims, which were claims that could not be modeled under the new system with incorrect or missing codes. This adjusted payment was called the **APC payable budget target** and the state-wide total was estimated at **\$293,761,023**.

A few adjustments were made:

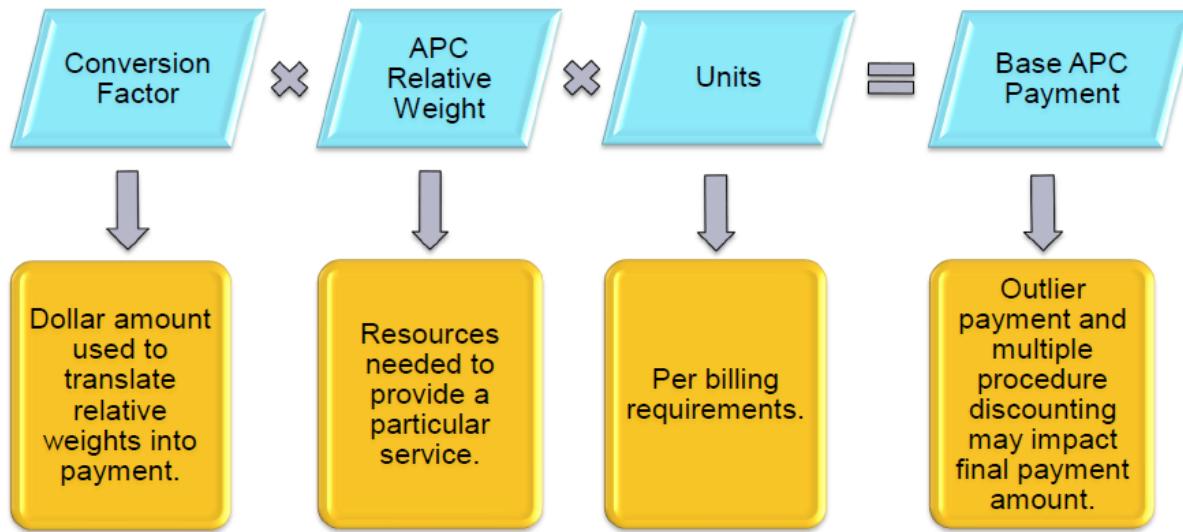
1. The model was adjusted to reflect payment policies that were in effect before the outpatient modernization system was implemented. These include a mass adjustment of rates in February of 2015, so claims with dates of service between May and December 2014 were affected. Also included were any policy changes in outpatient billing.
2. Billings for professional fees that would be paid directly to the professional were estimated from fee schedules.
3. Current and proposed payment for services excluded from APC payment was estimated (which will generally continue at current payment levels based on revenue center codes (RCCs)).
4. Payment impact for services which are not payable based on Medicare definitions within the APC system, but which will be payable by DSS policy (these will transition from RCC based payment to HCPCS based payment at DSS) were estimated.

The APC payable budget target was used to develop the conversion factor that would be used by the APC grouper to determine payment calculations on claims.

Conversion Factor

The calculation below was modeled on Medicare's calculation of APC payment. Once the hospital-specific APC payable budget target was estimated and then totaled for a state-wide budget target, an aggregate **state-wide conversion factor** could be derived. The data analysis went through several iterations before a final dollar rate was derived. The hospital-specific conversion factors were later adjusted to include a geographic wage index factor; therefore hospitals residing in the same county will have the same conversion factor. The final state-wide conversion factor for Connecticut hospitals is **\$71.76**. Medicare's 2016 conversion factor is **\$73.93**. Connecticut Children's Medical Center (CCMC) is \$82.85 but is a separate peer group allowed by statute. Appendix B has the full list of hospitals and wage adjusted conversion factors.

Calculation of an APC Payment



On an outpatient claim the wage-adjusted conversion factor is multiplied by the APC relative weight assigned to payable procedure codes and the number of units. APC relative weights for procedure codes are determined by CMS in Addendum B. This calculation is run through the APC grouper for each hospital outpatient claim to determine the **base APC payment**. The hospital-specific base APC payments were estimated, resulting in a **state-wide total APC payment of \$293,779,307** for all hospitals.

The hospital-specific APC payments include the base payment plus an outlier payment. The outlier payments are following Medicare outlier payment calculations. The outlier payments are estimates of high-cost procedures and must meet both a multiple threshold and a fixed fee threshold in order to be considered for partial payment. Included in the calculation for outliers are the hospital-specific cost-to-charge ratios.

$$\text{Outlier Payment} = [(\text{Charges} \times \text{hospital-specific Cost-to-Charge Ratio}) - (1.75 \times \text{APC Payment})] \times 50\%$$

Comparison

An analysis of the state-wide APC budget target of **\$293,761,023**, and the state-wide APC payment of **\$293,779,307**, shows only an immaterial difference of **\$18,284**. The fiscal impact model was not intended to be revenue-neutral, but only to ensure the accuracy and equity of payments from the “old” payment system to the APC payment system with the appropriate conversion factor. The fact that there was a minor variance between the budgeted amount and estimated payment highlights the accuracy and soundness of the conversion factor.



3- MONTH FISCAL ANALYSIS

The DSS workgroup analyzed the results of the claim system after three months of implementation. As shown in Appendix C, Comparison of Cost and Payments –7/1/2016 to 9/30/2016, the state is paying **81.13%** of the total costs of the outpatient claims. This comparison shows only total claims and does not break out APC and non-APC costs. As shown on Appendix D, page 2, the original estimated percentage based on claims from 5/1/2014 to 12/31/2014 was **79.58%**. It should be noted that : 1) this is a preliminary analysis with only three months of data, 2) the system is still in its infancy and we are still improving in streamlining system processes and ensuring data integrity.

OTHER CONSIDERATIONS

Behavioral Health and Rehabilitation Services

Behavioral Health outpatient programs include partial hospitalization (PHP), intermediate outpatient (IOP), Extended Day Treatment, provider-specific programs like Hartford Hospital's Child & Adolescent Rapid Emergency Stabilization (CARES) program for children, and tobacco cessation programs. Medicare guidelines on PHP did not match well with Connecticut's Medicaid policy on outpatient BH reimbursement; also, Medicare does not cover services such IOP, Extended Day, and other specialty services. As a result, DSS decided to carve behavioral health services out of the APC payable model, and continue the current reimbursement policy. A behavioral health RCC paired with the appropriate procedure code is required to bill correctly and receive reimbursement.

Rehabilitation services, which include physical therapy, speech therapy, and occupational therapy, were also carved out of the APC payment model. For these services, the provider will bill by RCC and be paid from a fee schedule.

DSS felt that carving out behavioral health and rehabilitation payments from APC payments allows for more flexibility in adding programs and requires less billing modification.

STAKEHOLDER PARTICIPATION & PROJECT TRANSPARENCY

DSS and the consulting teams worked in collaboration with hospitals, the Connecticut Hospital Association (CHA), and Office of Policy and Management (OPM) during the implementation of the OPPS payment system. The goals were to encourage active participation, foster transparency, develop open communication among stakeholders, encourage feedback, and adjust as necessary.

To adhere to the project goals, the DSS project team held two in-person presentations with CHA and hospital representatives. Presentations included an introductory session and a design details session. Stakeholders were also notified of conference calls and webinars hosted by the project team. During the meetings, stakeholders were able to view agenda items, review issue papers, and address specific questions and comments.

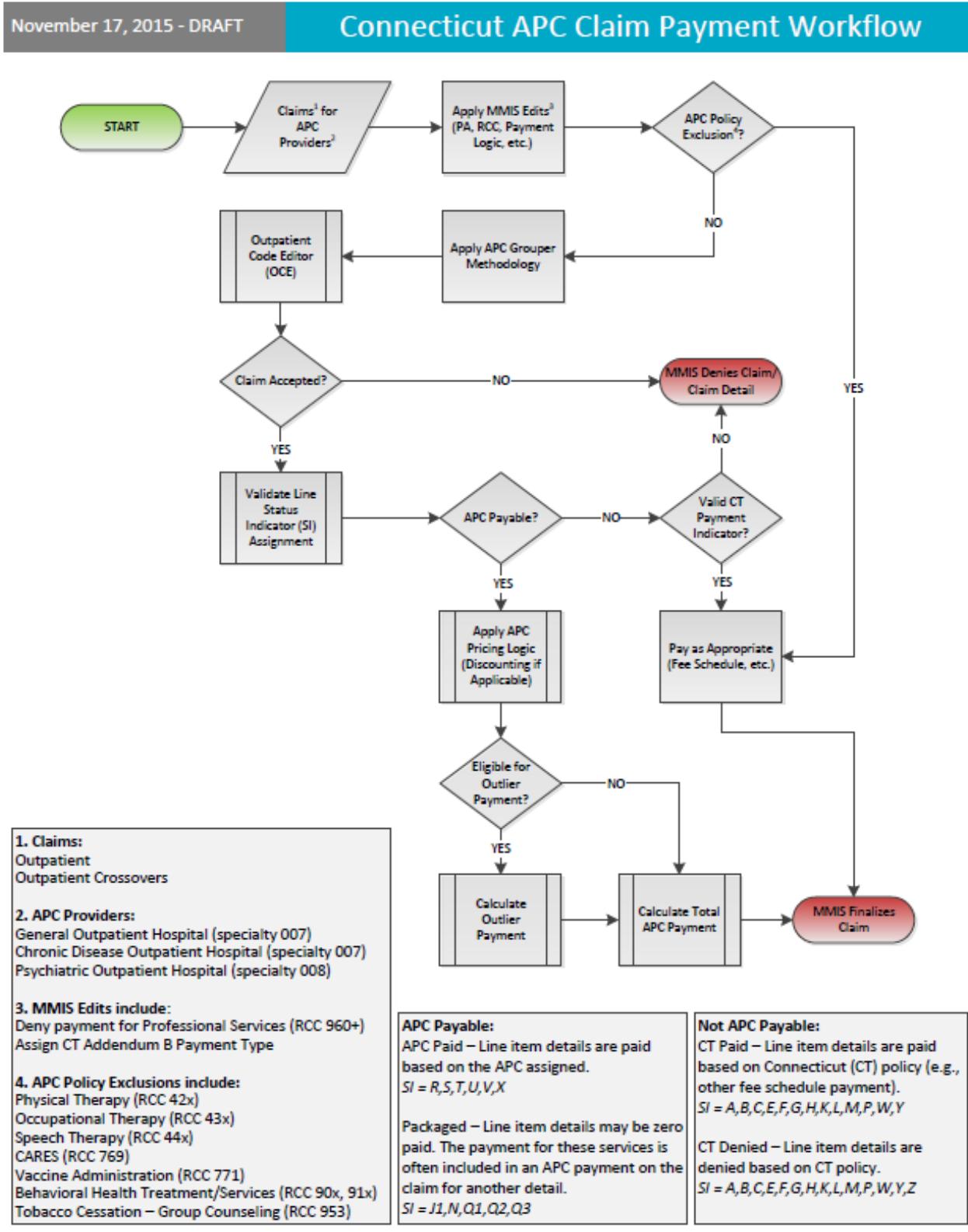


A comprehensive web-based archive of information was made available on the DSS [Hospital Outpatient Reimbursement Modernization](#) website. The website notified stakeholders when new content was posted through an email notification system called 'E-Alert'. The website also featured issue papers written by the project team. Issue papers addressed topics regarding Addendum B, behavioral health, physician billing, the fiscal impact model, and other decision points. Also featured on the website were updated state regulations, fiscal notes, public notices, and state plan amendments.

POST IMPLEMENTATION

DSS and the consulting group will continue to monitor and maintain the OPPS. For APCs, this will include quarterly updates from CMS that have to be evaluated and implemented in CMAP Addendum B, and updates to the APC Grouper version. The workgroup will also be addressing APC issues with crossovers, evaluating and implementing processes for analytical design, tracking and monitoring, and evaluating the aggregate financial impact. Payments made outside the APC system will also be continually monitored and assessed for the financial impact to providers.

Appendix A



HOSPITAL OUTPATIENT PROSPECTIVE PAYMENT SYSTEM

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Appendix B

Connecticut Department of Social Services - Division of Health Services Conversion Factor Table

Medicare Number	Medicaid Number	Medicaid Number	Medicaid Number	Name	Conversion Factor*	Wage Index	Conversion Factor
a	b	c	d	e	f	g	(f*.60*g)+(f*.40)
070002	004024923			St Francis Hospital Medical Center	\$ 71.76	1.1281	\$ 77.28
070003	004024931	007228881		Day Kimball Hospital	\$ 71.76	1.1666	\$ 78.93
070004	004221818			Essent Healthcare Of Ct, Inc	\$ 71.76	1.1281	\$ 77.28
070005	004024956			Waterbury Hospital	\$ 71.76	1.2461	\$ 82.36
070006	004024964			Stamford Hospital	\$ 71.76	1.3373	\$ 86.28
070007	004024972	007228690		Lawrence And Memorial Hospital	\$ 71.76	1.1926	\$ 80.05
070008	004024980			Johnson Memorial Hospital	\$ 71.76	1.1281	\$ 77.28
070010	004025003			Bridgeport Hospital Inc	\$ 71.76	1.3373	\$ 86.28
070011	004025011			The Charlotte Hungerford Hospital	\$ 71.76	1.1281	\$ 77.28
070012	004025029			The Rockville General Hospital	\$ 71.76	1.1281	\$ 77.28
070015	004025052	008055717		Danbury Hospital dba New Milford Hospital	\$ 71.76	1.1281	\$ 77.28
070016	004025060			Saint Mary's Hospital	\$ 71.76	1.2461	\$ 82.36
070017	004025078			Midstate Medical Center	\$ 71.76	1.2461	\$ 82.36
070018	004025086			Greenwich Hospital	\$ 71.76	1.3373	\$ 86.28
070019	004025094			Milford Hospital, Inc	\$ 71.76	1.2461	\$ 82.36
070020	004025102			Middlesex Hospital	\$ 71.76	1.1281	\$ 77.28
070021	004025110			Windham Comm Memorial Hospital And Hatch	\$ 71.76	1.1666	\$ 78.93
070022	004025128			Yale New Haven Hospital	\$ 71.76	1.2461	\$ 82.36
070024	004025144			The William W Backus Hospital	\$ 71.76	1.1926	\$ 80.05
070025	004025151	008020366		Hartford Hospital	\$ 71.76	1.1281	\$ 77.28
070027	004025177			Manchester Memorial Hospital	\$ 71.76	1.1281	\$ 77.28
070028	004025185			St Vincents Medical Center	\$ 71.76	1.3373	\$ 86.28
070029	004025193			Bristol Hospital Inc	\$ 71.76	1.1281	\$ 77.28
070031	004025219			Griffin Hospital	\$ 71.76	1.2461	\$ 82.36
070033	004025227			Danbury Hospital Co	\$ 71.76	1.3373	\$ 86.28
070034	004025235			Norwalk Hospital Association	\$ 71.76	1.3373	\$ 86.28
070035	004025243	007228692	007228694	The Hospital Of Central Connecticut	\$ 71.76	1.1281	\$ 77.28
070036	004025250			State Of Connecticut	\$ 71.76	1.1281	\$ 77.28
072003	004025284			Gaylord Hospital Inc	\$ 71.76	1.2461	\$ 82.36
072004	004025326			Hospital For Special Care	\$ 71.76	1.1281	\$ 77.28
073025	004147725			Mount Sinai Rehabilitation Hospital Inc	\$ 71.76	1.1281	\$ 77.28
073300	004159978			Connecticut Childrens Medical Center	\$ 82.25	1.1281	\$ 88.57
074008	004025276			Natchaug Hospital	\$ 71.76	1.1281	\$ 77.28

* State of Connecticut Hospital and Connecticut Children's Medical Center were not included for purposes of Conversion Factor derivation or included in Totals shown on the APC Target Adjustment and APC Fiscal Impact tabs.

HOSPITAL OUTPATIENT PROSPECTIVE PAYMENT SYSTEM

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Appendix C

Comparison of Cost and Payments Connecticut Medicaid Claims

Dates of service: 7/1/2016 to 9/30/2016

Medicare Number	Medicaid Number	Name	Totals*	
			Total Cost	Total Current Allowed Payments
070002	004024923	St Francis Hospital Medical Center	15,107,646	10,767,926
070003	004024931	Day Kimball Hospital	2,432,553	1,697,624
070004	004221818	Essent Healthcare Of Ct, Inc	441,375	303,159
070005	004024956	Waterbury Hospital	3,453,876	3,862,927
070006	004024964	Stamford Hospital	6,506,960	4,399,474
070007	004024972	Lawrence And Memorial Hospital	7,471,319	4,382,302
070008	004024980	Johnson Memorial Hospital	1,122,115	963,745
070010	004025003	Bridgeport Hospital Inc	10,527,682	9,789,356
070011	004025011	The Charlotte Hungerford Hospital	3,207,975	2,365,328
070012	004025029	The Rockville General Hospital	1,476,469	1,145,630
070015	004025052	Danbury Hospital dba New Milford Hospital	-	-
070016	004025060	Saint Mary's Hospital	7,956,630	6,514,496
070017	004025078	Midstate Medical Center	5,490,610	4,146,363
070018	004025086	Greenwich Hospital	1,564,301	1,131,659
070019	004025094	Milford Hospital, Inc	959,644	847,350
070020	004025102	Middlesex Hospital	4,215,808	3,739,401
070021	004025110	Windham Comm Memorial Hospital And Hatch	2,344,587	1,910,544
070022	004025128	Yale New Haven Hospital	34,704,842	31,957,412
070024	004025144	The William W Backus Hospital	7,472,055	5,802,479
070025	004025151	Hartford Hospital	9,574,053	8,272,548
070027	004025177	Manchester Memorial Hospital	3,288,070	2,593,433
070028	004025185	St Vincents Medical Center	7,365,915	6,088,617
070029	004025193	Bristol Hospital Inc	3,065,473	2,594,182
070031	004025219	Griffin Hospital	3,671,279	3,063,652
070033	004025227	Danbury Hospital Co	7,443,762	5,530,733
070034	004025235	Norwalk Hospital Association	4,800,003	3,441,479
070035	004025243	The Hospital Of Central Connecticut	8,082,552	5,994,876
072003	004025284	Gaylord Hospital Inc	694,609	119,832
072004	004025326	Hospital For Special Care	136,249	87,864
073025	004147725	Mount Sinai Rehabilitation Hospital Inc	406,283	333,264
074008	004025276	Natchaug Hospital	68,058	65,808
Totals			165,052,756	133,913,466
Payment to Cost Ratio			81.13%	
070036	004025250	State Of Connecticut	9,916,833	5,192,466
073300	004159978	Connecticut Childrens Medical Center	7,701,499	7,894,806
			182,671,088	147,000,738

* Policy Exclusions (Therapy, Vaccine Administration, Extended Day, Partial Hospitalization) are not included.

HOSPITAL OUTPATIENT PROSPECTIVE PAYMENT SYSTEM

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Appendix D

Comparison of Cost and Payments										
Connecticut Medicaid Claims										
Dates of service: 5/1/2014 to 12/31/2014										
			Routine Behavioral Health			RCC 901		APC Payable		
Medicare Number	Medicaid Number	Name	Cost	Current Allowed Payments	Estimated OPPS Payments	Cost	Current Allowed Payments	Cost	Current Allowed Payments	Estimated Professional Claims From Unbundling
a	b	c	d	e	f	g	h	i	j	k
070002	004024923	St Francis Hospital Medical Center	-	-	-	-	-	29,562,169	22,153,382	18,823,199
070003	004024931	Day Kimball Hospital	281,246	161,850	167,447	-	-	5,108,601	4,009,546	3,973,667
070004	004221818	Essent Healthcare Of Ct, Inc	-	-	-	-	-	1,036,146	859,061	799,678
070005	004024956	Waterbury Hospital	257,737	250,344	352,290	-	-	7,471,187	6,801,832	8,741,794
070006	004024964	Stamford Hospital	4,980	3,678	5,160	-	-	12,485,901	10,528,044	10,868,687
070007	004024972	Lawrence And Memorial Hospital	-	-	-	-	-	14,453,005	12,957,392	11,529,776
070008	004024980	Johnson Memorial Hospital	2,249	1,374	1,464	-	-	3,306,041	2,147,737	2,349,802
070010	004025003	Bridgeport Hospital Inc	48,306	82,893	65,058	-	-	29,232,046	23,752,098	21,764,579
070011	004025011	The Charlotte Hungerford Hospital	710,254	355,417	461,105	-	-	7,203,775	4,921,474	5,580,774
070012	004025029	The Rockville General Hospital	18,127	15,266	17,564	-	-	3,642,087	3,097,469	3,480,661
070015	004025052	Danbury Hospital dba New Milford Hospital	152,229	131,675	148,975	-	-	2,084,631	2,060,544	1,364,736
070016	004025060	Saint Mary's Hospital	19,588	9,692	9,692	-	-	16,739,345	14,165,020	15,081,503
070017	004025078	Midstate Medical Center	110	71	67	328	446	16,342,205	10,723,400	12,237,551
070018	004025086	Greenwich Hospital	104,410	99,096	79,120	-	-	5,911,868	2,138,143	2,218,819
070019	004025094	Milford Hospital, Inc	-	-	-	-	-	3,802,781	3,152,503	2,410,478
070020	004025102	Middlesex Hospital	646,460	644,766	822,833	-	-	20,254,089	8,006,970	8,369,184
070021	004025110	Windham Comm Memorial Hospital And Hatch	-	-	-	-	-	8,188,201	4,473,753	5,504,136
070022	004025128	Yale New Haven Hospital	224,919	231,538	246,088	120,689	93,275	75,320,619	62,981,162	52,704,782
070024	004025144	The William W Backus Hospital	151,050	75,220	77,029	-	-	14,731,892	11,877,114	12,897,725
070025	004025151	Hartford Hospital	174,222	267,635	275,442	20,005	24,546	27,402,204	22,533,373	24,088,516
070027	004025177	Manchester Memorial Hospital	173,818	168,807	164,248	-	-	7,089,717	6,194,797	6,602,794
070028	004025188	St Vincents Medical Center	95,787	54,617	52,517	-	-	12,943,514	12,603,207	13,610,016
070029	004025193	Bristol Hospital Inc	327,315	322,536	355,345	-	-	6,466,682	5,846,910	6,617,612
070031	004025219	Griffin Hospital	77,398	90,422	105,436	-	-	9,793,631	5,760,704	6,329,457
070033	004025227	Danbury Hospital Co	233,106	189,440	237,977	7,455	8,480	14,210,346	10,006,000	10,303,298
070034	004025235	Norwalk Hospital Association	227,448	225,702	240,285	-	-	9,284,196	8,485,674	7,969,523
070035	004025243	The Hospital Of Central Connecticut	421,659	446,984	469,511	-	-	22,222,651	17,671,343	16,606,963
072003	004025284	Gaylord Hospital Inc	171,777	147,353	147,450	-	-	1,819,996	631,904	785,609
072004	004025326	Hospital For Special Care	207,924	186,932	188,907	-	-	230,391	39,688	71,722
073025	004147725	Mount Sinai Rehabilitation Hospital Inc	-	-	-	-	-	150,908	259,998	92,267
074008	004025276	Natchaug Hospital	325,945	209,838	225,595	-	-	-	-	-
Totals			5,058,063	4,373,166	4,916,603	148,476	126,746	388,490,826	300,840,237	293,779,307
Payment to Cost Ratio				86.46%	97.20%		85.36%		77.44%	
										78.94%
070036	004025250	State Of Connecticut	505,863	254,321	330,556	40,408	36,149	17,030,787	15,723,978	10,683,298
073300	004159978	Connecticut Childrens Medical Center	-	-	-	-	-	22,561,562	18,741,991	18,636,963
										358,328.80
										11,041,627.09
										359,751.87
										18,996,715.10

Note A: The Current Allowed Payments have been adjusted for policy changes implemented by DSS that were not reflected in the claims data.

Note B: Estimated payments for RCC 901 and Excluded Claims were not calculated and Current Allowed Payments are used for these categories in the Total OPPS Estimate.

HOSPITAL OUTPATIENT PROSPECTIVE PAYMENT SYSTEM

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Appendix D (continued)

Comparison of Cost and Payments Connecticut Medicaid Claims														
			Not APC Payable			Excluded Claims Data			Totals					
Medicare Number	Medicaid Number	Name	Cost	Current Allowed Payments	Estimated OPPS Payments	Cost	Current Allowed Payments	Total Cost	Total Current Allowed Payments	Total Estimated OPPS Payments Plus Unbundled Professional				
a	b	c	n	o	p	q	r	s = d+g+i+n+q	t = e+h+j+o+r	u = f+h+k+l+p+r				
070002	004024923	St Francis Hospital Medical Center	3,977,244	5,009,080	4,307,203	3,441,998	1,749,319	36,981,411	28,911,780	26,457,555				
070003	004024931	Day Kimball Hospital	1,543,503	1,446,707	1,258,350	98,230	74,411	7,031,581	5,692,514	5,563,169				
070004	004221818	Essent Healthcare Of Ct, Inc	154,939	108,447	102,470	8,142	7,652	1,199,227	975,160	922,995				
070005	004024956	Waterbury Hospital	1,685,720	1,552,627	1,327,280	519,087	367,210	9,933,731	8,972,014	10,973,355				
070006	004024964	Stamford Hospital	2,492,942	2,330,344	1,976,751	588,581	475,714	15,572,404	13,337,780	13,764,622				
070007	004024972	Lawrence And Memorial Hospital	2,070,435	1,659,745	2,367,968	564,290	392,136	17,087,731	15,009,273	14,508,999				
070008	004024980	Johnson Memorial Hospital	529,534	408,407	503,423	133,662	77,728	3,971,486	2,635,247	2,965,416				
070010	004025003	Bridgeport Hospital Inc	1,823,358	2,191,313	1,885,645	2,280,517	2,796,146	33,384,229	28,822,448	27,029,877				
070011	004025011	The Charlotte Hungerford Hospital	895,403	784,839	683,572	240,353	243,167	9,049,785	6,304,896	7,291,217				
070012	004025029	The Rockville General Hospital	124,579	152,886	152,163	100,794	122,407	3,885,588	3,388,028	3,850,887				
070015	004025052	Danbury Hospital dba New Milford Hospital	239,151	229,296	271,240	17,150	40,940	2,493,160	2,462,455	1,857,192				
070016	004025060	Saint Mary's Hospital	863,069	952,690	898,383	650,233	1,035,086	18,272,235	16,162,488	17,309,396				
070017	004025078	Midstate Medical Center	955,630	891,220	732,436	751,716	528,869	18,049,988	12,144,006	13,840,092				
070018	004025086	Greenwich Hospital	706,155	1,160,120	561,684	739,595	200,788	7,462,028	3,598,148	3,300,016				
070019	004025094	Milford Hospital, Inc	99,038	51,218	51,640	167,416	69,090	4,069,234	3,272,808	2,596,651				
070020	004025102	Middlesex Hospital	995,499	862,537	945,761	751,056	369,982	22,647,104	9,884,275	10,597,500				
070021	004025110	Windham Comm Memorial Hospital And Hatch	137,939	152,906	144,530	174,724	119,879	8,500,864	4,746,538	5,894,156				
070022	004025128	Yale New Haven Hospital	13,403,233	13,876,408	11,497,428	4,305,527	3,438,927	93,374,987	80,621,309	71,704,106				
070024	004025144	The William W Backus Hospital	2,487,305	1,794,897	1,631,351	390,657	293,132	17,760,904	14,040,364	15,224,918				
070025	004025151	Hartford Hospital	1,206,953	1,194,826	1,243,520	4,137,357	2,002,058	32,940,740	26,022,438	28,908,418				
070027	004025177	Manchester Memorial Hospital	941,080	973,486	931,818	310,946	372,002	8,515,561	7,709,092	8,182,402				
070028	004025185	St Vincents Medical Center	908,845	828,342	1,035,911	631,358	834,131	14,579,504	14,320,297	16,336,406				
070029	004025193	Bristol Hospital Inc	1,102,567	1,270,506	638,633	341,777	335,323	8,238,341	7,775,276	8,043,031				
070031	004025219	Griffin Hospital	1,070,452	970,133	661,918	195,656	186,933	11,137,136	7,008,192	7,345,840				
070033	004025227	Danbury Hospital Co	1,346,245	1,263,878	1,262,656	1,696,158	784,303	17,493,310	12,252,100	13,249,863				
070034	004025235	Norwalk Hospital Association	1,389,153	1,406,544	1,049,328	903,559	535,078	11,804,357	10,652,999	9,941,406				
070035	004025243	The Hospital Of Central Connecticut	2,585,322	1,830,695	1,673,969	1,240,172	1,044,283	26,469,803	20,993,306	20,738,134				
072003	004025284	Gaylord Hospital Inc	37,898	52,423	24,928	7,973	1,326	2,037,644	833,005	1,004,042				
072004	004025326	Hospital For Special Care	35,137	40,897	28,841	48,603	5,715	522,055	273,232	320,059				
073025	004147725	Mount Sinai Rehabilitation Hospital Inc	1,598,759	1,967,571	1,208,746	2,437	15,592	1,752,105	2,243,161	1,345,435				
074008	004025276	Natcaug Hospital	-	-	-	-	-	325,945	209,838	225,595				
		Totals	47,407,087	47,414,991	41,059,547	25,439,725	18,519,328	466,544,177	371,274,468	371,292,752				
		Payment to Cost Ratio		100.02%	86.61%			72.80%		79.58%	79.58%			
070036	004025250	State Of Connecticut	4,871,043	4,080,192	3,215,394	554,541	487,834	23,002,643	20,582,474	15,111,561				
073300	004159978	Connecticut Childrens Medical Center	1,319,168	1,263,334	1,000,951	962,702	923,873	24,843,432	20,929,198	20,921,539				

Note A: The Current Allowed Payments have been adjusted for policy changes implemented by DSS that were not reflected in the claims data.

Note B: Estimated payments for RCC 901 and Excluded Claims were not calculated and Current Allowed Payments are used for these categories in the Total OPPS Estimate.

Comparison of Cost and Payments

Connecticut Medicaid Claims

Dates of service: 5/1/2014 to 12/31/2014

Medicare Number	Medicaid Number	Name	Routine Behavioral Health			RCC 901			
			Cost	Current Allowed Payments	Estimated OPPS Payments	Cost	Current Allowed Payments	Cost	Current Allowed Payments
a	b	c	d	e	f	g	h	i	j
070002	004024923	St Francis Hospital Medical Center	-	-	-	-	-	29,562,169	22,153,382
070003	004024931	Day Kimball Hospital	281,246	161,850	167,447	-	-	5,108,601	4,009,546
070004	004221818	Essent Healthcare Of Ct, Inc	-	-	-	-	-	1,036,146	859,061
070005	004024956	Waterbury Hospital	257,737	250,344	352,290	-	-	7,471,187	6,801,832
070006	004024964	Stamford Hospital	4,980	3,678	5,160	-	-	12,485,901	10,528,044
070007	004024972	Lawrence And Memorial Hospital	-	-	-	-	-	14,453,005	12,957,392
070008	004024980	Johnson Memorial Hospital	2,249	1,374	1,464	-	-	3,306,041	2,147,737
070010	004025003	Bridgeport Hospital Inc	48,306	82,893	65,058	-	-	29,232,048	23,752,095
070011	004025011	The Charlotte Hungerford Hospital	710,254	355,417	461,105	-	-	7,203,775	4,921,474
070012	004025029	The Rockville General Hospital	18,127	15,266	17,564	-	-	3,642,087	3,097,469
070015	004025052	Danbury Hospital dba New Milford Hospital	152,229	131,675	148,975	-	-	2,084,631	2,060,544
070016	004025060	Saint Mary's Hospital	19,588	9,692	9,692	-	-	16,739,345	14,165,020
070017	004025078	Midstate Medical Center	110	71	67	328	446	16,342,205	10,723,400
070018	004025086	Greenwich Hospital	104,410	99,096	79,120	-	-	5,911,868	2,138,143
070019	004025094	Milford Hospital, Inc	-	-	-	-	-	3,802,781	3,152,500
070020	004025102	Middlesex Hospital	646,460	644,786	822,833	-	-	20,254,089	8,006,970
070021	004025110	Windham Comm Memorial Hospital And Hatch	-	-	-	-	-	8,188,201	4,473,753
070022	004025128	Yale New Haven Hospital	224,919	231,538	246,088	120,689	93,275	75,320,619	62,981,162
070024	004025144	The William W Backus Hospital	151,050	75,220	77,029	-	-	14,731,892	11,877,114
070025	004025151	Hartford Hospital	174,222	267,635	275,442	20,005	24,546	27,402,204	22,533,373
070027	004025177	Manchester Memorial Hospital	173,818	168,807	164,248	-	-	7,089,717	6,194,797
070028	004025185	St Vincents Medical Center	95,787	54,617	52,517	-	-	12,943,514	12,603,207
070029	004025193	Bristol Hospital Inc	327,315	322,536	355,345	-	-	6,466,682	5,846,910
070031	004025219	Griffin Hospital	77,398	90,422	105,436	-	-	9,793,631	5,760,704
070033	004025227	Danbury Hospital Co	233,106	189,440	237,977	7,455	8,480	14,210,346	10,006,000
070034	004025235	Norwalk Hospital Association	227,448	225,702	240,285	-	-	9,284,196	8,485,674
070035	004025243	The Hospital Of Central Connecticut	421,659	446,984	469,511	-	-	22,222,651	17,671,343
072003	004025284	Gaylord Hospital Inc	171,777	147,353	147,450	-	-	1,819,996	631,904
072004	004025326	Hospital For Special Care	207,924	186,932	188,907	-	-	230,391	39,688
073025	004147725	Mount Sinai Rehabilitation Hospital Inc	-	-	-	-	-	150,908	259,998
074008	004025276	Natchaug Hospital	325,945	209,838	225,595	-	-	-	-
Totals			5,058,063	4,373,166	4,916,603	148,476	126,746	388,490,826	300,840,237
Payment to Cost Ratio						86.46%	97.20%	85.36%	77.44%
070036	004025250	State Of Connecticut Connecticut Childrens Medical Center	505,863	254,321	330,556	40,408	36,149	17,030,787	15,723,978
073300	004159978		-	-	-	-	-	22,561,562	18,741,991

Note A: The Current Allowed Payments have been adjusted for policy changes implemented by DSS that were not reflected in the claims data.

Note B: Estimated payments for RCC 901 and Excluded Claims were not calculated and Current Allowed Payments are used for these categories in the Total OPPS Estimate.

APC Payable			Not APC Payable			Excluded Claims Data		Totals		
Estimated OPPS Payments	Estimated Professional Claims From Unbundling	Total Estimated Including Unbundled Professional	Cost	Current Allowed Payments	Estimated OPPS Payments	Cost	Current Allowed Payments	Total Cost	Total Current Allowed Payments	Total Estimated OPPS Payments Plus Unbundled Professional
<i>k</i>	<i>l</i>	<i>m = k + l</i>	<i>n</i>	<i>o</i>	<i>p</i>	<i>q</i>	<i>r</i>	<i>s = d+g+i+n+q</i>	<i>t = e+h+j+o+r</i>	<i>u = f+h+k+l+p+r</i>
18,823,199	1,577,834	20,401,033	3,977,244	5,009,080	4,307,203	3,441,998	1,749,319	36,981,411	28,911,780	26,457,555
3,973,667	89,293	4,062,960	1,543,503	1,446,707	1,258,350	98,230	74,411	7,031,581	5,692,514	5,563,169
799,678	13,195	812,872	154,939	108,447	102,470	8,142	7,652	1,199,227	975,160	922,995
8,741,794	184,781	8,926,575	1,685,720	1,552,627	1,327,280	519,087	367,210	9,933,731	8,972,014	10,973,355
10,868,687	438,310	11,306,997	2,492,942	2,330,344	1,976,751	588,581	475,714	15,572,404	13,337,780	13,764,622
11,529,776	219,120	11,748,896	2,070,435	1,659,745	2,367,968	564,290	392,136	17,087,731	15,009,273	14,508,999
2,349,802	32,998	2,382,800	529,534	408,407	503,423	133,662	77,728	3,971,486	2,635,247	2,965,416
21,764,579	518,449	22,283,028	1,823,358	2,191,313	1,885,645	2,280,517	2,796,146	33,384,229	28,822,448	27,029,877
5,580,774	322,600	5,903,374	895,403	784,839	683,572	240,353	243,167	9,049,785	6,304,896	7,291,217
3,480,661	78,093	3,558,753	124,579	152,886	152,163	100,794	122,407	3,885,588	3,388,028	3,850,887
1,364,736	31,301	1,396,037	239,151	229,296	271,240	17,150	40,940	2,493,160	2,462,455	1,857,192
15,081,503	284,732	15,366,235	863,069	952,690	898,383	650,233	1,035,086	18,272,235	16,162,488	17,309,396
12,237,551	340,724	12,578,274	955,630	891,220	732,436	751,716	528,869	18,049,988	12,144,006	13,840,092
2,218,819	239,604	2,458,424	706,155	1,160,120	561,684	739,595	200,788	7,462,028	3,598,148	3,300,016
2,410,478	65,443	2,475,921	99,038	51,218	51,640	167,416	69,090	4,069,234	3,272,808	2,596,651
8,369,184	89,741	8,458,924	995,499	862,537	945,761	751,056	369,982	22,647,104	9,884,275	10,597,500
5,504,136	125,611	5,629,747	137,939	152,906	144,530	174,724	119,879	8,500,864	4,746,538	5,894,156
52,704,782	3,723,605	56,428,387	13,403,233	13,876,408	11,497,428	4,305,527	3,438,927	93,374,987	80,621,309	71,704,106
12,897,725	325,681	13,223,406	2,487,305	1,794,897	1,631,351	390,657	293,132	17,760,904	14,040,364	15,224,918
24,088,516	1,274,335	25,362,851	1,206,953	1,194,826	1,243,520	4,137,357	2,002,058	32,940,740	26,022,438	28,908,418
6,602,794	111,542	6,714,335	941,080	973,486	931,818	310,946	372,002	8,515,561	7,709,092	8,182,402
13,610,016	803,832	14,413,847	908,845	828,342	1,035,911	631,358	834,131	14,579,504	14,320,297	16,336,406
6,617,612	96,119	6,713,730	1,102,567	1,270,506	638,633	341,777	335,323	8,238,341	7,775,276	8,043,031
6,329,457	62,096	6,391,553	1,070,452	970,133	661,918	195,656	186,933	11,137,136	7,008,192	7,345,840
10,303,298	653,149	10,956,447	1,346,245	1,263,878	1,262,656	1,696,158	784,303	17,493,310	12,252,100	13,249,863
7,969,523	147,192	8,116,715	1,389,153	1,406,544	1,049,328	903,559	535,078	11,804,357	10,652,999	9,941,406
16,606,963	943,409	17,550,372	2,585,322	1,830,695	1,673,969	1,240,172	1,044,283	26,469,803	20,993,306	20,738,134
785,609	44,730	830,339	37,898	52,423	24,928	7,973	1,326	2,037,644	833,005	1,004,042
71,722	24,874	96,596	35,137	40,897	28,841	48,603	5,715	522,055	273,232	320,059
92,267	28,830	121,097	1,598,759	1,967,571	1,208,746	2,437	15,592	1,752,105	2,243,161	1,345,435
-	-	-	-	-	-	-	-	325,945	209,838	225,595
293,779,307	12,891,220	306,670,528	47,407,087	47,414,991	41,059,547	25,439,725	18,519,328	466,544,177	371,274,468	371,292,752

78.94% 100.02% 86.61% 72.80% 79.58% 79.58%

10,683,298	358,328.80	11,041,627.09	4,871,043	4,080,192	3,215,394	554,541	487,834	23,002,643	20,582,474	15,111,561
18,636,963	359,751.87	18,996,715.10	1,319,168	1,263,334	1,000,951	962,702	923,873	24,843,432	20,929,198	20,921,539

Comparison of Cost and Payments Connecticut Medicaid Claims

Dates of service: 7/1/2016 to 9/30/2016

Medicare Number	Medicaid Number	Name	Totals*	
			Total Cost	Total Current Allowed Payments
070002	004024923	St Francis Hospital Medical Center	15,107,646	10,767,926
070003	004024931	Day Kimball Hospital	2,432,553	1,697,624
070004	004221818	Essent Healthcare Of Ct, Inc	441,375	303,159
070005	004024956	Waterbury Hospital	3,453,876	3,862,927
070006	004024964	Stamford Hospital	6,506,960	4,399,474
070007	004024972	Lawrence And Memorial Hospital	7,471,319	4,382,302
070008	004024980	Johnson Memorial Hospital	1,122,115	963,745
070010	004025003	Bridgeport Hospital Inc	10,527,682	9,789,356
070011	004025011	The Charlotte Hungerford Hospital	3,207,975	2,365,328
070012	004025029	The Rockville General Hospital	1,476,469	1,145,630
070015	004025052	Danbury Hospital dba New Milford Hospital	-	-
070016	004025060	Saint Mary's Hospital	7,956,630	6,514,496
070017	004025078	Midstate Medical Center	5,490,610	4,146,363
070018	004025086	Greenwich Hospital	1,564,301	1,131,659
070019	004025094	Milford Hospital, Inc	959,644	847,350
070020	004025102	Middlesex Hospital	4,215,808	3,739,401
070021	004025110	Windham Comm Memorial Hospital And Hatch	2,344,587	1,910,544
070022	004025128	Yale New Haven Hospital	34,704,842	31,957,412
070024	004025144	The William W Backus Hospital	7,472,055	5,802,479
070025	004025151	Hartford Hospital	9,574,053	8,272,548
070027	004025177	Manchester Memorial Hospital	3,288,070	2,593,433
070028	004025185	St Vincents Medical Center	7,365,915	6,088,617
070029	004025193	Bristol Hospital Inc	3,065,473	2,594,182
070031	004025219	Griffin Hospital	3,671,279	3,063,652
070033	004025227	Danbury Hospital Co	7,443,762	5,530,733
070034	004025235	Norwalk Hospital Association	4,800,003	3,441,479
070035	004025243	The Hospital Of Central Connecticut	8,082,552	5,994,876
072003	004025284	Gaylord Hospital Inc	694,609	119,832
072004	004025326	Hospital For Special Care	136,249	87,864
073025	004147725	Mount Sinai Rehabilitation Hospital Inc	406,283	333,264
074008	004025276	Natchaug Hospital	68,058	65,808
Totals			165,052,756	133,913,466

Payment to Cost Ratio

81.13%

070036	004025250	State Of Connecticut	9,916,833	5,192,466
073300	004159978	Connecticut Childrens Medical Center	7,701,499	7,894,806

182,671,088 147,000,738

* Policy Exclusions (Therapy, Vaccine Administration, Extended Day, Partial Hospitalization) are not included.