



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

Telephone
(860) 424-5693

Facsimile
(860) 424-4860

TDD
1-800-842-4524

KATHLEEN M. BRENNAN
Deputy Commissioner

December 28, 2016

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

Dear Mr. Lohr:

Pursuant to section 17b-239 of the 2016 supplement to the Connecticut General Statutes, as amended by section 87 of Public Act 16-3 of the May 2016 Special Session, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016. Below are the rates and parameters effective for dates of service on or after January 1, 2017 for Medicaid patients of William W. Backus Hospital.

Provider Specific Rates

Medicaid Provider ID 004025144
Wage Adjusted Conversion Factor \$ 79.11
Cost-to-Charge Ratio for Outliers only 0.28512

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$3,825.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

Additional information on the initial rate development process can be found on the DSS website that can be accessed by going to <http://www.ct.gov/dss> and selecting "About Us", scroll down and select "Divisions Within the Department", then "Reimbursement and Certificate of Need Division", then "Medicaid Hospital Reimbursement", then "Reimbursement Modernization". For your reference, we have attached the updated calculations. The rate letters and calculations will also be available at the following link: www.ct.gov/dss/hospitalrates.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**

(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov.

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

Sincerely,

Kathleen M. Brennan / C.E.

Kathleen M. Brennan
Deputy Commissioner

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



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KATHLEEN M. BRENNAN
Deputy Commissioner

December 28, 2016

Patrick McCabe
Sr. V.P. Finance/CFO
Bridgeport Hospital
267 Grant St.P.O. Box 5000
Bridgeport CT 06610-0120

Dear Mr. McCabe:

Pursuant to section 17b-239 of the 2016 supplement to the Connecticut General Statutes, as amended by section 87 of Public Act 16-3 of the May 2016 Special Session, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016. Below are the rates and parameters effective for dates of service on or after January 1, 2017 for Medicaid patients of Bridgeport Hospital.

Provider Specific Rates

Medicaid Provider ID 004025003
Wage Adjusted Conversion Factor \$ 85.86
Cost-to-Charge Ratio for Outliers only 0.17468

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$3,825.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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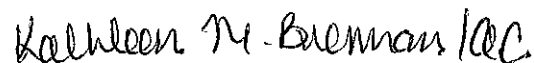
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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KATHLEEN M. BRENNAN
Deputy Commissioner

December 28, 2016

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

Dear Mr. Eighmy:

Pursuant to section 17b-239 of the 2016 supplement to the Connecticut General Statutes, as amended by section 87 of Public Act 16-3 of the May 2016 Special Session, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016. Below are the rates and parameters effective for dates of service on or after January 1, 2017 for Medicaid patients of Bristol Hospital.

Provider Specific Rates

Medicaid Provider ID 004025193
Wage Adjusted Conversion Factor \$ 79.08
Cost-to-Charge Ratio for Outliers only 0.21952

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$3,825.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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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:

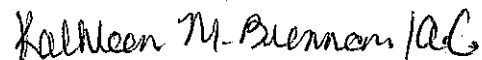
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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KATHLEEN M. BRENNAN
Deputy Commissioner

December 28, 2016

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 2016 supplement to the Connecticut General Statutes, as amended by section 87 of Public Act 16-3 of the May 2016 Special Session, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016. Below are the rates and parameters effective for dates of service on or after January 1, 2017 for Medicaid patients of Danbury Hospital.

Provider Specific Rates – Danbury Hospital

Medicaid Provider ID 004025227, 004025052
Wage Adjusted Conversion Factor \$ 85.86
Cost-to-Charge Ratio for Outliers only 0.30915

Provider Specific Rates – Danbury Hospital dba New Milford Hospital

Medicaid Provider ID 008055717
Wage Adjusted Conversion Factor \$ 79.08
Cost-to-Charge Ratio for Outliers only 0.30915

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$3,825.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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Mr. Rosenberg
December 28, 2016
Page 2 of 2

your reference, we have attached the updated calculations. The rate letters and calculations will also be available at the following link: www.ct.gov/dss/hospitalrates.

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:

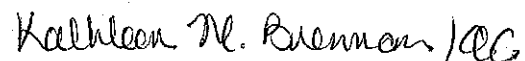
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Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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KATHLEEN M. BRENNAN
Deputy Commissioner

December 28, 2016

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 2016 supplement to the Connecticut General Statutes, as amended by section 87 of Public Act 16-3 of the May 2016 Special Session, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016. Below are the rates and parameters effective for dates of service on or after January 1, 2017 for Medicaid patients of Day Kimball Hospital.

Provider Specific Rates

Medicaid Provider ID 004024931, 007228881
Wage Adjusted Conversion Factor \$ 79.08
Cost-to-Charge Ratio for Outliers only 0.32467

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$3,825.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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Mr. Beaudoin
December 28, 2016
Page 2 of 2

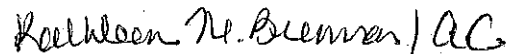
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Sincerely,

Handwritten signature of Kathleen M. Brennan in black ink, followed by the initials "AC".

Kathleen M. Brennan
Deputy Commissioner

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



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KATHLEEN M. BRENNAN
Deputy Commissioner

December 28, 2016

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 2016 supplement to the Connecticut General Statutes, as amended by section 87 of Public Act 16-3 of the May 2016 Special Session, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016. Below are the rates and parameters effective for dates of service on or after January 1, 2017 for Medicaid patients of John Dempsey Hospital.

Provider Specific Rates

Medicaid Provider ID 004025250
Wage Adjusted Conversion Factor \$ 79.08
Cost-to-Charge Ratio for Outliers only 0.36070

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$3,825.00

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Mr. Geoghegan
December 28, 2016
Page 2 of 2

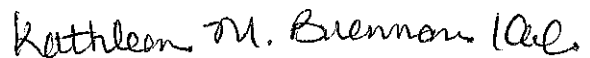
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Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
S. Ouellette
N. Holmes
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KATHLEEN M. BRENNAN
Deputy Commissioner

December 28, 2016

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

Dear Mr. Colucci:

Pursuant to section 17b-239 of the 2016 supplement to the Connecticut General Statutes, as amended by section 87 of Public Act 16-3 of the May 2016 Special Session, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016. Below are the rates and parameters effective for dates of service on or after January 1, 2017 for Medicaid patients of Greenwich Hospital.

Provider Specific Rates

Medicaid Provider ID 004025086
Wage Adjusted Conversion Factor \$ 85.86
Cost-to-Charge Ratio for Outliers only 0.23376

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$3,825.00

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Kathleen M. Brennan
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KATHLEEN M. BRENNAN
Deputy Commissioner

December 28, 2016

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

Dear Mr. O'Neill:

Pursuant to section 17b-239 of the 2016 supplement to the Connecticut General Statutes, as amended by section 87 of Public Act 16-3 of the May 2016 Special Session, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016. Below are the rates and parameters effective for dates of service on or after January 1, 2017 for Medicaid patients of Griffin Hospital.

Provider Specific Rates

Medicaid Provider ID 004025219
Wage Adjusted Conversion Factor \$ 81.28
Cost-to-Charge Ratio for Outliers only 0.22653

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$3,825.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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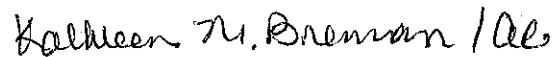
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Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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KATHLEEN M. BRENNAN
Deputy Commissioner

December 28, 2016

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 2016 supplement to the Connecticut General Statutes, as amended by section 87 of Public Act 16-3 of the May 2016 Special Session, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016. Below are the rates and parameters effective for dates of service on or after January 1, 2017 for Medicaid patients of Hartford Hospital.

Provider Specific Rates

Medicaid Provider ID 004025151, 008020366
Wage Adjusted Conversion Factor \$ 79.08
Cost-to-Charge Ratio for Outliers only 0.26452

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$3,825.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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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:

Mr. Boisvert
December 28, 2016
Page 2 of 2

(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**

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

Sincerely,

Kathleen M. Brennan / ce

Kathleen M. Brennan
Deputy Commissioner

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



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

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KATHLEEN M. BRENNAN
Deputy Commissioner

December 28, 2016

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 2016 supplement to the Connecticut General Statutes, as amended by section 87 of Public Act 16-3 of the May 2016 Special Session, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016. Below are the rates and parameters effective for dates of service on or after January 1, 2017 for Medicaid patients of Charlotte Hungerford Hospital.

Provider Specific Rates

Medicaid Provider ID 004025011
Wage Adjusted Conversion Factor \$ 79.08
Cost-to-Charge Ratio for Outliers only 0.39100

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$3,825.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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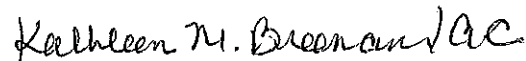
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

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KATHLEEN M. BRENNAN
Deputy Commissioner

December 28, 2016

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

Dear Mr. Bittner:

Pursuant to section 17b-239 of the 2016 supplement to the Connecticut General Statutes, as amended by section 87 of Public Act 16-3 of the May 2016 Special Session, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016. Below are the rates and parameters effective for dates of service on or after January 1, 2017 for Medicaid patients of Johnson Memorial Hospital.

Provider Specific Rates

Medicaid Provider ID 004024980
Wage Adjusted Conversion Factor \$ 79.08
Cost-to-Charge Ratio for Outliers only 0.28496

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$3,825.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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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:

Mr. Bittner
December 28, 2016
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.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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KATHLEEN M. BRENNAN
Deputy Commissioner

December 28, 2016

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

Dear Mr. VanEssendelft:

Pursuant to section 17b-239 of the 2016 supplement to the Connecticut General Statutes, as amended by section 87 of Public Act 16-3 of the May 2016 Special Session, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016. Below are the rates and parameters effective for dates of service on or after January 1, 2017 for Medicaid patients of Lawrence and Memorial Hospital.

Provider Specific Rates

Medicaid Provider ID 004024972, 007228690
Wage Adjusted Conversion Factor \$ 79.11
Cost-to-Charge Ratio for Outliers only 0.32894

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$3,825.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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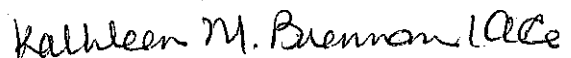
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

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KATHLEEN M. BRENNAN
Deputy Commissioner

December 28, 2016

Michael Veillette
Senior Vice President, Finance
Manchester Memorial Hospital
71 Haynes St.
Manchester CT 06040-4188

Dear Mr. Veillette:

Pursuant to section 17b-239 of the 2016 supplement to the Connecticut General Statutes, as amended by section 87 of Public Act 16-3 of the May 2016 Special Session, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016. Below are the rates and parameters effective for dates of service on or after January 1, 2017 for Medicaid patients of Manchester Memorial Hospital.

Provider Specific Rates

Medicaid Provider ID 008069213
Wage Adjusted Conversion Factor \$ 79.08
Cost-to-Charge Ratio for Outliers only 0.20436

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$3,825.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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(2) Send a detailed, written description of all items of grievance **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 grievance.

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 grievance to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov.

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

Sincerely,

Kathleen M. Brennan /ac.

Kathleen M. Brennan
Deputy Commissioner

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



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
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KATHLEEN M. BRENNAN
Deputy Commissioner

December 28, 2016

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

Dear Ms. Freiheit:

Pursuant to section 17b-239 of the 2016 supplement to the Connecticut General Statutes, as amended by section 87 of Public Act 16-3 of the May 2016 Special Session, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016. Below are the rates and parameters effective for dates of service on or after January 1, 2017 for Medicaid patients of Hospital Of Central Connecticut.

Provider Specific Rates

Medicaid Provider ID 004025243, 007228692, 007228694
Wage Adjusted Conversion Factor \$ 79.08
Cost-to-Charge Ratio for Outliers only 0.35375

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$3,825.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



STATE OF CONNECTICUT

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OFFICE OF THE DEPUTY COMMISSIONER

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KATHLEEN M. BRENNAN
Deputy Commissioner

December 28, 2016

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

Dear Ms. Freiheit:

Pursuant to section 17b-239 of the 2016 supplement to the Connecticut General Statutes, as amended by section 87 of Public Act 16-3 of the May 2016 Special Session, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016. Below are the rates and parameters effective for dates of service on or after January 1, 2017 for Medicaid patients of MidState Medical Center.

Provider Specific Rates

Medicaid Provider ID 004025078
Wage Adjusted Conversion Factor \$ 81.28
Cost-to-Charge Ratio for Outliers only 0.33724

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$3,825.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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Ms. Freiheit
December 28, 2016
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.

Sincerely,

Handwritten signature of Kathleen M. Brennan in cursive.

Kathleen M. Brennan
Deputy Commissioner

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



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

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KATHLEEN M. BRENNAN
Deputy Commissioner

December 28, 2016

Susan Martin
Vice President/CFO
Middlesex Hospital
28 Crescent St.
Middletown CT 06457-3650

Dear Ms. Martin:

Pursuant to section 17b-239 of the 2016 supplement to the Connecticut General Statutes, as amended by section 87 of Public Act 16-3 of the May 2016 Special Session, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016. Below are the rates and parameters effective for dates of service on or after January 1, 2017 for Medicaid patients of Middlesex Hospital.

Provider Specific Rates

Medicaid Provider ID 004025102
Wage Adjusted Conversion Factor \$ 79.08
Cost-to-Charge Ratio for Outliers only 0.20434

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$3,825.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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

Sincerely,

Kathleen M. Brennan/AL

Kathleen M. Brennan
Deputy Commissioner

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



STATE OF CONNECTICUT

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KATHLEEN M. BRENNAN
Deputy Commissioner

December 28, 2016

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

Dear Ms. Smith:

Pursuant to section 17b-239 of the 2016 supplement to the Connecticut General Statutes, as amended by section 87 of Public Act 16-3 of the May 2016 Special Session, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016. Below are the rates and parameters effective for dates of service on or after January 1, 2017 for Medicaid patients of Milford Hospital.

Provider Specific Rates

Medicaid Provider ID 004025094
Wage Adjusted Conversion Factor \$ 81.28
Cost-to-Charge Ratio for Outliers only 0.27328

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$3,825.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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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:

Ms. Smith
December 28, 2016
Page 2 of 2

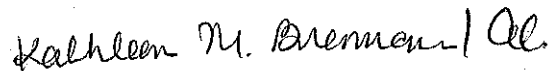
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

Telephone
(860) 424-5693

Facsimile
(860) 424-4860

TDD
1-800-842-4524

KATHLEEN M. BRENNAN
Deputy Commissioner

December 28, 2016

David M. Bittner
Vice President & CFO
St. Francis Hospital and Medical Center
114 Woodland St.
Hartford CT 06105-1299

Dear Mr. Bittner:

Pursuant to section 17b-239 of the 2016 supplement to the Connecticut General Statutes, as amended by section 87 of Public Act 16-3 of the May 2016 Special Session, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016. Below are the rates and parameters effective for dates of service on or after January 1, 2017 for Medicaid patients of Mount Sinai Rehabilitation Hospital.

Provider Specific Rates

Medicaid Provider ID 004147725
Wage Adjusted Conversion Factor \$ 79.08
Cost-to-Charge Ratio for Outliers only 0.33332

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$3,825.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

Additional information on the initial rate development process can be found on the DSS website that can be accessed by going to <http://www.ct.gov/dss> and selecting "About Us", scroll down and select "Divisions Within the Department", then "Reimbursement and Certificate of Need Division", then "Medicaid Hospital Reimbursement", then "Reimbursement Modernization". For your reference, we have attached the updated calculations. The rate letters and calculations will also be available at the following link: www.ct.gov/dss/hospitalrates.

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:

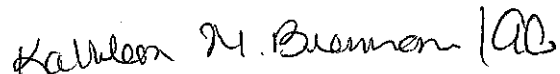
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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KATHLEEN M. BRENNAN
Deputy Commissioner

December 28, 2016

Patrick Minicus
Vice President & CFO
Norwalk Hospital
Maple St.
Norwalk CT 06856-5050

Dear Mr. Minicus:

Pursuant to section 17b-239 of the 2016 supplement to the Connecticut General Statutes, as amended by section 87 of Public Act 16-3 of the May 2016 Special Session, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016. Below are the rates and parameters effective for dates of service on or after January 1, 2017 for Medicaid patients of Norwalk Hospital.

Provider Specific Rates

Medicaid Provider ID 004025235
Wage Adjusted Conversion Factor \$ 85.86
Cost-to-Charge Ratio for Outliers only 0.29341

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$3,825.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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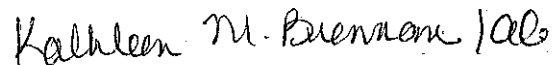
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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KATHLEEN M. BRENNAN
Deputy Commissioner

December 28, 2016

Michael Veillette
Senior Vice President, Finance
Rockville Hospital
31 Union St.
Vernon CT 06066-3160

Dear Mr. Veillette:

Pursuant to section 17b-239 of the 2016 supplement to the Connecticut General Statutes, as amended by section 87 of Public Act 16-3 of the May 2016 Special Session, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016. Below are the rates and parameters effective for dates of service on or after January 1, 2017 for Medicaid patients of Rockville Hospital.

Provider Specific Rates

Medicaid Provider ID 008069220
Wage Adjusted Conversion Factor \$ 79.08
Cost-to-Charge Ratio for Outliers only 0.22200

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$3,825.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

Additional information on the initial rate development process can be found on the DSS website that can be accessed by going to <http://www.ct.gov/dss> and selecting "About Us", scroll down and select "Divisions Within the Department", then "Reimbursement and Certificate of Need Division", then "Medicaid Hospital Reimbursement", then "Reimbursement Modernization". For your reference, we have attached the updated calculations. The rate letters and calculations will also be available at the following link: www.ct.gov/dss/hospitalrates.

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:

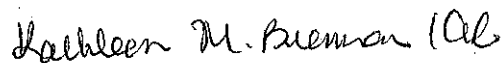
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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KATHLEEN M. BRENNAN
Deputy Commissioner

December 28, 2016

David M. Bittner
Vice President & CFO
St. Francis Hospital and Medical Center
114 Woodland St.
Hartford CT 06105-1299

Dear Mr. Bittner:

Pursuant to section 17b-239 of the 2016 supplement to the Connecticut General Statutes, as amended by section 87 of Public Act 16-3 of the May 2016 Special Session, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016. Below are the rates and parameters effective for dates of service on or after January 1, 2017 for Medicaid patients of St. Francis Hospital and Medical Center.

Provider Specific Rates

Medicaid Provider ID 004024923
Wage Adjusted Conversion Factor \$ 79.08
Cost-to-Charge Ratio for Outliers only 0.24767

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$3,825.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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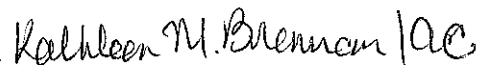
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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KATHLEEN M. BRENNAN
Deputy Commissioner

December 28, 2016

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

Dear Mr. Becker:

Pursuant to section 17b-239 of the 2016 supplement to the Connecticut General Statutes, as amended by section 87 of Public Act 16-3 of the May 2016 Special Session, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016. Below are the rates and parameters effective for dates of service on or after January 1, 2017 for Medicaid patients of St. Mary's Hospital.

Provider Specific Rates

Medicaid Provider ID 004025060
Wage Adjusted Conversion Factor \$ 81.28
Cost-to-Charge Ratio for Outliers only 0.22730

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$3,825.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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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:

Mr. Becker
December 28, 2016
Page 2 of 2

(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**

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Sincerely,

Kathleen M. Brennan |A.C.

Kathleen M. Brennan
Deputy Commissioner

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



STATE OF CONNECTICUT

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KATHLEEN M. BRENNAN
Deputy Commissioner

December 28, 2016

Stephen Franko
Sr. VP & CFO
St. Vincent's Medical Center
2800 Main St.
Bridgeport CT 06606-4292

Dear Mr. Franko:

Pursuant to section 17b-239 of the 2016 supplement to the Connecticut General Statutes, as amended by section 87 of Public Act 16-3 of the May 2016 Special Session, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016. Below are the rates and parameters effective for dates of service on or after January 1, 2017 for Medicaid patients of St. Vincent's Medical Center.

Provider Specific Rates

Medicaid Provider ID 004025185
Wage Adjusted Conversion Factor \$ 85.86
Cost-to-Charge Ratio for Outliers only 0.25635

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$3,825.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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Mr. Franko
December 28, 2016
Page 2 of 2

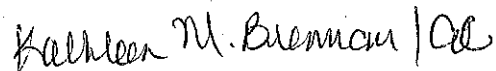
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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KATHLEEN M. BRENNAN
Deputy Commissioner

December 28, 2016

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

Dear Mr. Bergeron:

Pursuant to section 17b-239 of the 2016 supplement to the Connecticut General Statutes, as amended by section 87 of Public Act 16-3 of the May 2016 Special Session, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016. Below are the rates and parameters effective for dates of service on or after January 1, 2017 for Medicaid patients of Sharon Hospital.

Provider Specific Rates

Medicaid Provider ID 004221818
Wage Adjusted Conversion Factor \$ 79.08
Cost-to-Charge Ratio for Outliers only 0.25073

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$3,825.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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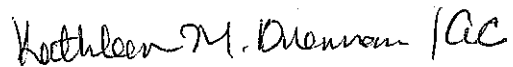
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Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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KATHLEEN M. BRENNAN
Deputy Commissioner

December 28, 2016

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

Dear Mr. Gage:

Pursuant to section 17b-239 of the 2016 supplement to the Connecticut General Statutes, as amended by section 87 of Public Act 16-3 of the May 2016 Special Session, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016. Below are the rates and parameters effective for dates of service on or after January 1, 2017 for Medicaid patients of Stamford Hospital.

Provider Specific Rates

Medicaid Provider ID 004024964
Wage Adjusted Conversion Factor \$ 85.86
Cost-to-Charge Ratio for Outliers only 0.16401

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$3,825.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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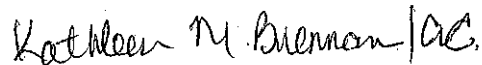
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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KATHLEEN M. BRENNAN
Deputy Commissioner

December 28, 2016

Guy Distefano
Chief Financial Officer
Waterbury Hospital
64 Robbins St.P.O. Box 1590
Waterbury CT 06721-1590

Dear Mr. Distefano:

Pursuant to section 17b-239 of the 2016 supplement to the Connecticut General Statutes, as amended by section 87 of Public Act 16-3 of the May 2016 Special Session, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016. Below are the rates and parameters effective for dates of service on or after January 1, 2017 for Medicaid patients of Waterbury Hospital.

Provider Specific Rates

Medicaid Provider ID 008069223
Wage Adjusted Conversion Factor \$ 81.28
Cost-to-Charge Ratio for Outliers only 0.16396

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$3,825.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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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:

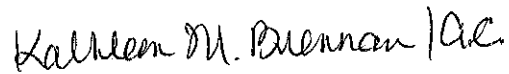
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

Telephone
(860) 424-5693

Facsimile
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1-800-842-4524

KATHLEEN M. BRENNAN
Deputy Commissioner

December 28, 2016

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

Dear Mr. Lohr:

Pursuant to section 17b-239 of the 2016 supplement to the Connecticut General Statutes, as amended by section 87 of Public Act 16-3 of the May 2016 Special Session, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016. Below are the rates and parameters effective for dates of service on or after January 1, 2017 for Medicaid patients of Windham Community Memorial Hospital.

Provider Specific Rates

Medicaid Provider ID 004025110
Wage Adjusted Conversion Factor \$ 79.08
Cost-to-Charge Ratio for Outliers only 0.31433

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$3,825.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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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:

Mr. Lohr
December 28, 2016
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.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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KATHLEEN M. BRENNAN
Deputy Commissioner

December 28, 2016

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 2016 supplement to the Connecticut General Statutes, as amended by section 87 of Public Act 16-3 of the May 2016 Special Session, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016. Below are the rates and parameters effective for dates of service on or after January 1, 2017 for Medicaid patients of Yale-New Haven Hospital.

Provider Specific Rates

Medicaid Provider ID 004025128
Wage Adjusted Conversion Factor \$ 81.28
Cost-to-Charge Ratio for Outliers only 0.19178

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$3,825.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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Mr. Tammaro
December 28, 2016
Page 2 of 2

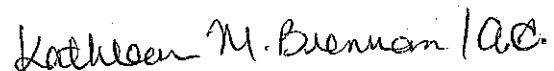
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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KATHLEEN M. BRENNAN
Deputy Commissioner

December 28, 2016

Patrick Garvey
Chief Financial Officer
Connecticut Children's Medical Center
282 Washington Street
Hartford CT 06106

Dear Mr. Garvey:

Pursuant to section 17b-239 of the 2016 supplement to the Connecticut General Statutes, as amended by section 87 of Public Act 16-3 of the May 2016 Special Session, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016. Below are the rates and parameters effective for dates of service on or after January 1, 2017 for Medicaid patients of Connecticut Children's Medical Center.

Provider Specific Rates

Medicaid Provider ID 004159978
Wage Adjusted Conversion Factor \$ 90.63
Cost-to-Charge Ratio for Outliers only 0.23438

State-Wide Parameters

Conversion Factor \$82.25
Outlier Multiplier 1.75
Outlier Threshold \$3,825.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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KATHLEEN M. BRENNAN
Deputy Commissioner

December 28, 2016

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 2016 supplement to the Connecticut General Statutes, as amended by section 87 of Public Act 16-3 of the May 2016 Special Session, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016. Below are the rates and parameters effective for dates of service on or after January 1, 2017 for Medicaid patients of Natchaug Hospital.

Provider Specific Rates

Medicaid Provider ID 004025276
Wage Adjusted Conversion Factor \$ 79.08
Cost-to-Charge Ratio for Outliers only 0.39255

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$3,825.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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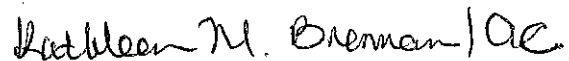
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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KATHLEEN M. BRENNAN
Deputy Commissioner

December 28, 2016

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

Dear Ms. Whelan:

Pursuant to section 17b-239 of the 2016 supplement to the Connecticut General Statutes, as amended by section 87 of Public Act 16-3 of the May 2016 Special Session, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016. Below are the rates and parameters effective for dates of service on or after January 1, 2017 for Medicaid patients of Hospital for Special Care.

Provider Specific Rates

Medicaid Provider ID 004025326
Wage Adjusted Conversion Factor \$ 79.08
Cost-to-Charge Ratio for Outliers only 0.73354

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$3,825.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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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:

Ms. Whelan
December 28, 2016
Page 2 of 2

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Sincerely,



Kathleen M. Brennan
Deputy Commissioner

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



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KATHLEEN M. BRENNAN
Deputy Commissioner

December 28, 2016

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 2016 supplement to the Connecticut General Statutes, as amended by section 87 of Public Act 16-3 of the May 2016 Special Session, the Department implemented a new outpatient prospective payment system (OPPS) effective for dates of service on or after July 1, 2016. Below are the rates and parameters effective for dates of service on or after January 1, 2017 for Medicaid patients of Gaylord Hospital.

Provider Specific Rates

Medicaid Provider ID 004025284
Wage Adjusted Conversion Factor \$ 81.28
Cost-to-Charge Ratio for Outliers only 1.00000

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$3,825.00

Under OPPS, services are listed on the Connecticut Medical Assistance Program (CMAP) Addendum B and are primarily reimbursed based on the CMAP Ambulatory Payment Classification (APC) system. CMAP Addendum B is a detailed list by procedure code that documents the APC groups, status indicators, and relative weights adopted by DSS for the APC methodology. CMAP Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or another specified fee schedule. CMAP Addendum B can be found at <https://www.ctdssmap.com> under Hospital Modernization.

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Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
S. Ouellette
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M. Gilbert