



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

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

Dear Mr. Lohr:

Pursuant to and in order to comply with 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 is moving from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based on peer groups. The transition will occur over a period of four years period using a methodology that transitions to statewide base rates in increments of 25% each calendar year. In addition, adjustments for Indirect Medical Education (IME) and the original non-reclassified geographic wage index are included. The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2017 for William W. Backus Hospital.

Medicaid Provider Number(s): 004041851 007228710

APR-DRG Base Rate	\$5,919.46
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.48440

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals 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 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.

Mr. Lohr
December 28, 2016
Page 2 of 2

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

Kathleen M. Brennan
Deputy Commissioner

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



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

Mr. 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 and in order to comply with 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 is moving from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based on peer groups. The transition will occur over a period of four years period using a methodology that transitions to statewide base rates in increments of 25% each calendar year. In addition, adjustments for Indirect Medical Education (IME) and the original non-reclassified geographic wage index are included. The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2017 for Bridgeport Hospital.

Medicaid Provider Number(s): 004041703 007228703 007228704

APR-DRG Base Rate	\$8,845.74
Behavioral Health Per Diem Rate	\$1,050.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 892.50
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.26944

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals 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 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.

Mr. McCabe
December 28, 2016
Page 2 of 2

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 / HC

Kathleen M. Brennan
Deputy Commissioner

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



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

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

Dear Mr. Eighmy:

Pursuant to and in order to comply with 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 is moving from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based on peer groups. The transition will occur over a period of four years period using a methodology that transitions to statewide base rates in increments of 25% each calendar year. In addition, adjustments for Indirect Medical Education (IME) and the original non-reclassified geographic wage index are included. The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2017 for Bristol Hospital.

Medicaid Provider Number(s): 004041901

APR-DRG Base Rate	\$5,954.08
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.32035

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals 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 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.

Mr. Eighmy
December 28, 2016
Page 2 of 2

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 / A.C.

Kathleen M. Brennan
Deputy Commissioner

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



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

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

Dear Mr. Garvey:

Pursuant to and in order to comply with 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 is moving from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based on peer groups. The transition will occur over a period of four years period using a methodology that transitions to statewide base rates in increments of 25% each calendar year. In addition, adjustments for Indirect Medical Education (IME) and the original non-reclassified geographic wage index are included. The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2017 for Connecticut Children's Medical Center.

Medicaid Provider Number(s): 004159960

APR-DRG Base Rate	\$10,776.13
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.33963

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals 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 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.

Mr. Garvey
December 28, 2016
Page 2 of 2

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) A.C.

Kathleen M. Brennan
Deputy Commissioner

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



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

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

Dear Ms. Freiheit:

Pursuant to and in order to comply with 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 is moving from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based on peer groups. The transition will occur over a period of four years period using a methodology that transitions to statewide base rates in increments of 25% each calendar year. In addition, adjustments for Indirect Medical Education (IME) and the original non-reclassified geographic wage index are included. The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2017 for Hospital of Central CT.

Medicaid Provider Number(s): 004041950 007228716

APR-DRG Base Rate	\$6,106.48
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.40387

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals 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 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.

Ms. Freiheit
December 28, 2016
Page 2 of 2

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 / K.C.

Kathleen M. Brennan
Deputy Commissioner

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



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

Mr. Steven H. Rosenberg
Sr. VP & CFO
Danbury Hospital
24 Hospital Ave.
Danbury CT 06810-6099

Dear Mr. Rosenberg:

Pursuant to and in order to comply with 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 is moving from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based on peer groups. The transition will occur over a period of four years period using a methodology that transitions to statewide base rates in increments of 25% each calendar year. In addition, adjustments for Indirect Medical Education (IME) and the original non-reclassified geographic wage index are included. The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2017 for Danbury Hospital.

Danbury Hospital Medicaid Provider Number(s): 004041935 007228714 007228715

APR-DRG Base Rate	\$8,232.70
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.41508

Danbury Hospital dba New Milford Hospital Medicaid Provider Number(s): 008055716

APR-DRG Base Rate	\$8,068.70
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.41508

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals 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 grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the

Mr. Rosenberg
December 28, 2016
Page 2 of 2

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 /a.c.

Kathleen M. Brennan
Deputy Commissioner

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



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

Mr. Paul Beaudoin
Chief Financial Officer
Day Kimball Hospital
320 Pomfret St. P.O. Box 6001
Putnam CT 06260-0901

Dear Mr. Beaudoin:

Pursuant to and in order to comply with 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 is moving from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based on peer groups. The transition will occur over a period of four years period using a methodology that transitions to statewide base rates in increments of 25% each calendar year. In addition, adjustments for Indirect Medical Education (IME) and the original non-reclassified geographic wage index are included. The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2017 for Day Kimball Hospital.

Medicaid Provider Number(s): 004041638 007228698

APR-DRG Base Rate	\$7,389.51
Behavioral Health Per Diem Rate	\$1,050.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 892.50
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.44413

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals 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.

Mr. Beaudoin
December 28, 2016
Page 2 of 2

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 / D. C.

Kathleen M. Brennan
Deputy Commissioner

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



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

Mr. Jeffrey Geoghegan
Chief Financial Officer
John Dempsey Hospital
263 Farmington Ave.
Farmington CT 06032-2805

Dear Mr. Geoghegan:

Pursuant to and in order to comply with 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 is moving from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based on peer groups. The transition will occur over a period of four years period using a methodology that transitions to statewide base rates in increments of 25% each calendar year. In addition, adjustments for Indirect Medical Education (IME) and the original non-reclassified geographic wage index are included. The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2017 for John Dempsey Hospital.

Medicaid Provider Number(s): 004041968 007228718

APR-DRG Base Rate	\$11,229.00
Behavioral Health Per Diem Rate	\$1,125.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 956.25
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.43761

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals 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.

Mr. Geoghegan
December 28, 2016
Page 2 of 2

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 / A.C.

Kathleen M. Brennan
Deputy Commissioner

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



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

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

Dear Mr. Colucci:

Pursuant to and in order to comply with 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 is moving from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based on peer groups. The transition will occur over a period of four years period using a methodology that transitions to statewide base rates in increments of 25% each calendar year. In addition, adjustments for Indirect Medical Education (IME) and the original non-reclassified geographic wage index are included. The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2017 for Greenwich Hospital.

Medicaid Provider Number(s): 004041786

APR-DRG Base Rate	\$8,543.00
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.29025

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals 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 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.

Mr. Colucci
December 28, 2016
Page 2 of 2

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 / K.C.

Kathleen M. Brennan
Deputy Commissioner

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



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

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

Dear Mr. O'Neill:

Pursuant to and in order to comply with 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 is moving from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based on peer groups. The transition will occur over a period of four years period using a methodology that transitions to statewide base rates in increments of 25% each calendar year. In addition, adjustments for Indirect Medical Education (IME) and the original non-reclassified geographic wage index are included. The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2017 for Griffin Hospital.

Medicaid Provider Number(s): 004041927

APR-DRG Base Rate	\$7,499.49
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.27342

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals 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 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.

Mr. O'Neill
December 28, 2016
Page 2 of 2

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 / A.C.

Kathleen M. Brennan
Deputy Commissioner

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



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

Mr. Gerald Boisvert
Chief Financial Officer
Hartford Hospital
80 Seymour St. P.O. Box 5037
Hartford CT 06102-5037

Dear Mr. Boisvert:

Pursuant to and in order to comply with 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 is moving from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based on peer groups. The transition will occur over a period of four years period using a methodology that transitions to statewide base rates in increments of 25% each calendar year. In addition, adjustments for Indirect Medical Education (IME) and the original non-reclassified geographic wage index are included. The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2017 for Hartford Hospital.

Medicaid Provider Number(s): 004041869

APR-DRG Base Rate	\$6,661.76
Behavioral Health Per Diem Rate	\$1,050.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 892.50
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.29698

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals 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 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.

Mr. Boisvert
December 28, 2016
Page 2 of 2

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
M. Gilbert
N. Holmes



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

Ms. Susan Schapp
Chief Financial Officer
Charlotte Hungerford Hospital
540 Litchfield St. P.O. Box 988
Torrington CT 06790-0988

Dear Ms. Schapp:

Pursuant to and in order to comply with 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 is moving from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based on peer groups. The transition will occur over a period of four years period using a methodology that transitions to statewide base rates in increments of 25% each calendar year. In addition, adjustments for Indirect Medical Education (IME) and the original non-reclassified geographic wage index are included. The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2017 for Charlotte Hungerford Hospital.

Medicaid Provider Number(s): 004041711 007228705

APR-DRG Base Rate	\$5,720.29
Behavioral Health Per Diem Rate	\$1,125.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 956.25
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.46237

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals 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 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.

Ms. Schapp
December 28, 2016
Page 2 of 2

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 / A.C.

Kathleen M. Brennan
Deputy Commissioner

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



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

Mr. David M. Bittner
Vice President & CFO
Johnson Memorial Hospital
201 Chestnut Hill Rd.
Stafford Springs CT 06076-0860

Dear Mr. Bittner:

Pursuant to and in order to comply with 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 is moving from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based on peer groups. The transition will occur over a period of four years period using a methodology that transitions to statewide base rates in increments of 25% each calendar year. In addition, adjustments for Indirect Medical Education (IME) and the original non-reclassified geographic wage index are included. The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2017 for Johnson Memorial Hospital.

Medicaid Provider Number(s): 004041687

APR-DRG Base Rate	\$5,252.94
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.54408

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals 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.

Mr. Bittner
December 28, 2016
Page 2 of 2

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
M. Gilbert
N. Holmes



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

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

Dear Mr. VanEssendelft:

Pursuant to and in order to comply with 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 is moving from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based on peer groups. The transition will occur over a period of four years period using a methodology that transitions to statewide base rates in increments of 25% each calendar year. In addition, adjustments for Indirect Medical Education (IME) and the original non-reclassified geographic wage index are included. The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2017 for Lawrence and Memorial Hospital.

Medicaid Provider Number(s): 004041679 007228701 007228702

APR-DRG Base Rate	\$6,849.66
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.50812

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals 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 grievement **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 grievement.

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

Mr. VanEssendelft
December 28, 2016
Page 2 of 2

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 / KC

Kathleen M. Brennan
Deputy Commissioner

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



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

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

Dear Mr. Veillette:

Pursuant to and in order to comply with 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 is moving from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based on peer groups. The transition will occur over a period of four years period using a methodology that transitions to statewide base rates in increments of 25% each calendar year. In addition, adjustments for Indirect Medical Education (IME) and the original non-reclassified geographic wage index are included. The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2017 for Manchester Memorial Hospital.

Medicaid Provider Number(s): 008069211 008069212

APR-DRG Base Rate	\$7,493.48
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.33266

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals 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 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.

Mr. Veillette
December 28, 2016
Page 2 of 2

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
M. Gilbert
N. Holmes



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

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

Dear Ms. Freiheit:

Pursuant to and in order to comply with 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 is moving from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based on peer groups. The transition will occur over a period of four years period using a methodology that transitions to statewide base rates in increments of 25% each calendar year. In addition, adjustments for Indirect Medical Education (IME) and the original non-reclassified geographic wage index are included. The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2017 for MidState Medical Center.

Medicaid Provider Number(s): 004041778 007228706

APR-DRG Base Rate	\$6,573.45
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.39998

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals 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 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.

Ms. Freiheit
December 28, 2016
Page 2 of 2

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 / A.C.

Kathleen M. Brennan
Deputy Commissioner

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



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

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

Dear Ms. Martin:

Pursuant to and in order to comply with 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 is moving from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based on peer groups. The transition will occur over a period of four years period using a methodology that transitions to statewide base rates in increments of 25% each calendar year. In addition, adjustments for Indirect Medical Education (IME) and the original non-reclassified geographic wage index are included. The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2017 for Middlesex Hospital.

Medicaid Provider Number(s): 004041810 007228707

APR-DRG Base Rate	\$6,865.00
Behavioral Health Per Diem Rate	\$1,125.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 956.25
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.28213

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals 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 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.

Ms. Martin
December 28, 2016
Page 2 of 2

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 /A.C.

Kathleen M. Brennan
Deputy Commissioner

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



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

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

Dear Ms. Smith:

Pursuant to and in order to comply with 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 is moving from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based on peer groups. The transition will occur over a period of four years period using a methodology that transitions to statewide base rates in increments of 25% each calendar year. In addition, adjustments for Indirect Medical Education (IME) and the original non-reclassified geographic wage index are included. The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2017 for Milford Hospital.

Medicaid Provider Number(s): 004041794

APR-DRG Base Rate	\$5,383.11
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.40311

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals 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.

Ms. Smith
December 28, 2016
Page 2 of 2

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 J.A.C.

Kathleen M. Brennan
Deputy Commissioner

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



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

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

Dear Mr. Minicus:

Pursuant to and in order to comply with 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 is moving from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based on peer groups. The transition will occur over a period of four years period using a methodology that transitions to statewide base rates in increments of 25% each calendar year. In addition, adjustments for Indirect Medical Education (IME) and the original non-reclassified geographic wage index are included. The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2017 for Norwalk Hospital.

Medicaid Provider Number(s): 004041943

APR-DRG Base Rate	\$9,435.18
Behavioral Health Per Diem Rate	\$1,125.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 956.25
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.32831

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals 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 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.

Mr. Minicus
December 28, 2016
Page 2 of 2

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/JAC.

Kathleen M. Brennan
Deputy Commissioner

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



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

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

Dear Mr. Veillette:

Pursuant to and in order to comply with 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 is moving from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based on peer groups. The transition will occur over a period of four years period using a methodology that transitions to statewide base rates in increments of 25% each calendar year. In addition, adjustments for Indirect Medical Education (IME) and the original non-reclassified geographic wage index are included. The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2017 for Rockville Hospital.

Medicaid Provider Number(s): 008069217

APR-DRG Base Rate	\$5,271.34
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.43794

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals 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 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.

Mr. Veillette
December 28, 2016
Page 2 of 2

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 JAC

Kathleen M. Brennan
Deputy Commissioner

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



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

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

Dear Mr. Bittner:

Pursuant to and in order to comply with 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 is moving from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based on peer groups. The transition will occur over a period of four years period using a methodology that transitions to statewide base rates in increments of 25% each calendar year. In addition, adjustments for Indirect Medical Education (IME) and the original non-reclassified geographic wage index are included. The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2017 for St. Francis Hospital and Medical Center.

Medicaid Provider Number(s): 004041620 007228696

APR-DRG Base Rate	\$7,426.87
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.31036

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals 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 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.

Mr. Bittner
December 28, 2016
Page 2 of 2

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 /A.C.

Kathleen M. Brennan
Deputy Commissioner

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



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

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

Dear Mr. Becker:

Pursuant to and in order to comply with 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 is moving from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based on peer groups. The transition will occur over a period of four years period using a methodology that transitions to statewide base rates in increments of 25% each calendar year. In addition, adjustments for Indirect Medical Education (IME) and the original non-reclassified geographic wage index are included. The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2017 for St. Mary's Hospital.

Medicaid Provider Number(s): 004041760

APR-DRG Base Rate	\$6,855.74
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.35767

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals 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 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.

Mr. Becker
December 28, 2016
Page 2 of 2

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
M. Gilbert
N. Holmes



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

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

Dear Mr. Franko:

Pursuant to and in order to comply with 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 is moving from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based on peer groups. The transition will occur over a period of four years period using a methodology that transitions to statewide base rates in increments of 25% each calendar year. In addition, adjustments for Indirect Medical Education (IME) and the original non-reclassified geographic wage index are included. The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2017 for St. Vincent's Medical Center.

Medicaid Provider Number(s): 004041893 007228712 007228713

APR-DRG Base Rate	\$6,196.36
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.27088

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals 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 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.

Mr. Franko
December 28, 2016
Page 2 of 2

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 /cc

Kathleen M. Brennan
Deputy Commissioner

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



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

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

Dear Mr. Bergeron:

Pursuant to and in order to comply with 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 is moving from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based on peer groups. The transition will occur over a period of four years period using a methodology that transitions to statewide base rates in increments of 25% each calendar year. In addition, adjustments for Indirect Medical Education (IME) and the original non-reclassified geographic wage index are included. The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2017 for Sharon Hospital.

Medicaid Provider Number(s): 004221800

APR-DRG Base Rate	\$7,361.89
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.39308

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals 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:

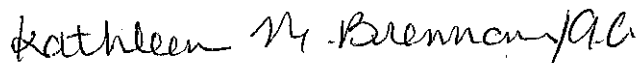
- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of grievance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

Mr. Bergeron
December 28, 2016
Page 2 of 2

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,

A handwritten signature in cursive script that reads "Kathleen M. Brennan".

Kathleen M. Brennan
Deputy Commissioner

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



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

Mr. 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 and in order to comply with 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 is moving from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based on peer groups. The transition will occur over a period of four years period using a methodology that transitions to statewide base rates in increments of 25% each calendar year. In addition, adjustments for Indirect Medical Education (IME) and the original non-reclassified geographic wage index are included. The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2017 for Stamford Hospital.

Medicaid Provider Number(s): 004041661 007228699 007228700

APR-DRG Base Rate	\$6,883.93
Behavioral Health Per Diem Rate	\$1,125.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 956.25
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.28569

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals 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.

Mr. Gage
December 28, 2016
Page 2 of 2

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 / ae.

Kathleen M. Brennan
Deputy Commissioner

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



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

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

Dear Mr. Distefano:

Pursuant to and in order to comply with 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 is moving from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based on peer groups. The transition will occur over a period of four years period using a methodology that transitions to statewide base rates in increments of 25% each calendar year. In addition, adjustments for Indirect Medical Education (IME) and the original non-reclassified geographic wage index are included. The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2017 for Waterbury Hospital.

Medicaid Provider Number(s): 008069222

APR-DRG Base Rate	\$6,845.97
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.22517

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals 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.

Mr. Distefano
December 28, 2016
Page 2 of 2

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
M. Gilbert
N. Holmes



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

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

Dear Mr. Lohr:

Pursuant to and in order to comply with 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 is moving from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based on peer groups. The transition will occur over a period of four years period using a methodology that transitions to statewide base rates in increments of 25% each calendar year. In addition, adjustments for Indirect Medical Education (IME) and the original non-reclassified geographic wage index are included. The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2017 for Windham Community Memorial Hospital.

Medicaid Provider Number(s): 004041828

APR-DRG Base Rate	\$6,867.34
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.70502

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals 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 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.

Mr. Lohr
December 28, 2016
Page 2 of 2

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 IAC

Kathleen M. Brennan
Deputy Commissioner

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



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

Mr. Vincent Tammaro
Sr. Vice President, Finance
Yale-New Haven Hospital
20 York St.
New Haven CT 06510-3202

Dear Mr. Tammaro:

Pursuant to and in order to comply with 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 is moving from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based on peer groups. The transition will occur over a period of four years period using a methodology that transitions to statewide base rates in increments of 25% each calendar year. In addition, adjustments for Indirect Medical Education (IME) and the original non-reclassified geographic wage index are included. The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2017 for Yale-New Haven Hospital.

Medicaid Provider Number(s): 004041836 007228708 007228709

APR-DRG Base Rate	\$7,126.99
Behavioral Health Per Diem Rate	\$1,050.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 892.50
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.27034

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals 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 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.

Mr. Tammaro
December 28, 2016
Page 2 of 2

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
M. Gilbert
N. Holmes