



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

June 24, 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 is implementing a new outpatient reimbursement methodology using Ambulatory Payment Classifications (APCs). Below are the rates and parameters for Medicaid patients of William W. Backus Hospital effective for dates of service on or after July 1, 2016.

Provider Specific Rates

Medicaid Provider ID	004025144	
Wage Adjusted Conversion Factor		\$80.05
Cost-to-Charge Ratio for Outliers only	0.29893	

State-Wide Parameters

Conversion Factor	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$2,900.00

The Connecticut Medical Assistance Program’s (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’s Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or the specified fee schedule. CMAP’s Addendum B currently can be found at <https://www.ctdssmap.com> under Hospital Modernization. It will be moved shortly to the Provider - Provider Fee Schedule Download section where the fee schedules are located.

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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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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 Chris LaVigne, Director, Reimbursement and Certificate of Need, Christopher.Lavigne@ct.gov or at 860-424-5719.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: S. Ouellette
N. Holmes
M. Gilbert



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KATHLEEN M. BRENNAN
Deputy Commissioner

June 24, 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 is implementing a new outpatient reimbursement methodology using Ambulatory Payment Classifications (APCs). Below are the rates and parameters for Medicaid patients of Bridgeport Hospital effective for dates of service on or after July 1, 2016.

Provider Specific Rates

Medicaid Provider ID	004025003
Wage Adjusted Conversion Factor	\$86.28
Cost-to-Charge Ratio for Outliers only	0.17124

State-Wide Parameters

Conversion Factor	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$2,900.00

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Sincerely,



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Deputy Commissioner

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N. Holmes
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KATHLEEN M. BRENNAN
Deputy Commissioner

June 24, 2016

George Eighmy
VP/Finance/CFO
Bristol Hospital, Inc.
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 is implementing a new outpatient reimbursement methodology using Ambulatory Payment Classifications (APCs). Below are the rates and parameters for Medicaid patients of Bristol Hospital effective for dates of service on or after July 1, 2016.

Provider Specific Rates

Medicaid Provider ID 004025193
Wage Adjusted Conversion Factor \$77.28
Cost-to-Charge Ratio for Outliers only 0.21558

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$2,900.00

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Deputy Commissioner

cc: S. Ouellette
N. Holmes
M. Gilbert



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KATHLEEN M. BRENNAN
Deputy Commissioner

June 24, 2016

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 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 implementing a new outpatient reimbursement methodology using Ambulatory Payment Classifications (APCs). Below are the rates and parameters for Medicaid patients of Hospital of Central Connecticut effective for dates of service on or after July 1, 2016.

Provider Specific Rates

Medicaid Provider ID 004025243, 007228692, 007228694

Wage Adjusted Conversion Factor \$77.28

Cost-to-Charge Ratio for Outliers only 0.34420

State-Wide Parameters

Conversion Factor \$71.76

Outlier Multiplier 1.75

Outlier Threshold \$2,900.00

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Kathleen M. Brennan
Deputy Commissioner

cc: S. Ouellette
N. Holmes
M. Gilbert



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KATHLEEN M. BRENNAN
Deputy Commissioner

June 24, 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 is implementing a new outpatient reimbursement methodology using Ambulatory Payment Classifications (APCs). Below are the rates and parameters for Medicaid patients of Danbury Hospital and Danbury Hospital dba New Milford effective for dates of service on or after July 1, 2016.

Provider Specific Rates – Danbury Hospital

Medicaid Provider ID 004025227, 004025052
Wage Adjusted Conversion Factor \$86.28
Cost-to-Charge Ratio for Outliers only 0.31583

Provider Specific Rates – Danbury Hospital dba New Milford

Medicaid Provider ID 008055717
Wage Adjusted Conversion Factor \$77.28
Cost-to-Charge Ratio for Outliers only 0.29934

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$2,900.00

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Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: S. Ouellette
N. Holmes
M. Gilbert



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KATHLEEN M. BRENNAN
Deputy Commissioner

June 24, 2016

Robert Smanik
President CEO
Day Kimball Hospital
320 Pomfret St. P.O. Box 6001
Putnam CT 06260-0901

Dear Mr. Smanik:

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 is implementing a new outpatient reimbursement methodology using Ambulatory Payment Classifications (APCs). Below are the rates and parameters for Medicaid patients of Day Kimball Hospital effective for dates of service on or after July 1, 2016.

Provider Specific Rates

Medicaid Provider ID 004024931, 007228881
Wage Adjusted Conversion Factor \$78.93
Cost-to-Charge Ratio for Outliers only 0.34982

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$2,900.00

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KATHLEEN M. BRENNAN
Deputy Commissioner

June 24, 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 is implementing a new outpatient reimbursement methodology using Ambulatory Payment Classifications (APCs). Below are the rates and parameters for Medicaid patients of Dempsey Hospital effective for dates of service on or after July 1, 2016.

Provider Specific Rates

Medicaid Provider ID 004025250
Wage Adjusted Conversion Factor \$77.28
Cost-to-Charge Ratio for Outliers only 0.40273

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$2,900.00

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KATHLEEN M. BRENNAN
Deputy Commissioner

June 24, 2016

Eugene J. Colucci
Vice President, Finance
Greenwich Hospital Association
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 is implementing a new outpatient reimbursement methodology using Ambulatory Payment Classifications (APCs). Below are the rates and parameters for Medicaid patients of Greenwich Hospital effective for dates of service on or after July 1, 2016.

Provider Specific Rates

Medicaid Provider ID 004025086
Wage Adjusted Conversion Factor \$86.28
Cost-to-Charge Ratio for Outliers only 0.25450

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$2,900.00

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KATHLEEN M. BRENNAN
Deputy Commissioner

June 24, 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 is implementing a new outpatient reimbursement methodology using Ambulatory Payment Classifications (APCs). Below are the rates and parameters for Medicaid patients of Griffin Hospital effective for dates of service on or after July 1, 2016.

Provider Specific Rates

Medicaid Provider ID 004025219
Wage Adjusted Conversion Factor \$82.36
Cost-to-Charge Ratio for Outliers only 0.22037

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$2,900.00

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KATHLEEN M. BRENNAN
Deputy Commissioner

June 24, 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 is implementing a new outpatient reimbursement methodology using Ambulatory Payment Classifications (APCs). Below are the rates and parameters for Medicaid patients of Hartford Hospital effective for dates of service on or after July 1, 2016.

Provider Specific Rates

Medicaid Provider ID 004025151, 008020366
Wage Adjusted Conversion Factor \$ 77.28
Cost-to-Charge Ratio for Outliers only 0.27659

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$2,900.00

The Connecticut Medical Assistance Program's (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's Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or the specified fee schedule. CMAP's Addendum B currently can be found at <https://www.ctdssmap.com> under Hospital Modernization. It will be moved shortly to the Provider - Provider Fee Schedule Download section where the fee schedules are located.

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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
June 24, 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 Chris LaVigne, Director, Reimbursement and Certificate of Need, Christopher.Lavigne@ct.gov or at 860-424-5719.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: 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

June 24, 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 is implementing a new outpatient reimbursement methodology using Ambulatory Payment Classifications (APCs). Below are the rates and parameters for Medicaid patients of Charlotte Hungerford Hospital effective for dates of service on or after July 1, 2016.

Provider Specific Rates

Medicaid Provider ID 004025011
Wage Adjusted Conversion Factor \$77.28
Cost-to-Charge Ratio for Outliers only 0.42764

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$2,900.00

The Connecticut Medical Assistance Program's (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's Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or the specified fee schedule. CMAP's Addendum B currently can be found at <https://www.ctdssmap.com> under Hospital Modernization. It will be moved shortly to the Provider - Provider Fee Schedule Download section where the fee schedules are located.

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Any questions or correspondence should be directed to Chris LaVigne, Director, Reimbursement and Certificate of Need, Christopher.Lavigne@ct.gov or at 860-424-5719.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: S. Ouellette
N. Holmes
M. Gilbert



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KATHLEEN M. BRENNAN
Deputy Commissioner

June 24, 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 is implementing a new outpatient reimbursement methodology using Ambulatory Payment Classifications (APCs). Below are the rates and parameters for Medicaid patients of Johnson Memorial Hospital effective for dates of service on or after July 1, 2016.

Provider Specific Rates

Medicaid Provider ID	004024980
Wage Adjusted Conversion Factor	\$77.28
Cost-to-Charge Ratio for Outliers only	0.26982

State-Wide Parameters

Conversion Factor	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$2,900.00

The Connecticut Medical Assistance Program's (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's Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or the specified fee schedule. CMAP's Addendum B currently can be found at <https://www.ctdssmap.com> under Hospital Modernization. It will be moved shortly to the Provider - Provider Fee Schedule Download section where the fee schedules are located.

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Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: S. Ouellette
N. Holmes
M. Gilbert



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KATHLEEN M. BRENNAN
Deputy Commissioner

June 24, 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 is implementing a new outpatient reimbursement methodology using Ambulatory Payment Classifications (APCs). Below are the rates and parameters for Medicaid patients of Lawrence and Memorial Hospital effective for dates of service on or after July 1, 2016.

Provider Specific Rates

Medicaid Provider ID 004024972, 007228690
Wage Adjusted Conversion Factor \$80.05
Cost-to-Charge Ratio for Outliers only 0.34097

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$2,900.00

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Any questions or correspondence should be directed to Chris LaVigne, Director, Reimbursement and Certificate of Need, Christopher.Lavigne@ct.gov or at 860-424-5719.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: S. Ouellette
N. Holmes
M. Gilbert



STATE OF CONNECTICUT

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KATHLEEN M. BRENNAN
Deputy Commissioner

June 24, 2016

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

Dear Mr. Veillette:

Pursuant to section 17b-239 of the 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 implementing a new outpatient reimbursement methodology using Ambulatory Payment Classifications (APCs). Below are the rates and parameters for Medicaid patients of Manchester Memorial Hospital effective for dates of service on or after July 1, 2016.

Provider Specific Rates

Medicaid Provider ID	004025177
Wage Adjusted Conversion Factor	\$77.28
Cost-to-Charge Ratio for Outliers only	0.18936

State-Wide Parameters

Conversion Factor	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$2,900.00

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Any questions or correspondence should be directed to Chris LaVigne, Director, Reimbursement and Certificate of Need, Christopher.Lavigne@ct.gov or at 860-424-5719.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: S. Ouellette
N. Holmes
M. Gilbert



STATE OF CONNECTICUT

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KATHLEEN M. BRENNAN
Deputy Commissioner

June 24, 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 is implementing a new outpatient reimbursement methodology using Ambulatory Payment Classifications (APCs). Below are the rates and parameters for Medicaid patients of MidState Medical Center effective for dates of service on or after July 1, 2016.

Provider Specific Rates

Medicaid Provider ID	004025078
Wage Adjusted Conversion Factor	\$82.36
Cost-to-Charge Ratio for Outliers only	0.35025

State-Wide Parameters

Conversion Factor	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$2,900.00

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Any questions or correspondence should be directed to Chris LaVigne, Director, Reimbursement and Certificate of Need, Christopher.Lavigne@ct.gov or at 860-424-5719.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: S. Ouellette
N. Holmes
M. Gilbert



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

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(860) 424-5693

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KATHLEEN M. BRENNAN
Deputy Commissioner

June 24, 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 is implementing a new outpatient reimbursement methodology using Ambulatory Payment Classifications (APCs). Below are the rates and parameters for Medicaid patients of Middlesex Hospital effective for dates of service on or after July 1, 2016.

Provider Specific Rates

Medicaid Provider ID 004025102
Wage Adjusted Conversion Factor \$77.28
Cost-to-Charge Ratio for Outliers only 0.19176

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$2,900.00

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Ms. Martin
June 24, 2016
Page 2 of 2

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Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: S. Ouellette
N. Holmes
M. Gilbert



STATE OF CONNECTICUT

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KATHLEEN M. BRENNAN
Deputy Commissioner

June 24, 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 is implementing a new outpatient reimbursement methodology using Ambulatory Payment Classifications (APCs). Below are the rates and parameters for Medicaid patients of Milford Hospital effective for dates of service on or after July 1, 2016.

Provider Specific Rates

Medicaid Provider ID	004025094
Wage Adjusted Conversion Factor	\$82.36
Cost-to-Charge Ratio for Outliers only	0.31043

State-Wide Parameters

Conversion Factor	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$2,900.00

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Ms. Smith
June 24, 2016
Page 2 of 2

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Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: S. Ouellette
N. Holmes
M. Gilbert



STATE OF CONNECTICUT

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KATHLEEN M. BRENNAN
Deputy Commissioner

June 24, 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 is implementing a new outpatient reimbursement methodology using Ambulatory Payment Classifications (APCs). Below are the rates and parameters for Medicaid patients of Norwalk Hospital effective for dates of service on or after July 1, 2016.

Provider Specific Rates

Medicaid Provider ID 004025235
Wage Adjusted Conversion Factor \$86.28
Cost-to-Charge Ratio for Outliers only 0.27385

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$2,900.00

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Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: S. Ouellette
N. Holmes
M. Gilbert



STATE OF CONNECTICUT

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KATHLEEN M. BRENNAN
Deputy Commissioner

June 24, 2016

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

Dear Mr. Veillette:

Pursuant to section 17b-239 of the 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 implementing a new outpatient reimbursement methodology using Ambulatory Payment Classifications (APCs). Below are the rates and parameters for Medicaid patients of Rockville Hospital effective for dates of service on or after July 1, 2016.

Provider Specific Rates

Medicaid Provider ID	004025029
Wage Adjusted Conversion Factor	\$77.28
Cost-to-Charge Ratio for Outliers only	0.27397

State-Wide Parameters

Conversion Factor	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$2,900.00

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Any questions or correspondence should be directed to Chris LaVigne, Director, Reimbursement and Certificate of Need, Christopher.Lavigne@ct.gov or at 860-424-5719.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: 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

June 24, 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 is implementing a new outpatient reimbursement methodology using Ambulatory Payment Classifications (APCs). Below are the rates and parameters for Medicaid patients of St. Francis Hospital and Medical Center effective for dates of service on or after July 1, 2016.

Provider Specific Rates

Medicaid Provider ID 004024923
Wage Adjusted Conversion Factor \$ 77.28
Cost-to-Charge Ratio for Outliers only 0.26601

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$2,900.00

The Connecticut Medical Assistance Program’s (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’s Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or the specified fee schedule. CMAP’s Addendum B currently can be found at <https://www.ctdssmap.com> under Hospital Modernization. It will be moved shortly to the Provider - Provider Fee Schedule Download section where the fee schedules are located.

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Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: S. Ouellette
N. Holmes
M. Gilbert



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KATHLEEN M. BRENNAN
Deputy Commissioner

June 24, 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 is implementing a new outpatient reimbursement methodology using Ambulatory Payment Classifications (APCs). Below are the rates and parameters for Medicaid patients of St. Mary's Hospital effective for dates of service on or after July 1, 2016.

Provider Specific Rates

Medicaid Provider ID	004025060
Wage Adjusted Conversion Factor	\$82.36
Cost-to-Charge Ratio for Outliers only	0.22104

State-Wide Parameters

Conversion Factor	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$2,900.00

The Connecticut Medical Assistance Program's (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's Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or the specified fee schedule. CMAP's Addendum B currently can be found at <https://www.ctdssmap.com> under Hospital Modernization. It will be moved shortly to the Provider - Provider Fee Schedule Download section where the fee schedules are located.

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Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: S. Ouellette
N. Holmes
M. Gilbert



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KATHLEEN M. BRENNAN
Deputy Commissioner

June 24, 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 is implementing a new outpatient reimbursement methodology using Ambulatory Payment Classifications (APCs). Below are the rates and parameters for Medicaid patients of St. Vincent's Medical Center effective for dates of service on or after July 1, 2016.

Provider Specific Rates

Medicaid Provider ID 004025185
Wage Adjusted Conversion Factor \$86.28
Cost-to-Charge Ratio for Outliers only 0.23427

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$2,900.00

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Mr. Franko
June 24, 2016
Page 2 of 2

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Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: S. Ouellette
N. Holmes
M. Gilbert



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KATHLEEN M. BRENNAN
Deputy Commissioner

June 24, 2016

Christian Bergeron
Chief Financial Officer
Sharon Hospital, Inc.
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 is implementing a new outpatient reimbursement methodology using Ambulatory Payment Classifications (APCs). Below are the rates and parameters for Medicaid patients of Sharon Hospital effective for dates of service on or after July 1, 2016.

Provider Specific Rates

Medicaid Provider ID	004221818	
Wage Adjusted Conversion Factor		\$77.28
Cost-to-Charge Ratio for Outliers only	0.25007	

State-Wide Parameters

Conversion Factor	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$2,900.00

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Mr. Bergeron
June 24, 2016
Page 2 of 2

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Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: S. Ouellette
N. Holmes
M. Gilbert



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KATHLEEN M. BRENNAN
Deputy Commissioner

June 24, 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 is implementing a new outpatient reimbursement methodology using Ambulatory Payment Classifications (APCs). Below are the rates and parameters for Medicaid patients of Stamford Hospital effective for dates of service on or after July 1, 2016.

Provider Specific Rates

Medicaid Provider ID 004024964
Wage Adjusted Conversion Factor \$86.28
Cost-to-Charge Ratio for Outliers only 0.16744

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$2,900.00

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Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: 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

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1-800-842-4524

KATHLEEN M. BRENNAN
Deputy Commissioner

June 24, 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 is implementing a new outpatient reimbursement methodology using Ambulatory Payment Classifications (APCs). Below are the rates and parameters for Medicaid patients of Waterbury Hospital effective for dates of service on or after July 1, 2016.

Provider Specific Rates

Medicaid Provider ID 004024956
Wage Adjusted Conversion Factor \$82.36
Cost-to-Charge Ratio for Outliers only 0.16808

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$2,900.00

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Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: S. Ouellette
N. Holmes
M. Gilbert



STATE OF CONNECTICUT

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KATHLEEN M. BRENNAN
Deputy Commissioner

June 24, 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 is implementing a new outpatient reimbursement methodology using Ambulatory Payment Classifications (APCs). Below are the rates and parameters for Medicaid patients of Windham Community Memorial Hospital effective for dates of service on or after July 1, 2016.

Provider Specific Rates

Medicaid Provider ID 004025110
Wage Adjusted Conversion Factor \$78.93
Cost-to-Charge Ratio for Outliers only 0.32237

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$2,900.00

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Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: S. Ouellette
N. Holmes
M. Gilbert



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KATHLEEN M. BRENNAN
Deputy Commissioner

June 24, 2016

Vincent Tamarro
Chief Financial Officer
Yale-New Haven Hospital
20 York St.
New Haven CT 06510-3202

Dear Mr. Tamarro:

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 is implementing a new outpatient reimbursement methodology using Ambulatory Payment Classifications (APCs). Below are the rates and parameters for Medicaid patients of Yale-New Haven Hospital effective for dates of service on or after July 1, 2016.

Provider Specific Rates

Medicaid Provider ID 004025128
Wage Adjusted Conversion Factor \$82.36
Cost-to-Charge Ratio for Outliers only 0.19202

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$2,900.00

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Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: S. Ouellette
N. Holmes
M. Gilbert



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KATHLEEN M. BRENNAN
Deputy Commissioner

June 24, 2016

Patrick Garvey
Chief Financial Officer
CT 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 is implementing a new outpatient reimbursement methodology using Ambulatory Payment Classifications (APCs). Below are the rates and parameters for Medicaid patients of CT Children's Medical Center effective for dates of service on or after July 1, 2016.

Provider Specific Rates

Medicaid Provider ID	004159978	
Wage Adjusted Conversion Factor		\$88.57
Cost-to-Charge Ratio for Outliers only	0.29351	

State-Wide Parameters

Conversion Factor	\$82.25
Outlier Multiplier	1.75
Outlier Threshold	\$2,900.00

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Any questions or correspondence should be directed to Chris LaVigne, Director, Reimbursement and Certificate of Need, Christopher.Lavigne@ct.gov or at 860-424-5719.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: 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

June 24, 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 is implementing a new outpatient reimbursement methodology using Ambulatory Payment Classifications (APCs). Below are the rates and parameters for Medicaid patients of Natchaug Hospital effective for dates of service on or after July 1, 2016.

Provider Specific Rates

Medicaid Provider ID	004025276
Wage Adjusted Conversion Factor	\$77.28
Cost-to-Charge Ratio for Outliers only	0.39613

State-Wide Parameters

Conversion Factor	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$2,900.00

The Connecticut Medical Assistance Program's (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's Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or the specified fee schedule. CMAP's Addendum B currently can be found at <https://www.ctdssmap.com> under Hospital Modernization. It will be moved shortly to the Provider - Provider Fee Schedule Download section where the fee schedules are located.

The Department has shared information through e-mail correspondence, stakeholder meetings, and posted information on the Hospital Modernization pages on CMAP's site and on the DSS website throughout the rate development process. To access the DSS website, go to <http://www.ct.gov/dss> and select "About Us", scroll down and select "Divisions Within the Department", then "Reimbursement and Certificate of Need Division", then "Medicaid Hospital Reimbursement", then "Reimbursement Modernization".

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KATHLEEN M. BRENNAN
Deputy Commissioner

June 24, 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 is implementing a new outpatient reimbursement methodology using Ambulatory Payment Classifications (APCs). Below are the rates and parameters for Medicaid patients of Hospital for Special Care effective for dates of service on or after July 1, 2016.

Provider Specific Rates

Medicaid Provider ID 004025326
Wage Adjusted Conversion Factor \$77.28
Cost-to-Charge Ratio for Outliers only 1.00000

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$2,900.00

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Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: S. Ouellette
N. Holmes
M. Gilbert



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KATHLEEN M. BRENNAN
Deputy Commissioner

June 24, 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 is implementing a new outpatient reimbursement methodology using Ambulatory Payment Classifications (APCs). Below are the rates and parameters for Medicaid patients of Gaylord Hospital effective for dates of service on or after July 1, 2016.

Provider Specific Rates

Medicaid Provider ID	004025284
Wage Adjusted Conversion Factor	\$82.36
Cost-to-Charge Ratio for Outliers only	1.00000

State-Wide Parameters

Conversion Factor	\$71.76
Outlier Multiplier	1.75
Outlier Threshold	\$2,900.00

The Connecticut Medical Assistance Program’s (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’s Addendum B also documents the services that are not paid by APC and are instead reimbursed based on the Outpatient Hospital Fee Schedule or the specified fee schedule. CMAP’s Addendum B currently can be found at <https://www.ctdssmap.com> under Hospital Modernization. It will be moved shortly to the Provider - Provider Fee Schedule Download section where the fee schedules are located.

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Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: S. Ouellette
N. Holmes
M. Gilbert



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KATHLEEN M. BRENNAN
Deputy Commissioner

June 24, 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 is implementing a new outpatient reimbursement methodology using Ambulatory Payment Classifications (APCs). Below are the rates and parameters for Medicaid patients of Mount Sinai Rehabilitation Hospital effective for dates of service on or after July 1, 2016.

Provider Specific Rates

Medicaid Provider ID 004147725
Wage Adjusted Conversion Factor \$77.28
Cost-to-Charge Ratio for Outliers only 0.33198

State-Wide Parameters

Conversion Factor \$71.76
Outlier Multiplier 1.75
Outlier Threshold \$2,900.00

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Mr. Bittner
June 24, 2016
Page 2 of 2

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Sincerely,



Kathleen M. Brennan
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M. Gilbert