



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 30, 2019

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

Dear Mr. Mastroianni:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the fourth year of the transition therefore the rates are now 100% state-wide for this peer group.

In accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the privately operated acute care hospital peer group is \$7,063.07. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2020 for William W. Backus Hospital.

Medicaid Provider Number(s): 004041851 007228710

| | |
|---|------------|
| APR-DRG Base Rate | \$8,287.42 |
| Behavioral Health Per Diem Rate | \$994.50 |
| Behavioral Health Child Discharge Delay Per Diem Rate | \$845.33 |
| Rehabilitation Per Diem Rate | \$1,397.40 |
| Cost to Charge Ratio used in Outlier Calculations | 0.48316 |

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: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

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:

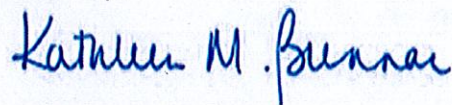
(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**

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

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

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: K. McEvoy
S. Ouellette
M. Gilbert
N. Holmes



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KATHLEEN M. BRENNAN
Deputy Commissioner

December 30, 2019

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 Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the fourth year of the transition therefore the rates are now 100% state-wide for this peer group.

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The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2020 for Bridgeport Hospital.

Bridgeport Hospital Medicaid Provider Number(s): 004041703 007228703

| | |
|---|------------|
| APR-DRG Base Rate | \$9,622.69 |
| Behavioral Health Per Diem Rate | \$1,071.00 |
| Behavioral Health Child Discharge Delay Per Diem Rate | \$910.35 |
| Rehabilitation Per Diem Rate | \$1,397.40 |
| Cost to Charge Ratio used in Outlier Calculations | 0.29897 |

Bridgeport Hospital Milford Campus Medicaid Provider Number(s): 008087732

| | |
|---|------------|
| APR-DRG Base Rate | \$8,287.42 |
| Behavioral Health Per Diem Rate | \$994.50 |
| Behavioral Health Child Discharge Delay Per Diem Rate | \$845.33 |
| Rehabilitation Per Diem Rate | \$1,397.40 |
| Cost to Charge Ratio used in Outlier Calculations | 0.46233 |

Mr. McCabe
December 30, 2019
Page 2 of 2

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: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

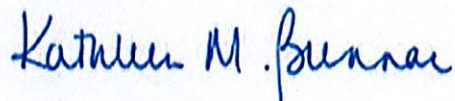
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: K. McEvoy
S. Ouellette
M. Gilbert
N. Holmes



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KATHLEEN M. BRENNAN
 Deputy Commissioner

December 30, 2019

Richard Braam
 Chief Financial Officer
 Bristol Hospital, Inc.
 Brewster Rd. P.O. Box 977
 Bristol CT 06011-0977

Dear Mr. Braam:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the fourth year of the transition therefore the rates are now 100% state-wide for this peer group.

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The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2020 for Bristol Hospital.

Medicaid Provider Number(s): 004041901 008085256

| | |
|---|------------|
| APR-DRG Base Rate | \$8,287.42 |
| Behavioral Health Per Diem Rate | \$994.50 |
| Behavioral Health Child Discharge Delay Per Diem Rate | \$845.33 |
| Rehabilitation Per Diem Rate | \$1,397.40 |
| Cost to Charge Ratio used in Outlier Calculations | 0.32953 |

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: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

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

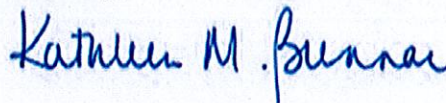
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: K. McEvoy
S. Ouellette
M. Gilbert
N. Holmes



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KATHLEEN M. BRENNAN
 Deputy Commissioner

December 30, 2019

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

Dear Mr. Curtin:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the fourth year of the transition therefore the rates are now 100% state-wide for this peer group.

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The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2020 for Hospital of Central Connecticut.

Medicaid Provider Number(s): 004041950 007228716

| | |
|---|------------|
| APR-DRG Base Rate | \$8,982.94 |
| Behavioral Health Per Diem Rate | \$994.50 |
| Behavioral Health Child Discharge Delay Per Diem Rate | \$845.33 |
| Rehabilitation Per Diem Rate | \$1,397.40 |
| Cost to Charge Ratio used in Outlier Calculations | 0.38473 |

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: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

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

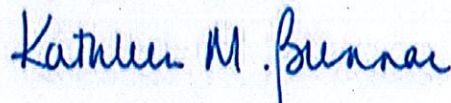
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: K. McEvoy
S. Ouellette
M. Gilbert
N. Holmes



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KATHLEEN M. BRENNAN
 Deputy Commissioner

December 30, 2019

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 Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the fourth year of the transition therefore the rates are now 100% state-wide for this peer group.

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The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2020 for Danbury Hospital.

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

| | |
|---|------------|
| APR-DRG Base Rate | \$9,354.29 |
| Behavioral Health Per Diem Rate | \$994.50 |
| Behavioral Health Child Discharge Delay Per Diem Rate | \$845.33 |
| Rehabilitation Per Diem Rate | \$1,397.40 |
| Cost to Charge Ratio used in Outlier Calculations | 0.35094 |

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

| | |
|---|------------|
| APR-DRG Base Rate | \$9,340.70 |
| Behavioral Health Per Diem Rate | \$994.50 |
| Behavioral Health Child Discharge Delay Per Diem Rate | \$845.33 |
| Rehabilitation Per Diem Rate | \$1,397.40 |
| Cost to Charge Ratio used in Outlier Calculations | 0.35094 |

Mr. Rosenberg
December 30, 2019
Page 2 of 2

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: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

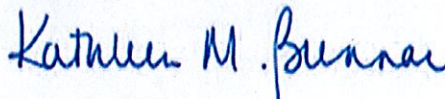
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: K. McEvoy
S. Ouellette
M. Gilbert
N. Holmes



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KATHLEEN M. BRENNAN
 Deputy Commissioner

December 30, 2019

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 Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the fourth year of the transition therefore the rates are now 100% state-wide for this peer group.

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The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2020 for Day Kimball Hospital.

Medicaid Provider Number(s): 004041638 007228698

| | |
|---|------------|
| APR-DRG Base Rate | \$8,287.42 |
| Behavioral Health Per Diem Rate | \$1,071.00 |
| Behavioral Health Child Discharge Delay Per Diem Rate | \$910.35 |
| Rehabilitation Per Diem Rate | \$1,397.40 |
| Cost to Charge Ratio used in Outlier Calculations | 0.52888 |

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: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

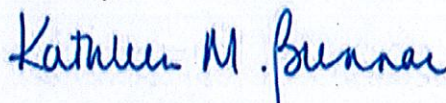
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Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: K. McEvoy
S. Ouellette
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KATHLEEN M. BRENNAN
 Deputy Commissioner

December 30, 2019

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 Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the fourth year of the transition therefore the rates are now 100% state-wide for this peer group.

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The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2020 for Greenwich Hospital.

Medicaid Provider Number(s): 004041786

| | |
|---|------------|
| APR-DRG Base Rate | \$8,877.35 |
| Behavioral Health Per Diem Rate | \$994.50 |
| Behavioral Health Child Discharge Delay Per Diem Rate | \$845.33 |
| Rehabilitation Per Diem Rate | \$1,397.40 |
| Cost to Charge Ratio used in Outlier Calculations | 0.30106 |

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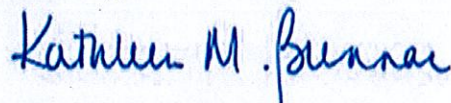
(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**

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

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

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: K. McEvoy
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 30, 2019

Alexander Balko
 VP/Finance/CFO
 Griffin Hospital
 130 Division St.
 Derby CT 06418-1377

Dear Mr. Balko:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the fourth year of the transition therefore the rates are now 100% state-wide for this peer group.

In accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the privately operated acute care hospital peer group is \$7,063.07. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2020 for Griffin Hospital.

Medicaid Provider Number(s): 004041927

| | |
|---|------------|
| APR-DRG Base Rate | \$9,438.36 |
| Behavioral Health Per Diem Rate | \$994.50 |
| Behavioral Health Child Discharge Delay Per Diem Rate | \$845.33 |
| Rehabilitation Per Diem Rate | \$1,397.40 |
| Cost to Charge Ratio used in Outlier Calculations | 0.29074 |

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: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

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:

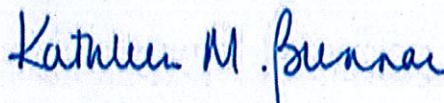
(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**

(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.

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

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: K. McEvoy
S. Ouellette
M. Gilbert
N. Holmes



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 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

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KATHLEEN M. BRENNAN
 Deputy Commissioner

December 30, 2019

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 Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the fourth year of the transition therefore the rates are now 100% state-wide for this peer group.

In accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the privately operated acute care hospital peer group is \$7,063.07. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2020 for Hartford Hospital.

Medicaid Provider Number(s): 004041869 008083214

| | |
|---|------------|
| APR-DRG Base Rate | \$9,509.00 |
| Behavioral Health Per Diem Rate | \$1,071.00 |
| Behavioral Health Child Discharge Delay Per Diem Rate | \$910.35 |
| Rehabilitation Per Diem Rate | \$1,397.40 |
| Cost to Charge Ratio used in Outlier Calculations | 0.31568 |

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: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

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

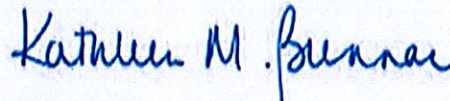
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: K. McEvoy
S. Ouellette
M. Gilbert
N. Holmes



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

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KATHLEEN M. BRENNAN
 Deputy Commissioner

December 30, 2019

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 Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the fourth year of the transition therefore the rates are now 100% state-wide for this peer group.

In accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the privately operated acute care hospital peer group is \$7,063.07. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2020 for Charlotte Hungerford Hospital.

Medicaid Provider Number(s): 004041711 007228705

| | |
|---|------------|
| APR-DRG Base Rate | \$8,287.42 |
| Behavioral Health Per Diem Rate | \$1,147.50 |
| Behavioral Health Child Discharge Delay Per Diem Rate | \$975.38 |
| Rehabilitation Per Diem Rate | \$1,397.40 |
| Cost to Charge Ratio used in Outlier Calculations | 0.46291 |

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: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

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

Ms. Schapp
December 30, 2019
Page 2 of 2

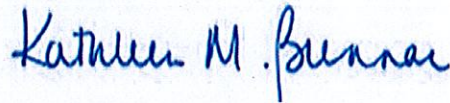
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You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov. **Please Note:** Pursuant to paragraph 58 of the settlement agreement, the hospital shall not file any requests for rehearing pursuant to Conn. Gen. Stat. § 17b-238(b) or any other actions, appeals, or proceedings specified therein. Any requests for rehearing are limited only to: (i) claims of arithmetical, clerical or other similar errors, or based on factual errors unrelated to the underlying payment methodology or such methodology's aggregate level of funding, in calculating Medicaid rates or Medicaid supplemental payments covered by the settlement agreement to an individual hospital or (ii) claims regarding matters not covered by the settlement agreement.

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

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: K. McEvoy
S. Ouellette
M. Gilbert
N. Holmes



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

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KATHLEEN M. BRENNAN
 Deputy Commissioner

December 30, 2019

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 Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the fourth year of the transition therefore the rates are now 100% state-wide for this peer group.

In accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the privately operated acute care hospital peer group is \$7,063.07. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2020 for Johnson Memorial Hospital.

Medicaid Provider Number(s): 004041687

| | |
|---|------------|
| APR-DRG Base Rate | \$8,287.42 |
| Behavioral Health Per Diem Rate | \$994.50 |
| Behavioral Health Child Discharge Delay Per Diem Rate | \$845.33 |
| Rehabilitation Per Diem Rate | \$1,397.40 |
| Cost to Charge Ratio used in Outlier Calculations | 0.52852 |

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: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

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

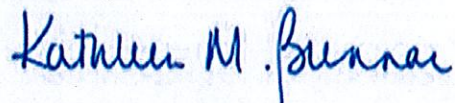
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: K. McEvoy
S. Ouellette
M. Gilbert
N. Holmes



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

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KATHLEEN M. BRENNAN
 Deputy Commissioner

December 30, 2019

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

Dear Mr. Allegretto:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the fourth year of the transition therefore the rates are now 100% state-wide for this peer group.

In accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the privately operated acute care hospital peer group is \$7,063.07. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2020 for Lawrence and Memorial Hospital.

Medicaid Provider Number(s): 004041679 007228701 007228702

| | |
|---|------------|
| APR-DRG Base Rate | \$8,305.38 |
| Behavioral Health Per Diem Rate | \$994.50 |
| Behavioral Health Child Discharge Delay Per Diem Rate | \$845.33 |
| Rehabilitation Per Diem Rate | \$1,397.40 |
| Cost to Charge Ratio used in Outlier Calculations | 0.53200 |

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: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

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. Allegretto
December 30, 2019
Page 2 of 2

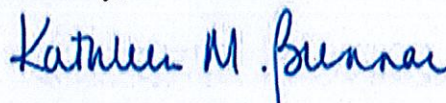
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You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov. **Please Note:** Pursuant to paragraph 58 of the settlement agreement, the hospital shall not file any requests for rehearing pursuant to Conn. Gen. Stat. § 17b-238(b) or any other actions, appeals, or proceedings specified therein. Any requests for rehearing are limited only to: (i) claims of arithmetical, clerical or other similar errors, or based on factual errors unrelated to the underlying payment methodology or such methodology's aggregate level of funding, in calculating Medicaid rates or Medicaid supplemental payments covered by the settlement agreement to an individual hospital or (ii) claims regarding matters not covered by the settlement agreement.

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

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: K. McEvoy
S. Ouellette
M. Gilbert
N. Holmes



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 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

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KATHLEEN M. BRENNAN
 Deputy Commissioner

December 30, 2019

Michael Veillette
 Senior Vice President, Finance
 ECHN c/o 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 Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the fourth year of the transition therefore the rates are now 100% state-wide for this peer group.

In accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the privately operated acute care hospital peer group is \$7,063.07. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2020 for Manchester Memorial Hospital.

Medicaid Provider Number(s): 008069211 008069212

| | |
|---|------------|
| APR-DRG Base Rate | \$9,018.79 |
| Behavioral Health Per Diem Rate | \$994.50 |
| Behavioral Health Child Discharge Delay Per Diem Rate | \$845.33 |
| Rehabilitation Per Diem Rate | \$1,397.40 |
| Cost to Charge Ratio used in Outlier Calculations | 0.29185 |

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: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

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. Veillette
December 30, 2019
Page 2 of 2

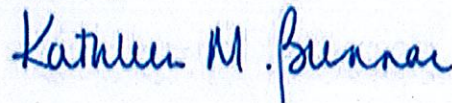
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You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov. **Please Note:** Pursuant to paragraph 58 of the settlement agreement, the hospital shall not file any requests for rehearing pursuant to Conn. Gen. Stat. § 17b-238(b) or any other actions, appeals, or proceedings specified therein. Any requests for rehearing are limited only to: (i) claims of arithmetical, clerical or other similar errors, or based on factual errors unrelated to the underlying payment methodology or such methodology's aggregate level of funding, in calculating Medicaid rates or Medicaid supplemental payments covered by the settlement agreement to an individual hospital or (ii) claims regarding matters not covered by the settlement agreement.

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

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: K. McEvoy
S. Ouellette
M. Gilbert
N. Holmes



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

KATHLEEN M. BRENNAN
 Deputy Commissioner

Telephone
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December 30, 2019

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

Dear Mr. Curtin:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the fourth year of the transition therefore the rates are now 100% state-wide for this peer group.

In accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the privately operated acute care hospital peer group is \$7,063.07. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2020 for MidState Medical Center.

Medicaid Provider Number(s): 004041778

| | |
|---|------------|
| APR-DRG Base Rate | \$8,287.42 |
| Behavioral Health Per Diem Rate | \$994.50 |
| Behavioral Health Child Discharge Delay Per Diem Rate | \$845.33 |
| Rehabilitation Per Diem Rate | \$1,397.40 |
| Cost to Charge Ratio used in Outlier Calculations | 0.37283 |

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: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

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. Curtin
December 30, 2019
Page 2 of 2

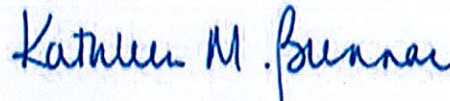
(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**

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

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

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: K. McEvoy
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 30, 2019

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 Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the fourth year of the transition therefore the rates are now 100% state-wide for this peer group.

In accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the privately operated acute care hospital peer group is \$7,063.07. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2020 for Middlesex Hospital.

Medicaid Provider Number(s): 004041810 007228707

| | |
|---|------------|
| APR-DRG Base Rate | \$8,794.56 |
| Behavioral Health Per Diem Rate | \$1,147.50 |
| Behavioral Health Child Discharge Delay Per Diem Rate | \$975.38 |
| Rehabilitation Per Diem Rate | \$1,397.40 |
| Cost to Charge Ratio used in Outlier Calculations | 0.30906 |

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: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

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

Ms. Martin
December 30, 2019
Page 2 of 2

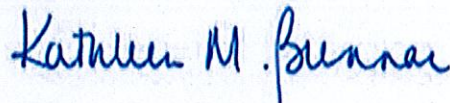
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(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description 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. **Please Note:** Pursuant to paragraph 58 of the settlement agreement, the hospital shall not file any requests for rehearing pursuant to Conn. Gen. Stat. § 17b-238(b) or any other actions, appeals, or proceedings specified therein. Any requests for rehearing are limited only to: (i) claims of arithmetical, clerical or other similar errors, or based on factual errors unrelated to the underlying payment methodology or such methodology's aggregate level of funding, in calculating Medicaid rates or Medicaid supplemental payments covered by the settlement agreement to an individual hospital or (ii) claims regarding matters not covered by the settlement agreement.

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

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: K. McEvoy
S. Ouellette
M. Gilbert
N. Holmes



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KATHLEEN M. BRENNAN
 Deputy Commissioner

December 30, 2019

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 Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the fourth year of the transition therefore the rates are now 100% state-wide for this peer group.

In accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the privately operated acute care hospital peer group is \$7,063.07. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2020 for Norwalk Hospital.

Medicaid Provider Number(s): 004041943

| | |
|---|------------|
| APR-DRG Base Rate | \$9,240.63 |
| Behavioral Health Per Diem Rate | \$1,147.50 |
| Behavioral Health Child Discharge Delay Per Diem Rate | \$975.38 |
| Rehabilitation Per Diem Rate | \$1,397.40 |
| Cost to Charge Ratio used in Outlier Calculations | 0.31530 |

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: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

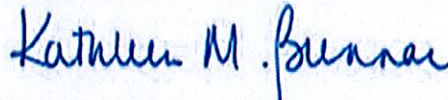
Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

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

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

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: K. McEvoy
S. Ouellette
M. Gilbert
N. Holmes



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KATHLEEN M. BRENNAN
 Deputy Commissioner

December 30, 2019

Michael Veillette
 Senior Vice President, Finance
 ECHN c/o 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 Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the fourth year of the transition therefore the rates are now 100% state-wide for this peer group.

In accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the privately operated acute care hospital peer group is \$7,063.07. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2020 for Rockville General Hospital.

Medicaid Provider Number(s): 008069217

| | |
|---|------------|
| APR-DRG Base Rate | \$8,358.61 |
| Behavioral Health Per Diem Rate | \$994.50 |
| Behavioral Health Child Discharge Delay Per Diem Rate | \$845.33 |
| Rehabilitation Per Diem Rate | \$1,397.40 |
| Cost to Charge Ratio used in Outlier Calculations | 0.27745 |

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: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

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:

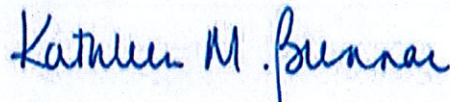
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(2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email or delivery of the detailed, written description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

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

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: K. McEvoy
S. Ouellette
M. Gilbert
N. Holmes



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 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

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KATHLEEN M. BRENNAN
 Deputy Commissioner

December 30, 2019

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 Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the fourth year of the transition therefore the rates are now 100% state-wide for this peer group.

In accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the privately operated acute care hospital peer group is \$7,063.07. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2020 for St. Francis Hospital and Medical Center.

Medicaid Provider Number(s): 004041620 007228696

| | |
|---|------------|
| APR-DRG Base Rate | \$9,470.10 |
| Behavioral Health Per Diem Rate | \$994.50 |
| Behavioral Health Child Discharge Delay Per Diem Rate | \$845.33 |
| Rehabilitation Per Diem Rate | \$1,397.40 |
| Cost to Charge Ratio used in Outlier Calculations | 0.37586 |

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: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

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

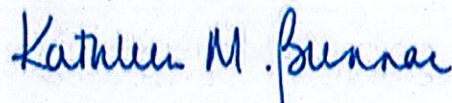
Mr. Bittner
December 30, 2019
Page 2 of 2

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

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

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: K. McEvoy
S. Ouellette
M. Gilbert
N. Holmes



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

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KATHLEEN M. BRENNAN
 Deputy Commissioner

December 30, 2019

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

Dear Mr. Hayes:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the fourth year of the transition therefore the rates are now 100% state-wide for this peer group.

In accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the privately operated acute care hospital peer group is \$7,063.07. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2020 for St. Mary's Hospital.

Medicaid Provider Number(s): 004041760

| | |
|---|------------|
| APR-DRG Base Rate | \$9,397.95 |
| Behavioral Health Per Diem Rate | \$994.50 |
| Behavioral Health Child Discharge Delay Per Diem Rate | \$845.33 |
| Rehabilitation Per Diem Rate | \$1,397.40 |
| Cost to Charge Ratio used in Outlier Calculations | 0.32117 |

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: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

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. Hayes
December 30, 2019
Page 2 of 2

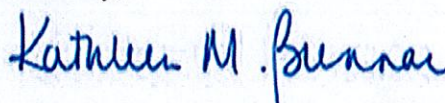
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You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov. **Please Note:** Pursuant to paragraph 58 of the settlement agreement, the hospital shall not file any requests for rehearing pursuant to Conn. Gen. Stat. § 17b-238(b) or any other actions, appeals, or proceedings specified therein. Any requests for rehearing are limited only to: (i) claims of arithmetical, clerical or other similar errors, or based on factual errors unrelated to the underlying payment methodology or such methodology's aggregate level of funding, in calculating Medicaid rates or Medicaid supplemental payments covered by the settlement agreement to an individual hospital or (ii) claims regarding matters not covered by the settlement agreement.

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

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: K. McEvoy
S. Ouellette
M. Gilbert
N. Holmes



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 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

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KATHLEEN M. BRENNAN
 Deputy Commissioner

December 30, 2019

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

Dear Mr. Given:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the fourth year of the transition therefore the rates are now 100% state-wide for this peer group.

In accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the privately operated acute care hospital peer group is \$7,063.07. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2020 for St. Vincent's Medical Center.

Medicaid Provider Number(s): 004041893 007228712 007228713

| | |
|---|------------|
| APR-DRG Base Rate | \$9,043.24 |
| Behavioral Health Per Diem Rate | \$994.50 |
| Behavioral Health Child Discharge Delay Per Diem Rate | \$845.33 |
| Rehabilitation Per Diem Rate | \$1,397.40 |
| Cost to Charge Ratio used in Outlier Calculations | 0.30719 |

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: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

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. Given
December 30, 2019
Page 2 of 2

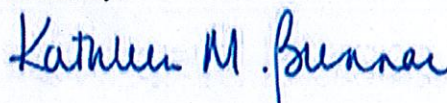
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You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov. **Please Note:** Pursuant to paragraph 58 of the settlement agreement, the hospital shall not file any requests for rehearing pursuant to Conn. Gen. Stat. § 17b-238(b) or any other actions, appeals, or proceedings specified therein. Any requests for rehearing are limited only to: (i) claims of arithmetical, clerical or other similar errors, or based on factual errors unrelated to the underlying payment methodology or such methodology's aggregate level of funding, in calculating Medicaid rates or Medicaid supplemental payments covered by the settlement agreement to an individual hospital or (ii) claims regarding matters not covered by the settlement agreement.

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

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: K. McEvoy
S. Ouellette
M. Gilbert
N. Holmes



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

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KATHLEEN M. BRENNAN
 Deputy Commissioner

December 30, 2019

Katherine Bacher
 Chief Financial Officer
 Sharon Hospital, Nuvance Health
 50 Hospital Hill P.O. Box 789
 Sharon CT 06069-0789

Dear Ms. Bacher:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the fourth year of the transition therefore the rates are now 100% state-wide for this peer group.

In accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the privately operated acute care hospital peer group is \$7,063.07. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2020 for Sharon Hospital.

Medicaid Provider Number(s): 008074563 008074564

| | |
|---|------------|
| APR-DRG Base Rate | \$8,287.42 |
| Behavioral Health Per Diem Rate | \$994.50 |
| Behavioral Health Child Discharge Delay Per Diem Rate | \$845.33 |
| Rehabilitation Per Diem Rate | \$1,397.40 |
| Cost to Charge Ratio used in Outlier Calculations | 0.42536 |

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: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

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:

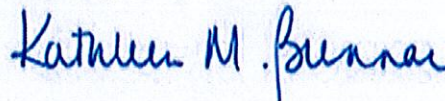
(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**

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

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

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: K. McEvoy
S. Ouellette
M. Gilbert
N. Holmes



STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF THE DEPUTY COMMISSIONER

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Facsimile
 (860) 424-4860
TDD
 1-800-842-4524

KATHLEEN M. BRENNAN
 Deputy Commissioner

December 30, 2019

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

Dear Ms. Silard:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the fourth year of the transition therefore the rates are now 100% state-wide for this peer group.

In accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the privately operated acute care hospital peer group is \$7,063.07. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2020 for Stamford Hospital.

Medicaid Provider Number(s): 004041661 007228699

| | |
|---|------------|
| APR-DRG Base Rate | \$9,229.75 |
| Behavioral Health Per Diem Rate | \$1,147.50 |
| Behavioral Health Child Discharge Delay Per Diem Rate | \$975.38 |
| Rehabilitation Per Diem Rate | \$1,397.40 |
| Cost to Charge Ratio used in Outlier Calculations | 0.32111 |

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: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

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

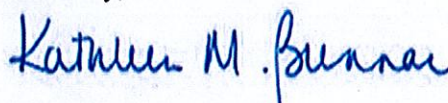
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: K. McEvoy
S. Ouellette
M. Gilbert
N. Holmes



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KATHLEEN M. BRENNAN
 Deputy Commissioner

December 30, 2019

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

Dear Mr. Golino:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the fourth year of the transition therefore the rates are now 100% state-wide for this peer group.

In accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the privately operated acute care hospital peer group is \$7,063.07. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2020 for Waterbury Hospital.

Medicaid Provider Number(s): 008069222

| | |
|---|------------|
| APR-DRG Base Rate | \$9,072.56 |
| Behavioral Health Per Diem Rate | \$994.50 |
| Behavioral Health Child Discharge Delay Per Diem Rate | \$845.33 |
| Rehabilitation Per Diem Rate | \$1,397.40 |
| Cost to Charge Ratio used in Outlier Calculations | 0.24104 |

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: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

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. Golino
December 30, 2019
Page 2 of 2

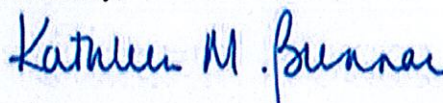
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: K. McEvoy
S. Ouellette
M. Gilbert
N. Holmes



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KATHLEEN M. BRENNAN
 Deputy Commissioner

December 30, 2019

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

Dear Mr. Mastroianni:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the fourth year of the transition therefore the rates are now 100% state-wide for this peer group.

In accordance with the hospital settlement agreement between the state and the hospitals, including your hospital, and implementing legislation for the settlement agreement (Senate Bill 1221 of the December 2019 special session), the statewide base rate for the privately operated acute care hospital peer group is \$7,063.07. Annual updates are made to that amount for Indirect Medical Education (IME) and wage index in accordance with the settlement agreement and implementing legislation. All of these terms are subject to the applicability of the settlement agreement as currently signed and remain subject to adjustment if the settlement agreement is terminated or amended in accordance with its terms.

The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2020 for Windham Community Memorial Hospital.

Medicaid Provider Number(s): 004041828

| | |
|---|------------|
| APR-DRG Base Rate | \$8,287.42 |
| Behavioral Health Per Diem Rate | \$994.50 |
| Behavioral Health Child Discharge Delay Per Diem Rate | \$845.33 |
| Rehabilitation Per Diem Rate | \$1,397.40 |
| Cost to Charge Ratio used in Outlier Calculations | 0.54024 |

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: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

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

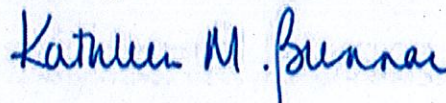
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: K. McEvoy
S. Ouellette
M. Gilbert
N. Holmes



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KATHLEEN M. BRENNAN
 Deputy Commissioner

December 30, 2019

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 Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the fourth year of the transition therefore the rates are now 100% state-wide for this peer group.

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The prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2020 for Yale-New Haven Hospital.

Medicaid Provider Number(s): 004041836 007228708 007228709

| | |
|---|-------------|
| APR-DRG Base Rate | \$10,546.40 |
| Behavioral Health Per Diem Rate | \$1,071.00 |
| Behavioral Health Child Discharge Delay Per Diem Rate | \$910.35 |
| Rehabilitation Per Diem Rate | \$1,397.40 |
| Cost to Charge Ratio used in Outlier Calculations | 0.28794 |

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: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement/Fees>.

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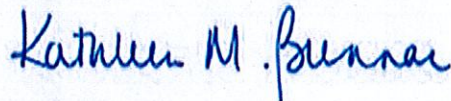
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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: K. McEvoy
S. Ouellette
M. Gilbert
N. Holmes