

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D.
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

December 11, 2023

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

Dear Mr. Mastroianni:

Pursuant to section 17b-239 of the Connecticut General Statutes and 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 non-governmental licensed short-term hospital peer group is \$7,645.30. 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, 2024 for William W. Backus Hospital.

Medicaid Provider Number(s): 004041851 007228710

APR-DRG Base Rate	\$8,956.99
Behavioral Health Per Diem Rate	\$1,076.48
Behavioral Health Child Discharge Delay Per Diem Rate	\$915.01
Rehabilitation Per Diem Rate	\$1,512.59
Cost to Charge Ratio used in Outlier Calculations	0.30186

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:

Phone: (860) 424-5053 • Fax: (860) 424-5057
TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
www.ct.gov/dss

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Mr. Mastroianni
December 11, 2023
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 Roland Claudomir of the Reimbursement and Certificate of Need unit at 860-424-4806 or Roland.Claudomir@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D.
Commissioner



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OFFICE OF THE COMMISSIONER

December 11, 2023

Eugene J. Colucci
Sr. V.P. Finance/CFO
Bridgeport Hospital
267 Grant St. P.O. Box 5000
Bridgeport CT 06610-0120

Dear Mr. Colucci:

Pursuant to section 17b-239 of the Connecticut General Statutes and 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 non-governmental licensed short-term hospital peer group is \$7,645.30. 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, 2024 for Bridgeport Hospital.

Bridgeport Hospital Medicaid Provider Number(s): 004041703 007228703

APR-DRG Base Rate	\$10,244.37
Behavioral Health Per Diem Rate	\$1,159.28
Behavioral Health Child Discharge Delay Per Diem Rate	\$985.39
Rehabilitation Per Diem Rate	\$1,512.59
Cost to Charge Ratio used in Outlier Calculations	0.30646

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

APR-DRG Base Rate	\$8,956.99
Behavioral Health Per Diem Rate	\$1,076.48
Behavioral Health Child Discharge Delay Per Diem Rate	\$915.01
Rehabilitation Per Diem Rate	\$1,512.59
Cost to Charge Ratio used in Outlier Calculations	0.30646

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

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Mr. Colucci
December 11, 2023
Page 2 of 2

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Any questions or correspondence should be directed to Roland Claudomir of the Reimbursement and Certificate of Need unit at 860-424-4806 or Roland.Claudomir@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes

STATE OF CONNECTICUT

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OFFICE OF THE COMMISSIONER

December 11, 2023

Kurt Barwis
President, CEO & CFO
Bristol Hospital, Inc.
Brewster Rd. P.O. Box 977
Bristol CT 06011-0977

Dear Mr. Barwis:

Pursuant to section 17b-239 of the Connecticut General Statutes and 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 non-governmental licensed short-term hospital peer group is \$7,645.30. 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, 2024 for Bristol Hospital.

Medicaid Provider Number(s): 004041901 008085256

APR-DRG Base Rate	\$8,956.99
Behavioral Health Per Diem Rate	\$1,076.48
Behavioral Health Child Discharge Delay Per Diem Rate	\$915.01
Rehabilitation Per Diem Rate	\$1,512.59
Cost to Charge Ratio used in Outlier Calculations	0.35533

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 Roland Claudomir of the Reimbursement and Certificate of Need unit at 860-424-4806 or Roland.Claudomir@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D.
Commissioner



Ned Lamont
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OFFICE OF THE COMMISSIONER

December 11, 2023

Bridgett Feagin
SVP & Chief Financial Officer
Connecticut Children's Medical Center
282 Washington St.
Hartford CT 06106

Dear Ms. Feagin:

Pursuant to section 17b-239 of the Connecticut General Statutes and in accordance with the Medicaid State Plan, specifically State Plan Amendment 20-0001, the prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2024 for Connecticut Children's Medical Center.

Medicaid Provider Number(s): 004159960

APR-DRG Base Rate	\$11,582.51
Behavioral Health Per Diem Rate	\$975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.37587

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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Ms. Feagin
December 11, 2023
Page 2 of 2

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 Roland Claudomir of the Reimbursement and Certificate of Need unit at 860-424-4806 or Roland.Claudomir@ct.gov.

Sincerely,

A handwritten signature in cursive script, appearing to read "AB Reeves", written in black ink.

Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes

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DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D.
Commissioner



Ned Lamont
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Lt. Governor

OFFICE OF THE COMMISSIONER

December 11, 2023

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

Dear Mr. Curtin:

Pursuant to section 17b-239 of the Connecticut General Statutes and 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 non-governmental licensed short-term hospital peer group is \$7,645.30. 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, 2024 for Hospital of Central CT.

Medicaid Provider Number(s): 004041950 007228716

APR-DRG Base Rate	\$9,793.82
Behavioral Health Per Diem Rate	\$1,076.48
Behavioral Health Child Discharge Delay Per Diem Rate	\$915.01
Rehabilitation Per Diem Rate	\$1,512.59
Cost to Charge Ratio used in Outlier Calculations	0.29082

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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Mr. Curtin
December 11, 2023
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 Roland Claudomir of the Reimbursement and Certificate of Need unit at 860-424-4806 or Roland.Claudomir@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes

STATE OF CONNECTICUT

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Lt. Governor

OFFICE OF THE COMMISSIONER

December 11, 2023

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 Connecticut General Statutes and 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 non-governmental licensed short-term hospital peer group is \$7,645.30. 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, 2024 for Danbury Hospital.

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

APR-DRG Base Rate	\$10,347.65
Behavioral Health Per Diem Rate	\$1,076.48
Behavioral Health Child Discharge Delay Per Diem Rate	\$915.01
Rehabilitation Per Diem Rate	\$1,512.59
Cost to Charge Ratio used in Outlier Calculations	0.30528

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

APR-DRG Base Rate	\$10,332.74
Behavioral Health Per Diem Rate	\$1,076.48
Behavioral Health Child Discharge Delay Per Diem Rate	\$915.01
Rehabilitation Per Diem Rate	\$1,512.59
Cost to Charge Ratio used in Outlier Calculations	0.30528

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

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Mr. Rosenberg
December 11, 2023
Page 2 of 2

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Sincerely,



Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes

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Commissioner



Ned Lamont
Governor
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Lt. Governor

OFFICE OF THE COMMISSIONER

December 11, 2023

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

Dear Mr. Beaudoin:

Pursuant to section 17b-239 of the Connecticut General Statutes and 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 non-governmental licensed short-term hospital peer group is \$7,645.30. 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, 2024 for Day Kimball Hospital.

Medicaid Provider Number(s): 004041638 007228698

APR-DRG Base Rate	\$8,956.99
Behavioral Health Per Diem Rate	\$1,159.28
Behavioral Health Child Discharge Delay Per Diem Rate	\$985.39
Rehabilitation Per Diem Rate	\$1,512.59
Cost to Charge Ratio used in Outlier Calculations	0.42748

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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Mr. Beaudoin
December 11, 2023
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 Roland Claudomir of the Reimbursement and Certificate of Need unit at 860-424-4806 or Roland.Claudomir@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes

STATE OF CONNECTICUT

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Commissioner



Ned Lamont
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Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

December 11, 2023

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 Connecticut General Statutes and in accordance with the Medicaid State Plan, specifically State Plan Amendment 20-0001, the prospective inpatient Medicaid rates are listed below effective for discharges on or after January 1, 2024 for John Dempsey Hospital.

Medicaid Provider Number(s): 004041968 007228718

APR-DRG Base Rate	\$12,439.33
Behavioral Health Per Diem Rate	\$1,125.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$956.25
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.45957

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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Mr. Geoghegan
December 11, 2023
Page 2 of 2

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Any questions or correspondence should be directed to Roland Claudomir of the Reimbursement and Certificate of Need unit at 860-424-4806 or Roland.Claudomir@ct.gov.

Sincerely,

A handwritten signature in cursive script, appearing to read "AB Reeves".

Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes

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Lt. Governor

OFFICE OF THE COMMISSIONER

December 11, 2023

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 Connecticut General Statutes and 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 non-governmental licensed short-term hospital peer group is \$7,645.30. 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, 2024 for Greenwich Hospital.

Medicaid Provider Number(s): 004041786

APR-DRG Base Rate	\$9,647.42
Behavioral Health Per Diem Rate	\$1,076.48
Behavioral Health Child Discharge Delay Per Diem Rate	\$915.01
Rehabilitation Per Diem Rate	\$1,512.59
Cost to Charge Ratio used in Outlier Calculations	0.35279

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:

Phone: (860) 424-5053 • Fax: (860) 424-5057
TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
www.ct.gov/dss

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Mr. Colucci
December 11, 2023
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 Roland Claudomir of the Reimbursement and Certificate of Need unit at 860-424-4806 or Roland.Claudomir@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D.
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

December 11, 2023

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

Dear Mr. Balko:

Pursuant to section 17b-239 of the Connecticut General Statutes and 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 non-governmental licensed short-term hospital peer group is \$7,645.30. 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, 2024 for Griffin Hospital.

Medicaid Provider Number(s): 004041927

APR-DRG Base Rate	\$10,176.60
Behavioral Health Per Diem Rate	\$1,076.48
Behavioral Health Child Discharge Delay Per Diem Rate	\$915.01
Rehabilitation Per Diem Rate	\$1,512.59
Cost to Charge Ratio used in Outlier Calculations	0.24569

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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TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
www.ct.gov/dss

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Mr. Balko
December 11, 2023
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.

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Any questions or correspondence should be directed to Roland Claudomir of the Reimbursement and Certificate of Need unit at 860-424-4806 or Roland.Claudomir@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D.
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

December 11, 2023

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 Connecticut General Statutes and 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 non-governmental licensed short-term hospital peer group is \$7,645.30. 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, 2024 for Hartford Hospital.

Medicaid Provider Number(s): 004041869 008083214

APR-DRG Base Rate	\$10,500.55
Behavioral Health Per Diem Rate	\$1,159.28
Behavioral Health Child Discharge Delay Per Diem Rate	\$985.39
Rehabilitation Per Diem Rate	\$1,512.59
Cost to Charge Ratio used in Outlier Calculations	0.25479

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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TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
www.ct.gov/dss

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Any questions or correspondence should be directed to Roland Claudomir of the Reimbursement and Certificate of Need unit at 860-424-4806 or Roland.Claudomir@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D.
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

December 11, 2023

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 Connecticut General Statutes and 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 non-governmental licensed short-term hospital peer group is \$7,645.30. 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, 2024 for Charlotte Hungerford Hospital.

Medicaid Provider Number(s): 004041711 007228705

APR-DRG Base Rate	\$8,956.99
Behavioral Health Per Diem Rate	\$1,242.09
Behavioral Health Child Discharge Delay Per Diem Rate	\$1,055.78
Rehabilitation Per Diem Rate	\$1,512.59
Cost to Charge Ratio used in Outlier Calculations	0.34514

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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TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
www.ct.gov/dss

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Any questions or correspondence should be directed to Roland Claudomir of the Reimbursement and Certificate of Need unit at 860-424-4806 or Roland.Claudomir@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D.
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

December 11, 2023

Jennifer Schneider
Regional Chief Financial Officer
Trinity Health of New England
1000 Asylum Street, 5th Floor
Hartford CT 06105

Dear Ms. Schneider:

Pursuant to section 17b-239 of the Connecticut General Statutes and 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 non-governmental licensed short-term hospital peer group is \$7,645.30. 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, 2024 for Johnson Memorial Hospital.

Medicaid Provider Number(s): 004041687

APR-DRG Base Rate	\$8,956.99
Behavioral Health Per Diem Rate	\$1,076.48
Behavioral Health Child Discharge Delay Per Diem Rate	\$915.01
Rehabilitation Per Diem Rate	\$1,512.59
Cost to Charge Ratio used in Outlier Calculations	0.54001

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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TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
www.ct.gov/dss

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Any questions or correspondence should be directed to Roland Claudomir of the Reimbursement and Certificate of Need unit at 860-424-4806 or Roland.Claudomir@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D.
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

December 11, 2023

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

Dear Mr. Allegretto:

Pursuant to section 17b-239 of the Connecticut General Statutes and 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 non-governmental licensed short-term hospital peer group is \$7,645.30. 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, 2024 for Lawrence and Memorial Hospital.

Medicaid Provider Number(s): 004041679 007228701 007228702

APR-DRG Base Rate	\$8,976.41
Behavioral Health Per Diem Rate	\$1,076.48
Behavioral Health Child Discharge Delay Per Diem Rate	\$915.01
Rehabilitation Per Diem Rate	\$1,512.59
Cost to Charge Ratio used in Outlier Calculations	0.46061

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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TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
www.ct.gov/dss

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Any questions or correspondence should be directed to Roland Claudomir of the Reimbursement and Certificate of Need unit at 860-424-4806 or Roland.Claudomir@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D.
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

December 11, 2023

Nicholas Jamieson
Chief Financial Officer
ECHN c/o Manchester Memorial Hospital
71 Haynes St.
Manchester CT 06040-4188

Dear Mr. Jamieson:

Pursuant to section 17b-239 of the Connecticut General Statutes and 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 non-governmental licensed short-term hospital peer group is \$7,645.30. 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, 2024 for Manchester Memorial Hospital.

Medicaid Provider Number(s): 008069211 008069212

APR-DRG Base Rate	\$9,564.36
Behavioral Health Per Diem Rate	\$1,076.48
Behavioral Health Child Discharge Delay Per Diem Rate	\$915.01
Rehabilitation Per Diem Rate	\$1,512.59
Cost to Charge Ratio used in Outlier Calculations	0.35961

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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TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
www.ct.gov/dss

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Any questions or correspondence should be directed to Roland Claudomir of the Reimbursement and Certificate of Need unit at 860-424-4806 or Roland.Claudomir@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D.
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

December 11, 2023

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

Dear Mr. Curtin:

Pursuant to section 17b-239 of the Connecticut General Statutes and 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 non-governmental licensed short-term hospital peer group is \$7,645.30. 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, 2024 for MidState Medical Center.

Medicaid Provider Number(s): 004041778

APR-DRG Base Rate	\$8,956.99
Behavioral Health Per Diem Rate	\$1,076.48
Behavioral Health Child Discharge Delay Per Diem Rate	\$915.01
Rehabilitation Per Diem Rate	\$1,512.59
Cost to Charge Ratio used in Outlier Calculations	0.33875

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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TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
www.ct.gov/dss

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Mr. Curtin
December 11, 2023
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 Roland Claudomir of the Reimbursement and Certificate of Need unit at 860-424-4806 or Roland.Claudomir@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D.
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

December 11, 2023

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

Dear Ms. Martin:

Pursuant to section 17b-239 of the Connecticut General Statutes and 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 non-governmental licensed short-term hospital peer group is \$7,645.30. 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, 2024 for Middlesex Hospital.

Medicaid Provider Number(s): 004041810 007228707

APR-DRG Base Rate	\$9,556.87
Behavioral Health Per Diem Rate	\$1,242.09
Behavioral Health Child Discharge Delay Per Diem Rate	\$1,055.78
Rehabilitation Per Diem Rate	\$1,512.59
Cost to Charge Ratio used in Outlier Calculations	0.30738

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:

Phone: (860) 424-5053 • Fax: (860) 424-5057
TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
www.ct.gov/dss

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Ms. Martin
December 11, 2023
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 Roland Claudomir of the Reimbursement and Certificate of Need unit at 860-424-4806 or Roland.Claudomir@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D.
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

December 11, 2023

Steven H. Rosenberg
Sr. VP & CFO
Norwalk Hospital
Maple St.
Norwalk CT 06856-5050

Dear Mr. Rosenberg:

Pursuant to section 17b-239 of the Connecticut General Statutes and 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 non-governmental licensed short-term hospital peer group is \$7,645.30. 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, 2024 for Norwalk Hospital.

Medicaid Provider Number(s): 004041943

APR-DRG Base Rate	\$10,342.98
Behavioral Health Per Diem Rate	\$1,242.09
Behavioral Health Child Discharge Delay Per Diem Rate	\$1,055.78
Rehabilitation Per Diem Rate	\$1,512.59
Cost to Charge Ratio used in Outlier Calculations	0.28620

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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TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
www.ct.gov/dss

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Any questions or correspondence should be directed to Roland Claudomir of the Reimbursement and Certificate of Need unit at 860-424-4806 or Roland.Claudomir@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D.
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

December 11, 2023

Nicholas Jamieson
Chief Financial Officer
ECHN c/o Rockville Hospital
31 Union St.
Vernon CT 06066-3160

Dear Mr. Jamieson:

Pursuant to section 17b-239 of the Connecticut General Statutes and 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 non-governmental licensed short-term hospital peer group is \$7,645.30. 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, 2024 for Rockville General Hospital.

Medicaid Provider Number(s): 008069217

APR-DRG Base Rate	\$9,002.48
Behavioral Health Per Diem Rate	\$1,076.48
Behavioral Health Child Discharge Delay Per Diem Rate	\$915.01
Rehabilitation Per Diem Rate	\$1,512.59
Cost to Charge Ratio used in Outlier Calculations	0.98806

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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TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
www.ct.gov/dss

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Any questions or correspondence should be directed to Roland Claudomir of the Reimbursement and Certificate of Need unit at 860-424-4806 or Roland.Claudomir@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D.
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

December 11, 2023

Jennifer Schneider
Regional Chief Financial Officer
Trinity Health of New England
1000 Asylum Street, 5th Floor
Hartford CT 06105

Dear Ms. Schneider:

Pursuant to section 17b-239 of the Connecticut General Statutes and 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 non-governmental licensed short-term hospital peer group is \$7,645.30. 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, 2024 for St. Francis Hospital and Medical Center.

Medicaid Provider Number(s): 004041620 007228696

APR-DRG Base Rate	\$10,351.63
Behavioral Health Per Diem Rate	\$1,076.48
Behavioral Health Child Discharge Delay Per Diem Rate	\$915.01
Rehabilitation Per Diem Rate	\$1,512.59
Cost to Charge Ratio used in Outlier Calculations	0.31499

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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TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
www.ct.gov/dss

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Any questions or correspondence should be directed to Roland Claudomir of the Reimbursement and Certificate of Need unit at 860-424-4806 or Roland.Claudomir@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D.
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

December 11, 2023

Jennifer Schneider
Regional Chief Financial Officer
Trinity Health of New England
1000 Asylum Street, 5th Floor
Hartford CT 06105

Dear Ms. Schneider:

Pursuant to section 17b-239 of the Connecticut General Statutes and 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 non-governmental licensed short-term hospital peer group is \$7,645.30. 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, 2024 for St. Mary's Hospital.

Medicaid Provider Number(s): 004041760

APR-DRG Base Rate	\$10,234.87
Behavioral Health Per Diem Rate	\$1,076.48
Behavioral Health Child Discharge Delay Per Diem Rate	\$915.01
Rehabilitation Per Diem Rate	\$1,512.59
Cost to Charge Ratio used in Outlier Calculations	0.28449

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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TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
www.ct.gov/dss

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Any questions or correspondence should be directed to Roland Claudomir of the Reimbursement and Certificate of Need unit at 860-424-4806 or Roland.Claudomir@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D.
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

December 11, 2023

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

Dear Mr. Given:

Pursuant to section 17b-239 of the Connecticut General Statutes and 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 non-governmental licensed short-term hospital peer group is \$7,645.30. 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, 2024 for St. Vincent's Medical Center.

Medicaid Provider Number(s): 008090984 008091076 008091079

APR-DRG Base Rate	\$9,715.17
Behavioral Health Per Diem Rate	\$1,076.48
Behavioral Health Child Discharge Delay Per Diem Rate	\$915.01
Rehabilitation Per Diem Rate	\$1,512.59
Cost to Charge Ratio used in Outlier Calculations	0.25476

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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E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
www.ct.gov/dss

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Mr. Given
December 11, 2023
Page 2 of 2

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

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Sincerely,



Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D.
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

December 11, 2023

Steven H. Rosenberg
Chief Financial Officer
Sharon Hospital, Inc.
50 Hospital Hill P.O. Box 789
Sharon CT 06069-0789

Dear Mr. Rosenberg:

Pursuant to section 17b-239 of the Connecticut General Statutes and 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 non-governmental licensed short-term hospital peer group is \$7,645.30. 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, 2024 for Sharon Hospital.

Medicaid Provider Number(s): 008074563 008074564

APR-DRG Base Rate	\$8,956.99
Behavioral Health Per Diem Rate	\$1,076.48
Behavioral Health Child Discharge Delay Per Diem Rate	\$915.01
Rehabilitation Per Diem Rate	\$1,512.59
Cost to Charge Ratio used in Outlier Calculations	0.55294

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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TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
www.ct.gov/dss

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Any questions or correspondence should be directed to Roland Claudomir of the Reimbursement and Certificate of Need unit at 860-424-4806 or Roland.Claudomir@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D.
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

December 11, 2023

Michael Veillette
Senior VP, Finance & CFO
Stamford Hospital
Shelburne Rd. and West Broad St. P.O. Box 9317
Stamford CT 06904-9317

Dear Mr. Veillette:

Pursuant to section 17b-239 of the Connecticut General Statutes and 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 non-governmental licensed short-term hospital peer group is \$7,645.30. 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, 2024 for Stamford Hospital.

Medicaid Provider Number(s): 004041661 007228699

APR-DRG Base Rate	\$9,978.20
Behavioral Health Per Diem Rate	\$1,242.09
Behavioral Health Child Discharge Delay Per Diem Rate	\$1,055.78
Rehabilitation Per Diem Rate	\$1,512.59
Cost to Charge Ratio used in Outlier Calculations	0.26757

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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Hartford, Connecticut 06105-3730
www.ct.gov/dss

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Mr. Veillette
December 11, 2023
Page 2 of 2

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

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Sincerely,



Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D.
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

December 11, 2023

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

Dear Mr. Phillips:

Pursuant to section 17b-239 of the Connecticut General Statutes and 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 non-governmental licensed short-term hospital peer group is \$7,645.30. 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, 2024 for Waterbury Hospital.

Medicaid Provider Number(s): 008069222

APR-DRG Base Rate	\$9,816.60
Behavioral Health Per Diem Rate	\$1,076.48
Behavioral Health Child Discharge Delay Per Diem Rate	\$915.01
Rehabilitation Per Diem Rate	\$1,512.59
Cost to Charge Ratio used in Outlier Calculations	0.27684

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:

Phone: (860) 424-5053 • Fax: (860) 424-5057
TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
www.ct.gov/dss

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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 Roland Claudomir of the Reimbursement and Certificate of Need unit at 860-424-4806 or Roland.Claudomir@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D.
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

December 11, 2023

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

Dear Mr. Mastroianni:

Pursuant to section 17b-239 of the Connecticut General Statutes and 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 non-governmental licensed short-term hospital peer group is \$7,645.30. 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, 2024 for Windham Community Memorial Hospital.

Medicaid Provider Number(s): 004041828

APR-DRG Base Rate	\$8,956.99
Behavioral Health Per Diem Rate	\$1,076.48
Behavioral Health Child Discharge Delay Per Diem Rate	\$915.01
Rehabilitation Per Diem Rate	\$1,512.59
Cost to Charge Ratio used in Outlier Calculations	0.35587

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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Mr. Mastroianni
December 11, 2023
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 Roland Claudomir of the Reimbursement and Certificate of Need unit at 860-424-4806 or Roland.Claudomir@ct.gov.

Sincerely,



Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D.
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

December 11, 2023

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

Dear Mr. Tammaro:

Pursuant to section 17b-239 of the Connecticut General Statutes and 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 non-governmental licensed short-term hospital peer group is \$7,645.30. 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, 2024 for Yale-New Haven Hospital.

Medicaid Provider Number(s): 004041836 007228708 007228709

APR-DRG Base Rate	\$11,629.15
Behavioral Health Per Diem Rate	\$1,159.28
Behavioral Health Child Discharge Delay Per Diem Rate	\$985.39
Rehabilitation Per Diem Rate	\$1,512.59
Cost to Charge Ratio used in Outlier Calculations	0.30224

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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Mr. Tammaro
December 11, 2023
Page 2 of 2

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Sincerely,



Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: N. Godburn
S. Ouellette
N. Venditto
N. Holmes