August 2, 2010

RE: Special Act No. 10-7 Task Force Study of Medicaid LTC Discharges

Dear Hospital Chief Financial Officer:

On July 1, 2010, I sent to you a letter requesting your participation in a survey to capture data on Medicaid patient discharges to long-term care facilities.

The survey was developed to obtain data pertinent to Special Act No. 10-7, which established a task force to study the period of time that Medicaid residents remain in acute care hospitals before transfer to a long-term care facility. The task force report is due to the legislative committees by October 1, 2010.

On July 20, 2010, we notified you that the requested data for Non Medicaid patients would likely change to address the potential for the disclosure of patient identifying information as safeguarded under HIPAA. The attached revised survey for Non Medicaid patients was developed in conjunction with CHA and DSS staff attorneys having expertise with HIPAA. The July 1, 2010 survey forwarded to you for Medicaid Recipients has not been changed.

Please be reminded that the survey covers the time period of July 12, 2010 through August 8, 2010. The completed surveys should be returned by August 16, 2010 to Betsy Bujwid at the State of Connecticut, Department of Social Services, Office of CON and Rate Setting, 25 Sigourney Street, Hartford, CT 06106, or emailed to Betsy.Bujwid@ct.gov, or sent by facsimile (860-424-4812).

Should you have any questions, please contact Betsy Bujwid (860-424-5102) at the Office of CON and Rate Setting. Thank you for your assistance with this legislative study.

Sincerely,

[Signature]

Gary M. Richter, Director
Office of CON and Rate Setting

cc: Michael P. Starkowski, Commissioner
    Mark Schaefer, Director, Medical Care Administration
    Connecticut Hospital Association
STATE OF CONNECTICUT - Department of Social Services

Hospital Survey Covering July 12, 2010 through August 8, 2010 (Due August 16, 2010)
Discharge of Non Medicaid Recipients from Acute Care Setting to Nursing Facilities

NON MEDICAID PATIENTS

Please complete the table below regarding non Medicaid recipients who remained in your hospital after being medically cleared. Continue on additional sheet, as necessary. If days for patients proceed July 12, 2010, please provide the applicable information for the patient on the survey (e.g. patient cleared for discharge on July 8th and remained an inpatient through July 14th). Please contact Betsy Bigvild at 860-424-5102 or Betsy.Bigvild@ct.gov with any questions.

Even though the data being requested does not include any specific patient identifiers, please make sure to only include information in your responses from which there is no reasonable basis to believe that the information provided could be used to identify a person.

<table>
<thead>
<tr>
<th>Patient (1, 2, 3, etc.)</th>
<th>Payors (Medicare, Private Pay, and/or Commercial Insurance)</th>
<th>If Medicare, Meets Part A SNF Coverage Criteria?</th>
<th>Number of Days in Hospital after Clearance</th>
<th>What were the reasons given by the nursing facility / facilities for not accepting this patient? Please detail the diagnosis, treatment, condition, other care need, payment concern/financial issue or other reason(s).</th>
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