From:	Traverso, John
To:	User, OHCA
Cc:	Ouellette, Kathe; Joslin, Maureen; Gomes, Carlos; Scher, Angelina; Boisvert, Gerald; Mastroianni, Anthony; Freiheit, Carolyn; Drouin, Julie; Pinard, Al (Pinard@chime.org)
Subject:	Annual Facility Fee Submission for Hartford HealthCare Hospitals
Date:	Friday, June 30, 2017 8:54:41 AM
Attachments:	HH_Off-Site_OHCA_Facility Billing_table 1 & 2_2016_06-29-2017.xlsx HOCC Facility Fee Tables #1 and #2 ---2016.xlsx MidState Medical Center Facility Tables #1 and #2---2016.xlsx Windham Hospital Tables 1 & 2 2016.xlsx BACKUS Facility Fee Tables #1 and #2 CY2016.xlsx

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Attached are tables 1 and 2 for each of our Hartford HealthCare System hospitals (Hartford Hospital, Hospital of Central Connecticut, MidState Medical, Backus Hospital and Windham Community).

In the event there are questions, I will be the contact person for the system.

Thank you

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Table 1: Ten procedures/services generating Facility Fees

Col A	Col B	Col C	Col D
Identify the Reporting Health System and each of its affiliated hospitals	For each Entity listed in Column A, describe the ten procedures/services that generated the greatest amount of facility fee revenue	For each Entity listed in Column A, describe the ten procedures/services for which facility fees were charged based on patient volume	For each procedure/service description listed in Column B, list total revenue received by hospital or health system derived from facility fees
Hartford HealthCare	N/A	N/A	N/A
The William W. Backus Hospital	*G0202 - DIGITAL SCREENING BILAT MAMMO*	*77052 - CAD FOR SCREENING MAMMO*	*$4,453,589*
	74177 - CTSCAN ABD&PELVIS W/CONTRAST	*G0202 - DIGITAL SCREENING BILAT MAMMO*	*$3,419,481*
	71250 - CT THORAX(LUNGS/MED) W/O CONT.	*80053 - COMPREHENSIVE METABOLIC PANEL*	*$3,351,746*
	72148 - MRI LUMBAR SPINE W/O CONTRAST	*85025 - CBC,W/ PLATELET AUTOMATED DIFF*	*$2,243,245*
	73721 - MRI JOINT-LOWER EXTREMITY W/O	*80061 - LIPID PROFILE*	*$1,782,120*
	74176 - CTSCAN ABD&PELVIS W/O CONTRAST	*84443 - TSH*	*$1,695,962*
	77052 - CAD FOR SCREENING MAMMO	*85610 - PT/INR-COAG CLINIC*	*$1,663,354*
	71260 - CT THORAX(LUNGS/MED)-WITH CONT	*86317 - INFECTIOUS ANTIBODY,QUANT*	*$1,582,955*
	80053 - COMPREHENSIVE METABOLIC PANEL	*99213 - FOLLOW UP VISIT LEVEL 3 -PC*	*$1,579,146*
	74178 - CTSCAN ABD&PELVIS W&W/O CONTR	*99213 - FOLLOW UP VISIT LEVEL 3 -TC*	*$1,536,624*

NOTE 1: For any information on this table, that is *estimated* by the Hospital/System using a formula or methodology, provide a full explanation of the estimating methodology and assumptions and explain why actual figures are unavailable.

NOTE 2: Additionally, for the above HHC hospital listed, there are No non-hospital providers charging facility fees.

Table 2: Facility Fee information by Facility Location

Col A	Col B	Col C	Col D	Col E	Col F	Col G	Col H	Col I	Col J	Col K	Col L
List each facility owned or operated by the Reporting System or Hospital that provides **Outpatient** Services for which a facility fee is charged/billed (list name/address)[a]	# patient visits for which a facility fee was charged/ billed	# allowable[b] facility fees paid by Medicare	# allowable[b] facility fees paid by Medicaid	# allowable[b] facility fees paid under private insurance policies	Total amount of allowable facility fees paid by Medicare[c]	Total amount of allowable facility fees paid by Medicaid[c]	Total amount of allowable facility fees paid under private insurance policies[c]	List the Range[d] of allowable facility fees paid by Medicare	List the Range[d] of allowable facility fees paid by Medicaid	List the Range[d] of allowable facility fees paid under private insurance policies	Total amount of revenue received by hospital or health system derived from facility fees[e]
Backus Outpatient Care Center 111 Salem Turnpike/Route 82, Norwich, CT 06360	52,555	16,917	8,109	27,302	$1,825,957	$1,179,584	$7,137,843	$771.28 - $7645.64	$1,078.19 - $12900.30	$3,023.60 - $37779.44	10,143,384
Colchester Backus Family Health Center 163 Broadway, Colchester, CT 06415	2,884	616	352	1,892	$53,889	$40,868	$273,910	$134.32 - $305.89	$166.75 - $513.88	$709.96 - $2093.04	368,667
Montville Backus Family Health Center 80 Norwich-New London Turnpike, Uncasville, CT 06382	5,341	1,611	696	3,004	$85,555	$42,404	$248,517	$278.24 - $468.04	$245.85 - $447.53	$402.99 - $1760.41	376,475
Plainfield Emergency and Outpatient Care Center 582 Norwich Road, Plainfield, CT 06374	22,589	6,638	3,221	12,663	$554,202	$322,231	$2,698,548	$495.07 - $754.11	$614.62 - $1102.97	$4,356.66 - $6830.55	3,574,981
Total (***for Column L only***)											***14,463,507***

NOTE: For any information on this table, that is *estimated* by the Hospital/System using a formula or methodology, provide a full explanation of the estimating methodology and assumptions and explain why actual figures are unavailable.

[a] Information in Columns B - L are for each Facility. Facility means a hospital-based facility located **outside a hospital campus** (Campus is defined in Section 19a-508c(a)(2)).

[b] The term "allowable" in Columns C-J refer to what is allowable for charging of a Facility Fee by State or Federal laws

[c] The total amount of allowable facility fees paid by this payer source category.

[d] From lowest to highest the allowable facility fee paid by this payer source (i.e., $100 - 1,500)

[e] Total amount of revenue received can differ from the sum of columns F through H for the facility due to the inclusion of revenues from Self-Pay activity and other payer sources.