

From: [Patricia Leonard](#)
To: [User, OHCA](#)
Subject: 2016 OHCA Facility Fee Filing
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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 <u>Column A</u> , describe the ten procedures/services that generated the greatest amount of facility fee revenue	For each Entity listed in <u>Column A</u> , describe the ten procedures/services for which facility fees were charged based on patient volume	For each procedure/service description listed in <u>Column B</u> , list total revenue received by hospital or health system derived from facility fees	
<i>Charlotte Hungerford Hospital</i>	<i>G0463 - Clinic Visit(MD Office)</i>	<i>G0463 - Clinic Visit(MD Office)</i>	<i>\$2,285,988</i>	
	<i>G0277 - Hyperbaric/Wound Care</i>	<i>93005 - EKG Facility</i>	<i>\$1,406,498</i>	
	<i>78452 - MI Perfusion/Exhocardigram; Ht muscle spectrum multi</i>	<i>G0277 - Hyperbaric/Wound Care</i>	<i>\$719,124</i>	
	<i>93306 - Echocardiogram</i>	<i>97597 - Tissue Debridement</i>	<i>\$617,221</i>	
	<i>97597 - Tissue Debridement</i>	<i>A9500 - Nuclear Med study</i>	<i>\$362,377</i>	
	<i>95810 - Sleep Study Polysom 6/> yrs 4/> param</i>	<i>81002 - Lab Test</i>	<i>\$343,980</i>	
	<i>95811 - Sleep Sutdy; Polysom 6/>yrs cpap 4/>param</i>	<i>11042 - Tissue Debridement</i>	<i>\$250,271</i>	
	<i>97598 - Tissue Debridement</i>	<i>97598 - Tissue Debridement</i>	<i>\$198,752</i>	
	<i>11042 - Tissue Debridement</i>	<i>93306 - Echocardiogram</i>	<i>\$191,605</i>	
	<i>93017 - Cardiac Stress Test</i>	<i>93017 - Cardiac Stress Test</i>	<i>\$169,546</i>	
NOTE: For any information on this table, that is <i>estimated</i> 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.				

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
<i>Winsted Behavioral Health Center</i>	<i>294 Main St. Winsted, CT 06098</i>	505	292	111	\$65,496	\$8,959	\$5,707	\$3 to \$447	\$3 to \$200	\$1 to \$657	\$80,163
<i>Northwest CT Medical Walk In</i>	<i>1598 E. Main St. Torrington, CT 06790</i>	1645	1891	1268	\$155,586	\$179,169	\$63,823	\$3 to \$929	\$1 to \$544	\$1 to \$724	\$414,487
<i>CHH Sleep Center</i>	<i>Winsted Health Ctr 115 Spencer St. Winsted, CT 06098</i>	183	98	177	\$135,811	\$58,150	\$330,088	\$9 to \$953	\$29 to \$898	\$23 to \$4952	\$539,777
<i>CHH Cardiac Rehab</i>	<i>Winsted Health Ctr 115 Spencer St. Winsted, CT 06098</i>	0	0	2	\$0	\$0	\$232	\$0	\$0	\$115 to \$117	\$281
<i>CHH Cardiovascular Medicine</i>	<i>1215 New Litchfield St. Torrington, CT 06790</i>	6764	1754	6131	\$1,097,328	\$153,652	\$864,132	\$2 to \$1357	\$3 to \$1398	\$1 to \$4157	\$2,258,621
<i>CHH Diabetes Center</i>	<i>780 Litchfield St. Torrington, CT 06790</i>	2169	433	1446	\$187,173	\$22,993	\$65,741	\$3 to \$208	\$3 to \$214	\$1 to \$494	\$302,145
<i>CHH Ear, Nose & Throat</i>	<i>16 Bird St. Torrington, CT 06790 **</i>	2041	544	1405	\$217,123	\$39,478	\$240,512	\$1 to \$1530	\$2 to \$1088	\$1 to \$3000	\$551,139
<i>CHH Primary Care</i>	<i>220 Kennedy Dr. Torrington, CT 06790</i>	3765	1059	2025	\$366,899	\$38,120	\$85,949	\$3 to \$853	\$2 to \$126	\$1 to \$1646	\$510,739
<i>CHH Primary Care - Thomaston</i>	<i>76 Watertown Rd. Thomaston, CT 06787</i>	1473	220	1146	\$147,911	\$10,107	\$49,613	\$3 to \$424	\$2 to \$199	\$1 to \$483	\$222,421
<i>CHH Wound Care & Hyperbaric Medicine</i>	<i>7 Felicity Ln. Torrington, CT 06790</i>	2838	773	1944	\$617,885	\$60,098	\$493,428	\$6 to \$1902	\$7 to \$1479	\$12 to \$3625	\$1,193,177
Total <i>(for Column L only)</i>											<i>\$6,072,950</i>
NOTE: For any information on this table, that is <i>estimated</i> 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.											
NOTE: Medicaid # of allowable facility fees and fees paid is based on secondary payments when Medicare is primary. There are no facility fees paid where Medicaid is primary until after 7/1/16 when separate 1500 professional services were billed.											
NOTE: In some instances, Private Insurance # of allowable facility fees and fees paid is based on secondary payments when Medicare is primary. There are no facility payments included for locations where only 1 bill is issued.											
NOTE: Estimate of SP facility payments is included in Total Column L as some account balances remain open as of the run date of the information provided. Total SP payments for facility and professional can vary based on a point in time.											
The estimate was based on a 100% review of 6 location's total SP payments to SP facility payments. Total SP facility to Total SP payments % was then applied to all SP payments for the remaining 4 locations.											
** Effective 11/2/2016, this facility moved to an on-campus location (540 Litchfield St.); dates of service included in above 1/1/16 to 11/1/16											