

From: [Croke, David](#)
To: [Foster, Tillman](#)
Cc: [User, OHCA](#)
Subject: RE: Connecticut Children's Med. Ctr. CY 2016 Facility Fee Filing
Date: Wednesday, August 02, 2017 2:14:47 PM
Attachments: [Facility Fee Tables CY16 Connecticut Childrens.xlsx](#)

I apologize for that, we had that in our filing last year, just didn't transfer to the new file. Here is the revised file

From: Foster, Tillman [mailto:Tillman.Foster@ct.gov]
Sent: Wednesday, August 02, 2017 1:55 PM
To: Croke, David <Dcroke@connecticutchildrens.org>
Cc: User, OHCA <OHCA@ct.gov>
Subject: Connecticut Children's Med. Ctr. CY 2016 Facility Fee Filing

Mr. Croke -

This is acknowledgement of the Office of Health Care Access (OHCA) receiving your Calendar Year (CY) 2016 Facility Fee filing on June 23, 2017.

After reviewing the filing OHCA had a question in regards to the following:

1. On table 2, column A, the names of the facilities were entered but not the addresses. Revise column A of the filing to include the addresses of the facilities that facility fees are charged and facility fee revenues are collected.

Please respond by August 9, 2017.

Sincerely,

Tillman Foster
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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
Connecticut Childrens Medical Center	95810 - POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	94010 - SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ	\$1,472,140
	95782 - POLYSOM <6 YRS SLEEP STAGE 4/> ADDL PARAM ATTND	93005 - ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O IR	\$1,089,599
	29888 - ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	73100 - RADEX WRIST 2 VIEWS	\$951,982
	69436 - TYMPANOSTOMY GENERAL ANESTHESIA	95819 - ELECTROENCEPHALOGRAPH W/REC AWAKEASLEEP	\$710,737
	94010 - SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ	73610 - RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	\$682,225
	42830 - ADENOIDECTOMY PRIMARY <AGE 12	73564 - RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	\$549,647
	95819 - ELECTROENCEPHALOGRAPH W/REC AWAKEASLEEP	72081 - RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	\$548,072
	93303 - COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	95810 - POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	\$399,609
	54161 - CIRCUMCISION AGE >28 DAYS	73560 - RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	\$321,895
	42820 - TONSILLECTOMY ADENOIDECTOMY <AGE 12	93325 - DOP ECHOCARD COLOR FLOW VELOCITY MAPPING	\$305,711

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.

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
OUTPATIENT SURGERY CENTER-505 Farmington Ave, Farm	1,733	0	696	1,035	\$0	\$1,838,575	\$5,075,817		391 - 24550	1027 - 23663	\$6,924,794.45
DIAG CARDIOLOGY - 310 Western Blvd, Glastonbury	1,326	35	952	1,917	\$6,210	\$140,007	\$873,647	32 - 104	26 - 427	66 - 1657	\$1,022,661.41
FARMINGTON - 505 Farmington Ave, Farmington	963	3	521	503	\$1,566	\$183,385	\$598,201	0 - 0	50 - 910	140 - 2765	\$786,566.05
ULTRASOUND - 399 Farmington Ave, Farmington	587	1	177	453	\$397	\$31,637	\$93,961	0 - 0	105 - 163	100 - 804	\$128,551.64
RADIOLOGY-399 Farmington Ave, Farmington	6,998	8	2,402	5,201	\$840	\$263,349	\$524,486	0 - 0	29 - 288	31 - 404	\$798,411.11
RADIOLOGY-310 Western Blvd, Glastonbury	2,346	0	847	1,667	\$0	\$94,536	\$188,015	0 - 0	29 - 242	30 - 1020	\$287,453.68
SLEEP LAB - 505 Farmington Ave, Farmington	1,152	0	723	427	\$0	\$808,619	\$1,530,387	0 - 0	1020 - 1020	1483 - 4433	\$2,344,610.73
Total (for Column L only)											\$12,293,049.07

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

^aInformation 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)).

^bThe 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.

^dFrom lowest to highest the allowable facility fee paid by this payer source (i.e., \$100 - 1,500)

^eTotal 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.

From: [Croke, David](#)
To: [User, OHCA](#)
Subject: Connecticut Children's Facility Fee Filing CY16
Date: Friday, June 23, 2017 3:38:41 PM
Attachments: [Facility Fee Tables CY16 Connecticut Childrens.xlsx](#)

Please see the attached file.

Pursuant to Section 19a-508c(l)(1) of the Connecticut General Statutes, each hospital and health system shall report no later than July 1, 2016, and annually thereafter to the Commissioner of Public Health concerning facility fees charged or billed during the preceding calendar year. The first filing filed during Calendar Year 2016 involved fees charged during Calendar Year 2015.

David Croke
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