

**From:** [Roberts, Karen](#)  
**To:** [Foster, Tillman](#)  
**Subject:** FW: CY2016 Hospital Off-Campus Facility Fee Filing - UCONN HEALTH/John Dempsey Hospital  
**Date:** Friday, June 30, 2017 1:21:08 PM  
**Attachments:** [image001.png](#)  
[CY2016 Facility Fee Filing Cover Letter.pdf](#)  
[Dempsey facility fee tables 1 and 2 revised 7-8 - UConn Draft.xlsx](#)

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**From:** Dinnie,Justin [mailto:jdinnie@uchc.edu]  
**Sent:** Friday, June 30, 2017 11:40 AM  
**To:** User, OHCA <OHCA@ct.gov>  
**Cc:** Mitchell,Cassandra <mitchellc@uchc.edu>  
**Subject:** CY2016 Hospital Off-Campus Facility Fee Filing - UCONN HEALTH/John Dempsey Hospital

Good morning,

Please accept the attached documents as the completed 2016 hospital outpatient facility fee filing for UCONN HEALTH/John Dempsey Hospital.

Thank you,

**Justin Dinnie**

Director, Revenue Integrity  
UCONN HEALTH | Finance  
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The logo for UCONN HEALTH, featuring the word "UCONN" in a large, bold, dark blue sans-serif font, with the word "HEALTH" in a smaller, bold, dark blue sans-serif font directly beneath it. The logo is enclosed in a thin black rectangular border.

**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>UConn Health John Dempsey Hospital</i>	<i>4870192 - MOHS 1 STAGE H/N/HF/G</i>	<i>8050291 - ESTABLISHED VISIT 5 MINS</i>	<i>\$1,240,687.83</i>
<i>UConn Health John Dempsey Hospital</i>	<i>8050291 - ESTABLISHED VISIT 5 MINS</i>	<i>8050212 - DESTRUCT PREMLGNT LES+2-14 LES</i>	<i>\$1,118,496.42</i>
<i>UConn Health John Dempsey Hospital</i>	<i>8050059 - BIOPSY SKIN LESN</i>	<i>5437110 - THERAPEUTIC EX EA 15 MIN STORR</i>	<i>\$987,842.58</i>
<i>UConn Health John Dempsey Hospital</i>	<i>4830001 - PULMONARY SLEEP STY 6YRS OR OL</i>	<i>8050286 - NEW VISIT 10 MINS</i>	<i>\$982,548.68</i>
<i>UConn Health John Dempsey Hospital</i>	<i>4910037 - PET/CAT TUMOR IMAG SKULL-THIGH</i>	<i>3900580 - EST VISIT 15 MIN</i>	<i>\$740,976.69</i>
<i>UConn Health John Dempsey Hospital</i>	<i>4830002 - SPLIT SLEEP PUL STDY 6YRS OR O</i>	<i>8050211 - DESTRUCT PREMLGN LES+1ST LES</i>	<i>\$542,547.37</i>
<i>UConn Health John Dempsey Hospital</i>	<i>4870127 - SKIN TISSUE REARRANGEMENT 10SQ</i>	<i>8050059 - BIOPSY SKIN LESN</i>	<i>\$536,268.71</i>
<i>UConn Health John Dempsey Hospital</i>	<i>8050211 - DESTRUCT PREMLGN LES+1ST LES</i>	<i>6600072 - ESTABLISHED LEVEL 3</i>	<i>\$524,824.70</i>
<i>UConn Health John Dempsey Hospital</i>	<i>8050217 - DESTRUCT B9 LESN 1-14</i>	<i>6700072 - ESTABLISHED LEVEL 3 Canton</i>	<i>\$455,491.43</i>
<i>UConn Health John Dempsey Hospital</i>	<i>3900580 - EST VISIT 15 MIN</i>	<i>8060004 - LEVEL IV-SURG PATH GROSS &amp; MIC</i>	<i>\$409,933.20</i>
<b>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.</b>			
* Total Revenue Received by Hospital (Col D) is an estimation for the 2016 Calendar Year. The calculation is derived via third party Patient Level Management (PLM) software. To estimate Net Revenue by Charge code, the software allocates the actual payment received on each patient account against the percent to total charge amount ratio of each charge code present on each patient account. This amount is then summed and grouped			

**Table 1: Ten procedures/services generating Facility Fees**

by charge code for the calendar year.

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 <b>Outpatient</b> Services for which a facility fee is charged/billed (list name/address) <sup>a</sup>	# patient visits for which a facility fee was charged/ billed	# allowable <sup>b</sup> facility fees paid by Medicare	# allowable <sup>b</sup> facility fees paid by Medicaid	# allowable <sup>b</sup> facility fees paid under private insurance policies	Total amount of allowable facility fees paid by Medicare <sup>c</sup>	Total amount of allowable facility fees paid by Medicaid <sup>c</sup>	Total amount of allowable facility fees paid under private insurance policies <sup>c</sup>	List the Range <sup>d</sup> of allowable facility fees paid by Medicare	List the Range <sup>d</sup> of allowable facility fees paid by Medicaid	List the Range <sup>d</sup> of allowable facility fees paid under private insurance policies	Total amount of revenue received by hospital or health system derived from facility fees <sup>e</sup>
Mobile MRI - 230 Farmington Avenue, Farmington CT 06030-6218	2,057	452	971	1,232	\$74,145	\$156,168	\$669,827	\$86 - \$767	\$145 - \$593	\$458 - \$2148	\$1,016,966
Canton Dermatology - 117 Albany Turnpike, Canton, CT 06017	10,430	3,880	4,800	6,889	\$212,637	\$293,503	\$574,278	\$1 - \$1,256	\$3 - \$2,495	\$5 - \$3,218	\$1,216,567
Canton Urgent Care - 117 Albany Turnpike, Canton, CT 06017	7,704	2,215	3,151	10,402	\$108,693	\$86,992	\$603,926	\$3 - \$1,258	\$6 - \$987	\$8 - \$211	\$1,083,919
Pat and Jim Calhoun Cardiology Center - 11 South Road – Suite 230, Farmington, CT 06030-623	5,022	3,385	1,610	4,239	\$187,085	\$38,660	\$118,975	\$1 - \$439	\$2 - \$800	\$2 - \$810	\$363,089
Dermatology 21 South Road - 21 South Road 2nd Floor, Farmington, CT 06030-623	55,626	28,690	19,754	39,881	\$2,981,209	\$1,507,243	\$4,602,358	\$3 - \$1,902	\$2 - \$3,740	\$6 - \$4,717	\$10,474,050
Sleep Studies - 2 Farm Glen Blvd, Farmington, CT 06030	106	11	55	58	\$8,242	\$49,676	\$110,932	\$655 - \$762	\$728 - \$897	\$908 - \$4,011	\$176,423
Nayden Rehabilitation Clinic - 843 Bolton Rd., Storrs, CT 06269	1,692	2,776	944	11,143	\$57,156	\$39,752	\$528,714	\$9 - \$64	\$83 - \$83	\$49 - \$168	\$681,887
PET/CT - 230 Farmington Avenue, Farmington CT 06030-6218	386	314	370	546	\$148,134	\$208,621	\$593,454	\$1,114 - \$1,144	\$1,347 - \$2,785	\$1,659 - \$5,248	\$965,930
The Adult Psychiatric Outpatient Services Clinic - 10 Talcott Notch, Farmington, CT 06030	17,303	5,850	9,738	5,605	\$461,058	\$350,843	\$483,350	\$62 - \$111	\$20 - \$143	\$35 - \$449	\$1,382,119
Storrs Cardiology - Storrs Center, One Royce Circle, Suite 104, Storrs, CT 06268	485	161	163	458	\$28,941	\$31,893	\$96,934	\$30 - \$376	\$35 - \$907	\$51 - \$1,201	\$167,781
Storrs Urgent Care - Storrs Center, One Royce Circle, Suite 103, Storrs, CT 06268	11,265	1,242	2,786	16,102	\$63,758	\$106,122	\$1,208,623	\$10 - \$838	\$2 - \$987	\$10 - \$1,303	\$1,718,977
Total ( <i>for Column L only</i> )											<b>\$19,247,708</b>

**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.**

<sup>a</sup>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)).

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

<sup>c</sup> The total amount of allowable facility fees paid by this payer source category.

<sup>d</sup>From lowest to highest the allowable facility fee paid by this payer source (i.e., \$100 - 1,500)

<sup>e</sup>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.

\* Total amount of allowable facility fees paid (Col F, G, H & L) were derived via estimation. The facility fee net revenue for the two Urgent Care sites and the Psych clinic were calculated at 75% of the total payment on each patient account. 25% is the

**Table 2: Facility Fee information by Facility Location**

<p>assumption of payment for professional fees for these 3 sites. The facility fee net revenue for the 8 remaining off-campus sites was calculated at 100% of the total payment on each patient account. This assumes that our physician group practice (University Medical Group), is billing professional fees separately. The 75% assumption is based on T-18 APC payment for HCPCS 99281 of \$66.23 &amp; the T-18 Physician Fee payment of \$22.68. The full payment = \$88.91. Therefore, 66.23 / 88.91 = 75%</p>									
<p>^ The range of allowable facility fees (Col I, J &amp; K) were manually researched via third party Emdeon Accupost electronic remittance advice (ERA) software. Patient Accounts were sorted by payment (highest/lowest). The accounts with the greatest and least Medicare, Medicaid or Private Insurance payments were manually researched to verify which facility fees on these accounts generated the highest and lowest net revenue.</p>									