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Subject: Facility Fee Filing (Cal Yr 16) - Hospital for Special Care
Date: Wednesday, June 28, 2017 2:42:36 PM
Attachments: [HSC - Facility Fee Tables #1 and #2 revised 7-8.xlsx](#)

Good Afternoon –

Attached are the completed Table 1 & Table 2 for Hospital for Special Care – Autism Center.

If there are any questions, please let me know.

Ginger

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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>HSC Autism Center/370 Osgood Ave, New Britain, CT</i>	1) <i>E&M - Office visit approx 25mins</i>	1) <i>E&M - Office visit approx 25mins</i>	1) \$18,754
	2) <i>Family Psychotherapy w/o patient approx 50mins</i>	2) <i>Psychological Testing</i>	2) \$13,167
	3) <i>Psychological Testing</i>	3) <i>Psych Diag Eval</i>	3) \$10,489
	4) <i>Psych Diag Eval</i>	4) <i>Family Psychotherapy w/o patient approx 50mins</i>	4) \$4,227
	5) <i>Family Psychotherapy w/patient approx 50mins</i>	5) <i>Family Psychotherapy w/patient approx 50mins</i>	5) \$3,842
	6) <i>E&M - Office visit approx 40mins</i>	6) <i>E&M - Office visit New Patient approx 30mins</i>	6) \$3,479
	7) <i>E&M - Office visit New Patient approx 30mins</i>	7) <i>Psychotherapy w/patient approx 45mins</i>	7) \$3,416
	8) <i>Psych Diag Eval</i>	8) <i>E&M - Office visit approx 40mins</i>	8) \$1,925
	9) <i>Psychotherapy w/patient approx 45mins</i>	9) <i>Psych Diag Eval with Med services</i>	9) \$1,961
	10) <i>E&M - Office visit approx 10mins</i>	10) <i>Psychotherapy w/patient with E&M services approx 45mins</i>	10) \$1,633

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	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>HSC Autism Center/370 Osgood Ave, New Britain, CT</i>	1251	0	0	565	0	0	\$ 69,206	0	0	\$5.89 - \$263.50	\$69,206
<i>Facility Name/Address</i>											
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<i>Facility Name/Address</i>											
Total (for Column L only)											\$69,206

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.

^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

^cThe 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.