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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](#)

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 <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
Hartford HealthCare	N/A	N/A	N/A
The Hospital of Central Connecticut	77386 - INTENSITY MODULATED RAD TX CMP	90853 - GROUP PSYCHOTHERAPY (OTHER THA	\$2,771,816
	77385 - INTENSITY MODULATED RAD TX SMP	77412 - RADIATION TREATMENT DELIVERY	\$1,483,898
	77412 - RADIATION TREATMENT DELIVERY	77052 - COMP SCREEN MAMMOGRAM ADD-ON	\$1,378,646
	90853 - GROUP PSYCHOTHERAPY (OTHER THA	G0202 - SCREENING MAMMOGRAPHY, PRODUCI	\$1,350,529
	78815 - PET IMAGE W/CT SKULL-THIGH	90832 - PSYTX PT&/FAMILY 30 MINUTES	\$823,886
	76641 - US BREAST COMPLETE BILAT	90834 - PSYTX PT&/FAMILY 45 MINUTES	\$744,917
	G0202 - SCREENING MAMMOGRAPHY, PRODUCI	96375 - TX/PRO/DX INJ NEW DRUG ADDON	\$742,288
	74177 - CT ABD & PELV W/CONTRAST	77386 - INTENSITY MODULATED RAD TX CMP	\$704,113
	77336 - CONTINUING MEDICAL PHYSICS CON	99183 - HYPERBARIC OXYGEN THERAPY	\$573,606
	77334 - TREATMENT DEVICES, DESIGN AND	76641 - US BREAST COMPLETE BILAT	\$522,263

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

NOTE 2: Columns B and D depend on payment data related to specific “Facility Fees”. The Hospital’s Patient Accounts Receivable system captures payment data at the claim level, not the charge code level. Total claim payments were allocated based on claim charges and these amounts were tabulated as requested.

NOTE 3: 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
Bristol Family Center, 22 Pine Street, Bristol CT	4,638	1,077	1,706	1,197	95,674	283,596	262,875	2 - 214	3 - 266	2 - 629	646,573
HHC Cancer Institute at HOCC, 183 North Mountain Road, New Britain CT	36,393	15,879	5,853	11,375	4,448,213	1,252,666	7,519,421	4 - 8,146	2 - 2,459	1 - 8,157	14,308,395
Joslin Diabetes Center, 11 South Road, Farmington CT	2,082	1,133	560	191	96,186	41,037	41,452	4 - 183	6 - 387	1 - 501	179,280
Mammography Services, 201 North Mountain Road, Plainville CT	9,909	3,685	398	5,257	210,436	23,785	917,821	2 - 328	7 - 162	0 - 423	1,186,712
HOCC Outpatient Psychiatry and Behavioral Health, 73 Cedar Street , New Britain CT	26,543	7,088	73	17,271	512,200	5,013	1,261,907	1 - 1,497	12 - 157	2 - 325	1,851,595
Southington Sleep Lab, 1131 West Street, Southington CT	114	39	14	57	32,029	12,474	150,889	160 - 972	737 - 968	251 - 4,379	195,392
Total (<i>for Column L only</i>)											18,367,947

NOTE1: 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

^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.

NOTE2: Columns B through L all depend on payment data related to specific “Facility Fees”. The Hospital’s Patient Accounts Receivable system captures payment data at the claim level, not the charge code level. Total claim payments were allocated based on claim charges and these allocated payments were tabulated as requested.