From:	Traverso, John
To:	User, OHCA
Cc:	Joslin, Maureen
Subject:	MidState Med Center Annual facility Fee 2015 correction
Date:	Friday, June 30, 2017 9:01:30 AM

During preparation of the 2016 Annual Facility Fee filing we noted a cross reference error on 2015 Table 2 support worksheet .

The attached is correction of this cross reference error.

Thank you

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From:	Traverso, John
To:	User, OHCA
Cc:	Ouellette, Kathe; Joslin, Maureen; Gomes, Carlos; Scher, Angelina; Boisvert, Gerald; Mastroianni, Anthony; Freiheit, Carolyn; Drouin, Julie; Pinard, Al (Pinard@chime.org)
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

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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 Column A, describe the ten procedures/services that generated the greatest amount of facility fee revenue	For each Entity listed in Column A, describe the ten procedures/services for which facility fees were charged based on patient volume	For each procedure/service description listed in Column B, list total revenue received by hospital or health system derived from facility fees	
Hartford HealthCare	N/A	N/A	N/A	
MidState Medical Center	*G0277 Hbot, full body chamber, 30m*	*99212 Office/outpatient visit est-level 2*	*$3,281,228*	
	99212 Office/outpatient visit est-level 2	*G0277 Hbot, full body chamber, 30m*	*$2,268,920*	
	11042 Deb subq tissue 20 sq cm/<	*11042 Deb subq tissue 20 sq cm/<*	*$1,396,153*	
	95810 Polysomnography 4 or more	*11045 Deb subq tissue add-on*	*$685,686*	
	95811 Polysomnography w/cpap	*99213 Office/outpatient visit est-Level 3*	*$640,639*	
	11045 Deb subq tissue add-on	*11043 Deb musc/fascia 20 sq cm/<*	*$434,908*	
	11043 Deb musc/fascia 20 sq cm/<	*97598 Rmvl devital tis addl 20 cm<*	*$365,299*	
	11044 Deb bone 20 sq cm/<	*71020 Chest x-ray*	*$276,072*	
	97597 Rmvl devital tis 20 cm/<	*97597 Rmvl devital tis 20 cm/<*	*$89,240*	
	99213 Office/outpatient visit est-Level 3	*90471 Immunization admin*	*$77,926*	
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.				
MidState's internal IT systems &/or payor contracts do not always isolate the payments down to cpt level; for instance a payor may pay on a per case rate.				
Thus the facility revenue in Column D is estimated based on(total payments per encounter/ total charges by encounter) times the cpt procedure charge.				

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]
MidState Hospital- Mediquick Clinic East; 61 Pomeroy Ave. Meriden, CT	23699	2792	11295	10370	$ 220,943	$ 551,840	$ 1,139,294	$3 -$738	$7-$736	$3-$2756	$ 1,945,835
MidState Hospital- Mediquick Cheshire; 680 South Main Street, Cheshire, CT	7100	1290	1056	5359	$ 110,689	$ 56,454	$ 639,538	$7-$654	$1-$297	$2-$717	$ 821,994
MidState Hospital- Wound Center; 61 Pomeroy Ave. Meriden, CT	2647	7340	1543	2792	$ 1,296,686	$ 338,454	$ 1,309,304	$3-$2933	$22-$8476	$8-$4431	$ 2,948,144
MidState Hospital- Hyperbaric Center; 61 Pomeroy Ave. Meriden, CT	231	5098	1945	4953	$ 616,333	$ 418,544	$ 2,235,827	$16-$1102	$219-$1120	$21-$3557	$ 3,270,703
MidState Hospital- SleepCare Center; 61 Pomeroy Ave. Meriden, CT	889	213	302	350	$ 169,694	$ 215,653	$ 957,753	$441-$1311	$54-$1295	$22-$6581	$ 1,372,297
Facility Name/Address											
Facility Name/Address											
Facility Name/Address											
Facility Name/Address											
Facility Name/Address											
Facility Name/Address											
Facility Name/Address											
Facility Name/Address											
Facility Name/Address											
Facility Name/Address											
Facility Name/Address											
Total (***for Column L only***)											***$ 10,358,973***

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.

[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:

MidState's internal IT systems &/or payor contracts do not always isolate the payments down to cpt level; for instance a payor may pay on a per case rate.

Thus the allowable facility fees paid in Columns F-L are estimated based on(total payments per encounter/ total charges by encounter) times the cpt procedure charge.

Steps
MS encounter level
Remove any 0 total charge cases
Calculate pymts/charge ratio by patient encounter
MS charge detail
sort by charge and delete any $0 charge by cpt
vlookup patient encounter to apply MS encounter pivot "pymt to charge" rate in new column for each detail charge
calculate the total pymts with rate brought in
create pivot of MS charge detail
with row labels HCPCS code and HCPCS description
with sum of values for
sum of number of units
sum of charges
sum of total pymts by HCPCS/cpt
add report filter for
rev code
clinic code description
rev code filter-remove 250, 255,270,272,300-310, 420-440,636, 771 and 981 thru 999 to remove fee based lab, therapy, non cpt services and prof services
Table 1
in pivot table sheet go to options and collapse entire field to show just cpt/hcps and hide description
in row labels for cpt/hcpcs hit down arrow and value filters and top 10
by sum of pyts per cpt
in sum pymts by cpt hit sort buttom

Table 2
Copy **encounter level detail net of 0 charges** and
create Pivot with clinic code filter to arrive at total patients for col B
Pivot the **Charge detail net of 0 pays** w/s
with clinic code and rev code filters
remove rev codes 250, 255,258,270,272,300-310, 421,636, 771 and 981 thru 999 to remove non cpt services and prof serv
by financial class and sum total units and total cpt pymts for col C-H and L.
Copy pivot results twice..
right click total cpt pymts and summarize by MAX
right click total cpt pymts on second pivot and summarize by MIN
if min is negative go to detail sort pymts low to high and filter by clinic code, by financial class, by rev code with elim of non cpt and prof servic and by fc
you need to find lowest paid positive pymt for col I-K.