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**Subject:** Middlesex Hospital CY2016 Facility Fee Filing  
**Date:** Thursday, July 06, 2017 4:00:13 PM  
**Attachments:** [facility fee tables 1 and 2 revised 7-8 MHS 070617.xlsx](#)

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Attached please find the CY2016 Facility Fee filing for Middlesex Hospital.

If there are any questions, please feel free to contact me.

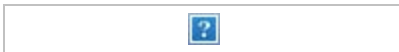
Shannon

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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>Middlesex Hospital</i>	<i>G0463 - OUT/P OFFICE VISIT HIGH 40 MIN</i>	<i>90834 - PSYTX PT 45 MINUTES</i>	<i>\$262,534.86</i>
	<i>95886 - EMG W/NERVE CONDUCTION - COMPLETE</i>	<i>G0463 - HOSPITAL OUTPATIENT CLINIC VISIT</i>	<i>\$209,770.89</i>
	<i>90834 - PSYTX PT 45 MINUTES</i>	<i>90847 - FAMILY PSYTX. WITH PATIENT 50 MIN</i>	<i>\$192,174.22</i>
	<i>19301 - Partical mastectomy</i>	<i>95886 - EMG W/NERVE CONDUCTION - COMPLETE</i>	<i>\$184,508.82</i>
	<i>95911 - NERVE CONDUCTION STUDIES; 9-10 STUDIES</i>	<i>95819 - EEG</i>	<i>\$151,467.80</i>
	<i>95819 - EEG</i>	<i>64615 - BOTOX INJECT MIGRAINE</i>	<i>\$99,903.48</i>
	<i>95909 - NERVE CONDUCTION STUDIES; 5-6 STUDIES</i>	<i>90833 - PSYTX PT W/E&amp;M 30 MIN</i>	<i>\$93,574.54</i>
	<i>47563 - LAPARO CHOLECYSTECTOMY/GRAPH</i>	<i>90792 - PSYCH DIAG EVAL W/MED SRVCS</i>	<i>\$90,350.25</i>
	<i>95910 - NERVE CONDUCTION STUDIES; 7-8 STUDIES</i>	<i>90791 - PSYCH DIAGNOSTIC EVALUATION</i>	<i>\$84,094.14</i>
	<i>90847 - FAMILY PSYTX. WITH PATIENT 50 MIN</i>	<i>95911 - NERVE CONDUCTION STUDIES; 9-10 STUDIES</i>	<i>\$73,469.74</i>

**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 <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>
Middlesex Hospital Outpatient Center Saybrook Rd Middletown, CT	2,764	111	111	111	173,332	225,566	564,783	0-1412	0-2864	0-6152	1,010,889
Middlesex Hospital 51 Broad St Middletown, CT	2,569	46	46	46	-	370,565	294,103	n/a	0-403	0-1484	681,168
Middlesex Hospital Outpatient Center (Surg) Saybrook Rd Middletown, CT	175	16	16	16	147,547	47,169	587,171	0-5323	940-4194	1864-20746	800,180
Total (for Column L only)											2,492,237

**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.