

**From:** [Vaccino John](#)  
**To:** [User, OHCA](#)  
**Subject:** Milford Hospital's Calendar Year (CY) 2016 Facility Fee filing  
**Date:** Wednesday, June 21, 2017 3:19:06 PM  
**Attachments:** [Milford Hospital - 2016 Facility Fee Tables #1 and #2 - FINAL.xlsx](#)

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To whom it may concern at the Office of Health Care Access, CT Department of Public Health:

Good afternoon.

Enclosed, please find Milford Hospital's Calendar Year (CY) 2016 Facility Fee filing.  
Please do not hesitate to contact me if you have any questions towards the document.  
Regards,  
John

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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>(Facility # 1) Milford Hospital Urgent Care Center, 831 Boston Post Road Milford CT 06460</i>	<i>(Procedure/Service # 1) Urgent Care Center VISIT-LEVEL 2 - FACILITY, Milford Hospital Procedure Charge code - 5800000004</i>	<i>(Procedure/Service # 1) Urgent Care Center VISIT-LEVEL 2 - FACILITY, Milford Hospital Procedure Charge code - 5800000004</i>	\$ 532,475.54
<i>(Facility # 1) Milford Hospital Urgent Care Center, 831 Boston Post Road Milford CT 06460</i>	<i>(Procedure/Service # 3) Urgent Care Center VISIT-LEVEL 1 - FACILITY, Milford Hospital Procedure Charge code - 5800000002</i>	<i>(Procedure/Service # 3) Urgent Care Center VISIT-LEVEL 1 - FACILITY, Milford Hospital Procedure Charge code - 5800000002</i>	\$ 4,503.71

**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 facility fees paid by Medicare	# allowable facility fees paid by Medicaid	# allowable 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>
<i>Milford Hospital Urgent Care Center, 831 Boston Post Road Milford CT 06460</i>	9,350	1,336	2,282	5,220	\$79,426.19 - Footnote A	\$117,476.16 - Footnote B	\$328,731.31 - Footnote C	0 to \$109.15	0 to \$109.15	0 to \$109.15	\$536,979.25 - Footnote A, B, C
<b>Total (for Column L only)</b>											<b>Total above lines</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**

<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.

(Footnote A) - The payment received by Milford Hospital, for facility fees, for this service, from the identified payer/s, cannot be isolated to the desired level of detail.

Estimated Reimbursement method: For the first nine months of CY 2016, the calculated percent of a facility fee charge within an entire Urgent Care visit is 27.2 % of the total charge. Therefore, Milford Hospital is using the estimated calculation of 27.2% of the bundled revenue payment, for each visit, for the given payer or group of payers, to serve as the facility fee revenue, for this submission for the first 9 months. For the last three months of CY 2016, the estimated facility fee payment amount is the average of the Medicare rate paid per encounter.

(Footnote B) - The payment received by Milford Hospital, for facility fees, for this service, from the identified payer/s, cannot be isolated to the desired level of detail.

Estimated Reimbursement method: For the first nine months of CY2016, the calculated percent of a facility fee charge within an entire Urgent Care visit is 27.2 % of the total charge. Therefore, Milford Hospital is using the estimated calculation of 27.2% of the bundled revenue payment, for each visit, for the given payer or group of payers, to serve as the facility fee revenue, for this submission for the first 9 months. For the last three months of CY 2016, the estimated facility fee payment amount is the amount from the Medicaid fee schedule.

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