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**Subject:** 2016 Facility Fee Filing - Stamford Hospital  
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**Attachments:** [Facility Fee Tables 1 and 2 Stamford 2016.xlsx](#)

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Stamford Hospital's 2016 Facility Fee Filing

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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>Stamford Health, Inc.</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	
Stamford Hospital				
1	G0202-SCREENING MAMMOGRAPHY DIGITAL		\$ 10,760,692.16	
2	77063-BREAST TOMOSYNTHESIS BI		\$ 10,758,121.12	
3	76641-ULTRASOUND BREAST COMPLETE		\$ 7,821,504.90	
4	43239-UPPER GI ENDOSCOPY BIOPSY		\$ 7,199,182.55	
5	G0463-HOSPITAL OUTPT CLINIC VISIT		\$ 6,265,440.99	
6	G0206-DIAGNOSTIC MAMMOGRAPHY DIGITAL		\$ 5,767,050.21	
7	G0279-XTRACORP SHOCK WAVE;ELB EPICONDYLIT		\$ 5,700,495.32	
8	45380-COLONOSCOPY AND BIOPSY		\$ 6,136,292.52	
9	93306-TTE W/DOPPLER COMPLETE		\$ 5,101,906.65	
10	45378-DIAGNOSTIC COLONOSCOPY		\$ 4,263,518.56	

**Table 1: Ten procedures/services generating Facility Fees**

<b>NOTE: For any information on this table, that is <i>estimated</i> 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.</b>				
Table 1 Column B - The 10 procedures or services generating the greatest amount of facility fee revenue. Stamford Hospital's internal IT systems track payments received for procedures or services by patient and insurance plan only. Payments are not matched to procedures or services. These 10 procedures/services represent the total dollars received on accounts containing that specific procedure or service. Consequently, payments are repeated and related to other services on the patient's account.				
Table 1 Column D - These payments relate to the procedures and services in Column B. The payment amount for each item represents the total payments received on the (patient's) account which the specific procedure or service appeared on. The payment represents payment for all the services on the patient account, not just the service listed.				
Table 1 Column B & D - Payor contracts specify payments methods for reimbursement of outpatient procedures or services. These payment arrangements may pay a case rate, a percent of charge, by procedure (CPT/HCPC) or by a group of procedures (APC payment).				



Table 2: Facility Fee information by Facility Location

<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.

Table 2 - The volumes reproted are from Stamford Hospital's internal IT systems. Our system tracks payments received for procedures or services by patient and insurance plan only. Payments are not matched to procedures or services. These facilities provide OP services. Volumes in columns B, C, D, E represents essentially all services at the location. Fees paid in columns F, G, H and L represent the total payment rs received on the patient's account . Consequently, payments are repeated and related to other services on the patient's account.

Table 2 - Range in columns Column I, J, and K, represent an estimate based on the total claim?patient account payment.