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Subject: Calendar 2016 Facility Fee Filing for Western CT Health Network
Date: Friday, June 30, 2017 4:34:57 PM
Attachments: [image001.png](#)
[facility fee tables 1 and 2 revised 7-8 WCHN.xlsx](#)

Attached are the completed worksheets for the required Facility Fee filing for Western Connecticut Health Network. Please let me know if there are any questions. Also, please confirm that this was received timely. Thanks,

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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>Western Connecticut Health Network</i>	<i>No facility fees billed</i>	<i>No facility fees billed</i>	<i>No facility fees billed.</i>	
<i>Danbury Hospital</i>	<i>1) Mammography Screen Digital Bilateral</i>	<i>1) Mammography Screen Digital Bilateral</i>	<i>1) \$1,488,165</i>	
	<i>2) Polysomnography 4+ parameters, > 6</i>	<i>2) Mammography screening CAD</i>	<i>2) \$1,352,322</i>	
	<i>3) EGD Biopsy</i>	<i>3) Venipuncture</i>	<i>3) \$1,340,870</i>	
	<i>4) Colonoscopy and Biopsy</i>	<i>4) Level IV Gross and Microscopic Exam</i>	<i>4) \$851,401</i>	
	<i>5) US Breast Bilateral Complete</i>	<i>5) Office visit Expanded Established Patient</i>	<i>5) \$801,563</i>	
	<i>6) Repair of Nasal Septum</i>	<i>6) Ultrasound Breast Unilateral Complete</i>	<i>6) \$723,736</i>	
	<i>7) Tonsillectomy/Adenoidectomy</i>	<i>7) Mammography Diagnostic CAD</i>	<i>7) \$661,543</i>	
	<i>8) Carotid Duplex Complete</i>	<i>8) Spirometry</i>	<i>8) \$614,621</i>	
	<i>9) Implant Neuroelectrodes</i>	<i>9) Diffusing Capacity</i>	<i>9) \$595,325</i>	
	<i>10) Cataract Surgery with IOL</i>	<i>10) Plethysmography Lung Volumes</i>	<i>10) \$581,175</i>	
<i>Norwalk Hospital</i>	<i>1) Mammography Screen Digital Bilateral</i>	<i>1) Mammography Screen Digital Bilateral</i>	<i>1) \$2,502,418</i>	
	<i>2) US Breast Bilateral Complete</i>	<i>2) Mammography Screening CAD</i>	<i>2) \$1,832,789</i>	
	<i>3) CT Scan Abdomen and Pelvis with Contrast</i>	<i>3) US Breast Bilateral Complete</i>	<i>3) \$1,463,917</i>	
	<i>4) PET/CT Skull to Thigh Initial</i>	<i>4) DEXA Bone Density</i>	<i>4) \$1,038,782</i>	
	<i>5) Polysomnography 4+ parameters, > 6</i>	<i>5) Mammography Diagnostic CAD</i>	<i>5) \$869,163</i>	
	<i>6) MRI Major Joint Without Contrast</i>	<i>6) Diagnostic Mammography Unilateral</i>	<i>6) \$854,440</i>	

Table 1: Ten procedures/services generating Facility Fees

	7) MRI Brain Pre Post	7) XRAY Chest PA and Lateral	7) \$842,643	
	8) Mammography Screening CAD	8) Facility Visit Level 2	8) \$786,664	
	9) CT Chest Pre	9) Ultrasound Breast Limited	9) \$774,270	
	10) MRI Lumbar Spine Pre	10) CT Chest Pre	10) \$717,095	
NOTE: For any information on this table, that is <i>estimated</i> by the Hospital/System using a formula or methodology, provide a full				
Since payments might be a case rate and are not applied by line item, net revenue percentage was estimated per location, and applied to				
the line item charges in order to obtain the net revenue per procedure.				

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
<i>Western CT Imaging - Danbury 20 Germantown Rd. Danbury, CT</i>	12,574	8,959	3,023	17,614	\$646,680	\$261,598	\$3,438,711	\$17.39 - \$3,111.12	\$99.15 - \$4,022.24	\$0.01 - \$9,499.46	\$4,358,804
<i>Southbury Cardiovascular Testing Center - 22 Old Waterbury Rd. Suite 107, Southbury, CT</i>	1,294	1,386	79	745	\$334,888	\$20,354	\$520,600	\$68.13 - \$1,822.48	\$99.43 - \$975.56	\$31.12 - \$3,810.32	\$875,842
<i>Pulmonary-Sleep Medicine - 33 Germantown Rd. Danbury, CT</i>	4,936	6,274	1,223	4,608	\$739,403	\$378,150	\$2,395,643	\$10 - \$2,575.83	\$65.46 - \$1,741.04	\$3.25 - \$6,224.30	\$3,516,610
<i>Vascular Lab Testing - 41 Germantown Rd., Suite 101, Danbury, CT</i>	5,858	4,117	486	2,226	\$653,873	\$98,106	\$1,548,335	\$25.00 - \$1,521.07	\$106.70 - \$1,246.40	\$10.00 - \$5,871.81	\$2,307,724
<i>Specialty Clinics - 70 Main St., Danbury, CT</i>	14,396	5,416	25,463	2,900	\$115,149	\$669,430	\$58,012	\$3.00 - \$739.76	\$2.00 - \$3,160.00	\$0.01 - \$1,448.73	\$1,015,561
<i>Ridgefield Surgical Center - 901 Ethan Allen Highway, Suite 105, Ridgefield, CT</i>	4,234	43,718	29,244	134,447	\$2,115,387	\$984,537	\$11,322,292	\$56.49 - \$31,520.69	\$151.31 - \$12,980.86	\$2.16 - \$78,008.80	\$14,577,917
<i>Norwalk Radiology and Mammography Center - 148 East Ave., Norwalk, CT</i>	50,120	240,973	45,179	326,505	\$3,740,554	\$934,341	\$19,210,185	\$5.90 - \$6,844.24	\$28.90 - \$4,494.93	\$2.88 - \$20,510.52	\$23,998,126
<i>Norwalk Hospital Radiology/New Canaan - 28 - 30 East Ave., New Canaan, CT</i>	1,996	818	91	1,621	\$47,577	\$5,930	\$153,560	\$14.62 - \$227.13	\$28.90 - \$409.92	\$1.4 - \$1,097.60	\$211,595
<i>Norwalk Hospital Sleep Disorders Center - 520 West Ave., Norwalk, CT</i>	4,464	2,090	1,320	4,905	\$300,001	\$213,288	\$1,868,000	\$9.19 - \$1,805.65	\$88.00 - \$1,471.29	\$1.19 - \$7,188.00	\$2,383,415

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Norwalk Hospital Radiology/Westport - 333 Post Rd. , Westport, CT	2,289	2,820	184	2,952	\$72,743	\$8,203	\$141,722	\$2.94 - \$412.41	\$28.90 - \$450.23	\$3.23 - \$3,715.00	\$223,400
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)											\$53,468,994
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.											
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											

Table 2: Facility Fee information by Facility Location

^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.