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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

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	
Windham Hospital	G0202 Screeningmammographydigit	77052 Comp screen mammogram	\$14,345	
	77052 Comp screen mammogram add	77057 Mammogram screening	\$12,163	
	77057 Mammogram screening	G0202 Screeningmammographyd	\$11,411	
	77080 Dxa bone density axial	77080 Dxa bone density axial	\$11,251	
	5) N/A	5) ETC	5) ETC	
	6) N/A	6) ETC	6) ETC	
	7) N/A	7) ETC	7) ETC	
	8) N/A	8) ETC	8) ETC	
	9) N/A	9) ETC	9) ETC	
	10) N/A	10) ETC	10) ETC	
NOTE: For any information on this table, that is estin		or methodology, provide a full explanation of th	ne estimating methodology and	
NOTES: For the above HHC hospital list	ed, there are no Non-hospital provi	ders charging facility fees.		
The facility revenue in Column D is esti	mated based on(total payments pe	r encounter/ total charges by enco	unter) times the cpt procedure cha	arge.
Windham internal IT systems &/or payo	or contracts do not always isolate t	he payments down to cpt level; for	instance a pavor may pay on a pe	r case rate.

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 amour revenue receiv hospital or he system derived facility fee	ved by ealth d from
Windham Hospital-Women's Health Hebron; 21 A Liberty Drive, Hebron, CT	225	147	8	293	\$9,839	\$471	\$38,860	\$26 - \$145	\$37 - \$81	\$8 - \$685	\$49,170	1
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)											\$ 49	9,170

figures are unavailable.	
alnformation in Columns B - L are for each Facility. Facility means a hospital-based facility located outside a hospital campus (Campus is defined in Sec	ction 19a-508c(a)(2)).

eTotal 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: This location closed the end of July 2016.

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

Windham systems and/or contracts do not isolate the payments down to cpt level in all cases; for instance a payor may pay on a per case rate.

^DThe term "allowable" in Columns C-J refer to what is allowable for charging of a Facility Fee by State or Federal laws

The total amount of allowable facility fees paid by this payer source category.

From lowest to highest the allowable facility fee paid by this payer source (i.e., \$100 - 1,500)

Steps

Windham encounter level
Remove any 0 total charge cases
Create pivot to
Sum total charges and total pymts by payor group
Calculate pymts/charge ratio by patient

Windham charge detail sort by charge and delete any \$0 charge by cpt vlookup patient encounter to apply Windham encounter pivot pymt to charge rate in new column for each detail charge calculate the total pymts with rate brought in

create pivot of Winham 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, 258,270,272,300-310, 421,636, and 981 thru 999 to remove non cpt services and prof services clinic code filter to isolate locations non-campus

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 and eliminate 0 pays .

create Pivot with clinic code filter to arrive at total patients(net of 0 pay) by financial class for col B-E

Pivot the Charge detail 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 cpt pymts for col F-H

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.