

From: Foster, Tillman
To: ["ARMSTRONG, MICHAEL"](#); [Roberts, Karen](#)
Cc: [Karen Roberts \(OHCA\)](#)
Subject: RE: Yale-New Haven Health Services CY 2016 Annual Facility Fee Filing
Date: Thursday, June 29, 2017 10:12:00 AM

Thanks Mike-

Please accept the Office of Health Care Access' (OHCA) acknowledgement in receiving your Calendar Year (CY) 2016 Facility Fee filings for Bridgeport, Greenwich, L + M and Yale-New Haven Hospitals on June 29, 2017.

Sincerely,

Tillman Foster
Associate Health Care Analyst
Department of Public Health
Office of Health Care Access
410 Capitol Avenue
MS #13HCA, P.O. Box 340308
Hartford, CT 06134
Phone: (860) 418-7031
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From: ARMSTRONG, MICHAEL [mailto:Michael.Armstrong@ynhh.org]
Sent: Thursday, June 29, 2017 10:04 AM
To: Foster, Tillman <Tillman.Foster@ct.gov>
Subject: RE: Yale-New Haven Health Services CY 2016 Annual Facility Fee Filing

Mr. Foster,

Please disregard those submissions, as revised files were sent today.

Thank you.

Mike Armstrong
Yale New Haven Health System

Reimbursement Department
203.688.3029
Michael.Armstrong@ynhh.org



From: Foster, Tillman [<mailto:Tillman.Foster@ct.gov>]
Sent: Thursday, June 29, 2017 10:03 AM
To: ARMSTRONG, MICHAEL <Michael.Armstrong@ynhh.org>
Cc: Roberts, Karen <Karen.Roberts@ct.gov>; User, OHCA <OHCA@ct.gov>
Subject: Yale-New Haven Health Services CY 2016 Annual Facility Fee Filing

Mr. Armstrong-

This is acknowledgement of the Office of Health Care Access (OHCA) receiving your Calendar Year (CY) 2016 Facility Fee filings for Bridgeport, Greenwich and Yale-New Haven Hospitals on June 23, 2017.

Thank You.

Tillman Foster
Associate Health Care Analyst
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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>Yale-New Haven Health System</i>	N/A	N/A	N/A
<i>Yale-New Haven Hospital</i>			
	99211 - OFFICE OUTPATIENT VISIT 5 MINUTES	99211 - OFFICE OUTPATIENT VISIT 5 MINUTES	\$9,900,382
	G0202 - SCR MAMM DIREC	90853 - GROUP PSYCHOTHERAPY	\$5,465,624
	96413 - CHEMOTX ADMN IV NFS TQ UP 1 HR 1-1ST SBST-DRUG	G0202 - SCR MAMM DIREC	\$4,919,302
	90853 - GROUP PSYCHOTHERAPY	77052 - COMPUTER-AIDED DETECTION SCREENING MAMMOGRAPHY	\$4,126,334
	93306 - ECHO TTHRC R-T 2D W-WOM-MODE COMPL SPECCOLR D	93005 - ECG ROUTINE ECG W-LEAST 12 LDS TRCG ONLY W-O IR	\$3,441,278
	77385 - IMRT, with GUIDANCE AND TRACKING, SIMPLE	96413 - CHEMOTX ADMN IV NFS TQ UP 1 HR 1-1ST SBST-DRUG	\$2,971,949
	77412 - RADJ DLVR 3- AREAS CUSTOM BLKING 5MEV	71020 - RADIOLOGIC EXAM CHEST 2 VIEWS FRONALLATERAL	\$2,858,687
	70553 - MRI BRAIN BRAIN STEM W-O W-CONTRAST MATERIAL	76641 - US BREAST, UNILATERAL, COMPLETE	\$2,461,033
	78452 - MYOCARDIAL SPECT MULTIPLE STUDIES	77412 - RADJ DLVR 3- AREAS CUSTOM BLKING 5MEV	\$2,087,537
	77386 - IMRT, with GUIDANCE AND TRACKING, COMPLEX	77063 - SCREENING DIGITAL BREAST TOMOSYNTHESIS; BILATERAL	\$1,820,304

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.

Revenue was estimated by using the contracted rate of the payors or estimated payments using a proration of charges to payment

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>Adolescent Day Hospital, 646 George St, New Haven</i>	4,186	-	2,395	1,791	-	153,167	424,008	0-0	10.09-160.62	0.51-966.04	577,176
<i>Adult Sleep Center, 1291 Boston Post Rd, Madison</i>	1,005	623	74	308	194,297	8,615	384,093	31.83-1158.09	3.03-442.96	45.95-3350	587,006
<i>Adult Sleep Center, 8 Devine St, North Haven</i>	3,923	2,069	533	1,316	645,721	61,143	1,782,216	21.48-1235.13	0.79-442.96	5.19-4884.48	2,489,776
<i>Branford Day Hospital, 21 Business Park Dr, Branford</i>	3,943	-	1,325	2,618	-	83,182	656,769	0-0	0.96-147.97	7.11-1799.87	739,951
<i>Center For Women's Health and Midwifery, 1441 Chapel St,</i>	181	93	85	2	8,874	7,872	34	21.52-137.27	6.61-114.09	13.3-20.97	16,847
<i>Eldercare Clinic – Edith Johnson Towers, 114 Bristol St, New Haven</i>	56	1	43	11	122	2,161	655	121.9-121.9	2.1-114.09	6.52-222.44	3,013
<i>Long Wharf Medical Building, 150 Sargent Dr, New Haven</i>	25,600	8,015	4,335	13,235	453,105	280,574	2,064,721	0.49-1215.02	2.42-517.33	1.12-1466.67	2,799,950
<i>Maternal Fetal Medicine Center, 1 Long Wharf Dr, New Haven</i>	34,219	832	13,869	19,487	96,280	1,504,740	4,424,667	5.46-481.95	0.11-1134.91	0.18-4944	6,031,054
<i>North Haven Medical Center, 6 Devine St, North Haven</i>	60,334	26,339	5,772	28,164	2,123,699	520,480	7,008,264	0.03-1219	1.58-1605.24	0.07-4721.08	9,674,820
<i>North Haven Medical Center, 7 Devine St, North Haven</i>	560	336	130	94	34,840	11,819	14,937	12.51-238.09	5.13-150.45	5.22-1469.33	61,597
<i>Old Saybrook Medical Center, 633 Middlesex Tpke, Old Saybrook</i>	10,202	3,995	1,779	4,418	332,688	137,448	710,491	0.03-861	1.7-797.93	0.01-7615.01	1,181,655
<i>Outpatient Psychiatric Services, 1100 Sherman Ave, Hamden</i>	2,462	408	494	1,560	53,124	31,279	431,488	3.11-294.22	3.09-116.5	9.18-1930.29	515,890
<i>Outpatient Psychiatric Services, 1294 Chapel St, New Haven</i>	9,450	3,645	4,870	927	232,748	131,686	128,509	2.29-323.95	3.31-274.09	2.57-1962.28	493,984
<i>Outpatient Psychiatric Services, 2080 Whitney Ave, Hamden</i>	2,128	529	375	1,223	68,965	25,420	274,766	5.53-341.45	21.72-133.33	0.71-696	369,262
<i>Outpatient Psychiatric Services, 425 George St, New Haven</i>	16,878	3,466	8,133	5,276	421,674	582,661	1,389,008	0.76-418.95	8.58-447.94	4.59-1895.96	2,393,719
<i>Park Avenue Medical Center, 5520 Park Ave, Trumbull</i>	42,015	12,342	13,381	16,267	1,048,859	879,668	3,267,184	0.49-9709.31	1.7-780.48	0.03-7030.26	5,199,146
<i>Pediatric Specialty Center, 1 Long Wharf Dr, New Haven</i>	26,304	138	14,937	11,178	12,372	1,000,807	1,168,452	2.5-876.38	0.2-709.04	0.01-4080.28	2,187,069
<i>Pediatric Specialty Center, 747 Belden Ave, Norwalk</i>	5,814	11	2,707	3,084	1,094	205,045	365,171	5.82-396.06	0.11-733.98	0.13-1332.87	572,581
<i>Radiology and Biomedical Imaging, 2560 Dixwell Ave, Hamden</i>	19,163	7,010	1,783	10,349	862,325	181,589	2,555,778	0.55-1005.69	6.31-512.92	0.01-2934	3,603,699
<i>Shoreline Medical Center, 111 Goose Ln, Guilford</i>	76,203	40,734	3,658	31,772	5,725,784	457,103	12,032,400	0.49-3080.12	0.9-2304.65	0.06-9027	18,223,812
<i>Smilow Cancer Center, 1075 Chase Pkwy, Waterbury</i>	24,120	13,125	2,630	8,296	845,980	131,444	1,449,504	0.13-511.44	1.38-618.49	0.3-1963.37	2,437,899
<i>Smilow Cancer Center, 111 Beach Rd, Fairfield</i>	6,170	3,107	469	2,593	267,743	33,741	671,668	2.96-547.33	0.37-351.35	0.1-4841.59	973,213
<i>Smilow Cancer Center, 2080 Whitney Ave, Hamden</i>	10,447	5,956	369	4,121	2,010,222	132,083	4,564,760	5.21-6769.91	6.15-4911.76	0.32-33734.44	6,707,133
<i>Smilow Cancer Center, 240 Indian River Rd, Orange</i>	9,893	5,705	587	3,600	390,275	28,846	511,026	0.15-665.54	0.9-462.65	0.79-2249.02	930,215
<i>Smilow Cancer Center, 350 Seymour Ave, Derby</i>	9,436	4,921	862	3,648	323,045	50,554	691,527	3.16-467.17	1.92-313.4	0.79-3086.99	1,065,286
<i>Spine Center, 1 Long Wharf Dr, New Haven</i>	13,466	6,510	2,268	4,675	767,897	248,308	1,153,889	0.66-1445.55	0.98-976.31	0.71-5563.69	2,171,904
<i>Temple Medical Center, 40 Temple St, New Haven</i>	12,187	3,470	2,410	6,298	2,306,610	1,514,957	11,489,133	6.01-6417.67	3.17-6727.6	0.99-13196.16	15,315,918
<i>Temple Medical Center, 60 Temple St, New Haven</i>	9,004	2,624	1,743	4,626	318,742	210,318	1,387,484	3.73-1194.36	4.82-708.07	1.45-2974.93	1,920,254
<i>Temple Radiology, 556 Main St, East Haven</i>	5,264	2,044	1,244	1,974	162,715	100,763	258,773	6.66-813.19	2.26-313.48	4.71-2529.7	522,947
<i>The Heart and Vascular Center, 11 Harrison Ave, Branford</i>	814	465	53	296	44,612	3,857	46,360	10.27-756.44	17.55-346.31	8-1216.3	94,829

Table 2: Facility Fee information by Facility Location

<i>The Heart and Vascular Center, 1591 Boston Post Rd, Guilford, CT</i>	15,495	11,296	346	3,843	1,356,232	41,284	1,000,995	0.5-1258.79	1.7-1037.05	1.5-3295.89	2,399,170
<i>The Heart and Vascular Center, 2 Devine St, New Haven, CT</i>	25,204	17,954	1,182	6,048	2,419,491	158,591	1,894,370	1.73-2455.96	1.7-1173.17	0.82-4126.21	4,474,763
<i>The Heart and Vascular Center, 325 Boston Post Rd, Orange, CT</i>	5,712	4,476	231	1,003	739,512	37,410	455,906	1.11-1224.74	8.35-501.11	3.03-4510.72	1,232,963
<i>The Heart and Vascular Center, 5 Pequot Park Rd, Westport, CT</i>	8,160	5,538	169	2,451	675,347	16,187	530,224	3.89-832.01	13.73-642.89	1.5-3140.91	1,221,913
<i>The Heart and Vascular Center, 84 North Main St, Branford, CT</i>	18,433	10,706	1,347	6,371	1,011,121	108,075	962,799	4.28-1156.91	1.8-614.4	0.96-4497.5	2,083,016
<i>West Haven Walk-in Medical Center, 500 Elm St, West Haven, CT</i>	4,756	1,455	1,605	1,692	116,721	127,443	230,513	7.45-221.49	4.53-339.79	1.18-1004.34	475,472
<i>Yale Orthopedics, 1445 Boston Post Rd, Guilford, CT</i>	4,552	1,323	465	2,756	91,901	39,103	336,131	8.3-305.32	7.86-221	4.8-923.8	468,486
<i>YNHH Urology, 1291 Boston Post Rd, Madison, CT</i>	5,263	3,448	108	1,702	274,103	4,401	142,120	4.11-1042.76	2.08-209.87	0.37-6202.65	420,956
<i>YNHH Urology, 1475 Whalley Ave, New Haven, CT</i>	141	50	28	63	1,513	1,250	5,867	11.43-76.1	6.95-290.93	11.59-571.18	8,630
<i>YNHH Urology, 2200 Whitney Ave, Hamden, CT</i>	6,826	4675	144	1996	370,788	5,828	142,674	2.19-441.11	2.08-114.09	0.01-6469.97	520,053
Total (for Column L only)											103,167,027

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.

^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)).

Internal IT systems &/or payor contracts do not always isolate the payments down to cpt level. Thus the allowable facility fees paid in Column D are estimated based on (total payments per encounter/ total charges by encounter) times the cpt procedure charge

^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.

Revenue was estimated by using the contracted rate of the payors or estimated payments using a proration of charges to payment