

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

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
Adolescent Day Hospital, 646 George St, New Haven	4,186	-	2,395	1,791	-	153,167	424,008	0-0	10.09-160.62	0.51-966.04	577,176
Adult Sleep Center, 1291 Boston Post Rd, Madison	1,005	623	74	308	194,297	8,615	384,093	31.83-1158.09	3.03-442.96	45.95-3350	587,006
Adult Sleep Center, 8 Devine St, North Haven	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
Branford Day Hospital, 21 Business Park Dr, Branford	3,943	-	1,325	2,618	-	83,182	656,769	0-0	0.96-147.97	7.11-1799.87	739,951
Center For Women's Health and Midwifery, 1441 Chapel St,	181	93	85	2	8,874	7,872	34	21.52-137.27	6.61-114.09	13.3-20.97	16,847
Eldercare Clinic – Edith Johnson Towers, 114 Bristol St, New	56	1	43	11	122	2,161	655	121.9-121.9	2.1-114.09	6.52-222.44	3,013
Long Wharf Medical Building, 150 Sargent Dr, New Haven	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
Maternal Fetal Medicine Center, 1 Long Wharf Dr, New Haven	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
North Haven Medical Center, 6 Devine St, North Haven	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
North Haven Medical Center, 7 Devine St, North Haven	560	336	130	94	34,840	11,819	14,937	12.51-238.09	5.13-150.45	5.22-1469.33	61,597
Old Saybrook Medical Center, 633 Middlesex Tpke, Old Saybrook	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
Outpatient Psychiatric Services, 1100 Sherman Ave, Hamden	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
Outpatient Psychiatric Services, 1294 Chapel St, New Haven	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
Outpatient Psychiatric Services, 2080 Whitney Ave, Hamden	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
Outpatient Psychiatric Services, 425 George St, New Haven	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
Park Avenue Medical Center, 5520 Park Ave, Trumbull	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
Pediatric Specialty Center, 1 Long Wharf Dr, New Haven	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
Pediatric Specialty Center, 747 Belden Ave, Norwalk	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
Radiology and Biomedical Imaging, 2560 Dixwell Ave, Hamden	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
Shoreline Medical Center, 111 Goose Ln, Guilford	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
Smilow Cancer Center, 1075 Chase Pkwy, Waterbury	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
Smilow Cancer Center, 111 Beach Rd, Fairfield	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
Smilow Cancer Center, 2080 Whitney Ave, Hamden	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
Smilow Cancer Center, 240 Indian River Rd, Orange	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
Smilow Cancer Center, 350 Seymour Ave, Derby	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
Spine Center, 1 Long Wharf Dr, New Haven	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
Temple Medical Center, 40 Temple St, New Haven	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
Temple Medical Center, 60 Temple St, New Haven	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
Temple Radiology, 556 Main St, East Haven	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
The Heart and Vascular Center, 11 Harrison Ave, Branford	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

The Heart and Vascular Center, 1591 Boston Post Rd, Guilford	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
The Heart and Vascular Center, 2 Devine St,	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
The Heart and Vascular Center, 325 Boston Post Rd, Orange	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
The Heart and Vascular Center, 5 Pequot Park Rd, Westbrook	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
The Heart and Vascular Center, 84 North Main St, Branford	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
West Haven Walk-in Medical Center, 500 Elm St, West Haven	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
Yale Orthopedics, 1445 Boston Post Rd, Guilford	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
YNHH Urology, 1291 Boston Post Rd, Madison	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
YNHH Urology, 1475 Whalley Ave, New Haven	141	50	28	63	1,513	1,250	5,867	11.43-76.1	6.95-290.93	11.59-571.18	8,630
YNHH Urology, 2200 Whitney Ave, Hamden	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.

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

^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.

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