Annual Filing by Hospitals and Health Systems
Concerning Facility Fees Charged or Billed
Summary of Instructions

Section 19a-508c (m)(1) C.G.S, requires **each** hospital and hospital system to report, annually, to the Office of Health Strategy, certain information concerning facility fees charged or billed during the preceding calendar year. The annual report is required to be filed with the Office of Health Strategy no later than July 1, 2016, and annually thereafter.

Note that the higher level *Parent* within a *System* is the reporting entity for purposes of this filing and should include all hospitals in the System. The term Health System is defined below. Also, the contact person should be an in-state representative of the System and only business entities and hospitals operating within Connecticut are required to be included in this filing.

Key Definitions (pursuant to Statute Section 19a-508c)

- "**Campus**" means:
  (A) The physical area immediately adjacent to a hospital's main buildings and other areas and structures that are not strictly contiguous to the main buildings but are located within two hundred fifty yards of the main buildings, or
  (B) Any other area that has been determined on an individual case basis by the Centers for Medicare and Medicaid Services to be part of a hospital's campus;

- "**Facility fee**" means any fee charged or billed by a hospital or health system for outpatient hospital services provided in a hospital based facility that is:
  (A) Intended to compensate the hospital or health system for the operational expenses of the hospital or health system, and
  (B) Separate and distinct from a professional fee;

- "**Health system**" means:
  (A) A parent corporation of one or more hospitals and any entity affiliated with such parent corporation through ownership, governance, membership or other means, or
  (B) A hospital and any entity affiliated with such hospital through ownership, governance, membership or other means;

- "**Hospital**" has the same meaning as provided in section 19a-646, C.G.S.;

- "**Hospital-based facility**" means a facility that is owned or operated, in whole or in part, by a hospital or health system where hospital or professional medical services are provided;

- "**Professional fee**" means any fee charged or billed by a provider for professional medical services provided in a hospital-based facility;

- "**Provider**" means an individual, entity, corporation or health care provider, whether for profit or nonprofit, whose primary purpose is to provide professional medical services.

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There are two tables needed to fulfill the Annual Reporting requirement. Submit the file electronically to the following web address: https://ohsnotificationandfilings.ct.gov using the "*Submit Data*" tab. For filing type select "Facility Fee."

Important: If a hospital or health system did **not charge or bill any facility fees** in the preceding calendar year, please upload the signed affidavit indicating that this is the case.

As stated for purposes of this filing the term "facility" means a hospital based facility that is located outside a hospital campus.

(1) **Each** hospital and health system shall report not later than July 1, 2016, and annually thereafter to the Office of Health Strategy concerning facility fees charged or billed during the preceding calendar year. Such report shall include (Bulleted letters directly reference the Statute wording):

(A) The *name and location* of each facility owned or operated by the hospital or health system that provides services for which a facility fee is charged or billed (**Table 2, Column A and Colum B)**

(B) The *number of patient visits* at each such facility for which a facility fee was charged or billed **(Table 2, Column C)**
Provide *total number of patient visits* for all facilities for which a facility fee was charged or billed at the bottom of **(Table 2, Column C, Total Line**)

(C) The *number of allowable facility fees paid* at each such facility by
Medicare (**Table 2, Column D**),
Medicaid (**Table 2, Column E**) or
Under private insurance policies, (**Table 2, Column F**)

(C) The *total amount of allowable facility fees paid* at each such facility by
Medicare (**Table 2, Column G**),
Medicaid (**Table 2, Column H**), or
Under private insurance policies, **(Table 2, Column I)**

(C) The *range of allowable facility fees* paid at each such facility by
Medicare (**Table 2, Column J**), the Minimum Allowable Fee
Medicare (**Table 2, Column K**), the Maximum Allowable Fee
Medicaid (**Table 2, Column L**), the Minimum Allowable Fee
Medicaid (**Table 2, Column M**), the Maximum Allowable Fee
Under private insurance policies, (**Table 2, Column N**) the Minimum Allowable Fee

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Under private insurance policies, (**Table 2, Column O**) The Maximum Allowable Fee

(D) For each facility, *the total amount of revenue received* by the hospital or health system derived from facility fees, (**Table 2, Column P**)

(E) The *total amount of revenue* received by the hospital or health system *from all facilities* derived from facility fees, (**Table 2, Column L, Total Line**)

(F) A description of the *ten procedures or services including Common Procedural Terminology (CPT) Codes that generated the greatest amount of facility fee revenue* (**Table 1, Column C)** and,

For each such procedure or service described in **Column C**, the *total units of service for each of the top ten CPT codes* by the hospital or health system **(Table 1, Column D)**

For each such procedure or service described in **Column C**, the *total amount of revenue received* by the hospital or health system derived from facility fees (**Table 1, Column E**)

(G) The *top ten procedures* or services *including Common Procedural Terminology (CPT) Codes* for which facility fees are charged based on *patient volume* **(Table 1, Column F)**

For each such procedure or service described in **Column F**, the *total units of service for each of the top ten CPT codes* by the hospital or health system (**Table 1, Column G)**

For each such procedure or service described in **Column F**, the *total amount of revenue received* by the hospital or health system derived from facility fees (**Table 1, Column H**)