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**To:** [User\\_OHCA](#)  
**Subject:** Saint Mary's Hospital Facility Fee Filing  
**Date:** Thursday, June 22, 2017 8:53:56 AM  
**Attachments:** [St Mary's Hospital Facility Fee Tables #1 and #2 CY 2016.xlsx](#)

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Good Morning,

Attached is the facility fee filing for the Calendar Year 2016 for Saint Mary's Hospital.

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 <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>Saint Mary's Hospital 56 Franklin Street Waterbury CT 06706</i>	<i>Upper GI Endoscopy CPT 43239</i>	<i>Urgent Care Established CPT Level 99213</i>	<i>\$3,094,454</i>
	<i>Urgent Care Established Visit CPT Level 99213</i>	<i>Urgent Care Established Visit CPT Level 99212</i>	<i>\$2,487,474</i>
	<i>Colonoscopy 45378</i>	<i>Chest Xray at Urgent Care CPT 71020</i>	<i>\$1,929,635</i>
	<i>Oncology E&amp;Ms and infusion</i>	<i>Urgent Care New Visit CPT Level 99203</i>	<i>\$1,494,806</i>
	<i>Colonoscopy w/ biopsy 45380</i>	<i>Upper GI Endoscopy CPT 43239</i>	<i>\$1,313,986</i>
	<i>Colonoscopy w/ removal of polyps 45385</i>	<i>Oncology E&amp;Ms and infusion</i>	<i>\$1,050,901</i>
	<i>Urgent Care Established Visit CPT Level 99212</i>	<i>Urgent Care New Patient Visit CPT Level 99202</i>	<i>\$954,361</i>
	<i>Chest Xray at Urgent Care CPT 71020</i>	<i>Colonoscopy 45378</i>	<i>\$359,567</i>
	<i>Urgent Care New Visit CPT Level 99203</i>	<i>EKG w/ tracing at Urgent Care 93005</i>	<i>\$349,163</i>
	<i>Urgent Care New Patient Visit CPT Level 99202</i>	<i>Colonoscopy w/ biopsy 45380</i>	<i>\$268,433</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.**

Oncology Payments include accounts with facility fee E&M payments as well as facility infusion payments (ie drugs).

Urgent Care Accounts are a globally billed service (payments include both technical and professional components).

An allocation method of 80% was used for the technical facility portion.

Saint Mary's Hospital does not have non-hospital system providers that charge facility Fees

**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 <b>Outpatient</b> Services for which a facility fee is charged/billed (list name/address) <sup>a</sup>	# patient visits for which a facility fee was charged/billed	# allowable <sup>b</sup> facility fees paid by Medicare	# allowable <sup>b</sup> facility fees paid by Medicaid	# allowable <sup>b</sup> facility fees paid under private insurance policies	Total amount of allowable facility fees paid by Medicare <sup>c</sup>	Total amount of allowable facility fees paid by Medicaid <sup>c</sup>	Total amount of allowable facility fees paid under private insurance policies <sup>c</sup>	List the Range <sup>d</sup> of allowable facility fees paid by Medicare	List the Range <sup>d</sup> of allowable facility fees paid by Medicaid	List the Range <sup>d</sup> of allowable facility fees paid under private insurance policies	Total amount of revenue received by hospital or health system derived from facility fees <sup>e</sup>
Saint Mary's Hospital Urgent Care 799 New Haven Road Naugatuck, CT 06770	11,757	1,694	3,899	5,660	\$ 143,700	\$ 342,958	\$ 1,184,622	\$11.40 - \$315.48	\$9.73-\$492.05	\$11.84-\$1,243.20	\$ 1,708,948
Saint Mary's Hospital Urgent Care 503 Wolcott, CT 06716	7,541	1,356	2,004	3,941	\$ 110,148	\$ 178,791	\$ 872,833	\$13.64-\$567.77	\$9.53-\$405.69	\$15.75-\$1347.00	\$ 1,181,997
Saint Mary's Hospital Urgent Care 1312 West Main Street, Waterbury, CT 06708	8,357	1,449	2,277	4,189	\$ 128,058	\$ 210,669	\$ 930,130	\$10.05-\$1221.22	\$8.48-\$1166.40	\$9.00-\$742.80	\$ 1,304,107
St. Mary's Hospital Urgent Care Center - Cheshire 1154 Highland Avenue Cheshire, CT 06410	561	97	41	397	\$ 8,058	\$ 4,348	\$ 70,503	\$27.58 - \$155.57	\$62.49 - \$185.76	\$8.88 - 564.25	\$ 85,399
Saint Mary's Hospital Oncology Center 1075 Chase Parkway, Waterbury, CT 06708	1,572	1,529	0.00	0.00	\$ 1,462,932	0.00	0.00	\$7.04-\$24,438.07	0.00	0.00	\$ 1,494,806
Naugatuck Vaelly Surgical Center 160 Robbins St, Waterbury, CT 06708	7,875	3,022	964	3,643	\$ 4,050,321	\$ 1,533,272	\$ 10,996,095	\$53.42 - \$17,526.45	\$131.63-\$22,044.33	\$20.90-\$30,569.45	\$ 17,006,200
<i>Total Revenue</i>											\$ 22,781,457
<i>Facility Name/Address</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.**

<sup>a</sup>Information 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)).

<sup>b</sup>The term "allowable" in Columns C-J refer to what is allowable for charging of a Facility Fee by State or Federal laws

<sup>c</sup>The total amount of allowable facility fees paid by this payer source category.

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

<sup>e</sup>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.

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