

From: [MARC SILANO](#)
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](#)

Good Morning,

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

Thank you,

Marc Silano

Senior Financial Analyst
Saint Mary's Hospital
A Member of Trinity Health – New England

marc.silano@stmh.org

W 203-709-5718

56 Franklin Street
Waterbury, CT 06706

stmh.org | [facebook](#) | [twitter](#) | [Instagram](#)

Saint Mary's Health System Disclaimer:

The E-mail or documents attached to it, may contain confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient of this information, you are hereby notified that any disclosure, copying, or distribution of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately to arrange for return of these documents.

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&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&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 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>Saint Mary's Hospital Urgent Care 799 New Haven Road Naugatuck, CT 06770</i>	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
<i>Saint Mary's Hospital Urgent Care 503 Wolcott, CT 06716</i>	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
<i>Saint Mary's Hospital Urgent Care 1312 West Main Street, Waterbury, CT 06708</i>	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
<i>St. Mary's Hospital Urgent Care Center - Cheshire 1154 Highland Avenue Cheshire, CT 06410</i>	561	97	41	397	\$ 8,058	\$ 4,348	\$ 70,503	\$27.58 - \$155.57	\$62.49 - \$185.76	\$8.88 - 564.25	\$ 85,399
<i>Saint Mary's Hospital Oncology Center 1075 Chase Parkway, Waterbury, CT 06708</i>	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
<i>Naugatuck Vaelly Surgical Center 160 Robbins St, Waterbury, CT 06708</i>	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.

^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)).

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

^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.

Table 2: Facility Fee information by Facility Location

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.