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

Section 19a-508c (m)(1) Connecticut General Statute (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, 2026.

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 from Statute 19a-508c are noted below.

- "**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.

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

There are two Excel tables, Tables 1 and 2, and two affidavits, the *Facility Fee Billing Affidavit* and the *Facility Fee Notice Affidavit* required to fulfill the Annual Reporting requirements. The Excel tables and affidavits are accessible by going to the Facility Fee section of the OHS website at https://portal.ct.gov/OHS/Health-Systems-Planning/Notifications/Facility-Fees.

Submit completed tables and affidavits electronically by logging into the OHS Notifications and Filings web portal at https://ohsnotificationandfilings.ct.gov. To submit the filing documents, click "File Data" in the header and complete the required information before uploading the filing documents.

When choosing an option for Filing Type, do the following:

- Select "Facility Fee" to submit the Excel tables and the Facility Fee *Billing* Affidavit, and
- Select "Facility Fee Hospital Notices to Patients" to submit the Facility Fee *Notice* Affidavit.

For step-by-step instructions on how to submit the Facility Fee Filing, review the document *Notifications and Filing Web Portal Instructions* located on OHS Facility Fee website.

Hospitals or health systems that did not charge or bill any facility fees in the preceding calendar year, are not required to complete the Excel tables or the *Facility Fee Notice Affidavit*. However, all hospitals or health systems must complete and submit the *Facility Fee Billing Affidavit*.

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

Specific filing requirements to complete facility fee Table 1 and Table 2 are provided on the following pages. The information provides details of the types of data to be provided on the tables. It is recommended that filers also review Statute 19a-508 (c) prior to completing the tables.

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

TABLE 1 - Data to be filed includes the names and locations of facilities, on campus and off campus activity, amount of facility fees paid, total gross charges, and CPT code information. Table 1 adheres to the requirements of Statute 19a-508c(m)(1)(F) and (G). Note, the letters below do not represent sections of the statute.

(A) For each hospital or health system for which a facility fee is charged or billed identify if the data is *located On Campus or Off Campus* (**Column A thru Column C)**.

(B) Descriptions of the top *ten procedures or services and associated Common Procedural Terminology (CPT) codes that generated the greatest amount of facility fees paid* (**Columns D - G)**:

- For each such procedure or service and associated CPT code described in **Column D**, report the # of billed units by the hospital or health system **(Column E),**

- For each such procedure or service and associated CPT code described in **Column D**, report the *total amount of facility fee gross charges* by the hospital or health system (**Column F**), and

- For each such procedure or service and associated CPT code described in Column D, report the total amount of facility fees paid by the hospital or health system (**Column G**).

(C) Descriptions of the *top ten procedures* or services *and associated CPT codes* for which facility fees are paid, based on # of billed units **(Columns I - L)**:

- For each such procedure or service and associated CPT code described in **Column I**, report the # of billed units by the hospital or health system (**Column J),** and

- For each such procedure or service described in **Column I**, report the *total amount of facility fees paid* to the hospital or health system (**Column K**), and

- For each such procedure or service described in Column **I**, report the total amount of facility fee gross charges received by the hospital or health system (**Column L**).

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

TABLE 2— Data to be filed includes the names and locations of facilities, the number of patient visits, amount of facility fees paid, maximum and minimum facility fees paid, total facility fees charged and collected. Table 2 adheres to the requirements of Statute 19a-508c(m)(1)(A) through (E). Note, the letters below do not represent sections of the statute.

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

(B) The *location,* on campus or off campus, of each facility owned or operated by the hospital or health system that provides services for which a facility fee is charged or billed (**Column C)**.

(C) The *number of patient visits* at each such facility for which a facility fee was charged or billed **(Column D)**.

- Provide the *total number of patient visits* for all facilities for which a facility fee was charged or billed at the bottom of **(Column D, Total Line**).

(D) The *number of facility fees paid* at each such facility by:

- Medicare (**Column E**),
- Medicaid (**Column F**),
- Private insurance policies (**Column G**), and
- All other insurance policies (**Column H**).

(E) The *total amount of facility fees paid* at each such facility by:

- Medicare (**Column I**),
- Medicaid (**Column J**),
- Private insurance policies **(Column K)**, and
- All other insurance policies (**Column L**).

(F) The *range of facility fees* paid at each such facility by:

- Medicare (**Column M**), the Minimum Fee,
- Medicare (**Column N**), the Maximum Fee,
- Medicaid (**Column O**), the Minimum Fee,
- Medicaid (**Column P**), the Maximum Fee,
- Private insurance policies, (**Column Q**) the Minimum Fee, and
- Private insurance policies, (**Column R**) the Maximum Fee.

(G) The *total amount of facility fees paid to* the hospital or health system derived from facility fees, for each facility (**Column S**).

(H) The *total amount charged* by the hospital or health system derived from facility fees, for each facility, (**Column T**).