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 Column A, describe the ten procedures/services that generated the greatest amount of facility fee revenue	For each Entity listed in Column A, describe the ten procedures/services for which facility fees were charged based on patient volume	For each procedure/service description listed in Column B, list total revenue received by hospital or health system derived from facility fees	
Hartford HealthCare	N/A	N/A	N/A	
The William W. Backus Hospital	*G0202 - SCREENING MAMMOGRAPHY DIGITAL*	*G0202 - SCREENING MAMMOGRAPHY DIGITAL*	*$3,900,568*	
	74177 - CT ABD & PELV W/CONTRAST	*77052 - COMP SCREEN MAMMOGRAM ADD-ON*	*$2,611,003*	
	71250 - CT THORAX W/O DYE	*99213 - OFFICE/OUTPATIENT VISIT EST, 15*	*$2,440,702*	
	72148 - MRI LUMBAR SPINE W/O DYE	*99211 - OFFICE/OUTPATIENT VISIT EST, 5*	*$1,572,924*	
	99214 - OFFICE/OUTPATIENT VISIT EST, 25	*99214 - OFFICE/OUTPATIENT VISIT EST, 25*	*$1,414,125*	
	99213 - OFFICE/OUTPATIENT VISIT EST, 15	*71020 - CHEST X-RAY 2VW FRONTAL & LATL*	*$1,402,726*	
	74176 - CT ABD & PELVIS W/O CONTRAST	*77080 DXA BONE DENSITY AXIAL*	*$1,227,243*	
	71260 - CT THORAX W/DYE	*77051 - COMPUTER DX MAMMOGRAM ADD-ON*	*$1,097,088*	
	77052 - COMP SCREEN MAMMOGRAM ADD-ON	*71250 - CT THORAX W/O DYE*	*$1,013,976*	
	74178 - CT ABD & PELV 1/> REGNS	*76700 - US EXAM ABDOM COMPLETE*	*$998,767*	
NOTE 1: 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.				
NOTE 2: Additionally, for the above HHC hospital listed, there are No non-hospital providers charging 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]
Backus Outpatient Care Center 111 Salem Turnpike/Route 82, Norwich, CT 06360	50,693	16,100	7,801	26,601	2,202,776	1,066,996	7,570,856	0.00 - 8101.38	0.00 - 11,626.70	0.00 - 33581.73	10,853,195
Colchester Backus Family Health Center 163 Broadway, Colchester, CT 06415	3,110	605	417	2,062	50,776	61,803	300,440	0.00 - 334.66	0.00 - 786.30	0.00 - 2042.52	415,988
Montville Backus Family Health Center 80 Norwich-New London Turnpike, Uncasville, CT 06382	5,694	1,718	801	3,132	92,563	63,245	411,335	0.00 - 511.58	0.00 - 680.84	0.00 - 2253.85	571,150
Plainfield Emergency and Outpatient Care Center 582 Norwich Road, Plainfield, CT 06374	21,047	6,009	3,082	11,894	487,376	294,958	2,797,374	0.00 - 2312.85	0.00 - 1,921.01	0.00 - 5251.70	3,585,265
Total (***for Column L only***)											***15,425,598***

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.

[a]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)).

[b]The 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.

[d]From lowest to highest the allowable facility fee paid by this payer source (i.e., $100 - 1,500)

[e]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.

From:	Traverso, John
To:	User, OHCA; Foster, Tillman
Cc:	Scher, Angelina; Joslin, Maureen; Gomes, Carlos; Mackie, Janice; Ouellette, Kathe; Pinard, Al (Pinard@chime.org)
Subject:	Annual Facility Fee Submission for Hartford HealthCare - Amended
Date:	Monday, September 12, 2016 10:59:01 AM
Attachments:	BACKUS Facility Fee Tables #1 and #2.xlsx Hartford Hospital_FY 2015_OHCA_Facility Fee_Filing 2015_Table 1 - Table 2_08-31-2016.xlsx HOCC Facility Fee Tables #1 and #2 revised 7-8 Submitted Rev.xlsx MidState Medical Center Facility Tables #1 and #2.xlsx Windham Hospital Tables 1 & 2.xlsx

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Attached are the amended Tables for our HHC hospitals.
The amendments made were:

- Addition of a Note to Table 1 indicating that for the listed hospital, there are no non-hospital providers charging facility fees (note added to each HHC hospitals);
- Total reported in Column L of Table 2 (Backus and HOCC); and
- For HOCC, -0- reported in columns D and G for the Southington Sleep Lab.

Let me know if there are additional questions.
Thank you

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