

**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>(Facility # 1) Milford Hospital Urgent Care Center, 831 Boston Post Road Milford CT 06460</i>	<i>(Procedure/Service # 1) Urgent Care Center VISIT-LEVEL 2 - FACILITY, Milford Hospital Procedure Charge code - 5800000004</i>	<i>(Procedure/Service # 1) Urgent Care Center VISIT-LEVEL 2 - FACILITY, Milford Hospital Procedure Charge code - 5800000004</i>	\$ 414,312.04
<i>(Facility # 1) Milford Hospital Urgent Care Center, 831 Boston Post Road Milford CT 06460</i>	<i>(Procedure/Service # 2) Urgent Care Center VISIT-LEVEL 3 - FACILITY, Milford Hospital Procedure Charge code - 5800000006</i>	<i>(Procedure/Service # 2) Urgent Care Center VISIT-LEVEL 3 - FACILITY, Milford Hospital Procedure Charge code - 5800000006</i>	\$ 4,219.06
<i>(Facility # 1) Milford Hospital Urgent Care Center, 831 Boston Post Road Milford CT 06460</i>	<i>(Procedure/Service # 3) Urgent Care Center VISIT-LEVEL 1 - FACILITY, Milford Hospital Procedure Charge code - 5800000002</i>	<i>(Procedure/Service # 3) Urgent Care Center VISIT-LEVEL 1 - FACILITY, Milford Hospital Procedure Charge code - 5800000002</i>	\$ 3,375.25

**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 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>
Milford Hospital Urgent Care Center, 831 Boston Post Road Milford CT 06460	10,306	1,404	2,425	6,177	\$45,188.22 - Footnote A	\$55,192.37 - Footnote A	\$312,984.57 - Footnote A	0 to \$34.94	0 to \$57.23	0 to \$103.95	\$421,906.35 - Footnote A
Total (for Column L only)											<i>Total above lines</i>
<b>NOTE: For any information on this table, that is <i>estimated</i> by the Hospital/System using a formula or methodology, provide a full explanation of the estimating methodology and assumptions and explain</b>											
<sup>a</sup> Information in Columns B - L are for each Facility. Facility means a hospital-based facility located <b>outside a hospital campus</b> (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.											
(Footnote A) - The payment received by Milford Hospital, for this service, by the requested payers are bundled payments; we cannot isolate the facility fee revenue to the desired level of detail. <u>Estimated Reimbursement method</u> : The calculated percent of a facility fee charge within an entire Urgent Care visit is 23.56 % of the total charge based on a 5 month sampling in CY 2015. Therefore, Milford Hospital is using the estimated calculation of 23.56% of the bundled revenue payment, for each visit, for the given payer or group of payers, to serve as the facility fee revenue, for this submission.											

**From:** [Vaccino John](#)  
**To:** [User, OHCA](#)  
**Cc:** [Roberts, Karen](#); [Martone, Kim](#); [Foster, Tillman](#)  
**Subject:** Milford Hospital Facility Fees filing  
**Date:** Monday, October 31, 2016 4:58:30 PM  
**Attachments:** [Milford Hospital - Facility Fee Tables #1 and #2 - FINAL.xlsx](#)

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To whom it may concern at the Office of Health Care Access, CT Department of Public Health:

Good afternoon.

Enclosed, please find Milford Hospital's revised Calendar Year (CY) 2015 Facility Fee filing. Please do not hesitate to contact me if you have any questions towards the document.

Regards,  
John

John J. Vaccino, Jr, MBA, PMP  
Director, Patient Revenue Services and Privacy Officer  
Milford Hospital, Inc.  
300 Seaside Avenue  
Milford, CT 06460  
T - 203.876.4679  
[john.vaccino@milfordhospital.org](mailto:john.vaccino@milfordhospital.org)



MILFORD HOSPITAL

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**From:** [Roberts, Karen](#)  
**To:** [john.vaccino@milfordhospital.org](mailto:john.vaccino@milfordhospital.org)  
**Cc:** [Martone, Kim](#); [Foster, Tillman](#)  
**Subject:** FW: Milford Facility Fees Filing  
**Date:** Friday, October 07, 2016 3:56:26 PM  
**Attachments:** [Annual Facility Fee Filings to OHCA.msg](#)

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**To:** John J. Vaccino, Jr, MBA, PMP  
Director, Patient Revenue Services and Privacy Officer  
Milford Hospital, Inc.  
[john.vaccino@milfordhospital.org](mailto:john.vaccino@milfordhospital.org)

Dear Mr. Vaccino

This is acknowledgement of the Office of Health Care Access (OHCA) receipt of your Calendar Year (CY) 2015 Facility Fee filing on October 3, 2016. However, upon review of the filing, OHCA finds the filing deficient in terms of the filing instructions and the requirements of Public Act 15-146, Section 13 (I)(1). Note that this referenced Public Act requires each hospital and health system to report the following to OHCA on or before July 1, 2016: (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, (B) the number of patient visits at each such facility for which a facility fee was charged or billed, (C) the number, total amount and range of allowable facility fees paid at each such facility by Medicare, Medicaid or under private insurance policies, (D) for each facility, the total amount of revenue received by the hospital or health system derived from facility fees, (E) the total amount of revenue received by the hospital or health system from all facilities derived from facility fees, (F) a description of the ten procedures or services that generated the greatest amount of facility fee revenue and, for each such procedure or service, the total amount of revenue received by the hospital or health system derived from facility fees, and (G) the top ten procedures for which facility fees are charged based on patient volume.* This subsection further requires OHCA to post said information on its website.

Regarding Both Tables

1. The hospital reported facility fee information for only one facility, Milford Hospital Urgent Care Center. Confirm that there are no other outpatient services located outside of the hospital campus, operated by either the hospital or another Milford system affiliate, which charges facility fees? If there are other System providers charging facility fees, revise the filing by adding health system data for Table #1 and Table #2.

Regarding Table #1

2. When asked to file the top ten procedures in columns B and C, the Hospital files only three procedures (Levels 1, 2, and 3 urgent care visits). Confirm that these are the only procedures offered for which facility fees are charged.
3. Column D dollar amounts are not provided and according to the statute a dollar amount must be provided. The Hospital instead provides a 'Footnote A' in which it stated that "*The payment received by Milford Hospital for this service, by our payers is a bundled payment, we cannot isolate the facility fee revenue to this requested*

*level of detail*". This response does not meet the requirements of the Public Act. OHCA had put in its instructions that the hospitals may estimate such totals and for any amount that is *estimated* by the Hospital/System using a formula or methodology, provide a full explanation of the estimating methodology and assumptions. Please provide the appropriate totals, and if estimated, explain the estimation methodology.

4. When filing a revised Table #1, please remove the OHCA provided example information as the Hospital's tables will be posted on the OHCA website as Milford Hospital specific information.

#### Regarding Table #2

5. The data provided in columns C through E appear to be dollar amounts – these columns are not asking for dollar figures. Please clarify if the Hospital is reporting dollars in these columns or whether the Urgent Care Center had 140,125 allowable fees paid by Medicare, 241,669 allowable fees paid by Medicaid and 607,416 allowable fees paid by private insurance. If these are dollar amounts, these columns need to be revised with **number** of fees allowable by the three payer classifications (i.e., Medicare, Medicaid and Private Insurance) in which a facility fee was charged to these payer groups.
6. For Columns J and K, provide the minimum amounts in the list of range of allowable fees for Medicaid and Private Insurance payers, even if those amounts are zero (i.e., \$0 - \$57.23, \$5 – \$57.23.)
7. No TOTAL amount for facility fee revenue was provided in column L, as required. This is inconsistent with the requirements of the Public Act. The hospital must provide the **total amount** of facility fee revenues received. If an actual amount cannot be provided, for the reason listed in the Hospital's Footnote E, then provide an estimate based on a methodology or source of how the amount is calculated.

Please note that the required filing of this information is pursuant to Public Act 15-146 and is unrelated to any Certificate of Need or CON Determinations acted on pursuant to the CON laws.

Please provide the revised Tables #1 and #2 by the end of October so that we may have this information posted on the OHCA website as required by the Public Act. Please file your response to the following inbox [OHCA@ct.gov](mailto:OHCA@ct.gov). Note that it may be helpful to visit OHCA's webpage at <http://www.ct.gov/dph/cwp/view.asp?a=3902&q=277034&dphNav=|52607|>

to see the filings OHCA has received by the other providers. In addition, I am attaching a Question and Response document regarding these filings which OHCA released during the summer to assist the Hospitals/Systems.

*Sincerely,*

*Karen Roberts*

Principal Health Care Analyst  
Office of Health Care Access

Connecticut Department of Public Health

410 Capitol Avenue, MS #13HCA, P.O. Box 340308, Hartford, CT 06134-0308

P: (860) 418-7041 / F: (860) 418-7053 / E: [karen.roberts@ct.gov](mailto:karen.roberts@ct.gov)

