

**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		
Hartford HealthCare	N/A	N/A	N/A		
Windham Hospital	1) Mammogram screening	Mammogram screening	\$50,831		
	2) Comp screen mammogram add-on	Comp screen mammogram add-on	\$17,479		
	3) Dxa bone density axial	Dxa bone density axial	\$16,648		
	4) N/A	4) ETC	4) ETC		
	5) N/A	5) ETC	5) ETC		
	6) N/A	6) ETC	6) ETC		
	7) N/A	7) ETC	7) ETC		
	8) N/A	8) ETC	8) ETC		
	9) N/A	9) ETC	9) ETC		
	10) N/A	10) ETC	10) ETC		
<p><b>NOTE 1: 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 why actual figures are unavailable.</b></p> <p><b>NOTE 2: Additionally, for the above HHC hospital listed, there are No non-hospital providers charging facility fees.</b></p> <p><b>NOTE 3: The facility revenue in Column D is estimated based on(total payments per encounter/ total charges by encounter) times the cpt procedure charge. Windham internal IT systems &amp;/or payor contracts do not always isolate the payments down to cpt level; for instance a payor may pay on a per case rate.</b></p>					

**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>
<i>Windham Hospital-Women's Health Hebron; 21 A Liberty Drive, Hebron, CT</i>	484	288	60	537	\$ 19,753	\$ 4,326	\$ 60,389	\$7 - \$408	\$8 - \$297	\$8 - \$695	\$ 84,958
<i>Facility Name/Address</i>											
<i>Facility Name/Address</i>											
<i>Facility Name/Address</i>											
<i>Facility Name/Address</i>											
<i>Facility Name/Address</i>											
<i>Facility Name/Address</i>											
<i>Facility Name/Address</i>											
<i>Facility Name/Address</i>											
<i>Facility Name/Address</i>											
<i>Facility Name/Address</i>											
<i>Facility Name/Address</i>											
<b>Total (for Column L only)</b>											<b>\$ 84,958</b>
<p><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 why actual figures are unavailable.</b></p>											
<p><sup>a</sup>Information in Columns B - L are for each Facility. Facility means a hospital-based facility located <u>outside a hospital campus</u> (Campus is defined in Section 19a-508c(a)(2)).</p>											
<p><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</p>											
<p><sup>c</sup>The total amount of allowable facility fees paid by this payer source category.</p>											
<p><sup>d</sup>From lowest to highest the allowable facility fee paid by this payer source (i.e., \$100 - 1,500)</p>											
<p><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.</p>											
<p><b>NOTE:</b></p>											
<p>The facility fees paid in Columns F-L are estimated based on (total payments per encounter/ total charges by encounter) times the cpt procedure charge.</p>											
<p>Windham systems and/or contracts do not isolate the payments down to cpt level in all cases; for instance a payor may pay on a per case rate.</p>											



**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](#)

---

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

**John Traverso**  
Director, Corporate Reimbursement  
Hartford HealthCare  
(860) 696-6246  
[John.Traverso@hhchealth.org](mailto:John.Traverso@hhchealth.org)

*This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, or an employee or agent responsible for delivering the message to the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message, including any attachments.*