

**Table 1: Ten procedures/services generating Facility Fees
CY 2015-Manchester and Rockville Hospitals**

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
Manchester Memorial Hospital	GROUP PSYCHOTHERAPY	GROUP PSYCHOTHERAPY	\$ 1,415,113.57
	PSYCHOTHERAPY 45 MINS	PSYCHOTHERAPY 45 MINS	\$ 533,541.96
	PSYCH DX EVAL-NO MEDICAL SVCS	FLOW CYTOMETRY EA ADDL MARKER	\$ 119,999.96
	PSYCHOTHERAPY 30 MINS	PSYCHOTHERAPY 30 MINS	\$ 109,328.81
	MAMMOGRAM SCREEN BILAT DIGITAL	MAMMOGRAM SCREEN BILAT DIGITAL	\$ 73,559.71
	FLOW CYTOMETRY EA ADDL MARKER	PSYCH DX EVAL-NO MEDICAL SVCS	\$ 24,988.51
	BONE DENSITY DEXA AXIAL SKELTN	IMMUNOHISTO/CYTO ADD SINGLE AB	\$ 13,260.80
	FISH-MORPHOMETRIC-MULTIPLEX-TC	IMMUNOHISTO/CYTO CHEM 1ST AB	\$ 12,990.60
	FAMILY PSYCHOTHERAPY W/PT	SPECIAL STAINS GROUP 2	\$ 8,765.97
	IMMUNOHISTO/CYTO ADD SINGLE AB	BONE DENSITY DEXA AXIAL SKELTN	\$ 7,628.81
Rockville General Hospital	MAMMOGRAM SCREEN BILAT DIGITAL	MAMMOGRAM SCREEN BILAT DIGITAL	\$ 1,048,873.94
	ULTRA SOUND BREAST	URGENT CARE FACILITY LEVEL IV	\$ 401,408.73
	CT ABD/PELVIS W/CONT	ULTRA SOUND BREAST	\$ 313,820.20
	URGENT CARE FACILITY LEVEL IV	MULTIHANCE (GAD) CONTRAST/ML	\$ 311,250.52
	BONE DENSITY DEXA AXIAL SKELTN	BONE DENSITY DEXA AXIAL SKELTN	\$ 285,121.21
	CT ABD/PELVIS W/O CONT	ULTRA SOUND BREAST, LIMITED	\$ 188,587.20
	ULTRA SOUND BREAST, LIMITED	CHEST 2 VIEWS PA & LAT	\$ 154,570.27
	CT MAXILLOFACIAL WO CONTRAST	MAMMOGRAM DIAG UNILAT DIGITAL	\$ 149,668.53
	US ABDOMEN COMPLETE	URGENT CARE FACILITY LEVEL III	\$ 139,530.69
	MRI LOWER EXT JT WO CONT	KNEE 3 VIEWS	\$ 131,845.74

**NOTES: Column D is the realization based on the 2015 Cost Report (30%).
Billing is only done for the hospitals. We do not bill for non-hospital health system providers.**

**ECHN Facility Fees
CY 2015-Manchester and Rockville Hospitals**

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
Manchester Memorial Hospital											
<i>Outpatient Behavioral Health 150 North Main Street Manchester</i>	12087	2315	3770	3601	\$ 578,490.12	\$ 955,910.44	\$ 1,049,797.60	0-\$3088.65	\$.31-\$1572.34	\$1.04-\$2000.00	\$ 2,696,333.91
<i>Glastonbury Wellness Center 622 Hebron Avenue Glastonbury</i>	1321	449	1224	656	\$ 43,100.05	\$ 11,759.70	\$ 106,807.38	0-\$213.16	\$7.82-\$335.92	\$5.88-\$680.72	\$ 167,866.20
<i>Blood Draw Station Coventry 1707 Boston Turnpike Coventry</i>	3	1	0	1	\$ 37.95	0	\$ 36.87	\$37.95	\$0.00	\$36.87	\$ 94.82
<i>MLPEGW 2800 SouthWindsor Medical Office Building Tamarack Avenue South Windsor</i>	3	3	0	0	\$ 282.14	0	0	\$125.19-282.14	\$0.00	\$0.00	\$ 282.14
<i>Ellington Primary Care 175 West Road Ellington</i>	9	1	0	2	\$ 215.55	0	\$ 40.79	\$215.55	\$0.00	\$40.79	\$ 883.36
<i>MLPEVGI 2400 SouthWindsor Medical Office Building Tamarack Avenue South Windsor</i>	4	1	0	2	\$ 75.86	0	\$ 183.26	\$75.86	\$0.00	\$67.08-\$116.18	\$ 269.12
<i>Family Health Care Center Manchester 130 Hartford Rd Manchester</i>	4	3	0	1	\$ 55.38	0	\$ 52.60	\$55.38	\$0.00	\$52.60	\$ 107.98
<i>MLPOFF Blood Draw Station 360 Tolland Turnpike, Suite 3E Manchester</i>	1	1	0	0	\$ 34.51	0	0	\$34.51	\$0.00	\$0.00	\$ 34.51
<i>Tolland Medical Office Building 6 Fieldstone Commons Tolland</i>	2	0	0	2	0	0	\$ 813.38	\$0.00	\$0.00	\$33.59-\$779.79	\$ 813.38
<i>Vernon Internal Medicine 428 Hartford Turnpike Vernon</i>	5	2	0	2	\$ 177.74	0	\$ 24.36	\$23.82-\$153.92	\$0.00	\$0-\$24.36	\$ 237.67
											\$ 2,866,923.09
Rockville General Hosptial											
<i>Evergreen Imaging 2800 Tamarack Ave., Suite 002 South Windsor, CT 06074</i>	17624	3670	1322	7784	\$ 386,909.86	\$ 119,592.27	\$ 1,515,848.85	\$0-\$860.69	\$.01-\$617.21	\$0-\$4865.86	\$ 2,529,011.18
<i>Women's Center for Wellness 2600 Tamarack Avenue South Windsor</i>	22856	6059	1187	12303	\$ 699,228.53	\$ 186,787.49	\$ 2,568,876.04	\$0-\$1457.41	16-\$3580.72	\$0-\$6422.64	\$ 3,871,801.55

**ECHN Facility Fees
CY 2015-Manchester and Rockville Hospitals**

Urgent Care at South Windsor 2800 Tamarack Avenue, Suite 105 South Windsor	12109	1204	1246	4987	\$ 98,537.16	\$ 83,720.93	\$ 956,650.23	\$0-\$997.90	\$1.51-\$473.97	\$0-\$1235.00	\$ 1,493,995.27
Total (for Column L only)											\$ 13,628,654.18

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

^cThe 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.

Received:Oct 3, 2016 8:48 AM
Expires:Oct 17, 2016 8:48 AM
From:tgrab@echn.org
To: tillman.foster@ct.gov
Cc:
Subject:ECHN SECURE RE: ECHN Facility Fee Filing
Attachments:[image001.jpg](#), [Manchester and Rockville Hospitals Facility Fees CY 2015 FINAL rev 1.xlsx](#)

This message was sent securely using ZixCorp.

Hi Tillman-

I have updated this as requested and added a note saying that we do not bill for non-hospital health system providers.

Tracy

From: Foster, Tillman [mailto:Tillman.Foster@ct.gov]
Sent: Tuesday, September 27, 2016 6:21 PM
To: Grab, Tracy S
Subject: FW: ECHN Facility Fee Filing

Ms. Grab-

I am following up with the questions OHCA had in regards to the facility fee filing for Eastern Connecticut Health Network.

Please call or email me if you have any questions.

Tillman Foster
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Ms. Grab

This is acknowledgement of the Office of Health Care Access (OHCA) receiving your Calendar Year (CY) 2015 Facility Fee filing on September 2, 2016.

After reviewing the filing OHCA has a couple of questions in regards to the following:

1. On Table 1, Columns A through D, the hospital did not report the top ten procedures/services which generated the most facility fee revenue and had the most facility fees charged from **non-hospital health system providers**. Please confirm that there are no affiliates of either Manchester Memorial or Rockville General Hospital charging facility fees. If that is not the case, revise the filing by adding health system data for Table 1.
2. On table 2, columns G, H, J and K dashes were entered on some lines. Reformat the dashes into zeroes in columns G and H and both dollar signs and zeroes in columns J and K.

Please respond by September 15, 2016.

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