

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>Trinity Health New England</i>	<i>Hyperbaric Oxygen Treatment</i>	<i>Office Visit</i>	<i>\$1,404,017</i>
	<i>Surgical Services - Other</i>	<i>Surgical Services - Other</i>	<i>\$1,003,021</i>
	<i>Surgery: Foot/Toes - Repair/Rev/Recon</i>	<i>Breast Mammography</i>	<i>\$550,564</i>
	<i>Wound Debridement</i>	<i>Wound Debridement</i>	<i>\$526,516</i>
	<i>Surgery: Anterior Segment - Lens</i>	<i>Screening Mammogram</i>	<i>\$481,817</i>
	<i>Wound Services - Other</i>	<i>Diagnostic Radiology - Chest</i>	<i>\$425,033</i>
	<i>Surgery - Extracranial, Peripheral & Autonomic Nervous System</i>	<i>Wound Services - Other</i>	<i>\$361,385</i>
	<i>Polysomnography</i>	<i>Diagnostic Radiology - Lower Extremities</i>	<i>\$304,677</i>
	<i>Office Visit</i>	<i>Diagnostic Radiology - General</i>	<i>\$249,201</i>
	<i>Screening Mammogram</i>	<i>Other Therapeutic Services - General</i>	<i>\$232,347</i>
<i>St. Francis Hospital</i>	<i>Hyperbaric Oxygen Treatment</i>	<i>Office Visit</i>	<i>\$1,212,175</i>
	<i>Office Visit</i>	<i>Wound Debridement</i>	<i>\$250,940</i>
	<i>Surgery - Extracranial, Peripheral & Autonomic Nervous System</i>	<i>Surgical Services - Other</i>	<i>\$219,464</i>
	<i>Surgical Services - Other</i>	<i>Diagnostic Radiology - Lower Extremities</i>	<i>\$217,920</i>
	<i>Wound Debridement</i>	<i>Other Therapeutic Services - General</i>	<i>\$159,361</i>
	<i>Dental Surgery</i>	<i>Diagnostic Radiology - Spine & Pelvis</i>	<i>\$143,881</i>
	<i>MRI - General</i>	<i>Musculoskeletal - Casting and Strapping</i>	<i>\$124,028</i>
	<i>Wound Services - Other</i>	<i>Dental Surgery</i>	<i>\$79,962</i>
	<i>Surgery: Spine & Spinal Cord</i>	<i>MRI - General</i>	<i>\$56,353</i>

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	<i>Surgery: Pelvis/Hip - Intro/Removal</i>	<i>Diagnostic Radiology - Head & Neck</i>	<i>\$42,175</i>
<i>Johnson Memorial Medical Center</i>	<i>Surgical Services - Other</i>	<i>Surgical Services - Other</i>	<i>\$785,101</i>
	<i>Surgery: Foot/Toes - Repair/Rev/Recon</i>	<i>Breast Mammography</i>	<i>\$550,564</i>
	<i>Surgery: Anterior Segment - Lens</i>	<i>Screening Mammogram</i>	<i>\$481,817</i>
	<i>Wound Debridement</i>	<i>Wound Debridement</i>	<i>\$367,155</i>
	<i>Wound Services - Other</i>	<i>Office Visit</i>	<i>\$345,071</i>
	<i>Polysomnography</i>	<i>Diagnostic Radiology - Chest</i>	<i>\$304,677</i>
	<i>Screening Mammogram</i>	<i>Wound Services - Other</i>	<i>\$232,347</i>
	<i>Hyperbaric Oxygen Treatment</i>	<i>Diagnostic Radiology - General</i>	<i>\$191,842</i>
	<i>Colonoscopy & Biopsy</i>	<i>Ultrasound - General</i>	<i>\$179,881</i>
	<i>Breast Mammography</i>	<i>Bone/Joint Studies</i>	<i>\$152,740</i>

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
<i>JMMC Offsite Cardiovascular, Radiology & Surgery - 148 Hazard Ave, Enfield, CT 06082</i>	9557	3531	1543	5367	\$ 1,300,043.12	\$ 628,241.35	\$ 4,151,579.83	\$1.92 - \$7567.81	\$0.79 - \$5865.81	\$0.01 - \$11541.94	\$ 6,741,262.43
<i>JMMC Sleep Lab ENF - 151 Hazard Ave, Suite 9, Enfield, CT</i>	470	121	93	289	\$ 76,141.75	\$ 32,248.32	\$ 416,281.09	\$135.48 - \$929.48	\$39.22 - \$728	\$35.15 - \$3465.00	\$ 589,504.13
<i>JMMC Wound Care ENF - 140 Hazard Ave, Suite 106, Enfield, CT 06082</i>	2717	1641	697	1404	\$ 307,661.39	\$ 131,466.17	\$ 728,437.66	\$11.96 - \$2278.04	\$9.99 - \$1576.34	\$0.01 - \$6653.48	\$ 1,253,991.11
<i>SFH Enfld Diag Rad - 7 Elm St, Enfield, CT 06082</i>	602	361	51	334	\$ 24,269.83	\$ 2,390.19	\$ 13,864.58	\$5.38 - \$222.03	\$13.19 - \$233.13	\$0.01 - \$338.80	\$ 53,139.01
<i>SFH Mobile MRI Avon - 35 Nod Rd, Avon, CT 06001</i>	668	203	28	482	\$ 53,552.51	\$ 4,713.74	\$ 348,291.90	\$17.62 - \$793.12	\$36.30 - \$336.21	\$27.55 - \$4762.63	\$ 534,485.28
<i>Mt. Sinai Rehabilitation Hospital - 500 Blue Hills Ave, Hartford, CT 06112</i>	4908	2370	1259	1941	\$ 615,627.55	\$ 755,985.41	\$ 1,464,352.43	\$4.65 - \$9988.71	\$0.03 - \$26270.16	\$0.34 - \$59363.64	\$ 2,938,068.02
Total (for Column L only)											\$ 12,110,449.98

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.

From: [Foster, Tillman](#)
To: [Kaitlin DeVries \(St Francis\)](#)
Cc: [Roberts, Karen](#)
Subject: Trinity Health - New England Facility Fee Filing
Date: Friday, September 09, 2016 1:52:52 PM

Ms. DeVries-

This is acknowledgement of the Office of Health Care Access (OHCA) receiving your Calendar Year (CY) 2015 Facility Fee filing on September 1, 2016.

After reviewing the filing OHCA had a few questions in regards to the following:

1. In its **List of Assumptions** document Trinity Health New England (THNE) stated that in October 2015 Johnson Memorial Hospital (JMH) converted to the Epic EMR platform as did Saint Francis Hospital and Medical Center (SFHMC). Please explain why the remainder of the facility fee data set for JMH prior to October 2015, which would have been from JMH's prior system, has not also been filed, as the statutory requirement is for the full Calendar Year 2015.
2. On Table 2, please confirm that no facility fees were charged and revenues generated by any THNE outpatient non-hospital providers. Also clarify whether any THNE data is duplicated on the JMH and SFHMC lines. If duplicated from the hospital specific data, please remove any duplicated information.
3. On Table 2, in the Spreadsheet and in the **List of Assumptions** it is mentioned that services provided at the Mount Sinai Campus were included on the SFHMC line. Please be advised since Mount Sinai Rehabilitation Hospital, Inc. is its own separate legal entity its activity must be separated from SFHMC and reported on its own line in columns A through L in order to fulfill statutory requirement for all hospitals (including the Rehab Hospital) to file the information.

Please respond by September 15, 2016.

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