

From: [DeVries, Kaitlin](#)
To: [User, OHCA](#)
Cc: [Foster, Tillman](#); [Roberts, Karen](#); [Johnson, Stephanie](#); [Schulz, Nicole](#); [Harris, James](#)
Subject: Trinity Health of New England CY 2016 Annual Facility Fee Filing
Date: Friday, June 30, 2017 5:28:10 PM
Attachments: [2nd Annual Filing to the Department of Public Health - Assumptions.docx](#)
[THNE Facility Fees Tables #1 and #2 - CY2016.xlsx](#)

Hi,

Please find attached, the Calendar Year 2016 annual facility filing on behalf of Trinity Health of New England, encompassing Saint Francis Hospital & Medical Center, Mount Sinai Rehabilitation Hospital (for which there are no facility fees), and Johnson Memorial Medical Center. Our list of assumptions has also been provided.

Thanks,
Kaitlin

Kaitlin DeVries

Director, Revenue Integrity
Saint Francis Hospital and Medical Center
A Member of Trinity Health – New England

kdevries@stfranciscare.org

W 860-714-5410

C 860-614-6810

114 Woodland Street
Hartford, CT 06105

stfranciscare.com | [facebook](#) | [twitter](#) | [Instagram](#) | [LinkedIn](#)

NOTICE: This email and/or attachments may contain confidential or proprietary information which may be legally privileged. It is intended only for the named recipient(s). If an addressing or transmission error has misdirected this email, please notify the author by replying to this message. If you are not the named recipient, you are not authorized to use, disclose, distribute, make copies or print this email, and should immediately delete it from your computer system. Saint Francis Hospital and Medical Center has scanned this email and its attachments for malicious content. However, the recipient should check this email and any attachments for the presence of viruses. Saint Francis Hospital and Medical Center and its affiliated entities accepts no liability for any damage caused by any virus transmitted by this email.

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 of New England</i>	<i>Hyperbaric Oxygen Treatment</i>	<i>Office Visit</i>	\$1,246,460
	<i>Surgery - Dentoalveolar Structures</i>	<i>Screening Mammogram</i>	\$413,658
	<i>Surgery - Digestive System: Rectum</i>	<i>Wound Debridement</i>	\$382,716
	<i>Wound Services - Other</i>	<i>Hyperbaric Oxygen Treatment</i>	\$378,752
	<i>Wound Debridement</i>	<i>Wound Services - Other</i>	\$369,579
	<i>Office Visit</i>	<i>Diagnostic Radiology - Lower Extremities</i>	\$364,894
	<i>Surgery - Foot/Toes - Repair/Remove/Reconnect</i>	<i>Diagnostic Radiology - Spine and Pelvis</i>	\$314,513
	<i>Surgery: Anterior Segment - Lens</i>	<i>Radiology - Chest</i>	\$294,035
	<i>Polysomnography</i>	<i>Radiology - General</i>	\$286,708
	<i>Screening Mammogram</i>	<i>Diagnostic Radiology - Upper Extremities</i>	\$263,712
<i>St. Francis Hospital</i>	<i>Hyperbaric Oxygen Treatment</i>	<i>Office Visit</i>	\$994,498
	<i>Office Visit</i>	<i>Hyperbaric Oxygen Treatment</i>	\$299,783
	<i>Surgery - Dentoalveolar Structures</i>	<i>Wound Debridement</i>	\$239,043
	<i>Wound Debridement</i>	<i>Diagnostic Radiology - Lower Extremities</i>	\$171,525
	<i>Wound Services - Other</i>	<i>Wound Services - Other</i>	\$146,493
	<i>MRI - General</i>	<i>Surgery - Musculoskeletal: Casting & Strapping</i>	\$138,987
	<i>Diagnostic Radiology - Spine and Pelvis</i>	<i>Diagnostic Radiology - Spine and Pelvis</i>	\$105,462
	<i>Diagnostic Radiology - Head and Neck</i>	<i>Diagnostic Radiology - Head and Neck</i>	\$81,206
	<i>Diagnostic Radiology - Lower Extremities</i>	<i>MRI - General</i>	\$79,177

Table 1: Ten procedures/services generating Facility Fees

	<i>Surgery - Musculoskeletal: Casting & Strapping</i>	<i>Surgery - Dentoalveolar Structures</i>	\$55,172
Johnson Memorial Medical Center	<i>Surgery - Digestive System: Rectum</i>	<i>Screening Mammogram</i>	\$382,716
	<i>Surgery - Foot/Toes - Repair/Remove/Reconnect</i>	<i>Wound Debridement</i>	\$314,513
	<i>Surgery: Anterior Segment - Lens</i>	<i>Office Visit</i>	\$294,035
	<i>Polysomnography</i>	<i>Radiology - Chest</i>	\$286,708
	<i>Screening Mammogram</i>	<i>Wound Services - Other</i>	\$263,712
	<i>Hyperbaric Oxygen Treatment</i>	<i>Diagnostic Radiology - Lower Extremities</i>	\$251,962
	<i>Surgery - General</i>	<i>Hyperbaric Oxygen Treatment</i>	\$246,349
	<i>Wound Services - Other</i>	<i>Diagnostic Radiology - Spine and Pelvis</i>	\$232,260
	<i>Wound Debridement</i>	<i>Radiology - General</i>	\$198,054
	<i>Surgery - Dentoalveolar Structures</i>	<i>Surgery - Digestive System: Rectum</i>	\$174,615

Table 2: Facility Fee information by Facility Location

2nd Annual Filing to the Department of Public Health, Office of Healthcare Access

Facility Fees Charged & Billed During Calendar Year 2016

List of Assumptions

Overall Clarifiers:

- Saint Mary's Health did not become part of Trinity Health of New England until August 1st, 2016 and will be reporting their facility fees charged and billed separately.
- For Saint Francis, this reporting includes services provided at the Mount Sinai Rehab Campus on Blue Hills Ave, Mobile MRI in Avon and Diagnostic Radiology provided at the Enfield Access Center. For JMMC, the volumes and dollars reported are for services provided on its' Enfield campus on Hazard Ave. Services have been grouped by physical address, not billing address.
- We used the clarification provided in OHCA's response to the industry in putting this document together. In particular, the response to Question #2, which we used to limit outpatient off campus services included to only those where a separate and directly related professional and technical procedure/service were charged. Patient convenience or coincidental overlaps of professional and technical service were not included. An example would be coming in to receive nutrition counseling at an offsite location provided by an RD, but also seeing your MD for a full scale office visit. The nutritional counseling results in a technical only bill. The MD visit results in a professional bill (but not a hospital charge related to this MD service).
- We have defined the payor categories of Medicare, Medicaid and Private Insurance as follows:
 - Medicare: Medicare & Managed Medicare
 - Medicaid: Includes out of State
 - Private Insurance: BlueCross, Commercial, Contract, and Managed Care
 - Total: All payors not listed above (includes self pay, worker's comp, Tricare etc.)
- For the purposes of this document HAR = Hospital Account Record = Patient Account #
- We included only patients with dates of service between 1/1/2016 and 12/31/2016. These patient accounts may have received payments after 2016 which are included in this report.

Table 1:

- As was derived from the setup of the request, Columns B & D are related, but volume and Column C is independent. As a result, the columns and data need to be considered on an individual basis and cannot be interpreted linearly.
- For Trinity Health of New England, the "top ten" procedures/services in Columns B - D are considered at the overall health system level. As such, it is a true aggregate and not just limited to values listed in the top ten for a single hospital.
- Detailed payment information is available in Epic, our EMR, but only for those payors who provide that detail with their payment posting. If payment information wasn't available at the CPT code level, but instead at the revenue code level, services were grouped together under broader categories.

Table 2:

- Column B: A visit is defined as a count of unique HAR's that were charged/billed. For recurring HAR's billed monthly (Wound and Hyperbaric services) a visit is defined as a unique count of HAR and date of service. A patient coming back in 5 times in a single month would be counted as 5 visits, not just 1.
- Column C-E: For the purposes of this submission, we made the assumption that one HAR receiving service at one of the off campus locations listed in bullet #2 in the "Overall Clarifiers" section equals 1 facility fee. Exclusive of refunds or takebacks (which were netted out), a patient receiving more than one payment from a single payor category, would be counted once per payment. It should be noted that this happens very infrequently. As an example, if we received 3 payments for a single HAR from Cigna, that patient would be counted as 3 in Column E. Likewise, a HAR with a Medicare and Medicaid payment would be counted as 1 in both columns C & D.
- Because detailed payments were not available for all payors and HAR's in the population reviewed, total payments were used in filling out this schedule. As a result, payments may be overstated and include payments for services not covered in this submission (i.e. labs).