

**From:** [Ludington, Mark](#)  
**To:** [Foster, Tillman](#)  
**Cc:** [User, OHCA](#)  
**Subject:** RE: CY 2016 Annual Filing Fee Filing for St. Vincent's Medical Center  
**Date:** Thursday, September 07, 2017 6:36:30 PM  
**Attachments:** [Facility fee tables 1 and 2 revised St Vincents Medical Center 9-7-17.xlsx](#)

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All data has been corrected and validated. Please let me know if you have any additional questions.

Thank you

Mark E. Ludington  
Senior Director Revenue Cycle  
St. Vincent's Medical Center  
(475) 210-5536

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**From:** Foster, Tillman

**Sent:** Thursday, August 03, 2017 11:33 AM

**To:** Mark Ludington (St Vincent's) <[Mark.Ludington@stvincents.org](mailto:Mark.Ludington@stvincents.org)>

**Cc:** User, OHCA <[OHCA@ct.gov](mailto:OHCA@ct.gov)>

**Subject:** CY 2016 Annual Filing Fee Filing for St. Vincent's Medical Center

Mr. Ludington -

This is acknowledgement of the Office of Health Care Access (OHCA) receiving your Calendar Year (CY) 2016 Facility Fee filing on June 29, 2017.

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

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1. On table 1, Column D, the amounts for total revenue from each procedure/service described in Column B, were entered with negative values. Please revise these amounts to positive values.

Please respond by August 10, 2017.

Sincerely,

Tillman Foster

Associate Health Care Analyst

Department of Public Health

Office of Health Care Access

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**Table 1: Ten procedures/services generating Facility Fees**

[illegible]

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.

**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>
St. Vincent's Center for Wound Healing - Trumbull, 115 Technology Drive, Suite CP101, Trumbull, CT 06611	1708	837	199	667	\$ 80,570	\$ 42,508	\$ 92,434	0-121	0-355	0-270	\$ 216,764
St. Vincent's Center for Wound Healing - Stratford, 3272 Main Street, Stratford, CT 06614	1197	631	175	358	\$ 60,740	\$ 38,742	\$ 43,505	0-121	0-355	0-270	\$ 142,988
St. Vincents Family Health Center, 762 Lindley St, Bridgeport, CT 06606	16347	1620	8263	709	\$ 149,067	\$ 670,607	\$ 46,077	0-121	0-121	0-140	\$ 905,528
Total ( <i>for Column L only</i> )											\$ 1,265,280

**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.**

<sup>a</sup>Information 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)).

<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.