

From: [ARMSTRONG, MICHAEL](#)
To: [User, OHCA](#)
Subject: CY 2016 Annual Facility Fee Filing for Lawrence and Memorial Hospital.
Date: Thursday, June 29, 2017 9:28:29 AM
Attachments: [Lawrence and Memorial Hospital Facility Fee Submission CY2016.xlsx](#)

Please find the attached revised CY 2016 Annual Facility Fee Filing for Lawrence and Memorial Hospital.

Thank You,

Mike Armstrong

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Reimbursement Department

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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>Yale-New Haven Health System</i> | <i>N/A</i> | <i>N/A</i> | <i>N/a</i> |
| | | | |
| Lawrence + Memorial Hospital | 99211-EST OP VISIT FOCUS LEVEL 1 | 99211-EST OP VISIT FOCUS LEVEL 1 | \$910,343 |
| | 99213-EST OP VISIT PT PROB FOCUS LOW | 99213-EST PATIENT EXPANDED PROBLEM | \$278,593 |
| | 99213-EST PATIENT EXPANDED PROBLEM | 99213-EST OP VISIT PT PROB FOCUS LOW | \$264,111 |
| | 99212-EST OP VISIT FOCUS/STR FWRD | 99212-EST OP VISIT FOCUS/STR FWRD | \$157,219 |
| | 99214-EST OP VISIT DETAILED MODERATE | 99214-EST OP VISIT DETAILED MODERATE | \$139,749 |
| | 99212-EST PATIENT PROBLEM FOCUSED | 99212-EST PATIENT PROBLEM FOCUSED | \$72,605 |
| | 99214-ESTABLISHED PATIENT DETAILED | 99214-ESTABLISHED PATIENT DETAILED | \$22,143 |
| | 99284-EMERGENCY DEPT CATEGORY 4 | 99284-EMERGENCY DEPT CATEGORY 4 | \$5,766 |
| | 99215-EST OP VISIT COMP HIGH | 99215-EST PATIENT COMPREHENSIVE | \$2,794 |
| | 99283-EMERGENCY DEPT CATEGORY 3 | 99283-EMERGENCY DEPT CATEGORY 3 | \$2,014 |
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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.

Revenue was estimated by using the contracted rate of the payors or estimated payments using a proration of charges to payment

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 |
| L+M Cancer Center, 230 Water Street, Weymouth, MA 01988 | 10781 | 6185 | 849 | 3687 | 762242 | 94341 | 642471 | 71.07-582.54 | 64.39-355.05 | 144.42-416.12 | 1,499,729 |
| Wound + Hyperbaic Center, 4000 Weymouth Avenue, Weymouth, MA 01988 | 2662 | 1754 | 285 | 599 | 214690 | 31601 | 114381 | 122.4-122.4 | 110.88-110.88 | 133.79-395.16 | 360,696 |
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| Total (for Column L only) | | | | | | | | | | | 1,860,425 |
| 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. | | | | | | | | | | | |
| ^a 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)). | | | | | | | | | | | |
| ^b The term "allowable" in Columns C-J refer to what is allowable for charging of a Facility Fee by State or Federal laws | | | | | | | | | | | |
| ^c The total amount of allowable facility fees paid by this payer source category. | | | | | | | | | | | |
| ^d From lowest to highest the allowable facility fee paid by this payer source (i.e., \$100 - 1,500) | | | | | | | | | | | |
| ^e 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. | | | | | | | | | | | |
| Revenue was estimated by using the contracted rate of the payors or estimated payments using a proration of charges to payment | | | | | | | | | | | |