

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

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