INSTRUCTIONS FOR COMPLETING THE 2010 ANNUAL REPORTS FOR AMBULATORY SURGERY CENTERS

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
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INSTRUCTIONS FOR COMPLETION OF THE
2010 ANNUAL REPORT FOR AMBULATORY SURGERY CENTERS
Form ASC-1

These instructions for the 2010 Annual Report for Ambulatory Surgery Centers are intended to assist in the completion and submission of accurate data reported. To ensure data integrity, and determine utilization rates of services provided by ambulatory surgery centers, information reported must be consistent from all facilities throughout the state. These instructions are intended to assist in the collection of data, minimizing the number of errors experienced in previous years. Selected verification procedures for reported information are also outlined, and are indicated by (**). Should these instructions fail to address a particular concern, please request additional assistance by contacting the State Health Planning and Development Agency (SHPDA), Bradford L. Williams, Data/Planning Director, at (334) 242-4109 or bradford.williams@shpda.alabama.gov.

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The identification number as indicated on the mailing label is assigned by SHPDA.

Verify the name of the facility identified on the mailing label is the name of the facility as indicated on the license issued by the Alabama Department of Public Health (ADPH). Make any necessary changes to the label.

Mailing Address: Provide the complete mailing address to be used by SHPDA for the mailing of annual reports, data, and requests for additional information. This address <u>may</u> be different from the mailing/physical address of the facility.

Physical Address: Provide the complete physical address of this facility as indicated on the ADPH license.

County of Location: Provide the county of physical location of the facility.

Facility Telephone: Provide the general telephone number of the facility, including the area code.

Facility Fax: Provide the general fax telephone number of the facility, including the area code.

The signatures and requested identifying information <u>must</u> be provided by two separate individuals. The primary preparer of the annual report will be contacted first for additional/corrected information. If the primary preparer is not available at the time of attempted contact, the administration official will be contacted to provide additional/corrected information, and to answer any questions.

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Section I - Ownership:

Check the type of ownership that is applicable to this agency. If the type of ownership is not listed on the report, please check 'Other' and specify on the line below the exact type of ownership of the agency.

Section II – Facilities:

PLEASE NOTE: THE TOTAL NUMBER OF OPERATIONS (CASES) AND THE TOTAL NUMBER OF PROCEDURES SHOULD EQUAL THE TOTAL NUMBERS FROM SECTION III ON PAGE 2.

Total number of operating rooms: List the total number of operating rooms available for surgeries, regardless of whether or not they are for a specific service only.

Number of operating rooms for general anesthesia: List the total number of operating rooms that are set up to utilize general anesthesia during surgery.

Number of beds available for extended recovery: List the total number of beds on-site that are available for post-surgical recovery for any period less than 24 hours.

Total number of operations: List the total number of operations (cases) performed at this center during the reporting period.

Total number of procedures performed: List the total number of procedures performed at this center during the reporting period. As one operation can contain more than one procedure, this number could be larger than the total number of operations listed in the previous step.

Is this facility a designated separate/organized outpatient surgical unit of a hospital?: Indicate whether this ambulatory surgery center is a separate and

distinct outpatient surgical unit of an acute care hospital.

Section III –Services Provided:

PLEASE NOTE: THE TOTAL NUMBER OF OPERATIONS (CASES) AND THE TOTAL NUMBER OF PROCEDURES SHOULD EQUAL THE TOTAL NUMBERS FROM SECTION II ON PAGE 2.

List the total number of operations (cases) and procedures performed for each of the separately defined categories listed in this section. Please note that since one operation can contain more than one procedure, the number of procedures could be larger for each defined service than the total number of operations.

General Surgery: List the total number of operations (cases) and the total number of procedures performed under the category of general surgery.

Dentistry: List the total number of operations (cases) and the total number of procedures performed under the category of dentistry.

Dermatology: List the total number of operations (cases) and the total number of procedures performed under the category of dermatology.

Ear, Eye, Nose & Throat: List the total number of operations (cases) and the total number of procedures performed under the category of ear, eye, nose, and throat.

Gastroenterology: List the total number of operations (cases) and the total number of procedures performed under the category of gastroenterology.

Gynecology: List the total number of operations (cases) and the total number of procedures performed under the category of gynecology.

Neurosurgery: List the total number of operations (cases) and the total number of procedures performed under the category of neurosurgery.

Ophthalmology: List the total number of operations (cases) and the total number of procedures performed under the category of Ophthalmology.

Orthopedic: List the total number of operations (cases) and the total number of procedures performed under the category of orthopedic surgery.

Pain Management: List the total number of operations (cases) and the total number of procedures performed under the category of pain management.

Plastic Surgery: List the total number of operations (cases) and the total number of procedures performed under the category of plastic surgery.

Podiatry: List the total number of operations (cases) and the total number of procedures performed under the category of podiatry.

Urology: List the total number of operations (cases) and the total number of procedures performed under the category of urology.

Other: List the total number of operations (cases) and the total number of procedures performed under any other category not listed. Please specify in the blank provided the category under which this additional surgery was performed.

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Section IV – Principal Source of Payment

List the total number of admissions for each payment source category listed on this page.

Self Pay: List the total number of patients whose primary source of payment was not reimbursed by a third party.

Workman's Compensation: List the total number of patients whose primary source of payment was workman's compensation reimbursement.

Medicare: List the total number of patients whose primary source of payment was Medicare reimbursement.

Medicaid: List the total number of patients whose primary source of payment was Medicaid reimbursement.

Tricare: List the total number of patients whose primary source of payment was Tricare reimbursement.

Blue Cross: List the total number of patients whose primary source of payment was Blue Cross/Blue Shield reimbursement.

Other Insurance Companies: List the total number of patients whose primary source of payment was insurance company reimbursement not otherwise specified.

No Charge (charity & others): List the total number of patients whose primary source of care was provided without expectation of reimbursement.

Health Maintenance Organization (HMO): List the total number of patients whose primary source of payment was through an HMO reimbursement.

All Kids: List the total number of patients whose primary source of payment was All Kids reimbursement.

Other: List the total number of patients whose primary source of payment was any other reimbursement not specified.

Section V – Revenues and Expenses
(Please note that these amounts do not have to be audited)

Total Expenses: Total expenses incurred by the agency related to any and all reasons not covered by Bad Debt or Charity Care. This should include payroll and benefits, supplies and utilities, etc.

Total Revenues: Total reimbursements for care received by the center during the reporting period

Bad Debt: Total expenses incurred by the agency related solely due to bad debt. Bad debt is defined by the *Alabama State Health Plan*, section 410-2-2-.06 as "the unpaid charges/rates for services rendered from a patient and/or third party payer, for which the provider reasonably expected payment".

Charity: Total expenses incurred by the agency related solely due to the provision of charity care to patients. Charity is defined by the *Alabama State Health Plan*, section 410-2-2-.06 as "health services for which a provider's policies determine that a patient is unable to pay. Charity Care could result from a provider's policies to provide health care services free of charge to individuals who meet certain pre-established criteria. Charity Care is measured as revenue foregone, at full-established rates or charges. Charity Care would not include contractual write-offs, but could include partial write-offs for persons unable to pay the full amount of a particular patient's bill".

REMINDER

The annual report <u>MUST</u> be signed by both the preparer and an administrative official.