INSTRUCTIONS FOR COMPLETING THE 2018 ANNUAL REPORT FOR AMBULATORY SURGERY CENTERS (ASCs)

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
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INSTRUCTIONS FOR COMPLETION OF THE
2018 ANNUAL REPORT FOR AMBULATORY SURGERY CENTERS (ASCs)
Form ASC-1

Pursuant to ALA. ADMIN. Code r 410-1-3-.11, this report is deemed a "Mandatory Report" and is due no later than December 15, 2018. ALA. ADMIN. Code r 410-1-3-.09 requires that this report be filed electronically to data.submit@shpda.alabama.gov. Two specific changes have been made to the filing requirements for this reporting period. Please ensure all preparers are provided with a copy of these instructions. The due date of the report has been changed from November 30 to December 15. Also, Page 5, Section VI (Patient Origin by Zip Code) may no longer be submitted as a manual submission, but must instead be submitted as either a Microsoft Excel (v. 2003 or later) or CSV formatted file. This file should be submitted at the same time as the utilization portion of the report. The report will not be deemed officially received by the Agency unless and until both the PDF file and the Excel or CSV file are received. An example of the required formatting and column headers for the Excel or CSV file can be found on page 5 of the Annual Report.

These instructions for the 2018 Annual Report for Ambulatory Surgery Centers (ASCs) are intended to assist in the completion and submission of accurate annual data reports. To ensure data integrity and determine utilization rates of outpatient services provided by ASCs, information reported must be consistent from all ASCs throughout the state. These instructions are intended to assist in the collection of data and minimize the number of errors experienced in previous years. Should these instructions not 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) 242-4103 or bradford.williams@shpda.alabama.gov.

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The facility identification number is assigned by SHPDA, and **can be obtained from the Agency's website,** www.shpda.alabama.gov**, Health Care Data, ID Codes.**

The facility name must match the name on the current license issued by the Alabama Department of Public Health (ADPH).

Mailing Address: Provide the complete mailing address to be used by SHPDA for mailing purposes. This address may be different from the physical address of the facility.

Physical Address: Provide the complete current 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 primary general telephone number of the facility, including area code.

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

Electronic signatures on the form are preferred. If the facility does not have electronic signature capability, the report may be printed, manually signed by both individuals, scanned, and e-mailed as an attachment to data.submit@shpda.alabama.gov.

The signatures and requested identifying information **must** be provided by **two separate individuals**. The primary preparer of the annual report will be contacted first for additional/corrected information. The administration official may be contacted in the event the preparer is unavailable or for informational purposes. Legible e-mail addresses for both the preparer and second verifying administrative individual **must** be provided.

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Ownership: Provide the organizational structure of the facility as reported to ADPH.

Section II - Facilities:

A. Indicate the total number of operating rooms in the facility.

B. Indicate the total number operating rooms equipped for surgeries requiring anesthesia.

C. Indicate the total numbers of beds available for extended recovery (more than 12 hours, but less than 24 hours).

D. Indicate the total number of outpatient operations (cases) performed during the reporting period.

E. Indicate the total number of procedures performed during the reporting period. NOTE: the number of procedures reported is generally greater than the number of persons, as multiple procedures are often performed during surgery, i.e., tonsillectomy and adenoidectomy are considered two separate procedures.

F. Indicate if this facility is a separate organized outpatient unit (day surgery) of a hospital.

G. Indicate the number of weekdays procedures are routinely performed at this facility.

Section III – Services Provided:

Enter the total number of operations (cases) and procedures outpatients, separated by type of procedure(s) performed. Report the total number of physical procedures performed, NOT the number of procedures billed by the ASC (billing code numbers). NOTE: these totals MUST equal the totals reported in Sections II-D and II-E.

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Section IV – Principal Source of Payment

Indicate the breakdown of total Operations (cases) by principal source of reimbursement. The total Operations (cases) reported in this

section MUST equal the total number of Operations (cases) reported in Section II-D.

Section V – Patient Admission Demographics

A. **Admissions by Age and Gender:** Report the total number of Admissions by specified age and gender demographics. The total Admissions MUST equal the total number of Admissions reported in Section V-B. NOTE: If this information is not collected by the facility, a statement to that effect must be provided on facility letterhead, signed and currently dated by the administrator or a corporate official.

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B. **Admissions by Race:** Report the total number of Admissions by racial demographics. The total Admissions MUST equal the total number of Admissions reported in Section V-A. NOTE: If this information is not collected by the facility, a statement to that effect must be provided on facility letterhead, signed and currently dated by the administrator or a corporate official.

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Section VI – Patient Origin by Zip Code

In an effort to provide easier reporting of Patient Origin data, this information must be submitted via a separate Excel spreadsheet or CSV file. Upon verification that the number of reported patients is equal throughout the report, the Agency will convert the spreadsheet data into the appropriate format to attach to the Annual Report.

Enter the unique residence zip code for all operations (cases). This must be a 5-digit zip code, and not the full 9-digit zip code if supplied by the patient. The total operations (cases) MUST equal the total number of operations (cases) reported in Section II-D.

REMINDERS

- The annual report MUST be signed by both the preparer and a separate administrative official. If the report is completed by an administrative official, the signature of a second administrative

or corporate official must be provided. Electronic signatures are preferred.

- Keep a copy of the completed report for your records prior to submitting to SHPDA.

- The report MUST be submitted to data.submit@shpda.alabama.gov to be deemed officially filed. Hard and faxed copies of the report cannot be accepted. If the facility is unable to submit the completed report to this e-mail address, please contact the Agency for alternative .pdf submission.