



Single-Specialty Ambulatory Surgery Center
Demonstration Project
Annual Evaluation DRAFT

Instructions: Complete all sections of this evaluation form, and return by _____ to the Medical Facilities Planning Branch.

Reporting Period: _____ through _____ (ending December 31)

Criterion 1: Facility Information

Facility Name _____

CON Project ID _____ Surgical Specialty _____

Criterion 2: Physician-owned

Is the facility owned wholly or in part by physicians? Yes _____ No _____

Criterion 3: Care to Self-Pay and Medicaid-funded patients

Was the Medicare allowable amount for self-pay and Medicaid surgical cases minus all revenue collected from self-pay and Medicaid surgical cases at least *seven percent of the total revenue* collected for all surgical cases performed in the facility?

To calculate the percentage for the reporting period:

Step 1. Determine the total Medicare *allowable* amount for self-pay surgical cases performed and paid for during the reporting period. _____

Step 2. Determine the *actual* amount collected from self-pay patients for the same surgical cases identified in Step 1. _____

Step 3. Subtract the result of Step 2 from the result of Step 1. This is the facility's Self-Pay Revenue. _____

Step 4. Determine the total Medicare *allowable* amount for Medicaid-funded surgical cases performed and paid for during the reporting period. _____

Step 5. Determine the *actual* amount collected from Medicaid for the same surgical cases identified in Step 4. _____

Step 6. Subtract the result of Step 5 from the result of Step 4. This is the facility's Medicaid Revenue. _____

Step 7. Add the results of Steps 3 and 6 together to arrive at the facility's Revenue from Self-pay and Medicaid Surgical Cases. _____

Step 8. Calculate the facility's income for surgical cases performed and paid for during the reporting period. Do *not* include Revenue from Self-pay and Medicaid Surgical Cases (Step 7) as part of this figure. _____



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Step 9. Add the results of Steps 7 and 8 together to get the facility's Total Revenue. _____

Step 10. Divide the result of Step 7 by the Total Revenue determined in Step 9. _____

Step 11. Multiply the result of Step 10 by 100 to convert the number to a percentage. Is the result seven percent or greater? Yes _____ No _____

Criterion 4: Report to Statewide Data Processor

Did the facility report utilization and payment data to the statewide data processor as required by G.S. 131E-214.2? Yes ____ No ____

Criterion 5: Surgical Safety

Did facility staff complete a Surgical Safety Checklist prior to and during the course of each surgery performed during the reporting period? Yes ____ No ____.

Criteria 6 and 7: Patient Outcomes

1. Did the facility leadership choose an existing patient outcome measurement system? Yes ____ No ____
2. Did the facility leadership develop its own measures to report patient outcomes to the Agency? Yes ____ No ____

Note: At a minimum, patient outcome measures *must* include: wound infection rate; number and percentage of post-operative infections; number and percentage of post-procedure complications; number and percentage of readmissions; and the number and percentage of medication errors.

3. Did the facility submit annual reports to the Agency regarding the results of patient outcome measures? Yes ____ No ____

Criterion 8: Interoperability with Other Providers

Has the facility leadership considered or developed a system, for example, electronic medical records, to enhance communication and facilitate data collection or exchange with other providers? Yes ____ No ____

Criterion 9: Open Access to Physicians

1. Did the facility provide for open access to non-owner physicians? Yes ____ No ____
2. Is there a formal process for non-owner physicians to affiliate with the facility? Yes ____ No ____
3. How many non-owner affiliated physicians performed surgery at the facility during the reporting period? _____



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Criteria 10 and 11: Physician Responsibilities

1. How many physicians, both owner and non-owner, were affiliated with the facility during the reporting period? _____
2. How many physicians affiliated with the facility established or maintained hospital staff privileges with at least one hospital during the reporting period? _____
3. How many physicians affiliated with the facility began or continued to meet Emergency Department coverage responsibilities with at least one hospital? _____
4. Other physician information:

Name of Physician Affiliated with Facility	Nights on Call at a Hospital	Did the physician provide annual data to the Agency related to meeting their hospital staff privilege and Emergency Department coverage responsibilities?
_____	_____	Yes ____ No ____
_____	_____	Yes ____ No ____
_____	_____	Yes ____ No ____
_____	_____	Yes ____ No ____
_____	_____	Yes ____ No ____
_____	_____	Yes ____ No ____

Criterion 12: Licensure

Did the facility obtain a license no later than two years from the date of issuance of the certificate of need? Yes ____ No ____

Date CON Issued: _____ Date of Initial License _____

Criterion 13: Annual Report to Agency

Did the facility provide annual reports to the Agency showing compliance with the demonstration project criteria in the 2010 State Medical Facilities Plan? Yes ____ No ____
If yes, indicate the project year of this annual report.

Year 1

Year 2

Year 3

Year 4

Year 5

Authenticating signature of the facility's official certifying the accuracy of this information:

Signature: _____ Date: _____

Print Name and Title _____