

INSTRUCTIONS FOR COMPLETING THE 2014 ANNUAL REPORT FOR AMBULATORY SURGERY CENTERS



STATE HEALTH PLANNING AND DEVELOPMENT
AGENCY

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**INSTRUCTIONS FOR COMPLETION OF THE
2014 ANNUAL REPORT FOR AMBULATORY SURGERY CENTERS
Form ASC-1**

These instructions for the 2014 Annual Report for Ambulatory Surgery Centers are intended to assist in the completion and submission of accurate data. 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 and minimizing the number of errors. 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) 242-4103 or bradford.williams@shpda.alabama.gov.

Page 1

The facility identification number is assigned by SHPDA, and **is referenced in the e-mail**.

The facility name must match the name on the 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 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.

Electronic signatures on the form are acceptable. 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.

Page 2

Section I - Ownership:

Provide the organizational structure of the agency as reported to ADPH.

Section II – Facilities:

THE REPORTED TOTAL NUMBER OF OPERATIONS (CASES) AND THE TOTAL NUMBER OF PROCEDURES MUST EQUAL THROUGHOUT REPORT

Total number of operating rooms: Report 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: Report the total number of

operating rooms that are set up to utilize general anesthesia during surgery.

Number of beds available for extended recovery: Report 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: Report the total number of operations (cases) performed at this center during the reporting period.

Total number of procedures performed: Report the total number of procedures performed at this center during the reporting period. As one operation can contain multiple procedures, this number is typically greater than the total number of operations reported 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:

THE TOTAL NUMBER OF OPERATIONS (CASES) AND THE TOTAL NUMBER OF PROCEDURES MUST EQUAL THE TOTALS REPORTED IN SECTIONS II-D AND II-E ON PAGE 2.

Report the total number of operations (cases) and procedures performed for each of the separately defined categories listed in this section. Since one operation can contain multiple procedures, the number of procedures is typically larger for each defined service than the number of operations.

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

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

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

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

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

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

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

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

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

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

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

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

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

Other: Report the total number of operations (cases) and the total number of procedures performed under any category not listed. Specify surgeries performed not otherwise reported in this section.

Page 3

Section IV – Principal Source of Payment

THE TOTAL NUMBER OF OPERATIONS (CASES) MUST EQUAL THE TOTAL REPORTED IN SECTION II-D

Report the total number of operations (cases), broken down by reimbursement source, for each reimbursement category.

Self Pay: The total number of operations (cases) whose primary source of payment was not reimbursed by a third party.

Workman's Compensation: The total number of operations (cases) whose primary source of payment was workman's compensation insurance.

Medicare: The total number of operations (cases) whose primary source of payment was Medicare reimbursement.

Medicaid: The total number of operations (cases) whose primary source of payment was Medicaid reimbursement.

Tricare: The total number of operations (cases) whose primary source of payment was Tricare insurance.

Blue Cross: The total number of operations (cases) whose primary source of payment was Blue Cross/Blue Shield insurance.

Other Insurance Companies: The total number of operations (cases) whose primary source of payment was insurance reimbursement not otherwise specified in this section.

No Charge (charity & others): The total number of operations (cases) whose primary source of care was provided without expectation of reimbursement.

Health Maintenance Organization (HMO): The total number of operations (cases) whose primary source of payment was through HMO reimbursement.

All Kids: The total number of operations (cases) whose primary source of payment was All Kids reimbursement.

Other: The total number of operations (cases) whose primary source of payment was other reimbursement not specified.

Other Specify: Specify the source(s) of reimbursement not otherwise reported in this section.

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

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

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

Bad Debt: Total expenses incurred 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 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”.

*****REMINDERS*****

The annual report MUST be signed by both the preparer and an administrative official. If the report is completed by an administrative official, the signatures of a second administrative official or owner must be provided.

The report should be submitted to SHPDA only once via electronic copy, hard copy, or fax. The preferred method is electronic submission to bradford.williams@shpda.alabama.gov. If submitted electronically please do not also submit via hard copy unless specifically requested to do so by SHPDA staff.

Make and keep a copy of the completed report for your records prior to submitting to SHPDA.