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Virginia Health Information under contract to Virginia Department of Health
Ambulatory Surgical Hospital Detail Report EPICS System

1.0 Income Statement

1.1 Gross patient service revenue by type of payer:

a. Medicare	_____
b. Medicaid	_____
c. Other government	_____
d. Non-government	_____
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e. Total gross patient service revenue	_____

1.1 Gross patient service revenue by type of payer: - Total established full charges for all ambulatory surgical hospital services provided to patients, including charity care, by type of primary payer.

a. Medicare - The sum of established full charges for all ambulatory surgical hospital services provided to patients for whom Medicare is the primary payer.

b. Medicaid - The sum of established full charges for all ambulatory surgical hospital services provided to patients for whom Medicaid is the primary payer. Include Medicaid revenue from all states.

c. Other government - The sum of established full charges for all ambulatory surgical hospital services provided to patients for whom CHAMPUS, SLH, Veterans Administration, or any government program other than Medicare or Medicaid is the primary payer.

d. Non-government - The sum of established full charges for all ambulatory surgical hospital services provided to patients for whom Medicare, Medicaid, CHAMPUS, SLH, or other government program is not the primary payer.

e. Total gross patient service revenue - The sum of lines 1.1a through 1.1d.

1.2 Contractual allowances by type of payer:

a. Medicare	_____
b. Medicaid	_____
c. Other government	_____
d. Non-government	_____
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e. Total contractual allowances	_____
1.3 Charity care at 100% of poverty	_____
1.4 Charity care at 200% of poverty	_____
1.41 Charity care in excess of 200% of poverty	_____
1.42 Charity Care for which partial payment is received	_____
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1.5 Net patient service revenue	_____
1.6 Other revenue and operating gains	_____

1.2 Contractual allowances by type of payer: - The difference between an ambulatory surgical hospital's established full charges and the rates paid by third-party payers under contractual agreements.

a. Medicare - Itemize Medicare allowances.

b. Medicaid - Itemize Medicaid allowances.

c. Other government - Itemize other government allowances.

d. Non-government - Report any other contractual allowances and administrative allowances.

e. Total contractual allowances - Total Contractual Allowance

1.3 Charity care at 100% of poverty - In Virginia, charity care is defined as care for which no payment is received and that is provided to any person whose gross annual family income is equal to or less than 100% of the federal non-farm poverty level as published for the then current year in the Code of Federal Regulations. Report the gross revenue foregone for charity care (revenue deductions).

1.4 Charity care at 200% of poverty - This is charity care for which no payment is received and that is provided to any person whose gross annual family income is greater than 100% but not greater than 200% of the federal non-farm poverty level as published for the then current year in the Code of Federal Regulations. Report the gross revenue foregone for charity care (revenue deductions).

1.41 Charity care in excess of 200% of poverty - Charity care for which no payment is received and that is provided to any person whose gross annual family income is greater than 200% of the federal non-farm poverty level (FPL) as published for the then current year in the Code of Federal Regulations but not greater than the maximum percent of FPL specified in the hospital's or health system's charity care policy as the eligibility criteria for fully discounted charity care.

1.42 Charity Care for which partial payment is received - Charity care for which partial payment is received of persons who qualify for discounted payments in accordance with the hospital's or health system's charity care policy. This category may include persons who are uninsured or insured. It may also include persons at 100%, at 200% or over 200% of the FPL for which partial payment is received OR who qualify for discounted payments due to the hospital or health system's policy regarding medically indigent or catastrophic cases.

1.5 Net patient service revenue - Net patient service revenue is total gross patient service revenue (line 1.1e), minus total contractual allowances line 1.2e), minus charity care @100% of poverty (line 1.3), minus charity care @200% of poverty (line 1.4), minus charity care in excess of 200% of poverty (line 1.41), and minus Charity Care for which partial payment is received (1.42).

1.6 Other revenue and operating gains - Revenue or gains from the ambulatory surgical hospital's ongoing or central operations other than patient care, such as educational or research programs or sales of goods and services to other than patients, and sales of personal convenience items and services to patients. Operating gains may be difficult to distinguish from non-operating gains (see line 1.14 below). Report other revenue (or other operating revenue) and operating gains as defined per the AICPA audit guide.

1.7 Labor expenses:

a. Salaries	_____
b. Benefits	_____
c. Contract	_____
d. Home office	_____
e. Other labor expenses	_____
f. Total labor expenses	_____

1.7 Labor expenses: - All expenses related to employment of personnel by the hospital.

a. Salaries - Total monetary compensation paid by the hospital (accrual basis) to employees of the hospital, including holiday pay, vacation pay, sick pay, and bonuses. This is to be based on the Internal Revenue Service salary definition.

b. Benefits - Any employment benefits that are considered expenses by the hospital, such as, but not limited to, health insurance, retirement plans, day care reimbursement, and Workers' Compensation. Include payroll taxes here.

c. Contract - The labor portions of any contractual obligations that are incurred in providing hospital services. These include, but are not limited to, the contracted labor expenses of agency nursing, dietary, pharmacy, radiology, and housekeeping contracts, etc.

d. Home office - A portion of home office labor expense allocated to the hospital. This includes the salaries, benefits, contracted labor expenses, and professional fees of the home office.

e. Other labor expenses - All other labor expenses not reported in lines 1.7a through 1.7d.

f. Total labor expenses - The sum of lines 1.7a through 1.7e.

1.8 Non-labor expenses:

a. Contract	_____
b. Home office	_____
c. Drug	_____
d. Physician fees	_____
e. Other non-labor expenses	_____
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f. Total non-labor expenses	_____

1.8 Non-labor expenses: - Any expenses that are not related to labor. Exclude capital and capital-related expenses.

a. Contract - The non-labor portion of any contractual obligation that is incurred in providing hospital services. This includes, but is not limited to, the contracted non-labor expense of agency nursing, dietary, radiology, and housekeeping contracts, etc. Pharmacy contract drug expenses should be reported in line 1.8c.

b. Home office - A portion of home office non-labor expense allocated to the hospital. Include operating leases with the home office here.

c. Drug - Billable and non-billable drug expenses incurred. Include IV solutions.

d. Physician fees - Expenses incurred by the hospital to pay physicians.

e. Other non-labor expenses - All other non-labor expenses incurred, such as for supplies, linens, food, and utilities. This line also includes outside legal and accounting expenses, malpractice insurance, director and officer insurance, and maintenance service expenses such as for elevator maintenance. Include amortization expenses that are not defined as capital costs by Medicare.

f. Total non-labor expenses - The sum of lines 1.8a through 1.8e.

1.9 Capital expenses:

a. Depreciation (straight line)	_____
b. Amortization	_____
c. Interest	_____
d. Insurance	_____
e. Other capital expenses (excl. capital-related taxes)	_____
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f. Total capital expenses	_____

1.9 Capital expenses: - Capital expenses are those defined by Medicare as capital expenses. This includes depreciation and interest for capital assets reported as used for patient care, plus Medicare inpatient costs for other capital-related expenses. Medicare inpatient costs for other capital-related expenses include leases, rentals (including license and royalty fees for the use of depreciable assets), insurance expense on depreciable assets, related-organization capital-related costs for assets that are not maintained on the hospital's premises, and taxes on land or depreciable assets used for patient care. Depreciation expenses should be calculated on a straight-line basis, using Medicare useful lives. Include the allocated portion of home office capital expenses here. This capital expense amount is not necessarily the same as the Medicare-allowable cost figure.

a. Depreciation (straight line) - Report depreciation charges on capital assets used for patient care, using the straight-line method and Medicare useful lives.

b. Amortization - Report amortization charges related to capital assets, such as amortization of deferred financing costs and amortization of leases.

c. Interest - Interest related to capital expenses.

d. Insurance - Capital-related insurance expense.

e. Other capital expenses (excl. capital-related taxes) - All other capital-related expenses, except capital-related taxes.

f. Total capital expenses - The sum of 1.9a through 1.9e.

1.10 Taxes:

a. State income	_____
b. Federal income	_____
c. Real estate	_____
d. Business property	_____
e. Business license	_____
f. Imputed state income	_____
g. Imputed federal income	_____
h. Other taxes (Enter the type of other tax you are reporting)	_____
h. Other taxes (Enter the other tax amount)	_____
<hr/>	
i. Total taxes	_____
1.11 Bad-debt expense	_____
<hr/>	
1.12 Total operating expense	_____
<hr/>	
1.13 Operating income (loss)	_____
1.14 Net non-operating gains (losses)	_____
1.15 Net extraordinary gains (losses)	_____
1.16 Cumulative effect of accounting changes	_____
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1.17 Rev. & gains in excess of expenses & losses	_____
1.18 Capital-related taxes not related to patient care	_____

1.10 Taxes: - Report all taxes reported on the hospital's income statement, including: state income tax, federal income tax, real estate tax, business property tax, and business license fees.

a. State income - Investor-owned institutions organized as proprietorships, partnerships, or Sub-chapter S corporations should report imputed state and federal income taxes, based on the maximum state and federal tax rates for individuals (in the case of proprietorships and partnerships) or for corporations (in the case of Subchapter S corporations). Institutions reporting imputed income taxes on their Historical Filing must provide a schedule of the imputed income taxes as a note to their financial statements or as a supplemental schedule of the certified audited financial statements submitted to Virginia Health Information under contract to Virginia Department of Health.

b. Federal income - Investor-owned institutions organized as proprietorships, partnerships, or Sub-chapter S corporations should report imputed state and federal income taxes, based on the maximum state and federal tax rates for individuals (in the case of proprietorships and partnerships) or for corporations (in the case of Subchapter S corporations). Institutions reporting imputed income taxes on their Historical Filing must provide a schedule of the imputed income taxes as a note to their financial statements or as a supplemental schedule of the certified audited financial statements submitted to Virginia Health Information under contract to Virginia Department of Health.

c. Real estate -

d. Business property -

e. Business license -

f. Imputed state income - Investor-owned institutions organized as proprietorships, partnerships, or Sub-chapter S corporations should report imputed state and federal income taxes, based on the maximum state and federal tax rates for individuals (in the case of proprietorships and partnerships) or for corporations (in the case of Subchapter S corporations). Institutions reporting imputed income taxes on their Historical Filing must provide a schedule of the imputed income taxes as a note to their financial statements or as a supplemental schedule of the certified audited financial statements submitted to Virginia Health Information under contract to Virginia Department of Health.

g. Imputed federal income - Investor-owned institutions organized as proprietorships, partnerships, or Sub-chapter S

corporations should report imputed state and federal income taxes, based on the maximum state and federal tax rates for individuals (in the case of proprietorships and partnerships) or for corporations (in the case of Subchapter S corporations). Institutions reporting imputed income taxes on their Historical Filing must provide a schedule of the imputed income taxes as a note to their financial statements or as a supplemental schedule of the certified audited financial statements submitted to Virginia Health Information under contract to Virginia Department of Health.

h. Other taxes (Enter the type of other tax you are reporting) - Specify amounts and types of all other taxes in line 1.10h, Other Taxes. Include use taxes (i.e., sales taxes paid for purchased materials and supplies used in the normal course of business) in Other Taxes. Do not include payroll taxes; those go in line 1.7b, Labor Expenses Benefits.

h. Other taxes (Enter the other tax amount) -

i. Total taxes -

1.11 Bad-debt expense - Bad-debt expense (or provision for bad debts) as reported on the hospital's income statement.

1.12 Total operating expense - The sum of lines 1.7f, 1.8f, 1.9f, 1.10i, and 1.11.

1.13 Operating income (loss) - The sum of lines 1.5, plus 1.6, minus 1.12.

1.14 Net non-operating gains (losses) - Non-operating gains and losses result from transactions incidental or peripheral to the hospital's central ongoing operations. They may be difficult to distinguish from Other Revenue and Operating Gains (see line 1.9 above) and may include such items as gifts received, tax support and subsidies, returns on investment of general funds, and gain or loss on sale of properties, as well as other items. Report net non-operating gains (losses) as shown on the hospital's income statement.

1.15 Net extraordinary gains (losses) - Extraordinary items are transactions and other events that are material, significantly different from the typical or customary business activities, not expected to recur frequently, and not normally considered in evaluating the ordinary operating results of the hospital. Report this item as shown on the hospital's income statement, net of any related tax effects.

1.16 Cumulative effect of accounting changes - Report the cumulative effect of any changes in accounting principles, as shown on the hospital's income statement, net of any related tax effects.

1.17 Rev. & gains in excess of expenses & losses - The sum of lines 1.13 through 1.16.

1.18 Capital-related taxes not related to patient care - This is an information line only, as these taxes should be included above in item 1.10, Taxes. Report the taxes on land or depreciable assets not used for patient care, such as property being held for sale or future development. The assets to which these taxes relate should generally be those assets not included in the determination of Medicare-allowable capital costs.

2.0 Balance Sheet

2.0 Balance Sheet -

2.1 Current assets:

a. Cash and cash equivalents	_____
b. Marketable securities	_____
c. Accounts receivable (net)	_____
d. Receivables from related parties (current portion)	_____
e. Other current assets	_____
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f. Total current assets	_____
2.2 Net fixed assets	_____

2.1 Current assets: - Cash and other assets that are expected to be converted into cash, sold, or consumed within one year.

a. Cash and cash equivalents - Report cash and cash equivalents, including unrestricted short-term investments, short-term marketable securities, short-term accounts for funded depreciation, and board-designated capital improvement funds.

b. Marketable securities - Report marketable securities that are not considered cash equivalents but are capable of being converted into cash within one year end are not specifically intended to be held for more than one year.

c. Accounts receivable (net) - Report accounts receivable from patients, third-party payers, and others, net of contractual adjustments, discounts, and allowances for uncollectible.

d. Receivables from related parties (current portion) - Report any amounts due from a related party and expected to be received within one year. A related-party transaction exists when one of the transacting parties has the ability to significantly influence the policies of the other transacting party or when a non-transacting party has the ability to influence the policies of the two transacting parties. A related party may be a parent company, a subsidiary company, another subsidiary of a common parent company, a trust controlled by the reporting entity, or an officer or principal owner of the reporting entity.

e. Other current assets - Report all other current assets not included above, such as investments not considered either cash equivalents or marketable securities but expected to be converted into cash within one year, current portion of long-term receivables, interest receivable, supplies/inventory, prepaid expenses, and deferred income taxes to be recovered within one year.

f. Total current assets - The sum of lines 2.1a through 2.1e.

2.2 Net fixed assets - Report the value of property, plant, and equipment, net of accumulated depreciation using the straight-line method. Timing differences due to an alternative depreciation method should be reported in line 2.3a, Other Assets Non-Current Investments.

2.3 Other assets:

a. Non-current investments	_____
b. Intangible assets	_____
c. Receivables from related parties (non-current)	_____
d. Other	_____
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e. Total other assets	_____
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2.4 Total Assets	_____

2.3 Other assets: - Report assets, other than fixed assets, that are not expected to be converted into cash, sold, or consumed within one year.

a. Non-current investments - Report the value of investments, including property not currently in use for operations, marketable securities, investments in affiliates or non-consolidated subsidiaries, and receivables expected to be held for more than one year. Include accounts for funded depreciation and board-designated capital improvement funds. Include differences between straight-line depreciation and alternative depreciation methods.

b. Intangible assets - Report the value of intangible assets such as deferred organization costs, deferred financing costs, goodwill, franchises, and the like, net of accumulated amortization.

c. Receivables from related parties (non-current) - Report any amounts due from a related party and not expected to be received within one year. Please see definition of a related-party transaction for line 2.1d above.

d. Other - Report the value of any other assets, not included above, such as pre-paid expenses or deferred costs more than one year in the future.

e. Total other assets - The sum of lines 2.3a through 2.3d.

2.4 Total Assets - Total assets as reported on the hospital's balance sheet. The sum of lines 2.1f, 2.2, and 2.3e.

2.5 Current liabilities:

a. Notes payable	_____
b. Current portion of long-term debt	_____
c. Accounts payable	_____
d. Liabilities to related parties (current portion)	_____
e. Other current liabilities	_____
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f. Total current liabilities	_____

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2.5 Current liabilities; - Obligations expected to be liquidated within one year.

a. Notes payable - Report the principal of notes payable within one year.

b. Current portion of long-term debt - Report those portions of long-term debt principal due to be liquidated within one year. Include the principal portion of capital lease payments due to be made within one year.

c. Accounts payable - Report trade and other accounts payable.

d. Liabilities to related parties (current portion) - Report any amounts due to a related party and expected to be paid within one year. Please see definition of a related-party transaction for line 2.1d above.

e. Other current liabilities - Report all other current liabilities not included above, such as accrued salaries and wages, accrued interest payable, other accrued expenses, deposits from patients and deferred revenues, estimated refunds to third-party payers, and income taxes payable.

f. Total current liabilities - The sum of lines 2.5a through 2.5e.

2.6 Long-term liabilities (less current installments)

a. Notes payable	_____
b. Bonds payable	_____
c. Mortgages payable	_____
d. Capital lease obligations	_____
e. Liabilities to related parties (non-current portion)	_____
f. Other long-term liabilities	_____
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g. Total long-term liabilities	_____
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2.7 Total Liabilities	_____
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2.8 Patient funds	_____

2.6 Long-term liabilities (less current installments) - Obligations not expected to be liquidated within one year.

a. Notes payable - Report the principal of notes payable more than one year in the future.

b. Bonds payable - Report bonds maturing more than one year in the future.

c. Mortgages payable - Report the principal portion of mortgages payable more than one year in the future.

d. Capital lease obligations - Report the principal portion of capital lease obligations payable more than one year in the future.

e. Liabilities to related parties (non-current portion) - Report any amounts due to a related party and not expected to be paid within one year. Please see definition of a related-party transaction for line 2.1d above.

f. Other long-term liabilities - Report all other long-term liabilities not included above, such as malpractice settlements, pension obligations, deferred income taxes, or other estimated obligations expected to be paid more than one year in the future.

g. Total long-term liabilities - The sum of lines 2.6a through 2.6f.

2.7 Total Liabilities - The sum of lines 2.5f and 2.6g.

2.8 Patient funds - This is an information line only, as this item is included in items reported above. Report patients' personal funds being held under an agency arrangement and included in the entity's balance sheet. These are funds being held for the patient's personal expenditures for comfort and convenience items while in the facility. These do not include funds deposited as prepayment or security for payment of future patient service charges.

3.0 Statement of Changes in Net Assets

3.0 Statement of Changes in Net Assets - Note: Restricted funds only apply to Not-for-profit facilities.

Changes in unrestricted net assets:

3.1 Revenue and gains in excess of expenses and losses	_____
3.2 Investment income	_____
3.3 Transfers from unrestricted funds	_____
3.4 Transfer to unrestricted funds	_____
3.5 Other	_____
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3.6 Increase (decrease) in unrestricted net assets	_____

Changes in unrestricted net assets: -

3.1 Revenue and gains in excess of expenses and losses - Report net income as reported on the income statement for the facility. This should be the same as line 1.17 of this filing form.

3.2 Investment income - Investment Income (unrestricted). Report income from unrestricted funds investments.

3.3 Transfers from unrestricted funds - Report the amount of all transfers and capital contributions from unrestricted funds to restricted funds.

3.4 Transfer to unrestricted funds - Report the amount of all transfers and capital contributions from restricted funds to unrestricted funds.

3.5 Other - Other (unrestricted). The net of other changes in unrestricted funds not shown above.

3.6 Increase (decrease) in unrestricted net assets - The net total of 3.1 through 3.5. EPICS will calculate this value. For-profit facilities may skip ahead to 3.31.

Changes in temporarily restricted net assets:

3.11 Contributions, gifts, and bequests	_____
3.12 Investment income	_____
3.13 Net assets released from restriction	_____
3.14 Other	_____
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3.15 Increase (decrease) in temporarily restricted net assets	_____

Changes in temporarily restricted net assets: -

3.11 Contributions, gifts, and bequests - Contributions, gifts, and bequests (temporarily restricted). Report the sum of these items.

3.12 Investment income - Investment income (temporarily restricted). Report income from temporarily restricted funds investments.

3.13 Net assets released from restriction - Report the total of the release.

3.14 Other - Other (temporarily restricted). The net of other changes in temporarily restricted funds not shown above.

3.15 Increase (decrease) in temporarily restricted net assets - The net total of 3.11 through 3.14. EPICS will calculate this value.

Changes in permanently restricted net assets:

3.21 Contributions, gifts, and bequests	_____
3.22 Investment income	_____
3.23 Net assets release from restriction	_____
3.24 Other	_____

3.25 Increase (decrease) in permanently restricted net assets	_____
3.31 Increase (decrease in net assets)	_____
3.32 Net assets, beginning of year	_____
3.33 Net assets, end of year	_____

Changes in permanently restricted net assets: -

3.21 Contributions, gifts, and bequests - Contributions, gifts, and bequests (permanently restricted). Report the sum of these items.

3.22 Investment income - Investment income (permanently restricted). Report income from permanently restricted funds investments.

3.23 Net assets release from restriction - Report the total of the release.

3.24 Other - Other (permanently restricted). The net of other changes in permanently restricted funds not shown above.

3.25 Increase (decrease) in permanently restricted net assets - The net total of 3.21 through 3.24. EPICS will calculate this value.

3.31 Increase (decrease in net assets) - Sum of 3.6, 3.15 and 3.25. EPICS will calculate this value.

3.32 Net assets, beginning of year - Net assets, beginning of year.

3.33 Net assets, end of year - EPICS will calculate this value.

4.0 Statement of Cash Flows

4.1 Net cash provided (used) by operating activities and gains	_____
4.2 Net cash provided (used) by investing activities	_____
4.3 Net cash provided (used) by financing activities	_____
4.4 Net increase (decrease) in cash and cash equivalents	_____
4.5 Prior-year cash and cash equivalents	_____
4.6 Current-year cash and cash equivalents	_____

4.0 Statement of Cash Flows - Items 4.1 to 4.8 are from the audited statement of cash flows for the hospital. An obligated group holding assets and liabilities on behalf of the entity completing this Historical Filing should specify the amounts of such assets, liabilities, and related cash flows attributable to this entity. The data reported here should match your auditor's Changes in Cash Flows.

4.1 Net cash provided (used) by operating activities and gains - Report the net cash provided (used) by operating activities and gains as reported on the audited statement of cash flows. Any extraordinary gains or losses (e.g., when there is a bond defeasance) included in net income on the audited income statement should be excluded from Net Cash Provided (Used) by Operating Activities and Gains for this Historical Filing. If necessary, remove extraordinary effects from your audited statement's net cash provided (used) by operating activities and gains by adding back an extraordinary loss and subtracting an extraordinary gain.

4.2 Net cash provided (used) by investing activities - Report the net cash provided (used) by investing activities as shown on the audited statement of cash flows. Cash inflows from investing activities include, among other items, proceeds from sales of

physical and financial assets and capital contributions from affiliates. Cash outflows include, among other items, purchases of plant, property and equipment, cash investments in physical and financial assets, and capital contributions to affiliates.

4.3 Net cash provided (used) by financing activities - Report net cash provided (used) by financing activities as shown on the audited statement of cash flows. Net cash provided (used) by financing activities includes, among other items, proceeds from the issuance of debt or sale of stock, payments made to reduce the principal of debt or capital lease obligations, repurchase of stock, and dividends paid.

4.4 Net increase (decrease) in cash and cash equivalents - As reported on the audited statement of cash flows. It should be the sum of lines 4.1 through 4.3.

4.5 Prior-year cash and cash equivalents - As reported on the audited statement of cash flows.

4.6 Current-year cash and cash equivalents - As reported on the audited statement of cash flows. It should be the sum of lines 4.4 and 4.5 and should be the same as line 2.1a.

Items for information only-also included in items above

4.7 Interest paid on long-term debt	_____
4.8 Principal paid on long-term debt	_____

Items for information only-also included in items above -

4.7 Interest paid on long-term debt - This is an information line only, as this expense should be included above in line 4.1, Net Cash Provided (Used) by Operating Activities. Report interest on long-term debt that was paid during the report period. Include the interest portion of payments on capital leases.

4.8 Principal paid on long-term debt - This is an information line only, as these payments should be included above in line 4.3, Net Cash Provided (Used) by Financing Activities. Report actual cash payments of principal on long-term debt during the report period. Include the principal portion of payments on capital leases. Extraordinary gains or losses associated with payments of principal on long-term debt should not be included in this line. An obligated group holding assets and liabilities on behalf of the entity completing this Historical Filing should specify the related principal paid attributable to this entity. Principal payments on intra-company debt and on loans from stockholders are not arms-length transactions and should not be reported here.

5.0 Statistics

a. Is this facility a general ambulatory-surgical facility?

If no please check the specialty

- b. Plastics
- c. Urology
- d. Cardiology
- e. Ophthalmology
- f. Other

5.0 Statistics - Statistics

a. Is this facility a general ambulatory-surgical facility? - Is this a General Ambulatory-Surgical Facility or does it specialize?

5.2 Paid full-time equivalents (FTEs)

a. Registered nurses on payroll	
b. LPNs on payroll	
c. Other personnel on payroll	
d. Contract FTEs (all occupations)	

e. Total payroll and contract FTEs	
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5.2 Paid full-time equivalents (FTEs) - Calculate paid FTEs as the total number of hours paid (including worked hours, benefit hours, contracted hours for agency personnel, and paid hours for contracted services provided within the facility) divided by 2080 and rounded to one decimal place. If there are staff positions shared between the ambulatory surgical hospital and some other distinct and separate activity (e.g., a physician's office or an associated general hospital), please report on this Ambulatory Surgical Hospital Historical Filing only that portion of the shared FTEs that are properly allocated to the ambulatory surgical hospital. Contract FTEs (contracted hours for agency personnel and paid hours for contracted services provided within the facility) are to be reported in line 5.2d. Do not include contract FTEs in lines 5.2a through 5.2c. Do not include home office FTEs.

a. Registered nurse on payroll - Nurses who have graduated from approved schools of nursing and who are currently registered by the Commonwealth of Virginia.

b. LPNs on payroll - Nurses who have graduated from an approved school of practical or vocational nursing, who work under the supervision of registered nurses and/or physicians, and who are licensed by the Commonwealth of Virginia.

c. Other personnel on payroll - All other payroll FTEs that have not been reported in the above categories.

d. Contract FTEs (all occupations) - All FTEs that are from contracted hours and services. These FTEs are for contractual obligations that are incurred in providing psychiatric ambulatory surgical hospital services including, but not limited to, agency nursing, dietary, housekeeping contracts.

6.0 Imaging

6.1 Nuclear Medicine Imaging:

	Imaging Systems	Patient Visits		Procedures	
		Inpatient	Outpatient	Inpatient	Outpatient
a. Planar Imaging					
b. SPECT					
c. PET - Stationary					
d. PET - Mobile					

Mobile PET Unit's Vendor Name	Average Half Days per week at this facility

6.1 Nuclear Medicine Imaging - Nuclear Medicine Imaging (in vivo diagnostic radioisotope procedures). Those procedures measuring the activity of radioactive substances while those substances are in the body. Does not include the measurement of such activity within fluids withdrawn from the body (in vitro procedures).

Imaging Systems - Report the number of systems available for Nuclear Medicine Imaging.

Inpatient - N/A

Outpatient - A visit by one outpatient, which may include multiple procedures.

Inpatient - N/A

Outpatient - A single procedure identified by a distinct ICD9 or CPT code performed on an outpatient. There may be multiple procedures performed on a single patient during each patient visit.

b. SPECT - Single Photon Emission Computed Tomography (SPECT) - A nuclear medicine imaging technique in which data on the activity of a single-photon emitting radionuclide is gathered at 180 to 360 degrees of arc by a single or multiple crystal

detector which, with the aid of a computer, creates three-dimensional images from the data.

c. PET - Stationary - Positron Emission Tomography (PET) - A non-invasive diagnostic procedure that involves injecting positron-emitting radio pharmaceuticals into the body and observing the body's physiological and biochemical processes to these radio pharmaceuticals by utilizing a specialized imaging machine serving only this one facility.

d. PET - Mobile - A non-invasive diagnostic procedure that involves injecting positron-emitting radio pharmaceuticals into the body and observing the body's physiological and biochemical processes to these radio pharmaceuticals by utilizing a specialized imaging machine owned by a vendor and operated at this facility part time. Please supply the vendor's name and the number of half days per week the unit operates at this facility. A half day is typically AM or PM but is less than eight hours. A full day at the facility should be counted as 2 half days.

Mobile PET Unit's Vendor Name - Please supply the vendor's name.

Average Half Days per week at this facility - Please supply the number of half days per week this vendor's unit operates at this facility. A half day is typically AM or PM but is less than eight hours. A full day at the facility should be counted as 2 half days.

6.2 Computed Tomography (CT):

	Number of Units	Inpatient Procedures			Inpatient Visits	Outpatient Procedures			Outpatient Visits
		With Contrast	Without Contrast	Dual Studies		With Contrast	Without Contrast	Dual Studies	
a. Stationary CT Units at this facility									
b. Mobile CT Units operating at this facility									

Mobile CT Unit's Vendor Name	Average Half Days per week at this facility

6.2 Computed Tomography (CT) - The construction of images through the detection and computer analysis of numerous x-ray beams directed through a part of the body. Do not report a given study in more than one combination of three categories. Please enter zeroes where applicable.

Number of Units - Report the number of stationary units available for CT Imaging.

Inpatient with Contrast - N/A

Inpatient without Contrast - N/A

Inpatient Dual Studies - N/A

Inpatient Visits - N/A

Outpatient with Contrast - The gathering of data by utilizing a single outpatient procedure from which one or more CT images may be constructed for the purpose of reaching a definitive clinical diagnosis classified as With Contrast.

Outpatient without Contrast - The gathering of data by utilizing a single outpatient procedure from which one or more CT images may be constructed for the purpose of reaching a definitive clinical diagnosis classified as Without Contrast.

Outpatient Dual Studies - The gathering of data by utilizing a single outpatient procedure from which one or more CT images may be constructed for the purpose of reaching a definitive clinical diagnosis classified as Dual Study, consisting of two parts, one without contrast and one with contrast

Outpatient Visits - Total outpatient visits where one or more procedures were performed

- A unit serving only this one facility

- A unit owned by a vendor and operated at this facility part time. Please supply the vendor's name and the number of half days per week the unit operates at this facility. A half day is typically AM or PM but is less than eight hours. A full day at the facility should be counted as 2 half days

Mobile CT Unit's Vendor Name - Please supply the vendor's name.

Average Half Days per week at this facility - Please supply the number of half days per week this vendor's unit operates at this facility. A half day is typically AM or PM but is less than eight hours. A full day at the facility should be counted as 2 half days.

6.3 Magnetic Resonance Imaging (MRI):

	Units	Patient Visits		Procedures	
		Inpatient	Outpatient	Inpatient	Outpatient
a. Stationary MRI Units at this Facility					
b. Mobile MRI Units Operating at this Facility					

Mobile MRI Unit's Vendor Name	Average Half Days per week at this facility

6.3 Magnetic Resonance Imaging (MRI) - The construction of images through the detection and computer analysis of minute changes in magnetic properties of atomic particles within a strong magnetic field in response to the transmission of selected radio-frequency pulse sequences. Also referred to as nuclear magnetic resonance (NMR) imaging. Do not report a given study in more than one combination of these categories. Please enter zeroes where applicable.

Units - Report the number of units available for Magnetic Resonance Imaging.

Patient Visits - Inpatient - N/A

Patient Visits - Outpatients - The gathering of data during a single outpatient visit from which one or more magnetic resonance images may be constructed of a single anatomical region for the purpose of reaching a definitive clinical diagnosis. MRI studies are classified as either proton studies (the gathering of data specific to hydrogen nuclei) or other studies (the gathering of data specific to atomic particles other than protons or other applications such as spectroscopic analysis).

Procedures - Inpatient - N/A

Procedures - Outpatient - The total number of procedures identified by a distinct ICD-9 or CPT code performed on all outpatients during the report period.

a. Stationary MRI Units at this facility - A unit serving only this one facility.

b. Mobile MRI Units operating at this facility - A unit owned by a vendor and operated at this facility part time. Please supply the vendor's name and the number of half days per week the unit operates at this facility. A half day is typically AM or PM but is less than eight hours. A full day at the facility should be counted as 2 half days.

Mobile MRI Unit's Vendor Name - Please supply the vendor's name.

Average Half Days per week at this facility - Please supply the number of half days per week this vendor's unit operates at this facility. A half day is typically AM or PM but is less than eight hours. A full day at the facility should be counted as 2 half days.

6.4 Therapeutic Radiology:

	Number of Machines	New Courses of Treatment	Treatment Visits		Fields Treated
			Inpatient	Outpatient	
a. Variable (Superficial/Orthovoltage)					
b. Cobalt and Linear Accelerator without Stereotactic Radiosurgery (SR) Capability					
c. Linear Accelerator with SR Capability					
d. Gamma Knife					

6.4 Therapeutic Radiology - The delivery of a prescribed overall dose of radiation to the patient's tumor by use of radioactive sources placed in the tumor region for a prescribed period of time or by directing a beam of ionizing radiation, an external source, towards the tumor region in a series of treatment fractions

Number of Machines - The number of machines in use in the delivery of radiation.

New Courses of Treatment - The number of patient therapy programs initiated during the reporting period.

Inpatient Treatment Visits - N/A

Outpatient Treatment Visits - The number of distinct outpatient visits during the reporting period each of which consists of the delivery of a treatment fraction to the patient's tumor (treatment visits equal treatment fractions.)

Fields Treated - The total number of different beams of radiation directed toward tumor regions during the reporting period. The number of fields treated should be equal to or greater than the number of visits.

a. Variable (Superficial/Orthovoltage) - Superficial radiation therapy unit - a machine that generates x-rays with an energy range of 85-180 kilovolts and is used to treat lesions on the surface or just below the skin. Orthovoltage radiation therapy unit - a machine that generates x-rays with an energy range of 200-400 kilovolts. Although these machines have been largely replaced by electron beams from megavoltage radiation therapy units, they are sometimes used for treatment of shallow lesions.

b. Cobalt and Linear Accelerator without stereotactic radiosurgery (SR) capability - A machine, including electron linear accelerators and Cobalt-60 teletherapy units, used to generate ionizing radiation with an energy range of 2-50 megavolts, or millions of electron volts (MeV). Linear accelerators (linacs) may provide both directly ionizing radiation (electrons) and indirectly ionizing radiation (x-rays) to produce a desired radiation therapy treatment plan. Do not include those procedures done on a machine with stereotactic radiosurgery capability in this category.

c. Linear Accelerator with SR capability - A machine used to generate ionizing radiation with an energy range of 2-50 megavolts, or millions of electron volts (MeV). Linear accelerators (linacs) may provide both directly ionizing radiation (electrons) and indirectly ionizing radiation (x-rays) to produce a desired radiation therapy treatment plan. Include those procedures done on a machine with stereotactic radiosurgery capability in this category. Stereotactic radiosurgery is a noninvasive therapeutic procedure in which narrow beams of radiant energy are directed at the treatment target so as to produce tissue destruction using computerized tomography, radiography, magnetic resonance imaging, and angiography for localization. Cranial stereotactic radiosurgery may be performed with either a linear accelerator (xX-rRays) or a gamma-knife (Cobalt-60 gamma rays), and the immobilization of the head may be performed with an invasive frame for single treatments or with a relocatable frame or mask for multiple treatments. Stereotactic radiosurgery is generally a single treatment and stereotactic radiotherapy implies multiple treatment deliveries.

d. Gamma Knife - Gamma knife or gamma unit - a stereotactic radiosurgical instrument with cobalt 60 sources arrayed in a semicircular arc so that they may be very precisely focused and the radiation dose may be very precisely distributed permitting treatment in neurosurgical cases where the site is inaccessible or otherwise unsuitable for other invasive methods. Medical linear accelerators with the proper accessories may perform stereotactic radiosurgical procedures identical to those of a gamma knife.

6.5 Cardiac Catheterization:

Cardiac Catheterization Laboratories	Diagnostic Cardiac Catheterization Patient Visits	Therapeutic Cardiac Catheterization Patient Visits	Diagnostic and Therapeutic Cardiac Catheterization Patient Visits in the same session	Non-Cardiac Patient Visits in Catheterization Laboratories

	Stat	Mobile	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
a. Adult										
b. Pediatric	XXXXXX	XXXXXX								

Mobile Cardiac Catheterization Lab's Vendor Name	Average Half Days per week at this facility

Stationary - Laboratories serving only this one facility dedicated to the passage of a small catheter through a vein in an arm, leg or the neck and into the heart. All Adult and Pediatric Laboratories should be combined and reported under Adult Laboratories.

Mobile - Laboratories owned by a vendor and operated at this facility part time dedicated to the passage of a small catheter through a vein in an arm, leg or the neck and into the heart. All Adult and Pediatric Laboratories should be combined and reported under Adult Laboratories. Please supply the vendor's name and the number of half days per week the unit operates at this facility. A half day is typically AM or PM but is less than eight hours. A full day at the facility should be counted as 2 half days.

Diagnostic Cardiac Catheterization Patient Visits - Number of diagnostic only visits performed during the reporting period permitting the securing of blood samples, determination of intra-cardiac pressure, and detection of cardiac anomalies. Report inpatient and outpatient activity separately.

Inpatient - N/A

Therapeutic Cardiac Catheterization Patient Visits - Number of therapeutic only visits performed during the reporting period such as percutaneous transluminal coronary angioplasty. Report inpatient and outpatient activity separately.

Inpatient - N/A

Diagnostic and Therapeutic Cardiac Catheterization Patient Visits in the Same Session - Number of combined diagnostic and therapeutic visits during the reporting period such as percutaneous transluminal coronary angioplasty. Report inpatient and outpatient activity separately.

Non-Cardiac Patient Visits in Catheterization Laboratories - As an example pace makers, renal angioplasty and EP studies, etc. Report inpatient and outpatient activity separately.

Inpatient - N/A

Inpatient - N/A

a. Adult - The treatment of patients 15 years of age and older.

Mobile Cardiac Catheterization Lab's Vendor Name - Please supply the vendor's name.

Average Half Days per week at this facility - Please supply the number of half days per week this vendor's unit operates at this facility. A half day is typically AM or PM but is less than eight hours. A full day at the facility should be counted as 2 half days.

6.6 Extracorporeal Shock Wave Lithotripsy:

	Lithotripsy Machines		Lithotripsy Patient Visits	
	Stationary	Mobile	Inpatient	Outpatient
a. Renal Lithotripsy				
b. Gall Stone Lithotripsy				
c. Orthotripsy				

d. Total Lithotripsy				
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Mobile Lithotripsy Machine's Vendor Name	Average Half Days per week at this facility

6.6 Extracorporeal Shock Wave Lithotripsy - The use of shock waves produced outside the body to fragment stony matter without requiring an incision

Stationary Lithotripsy Machines - The number of machines serving only this one facility

Mobile Lithotripsy Machines - The number of machines owned by a vendor and operated at this facility part time. Please supply the vendor's name and the number of half days per week the unit operates at this facility. A half day is typically AM or PM but is less than eight hours. A full day at the facility should be counted as 2 half days.

Lithotripsy Inpatient Visits - N/A

Lithotripsy Outpatient Visits - The number of distinct outpatient visits during the reporting period each consisting of any number of procedures.

a. Renal Lithotripsy - Fragmentation of kidney stone including those in upper urinary tract. The use of shock waves produced outside the body to fragment stones in the kidney or upper urinary tract.

b. Gall Stone Lithotripsy - The use of shock waves produced outside the body to fragment stones in the gall bladder.

c. Orthotripsy - The use of shock waves produced outside the body in the treatment of any orthopedic condition.

7.0 Surgical Facilities

7.0 Surgical Facilities and Use:

	Operating Rooms	Exclusive Use Rooms	Procedure Rooms	Cases	Surgical Procedures	Non-Surgical Procedures	Hours (cut to end of suture)	Hours (prep and clean up)
a. General	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
b. Cystoscopic								
c. Endoscopic								
d. Trauma								
e. Ambulatory Surgical								
f. Other Minor Excisions								
Total Operation Rooms								

a. General - Include general surgical activity as well as any surgery that is not included in the rows below.

Operating Room - A room specifically designed for the performance of most types of surgical procedures, but especially for those involving administration of anesthesia, multiple personnel, recovery room access and a fully controlled environment.

Exclusive Use Room - Number of operating rooms reserved exclusively for one type of procedure.

b. Cystoscopic - The use of a cystoscope to examine the bladder or ureter.

c. Endoscopic - The use of a flexible or rigid scope with an optical system for observing the inside of a hollow organ or cavity.

d. Trauma - Immediately available 24 hours a day for trauma surgery as required to meet the criteria for Trauma Center (Levels I and II) designation by the Department of Health.

e. Ambulatory Surgical - Separate, distinct operating room especially dedicated to ambulatory surgery.

f. Other Minor Exisions - Minor excisions not covered above.

Procedure - Number of rooms capable of being equipped and staffed for a broad range on minor procedures (i.e. EGU Colonoscopy, ERCP, EUS, TEE's, PEG tube placement and minor surgeries.)

Cases - This is the total number of patient care visits, i.e., the sum of visits during which an operation was performed plus visits during which an operation was not performed but other patient care was provided.

Surgical Procedures - Number of surgical procedures performed on patients in the reporting period. There may be more than one procedure per case.

Non-Surgical Procedures - Number of non-surgical procedures performed on patients in the reporting period. There may be more than one procedure per case.

Operating Time (cut to end of suture) - Count the actual elapsed the time from cut to end of suture for all patient procedures.

Operating Time (prep and clean up) - Count the combined times for preparation and clean up and other pre-surgery activity for all patient procedures.