



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH

LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

May 12, 2008

Dear Providers:

The Michigan Department of Community Health (MDCH) has established an Ambulatory Surgical Center (ASC) Project Team to meet the requirements of Section 248 of Public Act 123 of 2007 and is seeking your facility's input in an effort to gain a better understanding of ASCs.

Section 248 of Michigan Public Act 123 of 2007 reads, "The department shall allow ambulatory surgical centers in this state to fully participate in the Medicaid program when hospitals are reimbursed for Medicaid services through the new Michigan Medicaid information system. Ambulatory surgery centers that provide services to Medicaid-eligible patients shall be reimbursed in the same manner as hospitals. The reimbursement schedule for ambulatory surgery centers shall be developed and implemented in consultation with the industry and shall be provided to the Senate and House Appropriations Subcommittees on the Department of Community Health and the Senate and House Fiscal Agencies by July 1, 2008."

The enclosed survey is designed to assist the Project Team to further evaluate and analyze issues related to ASC reimbursement. The ASC project is a cooperative effort between MDCH and ASC facilities, requiring data sharing and knowledge transfer. Please assist the MDCH ASC Project staff by completing the enclosed survey and returning it by **Friday, May 30th**. The survey is also available in an electronic fill-in-format at www.michigan.gov/medicaidproviders, Billing and Reimbursement >> Provider Specific Information >> Outpatient section. Completed surveys may be returned electronically to the ASC Project email address at DCH-ASC@michigan.gov or by mail to the Michigan Department of Community Health, P.O. Box 30479, Lansing, Michigan 48909-7979. The more complete and accurate the responses received, the more informed MDCH will be on decisions related to ASC reimbursement.

Questions and concerns should be submitted to the project mailbox at DCH-ASC@michigan.gov. Note that all survey submissions are considered confidential and will not be distributed. We look forward to your input and appreciate your assistance as we continue with the ASC Project.

Sincerely,

A handwritten signature in black ink that reads "Richard Miles".

Richard Miles, Director
Actuarial Division
Medical Services Administration

Attachment

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Ambulatory Surgical Center (ASC) Project
ASC Facility Survey, May 2008**

Thank you for your participation in the Michigan Department of Community Health (MDCH) ASC Project Survey. Your input will offer us valuable insight on ASCs and assist in future decision making.

Note: For the purposes of this survey procedure is defined by a diagnostic, surgical, or radiological service.

Completion Instructions:

If additional room is needed, please attach an additional sheet. Please submit your completed survey by Friday, May 30th to the Michigan Department of Community Health in one of the following ways:

1. Electronically to the ASC Project mailbox at DCH-ASC@michigan.gov
2. By mail to the following address:

Michigan Department of Community Health
P.O. Box 30479
Lansing, MI 48909-7979

1. Facility Name	2. Contact Name
3. Mailing Address	4. Hours of Operation
	5. Telephone Number
	6. E-Mail Address
7. What are the general procedures and services offered at your facility?	
8. Does your Facility offer specialized services? If so, please list: <input type="checkbox"/> No <input type="checkbox"/> Yes	
9. Are laboratory, radiology, and other specialty equipment found on site at your facility? If yes, please specify the general equipment found on site: <input type="checkbox"/> No <input type="checkbox"/> Yes	
10. Does your ASC facility plan to enroll as a Medicaid provider? <input type="checkbox"/> Yes, we plan to enroll <input type="checkbox"/> No, we do not plan to enroll <input type="checkbox"/> We are unsure/undecided at this time	
11. Assuming that you plan to enroll as a Medicaid provider, does your facility anticipate expanding the volume or type of services provided? If yes, please specify the anticipated volume increase and the new services to be offered. <input type="checkbox"/> No <input type="checkbox"/> Yes	
12. What is the approximate number of procedures provided per year at your facility?	
13. What is the projected number of procedures your facility will provide in calendar year 2009?	

14. Does your facility currently provide services to Medicaid beneficiaries? If so, how many Medicaid beneficiaries has your facility served in the last 12 months? (This includes fee-for-service, Medicaid Health Plan Organizations, and Adult Benefit Waiver Programs.)
 No Yes

15. Please specify the number of patients your facility has seen in the last 12 months by the following payer types:
Medicaid Only: _____ Medicare Only _____
 Fee-for-Service _____ Dual Eligible for Medicaid and Medicare _____
 Medicaid HMO _____ Commercial Payers _____
 _____ Dual Eligible for Commercial and Medicaid _____

16. Please specify total charges for your facility in the last 12 months by the following payer types:
Medicaid Only: _____ Medicare Only _____
 Fee-for-Service _____ Dual Eligible for Medicaid and Medicare _____
 Medicaid HMO _____ Commercial Payers _____
 _____ Dual Eligible for Commercial and Medicaid _____

17. Does your facility submit bills electronically or use a paper format?
 Electronic Paper

18. Is your facility Medicare certified?
 No Yes

19. Is your facility accredited through the Joint Commission?
 No Yes

20. Please list all other certifying and accrediting bodies of your facility:

21. Which of the following practitioners provide professional and or surgical services in your ASC facility? Please check all applicable practitioners:

<input type="checkbox"/> Physician M.D. or D.O.	<input type="checkbox"/> Oral Surgeon
<input type="checkbox"/> Podiatrist	<input type="checkbox"/> Anesthesiologist
<input type="checkbox"/> Optometrist	<input type="checkbox"/> Resident/Intern
<input type="checkbox"/> Dentist	

Non-Physician:

<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Nurse Anesthetist
<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Anesthesiologist Assistant

Other practitioners not listed above (please specify).

22. Are any of the above non-physician practitioners either employed by your ASC or part of your ASC?

23. Note that MDCH foresees following Medicare's coverage and reimbursement policy as closely as possible, while allowing for Medicaid specific divergences. Are there specific Medicaid coverage and reimbursement policies and procedures that you believe should differ from Medicare? If yes please specify.