

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**  
**CERTIFICATE OF NEED (CON) REVIEW STANDARDS FOR**  
**OPEN HEART SURGERY (OHS) SERVICES**

(By the authority conferred on the CON Commission by Section 22215 of Act No. 368 of the Public Acts of 1978, as amended, and sections 7 and 8 of Act No. 306 of the Public Acts of 1969, as amended, being sections 333.22215, 24.207, and 24.208 of the Michigan Compiled Laws.)

**Section 1. Applicability**

Sec. 1. (1) These standards are requirements for approval OF THE INITIATION OR ACQUISITION OF OHS SERVICES, and delivery of THESE services ~~for all projects approved and certificates of need issued under Part 222 of the Code which involve open heart surgery services.~~ PURSUANT TO PART 222 OF THE CODE.

~~(2) OHS open heart surgery is a covered clinical service for purposes of Part 222 of the Code.~~

~~(3) The Department shall use sections 3, 4, 6, 8, and 9, as applicable, THESE STANDARDS in applying Section 22225(1) of the Code, being Section 333.22225(1) of the Michigan Compiled Laws. AND~~

~~(4) The Department shall use Section 7 in applying Section 22225(2)(c) of the Code, being Section 333.22225(2)(c) of the Michigan Compiled Laws.~~

~~(5) The Department shall use Section 5 in applying Section 22215(1)(b) of the Code, being Section 333.22215(1)(b) of the Michigan Compiled Laws.~~

**Section 2. Definitions**

Sec. 2. (1) For purposes of these standards:

(a) "Adult ~~open heart surgery~~ OHS" means ~~open heart surgery~~ OHS offered and provided to individuals age 15 and older as defined in subsection (i).

(b) "Cardiac surgical team" means the designated specialists and support personnel who consistently work together in the performance of ~~open heart surgery~~ OHS.

(c) "Certificate of Need Commission" or "Commission" means the Commission created pursuant to Section 22211 of the Code, being Section 333.22211 of the Michigan Compiled Laws.

(d) "Code" means Act No. 368 of the Public Acts of 1978, as amended, being Section 333.1101 et seq. of the Michigan Compiled Laws.

(e) "Department" means the Michigan Department of Community Health (MDCH).

(F) "HOSPITAL" MEANS A HEALTH FACILITY LICENSED UNDER PART 215 OF THE CODE.

(G) "ICD-9-CM code" means the disease codes and nomenclature found in the International Classification of Diseases - 9th Revision - Clinical Modification, prepared by the Commission on Professional and Hospital Activities for the U.S. National Center for Health Statistics.

(gH) "Medicaid" means title XIX of the social security act, chapter 531, 49 Stat. 620, 42 U.S.C. 1396f-TO 1396G and 1396f-8j to 1396v1396U.

(hI) "Michigan inpatient data base" or "MIDB" means the data base compiled by the Michigan Health and Hospital Association or successor organization. The data base consists of inpatient discharge records from all Michigan hospitals and Michigan residents discharged from hospitals in border states for a specific calendar year.

(iJ) "Open heart surgery" means any cardiac surgical procedure involving the heart and/or thoracic great vessels (excluding organ transplantation) that is intended to correct congenital and acquired cardiac and coronary artery disease and/or great vessels and often uses a heart-lung pump (pumps and oxygenates the blood) or its equivalent to perform the functions of circulation during surgery. These

54 procedures may be performed off-pump (beating heart), although a heart-lung pump is still available  
55 during the procedure.

56 (jK) "Open heart surgical case" means a single visit to an operating room during which one or more  
57 ~~open heart surgeryOHS~~ procedures are performed. THE LIST OF OHS PROCEDURES SHALL BE  
58 MAINTAINED BY THE DEPARTMENT.

59 (kL) "~~Open heart surgeryOHS~~ service" means a hospital program that is staffed with surgical teams  
60 and other support staff for the performance of open heart surgical procedures. An ~~open heart~~  
61 ~~surgeryOHS~~ service performs ~~open heart surgeryOHS~~ procedures on an emergent, urgent and scheduled  
62 basis.

63 (lM) "Pediatric ~~open heart surgeryOHS~~" means ~~open heart surgeryOHS~~ offered and provided to  
64 infants and children age 14 and younger, and to other individuals with congenital heart disease as defined  
65 by the ICD-9-CM codes of 745.0 through 747.99.

66 (mN) "Planning area" means the groups of counties shown in Section 10.

67

68 (2) The definitions in Part 222 shall apply to these standards.

69

70 **Section 3. Requirements ~~for all applicants proposing to initiate~~ ~~open heart surgeryOHS~~ services**

71

72 Sec. 3. (1) An applicant proposing to initiate either adult or pediatric ~~open heart surgeryOHS~~ as a  
73 new service shall be A HOSPITAL AND operating or approved to operate a diagnostic and therapeutic  
74 adult or pediatric cardiac catheterization service, respectively.

75

76 (2) A hospital proposing to initiate ~~open heart surgeryOHS~~ as a new service shall have a written  
77 consulting agreement with a hospital which has an existing active ~~open heart surgeryOHS~~ service  
78 performing a minimum of 400 open heart surgical cases per year for 3 consecutive years. The  
79 agreement must specify that the existing service shall, for the first 3 years of operation of the new service,  
80 provide the following services to the applicant hospital:

81 (a) Receive and make recommendations on the proposed design of surgical and support areas that  
82 may be required;

83 (b) Provide staff training recommendations for all personnel associated with the new proposed  
84 service;

85 (c) Provide recommendations on staffing needs for the proposed service; and

86 (d) Work with the medical staff and governing body to design and implement a process that will  
87 annually measure, evaluate, and report to the medical staff and governing body the clinical outcomes of  
88 the new service, including: (i) Mortality rates, (ii) Complication rates, (iii) Success rates, and (iv) Infection  
89 rates.

90

91 (3) An applicant proposing to initiate adult ~~open heart surgeryOHS~~ as a new service shall  
92 demonstrate 300 adult open heart surgical cases based on the methodology set forth in Section 8.

93

94 (4) An applicant proposing to initiate pediatric ~~open heart surgeryOHS~~ as a new service shall  
95 demonstrate 100 pediatric open heart surgical cases based on the methodology set forth in Section 9.

96

97 **Section 4. Requirements ~~for approval for applicants proposing to acquire an existing open heart~~**  
98 **surgery service**

99

100 Sec. 4. An applicant proposing to acquire a hospital that has been approved to perform ~~open heart~~  
101 ~~surgeryOHS~~ services may also acquire the existing ~~open heart surgeryOHS~~ service if it can demonstrate  
102 that the proposed project meets all of the following:

103

104 (1) An application for the first acquisition of an existing ~~open heart surgeryOHS~~ service after ~~the~~  
105 ~~effective date of these standards~~ FEBRUARY 25, 2008 shall not be required to be in compliance with the  
106 applicable volume requirements on the date of acquisition. The ~~open heart surgeryOHS~~ service shall be

operating at the applicable volume requirements set forth in Section 7 of these standards in the second 12 months after the date the service is acquired, and annually thereafter.

(2) Except as provided for in subsection (1), an application for the acquisition of an existing open heart surgeryOHS service after ~~the effective date of these standards~~ FEBRUARY 25, 2008 shall be required to be in compliance with the applicable volume requirements, as set forth in the project delivery requirements, on the date an application is submitted to the Department.

(3) The applicant agrees to operate the open heart surgeryOHS service in accordance with all applicable project delivery requirements set forth in Section 7 of these standards.

#### **Section 5. Requirements for ~~all applicants~~ MEDICAID PARTICIPATION**

Sec 5. An applicant shall provide verification of Medicaid participation. An applicant that is a new provider not currently enrolled in Medicaid shall certify that proof of Medicaid participation will be provided to the Department within six (6) months from the offering of services, if a CON is approved.

#### **Section 6. Requirements for MIDB data commitments**

Sec. 6. In order to use MIDB data in support of an application for either adult or pediatric open heart surgeryOHS services, an applicant shall demonstrate or agree, as applicable, to all of the following:

(1) A hospital(s) whose adult MIDB data is used in support of a CON application for adult open heart surgeryOHS services shall not use any of its adult MIDB data in support of any other application for adult open heart surgeryOHS services prior to 7 years after the initiation of the open heart surgeryOHS service for which MIDB data were used to support. After the 7-year period, a hospital(s) may only commit its adult MIDB data in support of another application for adult open heart surgeryOHS services if they have experienced an increase from the previously committed MIDB data. Only that additional increase in MIDB data can be committed to another applicant to initiate open heart surgeryOHS services.

(2) A hospital(s) whose pediatric MIDB data is used in support of a CON application for pediatric open heart surgeryOHS services shall not use any of its pediatric MIDB data in support of any other application for pediatric open heart surgeryOHS services prior to 7 years after the initiation of the open heart surgeryOHS service for which MIDB data were used to support. After the 7-year period, a hospital(s) may only commit its pediatric MIDB data in support of another application for pediatric open heart surgeryOHS services if they have experienced an increase from the previously committed MIDB data. Only that additional increase in MIDB data can be committed to another applicant to initiate open heart surgeryOHS services.

(3) The hospital(s) committing MIDB data does not currently operate an adult or pediatric open heart surgeryOHS service or have a valid CON issued under Part 222 to operate an adult or pediatric open heart surgeryOHS service.

(4) The hospital(s) committing MIDB data is located in the same planning area as the hospital to which MIDB data is being proposed to be committed.

(5) The hospital(s) committing MIDB data to a CON application has completed the departmental form(s) which (i) authorizes the Department to verify the MIDB data, (ii) agrees to pay all charges associated with verifying the MIDB data, and (iii) acknowledges and agrees that the commitment of the MIDB data is for the period of time specified in subsection (1) or (2), as applicable.

158 (6) The hospital(s) committing MIDB data to an application is regularly admitting patients as of the  
159 date the Director makes the final decision on that application, under Section 22231 of the Code, being  
160 Section 333.22231 of the Michigan Compiled Laws.

161  
162 **Section 7. Project delivery requirements --AND terms of approval for all applicants**

163  
164 Sec. 7. ~~(1)~~ An applicant shall agree that, if approved, the OHS services shall be delivered in  
165 compliance with the following terms of CON approval:

166  
167 (a1) Compliance with these standards.

168  
169 ~~(b) Compliance with applicable operating standards.~~

170 ~~—(e2) Compliance with the following quality assurance standards:~~

171 ~~(iA) The open heart surgery service shall be operating at an annual level of 300 adult open heart~~  
172 ~~surgical cases or 100 pediatric open heart surgical cases, as applicable, by the end of the third 12 full~~  
173 ~~months of operation, and annually thereafter.~~

174 ~~—(iiB) Each physician credentialed by the applicant-hospital to perform adult open heart surgeryOHS~~  
175 ~~cases, as the attending surgeon, shall perform a minimum of 75-50 adult open heart surgeryOHS cases~~  
176 ~~per year. The annual case load for a physician means adult open heart surgeryOHS cases performed by~~  
177 ~~that physician, as the attending surgeon, in any hospital or combination of hospitals.~~

178 ~~—(iii) The service shall be staffed with sufficient medical, nursing, technical and other personnel to~~  
179 ~~permit regular scheduled hours of operation and continuous 24 hour on-call availability.~~

180 ~~(ivB) The service shall have the capability for rapid mobilization of a cardiac surgical team for~~  
181 ~~AVAILABLE ON CALL FOR emergency cases 24 hours a day, 7 days a week.~~

182 ~~(C) THE APPLICANT HOSPITAL SHALL PARTICIPATE WITH THE SOCIETY OF THORACIC~~  
183 ~~SURGEONS (STS) NATIONAL DATABASE AND THE MICHIGAN SOCIETY OF THORACIC AND~~  
184 ~~CARDIOVASCULAR SURGEONS (MSTCVS) QUALITY COLLABORATIVE AND DATABASE OR A~~  
185 ~~DESIGNEE OF THE DEPARTMENT THAT MONITORS QUALITY AND RISK ADJUSTED OUTCOMES.~~

186  
187 ~~(3) COMPLIANCE WITH THE FOLLOWING ACCESS TO CARE REQUIREMENTS:~~

188 ~~—(vA) An applicant shall participate in Medicaid at least 12 consecutive months within the first two years~~  
189 ~~of operation and continue to participate annually thereafter. THE SERVICE SHALL ACCEPT~~  
190 ~~REFERRALS FOR OHS FROM ALL APPROPRIATELY LICENSED PRACTITIONERS.~~

191 ~~(dB) THE APPLICANT HOSPITAL shall participate in Medicaid at least 12 consecutive months within~~  
192 ~~the first two years of operation and annually thereafter. The applicant, to assure appropriate utilization by~~  
193 ~~all segments of the Michigan population, shall:~~

194 ~~(iC) provide open heart surgery-THE serviceAPPLICANT HOSPITALs to all individuals based on the~~  
195 ~~clinical indications of need for the SHALL NOT DENY OHS serviceS TO ANY INDIVIDUAL and~~  
196 ~~notBASED on THE ability to pay or source of payment; and.~~

197 ~~—(ii) maintain information by source of payment to indicate the volume of care from each source~~  
198 ~~provided annually.~~

199 Compliance with selective contracting requirements shall not be construed as a violation of this term.

200 ~~(D) THE OPERATION OF AND REFERRAL OF PATIENTS TO THE OHS SERVICES SHALL BE IN~~  
201 ~~CONFORMANCE WITH 1978 PA 368, SEC. 16221, AS AMENDED BY 1986 PA 319; MCL 333.1621;~~  
202 ~~MSA 14.15 (16221).~~

203  
204 ~~(4) COMPLIANCE WITH THE FOLLOWING MONITORING AND REPORTING REQUIREMENTS:~~

205 ~~—(eA) The OHS service shall be operating at an annual level of 300150 adult open heart surgical cases~~  
206 ~~or 100 pediatric open heart surgical cases, as applicable, AS SUBMITTED TO THE STS DATABASE, by~~  
207 ~~the end of the third 12 full months of operation, and annually thereafter.~~

208 ~~(B) The applicant HOSPITAL shall prepare and present to the medical staff and governing body~~  
209 ~~reports describing activities in the open heart surgeryOHS service including complication rates and other~~  
210 ~~morbidity and mortality data.~~

211 | (fC) The applicant HOSPITAL shall participate in a data collection network established and  
212 | administered by the Department or its designee. The data may include but is not limited to annual budget  
213 | and cost information, operating schedules, ~~and PATIENT~~ demographicS, diagnostic, morbidity and  
214 | mortality information, ~~as well as~~AND the volume of care provided to patients from all payor sources. The  
215 | applicant- HOSPITAL shall provide the required data in a format established by the Department and in a  
216 | mutually agreed upon media. The Department may elect to verify the data through on-site review of  
217 | appropriate records.

218 | (gD) The applicant HOSPITAL shall participate in a data registry administered by the Department or its  
219 | designee AS A MEANS TO MEASURE QUALITY AND RISK ADJUSTED OUTCOMES WITHIN OHS  
220 | PROGRAMS. THE DEPARTMENT SHALL USE THE STS COMPOSITE STAR RATING SYSTEM  
221 | WHICH CURRENTLY INCLUDES CORONARY ARTERY BYPASS GRAFT COMPOSITE (CABG),  
222 | AORTIC VALVE REPLACEMENT COMPOSITE, AND PLANS TO ADD ADDITIONAL CARDIAC  
223 | SURGICAL COMPOSITES EACH YEAR.~~monitors quality and risk adjusted outcomes.~~ The Department  
224 | or its designee shall require that the applicant HOSPITAL submit a summary report as specified by the  
225 | Department. The applicant HOSPITAL shall provide the required data in a format established by the  
226 | Department or its designee. The applicant HOSPITAL shall be liable for the cost of data submission and  
227 | on-site reviews in order for the Department to verify and monitor volumes and assure quality. The  
228 | applicant HOSPITAL shall become a member of the data registry specified by the Department upon  
229 | initiation of the service- ~~AND CONTINUE TO~~ Participation-PARTICIPATE shall continue annually  
230 | thereafter FOR THE LIFE OF THAT SERVICE. The outcomes database must undergo statewide  
231 | auditing.

232 | (hE) ~~An THE~~ applicant HOSPITAL ~~that fails to comply with the quality assurance standards under~~  
233 | ~~subsection (c2) shall be required to provide its quality and risk adjusted outcomes data from the data~~  
234 | ~~registry to the Department, or its designee, as part of the Department's enforcement and compliance~~  
235 | ~~activities.~~ SHALL UTILIZE AND REPORT THE STS COMPOSITE STAR RATING SYSTEM FOR ALL  
236 | PROCEDURES AS FOLLOWS:

237 | (I) IF THE PROGRAM RECEIVES A ONE-STAR RATING IN ANY COMPOSITE METRIC, THEY  
238 | SHALL SUBMIT A REPORT TO THE DEPARTMENT EXPLAINING THE REASON(S) FOR THE  
239 | UNSATISFACTORY RATING.

240 | (II) IF THE PROGRAM RECEIVES TWO ONE-STAR RATINGS IN A ROW IN THE SAME  
241 | COMPOSITE METRIC, THEY SHALL SUBMIT AN ACTION PLAN TO THE DEPARTMENT DETAILING  
242 | SPECIFIC ACTIONS TO RECTIFY THE PROGRAM DEFICIENCIES.

243 | (A) IF THE PROGRAM RECEIVES TWO ONE-STAR RATINGS WITHIN THE SAME COMPOSITE  
244 | METRIC, THE PROGRAM MAY HAVE TWO YEARS TO OBTAIN A MINIMUM TWO-STAR RATING  
245 | WITHIN THAT COMPOSITE METRIC. UPON RECEIPT OF A TWO-STAR OR HIGHER RATING, THE  
246 | PROGRAM MAY BE CONSIDERED IN COMPLIANCE.

247 |  
248 | (Fi) The applicant HOSPITAL shall provide the Department with ~~a notice stating the date on which the~~  
249 | ~~first approved service is performed and such~~ TIMELY NOTICE OF THE PROPOSED PROJECT  
250 | IMPLEMENTATION ~~notice shall be submitted to the Department~~ consistent with applicable statute and  
251 | promulgated rules.

252 |  
253 | (5) NOTHING IN THIS SECTION PROHIBITS THE DEPARTMENT FROM TAKING COMPLIANCE  
254 | ACTION UNDER MCL 333.22247.

255 |  
256 | (256) The agreements and assurances required by this section shall be in the form of a certification  
257 | agreed to by the applicant or its authorized agent.

## 258 | **Section 8. Methodology for computing the number of adult open heart surgical cases**

259 |  
260 |  
261 | Sec. 8. (1) The weights for the adult principal and non-principal diagnoses tables found in Appendix  
262 | A are calculated using the following methodology. For these two tables, only the MIDB data from  
263 | licensed hospitals that have operational ~~open heart surgery~~ OHS programs in Michigan will be used.

264 Using ~~a~~THE hospital's actual inpatient discharge data, as specified by the most recent MIDB data  
265 available to the Department, ~~an applicant shall identify~~ the discharges that were from patients aged 15  
266 years and older SHALL BE IDENTIFIED. These discharges shall be known as the "adult discharges."  
267 (a) To calculate the weights for the principal diagnosis, the following steps shall be taken:  
268 (i) For each diagnostic group in the principal weight table, the ~~number of~~ discharges ~~is~~  
269 COUNTED HAVING A PRIMARY DIAGNOSIS MATCHING ANY DIAGNOSIS IN THE DIAGNOSTIC GROUP  
270 ARE IDENTIFIED. THE NUMBER OF DISCHARGES ARE COUNTED.  
271 (ii) For the discharges identified in subsection 8(1)(a)(i), any occurrence of an open heart procedure  
272 code will be ~~counted~~ CONSIDERED as a single ~~open heart surgery~~ OHS case. FOR EACH DIAGNOSTIC  
273 GROUP, THE NUMBER OF OHS CASES ARE COUNTED.  
274 (iii) The number of ~~open heart surgery~~ OHS cases for each diagnosis category IDENTIFIED IN  
275 SUBSECTION 8(1)(A)(II) will be divided by the number of discharges identified in subsection 8(1)(a)(i).  
276 This will be the weight for that diagnostic group. This number should show six decimal positions.  
277 (iv) All discharges utilized for the computation of the principal weight table are to be removed from  
278 subsequent analyses.  
279 (b) To calculate the weights for the non-principal diagnosis table, the following steps shall be taken,  
280 separately, in the sequence ~~shown,~~ OF THE GROUP ORDER FOUND IN THE NON-PRINCIPAL  
281 DIAGNOSIS TABLE:  
282 (I) and e Each remaining discharge will be examined for any mention of the diagnostic codes from  
283 that group. If a match is found, that discharge is assigned to that diagnostic group and removed from  
284 subsequent analyses: THE NUMBER OF DISCHARGES IN EACH DIAGNOSTIC GROUP IS  
285 COUNTED.  
286 (i) For each diagnostic group taken separately, in the sequence shown, any occurrence of an open  
287 heart procedure code for each discharge will be counted as a single ~~open heart surgery~~ OHS case. If a  
288 match is found, the discharge will be ~~counted~~ CONSIDERED as an open heart surgical case for that  
289 diagnostic group and removed from subsequent analyses. THE NUMBER OF OPEN HEART SURGICAL  
290 CASES IN EACH DIAGNOSTIC GROUP ARE COUNTED.  
291 (ii) The number of ~~open heart surgery~~ OHS cases for each non-principal diagnosis category identified  
292 in subsection 8(1)(b)(i) will be divided by the number of discharges identified in subsection 8(1)(b)(I).  
293 This will result in the non-principal weight for that diagnostic group. This number should show six decimal  
294 positions.  
295  
296 (2) An applicant shall apply the methodology set forth in this section for computing the projected  
297 number of adult open heart surgical cases using both the principal and non-principal diagnosis tables.  
298 The following steps shall be taken in sequence:  
299 (a) For each diagnostic group in the principal weight table in Appendix A, identify the corresponding  
300 number of discharges.  
301 (b) Multiply the number of discharges for each diagnostic group by their respective group weight to  
302 obtain the projected number of ~~open heart surgery~~ OHS cases for that group. All discharges identified in  
303 subsection 8(2)(a) are removed from subsequent analysis.  
304 (c) The non-principal weight table identifies the sequence that must be followed to count the  
305 discharges for the appropriate group. An applicant shall start with the first diagnostic group and shall  
306 count the number of discharges with any mention of a non-principal diagnosis corresponding to that  
307 specific diagnostic group. When a discharge that belongs in the specific non-principal diagnostic group is  
308 identified, it is assigned to that group. This discharge is then removed from the data before counting  
309 discharges for the next diagnostic group. The discharges counted for each group will be used only with  
310 the non-principal diagnosis weight table in Appendix A and will be entered into its respective diagnostic  
311 group. Multiply the number of discharges for each diagnostic group by their respective group weight to  
312 obtain the projected number of ~~open heart surgery~~ OHS cases for that group.  
313 (d) The total number of projected open heart cases is then calculated by summing the projected  
314 number of open heart cases from both principal and non-principal weight tables.  
315

316 (3) The major ICD-9-CM groupings and Open Heart utilization weights in Appendix A are based on  
317 the work of the Bureau of Health Policy, Planning and Access, Michigan Department of Community  
318 Health, utilizing the most current MIDB data available to the Department.

319 (a) The Department shall update the open heart utilization weights every 3 years, beginning with the  
320 year 2007, according to the methodology described in subsection (1) above, utilizing the most current  
321 MIDB data available to the Department.

322 (b) Updates to the utilization weights made pursuant to this subsection shall not require standard  
323 advisory committee action, a public hearing, or submittal of the standard to the legislature and governor in  
324 order to become effective.

325 (c) The Department shall notify the Commission when the updates are made and the effective date  
326 of the updated utilization weights.

327 (d) The updated open heart utilization weights established pursuant to this subsection shall  
328 supercede the weights shown in Appendix A and shall be included as an amended appendix to these  
329 standards.

330  
331 (4) Each applicant shall provide access to verifiable hospital-specific data and documentation using a  
332 format established by the Department and a mutually agreed upon media.  
333

### 334 **Section 9. Methodology for computing the number of pediatric open heart surgical cases**

335  
336 Sec. 9. (1) The weights for the pediatric diagnosis table found in Appendix B are calculated using  
337 the following methodology. Only the MIDB data from licensed hospitals THAT HAVE OPERATIONAL  
338 OHS PROGRAMS in Michigan will be used.

339 (a) Using ~~a-THE hospital's'~~ actual inpatient discharge data, as specified by the most recent MIDB  
340 data available to the Department, ~~an applicant shall count~~ the discharges that were from patients of any  
341 age that have a diagnosis (any mention) of the ICD-9-CM codes listed in the "Congenital Anomalies"  
342 category in Appendix B SHALL BE COUNTED. Each identified record shall be counted only once so that  
343 no record is counted twice. An applicant shall remove these cases from subsequent analyses.

344 (b) For those discharges identified in subsection 9(1)(a), any occurrence of an open heart procedure  
345 code will be ~~counted-CONSIDERED~~ as a single ~~open heart surgery~~OHS case. THE NUMBER OF OPEN  
346 HEART SURGICAL CASES ARE COUNTED.

347 (c) The number of ~~open heart surgery~~OHS cases for the "Congenital Anomalies" category  
348 IDENTIFIED IN SUBSECTION 9(1)(B) will be divided by the number of discharges identified in subsection  
349 9(1)(a). This will be the weight for the "Congenital Anomalies" diagnostic group. This number should  
350 show six decimal positions.

351 (d) Using ~~a-THE hospital's'~~ remaining inpatient discharges, ~~an applicant shall identify~~ the discharges  
352 that were from patients aged 14 years and younger SHALL BE IDENTIFIED. These discharges shall be  
353 known as the "pediatric discharges."

354 (e) Using the "pediatric discharges" identified in ~~subdivision-subSECTION 9(1)(d)~~, ~~an applicant shall~~  
355 ~~count~~ the number of discharges that have a diagnosis (any mention) of the ICD-9-CM codes listed in the  
356 "All Other Heart Conditions" category in Appendix B SHALL BE COUNTED. Discharge records which do  
357 not have one or more of the "All Other Heart Conditions" codes listed in Appendix B shall not be used.  
358 Each identified record shall be counted only once so that no record is counted twice.

359 (f) For those discharges identified in subsection 9(1)(e), any occurrence of an open heart procedure  
360 code will be ~~counted-CONSIDERED~~ as a single ~~open heart surgery~~OHS case. THE NUMBER OF OPEN  
361 HEART SURGICAL CASES ARE COUNTED.

362 (g) The number of ~~open heart surgery~~OHS cases for the "All Other Heart Conditions" category  
363 IDENTIFIED IN SUBSECTION 9(1)(F) will be divided by the number of discharges identified in subsection  
364 9(1)(e). This will be the weight for the "All Other Heart Conditions" diagnostic group. This number should  
365 show six decimal positions.

366  
367 (2) An applicant shall apply the methodology set forth in this section for computing the projected  
368 number of pediatric open heart surgical cases. In applying discharge data in the methodology, each

369 applicable inpatient record is used only once. This methodology shall utilize only those inpatient  
370 discharges that have one or more of the cardiac diagnoses listed in Appendix B. In applying this  
371 methodology, the following steps shall be taken in sequence:

372 (a) Using a hospital's actual inpatient discharge data, as specified by the most recent MIDB data  
373 available to the Department, an applicant shall count the discharges that were from patients of any age  
374 that have a principal diagnosis or any of the first four non-principal diagnoses of the ICD-9-CM codes  
375 listed in the "Congenital Anomalies" category in Appendix B. Each identified record shall be counted only  
376 once so that no record is counted twice. An applicant shall remove these cases from the discharge data.

377 (b) Using a hospital's remaining inpatient discharges, an applicant shall identify the discharges that  
378 were from patients aged 14 years and younger. These discharges shall be known as the "pediatric  
379 discharges."

380 (c) Using the "pediatric discharges" identified in Subdivision (b), an applicant shall count the number  
381 of discharges with a principal diagnosis or any of the first four non-principal diagnoses of the ICD-9-CM  
382 codes listed in the "All Other Heart Conditions" category in Appendix B. Discharge records which do not  
383 have one or more of the "All Other Heart Conditions" codes listed in Appendix B shall not be used. Each  
384 identified record shall be counted only once so that no record is counted twice.

385 (d) An applicant shall multiply the count for the "Congenital" and "All Other Heart Conditions"  
386 categories by the corresponding Pediatric Open Heart Utilization Weight and add the products together to  
387 produce the number of pediatric open heart surgical cases for the applicant.

388  
389 (3) The major ICD-9-CM groupings and Pediatric Open Heart Utilization Weights in Appendix B are  
390 based on the work of the Bureau of Health Policy, Planning and Access, Michigan Department of  
391 Community Health, utilizing the most current MIDB data available to the Department.

392 (a) The Department shall update the open heart utilization weights every 3 years, beginning with the  
393 year 2007, according to the methodology described in subsection (1) above, utilizing the most current  
394 MIDB data available to the Department.

395 (b) Updates to the utilization weights made pursuant to this subsection shall not require standard  
396 advisory committee action, a public hearing, or submittal of the standard to the legislature and governor in  
397 order to become effective.

398 (c) The Department shall notify the Commission when the updates are made and the effective date  
399 of the updated utilization weights.

400 (d) The updated open heart utilization weights established pursuant to this subsection shall  
401 supercede the weights shown in Appendix B and shall be included as an amended appendix to these  
402 standards.

403  
404 (4) Each applicant must provide access to verifiable hospital-specific data and documentation using  
405 a format established by the Department and in a mutually agreed upon media.

## 406 **Section 10. Planning Areas**

407  
408  
409 | Sec. 10. Counties assigned to each planning area are as follows:

410	411	412 <u>PLANNING AREA</u>	413	414 <u>COUNTIES</u>	415
416	1	LIVINGSTON	MONROE	ST. CLAIR	
417		MACOMB	OAKLAND	WASHTENAW	
418		WAYNE			
419	2	CLINTON	HILLSDALE	JACKSON	
420		EATON	INGHAM	LENAWEE	
421	3	BARRY	CALHOUN	ST. JOSEPH	



422		BERRIEN	CASS	VAN BUREN
423		BRANCH	KALAMAZOO	
424				
425	4	ALLEGAN	MASON	NEWAYGO
426		IONIA	MECOSTA	OCEANA
427		KENT	MONTCALM	OSCEOLA
428		LAKE	MUSKEGON	OTTAWA
429				
430	5	GENESEE	LAPEER	SHIAWASSEE
431				
432	6	ARENAC	HURON	ROSCOMMON
433		BAY	IOSCO	SAGINAW
434		CLARE	ISABELLA	SANILAC
435		GLADWIN	MIDLAND	TUSCOLA
436		GRATIOT	OGEMAW	
437				
438	7	ALCONA	CRAWFORD	MISSAUKEE
439		ALPENA	EMMET	MONTMORENCY
440		ANTRIM	GD TRAVERSE	OSCODA
441		BENZIE	KALKASKA	OTSEGO
442		CHARLEVOIX	LEELANAU	PRESQUE ISLE
443		CHEBOYGAN	MANISTEE	WEXFORD
444				
445	8	ALGER	GOGEBIC	MACKINAC
446		BARAGA	HOUGHTON	MARQUETTE
447		CHIPPEWA	IRON	MENOMINEE
448		DELTA	KEWEENAW	ONTONAGON
449		DICKINSON	LUCE	SCHOOLCRAFT

**Section 11. Effect on prior planning policies; comparative reviews**

Sec. 11. (1) These CON Review Standards supersede and replace the CON Review Standards for ~~Open Heart Surgery~~OHS Services approved by the CON Commission on ~~March 9, 2004~~DECEMBER 11, 2007 and effective on ~~June 4, 2004~~FEBRUARY 25, 2008.

(2) Projects reviewed under these standards shall not be subject to comparative review.

**DIAGNOSIS GROUPINGS FOR ADULT OPEN HEART SURGICAL CASES  
PRINCIPAL DIAGNOSIS**

<u>GROUP</u>	<u>MAJOR ICD-9-CM CODE GROUP</u>	<u>CATEGORY</u>	<u>ADULT OPEN HEART UTILIZATION WEIGHTS</u>
A	394 – 397.9 421 – 421.9 424 – 424.99	Valves	<u>.755521730737</u>
B	441.01, 441.03 441.1, 441.2 441.6, 441.7	Aortic Aneurysm	<u>.474638641457</u>
C	745 – 747.99	Congenital Anomalies	<u>.304878362101</u>
D	414 – 414.99	Other Chronic Ischemic	<u>.475495224163</u>
E	410 – 410.99	Acute Myocardial Infarct	<u>.419218101479</u>
F	212.7 398 – 398.99 411 – 411.99 423 – 423.9 425 – 425.9 427 – 427.9 428 – 428.9 901 – 901.9 996.02, 996.03	All Other Heart Conditions	<u>.013789013366</u>

**NON-PRINCIPAL DIAGNOSES**

<u>GROUP</u>	<u>MAJOR ICD-9-CM CODE GROUP</u>	<u>CATEGORY</u>	<u>ADULT OPEN HEART UTILIZATION WEIGHTS</u>
A	745 – 747.99	Congenital Anomalies	<u>.021698016876</u>
B	441.01, 441.03 441.1, 441.2 441.6, 441.7	Aortic Aneurysm	<u>.020900030120</u>
C	410 – 410.99	Acute Myocardial Infarct	<u>.014470012099</u>
D	394 – 397.9 421 – 421.9 424 – 424.99	Valves	<u>.008064007648</u>
E	414 – 414.99	Other Chronic Ischemic	<u>.001879001466</u>

F	212.7	All Other Heart Conditions	<del>.001190001206</del>
	398 – 398.99		
	411 – 411.99		
	423 – 423.9		
	425 – 425.9		
	427 – 427.9		
	428 – 428.9		
	901 – 901.9		
	996.02, 996.03		

| Source: Calculated based on the 200510 Michigan Inpatient Data Base

**DIAGNOSIS GROUPINGS FOR PEDIATRIC OPEN HEART SURGICAL CASES**

MAJOR ICD-9-CM CODE GROUP	CATEGORY	PEDIATRIC OPEN HEART UTILIZATION WEIGHTS
745.0 – 747.99	Congenital Anomalies	<u>.474027234512</u>
164.1, 212.7 390 – 429.99 441.01, 441.03 441.1, 441.2 441.6, 441.7 785.51 786.5-786.59 901.0 – 901.9 996.02	All Other Heart Conditions	<u>.018182018991</u>

| Source: Calculated based on the 200510 Michigan Inpatient Data Base