

ment survey, an application for an additional ambulatory surgery center shall be disapproved.

(c) The project's location shall promote an equitable geographic distribution of ambulatory surgery centers in the service area.

(d) An application shall include:

1. A projection of the number of surgical procedures to be performed at the center within 3 years following project initiation; and

2. A utilization plan for the center. The plan shall contain utilization estimates for at least the first 5 years of operation, projected on a monthly basis for the first year and on a quarterly basis for subsequent years. Assumptions and methods used in the utilization projections shall be reasonable and clearly documented.

(e) The department shall not approve additional ambulatory surgery centers unless each approved or existing ambulatory surgery center in the service area is performing at least 500 surgical procedures per operating room annually.

(f) The development of ambulatory surgery centers which will provide a variety of surgical services shall receive priority over those which will provide surgical services in limited specialty areas, unless a specific need has been demonstrated for a special service facility.

(4) **REQUIRED RESOURCES.** The department shall not approve an application unless the applicant demonstrates that:

(a) The center is in compliance with requirements established under applicable state and federal programs;

(b) The center will be staffed to operate at least 5 days a week;

(c) The center will have arrangements to provide for emergency transport of patients when necessary;

(d) The center will be no more than 15 minutes travel time from a hospital, unless the applicant demonstrates that longer travel time does not endanger patients; and

(e) The center will have policies which facilitate hospitalization of patients when necessary. All surgeons who perform surgery within the center shall have surgical privileges at a local hospital.

(5) **COST CONTAINMENT.** The department shall not approve an application unless:

(a) The project's per procedure charge is lower than the historical hospital charge per procedure in the acute care service area; and

(b) The applicant demonstrates that the project's services will be coordinated with other community health resources such as hospitals and clinics. The demonstration shall include furnishing copies of memoranda of agreement, correspondence or contracts.

(6) **FINANCIAL FEASIBILITY.** The department shall not approve an ambulatory surgery center unless the applicant demonstrates that the facility is financially feasible. The applicant shall document:

(a) The method and source of financing, including interest and other costs related to the establishment of the center;

(b) Direct costs, including construction, equipment, depreciation, interest, advertising or promotion, paraprofessional, clerical and professional staff, supplies, maintenance and leasing;

(c) Indirect costs, including space, management support and other relevant overhead costs;

(d) Proof of sufficient finances to operate the center; and

(e) Written policies on provision of services without charge to low-income persons.

(7) UTILIZATION REVIEW. The center shall have:

(a) A written plan for reviewing patient care, including criteria for identifying those patients requiring review and a mechanism for periodically evaluating the patient review process; and

(b) Written policies and procedures for utilization review consistent with state and federal standards. The review shall consider medical necessity of the service, quality of patient care and rates of utilization.

(8) PHYSICIAN SUPPORT. The department shall not approve a project if physician support is not demonstrated by the applicant. The applicant shall document that at least 10 physicians have provided written commitments to use the center and shall state location, hospital affiliation and number of surgeries to be performed annually by each physician. The projected annual surgeries to be performed by physicians who have provided written commitments shall comprise at least 50% of the surgeries projected by the ambulatory surgery center during the first full year of operation.

(9) DATA REPORTING REQUIREMENTS. Ambulatory surgery centers shall provide the department and the HSA, on request, with data relating to operating costs and to numbers, types, and origin of patients and other demographic information. The information shall be provided not more often than twice a year unless current data are required for the review of a proposal for the addition of a new ambulatory surgery center in the service area.

(10) EXCEPTION FROM OTHER CRITERIA. An applicant for approval to construct or operate a new ambulatory surgery center is exempt from the requirements of ss. HSS 123.13 (1), (2), (4) (g) and (i), (5) (c), (8), and (13), and 123.27 to 123.30.

History: Cr. Register, March, 1985, No. 351, eff. 4-1-85.

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HSS 123.15 Cardiac ^{program} service criteria. (1) USE. The criteria set out in this section shall be used by the department in its review of projects relating to cardiac surgery or cardiac catheterization services. The applicable criteria of s. HSS 123.13 shall also be used in the review of projects subject to this section.

(2) DEFINITIONS. In this section:

(a) "Adult cardiac catheterization service" means the offering and provision of cardiac catheterization to persons age 13 and above.

Register, March, 1985, No. 351