



June 9, 2022

By E-Mail

Shannon Magro  
Physicians Surgery Center of Frederick  
81 Thomas Johnson Court, Suite B  
Frederick, MD 21702

Christopher P. Dean, Esq.  
Miles & Stockbridge, PC  
100 Light Street  
Baltimore, MD 21202-1036

Re: In the Matter of Andochick Surgical Center, LLC d/b/a Physicians Surgery  
Center of Frederick Certificate of Need Application  
Matter No. 21-10-2451

Dear Ms. Magro and Mr. Dean:

This is in response to the letter of May 10, 2022 in the above referenced matter on behalf of both the Applicant, Andochick Surgical Center, LLC (“applicant” or “PSCF”), and the Interested Party, Frederick Health Hospital (collectively, the “Parties”). The letter indicated the Parties were unable to reach a mutually agreeable solution and requested that the Commission end the stay regarding the review of the pending certificate of need (CON) application. I have therefore lifted the stay in this review.

In moving forward with my review, I request that the applicant provide updates to address the following areas before I make my final review and recommendation:

1. In the revised Project Budget, Table E submitted on January 13, 2022, there is a difference of \$21,000 between the Use of Funds (\$2,779,000) and the Source of Funds (\$2,758,000). Please reconcile the budget statement so that the Use of Funds equals the Source of Funds.

2. Provide an updated timeline on the expected dates and timeframes for the completion of the construction project and the start of operations in PSCF upon project completion.
3. Charity Care and Financial Assistance Policy Compliance. Please demonstrate whether PSCF's historic level of charity care was appropriate to the needs of PSCF's service area and document how PSCF will provide charitable surgical services to indigent patients that are equivalent to at least the average amount of charity care provided by ambulatory surgical facilities annually. Evidence to support your response should include evidence of the applicant's recent track record in the provision of charitable health care and a specific plan for achieving the level of charitable care.
4. Please update Addendum B for each physician/surgeon who will perform surgical procedures at PSCF upon project completion, providing two years of historical and three years of projected surgical cases and surgical minutes for each physician. Also provide the following information:
  - a. List the name and surgical specialty of each surgeon who will have privileges at PSCF.
  - b. For historical utilization, identify the current facility (i.e., PSCF, another ambulatory surgery facility, and/or hospital) where each physician performed these procedures.
  - c. In response to Paragraph (b), please discuss the impact of the movement of surgical cases from other health care facilities, with a focus on whether there will be an adverse impact on these existing health care facilities.
  - d. For projected surgery cases and surgical minutes, please provide the assumptions or basis used to document and support these future surgical volumes.
5. Review the following tables, and confirm that construction costs, financial and utilization projections, and workforce tables remain unchanged, or provide any necessary updates or revisions for the following:
  - a. **Table C** – Construction Characteristics and **Table D** – Onsite and Offsite Cost Included and Excluded in Marshall Valuation Costs
  - b. Review **Tables 1 and 2** – Statistical Projections – Entire Facility and Proposed Project; **Tables 3 and 4** – Revenues and Expenses – Entire Facility and Proposed Project; and **Table L** – Workforce.
6. Financial Feasibility. Please provide the assumptions or basis used to document and support the future financial viability of the project.



7. Please document relevant community support that would enable the ongoing viability of the proposed project, which can include letters of support for the proposed project.
8. Please explain how the addition of two operating rooms and one procedure room would enhance and improve the quality of care, patient safety and level of services for patients at PSCF after project implementation.

Please submit four copies of the responses to completeness questions and the additional information requested in this letter within ten business days of receipt. The Interested Party, Frederick Health Hospital, may file a response within ten business days after receiving the response. No reply filings are permitted unless I specifically agree that a reply may be filed. Please submit also all responses electronically, in both Word and PDF format, to Ruby Potter ([ruby.potter@maryland.gov](mailto:ruby.potter@maryland.gov)) and all parties copied in this letter. If you require additional time to submit a response, you can request an extension for a reasonable period of time in accordance with COMAR 10.24.01.10A(2).

All information supplementing the applicant must be signed by person(s) available for cross-examination on the facts set forth in the supplementary information, who shall sign a statement as follows: "I hereby declare and affirm under the penalties of perjury that the facts stated in this application and its attachments are true and correct to the best of my knowledge, information, and belief."

I advise all parties that this is a contested case and that the *ex parte* prohibitions in the Administrative Procedure Act, Md. Code Ann., State Gov't §10-219, apply to this proceeding until the Commission issues a final decision. Any communication to me or the Commission must therefore also be sent to all other parties.

Sincerely,



Trupti Brahmabhatt, Ph.D.  
Commissioner/Reviewer

cc: Wynnee Hawk, Chief, CON, MHCC  
Paul Parker, Director, Center for Health Care Facilities Planning and Development  
([paul.parker@maryland.gov](mailto:paul.parker@maryland.gov))  
Alexa Bertinelli, Assistant Attorney General ([alexa.bertinelli@maryland.gov](mailto:alexa.bertinelli@maryland.gov))



Shannon Magro  
Christopher P. Dean, Esq.  
June 9, 2022  
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Caitlin Tepe, Assistant Attorney General ([caitlin.tepe@maryland.gov](mailto:caitlin.tepe@maryland.gov))  
Jennifer Coyne ([jcoyne@milesstockbridge.com](mailto:jcoyne@milesstockbridge.com))  
Scott E. Andochick, M.D. ([seandochick@hotmail.com](mailto:seandochick@hotmail.com)) (Applicant Contact)  
James P. Sherwood, FACHE, VP Business Dev. & Strategy, Frederick Health  
([jbsherwood@frederick.health](mailto:jbsherwood@frederick.health)) (Interested Party Contact)  
Barbara A. Brookmyer, M.D., M.P.H., Health Officer of Frederick County  
([bbrookmyer@FrederickCountyMD.gov](mailto:bbrookmyer@FrederickCountyMD.gov))



# **Matter #21-10-2451 Response to Request for Additional Information: June 23, 2022:**

## **Table of Contents**

**Tab #1: Matter #21-10-2451 Follow Up Questions from the MHCC dated October 28, 2021**

**Exhibit 1: Table E**

**Tab #2: Responses to Matter #21-10-2451**

**Clarification Question I: Revised Project Budget: Table E Balanced**

**Exhibit 2:**

Letter: Medarch Architecture Design and Planning regarding Expansion and Renovation of Physicians Surgery Center of Frederick.

Response to Updating Table E

Updated Construction Timeline

Response to Updating Table C and Table D

Response regarding improved quality of care, patient safety and patient services

**Exhibit 3: Table C**

**Exhibit 4: Table D**

**Tab #3: Charity Care**

**Clarification Question Charity Care Policy and Financial Assistance Policy Compliance**

**Exhibit 5: Summary table of Charity Care 2013-2021**

**Exhibit 6 & 7: Information utilized to determine entries on Exhibit #5**

**Exhibit 8: Correspondence regarding benchmark averages in Maryland 2017—2019 regarding Percent of Charity Care**

**Exhibit 9: Charity Care Policy for Physicians Surgery Center of Frederick**

**Exhibit 10: Financial Assistance Form**

**Exhibit 11: Public Notice and Patient Brochure**

**Exhibit 12: Summation of Charity Care for Physicians Surgery Center of Frederick**

**Exhibit 13: Example of patient communications to assist patient with access and eligibility.**

**Tab #4**

Updates to Tables:

**Exhibit 14: Impact table: Surgeon Name List and specialty with case volume by organization for year 2021/2021**

**Exhibit 15: Assumptions for documentation of future surgical volumes**

**Exhibit 16: Addendum B updates for each surgeon with case volume projections at PSCF**

**Exhibit 17: Discussion of Impact**

**Tab #5:**

**Exhibit 18: Table #3 updated**

**Exhibit 19: Table #4 updated**

**Exhibit 20: Table L updated**

**Exhibit 21: Table 1 and Table 2 updated**

**Tab #6:**

**Exhibit 22: Financial Feasibility Statement**

**Tab #7:**

**Exhibit 23: Letter of Support**

**Exhibit 24: Patient Satisfaction Letter**

**Exhibit 25: Letter of appreciation**

**Exhibit 26: follow up patient testimonial**

**Exhibit 27: follow up patient testimonial**

**Tab #8:**

**Exhibit 28: Explanation of approval and its effect on Quality of Care, Patient Safety and Level of Services.**

**Tab #9:**

**Exhibit 29: Attestation**

TABLE E. PROJECT BUDGET

**INSTRUCTION:** Estimates for Capital Costs (Part e), Financing Costs and Other Cash Requirements (Part g), and Working Capital Startup Costs (3) must reflect current costs as of the date of application and include all costs for construction and renovation. Explain the basis for construction cost estimates, renovation cost estimates, contingencies, interest during construction period, and inflation in an attachment to the application.

Inflation should only be included in the Inflation allowance line A110. The value of donated land for the project should be included on Line A114 as a use of funds and on line B10 as a source of funds.

	Hospital Building: Landlord liability	See Attached Explanation of Budget for PSCF liability for internal build and renovation: 12022sf	Total
<b>A. USE OF FUNDS</b>			
<b>1. CAPITAL COSTS</b>			
<b>a. New Construction</b>			
(1) Building	\$1,681,200	\$1,913,800	\$3,595,000
(2) Fixed Equipment	\$0	\$50,000	\$50,000
(3) Site and Infrastructure	\$425,000	\$0	\$425,000
(3a) Development Fees	\$18,500.00		\$18,500.00
(4) Architect/Engineering Fees	\$154,500	\$140,500	\$295,000
(5) Permits (Building, Utilities, Etc.)	\$31,500	\$33,500	\$65,000
<b>SUBTOTAL</b>	<b>\$2,310,700</b>	<b>\$2,137,800</b>	<b>\$4,448,500</b>
<b>b. Renovations</b>			
(1) Building	\$0	\$127,800	\$127,800
(2) Fixed Equipment (not included in construction)	\$0	\$0	\$0
(3) Architect/Engineering Fees	\$0	\$35,000	\$35,000
(4) Permits (Building, Utilities, Etc.)	\$0	\$5,000	\$5,000
<b>SUBTOTAL</b>	<b>\$0</b>	<b>\$167,800</b>	<b>\$167,800</b>
<b>c. Other Capital Costs</b>			
(1) Movable Equipment	\$0	\$300,000	\$300,000
(2) Contingency Allowance	\$95,000	\$105,000	\$200,000
(3) Gross interest during construction period			\$0
(4) Other (Specify/add rows if needed)			\$0
<b>SUBTOTAL</b>	<b>\$95,000</b>	<b>\$405,000</b>	<b>\$500,000</b>
<b>TOTAL CURRENT CAPITAL COSTS</b>	<b>\$2,405,700</b>	<b>\$2,710,600</b>	<b>\$5,116,300</b>
<b>d. Land Purchase</b>	<b>\$375,000</b>		<b>\$375,000</b>
<b>e. Inflation Allowance</b>			<b>\$0</b>
<b>TOTAL CAPITAL COSTS</b>	<b>\$2,780,700</b>	<b>\$2,710,600</b>	<b>\$5,491,300</b>
<b>f. Financing Cost and Other Cash Requirements</b>			
a. Loan Placement Fees	\$10,000	\$11,000	\$21,000
b. Bond Discount	\$0	\$0	\$0
c. CON Application Assistance	\$0	\$10,000	\$10,000
c1. Legal Fees	\$0	\$0	\$0
c2. Other (Specify/add rows if needed)	\$0	\$0	\$0
d. Non-CON Consulting Fees (Phase 1, Hazard Insurance)	\$7,500	\$0	\$7,500
d1. Legal Fees	\$0	\$0	\$0
d2. Other (Specify/add rows if needed)(Flood Plain Cert)	\$2,500	\$0	\$2,500
e. Debt Service Reserve Fund	\$0	\$0	\$0
f. Other (Specify/add rows if needed) Construction Financing	\$51,000	\$65,000	\$116,000
g. Start Up operations	\$0	\$8,700	\$8,700
<b>SUBTOTAL</b>	<b>\$71,000</b>	<b>\$73,700</b>	<b>\$144,700</b>
<b>3. Working Capital Startup Costs</b>			<b>\$0</b>
<b>TOTAL USES OF FUNDS</b>	<b>\$2,851,700</b>	<b>\$2,784,300</b>	<b>\$5,636,000</b>
<b>B. Sources of Funds</b>			
1. Cash (PSCF-500,000/SEA 500,000)	\$500,000	\$550,000	\$1,050,000
2. Philanthropy (to date and expected)		\$0	\$0
3. Authorized Bonds		\$0	\$0
4. Interest Income from bond proceeds listed in #3		\$0	\$0
5. Mortgage		\$58,000	\$58,000
6. Working Capital Loans (two notes up to 2.2M each over 20years at 4%)	\$1,976,700	\$2,176,300	\$4,153,000
7. Grants or Appropriations			
a. Federal		\$0	\$0
b. State		\$0	\$0
c. Local		\$0	\$0
8. Other (Specify/add rows if needed)		\$0	\$0
Owner Contribution of Land \$375,000	\$375,000	\$0	\$375,000
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$2,851,700</b>	<b>\$2,784,300</b>	<b>\$5,636,000</b>
	<b>Hospital Building</b>	<b>Other Structure</b>	<b>Total</b>
<b>Annual Lease Costs (if applicable)</b>			
1. Land			\$0
2. Building			\$0
3. Major Movable Equipment			\$0
4. Minor Movable Equipment			\$0
5. Other (Specify/add rows if needed) Recommended Contingency			\$0

\* Describe the terms of the lease(s) below, including information on the fair market value of the item(s), and the number of years, annual cost, and the interest rate for the lease.



Responses to Maryland Healthcare Commission  
Review Letter dated June 9, 2022  
Physicians Surgery Center of Frederick Expansion Project  
Matter 21-10-2451  
81 Thomas Johnson Drive  
Frederick, Maryland  
June 17, 2022, Page

17 June 2022

Dr. Scott Andochick  
Ms. Shannon Magro  
Andochick Properties  
81 Thomas Johnson Court  
Frederick, MD 21702

RE: Expansion and Renovation of The Physicians Surgical Center of Frederick  
81 Thomas Johnson Court Frederick, MD 21702

MEDARCH Design Project 2035.01  
MHCC Matter 21-10-2451

Dear Dr. Andochick and Ms. Magro,

Please allow this letter to serve as a response to items identified by the Maryland Health Care Commission during their review of the Certificate of Need Application of the Physicians Surgery Center of Frederick Expansion Project. These responses address items identified in the letter dated June 9th, 2022.

Responses are based upon Construction, Construction Costs, Construction Characteristics and Project Schedule and therefore question sequence will address those specific items.

- 1. In the revised Project Budget, Table E submitted on January 13, 2022, there is a difference of \$21,000 between the Use of Funds (\$2,779,000) and the Source of Funds (\$2,758,000). Please reconcile the budget statement so that the Use of Funds equals the Source of Funds.*

**The Use and Sources of Funds has been balanced to \$5,636,000 for the project and \$2,851,700 for the Owner and \$2,784,300 for the Tenant -Physicians Surgery Center of Frederick. Please refer to updated table "E".**

- 2. Provide an updated timeline on the expected dates and timeframes for the completion of the construction project and the start of operations in PSCF upon project completion.*

**The anticipated schedule is:**

**September 2022**

**City of Frederick Planning Department to finalize approval of Site Plan. Consolidation of Lots accomplished. Planning Department has issued preliminary approval of site plan.**

**October 2022**

**Apply for Building Permit with City Of Frederick. Expect Permit January 1, 2023**

**November 2022**

**Project at Construction Bidding. Contractor Bids due December 20<sup>th</sup>**

**January 2023**

**Contract award for construction. Notice to proceed to order materials**

**Ex. 2**





Responses to Maryland Healthcare Commission  
Review Letter dated June 9, 2022  
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April 2023  
May 2023  
September 2023  
January 2024

February 2024

March 2024

April 2024

Earthwork to commence  
Building Construction Commences  
Exterior work Complete  
Interior Work complete. City of Fredrick inspects  
and issues certificate of occupancy. Medical  
Equipment installed  
Medical Equipment tested and inspected. Schedule  
inspection for Certification  
Final move in of operational equipment.  
Commissioning of equipment completed  
First Patient seen on the basis that Certification  
approved in February and equipment passed  
commissioning.

5. *Review the following tables, and confirm that construction costs, financial and utilization projections, and workforce tables remain unchanged, or provide any necessary updates or revisions for the following:*

a. **Table C** – Construction Characteristics and **Table D** – Onsite and Offsite Cost Included and Excluded in Marshall Valuation Costs.

**Please see updated Tables as noted below:**

**Table C** – Construction Characteristics. This table has been reviewed and updated to reflect current market conditions. Changes have made as noted in Tab C

**Table D** – Onsite and Offsite Cost Included and Excluded in Marshall Valuation Costs.

This table has been reviewed and updated to reflect current market conditions. Site Costs including storm water management have changed based upon City and Engineer review. Cost Changes have been made in attachment Tab D

8. *Please explain how the addition of two operating rooms and one procedure room would enhance and improve the quality of care, patient safety and level of services for patients at PSCF after project implementation.*

**The new construction conforms to the most recent edition of FGI Guidelines 2018 and incorporates ASHRAE 170 Ventilation and clean air standards.**

The footprint of the building has been adjusted to conform to Swift and Marshall's Core Logic measurement methodologies. Previous Area was 11,222 Square Feet.

Please contact me pertaining to any design or architectural questions or concerns.

**RESPECTFULLY SUBMITTED:**

**MEDARCH DESIGN PLLC**

Scott A. Norberg, AIA, LEED AP

**TABLE C. CONSTRUCTION CHARACTERISTICS**

**INSTRUCTION:** If project includes non-hospital space structures (e.g., parking garages, medical office buildings, or energy plants), complete an additional Table C for each structure.

	NEW CONSTRUCTION	RENOVATION
<b>BASE BUILDING CHARACTERISTICS</b>	<b>Check if applicable</b>	
<b>Class of Construction</b> (for renovations the class of the building being renovated)*		
Class A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Class B	<input type="checkbox"/>	<input type="checkbox"/>
Class C	<input type="checkbox"/>	<input type="checkbox"/>
Class D	<input type="checkbox"/>	<input type="checkbox"/>
<b>Type of Construction/Renovation*</b>		
Low	<input type="checkbox"/>	<input type="checkbox"/>
Average	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Good	<input type="checkbox"/>	<input type="checkbox"/>
Excellent	<input type="checkbox"/>	<input type="checkbox"/>
<b>Number of Stories</b>	1	1

\*As defined by Marshall Valuation Service

<b>PROJECT SPACE</b>	<b>List Number of Feet, if applicable</b>	
<b>Total Square Footage</b>	<b>Total Square Feet</b>	
Basement	0	0
First Floor	10,955	1,065
Second Floor	0	0
Third Floor	0	0
Fourth Floor	0	0
<b>Average Square Feet</b>	10,955	1,065
<b>Perimeter in Linear Feet</b>	<b>Linear Feet</b>	
Basement	0	0
First Floor	443'-6"	753'-3"
Second Floor	0	0
Third Floor	0	0
Fourth Floor	0	0
<b>Total Linear Feet</b>	443'-6"	753'-3"
<b>Average Linear Feet</b>	443'-6"	753'-3"
<b>Wall Height (floor to eaves)</b>	<b>Feet</b>	
Basement	0	0
First Floor	10'-0"	10'-0"
Second Floor		
Third Floor		
Fourth Floor		
<b>Average Wall Height</b>	10'-0"	10'-0"
<b>OTHER COMPONENTS</b>		
<b>Elevators</b>	<b>List Number</b>	
Passenger	0	0
Freight	0	0
<b>Sprinklers</b>	<b>Square Feet Covered</b>	
Wet System	9,400	1,065
Dry System	14,300	1,065
<b>Other</b> *See attached note	<b>Describe Type</b>	
<b>Type of HVAC System for proposed project</b>	Dedicated units conforming to ASHRAE 170 filtration and air exchanges	
<b>Type of Exterior Walls for proposed project</b>	Studs Sheathing Brick Venner	

**TABLE D. ONSITE AND OFFSITE COSTS INCLUDED AND EXCLUDED IN MARSHALL VALUATION COSTS**

**INSTRUCTION:** If project includes non-hospital space structures (e.g., parking garages, medical office buildings, or energy plants), complete an additional Table D for each structure.

	<b>NEW CONSTRUCTION COSTS</b>	<b>RENOVATION COSTS</b>
<b>SITE PREPARATION COSTS</b>		
Normal Site Preparation	\$12,000	
Utilities from Structure to Lot Line	\$18,000	
<b>Subtotal included in Marshall Valuation Costs</b>	<b>\$30,000</b>	
Site Demolition Costs	\$25,000	
Storm Drains	\$30,000	
Rough Grading	\$40,000	
Hillside Foundation	\$0	
Paving	\$60,000	
Exterior Signs	\$7,500	
Landscaping	\$22,000	
Walls	\$0	
Yard Lighting	\$10,000	
Other: Storm Water Management	\$230,500	
<b>Subtotal On-Site excluded from Marshall Valuation Costs</b>	<b>\$425,000</b>	
<b>OFFSITE COSTS</b>		
Roads	\$0	
Utilities	\$0	
Jurisdictional Hook-up Fees	\$0	
Other (Specify/add rows if needed)	\$0	
<b>Subtotal Off-Site excluded from Marshall Valuation Costs</b>		
<b>TOTAL Estimated On-Site and Off-Site Costs <u>not</u> included in Marshall Valuation Costs</b>	<b>\$425,000</b>	<b>\$0</b>
<b>TOTAL Site and Off-Site Costs included and excluded from Marshall Valuation Service*</b>	<b>\$425,000</b>	

\*The combined total site and offsite cost included and excluded from Marshall Valuation Service should typically equal the estimated site preparation cost reported in Application Part II, Project Budget (see Table E. Project Budget). If these numbers are not equal, please reconcile the numbers in an explanation in an attachment to the application.

	2013	2014	2015	2016	2017	2018	2019	2020	2021
Expenses	\$2,991,611.00	\$3,329,291.00	\$2,509,949.00	\$3,192,182.00	\$3,299,538.00	\$3,783,992.00	\$3,805,414.00	\$4,068,407.00	\$5,687,630.00
Charity Care	\$963.87	\$0.00	\$930.11	\$4,128.00	\$1,620.00	\$0.00	\$8,314.00	\$1,663.00	\$78,385.00
Bad Debt	\$63,853.00	\$62,984.00	\$2,014,589.00	\$750,636.00	\$10,791.67	\$178,638.00	\$9,009.00	\$86,432.00	\$149,104.00
% Charity Care/ Bad Debt	2%	2%	80%	24%	0%	5%	0%	2%	4%

Definition Charity Care/Bad Debt:

MD Health Services Cost Review  
Commission

Rate year 2022 Uncompensated  
Care Report

June 9 2021

Under Introduction

Bad Debt

The other type of Hospital UCC is bad debt, which is for "Commission regulated services rendered for which payment is anticipated and credit is extended to the patient" but the payment is not made. Unpaid cost share for patients that do not meet the free thresholds can be charged as:

bad debt after the hospital makes a reasonable attempt to collect those charges. However, there are several reasons that a hospital may not include bad debts into uncompensated care, most notably denials.

Reference:

MD Health Services Cost Review  
Commission  
Rate year 2022 Uncompensated  
Care Report  
June 9 2021  
Under Introduction

"INTRODUCTION

Recognizing the financial burden hospitals take on when providing quality care to patients who cannot pay for it, the HSCRC factors in the cost of Uncompensated Care (UCC) into the rates the Commission sets for hospitals.<sup>1</sup> The purpose of this report is to provide background information on the UCC policy and to provide hospital-specific values for the UCC built into statewide rates as well as the amount of funding that will be made available for the UCC pool, the latter of which ensures the burden of uncompensated care is shared equitably across all hospitals.

Uncompensated Care (UCC) is hospital care provided for which no compensation is received, typically a combination of charity care and bad debt. Charity Care Charity care services are "those Commission regulated services rendered for which payment is not anticipated".

2 Charity care is provided to patients who lack health care coverage or whose health care coverage does not pay the full cost of the hospital bill. There are two types of charity care that may occur across all payers:

1. Free care is care for which the patient is not responsible for any out-of-pocket expenses for hospital care. Hospitals are required statutorily to provide free care to patients with a household income less than 200% of the FPL.<sup>3</sup>

2. Reduced-cost care is care for which the patient is only responsible for a portion of out-of-pocket expenses and is required for patients with household income between 200 and 300% of the FPL.<sup>4</sup> Reduced-cost care is also required for patients that have a financial hardship<sup>5</sup> and have household incomes below 500% of the FPL. Financial hardship is defined by statute as medical debt, incurred by a household over a 12-month period, which exceeds 25% of household income.<sup>6</sup> There is no prescribed discount that hospitals must provide to patients between 200% and 500% of the FPL. Per statute "if a patient is eligible for reduced-cost medically necessary care, the hospital shall apply the reduction that is most favorable to the patient."

Bad Debt The other type of Hospital UCC is bad debt, which is for "Commission regulated services rendered for which payment is anticipated and credit is extended to the patient" but the payment is not made. Unpaid cost share for patients that do not meet the free thresholds can be charged as bad debt after the hospital makes a reasonable attempt to collect those charges.

However, there are several reasons that a hospital may not include bad debts into uncompensated care, most notably denials.

## Shannon Magro

**From:** Bill Chan -MDH- <bill.chan@maryland.gov>  
**Sent:** Thursday, June 10, 2021 4:16 PM  
**To:** Mariama Gondo1 -MDH-  
**Cc:** Shannon.Magro physicianssurgerycenter.net; Theresa Lee -MDH-; Kevin R. McDonald -MDH-  
**Subject:** Re: CON Application

Mariama

Thanks for the fast response. Shannon, please feel free to contact me if you have any further future issues or questions.

Bill

On Thu, Jun 10, 2021 at 3:33 PM Mariama Gondo1 -MDH- <mariama.gondo1@maryland.gov> wrote:  
Good afternoon Shannon,

Please find below the data you requested about charity care. If you have additional questions about the data do not hesitate to let me know; Kevin and Bill will remain your contacts for CON related questions.

Charity Care Provided in Ambulatory Surgical Facilities				
	Total Net Revenue of all Facilities	Total Charity Care of all Facilities	Average Amount of	Percentage of Charity Care by Revenue
<b>2019</b> 322 Facilities Surveyed	\$763,715,532	\$4,830,087	\$15,000	0.63%
<b>2018</b> 307 Facilities Surveyed	\$734,036,672	\$5,124,513	\$16,268	0.70%
<b>2017</b> 321 Facilities Surveyed	\$751,639,028	\$3,330,303	\$10,375	0.44%

The table above shows the total of net revenue and charity care reported by each facility by year from the most current annual Freestanding Ambulatory Surgical Facility Surveys. It also includes the average charity care which is calculated by dividing the total charity care by the number of facilities surveyed each year. The percentage of charity care by revenue is calculated by dividing the total charity care value by the total net revenue value.

On Wed, Jun 9, 2021 at 1:42 PM Kevin R. McDonald -MDH- <kevin.mcdonald@maryland.gov> wrote:  
Thanks for your responsiveness, Mariama.

On Wed, Jun 9, 2021 at 1:34 PM Shannon.Magro physicianssurgerycenter.net  
<shannon.magro@physicianssurgerycenter.net> wrote:

**Ex. 8**

Thank you so much!

**From:** Kevin R. McDonald -MDH- <[kevin.mcdonald@maryland.gov](mailto:kevin.mcdonald@maryland.gov)>

**Sent:** Wednesday, June 9, 2021 1:20 PM

**To:** Mariama Gondo1 -MDH- <[mariama.gondo1@maryland.gov](mailto:mariama.gondo1@maryland.gov)>

**Cc:** Shannon.Magro [physicianssurgerycenter.net](mailto:physicianssurgerycenter.net) <[shannon.magro@physicianssurgerycenter.net](mailto:shannon.magro@physicianssurgerycenter.net)>; Theresa Lee -MDH- <[theressa.lee@maryland.gov](mailto:theressa.lee@maryland.gov)>

**Subject:** Re: CON Application



On Wed, Jun 9, 2021 at 1:13 PM Mariama Gondo1 -MDH- <[mariama.gondo1@maryland.gov](mailto:mariama.gondo1@maryland.gov)> wrote:

Good afternoon Kevin,

This is absolutely an analysis that I can provide to Shannon. I will also work on a document to provide to your staff on the trending of charity care so your staff can have it available as needed.

Shannon,

I will provide you this information no later than Friday, COB. This information is collected in our annual surgical facility survey, but the Commission does not publicly share financial information for facilities unless in aggregate form. To see examples of how this information is presented in aggregate form, you can visit us at our consumer based website - <https://healthcarequality.mhcc.maryland.gov/OutpatientSurgery/Suggestion>. Please let me know if you have any questions.

On Wed, Jun 9, 2021 at 1:01 PM Kevin R. McDonald -MDH- <[kevin.mcdonald@maryland.gov](mailto:kevin.mcdonald@maryland.gov)> wrote:

Mariama,

can you help with this?



----- Forwarded message -----

From: **Shannon.Magro** [physiciansurgerycenter.net](mailto:shannon.magro@physiciansurgerycenter.net) <[shannon.magro@physiciansurgerycenter.net](mailto:shannon.magro@physiciansurgerycenter.net)>

Date: Wed, Jun 9, 2021 at 12:44 PM

Subject: CON Application

To: Kevin R. McDonald -MDH- <[kevin.mcdonald@maryland.gov](mailto:kevin.mcdonald@maryland.gov)>

Hello,

Where can I find the average amount of charity care provided by ASF's in the most recent years as noted in the application description below, so I can project?

(c) A proposal to establish or expand an ASF for which third party reimbursement is available, shall commit to provide charitable surgical services to indigent patients that are equivalent to at least the average amount of charity care provided by ASFs in the most recent year reported, measured as a percentage of total operating expenses. The applicant shall demonstrate that:

Thank you,

Shannon Magro

--

Kevin McDonald

Chief - Certificate of Need Division

Center for Health Care Facilities Planning & Development

Maryland Health Care Commission

4160 Patterson Ave.

Baltimore, MD 21215

410-764-5982

[kevin.mcdonald@maryland.gov](mailto:kevin.mcdonald@maryland.gov)

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Respectfully,

*Mariama Gondo, MPH*

Chief - Outpatient Quality Initiative

Center for Quality Measurement & Reporting

Maryland Health Care Commission

[mariama.gondo1@maryland.gov](mailto:mariama.gondo1@maryland.gov)

(410) 764-3377

FAX: 410-358-1236

4160 Patterson Ave.

Baltimore, MD 21215

Visit our website at: [healthcarequality.mhcc.maryland.gov](http://healthcarequality.mhcc.maryland.gov)

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Kevin McDonald

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--

Respectfully,

*Mariama Gondo, MPH*

Chief - Outpatient Quality Initiative

Center for Quality Measurement & Reporting

Maryland Health Care Commission

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(410) 764-3377

FAX: 410-358-1236

4160 Patterson Ave.  
Baltimore, MD 21215

Visit our website at: [healthcarequality.mhcc.maryland.gov](http://healthcarequality.mhcc.maryland.gov)

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--

William D. Chan

Program Manager

Maryland Health Care Commission

4160 Patterson Avenue

Baltimore, MD 21215

(410)764-3374

[bill.chan@maryland.gov](mailto:bill.chan@maryland.gov)

<http://mhcc.dhmdh.maryland.gov>

Visit our website at: [healthcarequality.mhcc.maryland.gov](http://healthcarequality.mhcc.maryland.gov)  
for consumer link to **Maryland Health Care Quality Reports**

Follow us on Twitter: <https://twitter.com/mhccmd>

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# Physicians Surgery Center of Frederick

## POLICY: Charity Care

The Facility Administrator or Business Office Manager will review each request for charity care and approval will be based on criteria outlined in this policy. Guidelines for determining charity care criteria will be approved by the Facility Board of Managers.

## PURPOSE:

To establish consistent eligibility requirements for patients requesting part or all of their balances for services rendered by the Facility to be written off as charity care.

## SCOPE:

All patients requesting part or all of their accounts to be written off as charity care will be reviewed on a case-by-case basis. Persons with a family income below 100% of current federal poverty guideline who have no health insurance coverage and are not eligible for any public program to cover medical expenses are eligible for services free of charge. Those above 100% but below 300% will be eligible for discounts on a sliding scale for families.

## PROCEDURE:

### DOCUMENTATION

- A. Every patient requesting charity care write-offs must complete a Financial Assistance Form (found in the Appendix) and attach any and all applicable documentation. Upon receipt of information needed a probable eligibility determination will be made within two business days, and the patient notified. Patients are requested to apply prior to receiving service. Applications will not be considered more than ninety (90) days after insurance pays. Refunds of amounts paid prior to application approval will not be made. A link to the policy and documents is available to the public and can be found on the facility website at [www.physicianssurgctr.com](http://www.physicianssurgctr.com)
- B. Income verification will be required by one or more of the following: pay stubs, W-2 forms, tax returns, an employer written statement, etc. Other documentation required includes but is not limited to copies of the following:
  1. Medical bills
  2. Utility bills
  3. Car payment stubs
  4. Rent receipts
  5. Bank statements
  6. Alimony/child support receipts
  7. Government assistance receipts
  8. Other income/investment statements (e.g. 401K)
- C. Each application will be considered for a specified amount. The approval of an application will not be considered as an approval for any or all future accounts. Each application will require new verification information to be considered for charity.

### APPROVAL PROCESS

- A. The Facility Administrator must approve all balances to be written off as Charity Care.
- B. Each patient applying for charity care must make a good faith effort, as determined by the Facility, to obtain coverage from available public assistance programs such as:
  1. Medicare

2. Medicaid
  3. Vocational rehabilitation
  4. Victims of Crime
  5. Children Special Services
  6. Church program
  7. If the patient has been denied public assistance they must supply documentation denying eligibility.
  8. A patient who refuses to apply or follow through with applications for other assistance will not be eligible for charity care.
- C. Medicaid patients who meet our financial guidelines and receive services determined to be non-covered by Medicaid will be deemed covered expense for charity care and will not require the application process.
- D. In the case of patients who are faced with catastrophically large medical bills, the Facility Administrator may make a discretionary recommendation that the patient is medically indigent and thus is eligible for charity care. This determination will be made on a case-by-case basis and will require verification of all medical expenses.
- E. If patients do not qualify for medical assistance through the state or Facility charity care guidelines, refer to FINBO.06 – Discounts for Self-Pays and Uninsured Patients.
- F. Patients whose income does not exceed 300% of the most current Poverty Income Guidelines issued by the Department of Health and Human Services will qualify for charity care discounts after verification of employment. These guidelines are updated annually. The current Poverty Income Guidelines can be found as follows: <http://aspe.hhs.gov/poverty>
- G. The Financial Assistance Form, along with any applicable supporting documentation, should be returned to the business office for account reconciliation and the appropriate write-off applied to the account prior to closing the accounting month. Write-offs should be performed using the appropriate charity care write-off code.
- H. The Facility reserves the right to reverse charity care approval if the information provided by the patient in the application is later determined to be falsified or is compensation for services obtained from another source.
- I. This policy will be shared with physicians, and made public patients of the facility and the community at large.
- J. Charity Care Reports will be submitted to the Board of Directors Periodically to monitor and promote compliance and progress toward meeting overall annual goal for the facility and community.

## Associated Documentation

Policy STAT Form – Financial Assistance Form

Review and Approval Signatures:

Board of Directors Chairman/Medical Director: \_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

Medical Executive Committee: \_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

Administrator: \_\_\_\_\_/\_\_\_\_\_

Administrator: \_\_\_\_\_/\_\_\_\_\_

**Physicians Surgery Center of Frederick**  
**FINANCIAL ASSISTANCE FORM**

**INSTRUCTIONS FOR COMPLETING THIS FORM**

In order for a patient to be eligible for special financial consideration, this form should be completed and the requested documentation attached, and the form returned to the <Facility Name>. The information will be verified and proper determination will be made in a timely manner. Please provide the following documentation to the facility:

- This form, completed and signed
- Copies of signed Federal Income Tax Return for previous year
- Copies of payroll check stubs for the previous 2 months
- Copies of recent utility bills, rent/mortgage receipt, medical bills, auto loan receipts, bank statements, alimony/child support receipts, government assistance receipts, other income/investment statements (e.g. 401K statement)

**RESPONSIBLE PARTY INFORMATION**

Responsible Party _____	Marital Status _____
Address _____	State _____ Zip _____
SSN _____	Birth Date _____ Phone _____
Employer _____ Position _____	Phone _____ Hire Date _____
Address _____ City _____	State _____ Zip _____
Spouse _____	Birth Date _____ SSN _____
Spouse's Employer _____ Position _____	Phone _____ Hire Date _____
Number of children in the house _____ Ages _____	

**MONTHLY INCOME INFORMATION**

Please provide documentation of income sources – W-2 forms, income tax statements, check stubs, or check statements. A financial statement may be required if you are self-employed.

	Responsible Party	Spouse
Wages before deductions	_____	_____
Alimony/Child support	_____	_____
Disability/worker's comp	_____	_____
Pension	_____	_____
Social Security Income	_____	_____
Dividends/Interest Income	_____	_____
Rental Income	_____	_____
Estate Trust Income	_____	_____
Welfare/Public assistance	_____	_____
Food Stamps	_____	_____
Other (please list)	_____	_____
Less State/Federal Taxes	_____	_____
Less any other deductions	_____	_____
<b>Monthly Income Total</b>	<b>\$ _____</b>	<b>\$ _____</b>

**Physicians Surgery Center of Frederick**  
**FINANCIAL ASSISTANCE FORM**

**FINANCIAL INFORMATION**

ASSETS	VALUE		VALUE
Cash/Checking	_____	Investments	_____
Savings	_____	Life Insurance	_____
Stocks and Bonds	_____	Other	_____

**ALL REAL PROPERTY AND VEHICLES**

	VALUE	BALANCE	MONTHLY PAYMENT
Residence rent / own (circle one)	_____	_____	_____
Other property _____	_____	_____	_____
Vehicle #1 <u>Make</u> <u>Model</u> <u>Year</u>	_____	_____	_____
Vehicle #2 <u>Make</u> <u>Model</u> <u>Year</u>	_____	_____	_____
Vehicle #3 <u>Make</u> <u>Model</u> <u>Year</u>	_____	_____	_____

**MEDICAL EXPENSES**

Medical Provider's Name	BALANCE	INS WILL PAY	MONTHLY PAYMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**LIST ALL OTHER CREDITORS**

(Charge cards, mail order, etc. -- attach separate sheet if necessary)

CREDITOR'S NAME	TYPE LOAN	BALANCE	MONTHLY PAYMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Appliance or furniture rental: \_\_\_\_\_

Have you ever filed bankruptcy?    Yes                      No                      Give date \_\_\_\_\_



**Physicians Surgery Center of Frederick**  
**FINANCIAL ASSISTANCE FORM**

**OTHER MONTHLY EXPENSES**

EXPENSE	MONTHLY PAYMENT	EXPENSE	MONTHLY PAYMENT
Food	_____	Auto Insurance	_____
Phone	_____	Cable TV	_____
Electric/Gas/Water/Sewer	_____	Health Insurance	_____
Contributions	_____	Recreation	_____
Other (List)	_____	Other (List)	_____

**FOR OFFICE USE ONLY...**

**MONTHLY FINANCIAL SUMMARY**

Total Income:	_____
Subtotals:	
Real property Vehicles	\$ _____
Monthly Medical Expenses	\$ _____
Creditors Credit	\$ _____
Other Monthly Expenses	\$ _____
Total Expenses:	_____

**PATIENT CONDITIONS AND COMMENTS**

Please answer the following questions – attach additional pages if necessary

Have you applied for Medicaid and been denied or found to be ineligible?      Yes      No      (circle one)

Have you asked for assistance from your family?      Yes      No      (circle one)

Have you asked for assistance from your clergy or church?      Yes      No      (circle one)

How much are you able to pay each month?      \_\_\_\_\_

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_

I hereby state that the information I have provided is true and complete. I authorize <Facility Name> to verify this information, including requesting a credit bureau report. I understand that if any of this information is determined to be deceptive or false, I may be denied special financial consideration and I will be liable for payment of any and all charges incurred for the services rendered.

Date: \_\_\_\_\_

**Responsible Party Signature**

**Public Notice:**

PSCF's mission is to provide high quality and affordable health care services to the community it serves. This includes providing medical care services on a charity basis for those who qualify without regard to age, race, creed, color, sexual orientation or national origin.

Qualifications include those that are determined to be financially or medically indigent. A financially indigent patient is a person who is uninsured or underinsured and is accepted for care with no obligation or a discounted obligation to pay for services based on income and family size. The facility uses poverty income guidelines issued by the U.S. Department of Health and Human Services to determine a person's eligibility for charity care as a financially indigent patient.

Persons whose income does not exceed 300% of the most current Poverty Income Guidelines issued by the Department of Health and Human Services will qualify for charity care discounts after verification of employment. These guidelines are updated annually. The current Poverty Income Guidelines can be found on: <http://aspe.hhs.gov.poverty>.

Persons with family income below 100 percent of the current federal poverty guideline who have no health insurance coverage and are not eligible for any public program providing coverage for medical expenses shall be eligible for services free of charge. At a minimum, persons with family income above 100 percent of the federal poverty guideline but below 300 percent of the federal poverty guideline shall be eligible for services at a discounted charge, based on a sliding scale of discounts for family income bands.

A medically indigent patient is a person whose medical bills after payment by third-party payer exceeds 35% of the person's annual gross income and is unable to pay the remaining bill.

Upon receipt of your eligibility request/documents, you will be provided with probable eligibility notification within two days.

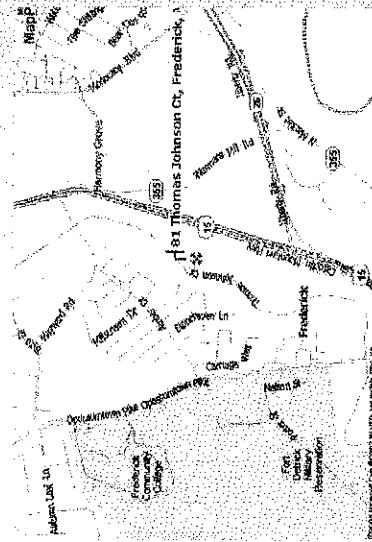
Additional information concerning the charity care program can be obtained from the Business Office Manager at 240-215-3070. This policy can be accessed at [www.physicianssrgctr.com](http://www.physicianssrgctr.com)

## Driving Directions From 15 North:

- Take Motters Avenue Exit
- Veer Right off exit onto Opposumtown Pike
- Go through two lights
- At third light make a Right onto Thomas Johnson Drive.
- Go ¾ mile and make a right onto Thomas Johnson Court.
- Center is the first left, 81 Thomas Johnson Ct.

## Driving Directions From 15 South:

- Take the Motters Avenue Exit
- Turn left onto Opposumtown Pike
- Go through one light
- At second light make a Right onto Thomas Johnson Drive
- Go ¾ mile and make a Right onto Thomas Johnson Court.
- Center is the first left on Thomas Johnson Court.



## Physicians Surgery Center of Frederick

81 Thomas Johnson Court  
Frederick, MD 21702

Phone: 240-215-3070  
Fax: 240-215-3071

## Patient Information

**• Please arrive at the Center promptly:**  
(1 hour before General or sedation anesthesia and 30 minutes before Local) *unless otherwise instructed..*  
*You will receive pre-surgical instructions from our Pre-Op Nurse a few days before your surgery, and she will also confirm your arrival time the evening before your procedure. If you would like to contact us you can do so by calling: 240-215-3070.*

## Patient Remarks

"I had surgery on two different surgical sites within two weeks of each other, and could not have asked for better care before, after and even after I was recovering at home! Thanks!!!

"Wonderful care, great staff, very professional!"

"The staff was great, they took excellent care of me during and after the procedure."

## Ownership Statement

This facility is owned by the Physicians Surgery Center of Frederick, LLC and its Physician owners. Your physician may have an interest in this facility.

The following physicians have an ownership interest in this organization:

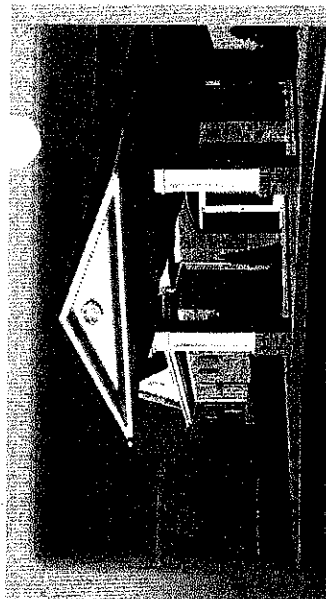
Scott Andochick, MD	James Steinberg, DO
Adam Mecinski, MD	Sunil Thadani, MD
Kristen Nesbitt, MD	Matthew Levine, MD

*The Physicians Surgery Center of Frederick is a Non-Smoking Campus*

**\*A list of Insurance Companies PSCF participates with is available upon request. A list is also available on the PSCF Website [www.physiciansurgctr.com](http://www.physiciansurgctr.com)**

**\*\*A list of Insurance Companies your physician participates with is available upon request**

10/2021



## PHYSICIANS SURGERY CENTER of Frederick

Accredited by the



ACCREDITATION ASSOCIATION  
for AMBULATORY HEALTH CARE, INC.

## Welcome! Your physician has scheduled your

upcoming surgery at Physicians Surgery Center of Frederick. This Center is a premier ambulatory surgery center that is Medicare and State approved and licensed. PSCF is accredited by the Accreditation Association for Ambulatory Health Care, Inc.

We pride ourselves with an excellent team of nurses and staff who will make you feel comfortable and cared for. Our Staff is committed to providing you the highest quality care in a warm, personalized and secure setting. Our goal is to deliver excellent care and make your visit a pleasant experience.

We are so happy to serve you, and will do everything possible to make your visit with us as pleasant and proficient as possible to ensure that your day of surgery goes well please read the following information.

**\*Date of your surgery is:** \_\_\_\_\_

**\*Please Arrive at the center at:** \_\_\_\_\_

## Special Instructions

Our bill covers the facility fee, supplies and any implants used. **\*\* Fees for your surgeon, anesthesiologist, and any other services such as laboratory or pathology will be billed separately. Please contact their office if you have any questions regarding their billing process.**

**If your insurance does not pay 100%:** We require the patient or responsible party to pay for the amount of your unmet deductible, coinsurance and any co-payment for outpatient surgical facilities.

**Cases which are not covered by insurance:** We require full payment on or before the date of the procedure, unless other financial arrangements are made in advance. We accept cash, check, credit card (VISA, AMEX, MasterCard), Discover and Care Credit.

You will receive a letter detailing your benefits with any deductible, coinsurance or co-pay due on day of surgery.

**Financial Hardship:** Call about PSCF Charity Care Policy or go to [www.physiciansurgctr.com](http://www.physiciansurgctr.com) for policy & application.

*We are required by regulatory bodies to inform each patient in advance of surgery of our Advance Directive Policy. It is the policy of the PSCF to acknowledge the right of each individual to have an Advance Directive or Living Will. You, as the patient have a right to choose where you have your surgical procedure performed. If you choose to have it performed at the PSCF, we want you to do so with the understanding that you WILL be treated if in the rare event, your heart or breathing stops while you are at the facility and transported to the hospital. We will send information about your advance directives to the receiving facility. If you would like information on Advance Directives and Maryland Forms, our professional office staff can provide you with copies upon request.*

## Preparing for Surgery

• Prior to your surgery you can register on line for your surgery. Go to [www.simpleadmit.com](http://www.simpleadmit.com) and use PW: PSCF24QNEW. Feel free to call 240-215-3070 if you have questions or prefer to speak

with our Pre-Op screening nurse or you have no internet service. Be sure to let the staff know of any special needs.

• Please bring a list of your medications. Notify the nurse if you take medication for heart, high blood pressure or diabetes so he/she can advise you about taking medication on the day of surgery.

• Bathe or shower with an antibacterial soap on the morning of surgery to minimize the chance of infection.

• Call your surgeon if you develop a cold, fever or respiratory problem before surgery. If you cannot reach your physician, contact the Center.

• Your anesthesia care will be provided by Board Certified Anesthesiologists who are also on staff at Frederick Memorial Hospital. The anesthesiologist will remain with you and the nurses until you have fully recovered and are discharged from the center.

• For General or MAC ("Twilight") Anesthesia cases, **you are required to have nothing to eat or drink 8 hours prior to your arrival. (including chewing gum, tobacco or lozenges).** Any food or liquid in the stomach can cause serious complications and your surgery may be postponed or cancelled.

This does not apply to persons having local only anesthesia. If you are having local anesthesia you may have a light meal the day of your procedure unless otherwise instructed by your physician.

• For women who know or suspect they may be pregnant, please notify your physician and the Center.

If patient is a minor, one parent must remain at the center at all times during the patients visit.

## The Day of Surgery

• Arrive promptly at the scheduled time. This will allow adequate time for all necessary admission procedures.

• Parking is conveniently located at the Center.

• Wear comfortable, loose fitting clothing that can be easily removed. For your comfort/safety we encourage you to wear low-heeled shoes. Avoid wearing jewelry, nail polish and cosmetics. Leave contact lenses at home or bring your lens case with you. Please wear your glasses if needed. All valuables (including

jewelry and wallets) and other personal items should be left at home. Please remove all body piercing.

• *Bring your insurance card, driver's license and any co-payment and/or deductible you may owe at time of surgery. If you owe from a previous visit, you will be required to make that payment on or before the time of your next visit.*

*Please bring your Durable Power of Attorney for Healthcare and/or advance Directives if you have one so it can be placed in your record.*

• To maximize the comfort of all visitors, we suggest that adult patients be accompanied by only one person.

• Do not smoke 24 hours immediately before or after receiving anesthesia. Smoking may interfere with the anesthetic and produce nausea during recovery.

## You're Recovery Period

After your surgery, you will be moved to our fully equipped recovery room and monitored by our physicians and nurses until you are ready to go home. Most patients are discharged between 15 minutes and 2 hours after surgery.

It is our policy for you to have someone drive you to and from the Center for surgery if you have General/MAC or IV anesthesia. We also strongly recommend that someone stays with you for the first 24 hours after surgery.

## Your Recovery at Home

• Your surgeon will provide post-operative instructions regarding diet, rest and medications. In the event of any difficulty, call your surgeon without delay. If you are experiencing a life threatening event, call 911.

• Do not drink alcoholic beverages for 24 hours after receiving an anesthetic or when taking pain medication.

Attached you will find a copy of your Rights as a patient and our policy on advance directives. Please take a moment to read them at your convenience and feel free to ask our staff if you have any questions.

To decrease your registration time on day of procedure, complete the attached forms and bring them with you on the day of your visit. We look forward to serving you.

3. Charity Care and Financial Assistance Policy Compliance. Please demonstrate whether PSCF's historic level of charity care was appropriate to the needs of PSCF's service area and document how PSCF will provide charitable surgical services to indigent patients that are equivalent to at least the average amount of charity care provided by ambulatory surgical facilities annually. Evidence to support your response should include evidence of the applicant's recent track record in the provision of charitable health care and a specific plan for achieving the level of charitable care.

**Standard .05(A) (3) Charity Care Policy.**

- (a) Each hospital and ambulatory surgical facility shall have a written policy for the provision of charity care that ensures access to services regardless of an individual's ability to pay and shall provide ambulatory surgical services on a charitable basis to qualified indigent persons consistent with this policy. The policy shall have the following provisions:
  - (i) Determination of eligibility for Charity Care  
**See attached Charity Care Policy**
  - (ii) **Public Notice of Charity Care Policy** posted in Lobby in Spanish and English  
Annual publication in Frederick News Post  
PSCF website [www.physiciansurgctr.com](http://www.physiciansurgctr.com) with link to policy and application.  
Simple Admit notice to patients during preoperative screening process with link to website for policy and application.
  - (iii) Criteria for Eligibility  
See attached Charity Care Policy, section "Scope, sentences two and three.

Methods of Compliance with Standard .05(A)(3):

1. Ongoing review and updates/revisions of the Charity Care Policy will be reviewed and approved by the Board of Directors to assess compliance, improve community access and monitor for the attainment of goals as set forth in the following table. The goals will be reviewed and evaluated annually to determine if increases are indicated and incorporated in the annual Board of Directors review and approval of systems.
2. Monthly reports from the Business Office Manager will be submitted to the Performance Improvement Committee monthly to enable evaluation of progress in meeting the goals in table above. The Charity Care Review will take place monthly and will enable the facility to evaluate its progress, outreach to the patient population and take corrective measures to promote improvement on an ongoing basis as needed.
3. Public information to promote Access to Charity Care has been implemented as follows:
  - a. Notice of Charity care with link to documents on the PSCF Website. This document is posted for all to review in the facility Lobby at all times. It is in English and Spanish.
  - b. Annual publication of PSCF Charity Care Policy is posted in the Frederick News Post with link to the PSCF website and subsequent link to the Policy and Application

- c. The PSCF website has been updated to provide a link to the policy, eligibility criteria, and to inform the community an answer will be provided within two days of receipt of application.
- d. The PSCF patient brochure has been updated to include a link to the PSCF website and subsequent link to the Charity Care Policy and Application.
- e. Simple Admit Patient On line pre-screening program has a notice regarding Charity Care, contact information and link to the PSCF website with the subsequent Policy and application for all to access.
- f. All notifications will enable patient to read and access the Charity Care policy, application, eligibility criteria and determination of charity care coverage within two business days of patient's request.
- g. The Frederick County Health Department will be contacted every May (periodically as needed) and notified of updated and current PSCF Charity Care policy.
- h. Letters will be sent annually and periodically, to include a link to the facility website and subsequent Charity Care Policy and application. The letter will inform these organizations of our policy and encourage patient outreach and access to care at PSCF regardless of ability to pay:

**Mission of Mercy**

**Religious Coalition Emergency Community Needs**

**Frederick Community Action Agency**

**Julio Menocal, MD**

**Centro**

**Hispano**

**Asian American Services of Maryland**

**Church Community**

- i. All PSCF surgeons and their schedulers are notified periodically of the PSCF Charity Care Policy, links on the PSCF website, eligibility criteria and determination of coverage time line (two days) so they can share the information with their patients and encourage access regardless of ability to pay. Hard copies are available to the offices for those who do not have internet access. Assistance is provided to complete applications if patient unable to do so.
- j. All applications will be kept on file regardless of their eligibility. This will include discounted care due to financial hardships and reported to the Board of Directors quarterly. The applications will be monitored for compliance to the Policy, eligibility and determinations of funds as described in the PSCF policy as a component of the Performance Improvement Program on a continual basis.
- k. All Business off Staff have been trained to offer patients an application for Charity Care if they believe the patient may be in a position of need and concerned about making payment after conventional methods of payment plans are not feasible. Copies of the Policy and Application

are available in the Business Office for patient convenience. Assistance is available to those who are not able to fill the application out.

- l. All Charity Care Activities will be monitored and carried out by the Business Office Manager and approved as indicated by the Administrator. Activities will be reported to the Performance Improvement Committee monthly via the Business Office: Monthly Summation PI Report and formally reported to the Board of Directors quarterly for review, updates and recommendations as indicated to insure achievement of projected goals.
- m. Please see attached sample email sent to patient to invite them to apply for Charity Care.
- n. A Operating room will be set aside ½ day per month for the purpose of charity care. This will ensure we are able to accommodate recipients of charity care without extensive wait periods once they are confirmed eligible.

PSCF has consistently demonstrated its commitment to charity care in the community served. PSCF will continue its campaign to provide services to those in need. In addition to charity care, PSCF will also offer assistance to those experiencing immediate and/or temporary hardship to insure all persons seeking surgical care are able to receive it at PSCF as appropriate.

PSCF is committed to meeting or exceeding the average charity care provided by all facilities in Maryland and will work diligently to insure all are provided care regardless of ability to pay.

Per our conversation I am attaching information about our charity care policy. Since your surgery is scheduled for 4/1/22 I would need this application and checklist documents back ASAP in order to have time to make a determination.

PSCF's mission is to provide high quality and affordable health care services to the community it serves. This includes providing medical care services on a charity basis for those who qualify without regard to age, race, creed, color, sexual orientation or national origin.

Qualifications include those that are determined to be financially or medically indigent. A financially indigent patient is a person who is uninsured or underinsured and is accepted for care with no obligation or a discounted obligation to pay for services based on income and family size. The facility uses poverty income guidelines issued by the U.S. Department of Health and Human Services to determine a person's eligibility for charity care as a financially indigent patient.

Persons with family income below 100 percent of the current federal poverty guideline who have no health insurance coverage and are not eligible for any public program providing coverage for medical expenses shall be eligible for services free of charge. At a minimum, persons with family income above 100 percent of the federal poverty guideline but below 200 percent of the federal poverty guideline shall be eligible for services at a discounted charge, based on a sliding scale of discounts for family income bands.

A medically indigent patient is a person whose medical bills after payment by third-party payer exceeds 35% of the person's annual gross income and is unable to pay the remaining bill.

Upon receipt of your eligibility request/documents, you will be provided with probable eligibility notification within two days.

If you would like additional information about any of our other financing options, please let me know prior to your date of service.

*Karen Lind*

Business Office Manager

~ PSCF ~

Physicians Surgery Center of Frederick  
81 Thomas Johnson Court, Suite B  
Frederick, MD 21702

Phone: 240-215-3070 Ext. 206

Fax: 240-439-8560



Surgeon		Total cases 2020	PSCF	FHH	Holy Cross	FSC	Meritus	Other: _____
Andochick	Plastic/Rec	93	69	24	0	0	0	200: Office
Steinberg	Orthopedic	452	239	213	0	0	0	0
Nesbitt	Orthopedic	693	653	40	0	0	0	0
Levine	Orthopedic	310	166	144	0	0	0	0
Horton	Orthopedic	71	59	12	0	0	0	0
Walsh	Orthopedic	239	20	219	0	0	0	0
Gupta	Orthopedic	278	5	271	0	2	0	0
Thadani	Orthopedic	580	516	0	0	0	0	64 (Martinsburg, WV)
Petrucelli	Orthopedic	332	0	0	6	0	0	326
Sanders	Orthopedic	181	0	0	30	0	0	151
Evans	Orthopedic	562	0	0	260	0	0	302
Henry	Occuloplastic	147	8	10	0	9	0	14 (HSC) / 106 (Office)
Mecinski	Plastic/Rec/Hand	438	333	69	0	5	26	2: TJ Surgery Center 3: Office
Copaken	Orthopedic	0	0	0	0	0	0	0
Pillar	Ophthalmology	15	15	0	0	0	0	0
Ophthalmologist Under recruitment								Pending Recruitment
total		4578	2083	1002	290	9	26	1168

Surgeon	Specialty	Total cases 2021	PSCF	FHH	Holy Cross	FSC	Meritus	Other: _____
Andochick	Plastic/Rec	68	42	24	0	0	0	240: Office
Steinberg	Orthopedic	407	253	154	0	0	0	0
Nesbitt	Orthopedic	759	723	26	0	0	0	0
Levine	Orthopedic	260	166	94	0	0	0	0
Horton	Orthopedic	300	255	45	0	0	0	0
Walsh	Orthopedic	212	12	200	0	0	0	0
Gupta	Orthopedic	278	11	267	0	0	0	0
Thadani	Orthopedic	854	698	0	0	0	0	156 (Martinsburg, WV)
Petrucelli	Orthopedic	351	20	0	5	0	0	326
Sanders	Orthopedic	192	26	0	15	0	0	151
Evans	Orthopedic	570	8	0	260	0	0	302
Henry	Occuloplastic	202	21	8	0	33	0	0 / 140 (Office)
Mecinski	Plastic/Rec/Hand	568	391	80	0	17	27	3: TJ Surgery Center 51: Office
Copaken	Orthopedic	32	0	32	0	0	0	0
Ophthalmologist under Recruitment	Ophthalmology							Pending Recruitment
Total		5282	2626	930	280	50	27	1369

## Assumptions

d. For Projected surgery cases and surgical minutes, please provide the assumptions or basis used to document and support these future surgical volumes.

1. Surgeon Interview and determination of preference regarding site of care for patients they serve in the ambulatory surgery setting. That choice being Physicians Surgery Center of Frederick
2. Historical case volume and growth of cases volumes and discussion regarding their growing caseloads post-COVID.
3. Surgeons input/estimates on their projected future case volume for the ambulatory setting
4. Dr. Steinberg leaving the state and MMI partners absorbing his patient load and estimations of caseloads for those in his practice that will care for those patients and absorb his volume.
5. Growth of the Frederick and surrounding community
6. The increasing trend of cases that are no longer required to be inpatient and migration to outpatient settings throughout the country.
7. Difficulties the surgeons and their schedulers state they experience in posting cases at FHH in a timely fashion due to FHH.
8. The ability of PSCF to support the surgeon's case volume that cannot be posted in a timely fashion, and prompt scheduling of procedures for their patients at PSCF, thus increasing patient and surgeon satisfaction.
9. The projections from the surgeons with the anticipation of additional operating rooms to support their increasing outpatient surgery case volume.
10. Interview and discussion with the surgeon's schedulers supporting the above comments.
11. Case volume projections are also enabled to increase year over year due to the type of procedures they prefer to perform in the outpatient setting. This is only for outpatient candidates.
12. Operating room time is estimated based upon the historic total number of cases per year divided by the total OR time per year for each surgeon.
13. Surgeon confidence and satisfaction in the care they and their patients receive at PSCF promotes steady increased case volume.

**Individual Physician's Submission** (provide this form for each physician who will do procedures at the proposed facility)

Scott E. Andoehick, MD Plastic & Reconstructive Surgery

Physician Name	Surgical Volume Latest 2 complete years			Projections						Facility(s) from which these cases will be migrating	
	Year 2020		Year 2021	Year 2022		Year 2023		Year 2024			
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	
	69	10902	42	6636	58	7900	70	11130	90	14420	No migration from other facilities

Average OR time: 159 minutes/case

5 most frequently performed surgeries, two most recent years			
Surgical Procedure*	Yr 1	Yr 2	
Breast Reconstruction	36	32	
Breast Reduction	3	4	
Genion Elevation	3	1	
Scar Revision	3	1	
Mastectomy	1	0	

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

Signature [Signature]

Print Name: Scott E. Andoehick, MD - Plastic / Reconstructive Surgery

**Individual Physician's Submission** (provide this form for each physician who will do procedures at the proposed facility)

*Kristin Nesbitt-Silon, MD: Orthopedic Surgery*

Physician Name	Surgical Volume Latest 2 complete years				Projections						Facility(s) from which these cases will be migrating
	Year 2020		Year 2021		Year 1		Year 2		Year 3		
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	
	653	29,385	723	32,585	744	33,480	784	35,280	804	36,180	NONE - NA

*Average OR time : 45 minutes/case*

5 most frequently performed surgeries, two most recent years		
Surgical Procedure*	Yr 1	Yr 2
ECTM	326	346
TK release	75	86
Cubital tunnel	28	27
excision wrist ganglion	28	56
Deq release	11	26

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

Signature *Kristin Nesbitt-Silon*

Print Name: Kristin Nesbitt-Silon, MD

*June 15, 2022*

**Individual Physician's Submission** (provide this form for each physician who will do procedures at the proposed facility)

*Matthew Levine MD: Orthopedic Surgery*


Physician Name	Surgical Volume Latest 2 complete years						Projections						Facility(s) from which these cases will be migrating			
	Year 2020			Year 2021			2022			2023				2024		
	Cases	Minutes		Cases	Minutes		Cases	Minutes		Cases	Minutes			Cases	Minutes	
	166	17430		190	19950		260	27300		295	309		325	34125		None: Out pts Only

*Average OR Time: 105 min/case*

5 most frequently performed surgeries, two most recent years			
Surgical Procedure*	Yr 1	Yr 2	
Rotator Cuff Repair	88	71	
Anterior Cruciate Ligament Reconstruction	25	27	
Open Hip Fracture Repair	16	14	
Biceps Tendon Repair	9	9	
Arthroscopy Knee	7	1	

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

Signature 

Print Name: *Matthew Levine, MD - Orthopedic*

*6/17/2022*

**Individual Physician's Submission** (provide this form for each physician who will do procedures at the proposed facility)

*Steven Horton, MD: Orthopedic Surgeon*

Physician Name	Surgical Volume Latest 2 complete years			(191 YTD)			Projections				Facility(s) from which these cases will be migrating	
	Year 2020	Year 2021	Year 2022	Cases	Minutes	Year 1 2022	Cases	Minutes	Year 2 2023	Cases	Minutes	Year 3 2024
	59	4,307	255	18,615		460	29,200	475	34,675	550	40,150	

*Average OR time: 73 minutes / case*

5 most frequently performed surgeries, two most recent years	Yr 1	Yr 2
Carpal tunnel release	13	72
Trigger finger release	4	25
Cubital tunnel release	1	20
Distal radius open reduction	19	57
Open Carpal Tunnel	9	33

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

Signature:  \_\_\_\_\_  
 Print Name: STEVEN HORTON

6/14/22

**Individual Physician's Submission** (provide this form for each physician who will do procedures at the proposed facility)

*Cory Walsh MD - Orthopedic Surgery*

Physician Name	Surgical Volume Latest 2 complete years				Projections						Facility(s) from which these cases will be migrating	
	Year 2020		Year 2021		Year 1		Year 2		Year 3			
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes		
	20	1386	12	750	140	8820	180	11340	210	13230		Office Referrals Rara FHN - Jones

*Average OR time 63 minutes/case*

5 most frequently performed surgeries, two most recent years			
Surgical Procedure*	Yr 1	Yr 2	
Arthroscopy Meniscectomy	11	6	
Open Knee	0	5	
Wrist Fusion	0	1	
ORIF Lower Extremity	3	0	
ORIF Upper Extremity	2	0	

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

Signature *Cory Walsh* *92*

Print Name: *Cory Walsh, MD - ORTHOPEDIC SURGERY*

Individual Physician's Submission (provide this form for each physician who will do procedures at the proposed facility)

Rishi Gupta, MD: Orthopedic Surgery

Physician Name	Surgical Volume Latest 2 complete years						Projections						Facility(s) from which these cases will be migrating
	Year 2020		Year 2021		Year 1		Year 2		Year 3				
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes			
	5	360	11	792	72	5184	138	4936	190	13680	Offsite Referrals		

Average OR time: 72 minutes/case

5 most frequently performed surgeries, two most recent years		
Surgical Procedure*	Yr 1	Yr 2
ORIF Lower Extremity	2	0
Manipulation of knee	2	0
T + D Lower Extremity	1	0
Arthroscopy Meniscus	0	6
Open knee	0	4

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

Signature

*Rishi Gupta*

Print Name:

Rishi Gupta, MD: ORTHOPEDIC SURGERY



**Individual Physician's Submission** (provide this form for each physician who will do procedures at the proposed facility)

Sanil Thadani, MD - Ophthalmology

Physician Name	Surgical Volume Latest 2 complete years				Projections						Facility(s) from which these cases will be migrating	
	Year 2020		Year 2021		Year 1		Year 2		Year 3			
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes		
	516	12384	698	16752	725	17400	740	18960	850	20400		<u>where</u>

*Average OR minutes: 24 minutes / case*

5 most frequently performed surgeries, two most recent years		
Surgical Procedure*	Yr 1	Yr 2
Cataract Extraction	494	640
Pharyngotomy, Excision	6	18
Salivary Glandectomy	8	9
Congenital Buphthalmos	4	1
Congenital Glaucoma	4	19

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

Signature \_\_\_\_\_  
 Print Name: Sanil Thadani, MD - Ophthalmology  
6/13/2022

**Individual Physician's Submission** (provide this form for each physician who will do procedures at the proposed facility)

Gabriel Petrucci, MD: Orthopedic Surgeon

Physician Name	Surgical Volume Latest 2 complete years						Projections						Facility(s) from which these cases will be migrating
	Year 2020		Year 2021		Year 1		Year 2		Year 3				
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes			
	0	0	20	1660	31	2573	65	5395	90	77470	Other - Not FHN		

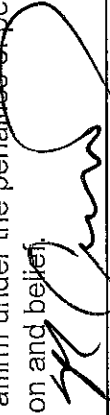
Average OR Time : 83 minutes / case

5 most frequently performed surgeries, two most recent years			
Surgical Procedure*	Yr 1	Yr 2	
Arthroscopy Rotator Cuff Repair	0	4	
Arthroscopy Meniscus Repair	0	4	
Arthroscopy Shoulder	0	4	
Acromioclavicular Joint Removal	0	2	
Acromioclavicular Joint Repair	0	1	

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

Signature



Print Name: Gabriel Petrucci, MD - Orthopedic

**Individual Physician's Submission** (provide this form for each physician who will do procedures at the proposed facility)

*Samuel Sanders, MD: Orthopedics*

Physician Name	Surgical Volume Latest 2 complete years				Projections						Facility(s) from which these cases will be migrating
	Year 2020		Year 2021		Year 1		Year 2		Year 3		
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	
	0	0	26	2574	70	6930	70	6930	70	6930	none from Frederick county

*Average OR time : 99 minutes / case*

5 most frequently performed surgeries, two most recent years			
Surgical Procedure*	Yr 1	Yr 2	
Knee Arthroscopy	0	11	
ACL Repair	0	3	
Shoulder Arthroscopy	0	3	
ORIF	0	3	
Tendon Repair	0	2	

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

Signature \_\_\_\_\_

Print Name: Samuel Sanders, MD - Orthopedics

**Individual Physician's Submission** (provide this form for each physician who will do procedures at the proposed facility)

Korboi Evans, MD - Orthopedic Surgery

Physician Name	Surgical Volume Latest 2 complete years			Projections						Facility(s) from which these cases will be migrating
	Year 2020	Year 2021	Year 2022	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes
	0	0	8	1104	40	5520	90	12420	110	15180

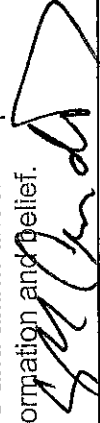
9/mo

Average OR minutes % 138 minutes/case

5 most frequently performed surgeries, two most recent years		
Surgical Procedure*	Yr 1	Yr 2
Open Knee	0	4
Total Hip Arthroplasty	0	2
Arthroscopy Rotator Cuff Repair	0	1
Carpal Tunnel Release	0	1
	0	0

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.



Signature

Print Name: Korboi Evans, MD - Orthopedic



**Individual Physician's Submission** (provide this form for each physician who will do procedures at the proposed facility)

Adam Mecinski, MD - Plastic / Reconstructive / Hand Surgery

Physician Name	Surgical Volume Latest 2 complete years			(121 YTD)			Projections				Facility(s) from which these cases will be migrating	
	Year 2020	Year 2021	Year 2022	Year 1'	Year 2	Year 3	2022	2023	2024	2025	MD	MD
	Cases 333	Cases 340	Cases 390	Cases 420	Cases 450	Cases 500	Minutes 15984	Minutes 18720	Minutes 20160	Minutes 21600	Minutes 24000	Minutes 24000

Average OR time: 48 minutes/case

5 most frequently performed surgeries, two most recent years	Yr 1	Yr 2
Surgical Procedure*		
Breast Reconstruction	16	27
Direct Reduction	24	20
Revision Excision Head + Neck	135	108
Debridement	53	45
Mass Excision	28	64

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

Signature Adam Mecinski

Print Name: Adam Mecinski - Plastic / Reconstructive / Hand Surgery  
6/12/2022

**Individual Physician's Submission** (provide this form for each physician who will do procedures at the proposed facility)

Laura Copaken, MD - Orthopedic Surgery

Physician Name	Surgical Volume Latest 2 complete years				Projections				Facility(s) from which these cases will be migrating		
	Year 2020		Year 2021		Year 1		Year 2			Year 3	
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes		Cases	Minutes
	0	0	0	0	18	828	28	1288	30	1380	46

Average OR time : 46 minutes / case

5 most frequently performed surgeries, two most recent years		
Surgical Procedure*	Yr 1	Yr 2
Hardware Removal Lower	0	0
Hardware Removal Upper	0	0
Spinal Repair	0	0
Spinal Fusion	0	0
Spinal Graft	0	0

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

Signature: [Signature]  
 Print Name: Laura Copaken, MD - Orthopedic

**Individual Physician's Submission** (provide this form for each physician who will do procedures at the proposed facility)

*Estimated OR time / Case : 25 min*

*Pending New Ophthalmologist 2022*

Physician Name	Surgical Volume Latest 2 complete years						Projections						Facility(s) from which these cases will be migrating
	Year		Year 2022		Year 1		Year 2		Year 3				
	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes	Cases	Minutes			
	0	0	300	7,500	500	12,500	550	13,700	600	15,000	None		

*\* Not included in projection Table 1-2 until recruitment complete*

5 most frequently performed surgeries, two most recent years		
Surgical Procedure*	Yr 1	Yr 2
<i>Cataract Extraction</i>		
<i>Cornea Transplant</i>	<i>pending</i>	
<i>Retina Repair</i>	<i>Recruitment</i>	

\* List in descending order based on the cumulative 2 year volume

I hereby declare and affirm under the penalties of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, information and belief.

Signature *Scott Andochick*  
 Print Name: SCOTT Andochick



## Discussion Regarding Impact

4.

c. In response to paragraph (b), please discuss the impact of the movement of surgical cases from other healthcare facilities; with a focus on whether there will be an adverse impact on these existing healthcare facilities.

In regards to impact on other facilities, the following is a summary thereof:

- a. None of the surgeons is employees of the hospital and has always been able to perform their surgical procedures in a facility of their choice in partnership with the patient as long as that individual is a candidate for Out Patient Surgery without restriction of their trade.
- b. Only patients eligible for outpatient surgery will be considered an accepted at PSCF to insure patient safety and quality of care provided resulting in excellent outcomes.
- c. Annual case volume for surgeons that have worked at FHH in the past are increasing as the COVID pandemic wanes and the backlog of patients can be scheduled for surgery. This may improve caseload at FHH if other patients can be accommodated at the ASC of the surgeons and patients choice. This will enable more efficient scheduling at FHH if FHH can accommodate them. The surgeons have voiced concerns that they are unable to post cases at FHH in a timely fashion due to unavailability of OR time resulting in Inpatient cases having to wait. This will result in lower numbers being performed at FHH and is not an impact generated by PSCF.
- d. Only outpatient surgery candidates will be accommodated at PSCF. There have been a certain number that were sent to FHH due to PSCF being full. Those cases in the future may move to PSCF, but would have been scheduled for the center if it had not reached capacity.
- e. The MMI Orthopedic surgeons will be absorbing cases that James Steinberg DO had previously performed in the past. There should be no impact on FHH as all inpatient cases will continue to be performed at FHH.

There may be a negative impact on **PSCF** as one of the MMI partners does not perform cases at PSCF and may benefit from Dr. Steinberg's move. At this time, it cannot be assured or measured until the surgeons performing cases at PSCF begin to absorb Dr. Steinberg's cases in July and August of 2022. FHH will also benefit due to this fact.

Tables 1 & 2 have reflected this adjustment with the estimation of a 1% decrease in volume for each of the years 2022, 2023, 2024, 2025.

- f. The Frederick County Community growth will continue which will increase case volume at FHH and PSCF.

As this growth continues, the surgeons from Montgomery County will grow their Frederick County patient base and consequently support growth at FHH and keep patients within the county.

- g. Providing surgeons and the community the choice of site of service enables them to direct their own care, and support every surgeon in the community to practice their trade without restriction or conflict of interest. This will not have a new or increasing negative impact on FHH as this has been in place for multiple years.
- h. Provide surgeons with a facility of choice offering quality and safety. The responsibility of providing this choice and where the cases are scheduled is up to the facility and hospital. Therefore, it is believed by PSCF that the impact will not be significant as both assist the surgeons to grow their practices.
- i. The most anticipated impact may be from Dr. Gupta, Dr. Walsh and Dr. Levine once Dr. Steinberg has moved out of the Frederick Community.

With Dr. Steinberg leaving the state, they will absorb a large number of his cases (an additional non-PSCF surgeon will also absorb some). Based upon projections/estimates on Addendum B the following is observed regarding their case volumes at PSCF:

It will enable Dr. Steinberg's cases to remain in the community and thus support volume at FHH for inpatient cases.

	2021 PSCF Cases	2022 PSCF Cases	2023 PSCF Cases	2024 PSCF Cases
<b>Dr. Walsh</b>	12	140	180	210
<b>Percent Change/Impact</b>		91.4%	22%	14%
<b>Dr. Gupta/Impact</b>	11	72	138	190
<b>Percent Change/Impact</b>		84%	47%	27%
<b>Dr. Levine</b>	190	260	295	325
<b>Percent change/Impact</b>		26%	11%	9%

Assuming, that theoretically, the increase case load per year at PSCF may have an impact on FHH, the largest percent change is occurring now in 2022. Well before consideration/approval of additional Operating rooms and proposed expansion. The surgeons will continue to provide services at PSCF for their outpatient candidates in increasing numbers year over year. Therefore the increase in space and OR's will have minor impact on FHH and other facilities as their core case volume continues to grow and are drawn from their offices and referrals. There will be no "In Patient cases" drawn for FHH or other facilities.

None of the cases in the projections above are "In Patient cases. All are eligible for ambulatory surgery.

If rooms approved the estimated impact is not a significant percent of the surgeon's total caseload.

Other PSCF surgeons have historically brought smaller numbers of cases to FHH and the impact will remain the same it has been in the past. No change, minimal impact.

Regarding Dr. Levine, Walsh and Gupta absorbing Dr. Steinberg's cases, their inpatient case numbers will rise as a result of Dr. Steinberg's exit from the community. These cases will be what Dr. Steinberg has historically taken to FHH resulting no impact. PSCF cannot predict the impact the remaining nonmember surgeon absorbing some of Dr. Steinberg's cases. That surgeon does not practice at PSCF and we cannot determine nor assume responsibility for what his impact will be.

In summary, the largest increase in volume is occurring prior to addition of two new operating rooms. Therefore, the addition will not significantly affect or harm the FHH as all inpatients will remain at that facility.

Surgeons have a right to practice their trade as they would like to do so and choose a site of care in collaboration with and in the best interest of their patients.

Surgeons core volumes will continue to grow for each, and only outpatient cases will be scheduled at PSCF resulting in little impact to FHH.

PSCF provides highest quality care in a safe environment with excellent outcomes. We value the confidence the surgeons have in the center to provide the best care possible to their patients.

Updates to Table 3 and 4 June 2022

I have reviewed and revised Table 3 and 4.

- Updated 2021 to Actual financial results
- Revised 2022 Revenue projection based on current trend YTD
- Revised 2022 and future years projection for supplies based on current trend YTD

Submitted by C. Melton, CPA  
Accounting and Business Solutions

**TABLE 3**

Actual two most ended  
recent years

Actual

Projected Years  
(ending with first full year at full utilization)

2019 2020 2021 2022 2023 2024 2025

CY or FY (Circle)

## 1. Revenue

a. Inpatient services							
b. Outpatient services	4,506,517	4,170,269	5,619,899	7,500,000	7,955,000	9,080,625	10,065,000
c. Gross Patient Service Revenue	4,506,517	4,170,269	5,619,899	7,500,000	7,955,000	9,080,625	10,065,000
d. Allowance for Bad Debt							
e. Contractual Allowance							
f. Charity Care							
g. Net Patient Services Revenue	4,506,517	4,170,269	5,619,899	7,500,000	7,955,000	9,080,625	10,065,000
h. Other Operating Revenues	20,796	11,785	4,200	15,000	15,000	15,000	15,000
i. Net Operating Revenue	4,527,313	4,182,054	5,624,099	7,515,000	7,970,000	9,095,625	10,080,000

## 3. Expenses

a. Salaries, Wages, and Professional Fees, (including fringe benefits)	1,251,755	1,299,693	1,493,471	1,875,000	1,988,750	2,270,156	2,516,250
b. Contractual Services							
c. Interest on Current Debt	20,295	17,217	15,785	10,030	5,013	1,610	815
d. Interest on Project Debt	0	0			42,000	41,000	36,000
e. Current Depreciation	117,802	278,758	925,329	300,000	75,000	50,000	50,000
f. Project Depreciation					351,000	251,000	126,000
g. Current Amortization	30,958	13,922	30,943	30,943	30,943	30,943	30,943
h. Project Amortization							
i. Supplies	1,728,824	1,775,345	2,481,298	4,125,000	4,375,250	4,540,313	5,032,500
j. Other Expenses (Facility Exp)	372,885	378,331	376,920	399,806	705,400	719,400	742,500
j. Other Expenses (Administrative)	282,260	254,314	285,433	375,000	397,750	454,031	503,250
j. Other Expenses (Misc)	634	126					
k. Total Operating Expenses	3,805,413	4,017,706	5,609,179	7,115,779	7,971,106	8,358,453	9,038,258

## 3. Income

a. Income from Operation	721,900	164,348	14,920	399,221	-1,106	737,172	1,041,742
b. Non-Operating Income	0	454,671	294,962	125,000	125,000	125,000	63,000
c. Subtotal	721,900	619,019	309,882	524,221	123,894	862,172	1,104,742
d. Income Taxes		50,700	78,450	41,938	9,912	68,974	88,379
e. Net Income (Loss)	721,900	568,319	231,432	482,283	113,982	793,198	1,016,363

EXHIBIT 8

Projected Years

**TABLE 4**

(Ending with first full year at full utilization)

CY or FY (Circle)	2023	2024	2025	2026
1. Revenues				
a. Inpatient Services				
b. Outpatient Services	455,000	1,580,625	2,565,000	3,078,000
c. Gross Patient Services Revenue	455,000	1,580,625	2,565,000	3,078,000
d. Allowance for Bad Debt				
e. Contractual Allowance				
f. Charity Care				
g. Net Patient Care Service Revenues	455,000	1,580,625	2,565,000	3,078,000
h. Total Net Operating Revenue	455,000	1,580,625	2,565,000	3,078,000
2. Expenses				
a. Salaries, Wages, and Professional Fees, (including fringe benefits)	113,750	395,156	641,250	769,500
b. Contractual Services				
c. Interest on Current Debt				
d. Interest on Project Debt	42,000	41,000	36,000	30,000
e. Current Depreciation				
f. Project Depreciation	351,000	251,000	126,000	50,000
g. Current Amortization				
h. Project Amortization				
i. Supplies	250,250	790,313	1,282,500	1,539,000
j. Other Expenses (Facility)	447,400	461,400	484,500	506,303
j. Other Expenses (Admin)	20,475	71,128	115,425	138,510
j. Other Expenses (Misc)				
k. Total Operating Expenses	1,224,875	2,009,997	2,685,675	3,033,313

\*2.2M @4.5% 20 yr amortization

3. Income

a. Income from Operation	-769,875	-429,372	-120,675	44,688
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Projected Years

Table 4 Cont.

(Ending with first full year at full utilization)

CY or FY (Circle)	2023	2024	2025	2026
b. Non-Operating Income	15,000	15,000	15,000	15,000
c. Subtotal	-754,875	-414,372	-105,675	59,688
d. Income Taxes				4,775
e. Net Income (Loss)	-754,875	-414,372	-105,675	54,913

EXHIBIT 8

TABLE L. WORKFORCE INFORMATION

**INSTRUCTION:** List the facility's existing staffing and changes required by this project. Include all major job categories under each heading provided in the table. The number of Full Time Equivalents (FTEs) should be calculated on the basis of 2,080 paid hours per year equals one FTE. In an attachment to the application, explain any factor used in converting paid hours to worked hours. Please ensure that the projections in this table are consistent with expenses provided in uninflated projections in Tables F and G.

Job Category	CURRENT ENTIRE FACILITY			PROJECTED CHANGES AS A RESULT OF THE PROPOSED PROJECT THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			OTHER EXPECTED CHANGES IN OPERATIONS THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			PROJECTED ENTIRE FACILITY THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS) *	
	Current Year FTEs	Average Salary per FTE	Current Year Total Cost	FTEs	Average Salary per FTE	Total Cost (should be consistent with projections in Table G, if submitted).	FTEs	Average Salary per FTE	Total Cost	FTEs	Total Cost (should be consistent with projections in Table G)
<b>1. Regular Employees</b>											
Administration (List general categories, add rows if needed)											
BOS/BOM	1.0	\$57,581	\$57,581	0.0					\$0	1.0	\$57,581
Billing	2.0	\$52,563	\$105,125.95	1.0	\$53,165	\$53,165			\$0	3.0	\$158,291
BOS	2.0	\$34,980	\$69,960	1.5	\$52,470	\$52,470			\$0	3.5	\$122,430
Administrator	1.0	\$117,653	\$117,653	0.0					\$0	1.0	\$117,653
Clinical Coordinator	2.0	\$77,987	\$155,974.16							2.0	\$155,974
<b>Total Administration</b>	<b>8.0</b>		<b>\$506,294</b>	<b>2.5</b>		<b>\$105,635</b>			<b>\$0</b>	<b>10.5</b>	<b>\$611,929</b>
Direct Care Staff (List general categories, add rows if needed)											
RN	0.6	\$68,171	\$68,171	1.0	\$68,952	\$68,952				1.6	\$137,123
RN	0.8	\$78,145	\$78,145						\$0	0.8	\$78,145
RN	1.0	\$71,318	\$71,318							1.0	\$71,318
RN	0.6	\$47,060	\$47,060	1.0	\$47,599	\$47,599				1.6	\$94,659
RN	0.6	\$29,366	\$29,366							0.6	\$29,366
Pre-Operative Screening RN	1.8	\$58,453	\$105,215	1.0	\$59,122	\$59,122			\$0	2.8	\$164,337
RN	0.6	\$42,692	\$42,692							0.6	\$42,692
RN	1.0	\$63,750	\$63,750	1.0	\$64,480	\$64,480				2.0	\$128,230
RN	1.0	\$86,371	\$86,371							1.0	\$86,371
PRN staff total	2.0	\$82,258	\$164,516.35							2.0	\$164,516
RN	1.0	\$86,371	\$86,371							1.0	\$86,371
Technician	0.8	\$42,569	\$42,569							0.8	\$42,569
Technician	1.0	\$63,750	\$63,750	1.0	\$64,480	\$64,480				2.0	\$128,230
Technician	0.6	\$33,561	\$33,561	1.0	\$40,000	\$40,000				1.6	\$73,561
Technician	0.4	\$21,880	\$21,880	0.2	\$4,376	\$4,376				0.6	\$26,256
Technician	0.8	\$46,986	\$46,986							0.8	\$46,986
Tecj	0.8	\$36,917	\$36,917							0.8	\$36,917
RN	0.5	\$39,547	\$39,547							0.5	\$39,547
RN	1.0	\$74,032	\$74,032	1.0	\$74,032	\$74,032			\$0	2.0	\$148,064
<b>Total Direct Care</b>	<b>16.9</b>		<b>\$1,202,217</b>	<b>7.2</b>		<b>\$423,041</b>			<b>\$0</b>	<b>24.1</b>	<b>\$1,625,258</b>
Support Staff (List general categories, add rows if needed)											
SPD Technician	1.0	\$44,049	\$44,049	1.0	\$44,554	\$44,554			\$0	2.0	\$88,603
Medical Assistant	0.2	\$5,758	\$5,758							0.2	\$5,758
Medical Assistant	1.0	\$35,782	\$35,782	1.0	\$36,192	\$36,192				2.0	\$71,974
Medical Assistant	1.9	\$28,790	\$54,702	1.0	\$29,120	\$29,120				2.9	\$83,822
COVID 19 Screening	1.0	\$27,680	\$27,680							1.0	\$27,680
										0.0	\$0
<b>Total Support</b>	<b>5.1</b>		<b>\$167,971</b>	<b>3.0</b>		<b>\$109,866</b>			<b>\$0</b>	<b>8.1</b>	<b>\$277,837</b>
<b>REGULAR EMPLOYEES TOTAL</b>	<b>30.0</b>		<b>\$1,876,482</b>	<b>12.7</b>		<b>\$638,542</b>			<b>\$0</b>	<b>42.7</b>	<b>\$2,515,024</b>

**TABLE 1: STATISTICAL PROJECTIONS - ENTIRE FACILITY Updated 6.2022**

CY or FY (Circle)	Two Most Actual Ended Recent Years		Current Year Projected	Projected Years (ending with first full year at full utilization)			
	2019	2020	2021	2022	2023	2024	2025
a. Number of operating rooms (ORs)	2	2	2	4	4	4	4
• Total Procedures in ORs	2486	2068	2626	3180	3485	3894	4244
• Total Cases in ORs	2486	2068	2626	3180	3485	3894	4244
• Total Surgical Minutes in ORs**	123343	108883	151845	196500	222000	250500	274500
b. Number of Procedure Rooms (PRs)	1	1	1	1	2	2	2
• Total Procedures in PRs	15	59	100	150	190	230	270
• Total Cases in PRs	15	59	100	150	190	230	270
• Total Minutes in PRs**	435	2100	3559	5250	6650	8050	9450

\*Number of beds and occupancy percentage should be reported on the basis of licensed beds.

\*\*Do not include turnover time.

**TABLE 2: STATISTICAL PROJECTIONS - PROPOSED PROJECT**

CY or FY (Circle)	Projected Years (Ending with first full year at full utilization)			
	2022	2023	2024	2025
a. Number of operating rooms (ORs)	2	2	2	2
• Total Procedures in ORs	795	871	973	1061
• Total Cases in ORs	795	871	973	1061
• Total Surgical Minutes in ORs**	47700	52260	58380	63660
b. Number of Procedure Rooms (PRs)	1	1	1	1
• Total Procedures in PRs	75	80	115	135
• Total Cases in PRs	75	80	115	135
• Total Minutes in PRs**	2625	2800	4025	4725

\*Do not include turnover time



**6. Financial Feasibility. Please provide the assumptions or basis used to document and support future financial viability of the project.**

The basis used for financial projections takes into account historical and current revenue and expense trends based on existing OR capacity. The surgery center is currently experiencing increased revenue over prior years with additional surgeons. The forecast for added OR capacity within two years of expansion assumes a 20% increase in revenue. Operating expenses for personnel and supplies are projected as a percentage of revenue using current factors.

Submitted by C. Melton, CPA  
Accounting and Business Solutions, Inc.

June 10, 2022

Re: Matter No. 21-10-2451

Maryland Health Care Commission

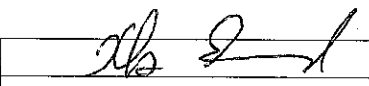
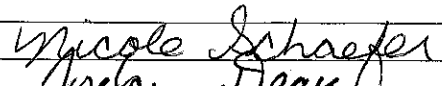
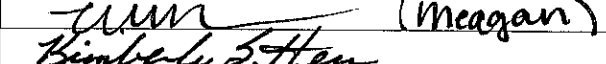
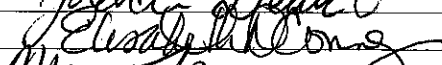
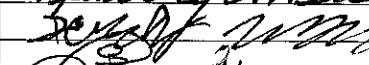
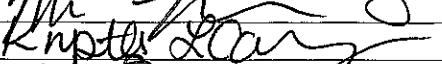
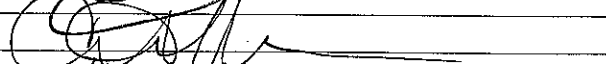
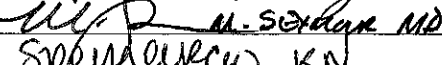
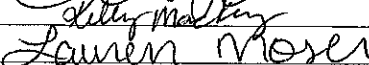
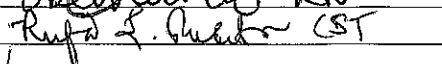


We are writing to express support of the project Physicians Surgery Center of Frederick has proposed to the MHCC regarding expansion of the facility to enable improved space, access and choice to patients seeking in the community of Frederick County Maryland and surrounding areas.

We are very familiar with the organization and enjoy the fact that it is an option for patients, our families, friends and associates to choose from when planning for their surgical care. All patients should have access to such a facility and given a choice to direct their own site of care as needed. We feel very strong that Physicians Surgery Center, as a part of our community should be permitted to grow and expand capacity, continue to provide excellent surgical care. It is a safe, efficient, compassionate option for surgical care that is easily accessed in a timely fashion and most importantly available to all.

The current facility is small but efficient. We believe allowing for expansion will provide more space, privacy and comfort for the patients and their families. With additional operating space, a patient will experience less wait time in scheduling an appointment, improved access to all to promote wellness and successful recovery at home. The goal being exceptional patient outcomes.

Sincerely,

See Attached Signatures:

[illegible]

May 20, 2022 °

Dr. Rishi Gupta  
Centers for Advanced Orthopedics  
86 Thomas Johnson Court  
Frederick, MD 21702

Dear Dr. Gupta:

I would like to take this opportunity to thank you and the other members associated with you or the Physicians Surgery Center for taking care of me before, during, and after my recent knee surgery to repair my meniscus.

My surgery was Wednesday, May 11, 2022 at 2:00, and I have to admit I was somewhat nervous about it because it was my first-ever surgery (not counting a colonoscopy 7 years ago and my tonsils at 8). My anxiety level dropped when I checked in with Meagan because she was pleasant, smiling and calm.

After a few minutes in the waiting room, I was greeted by my check-in nurse, Nicole Schaeffer. She was very nice and energetic and took her time going over all the paperwork with me. She made sure I was comfortable, explained all the steps as she put in the IV's, and even found time to talk about upcoming weekend plans to keep me relaxed.

I then met my anesthesiologist, Dr. Cynthia Kenol. She was also very pleasant with a calming voice as she looked at my airway and explained what was to take place. Even after mentioning I would have a tube down my throat, I still felt comfortable with her and her abilities, and I didn't get ramped up. She ensured all my questions were answered, and spent an appropriate amount of time with me.

Lastly, I met my surgery nurse, Jessica Huff. She was hugely comforting explaining what going to happen as she walked me to the surgery room. Brittany Alles was in there as well, and even though I don't remember meeting her, together I was confident I was going to be well taken care of.

I know that you and those in the medical profession do this type of thing all the time, but as a first-timer this was a big deal for me. I also work in a profession where people hang on every word that's said at times, and I know it's so easy to get mundane and uncaring throughout our careers. But you, Dr. Kenol, Meagan, Jessica and Brittany show a genuine passion for your career choice and in taking care of people, and I wanted to recognize and reinforce those qualities on behalf of all the patients you guys heal and make a difference in their lives every day. Thank you!

**Ex. 24**

Hugh  
Lieutenant Colonel, U.S. Marine Corps, Retired

Waynesboro, PA 17268-8435

27 May 2022

Physicians Surgery Center of Frederick  
81 Thomas Johnson Court, Suite B  
Frederick, MD 21702

Ladies/Gentlemen,

Please accept my sincere appreciation for the outstanding care I received from your staff for my cataract surgery on 24 May 2022. I was highly impressed with the polite, pleasant and highly professionalism performance of your entire team.


Please recognize Dr. Sunil Thadani for his expert skill in performing that surgery. My vision in the eye that had the cataract removed is remarkable. I also request that you recognize RN Becky Edland, RN Madeline Hynes, RN Brittany Alles, Dr. Mark Seymour, Surgical Technician Kylie Anastasi and Laser Technician Drew (tall handsome former Marine - last name unknown) for their outstanding performance and personal attention to my care.

Sincerely, ^

  
Hugh M.

PHYSICIANS SURGERY CENTER  
— of —  
*Frederick*

Post Procedure Follow-up Phone Call (24-72 hrs post op) Phone # to call: 301-758-5095

Date/Time 6/14/22 Spoke to: Robin Signature of Nurse: K. Allen / MA 

Date/Time \_\_\_\_\_ Spoke to: \_\_\_\_\_ Signature of Nurse: \_\_\_\_\_

Date/Time \_\_\_\_\_ Letter Sent: \_\_\_\_\_ Yes \_\_\_\_\_ No, Signature of Nurse: \_\_\_\_\_


1. Did you have any of the following post operative complications after your surgery at PSCF?

Problem	Yes	No	Explanation
Pain (Circle one: 0 1 2 3 4 5 6 7 8 9 10)		<input checked="" type="checkbox"/>	
Drainage from surgical site		<input checked="" type="checkbox"/>	
Elevated Temperature		<input checked="" type="checkbox"/>	
Urinating		<input checked="" type="checkbox"/>	
Bowel Movement		<input checked="" type="checkbox"/>	
Eating and/or Drinking OK		<input checked="" type="checkbox"/>	
N&V		<input checked="" type="checkbox"/>	
Do you have any questions regarding your post operative instructions?		<input checked="" type="checkbox"/>	
Have you scheduled your post operative appointment?	<input checked="" type="checkbox"/>		
Other		<input checked="" type="checkbox"/>	

2. Patient advised to call surgeon's or anesthesiologists office with any problems ☒ NA Yes, If YES explain \_\_\_\_\_
3. If problem noted, surgeons office was notified? ☒ NA Yes, If YES explain: \_\_\_\_\_
4. Were you confident in the care you received while at PSCF? ☒ Yes No (explain below)
5. Satisfied with the care at PSCF? ☒ Yes No, If NO explain \_\_\_\_\_
6. Post operative COVID Screen: Y ☒ N Fever, Y ☒ N Sick, Y ☒ N COVID Symptoms, Y ☒ N COVID Exposure
7. Instructed to call PSCF staff if you exhibit any symptoms within the next two weeks: ☒ Agrees to do so Declines to do so \_\_\_\_\_

Additional Notes/Action taken:

*Pt. & spouse both loved how sweet, kind & caring the entire staff was!*

Date Post Op Call Entered into HST 

Ex. 26

PHYSICIANS SURGERY CENTER  
of  
Frederick

Post Procedure Follow-up Phone Call (24-72 hrs post op) Phone # to call: 717 926-3338

Date/Time 10/20/22 Spoke to: pt. Signature of Nurse: K. Herr/MA/SD RN

Date/Time \_\_\_\_\_ Spoke to: \_\_\_\_\_ Signature of Nurse: \_\_\_\_\_

Date/Time \_\_\_\_\_ Letter Sent: ☐ Yes ☐ No, Signature of Nurse: \_\_\_\_\_

1. Did you have any of the following post operative complications after your surgery at PSCF?

Problem	Yes	No	Explanation
Pain (Circle one: 0 1 2 3 4 5 6 7 8 9 10)		<input checked="" type="checkbox"/>	
Drainage from surgical site		<input checked="" type="checkbox"/>	
Elevated Temperature		<input checked="" type="checkbox"/>	
Urinating		<input checked="" type="checkbox"/>	
Bowel Movement		<input checked="" type="checkbox"/>	
Eating and/or Drinking OK		<input checked="" type="checkbox"/>	
N&V		<input checked="" type="checkbox"/>	
Do you have any questions regarding your post operative instructions?		<input checked="" type="checkbox"/>	
Have you scheduled your post operative appointment?	<input checked="" type="checkbox"/>		
Other		<input checked="" type="checkbox"/>	

2. Patient advised to call surgeon's or anesthesiologists office with any problems ☒ NA Yes, If YES explain \_\_\_\_\_

3. If problem noted, surgeons office was notified? ☒ NA Yes, If YES explain: \_\_\_\_\_

4. Were you confident in the care you received while at PSCF? ☒ Yes ☐ No (explain below)

5. Satisfied with the care at PSCF? ☒ Yes ☐ No, If NO explain \_\_\_\_\_

6. Post operative COVID Screen: Y ☒ N ☒ Fever, Y ☒ N ☒ Sick, Y ☒ N ☒ COVID Symptoms, Y ☒ N ☒ COVID Exposure

7. Instructed to call PSCF staff if you exhibit any symptoms within the next two weeks: ☒ Agrees to do so ☐ Declines to do so

Additional Notes/Action taken:

My whole experience was amazing!

Date Post Op Call Entered into HST RN

Shannon/forms/Post Procedure 3/2012-2/2017-6/2020

11.

Ex. 27

**8. Please explain how the addition of two operating rooms and one procedure room would enhance and improve the quality of care, patient safety and level of services for patients at PSCF after project implementation.**

There are multiple explanations to support the improvement of quality, patient safety and level of services because of the additional space and two operating rooms for Physicians Surgery Center of Frederick. Quality improvement will occur in a more spacious, well lit, ventilated and laid out environment with improved access. This will improved patient perception of the organization, flow, smart steps in a larger space resulting in customized smart work spaces that support excellent patient care quality, employee safety and overall process improvement in our ambulatory surgery center.

Patients have expressed appreciation of the personalized care they receive at PSCF. This is noted in the many patient responses and community support the organization receives (see tab 6). Patients report feeling a stronger connection with their physician(s) because there are fewer barriers, in a more intimate setting which eases patient/clinical staff anxiety and improves communication, resulting in perception that the patient receives a higher quality of care and concern from the staff.

The improved space will add to assisting to minimize/eliminate potential for human Error and improve Cognitive Function by the new smart Design planned for the facility.

There are several aspects of the proposed build out that are considered in the expansion of PSCF. The goal being to ensure patient safety, quality care and excellent outcomes.

Areas of improvement it will support at minimum are as follows:

**1. Patient-centeredness, including**

- Improved access to all:
  - Disabilities
  - Indigent
  - Emergency services
  - Segregation of Vendors/Contractors supporting patient care
  - Staff
  - Others
- Using variable-acuity rooms that are standardized but flexible to meet all patient and physician needs
- Ensuring sufficient space to safely accommodate family members in a private setting



- Improve access to health care information and scheduling of their procedures
- Improving safety and Infection Control in a variety of ways such as:  
 Applying improved design to support the space for and availability of assistive devices and to avert patient falls  
 Using state of the art ventilation and filtration systems to control and prevent the spread of infections  
 Using surfaces that can be easily decontaminated and perpetual disinfecting processes, manual and automatic  
 Facilitating hand washing with the availability of sinks and alcohol hand rubs with improved locations and minimal steps  
 Preventing patient and provider injury due to small spaces, moving equipment and multiple corridors using smart move and automatic devices.  
 Improve the interdependencies of care, including workspaces and work processes. Improving collaboration with outside patient services and space for them to work with patients and families
- Isolation space for unexpected patient needs to minimize spread of infectious diseases
- State of the art Sterile Processing Department to support Infection Control, track devices, minimize excess workload on staff supporting their participation in the process, promoting satisfaction and pride in their contribution to the quality program in a smarter and spacious department.

## **2. Reduction in potential for errors by**

Improved lay out, design and size: Humans do not always make mistakes and work diligently to avoid them. However, they are more likely to do so when they work in an outdated and small designed space in health care settings. Therefore, improving flow, layout, square feet and design will assist in mitigation of this risk and improvement of overall quality.

The design of a facility can have a significant impact on human performance, especially on the health and safety of employees, patients, and families. This will be improved upon with additional space, smart quality design flow and work areas for staff and physicians. It will not only minimize potential for error, it will improve safety for all.

### **3. Improve patient and staff outcomes:**

Improved designs will decrease distractions, standardize locations of equipment and supplies, control noise and ensure adequate space for documentation and work areas. It will improve ergonomics.

### **4. Noise Reduction:**

The improved proposed design will enhance current processes, and enhance patient care quality and safety by creating environments that are healthier for patients, families, and staff by preventing injury from falls, infections, and medical errors; minimizing environmental stressors associated with noise. Designated space, standardization and efficient room layout, accommodations for various disabilities all of which reduce stressors.

Noise can interfere with communication, creates distractions, affect cognitive performance and concentration. It contributes to stress and fatigue particularly in small spaces. It can have a negative impact on mental activities involving working and memory all of which are essential to quality and safety of care provided. The new space will be designed to improve noise reduction and improvement in the quality and safety of all.

Noise can also adversely affect and reduce overall perceived patient satisfaction if not constantly attended to and minimized in small space. Patient privacy will be improved, thus enhancing satisfaction and a sense of being listened to and well cared for.

### **5. Physical Access:**

Improved parking, handicap accommodations, automatic entry doors throughout the facility, security entry doors, and communication systems that enhance security improves the overall quality of care provided and the feeling of safety while within the facility. Ingress and Egress will be improved with corresponding signage for all who enter. This will result in overall sense of wellbeing for patients, families, staff and guests.

### **6. We believe that the additional of the two operating rooms and additional support space in other areas throughout the facility will provide improved quality and safety through:**

- Use of lighting to enable visual performance
- Improved use of natural lighting
- Minimize and control the effects of noise

- Efficiency, including

Standardizing room layout, location of supplies and medical equipment

Minimizing potential safety threats and improving patient satisfaction by minimizing patient transfers with variable-acuity rooms

- Timeliness, by

Ensuring rapid response to patient needs

Eliminating inefficiencies in the processes of care delivery

Facilitating the clinical work nurses by ensuring the size, layout, and functions of the structure meet the diverse care needs of patients and enhances access to timely scheduling of procedures with minimal wait times.

Provide increased block time for Charity Care so this population does not have to wait extended amounts of time to be scheduled for their surgery once deemed eligible.

Decreased wait time for surgery and improved access for all in the community

Minimize crowding at certain times of the day, which cannot be predicted, through additional waiting space in all areas of the organization. This will support the Infection Control process to minimize postoperative infections, that can be attributed to overcrowded areas. The provision of isolation facilities for unexpected conditions as needed will improve overall patient safety, quality for patients, family, staff and surgeons.

## **7. Improved Patient Satisfaction:**

Patient and family preference for an environment that offers quality, togetherness and comfortable personal space, rather than an environment that addresses only medical needs but promotes improved patient and family satisfaction. It also improves communication and patient recall when a family member is enabled to be with the patient and have sufficient space and privacy from others.

The addition of space for all in the health care environment will improve facilitation for connections to clinicians; foster a sense of well-being and ability to participate in their care.

Patients enjoy and state they felt safer and at home when they have the TV close by, and are able to walk around while maintaining privacy. For our patients, one of the most important factors about the proposed

environment is improved privacy, provide a comfortable home like environment, consideration for disabilities, improved environment and being able to not feel closed in.

Patients feel a relationship between the environment they will be having a surgical procedure in and how it make them feel comfortable, able to keep a sense of normalcy, and as having a positive effect on their feelings of well-being and overall satisfaction. This will result in less pain medication/anti-anxiety medication use, improve patient's confidence to return home for recovery, provide space for patient specific education and training with their families to support excellent outcomes during their recovery at home. It will also provide space for patients to ambulate and exercise their abilities post operatively with assistance of the clinical team to insure safety upon discharge.

#### **8. Improved Sense of cleanliness:**

While the facility maintains a clean and disinfected environment at all times utilizing professional housekeeping and enhanced infection control practices, a perception of small and crowded space can alter the patient's perception and satisfaction with this process. We feel that the larger space will enable sufficient storage, space for Durable Medical Equipment, etc. to minimize appearance of clutter and promote improved satisfaction.

#### **9. Improved Employee Satisfaction:**

Employee satisfaction improves when they work in space with modern design and standardized flow with ergonomics a priority in patients' rooms, closets, bathrooms, and break rooms, the available space for medical equipment, for charting, dictation among others. Not only do nurses/clinical team share similar concerns with patients, we believe the facility aesthetics and work environment are associated with higher satisfaction and better coworker relationships, thus promoting improved employee satisfaction and retention.

#### **10. Minimizing fatigue**

Fatigue is a contributing factor to human error. Fatigue can have a negative impact on alertness, and cognitive performance, which has the potential to have an impact on patient safety. Some of the effects of long work hours and increasing workload can be mitigated by enabling a decrease in the current caseload per room after expansion so that long shifts are rare. This decrease in case load per Operating Room will minimize long work days for staff and surgeons, consistently enable patients and their families return home in a timely fashion, and promote life work balance for all. With additional Operating Rooms, this will be

achieved and will promote quality, wellness and safety of staff and patients even when full capacity is achieved.

#### **11. Improve Standardization**

Standardization can help minimize the errors and improve quality. Standardization reduces reliance on short-term memory with better design through standardization of operating rooms, treatment areas, Pre-Operative and recovery rooms, equipment, and procedures. While errors are minimal, the premise of continuous quality improvement functions most optimally with ongoing improvement in all areas including standardization of design and layout. This will be achieved when the new operating rooms are in place and the current rooms are remodeled to match. This will promote improved quality, safety, patient outcomes and staff satisfaction on a continuum.

#### **12. Additional space:**

Improved space for collaboration, meeting, education and training, emergency preparedness, community support, etc, and patient centered activities will be incorporated into the improved flexible space, thus providing an incubator for ongoing and perpetual improvement ideas, education and processing. This will result in improved Risk and quality management for the patient, organization and all who work within its walls.

#### **13. Infection Control: Sterile Processing Department**

As a component of the PI/RM program addressed above, there are various benefits to the Infection Control Program. PSCF will experience improved space in the Sterile Processing Department with improved square footage, ventilation, processes and state of the are equipment with patient safety and quality of care at the forefront. This area is at the core of what the organization does. It is a significant contribution to quality, that the expansion include expansion in the dirty, clean areas and improved flow of patient care supplies and sterilization processes as renovations are incorporated. This has been designed with smart step strategy to minimize fatigue.

New equipment, layout, ventilation, water treatment, storage, staff step footprints etc. will be improved.

Additional space will be available to promote quality and infection control processes insuring patient safety and the highest quality care possible to all.

In summary, PSCF believes at minimum, the following will be improved as a result of the proposed expansion for Physicians Surgery Center of Frederick. All of which contribute to Continuous Quality Improvement program at PSF:

Patient, Staff and physician Satisfaction

Improved community access

Improved communication regarding patient status and location throughout the facility

Improved parking, security and ability to move about the facility

Improved disability accessibility

Enhanced Infection Control

Automation where possible.

Design that will prevent adverse events (e.g., patient falls, operative/postoperative complications and infections, and other adverse events).

Design for scalability, adaptability, and flexibility to support the community it serves.

Place accessibility of information in close proximity to the patient.

Improve visibility of patients to staff.

Involve patients and family in their care.

Minimize fatigue of staff.

Minimize patient transfers/handoffs.

Improved Pharmaceutical storage, security, processing, management, accounting, education resource and record keeping space dedicated to specific areas of patient care and the operating rooms.

Reduce noise

Standardize space to promote safety

Improved space for staff

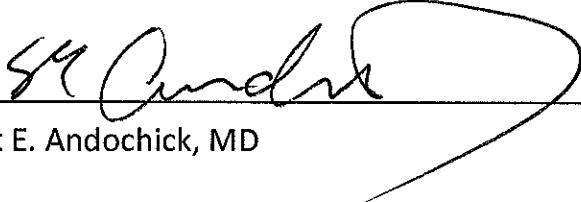
Improved scheduling of procedures in a timely fashion and access to all regardless of ability to pay.



Matter #21-10-2451

Supplementary Information Attestation:

I hereby declare and affirm under the penalties of perjury that the facts stated in this application and its attachments are true and correct to the best of my knowledge, information and belief.

6/21/2022  
Scott E. Andochick, MD 6/21/2022