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Additional Questions for Chesapeake Eye Surgery Center CON

1 message

Laura Hare1 -MDH- <laura.hare1@maryland.gov>

Wed, Nov 30, 2022 at 3:23 PM

To: Jennifer Knopp <jknopp@vipeyes.com>

Cc: Wynee Hawk -MDH- <wynee.hawk1@maryland.gov>, Ruby Potter -MDH- <ruby.potter@maryland.gov>

Ms. Knopp,

After reviewing the answer to the completeness questions that CESC provided, MHCC staff have a couple of follow up questions to clarify a few of your responses.

Request for Clarification of CESC's Answers to Completeness Questions:

1. In your answer to question 9 you mentioned that "no specific documents are used for making determination of probable eligibility" but you identified "abridged documentation" is used in determining probable eligibility. Please explain what is the "abridged documentation" that is referred to in this answer? To meet the charity care standard applicants are required to make a determination of probable eligibility within two days of a request, not within two days of receipt of an application or requested documentation.
2. Your charity care policy must state that documentation for income, assets etc. is not required for probable determination of eligibility. In the submitted "Charity Care Policy and Program: Policy 2-10A", Section 1d refers to a "medical financial assistance application" in determining probable eligibility. In your response to question 9 you state that "no specific documents are used for making determination of probable eligibility." Also, Section 5b of your Charity Care Policy states that a verbal request or a verbal indication of no insurance is enough to schedule surgery and probable determination. Please explain the inconsistency. Please correct the Charity Care Policy, if necessary, to reflect the correct statement. If a specific application is used to make a determination of probable eligibility, please provide the application.
3. In response to question 21, your submission indicates that CESC will not have optimal capacity in accordance with COMAR 10.24.11.06A(1)(b)(iii), therefore, can you demonstrate a different optimal capacity standard based on subdivisions 1. through 3 of the same regulation?
4. In response to question 22(ii) you provided a table of "Estimated Minutes Per Case" but the information contained within the chart is the estimated minutes per provider for 2023 and 2024. Provide a chart with the facility's estimated minutes per case or time per patient.
5. In response to question 32 you state that the 2021 audit will not be available until mid-December 2022. Please provide the audit when it becomes available.
6. In response to question 39 please provide a response for the subparts of the standard COMAR 10.24.01.08G(3)(f) "Impact on Existing Providers and the Health Care Delivery System." Provide an analysis of the following impacts:
 - a) On the volume of service provided by all other existing health care providers that are likely to experience some impact as a result of this project;
 - b) On the payer mix of all other existing health care providers that are likely to experience some impact on payer mix as a result of this project. If an applicant for a new nursing home claims no impact on payer mix, the applicant must identify the likely source of any expected increase in patients by payer.

c) On access to health care services for the service area population that will be served by the project. (State and support the assumptions used in this analysis of the impact on access);

d) On costs to the health care delivery system.

If you have any questions, please let me know.

Best,

Laura

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Laura Hare Nirschl

Program Manager- Certificate of Need Division

Pronouns: she/her/hers

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