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.

Response: CESC may receive information, directly from the patient, when the patient arrives to the providers office for their initial consult. Information received may include the patient's insurance information (commercial insurance, Medicaid or Medicare, other) or verbal indication from the patient that they have no insurance or partial insurance. This is considered "abridged documentation" and is used to assess probable eligibility. If it is determined that it is medically necessary for the patient to have surgery, the patient is informed of probable eligibility, almost immediately, or within 2 days, and the patient is scheduled for surgery, the day of their initial consult.

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.

Response: The inconsistency in Section 1d of the Charity Care Policy has been revised to align with the intent and Section 5b of the policy. Section 1d was a clerical oversight when the policy was previously revised. The specific language for Section 1d now reads as below. A copy of the revised Charity Care Policy, reflecting these changes, is attached.

"Proof that medical assistance has been applied for and rejected. If the rejection is for non-compliance with all medical assistance paperwork requirements, reduced fee or charity will not be granted. If medical assistance rejection is based on income, disability, or assets, CESC will review person's Operation Site Patient Application and make a final determination of eligibility. CESC staff will assist all persons to complete application or identify alternative programs such as Medicaid."

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?

Response: CESC will have optimal capacity in accordance with COMAR 10.24.11.06A(1)(b)(iii), and assumes the tables below provide a clearer picture of the current and projected utilization.

CESC has previously explained that CYs 2020 and continuing through Q2 of CY2022 were unusually challenged by circumstances beyond their control. CESC experienced case volume reductions due to COVID-19 and an involuntary three-month closure, also due to COVID-19. CESC continues to receive case cancellations due to patient illness or cancellation by those exercising caution to prevent the spread of infection, though these cancellations are beginning to taper off with more patients receiving the COVID-19 vaccine and booster. Another setback in 2022 was Dr. Scott's two-month leave of absence, for personal reasons. Combined, these events had a negative impact on case volume.

By August of 2022, CESC recovered from these setbacks and demonstrated optimal capacity of 82% of full capacity, in accordance with COMAR 10.24.11.06A(1)(b)(iii), and continued this trend through November 2022, reaching 107% utilization. Based on cases already scheduled and those projected for 2023, CESC assumes continued growth and maintaining 80% of full capacity.

CESC Case Volume August 2022-December 2022 and projected Q1 2023

	Actuals	Actuals	Actuals	Projected	Projected	Projected	Projected	Projected
	Aug-22	**Sep-22**	**Oct-22**	**Nov-22**	**Dec-22**	**Jan-23**	**Feb-23**	**Mar-23**
Benjamin, Erin	-	-	-	-	-	-	-	-
Chang, Luke	77	64	1,186	3,570	3,570	3,230	3,230	3,230
Diala, Prisca	-	-	-	-	-	-	-	-
Dryjski, Olivia	1,814	1,490	1,699	1,902	2,006	1,910	1,910	1,910
Nesti, Heather	3,410	3,700	3,374	3,612	3,612	3,601	3,601	3,601
Scott, Maria	3,679	1,358	2,872	2,829	2,829	2,833	2,833	2,833
Srivastava, Gaurav	2,451	1,387	2,560	3,570	3,570	3,546	3,546	3,546
Zwick, Orin	1,958	1,820	2,223	1,890	1,890	2,146	2,146	2,146
New Doc 2024	-	-	-	-	-	-	-	-
	13,388	**9,818**	**13,914**	**17,372**	**17,476**	**17,265**	**17,265**	**17,265**
Rooms	2	2	2	2	2	2	2	2
Threshold Hours Per Room	136	136	136	136	136	136	136	136
Total Threshold Hours	**272**	**272**	**272**	**272**	**272**	**272**	**272**	**272**
CESC Hours	223	164	232	290	291	288	288	288
Utilization	*82%*	*60%*	*85%*	*106%*	*107%*	*106%*	*106%*	*106%*

Source: ModMEd

The table below illustrates CESC's most recent years and projected cases for calendar years 2023-2026. CESC would expect a dip in utilization after adding a third operating room in 2023 since the case volume will be based on three operating rooms, rather than two. However, CESC projects a steady increase in

case volume to meet optimal capacity in accordance with COMAR 10.24.11.06A(1)(b)(iii), achieving 80% of full capacity by year 2025, and 81% of full capacity by year 2026.

Previously, CESC reported the plan to add one additional provider in 2024. At this writing, CESC is in the process of interviewing two providers and is considering hiring both. New providers are predicted to start as early as Q4 of 2023. CESC considered the volume of one additional provider in their projections for case volume. The addition of a second new provider would increase case volumes reported for projected years 2023-2026. CESC is happy to provide MHCC with data and calculation tables used to support all projected case volumes reported in the tables provided, should they be needed to reinforce CESC's ability meet optimal capacity in accordance with COMAR 10.24.11.06A(1)(b)(iii). CESC used ModMed as the source to generated the information and data tables.

CESC Projected Cases CY 2023-2026

	CY20	CY21	CY22	CY23	CY24	CY25	CY26
Benjamin, Erin	66	-	-	-	-	-	-
Chang, Luke	-	-	8,466	38,760	39,148	39,539	39,934
Diala, Prisca							
Dryjski, Olivia	4,468	5,940	17,830	22,915	23,144	23,376	23,610
Nesti, Heather	24,994	34,067	38,994	43,206	43,638	44,074	44,515
Scott, Maria	49,778	60,330	31,295	33,991	34,331	34,674	35,021
Srivastava, Gaurav	5,157	13,222	28,166	42,549	42,975	43,404	43,838
Zwick, Orin	19,161	27,458	25,139	25,753	26,010	26,270	26,533
New Provider 2024	-	-	-	-	14,400	23,040	23,040
	103,623	**141,016**	**149,889**	**207,174**	**223,646**	**234,379**	**236,492**
Operating Rooms	2	2	2	2.75	3	3	3
Threshold Hours Per Room	1,632	1,632	1,632	1,632	1,632	1,632	1,632
Total Threshold Hours	**3,264**	**3,264**	**3,264**	**4,488**	**4,896**	**4,896**	**4,896**
CESC Hours	2,343	2,350	2,498	3,453	3,727	3,906	3,942
Utilization	*72%*	*72%*	*77%*	*77%*	*76%*	*80%*	*81%*
ORs Needed	*2*	*2*	*2*	*2.75*	*3*	*3*	*3*

Source: ModMEd

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.

Response: Below is a chart showing CESC's estimated minutes per case for years 2023 and 2024. This information is consistent with historical estimates of minutes per case.

CESC Estimated Minutes Per Case by Provider

	Minutes per Case 2023	Minutes per Case 2024
Chang, Luke		
Aqueous Tube Shunt w/ Patch Graft	75	75
Bleb-Wound Revision w/Conjunctival Advancement	90	90
Bleb-Wound Revision with Needling	40	40
MIGS-Micro Invasive Glaucoma Surgery	25	25
MPD-Micropulse Diode Cyclophotocoagulation	20	20
Phaco IOL w/ Femto Laser	29	29
Phaco IOL w/ Micro Implantable Stent	33	33
Phaco with IOL	21	21
Dryjski, Olivia		
Cataract Wound Revision	25	25
Conjunctival Biopsy	47	47
Cornea	13	13
Cornea Biopsy	36	36
Corneal Transplant	207	207
DMEK- Descemet's Membrane Endothelial Keratoplasty	130	130
DSEK-Descemet's Stripping Endothelial Keratoplasty	89	89
EDTA Chelation	46	46
Excision of Conjuntival Lesion w/ Graft	80	80
IOL Exchange	33	33
Lesion Removal	28	28
Phaco IOL w/ Femto Laser	36	36
Phaco IOL w/DMEK	31	31
Phaco IOL w/DSEK	32	32
Phaco IOL w/Femto Laser/Goniotomy	28	28
Phaco with IOL	26	26
Pinguecula Excision	60	60
Pterygium Excision	60	60
Reposition of IOL	20	20
Nesti, Heather		
Aqueous Shunt (Ahmed) w/ Scleral Reinforcement	70	70

Aqueous Shunt (Baerveldt) w/Scleral Reinforcement	70	70
Aqueous Tube Shunt w/ Patch Graft	71	71
Bleb-Wound Revision w/Conjunctival Advancement	86	86
Bleb-Wound Revision with Needling	38	38
Cataract Wound Revision	47	47
Fragment Removal	11	11
Goniotomy	24	24
IOL Exchange	36	36
LRI - Limbal Relaxing Incision	25	25
MIGS-Micro Implantable Glaucoma Stent with MPD	24	24
MIGS-Micro Invasive Glaucoma Surgery	25	25
MPD-Micropulse Diode Cyclophotocoagulation	19	19
Phaco IOL w/ Femto Laser	30	30
Phaco IOL w/ Femto Laser/ MIG	38	38
Phaco IOL w/ Goniotomy	33	33
Phaco IOL w/ Micro Implantable Stent	31	31
Phaco IOL w/ Trabeculectomy/MMC	77	77
Phaco IOL w/Aqueous Shunt with Sclerial Reinforcem	86	86
Phaco IOL w/Femto Laser/Goniotomy	32	32
Phaco IOL w/Femto Laser/MIG/Goniotomy/MDP	35	35
Phaco IOL w/Femto Laser/Trab/MMC	136	136
Phaco IOL w/Femto/Aqueous Shunt Sclerial Reinforce	94	94
Phaco with IOL	24	24
Pterygium Excision	52	52
Reposition of IOL	26	26
Trabeculectomy w/ MMC Possible Shunt	70	70
Tube Shunt Revision	35	35
Wound Revision	25	25
Scott, Maria		
Fragment Removal	24	24
IOL Exchange	30	30
LRI - Limbal Relaxing Incision	11	11
Phaco IOL w/ Femto Laser	27	27

Phaco IOL w/ Femto Laser/ MIG	36	36
Phaco IOL w/ Goniotomy	36	36
Phaco IOL w/ Micro Implantable Stent	33	33
Phaco with IOL	21	21
Reposition of IOL	27	27
Srivastava, Gaurav		
Phaco IOL w/ Femto Laser	29	29
Phaco IOL w/Femto Laser/Goniotomy	29	29
Phaco with IOL	21	21
Zwick, Orin		
Blepharoplasty	42	42
Brow Ptosis Repair	35	35
Chalazion Removal	17	17
DCR - Dacryocystorhinostomy	51	51
Direct Brow Lift	41	41
Ectropion Repair	36	36
Entropion Repair	34	34
Gold Weight Implant	36	36
Lesion Removal	24	24
Mohs Reconstruction	55	55
Oculoplastics	35	35
Orbitotomy	29	29
Probing Lacrimal System with Tube	37	37
Probing of Nasal Lacrimal Duct	36	36
Ptosis Repair	43	43
Ptosis Repair- External Levator	34	34
Ptosis Repair-Tarso-Levator Resection	23	23
Removal of Benign Orbital Tumor	16	16
Removal of Foreign Body	17	17
Repair of Brow Ptosis	25	25
Take Down	17	17
Tarsorrhaphy	29	29

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.

Response: CESC will provide the 2021 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;

Response: The project impacts only those providers and volumes currently at CESC and will have no impact on other facilities.

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.

Response: Impact with payer mix is minimal. On November 1, 2022 the centers for Medicare and Medicaid Services (CMS) issued a final calendar year 2023 payment regulation for ambulatory surgery centers. The rule is effective January 1, 2023. Under the final rule, ASC payment rates will be updated by 3.8 percent, a 1.1 percent increase from the previous rate. The center became eligible for Medicaid within the most recent 2 years. In the years 2023-2024 the center plans to review all of their payer contracts and renegotiate. At this time, the center is not anticipating adding new payers.

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);

Response: The project will increase access for CESC patients, enabling more flexibility to schedule and perform surgical cases.

d) On costs to the health care delivery system.

Response: The project will not impact costs to the health care system. Reimbursement for services provided through ambulatory centers is established by payers.