

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

Hospital 1
Hospital Street
Hospital City, New York 10000

Re: CON 000000 Applicant Ambulatory Surgery Center

Dear Administrator:

The Department has received a Certificate of Need (CON) application for the establishment of a freestanding ambulatory surgery center (ASC) in Applicant City, which is within the area served by your facility. The applicant and proposed operator is Applicant Ambulatory Surgery Center. The proposed location is Applicant Street.

The applicant proposes to offer general surgery and to perform 0,000 procedures per year, phased in over the facility's first three years of operation. Enclosed is an excerpt from the application that lists the surgeons who will be operating at the facility.

We invite you to comment on any adverse effects you foresee for your facility if the proposed project is approved. If you wish to respond, please provide information on the following:

- The impact of the proposed ambulatory surgery center on your hospital's community-oriented services. Please be as precise as possible. For example, if you project a loss of revenues to the proposed ASC, please show how this estimate is derived; and please furnish the current costs of the services that would be adversely affected by the establishment of the proposed facility.
- Total utilization of operating room (OR) capacity at your hospital (by percentage) during regular hours and off-hours.
- A breakdown of OR utilization by total inpatient and total ambulatory cases.
- Names of the surgeons on the enclosed list who currently perform surgery at your hospital and the number of ambulatory surgery cases for each in the most recent calendar year for which information is available.

- Whether your facility reserves OR time on a regular basis ("block time") for any of the surgeons in question. If so, please enclose an OR schedule (weekly or monthly) delineating the number of ORs and the times reserved for these practitioners.
- Audited financial statement for the last two years available.
- Expenditures for Bad Debt and Charity Care in your two most recent fiscal years.

Please feel free to enclose any additional information you deem pertinent.

We ask that you share your response to this letter with the applicant at the following address:

Applicant Ambulatory Surgery Center
c/o Ms. First Last
Consultant
Consultant Street
Consultant City, New York 01000

Enclosed is a list of other hospitals receiving this letter.

To ensure that the Public Health Council and the State Hospital Review and Planning Council have ample time to consider your comments, please forward your response to the New York State Department of Health, Bureau of Project Management, 433 River Street, 6th Floor, Troy, New York 12180 no later than _____, 200_.

In the meantime you have any questions, please call me at (518) 402-0966 or write via e-mail to cpd02@health.state.ny.us.

Sincerely,

Christopher Delker
Health Program Administrator IV
Division of Health Facility Planning