

## 2009 ANNUAL CARDIAC CATHETERIZATION SERVICES SURVEY (CCSS)

January 1, 2009 through December 31, 2009

### **- IMPORTANT NOTICE ABOUT SURVEY ACCURACY AND COMPLIANCE -**

The information and data collected through this survey are used for state regulatory and planning purposes and are made available to public officials, advocacy groups, health care purchasers, and consumers. This survey is required under Department of Community Health Rule 111-2-2-.04 and other regulations. The failure to properly submit and/or fully complete all required surveys may result in adverse regulatory action pursuant to DCH Rules 111-2-2-.05, .09 and other regulations or statutes.

The chief executive officer or principal administrator of the facility (who shall attest to the accuracy and completeness of the information provided) and your organization are responsible for ensuring the accuracy of the information and data reported in this survey. The sole responsibility for accuracy resides with the organization and the officials filing the survey. Accuracy at time of submission is particularly important. See Rule 111-2-2-.04(e) prohibiting survey revisions unless approved by the Department at its sole discretion.

Providing false or inaccurate information may result in adverse regulatory action pursuant to DCH Rules 111-2-2-.04(1)(b), 111-2-2-.05(1)(a)1, and 111-2-2-.05(1)(a)7, other regulations and statutes, and may constitute a crime under O.C.G.A. §§ 16-10-20 and 16-14-1.

### 2009 CARDIAC CATHETERIZATION SERVICES SURVEY WEBFORM

The 2009 Cardiac Catheterization Services Survey (CCSS) can be completed using an online interface. Microsoft Access databases will no longer be used to collect survey information. Providers of cardiac catheterizations may access the online survey by pointing their web browser to <http://www.georgiahealthdata.info/>. Notification letters were mailed to facility administrators regarding the 2009 CCSS which included a unique facility identification number (UID) and a facility password. Both the UID and password will be needed to access and complete your survey. Instructions for accessing and completing the web-based survey are provided at the Health Planning Surveys web interface (<http://www.georgiahealthdata.info/>).

**The deadline for filing the completed webform for your facility is July 2, 2010.**

**Survey Completion Status** – Typically, a survey will be considered complete when a signed, completed version is received by the Division of Health Planning. All requested data elements must be provided; edit check, error messages, and validation rules must be addressed or in balance; and the survey must be signed in the appropriate location and manner. Once received and determined to be complete by the Division, the survey is considered a public record. Generally, the survey will be deemed complete on the day it is received by DCH. The completion status of all surveys for each facility will be published on the DCH website on or after the survey due date.

**Copy of Completed Survey** – The webform allows for printing (or saving) at completed copy of the survey. It is extremely important that you retain a copy of your completed survey. You must have your browser's pop-up blocker turned off for our website for the save and print feature to function properly.

**Revising or Amending the Survey** – Pursuant to Rule [111-2-2-.04\(1\)\(g\)](#) surveys that are received and determined to be complete by the Division of Health Planning may not be revised after the survey due date without approval by DCH. Requests to revise must be submitted in writing to the Division of Health Planning with a detailed explanation of the revisions and any necessary documentation. The Division of Health Planning will consider revisions on a case-by-case basis and reserves the right to deny a request to revise. The Division may also determine that additional data, information, or documentation is needed to support the proposed revisions.

**Data Validation Requirements** – The webform checks various totals as the survey is completed. Values that are out of balance or missing information will appear in red as the survey is completed. Once the survey is completed all edit and balance requirements will be checked before the survey can be signed and submitted. Survey respondents can check for errors or balance issues by clicking the Signature Page tab. The Signature Page will show any errors or balance issues that must be resolved before the survey can be signed. Respondents may also email error messages to DCH for additional assistance by clicking the button found with errors on the Signature Page.

## PART A: GENERAL INFORMATION

**Facility Name and Address** – Please provide your facility's current name and address as requested.

**Medicaid and Medicare Numbers** – Please enter the appropriate numbers for your facility. Do not enter dashes or alpha characters for either provider number.

**Report Period** - The required report period is January 1, 2009 to December 31, 2009. If the facility was in operation a full year, 12 months of data must be reported even if the ownership or management of the facility changed. It is the responsibility of the current owner or operating entity to obtain data from the prior owner/operator if necessary. Please note if the facility was not in operation for the entire report period also.

## PART B: SURVEY CONTACT INFORMATION

Please provide contact information for the individual authorized to respond to questions regarding your facility's survey.

## PART C: CATHETERIZATION PROCEDURE ROOMS and UTILIZATION

### Part C – Questions 1A - 1C – Catheterization Procedure Rooms

**Authorized Cardiac Catheterization Labs or Rooms** – Report the number of cardiac catheterization labs or rooms as of the last day of the report period that are authorized under the Certificate of Need Rules ([111-2-2-.21](#)). Include labs or rooms that are dedicated to specific types of cardiac catheterization services and labs or rooms that are used for general cardiac catheterization purposes. For Question 1B provide specific details on each lab or room authorized. Provide the commonly used name of the lab or room at your facility, provide the date on which the lab or room originally began providing cardiac catheterization services, indicate if the lab or room is dedicated to a specific type of cardiac catheterization service and if so to which type, and the total number of cardiac catheterization procedures performed in the lab during the report period.

**Other Rooms** – Report any rooms that may be equipped and capable of performing cardiac catheterization that were not authorized or that would not be regulated pursuant to Rule [111-2-2-.21](#). This should include any room in which cardiac catheterizations could technically be performed, but that were not authorized for cardiac catheterization pursuant to the Certificate of Need Rules. Report other rooms as of the last day of the report period. These other rooms could include rooms which are normally utilized, for example, by specialist (i.e. vascular, etc), other than cardiologist.

### Part C – Questions 2 through 5 – Catheterization Services Utilization

**Note: Part C, Questions 2 through 5 cover utilization for catheterization services in your facility. Some questions are specific to cardiac catheterization services only (i.e. Question 2A, Question 2B, Question 2E, Question 4, and Question 5). Other questions deal with non-cardiac or peripheral catheterization services (i.e. Question 2C, and Questions 3A through 3D). Please read the questions carefully and refer to the instructions provided below. Also, this section seeks to capture utilization in the form of procedures, sessions, patients, and other units of service including the number of stents and a count of vessels. Each question will specify which type of utilization is requested so please read the questions carefully and refer to the instructions below.**

### Cardiac Catheterization Procedures vs. Patients

**Procedures:** The number of procedures should represent the actual number of distinct types of cardiac catheterization procedures performed during the report period. If multiple catheterization procedures were performed during a single session of cardiac catheterization please report each of the procedures separately. For example, when a diagnostic cardiac catheterization is immediately followed by a therapeutic cardiac catheterization in the same session, report two cardiac catheterizations; one diagnostic and one therapeutic. Diagnostic and Therapeutic Cardiac Catheterizations are treated differently by the Certificate of Need Rules and should be counted distinctly. Also, if during a single therapeutic cardiac catheterization session there was a balloon angioplasty at one site and a stent was utilized at another site, then that would count as two procedures. However, if two stents at two separate sites were utilized during one session, then that would be counted as one procedure.

Patients: The number of patients should be unduplicated across procedure type and throughout the survey. Patient totals must balance in Part C, Questions 4 and 5, and Part F and should represent a total number of individual people treated during the report period. Each patient is one person regardless of their number of procedures, sessions, or visits.

### **Part C, Question 2A – Therapeutic Cardiac Catheterization Procedures**

**Percutaneous Coronary Intervention (PCI) Balloon Angioplasty Procedures** – Report all balloon angioplasty.

**Percutaneous Coronary Intervention (PCI) Utilizing Stents** – Report the number of procedures where one or more drug eluting stents were used and also report the number of procedures where non drug eluting stents were used. The total procedures where stents are reported likely will exceed the total number of PCI procedures.

### **Part C, Question 2B – Diagnostic Cardiac Catheterization Procedures**

**Diagnostic Cardiac Catheterization** – For Question 2B1 report all diagnostic cardiac catheterization procedures. Report left heart and right heart diagnostic cardiac catheterization procedures separately.

Left Heart Catheterization: Coronary angiography and left ventriculography or coronary angiography alone (without left ventriculography). Report only these procedures for left heart catheterization.

Right Heart Catheterization: Count right heart diagnostic catheterizations separately from left heart. Even when left and right heart procedures are performed together report them separately.

**Diagnostic Cardiac Catheterization with PCI** – For Question 2B2, distinguish between left heart diagnostic catheterizations that were not followed by a concurrent PCI procedure and left heart diagnostic catheterizations that were followed by a concurrent PCI.

### **Part C, Question 2C – Peripheral Catheterization Procedures**

For Question 2C, report the number of non-cardiac catheterization procedures that were performed on vessels peripheral to the heart. Report the total number of peripheral (non-cardiac) catheterization procedures by patient age. These procedures may include but are not limited to renal, pulmonary, carotid, femoral, aorta, or vertebral catheterization procedures.

### **Part C, Question 2D – Cardiac Vessels Involved in Therapeutic Catheterizations**

For Question 2D, report the number of patients who underwent therapeutic catheterizations of one, two, three, or four or more of the major cardiac. For example, if ten out of 100 total patients undergoing therapeutic catheterizations involved catheterization of four or more major cardiac vessels, then report ten procedures in the four or more column.

**Which Vessels to Include:** When counting the number of vessels included in each PCI please count only the vessels of major coronary circulation (the left main, left anterior descending, left circumflex, and right coronary arteries). **Do not count branch vessels within a major circulation as a separate vessel angioplastied.** For example, a PCI performed on the left anterior descending as well as a diagonal branch of the same vessel would be considered a one vessel PCI. However, if a branch vessel(s) of a major circulation is angioplastied, but the major circulation vessel was not, then report the branch vessel procedure as a major coronary circulation vessel treated.

### **Part C, Question 2E – Cardiac Catheterization Sessions**

**Cardiac Catheterization Sessions by Procedure Type and Facility Setting** – For Part C, Question 2E report the number of cardiac catheterization sessions by diagnostic and therapeutic procedure types and by inpatient and outpatient settings.

**Sessions vs. Procedures:** For purposes of the CCSS a total number of cardiac catheterization procedure sessions is captured in addition to a total number of individual procedures performed. A single session of cardiac catheterization should represent each occasion a patient appears for cardiac catheterization procedures. One visit where cardiac catheterization procedures were performed is one session even if more than one specific procedure or cardiac catheterization study was performed during the session. For example, if both right and left heart catheterizations are performed on the same patient during the same session, the entire session should be counted as one cardiac catheterization session.

### **Part C, Questions 3A through 3D – Non-Cardiac Catheterization Procedures**

**Other Procedures Performed During Cardiac Catheterization Session** – For Part C, Question 3A report by age and procedure type the number of other procedures (if any) performed during the same sessions of cardiac catheterization reported in Part C, Questions 2A and 2B.

**Non-Cardiac Catheterization Procedures in Cardiac Catheterization Labs** – For Question 3B report by age and procedure type the total number of special procedures other than cardiac catheterizations (if any) that were performed in rooms authorized to perform cardiac catheterizations. Report only the procedures performed independent of cardiac catheterization procedure sessions.

**Non-Cardiac Catheterization Procedures in Any Other Room** – For Question 3C report by age and procedure type the total number of non-cardiac catheterization procedures performed in any other room that is equipped and capable of performing cardiac catheterization as reported in Question 1C.

**Medical Specialties for Physicians Performing Non-Cardiac Catheterization Procedures** – For Question 3D list the medical specialty of physicians who performed non-cardiac catheterization procedures that were listed in Part C, Questions 3B and 3C.

### **Part C, Questions 4 and 5 – Cardiac Catheterization Patients**

**Utilization by Race/Ethnicity of Patient** – For Question 4 report the number of patients by race/ethnicity according to the indicated categories as defined by the United States Census Bureau. Report patients only once for the year for an unduplicated count. Patient total by race/ethnicity should agree with the total patients by gender reported in Question 5.

**American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American:** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

**Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

**Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Multi-Racial:** A person who indicates having racial origins from two or more of the above definitions.

**Utilization by Gender** – For Question 5 report the number of patients by gender. These data are needed as an indication of the services rendered to population sub-groups. Patient total by gender should agree with the total patients by race/ethnicity reported in Question 4.

**PART D: CHARGES FOR SELECTED SERVICES**

**Note: Include in the charges all hospital patient charges; however, exclude physician charges, even if the physician charges are billed or otherwise appear as part of the hospital charges. Report charges rounded to the nearest whole dollar (no cents). Facilities that provide services solely on an outpatient basis should leave zeros (0) in the categories requesting inpatient data.**

**Average Total Inpatient Charges for Selected MS-DRGs** – For Question 1 report the average total charge and the number of cases included in the calculation of the average total charge for cases receiving services in the cardiac catheterization lab(s). Include in the calculation of average charges all the inpatient cases with the specified MS-DRGs excluding only Medicare outliers. Report charges for inpatient cases in the report period. Also report the actual total number of inpatient cases for the entire hospital both in the cardiac catheterization lab(s) and elsewhere. Enter \$0 where not applicable for your facility.

DRG	MS-DRG
DRG 110: Major Cardiovascular Procedures w/CC	MS-DRG 237
DRG 121: Cds w/AMI and CV Complication, Discharged Alive	MS-DRG 280
DRG 122: Cds w/AMI w/o CV Complication, Discharged Alive	MS-DRG 281, 282
DRG 124: Cds except AMI w/Cardiac Cath and Complex Diagnosis	MS-DRG 286
DRG 125: Cds except AMI w/Cardiac Cath w/o Complex Diagnosis	MS-DRG 287
DRG 127: Heart Failure and Shock	MS-DRG 291, 292, & 293
DRG 130: Peripheral Vascular Disorders w/CC	MS-DRG 299
DRG 138: Cardiac arrhythmia and conduction disorders w/CC	MS-DRG 308
DRG 140: Angina Pectoris	MS-DRG 311

**Average Reimbursement for Selected MS-DRGs** – For Question 1 report the average amount your facility was reimbursed (net) for each of the DRGs provided. Exclude Medicare outliers from the average. Indicate zero (0) average reimbursement if there were no charges for the MS-DRG during the report period. Average Reimbursement for each MS-DRG should reflect the average for cases receiving services in the cardiac catheterization lab(s).

**Total Charges for Selected Procedures** – For Question 2 report the mean, median, and range of total charges for **all** cases for which the specified procedure was the **principal procedure**. Report the number of cases included in each set of calculations for inpatients and outpatients separately and by each code provided. Do not exclude any outliers.

**Total Charges and Actual Reimbursement** – For Question 3 report the total charges and actual reimbursement for cardiac catheterization services provided by your facility during the report period. Report the actual reimbursement (presumably, something less than total charges) that your facility received for cardiac catheterization services provided during the report period. Actual reimbursement would account for contractual adjustments, bad debt, indigent and charity care, etc.

**Uncompensated Indigent and Charity Care Charges** – For Question 4 report the total amount of charges attributed during the report period to patients who are classified as receiving indigent or charity care. Persons classified as indigent must meet the federal guidelines. Charity Care should be authorized in accordance with the written policy of the facility. If the charity care is provided on a sliding fee scale basis, only that portion of the patient’s account that meets the facility’s policy and that are provided without expectation of payment, may be considered as charity care.

**Uncompensated Indigent and Charity Care Patients** – For Question 4 report the total number of patients who were classified as indigent or charity care cases. Persons classified as indigent must meet the federal guidelines. Charity Care cases should be authorized in accordance with the written policy of the facility.

**Adjusted Gross Revenue** – For Question 5 report the Adjusted Gross Revenue for the cardiac catheterization services provided by the facility during the report period. Adjusted Gross Revenue is the Total Gross Revenue (or charges) minus Medicaid, Medicaid CMO, Peachcare for Kids™, and Medicare Contractual Adjustments and Bad Debt.

**Patients, Procedures, and Charges by Primary Payment Source** – For Question 6 report the total unduplicated number of patients, the number of procedures, total charges, and actual reimbursement by the patient's primary payer source. Determine if the patient's primary payer was Medicaid, Medicare, Third-Party (insurance or other), or Individual (self-pay). Please report Peachcare for Kids™ patients as Third Party. This table should reflect data for the entire report period. Also, report the number of unduplicated patients, the number of procedures, total charges, and actual reimbursement for patients who were classified as indigent or charity care cases. The two tables do not have to balance to other patient totals and patients do not have to be unduplicated between the two tables since charity care could overlap with other payers. Please define an Indigent patient as a patient who was income tested and found to be at or below 125% of the Federal Poverty Level. Charity care patients can be qualified based on your facility's own guidelines and policy.

## **PART E: PEER REVIEW, JCAHO ACCREDITATION, OHS REFERRALS, & TREATMENT COMPLICATIONS**

**Peer Review** – For Question 1 please provide information on your participation in external or national peer review and the names of the peer review organizations.

**JCAHO Accreditation** – For Question 2 please indicate whether your facility is accredited and your accreditation category.

**Community Education** – For Question 3 please provide the number of community education programs your facility has sponsored and/or participated in during the report period.

**Referrals to Open Heart Surgery Programs** – For Question 4 report the number of referrals for Open Heart Surgery Services. The Access form provides a pull-down menu with all Georgia OHS programs and other out of state programs listed. Report each referral location and the total number of patients referred during the report period. Report all referrals without unduplicating patients. If you need more space please use the comments box at the end of the CCSS. **All cardiac catheterization providers must complete this question, regardless of whether the facility itself also provides open-heart surgery services.**

**Cardiac Catheterization Session Complications** – For Question 5 please indicate the number of major and/or minor complications from the therapeutic cardiac catheterization sessions reported in Part C, Question 2E. Examples of major and minor complications are provided below. These examples are meant to serve as general guidelines for determining if complications would be considered major or minor.

Major Complications: For purposes of the CCSS major complications from cardiac catheterization procedures may include, but are not necessarily limited to, the complications, conditions, events and outcomes occurring during the procedure or before discharge such as death, stroke, paralysis, myocardial infarction, surgery, perforated vessel, blood embolism, air embolism, etc. Complications that occur during the procedure are usually considered major complications. However, include myocardial infarction as a complication only in cases where the patient was suspected of **not** having a myocardial infarction when the procedure began.

Minor Complications: For purposes of the CCSS minor complications from cardiac catheterization procedures include, but are not limited to the complications, conditions, events and outcomes occurring during the procedure or before discharge such as allergic reaction, bleeding, hematoma, etc.

**Note: Report all complications even if both major and minor complications were present. Some procedure sessions may have both major and minor complications.**

## **PART F: PATIENT ORIGIN TABLE**

Please complete the Patient Origin Table to reflect the county (or out-of-state) residence for each patient treated at your facility during the reporting period. You must enter the Facility UID on the first line. The UID should automatically display on subsequent lines. Be sure that your facility UID appears on each line. The county column has a pull-down menu listing all 159 Georgia counties in alphabetical order with out-of-state listings for AL, FL, NC, SC, TN, and all others following. Please select patient origin location from this menu and provide total number of patients and treatment visits for each origin location for the report period. The total number of patients must balance those previously reported for race, age grouping and payment source.

## **SIGNATURE PAGE**

The Signature Page is where the facility's chief executive or administrator electronically authorizes the survey for release to the Department of Community Health. The facility's chief executive officer or administrator must sign to certify that the responses are complete and accurate for the report period specified. An electronic manually entered version of the signature is being accepted as an original signature pursuant to the [Georgia Electronic Records and Signature Act](#).

The Signature Page also will identify any out of balance edit checks and any validation rule criteria that are not correct. All edit and balance requirements and all required fields must be completed before the survey can be submitted. Clicking on the Signature Page tab will run the error and balance checks on the entire survey and provide detailed messages if there are issues. Error and balance check issue messages will be accompanied by an email button allowing respondents to automatically send the error report to DCH for additional assistance.

Be sure to click the "Submit" button when the survey is complete and ready to be submitted to DCH. This will lock the survey as complete and no additional changes can be made unless DCH unlocks the survey.