



## 2021 ANNUAL OPEN HEART SURGERY SERVICES SURVEY (OHSS)

January 1, 2021 through December 31, 2021

### - 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.

Pursuant to O.C.G.A. § 31-6-70 (h) all health care facilities, ambulatory surgical centers, and imaging centers required to submit an annual report pursuant to O.C.G.A. § 31-6-70(a) shall make such annual reports publicly available on their

### 2021 OPEN HEART SURGERY SERVICES SURVEY FORM

The 2021 Open Heart Surgery Services Survey (OHSS) can be completed using an online interface. Providers of open heart surgery may access the online survey by pointing their web browser to <http://www.georgiahealthdata.info/>. Notification letters were mailed to facility administrators regarding the 2021 OHSS 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 22, 2022.**

**Survey Completion Status** – Typically, a survey will be considered complete when a signed, completed version is received by the Department of Community Health (DCH), Office 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 Office of Health Planning, 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 Office 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 Office with a detailed explanation of the revisions and any necessary documentation. The Office will consider revisions on a case-by-case basis and reserves the right to deny a request to revise. The Office 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, 2021 to December 31, 2021. 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.

## **PART B: SURVEY CONTACT INFORMATION**

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

## **PART C: UTILIZATION DATA**

**Open Heart Surgery Operations** -- Please report the number of operations by type performed during the reporting period. Please be sure to report by age category of the patient.

**Closed Heart Surgery Operations** -- Please report the number of operations by type performed during the reporting period. Please be sure to report by age category of the patient.

**Coronary Angioplasties Resulting in Emergency Open Heart Surgery** -- Please report as requested. Estimation is discouraged but allowed. Please check the block if you had to estimate the number.

### ***Definitions:***

*Closed Heart Surgery:* Surgery performed directly on the heart or its associated veins or arteries which does not require use of a heart-lung bypass machine (extracorporeal pump) to perform the work of the heart and lungs. Such operations often require the bypass machine to be available on standby. For the purposes of this Survey, report all closed heart surgery operations whether or not the pump was on standby. Do not include procedures performed by cardiac catheterization.

*Open Heart Surgery:* Surgery performed directly on the heart or its associated veins or arteries during which a heart-lung bypass machine (extracorporeal pump) is used to perform the work of the heart and lungs. Do not include procedures performed by cardiac catheterization.

*Operation:* For the purposes of this Survey, a single operation is to be reported for each occasion a single patient appears for a single session of surgery, even if more than one type of operation/procedure is performed in that single session. For example, if both coronary bypass and mitral valve replacement are performed on the same patient in the same session, the entire session would count as one operation and should be reported as one operation using the primary procedure or principal reason for the surgery.

**Utilization by Race/Ethnicity of Patient** - Report the number of unduplicated patients and open-heart surgery procedures by race/ethnicity according to the indicated categories. These data are needed as an indication of the services rendered to population sub-groups. The totals here should agree with the number of open-heart surgery patients and procedures reported elsewhere in the OHSS. The United States Census Bureau uses the following racial and ethnicity definitions:

*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 having racial origins from two or more of the above definitions.

**Utilization by Gender** - Report the number of patients and open-heart surgery procedures by gender. These data are needed as an indication of the services rendered to population sub-groups. The totals here should agree with the number of open-heart surgery patients and procedures reported elsewhere in the OHSS.

#### **PART D: FINANCIALS, AVERAGE CHARGES AND LENGTH OF STAY**

**Average Total Hospital Charges and Average Lengths of Stay for Selected MS-DRGs** - Please report the average total hospital charge, the average length of stay in days, the number of cases included in the calculation of these averages, and the hospital's actual total number of cases. Include in the calculation of the averages all cases with the specified MS-DRGs **excluding only Medicare outliers**. Include in the average 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 average charges rounded to the nearest whole dollar (no cents). Report average lengths of stay in days, calculated to one decimal place (e.g., 7.1 days).

<b>MS-DRG (CMS v34)</b>	<b>MS-DRG Description</b>
MS-DRG 001	Heart transplant or implant of heart assist system w MCC
MS-DRG 002	Heart transplant or implant of heart assist system w/o MCC
MS-DRG 216	Cardiac valve & oth maj cardiothoracic proc w card cath w MCC
MS-DRG 217	Cardiac valve & oth maj cardiothoracic proc w card cath w CC
MS-DRG 218	Cardiac valve & oth maj cardiothoracic proc w card cath w/o CC/MCC
MS-DRG 219	Cardiac valve & oth maj cardiothoracic proc w/o card cath w MCC
MS-DRG 220	Cardiac valve & oth maj cardiothoracic proc w/o card cath w CC
MS-DRG 221	Cardiac valve & oth maj cardiothoracic proc w/o card cath w/o CC/MCC
MS-DRG 231	Coronary bypass w PTCA w MCC
MS-DRG 232	Coronary bypass w PTCA w/o MCC
MS-DRG 268-272	Major cardiovasc procedures w MCC or thoracic aortic aneuerysm repair
MS-DRG 268-272	Major cardiovascular procedures w/o MCC
MS-DRG 228	Other cardiothoracic procedures w MCC
MS-DRG 229	Other cardiothoracic procedures w CC
MS-DRG 230	Other cardiothoracic procedures w/o CC/MCC

**Patients and Operations by Primary Payment Source** - Report total patients (unduplicated) and the number of operations performed by the patient's primary payer source [Medicaid, Medicare, Third-Party (insurance or other), or self-pay]. Please report Peachcare for Kids™ as Third-Party. This table should reflect data for the entire report period. Please note that totals here (because patients should be reported as unduplicated) should match totals reported in other parts of the OHSS.

**Total Charges** - Report the total charges for open-heart surgery services provided by your facility during the report period.

**Reimbursement** - Report the actual reimbursement (presumably, something less than total charges) that your facility received for open-heart surgery services provided during the report period. Actual reimbursement would account for contractual adjustments, bad debt, indigent and charity care, etc.

**Indigent and Charity Care** - Report the total amount of charges attributed during the report period to patients who were classified as receiving indigent or charity care. Persons classified as indigent must meet the federal guidelines being at or below 125% of the Federal Poverty Level. 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.

**Adjusted Gross Revenue** - For Question 5 report the Adjusted Gross Revenue for open-heart surgery 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.

#### **PART E: PEER REVIEW**

**Peer Review** - Please provide information on your participation in external or national peer review and the names of the peer review organizations.

**Community Education** - Please provide the number of community education programs your facility has sponsored and/or participated in during the report period.

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

Please complete the Patient Origin Table to reflect the county (or out-of-state) residence for each open-heart surgery patient treated at your facility during the reporting period. You must enter the facility UID on the first line. The UID will 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 and treatment visits must balance to 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.