

3.25.09

Comments Provided by Charles Hauser Related to the Single Specialty OR Work Group

1. While I think the State could handle more than three pilot single specialty ASC's I support the approach we came up with. Three.
2. I am concerned that with the pilots only getting in the plan next year these facilities will be very slow in developing. I am concerned about this for two reasons. First I think NC is somewhat behind in the development of these types of facilities. Even CMS has been advocating their development with their approaches to reimbursement. Secondly I believe they will be very successful in meeting and improving on the QVA principals. If they are successful we should allow for their quick expansion in NC. Perhaps we could suggest that a joint effort of the NCMS and NCHA could help with this potential problem.
3. I think physician ownership is a priority for these facilities. Joint ventures to me are ok.
4. I think the physician owners should be expected to cover ER's and hospital's as they did before ownership
5. I think multispecialty is ok
6. I think these facilities should have open staffs for the specialties they serve.
7. I think Medicare allowable rates are the most reliable for measuring the value of charity care. They are also useful if any guidelines on charges are needed.
8. I think these facilities should be encouraged to develop the QAV parameters and the data to support their improvements to service to the people of NC